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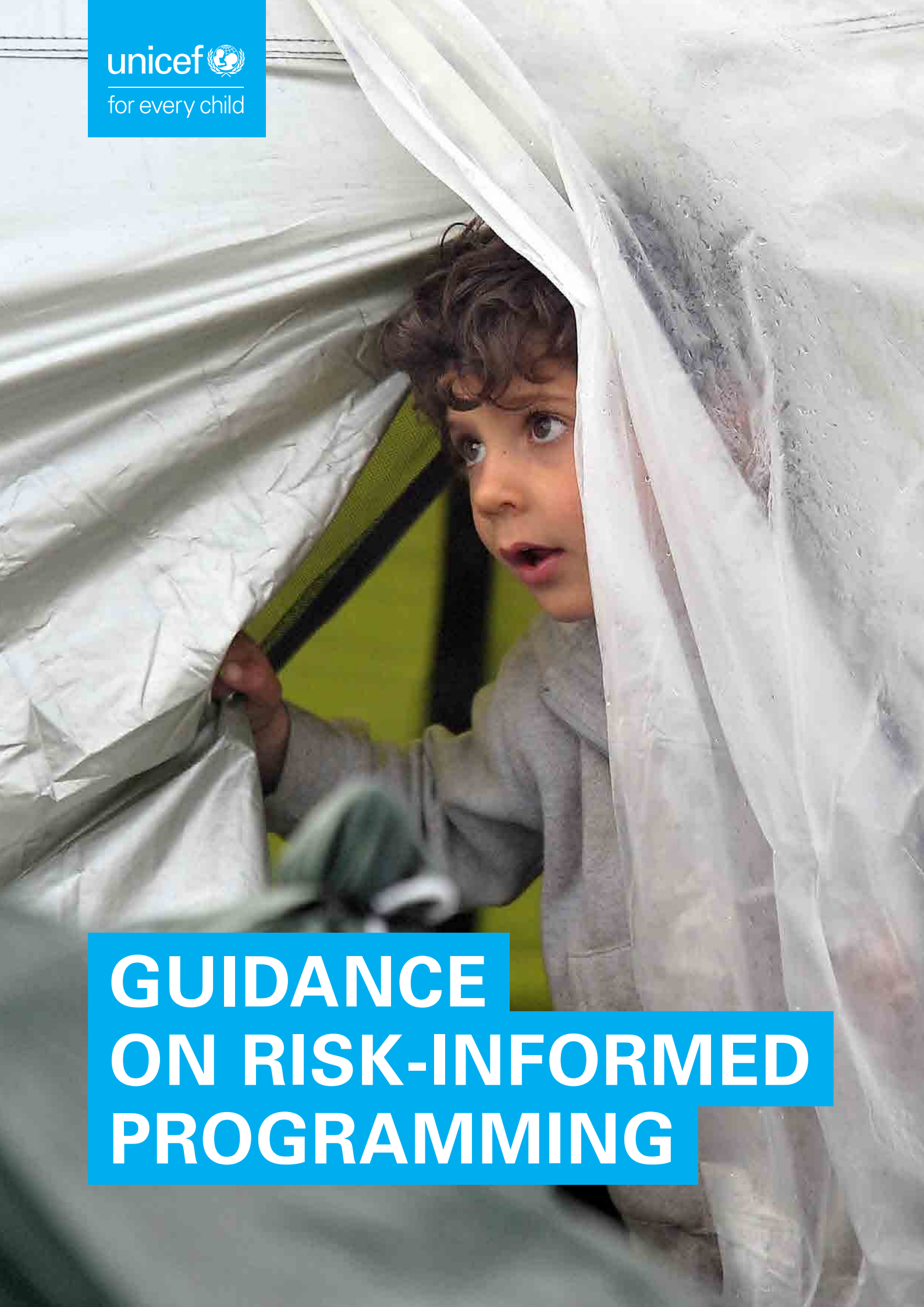

GUIDANCE ON RISK-INFORMED PROGRAMMING

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Note on maps: All maps included in this publication are stylized and not to scale. They do not reflect a position by UNICEF on the legal status of any country or area or the delimitation of any frontiers. The dotted line represents approximately the Line of Control agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the Parties. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined. The final status of the Abyei area has not yet been determined.

This guidance, and additional resources are available to UNICEF staff and consultants through the Risk and Resilience, Fragility and Peacebuilding team site: https://unicef.sharepoint.com/teams/Communities/RiskResilience-FragilityPeacebuilding/sitePages/Home2.aspx

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UNICEF Guidance on Risk-Informed Programming

How to integrate an analysis of risk into child rights-focused planning and programming

The guidance has been elaborated with technical and financial support from the US Fund for UNICEF.

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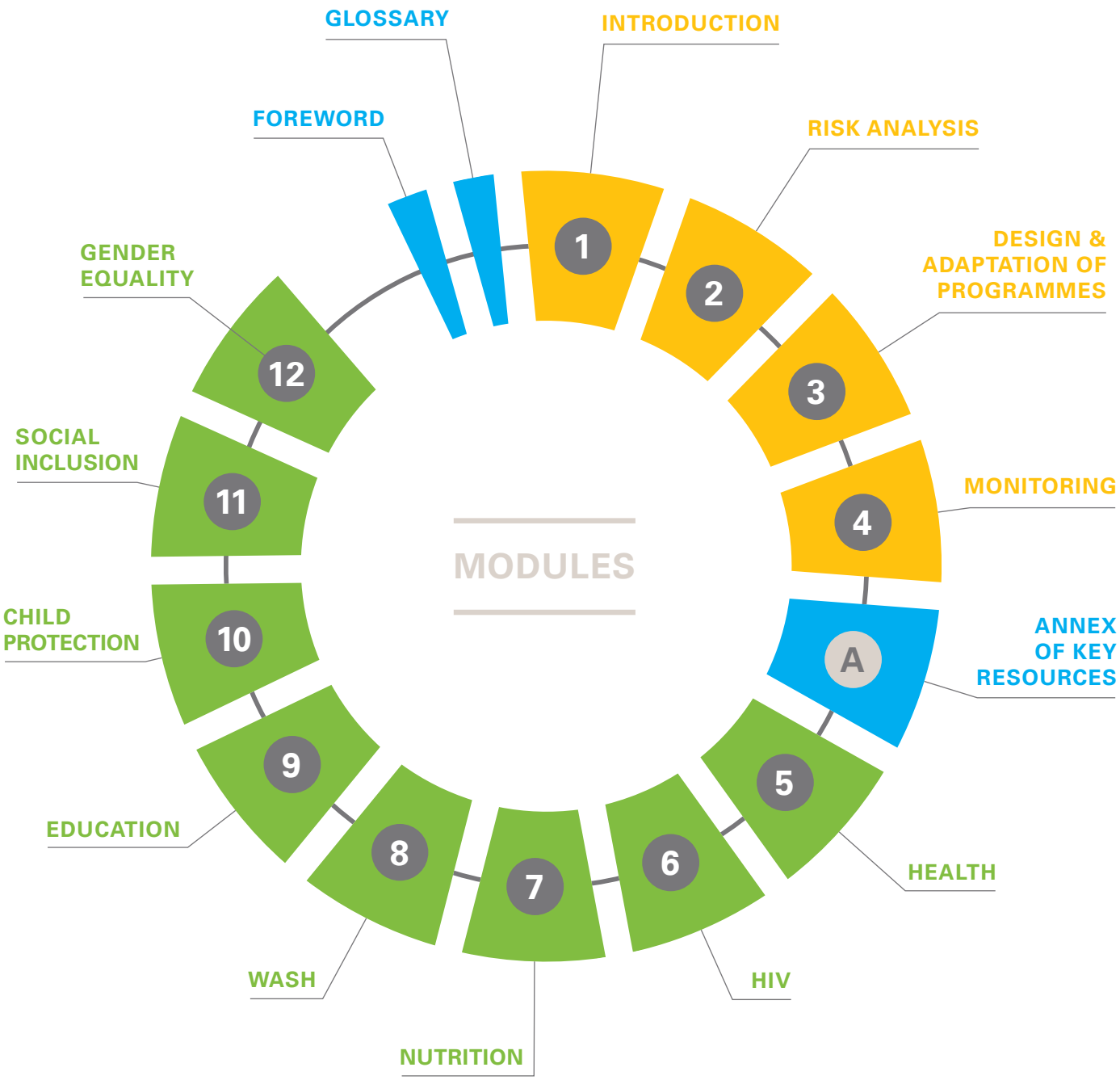
[1] For more information about the UNICEF, US Fund and The Prudential Foundation partnership, please see: https://www.unicefusa.org/stories/unicef-prudential-working-together-reduce-risk-disaster/32156

CONTENTS


GLOSSARY
FOREWORD
INTRODUCTION
RISK ANALYSIS
DESIGN & ADAPTATION OF PROGRAMMES
MONITORING
ANNEX OF KEY RESOURCES
HEALTH
HIV
NUTRITION
WASH
EDUCATION
CHILD PROTECTION
SOCIAL INCLUSION
GENDER EQUALITY
1
2
3
4
A
5
6
7
8
9
10
11
12
MODULES

“Across the world, crises are becoming more frequent and complex, and are lasting longer and affecting more children than ever before.”

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FOREWORD

Dear Colleagues,

I am pleased to present the Guidance on Risk Informed Programming (GRIP).
In 2017, an estimated 535 million children – nearly a quarter of the world's children – lived in countries affected by armed conflict, violence, disaster and/or chronic crisis.

In our new Strategic Plan, UNICEF commits to strengthening the resilience of children and social services in the face of these threats and hazards, including through risk-informed programming.

The purpose of this guidance is to help UNICEF and its partners better assess and manage risk. This includes risks related to fragility, violent conflict, disaster, climate change, epidemics and economic instability. The guidance complements and supports our work on Disaster Risk Reduction, Climate Change Adaptation, Social Protection, Emergency Preparedness and Peacebuilding; it also brings a child-centred, risk-informed approach to both the humanitarian action and development programming of UNICEF and our partners.

The guidance is part of a package that consists of:

- Four core modules outlining a step-by-step approach to assessing risk and providing practical guidance and examples for implementing risk informed programming;
- Seven sector-specific modules, including links to specialized tools on conflict and peacebuilding;
- A video and online learning course;
- Face-to-face training materials, including a facilitator's guide and master deck of presentations; and
- A repository of good practices, lessons learned and communication tools, including videos.

In 2017, this new guidance was piloted in several countries, and lessons were incorporated into the final package. The guidance is aligned with human rights, equity, and results-based management approaches and UNICEF's Emergency Preparedness Procedure. The guidance is applicable in all contexts.

This guidance is the product of collaboration between multiple institutions, including UNICEF Country and Regional Offices and various HQ divisions. Development partners such as the United Kingdom Government's Department for International Development (DFID), the Swiss Agency for Development and Cooperation (SDC), the US Fund for UNICEF, The Prudential Foundation, Margaret A. Cargill Philanthropies, the United States Centers for Disease Control and Prevention and Emory University also provided technical and financial contributions to further the process.

I am grateful to all contributors for their hard work in bringing a coherent, risk-informed approach to our work, in line with the 2030 Development Agenda, the Secretary General's Prevention Agenda, and UNICEF's Strategic Plan, as we work to achieve results for children, women and vulnerable groups around the world.

Omar Abdi
Deputy Executive for Programmes,
UNICEF
New York
April 2018

GLOSSARY OF KEY TERMS

Capacity: The combined strengths, attributes and resources available within a community, organization or society. Capacity may include infrastructure, institutions, human knowledge and skills, and collective attributes such as social relationships, leadership and management. (UNISDR)

Deprivation: Defined as the non-fulfilment of children's rights in the main dimensions of survival, development, protection and participation. (UNICEF)

Disaster: A serious disruption to the functioning of a community or a society involving widespread human, material, economic and/or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources. (UNISDR)

Emergency: Sometimes used interchangeably with the term disaster, but can also relate to hazardous events and situations that do not result in serious disruption to the functioning of a community or society.

Exposure: The presence of people, property, livelihoods, systems or other elements in areas that can be affected by various shocks and stresses.

Gender: Gender is a social and cultural construct, which distinguishes differences in the attributes of women and men, and girls and boys, and accordingly refers to the roles and responsibilities of women and men. Gender-based roles and other attributes thus change over time and vary across cultural contexts. The concept of gender includes the expectations held about the characteristics, aptitudes and likely behaviours of both women and men (femininity and masculinity). This concept is also useful in analysing how commonly shared practices and norms legitimize discrepancies between sexes. It also informs the discussion of gender-based vulnerabilities and capacities, which is necessary for risk analysis within communities.

Hazard: A dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption and/or environmental damage.

Impact: The consequences or effect of an event or situation. GRIP defines impact as the total effect, including negative and positive effects, of a hazardous event or crisis. The term extends to human, economic and environmental impacts, and may include death, injury, disease and other negative effects on human physical, mental and social well-being.

Likelihood: The state of being likely or probable. In GRIP, likelihood specifically refers to the probability of a shock (or the 'tipping point' of a stress) occurring in a given time frame.

Mitigation: For environmental scientists, mitigation refers to the reduction of the greenhouse gas emissions that are the one of the sources of climate change. In GRIP, mitigation refers to the lessening or limitation of the adverse impacts of shocks and stresses. (UNISDR)

Preparedness: The knowledge and capacities developed by governments, professional response and recovery organizations, communities and individuals to effectively anticipate, respond to and recover from the impacts of likely, imminent or current hazard events or conditions. (UNISDR)

For UNICEF, this means ensuring that appropriate mechanisms and systems are put in place in advance to enable an effective and timely emergency response to humanitarian crisis. Such planning is based on a strong risk analysis that takes into account national and regional capacities and the comparative advantages of UNICEF in risk reduction.

Prevention: The outright avoidance of the adverse impacts of hazards and related disasters.

Recovery: The restoration, and improvement where appropriate, of the facilities, livelihoods and living conditions of disaster-affected communities, including efforts to reduce disaster risk factors.

Resilience: The ability of a system, community or society exposed to hazards to resist, absorb, adapt to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential structures and functions.

Resilient development: Resilient development means providing children and families with what they need to better prepare for and manage crises, and recover from them more rapidly. (UNICEF)

Response: Emergency services and public assistance provided during or immediately after a disaster to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected. (IASC)

Risk: UNISDR defines risk as: "The potential loss of life, injury, or destroyed or damaged assets which could occur to a system, society or a community in a specific period of time, determined probabilistically as a function of hazard, exposure, vulnerability and capacity." GRIP defines risk as: the likelihood of shocks or stresses leading to the erosion of development progress, the deepening of deprivation and/or humanitarian crisis affecting children or vulnerable households and groups.

Shock: A sudden and potentially damaging hazard or other phenomenon. A shock can also refer to the moment at which a slow-onset process (a stress) passes its 'tipping point' and becomes an extreme event.

Social cohesion: The quality of the bonds and dynamics that exist between the groups within a society. Groups can be distinguished in terms of regional, ethnic or sociocultural identity, religious or political belief, social class or socio-economic status, or on the basis of characteristics such as gender and age. The strengthening of social cohesion vertically (i.e., relations between the state and citizens) and horizontally (i.e., intra- and inter-group relations) is one of the key outcomes of effective peacebuilding interventions.

Stress: Similar to a shock, a stress is a longer-term trend that undermines the potential of a given system and increases the vulnerability of actors within it.

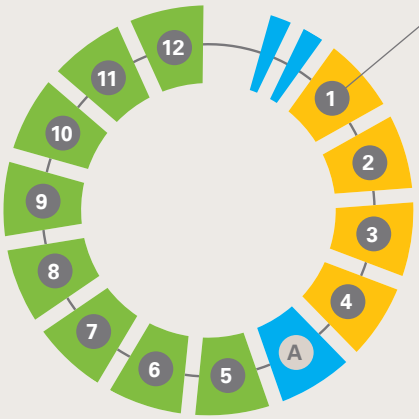
System: A unit of society (e.g., individual, household, group of people with common characteristics, community, nation), a unit of ecology (e.g., a forest) or a physical entity (e.g., an urban infrastructure network). (OECD)

Vulnerability: This is defined as the characteristics and circumstances of individual children, households or communities that make them particularly susceptible to the damaging effects of a shock or stress. (Adapted by UNICEF)

MODULE 1

INTRODUCTION

MODULE 1: INTRODUCTION



CONTENTS FOR MODULE 1

1. INTRODUCTION

1.1 A CHANGING WORLD FOR CHILDREN, A SHIFT IN GLOBAL COMMITMENTS

Across the world, crises are becoming more frequent and complex, and are lasting longer and affecting more children than ever before. More than three times as many people today require international humanitarian assistance as compared to a decade ago – some 91 million persons are in need of assistance in 2018,[1] up from 25 million people in 2008[2] – and all signs suggest that the scale of needs will only continue to grow. In 2015, some 43 per cent of the world's population was estimated to live in a 'fragile situation'.[3] By 2030, this proportion is expected to rise to 62 per cent.[4] Protracted and intractable conflicts have also become even more drawn out – rising in average duration from 19 years (as measured in 1990) to 37 years (as measured in 2013)[5] – thus prolonging human suffering, economic losses and the large-scale displacement of persons. Meanwhile, climate change – one of the greatest challenges of our time – threatens to not only erode livelihoods, habitation patterns and development progress, but also to provoke further crises through extreme weather and changing disease patterns. Rapid urbanization, environmental degradation, natural resource depletion, pollution and rising inequity (within and among countries) work in concert to accelerate and exacerbate the impacts of these changes. It is now better understood that crisis affects women and men, and girls and boys differently, and the imperative to address specific vulnerabilities and aspects of resilience is clear.

As crises have grown in number and scale, the limitations of current political, development and humanitarian approaches have become clearer. With less than 0.4 per cent of all official development assistance spent on preparedness for disasters and more than 80 per cent of all humanitarian aid driven by the needs of people affected by conflict, an urgent call has been made to shift the focus from response to prevention.[6] Across the international community, nations and stakeholders are considering what could be achieved and protected if global investments were directed towards reducing risks, maintaining and fostering peace, and averting crisis before it manifests.

[1] United Nations Office for the Coordination of Humanitarian Affairs, 'Global Humanitarian Appeal Hits Record $22.5 Billion, Aiming to Reach 91 Million People with Assistance in 2018', ReliefWeb, Geneva, 1 December 2017, <https://reliefweb.int/report/world/global-humanitarian-appeal-hits-record-225-billion-aiming-reach-91-million-people>, accessed 15 February 2018.
[2] United Nations, 'Secretary-General, launching 2008 Consolidated Appeal, invokes shared humanity in urging donors to ensure survival of world's "bottom billion"', Statement, SG/SM/11383-IHA/1258, 23 January 2008, available at <www.un.org/press/en/2008/sgsm11383.doc.htm>, accessed 6 March 2018.
[3] Although there is no universally accepted definition of fragility, UNICEF suggests that it is generally considered to refer to contexts with the following three elements: 1) Weak capacity of the state to carry out basic governance functions; 2) Weak national capacity to prevent or adapt and respond to shocks and stresses; and 3) Lack of ability or willingness of the state to develop mutually constructive relations with people. See: United Nations Children's Fund, *UNICEF Programme Framework for Fragile Contexts*, October 2017, available at <https://unicef.sharepoint.com/teams/Communities/RiskResilienceFragilityPeacebuilding/Documents/Programme Framework for Fragile Contexts - UNICEF Oct 2017.pdf>, accessed 6 March 2018.
[4] United Nations, *One Humanity, Shared Responsibility*, Report of the United Nations Secretary-General for the World Humanitarian Summit, United Nations, 2016, available at <http://sgreport.worldhumanitariansummit.org>, accessed 15 February 2018.
[5] Overseas Development Institute, *Time to Let Go: Remaking humanitarian action for the modern era*, ODI, London, April 2016, available at <www.odi.org/sites/odi.org.uk/files/resource-documents/10422.pdf>, accessed 20 February 2018.
[6] *One Humanity, Shared Responsibility.*

535 **MILLION** children – nearly a quarter of the world's children – were estimated to live in countries affected by armed conflict, violence, disaster and/or chronic crisis in 2017.[7]

50 **MILLION** children were deemed 'uprooted', in 2016, having either migrated across borders or been forcibly displaced by conflict, climate change or poverty.[8]

800 **MILLION** people were living in low-income, informal settlements in 2014, residing on land exposed to hazards and without adequate protective infrastructure, decent housing or access to basic services.[9]

385 **MILLION** children were living in extremely poor households in 2013, meaning that they had limited capacity to cope with the impacts of shocks and stresses.[10]

136 **MILLION** people across the world are in need of humanitarian aid and protection. The global humanitarian appeal for 2018 is set at a record US$22.5 billion, to cover 91 million persons.[11]

Total economic losses worldwide associated with natural disasters average between **US$250 MILLION** and **US$300 MILLION** per year. In future, annual losses are expected to reach **US$314 BILLION** in the built environment alone.[12]

Between 1980 and 2012, more than **42 MILLION** human life years were lost to internationally reported disasters, representing an enormous setback to economic development and social progress. More than **80%** of this loss was experienced in low- and middle-income countries.[13]

While the multiple frameworks of the 2030 Agenda for Sustainable Development[14] build upon the Millennium Development Goals, the Hyogo Framework for Action[15] and other global efforts, their more holistic and integrated approach recognizes the mutually reinforcing nature of economic, social and environmental objectives in fostering peaceful and inclusive societies. For example:

- The Sustainable Development Goals (SDGs) outcome document *Transforming Our World: The 2030 Agenda for Sustainable Development* recognizes the impacts of various hazards, including earthquakes, violent conflict, disease outbreaks, climate change and extreme weather.[16] The SDGs also focus more directly on reaching those furthest behind first – recognizing that girls and boys, women, individuals with disabilities, and the most impoverished are disproportionately vulnerable to, and affected by, the impacts of crisis.
- The Sendai Framework for Disaster Risk Reduction 2015–2030 addresses the prevention of new crises and the reduction of disaster risk related to various shocks and stresses, with a focus on human vulnerability. It advocates for the integration of "a gender, age, disability and cultural perspective in all policies and practices" and the promotion of women and youth leadership, recognizing previously untapped strengths and resilience in society.[17]

[7] The figures have been calculated using population data for countries where UNICEF has a humanitarian appeal. See: United Nations Children's Fund, 'Nearly a quarter of the world's children live in conflict or disaster-stricken countries: UNICEF', Press release, UNICEF, December 2016, <www.unicef.org/media/media_93863.html>, accessed 15 February 2018.
[8] United Nations Children's Fund, *Uprooted: The growing crisis for refugee and migrant children*, UNICEF, New York, September 2016, available at <www.unicef.org/publications/index_92710.html>, accessed 15 February 2018.
[9] *One Humanity, Shared Responsibility.*
[10] This is an estimate based on 89 countries, representing just over 84 per cent of the developing world's population. See: United Nations Children's Fund and World Bank Group, 'Ending Extreme Poverty: A focus on children', Briefing note, UNICEF, October 2016, available at <https://data.unicef.org/wp-content/uploads/2017/09/Ending_Extreme_Poverty_A_Focus_on_Children_Oct_2016.pdf>, accessed 6 March 2018.
[11] 'Global Humanitarian Appeal Hits Record $22.5 Billion'.
[12] United Nations Office for Disaster Risk Reduction, *Global Assessment Report on Disaster Risk Reduction 2015: Full report*, UNISDR, 2015, available at <www.preventionweb.net/english/hyogo/gar/2015/en/gar-pdf/GAR2015_EN.pdf>, accessed 6 March 2018.
[13] The concept of human life years is introduced by the *Global Assessment Report on Disaster Risk Reduction 2015* as an alternative representation of disaster impact, as it provides a metric that describes the time required to produce economic development and social progress – time that is lost in disasters. Loss of human life years, whether through disease or disaster, is thus a way to measure setbacks to development that goes beyond conventional metrics such as mortality and economic loss. See: United Nations Office for Disaster Risk Reduction, *Global Assessment Report on Disaster Risk Reduction 2015: GAR at a Glance*, UNISDR, 2015, available at <www.preventionweb.net/english/hyogo/gar/2015/en/gar-pdf/GAR15_at_a_glance_EN.pdf>, accessed 15 February 2018.
[14] United Nations Sustainable Development Knowledge Platform, 'Outcomes and frameworks', Division for Sustainable Development, United Nations Department of Economics and Social Affairs, New York, <https://sustainabledevelopment.un.org/frameworks>, accessed 16 February 2018.
[15] United Nations Office for Disaster Risk Reduction, 'Hyogo Framework for Action (HFA)', UNISDR, Geneva, <www.unisdr.org/we/coordinate/hfa>, accessed 16 February 2018.
[16] United Nations, *Transforming Our World: The 2030 Agenda for Sustainable Development*, United Nations, 2015, available at <https://sustainabledevelopment.un.org/post2015/transformingourworld/publication>, accessed 16 February 2018.
[17] United Nations Office for Disaster Risk Reduction, 'Sendai Framework for Disaster Risk Reduction 2015–2030', UNISDR, Geneva, <www.unisdr.org/we/inform/publications/43291>, accessed 6 March 2018.

- The Paris Agreement, which links both mitigation and adaptation goals in the global climate effort, also seeks to further understanding of, and action and support for, risk reduction, by promoting comprehensive risk assessments and more coherent management of multiple threats.[18]
- The World Humanitarian Summit 2016 galvanized commitments towards a 'new way of working', as first discussed in the Agenda for Humanity[19] and further embedded in the *Commitments to Action*.[20] In promoting its 5 core responsibilities and 24 'key transformations' or changes in direction, the Agenda for Humanity demands that the success of international interventions is measured by the year-on-year reduction in human vulnerability and risk – not the proportion of acute and urgent needs met.

Adding to the momentum, the United Nations Secretary-General has called on the United Nations to uphold its strategic commitment to a 'culture of prevention'. In his vision statement, shared with all Member States in May 2017,[21] António Guterres recognized how the distinctions between different types of crisis have eroded, with natural phenomena, violent conflict and other man-made or social shocks and stresses working together to compound vulnerability, inequity and social exclusion. Reinforcing the intergovernmental agreements for sustaining peace,[22] he signalled a strong organizational shift from response to helping countries make a concerted effort to avert the outbreak of crisis in the first place. To succeed, this approach must further strengthen the nexuses between peace and security, and between sustainable development and human rights policies (see **Box 1**).

BOX 1 – A BUSINESS CASE FOR CONFLICT PREVENTION AND DISASTER RISK REDUCTION

Violent conflict **adversely affects a country's** economic progress. Resources spent fighting wars **can stifle economic growth and diminish allocations to** social services. Managing the negative effects of a crisis through humanitarian assistance and peacekeeping is **also costly for the international community**. In the Pathways for Peace study,[23] the United Nations and World Bank produced a business case to show that conflict prevention, besides saving millions of lives, is also economically beneficial. The analysis showed that even in the most pessimistic scenario of the analysis, where preventive action is rarely successful, preventing the outbreak of violence would create net savings close to US$5 billion per year. In the most optimistic scenario, the net savings are almost US$70 billion per year.

Economics of Resilience to Drought, a study commissioned by the United States Agency for International Development (USAID), assessed the cost savings that could have resulted from an earlier and more proactive response to drought in Ethiopia, Kenya and Somalia.[24] The study reveals the following:

- **Donors could have saved 30 per cent** on humanitarian aid spending through earlier and more proactive responses (equivalent to savings of US$1.6 billion when applied to US Government spending in the three countries over the last 15 years).
- **Countries and donors together could have saved up to US$4.2 billion** in the three countries over the last 15 years, through early responses and also the expansion of programmes to protect the income and assets of individuals.
- **Every US$1 invested in building drought resilience could result in up to US$3 saved** in reduced humanitarian aid and avoided losses.

1.2 IMPLICATIONS FOR CHILD RIGHTS PROGRAMMING

UNICEF recognizes that these changes in the global risk landscape and shifts in international commitments have implications for child rights programming:

[18] United Nations Framework Convention on Climate Change, Adoption of the Paris Agreement, FCCC/CP/2015/L.9, Paris, 12 December 2015, available at <http://unfccc.int/resource/docs/2015/cop21/eng/l09.pdf>, accessed 15 February 2018.
[19] Agenda for Humanity, 'Agenda for Humanity', United Nations Office for the Coordination of Humanitarian Affairs, 2016, <www.agendaforhumanity.org/>, accessed 16 February 2018.
[20] World Humanitarian Summit, *Commitments to Action*, September 2016, available at <https://interagencystandingcommittee.org/system/files/whs_commitment_to_action_8september2016.pdf>, accessed 16 February 2018.
[21] António Guterres, Secretary-General of the United Nations, 'Vision Statement: Challenges and Opportunities for the United Nations', República Portuguesa, May 2017, <www.antonioguterres.gov.pt/vision-statement/>, accessed 6 March 2018.
[22] United Nations General Assembly, Resolution adopted by the General Assembly on 27 April 2016, Review of the United Nations peacebuilding architecture, A/RES/70/262, 12 May 2016, available at <www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_70_262.pdf>, accessed 16 February 2018.
[23] United Nations; World Bank. *Pathways for Peace: Inclusive approaches to preventing violent conflict*, World Bank, Washington, DC, 2018. © World Bank. https://openknowledge.worldbank.org/handle/10986/28337 License: CC BY 3.0 IGO.
[24] United States Agency for International Development, *Economics of Resilience to Drought*, USAID, January 2018, available at <www.usaid.gov/resilience/economics-resilience-drought>, accessed 16 February 2018.

- **Children bear the brunt of these crises**. Although positive gains have been made in the last decades in the realization of children's rights,[25] violent conflict, political instability, forced displacement, disasters, climate change and unprecedented public health emergencies have also eroded some of these positive gains and put at risk the futures of millions of children. Children are being deprived of their childhoods and the potential to be active and engaged citizens in their communities due to the impacts of crisis – whether these manifest as illness, malnutrition, exploitation and/or limited or no access to education.

- **Advancing equity means reducing risk for children**. Global commitments to Leaving No One Behind recognize that exposure to shocks and stresses is one of the five key determinants of inequity.[26] Crisis not only **compounds** existing poverty, deprivations and social exclusion, but also **leads to these impacts** by eroding existing progress and stripping households and communities of assets and coping mechanisms. In keeping with its 'equity approach', UNICEF must therefore place a strong focus on targeting households and communities that are both economically deprived or socially marginalized and also disproportionately exposed to various shocks and stresses. This is also in line with the Agenda for Humanity's core responsibilities, including the commitment to 'Invest according to risk'.[27]

- **People-centric, vulnerability-focused and multi-hazard risk analysis is critical**. Most national risk assessments focus on the impacts of hazards on infrastructure and productive sectors. UNICEF has an important role to play in promoting a more people-centric, gender-responsive and child-sensitive approach to defining vulnerability and resilience. UNICEF has contributed greatly to advancing the measurement of multidimensional child poverty and deprivation. When combined with data on the exposure of children and households to various shocks and stresses, such evidence can deepen the risk analysis and help to shift the focus of investments towards the most vulnerable households and communities (see **Box 2**).

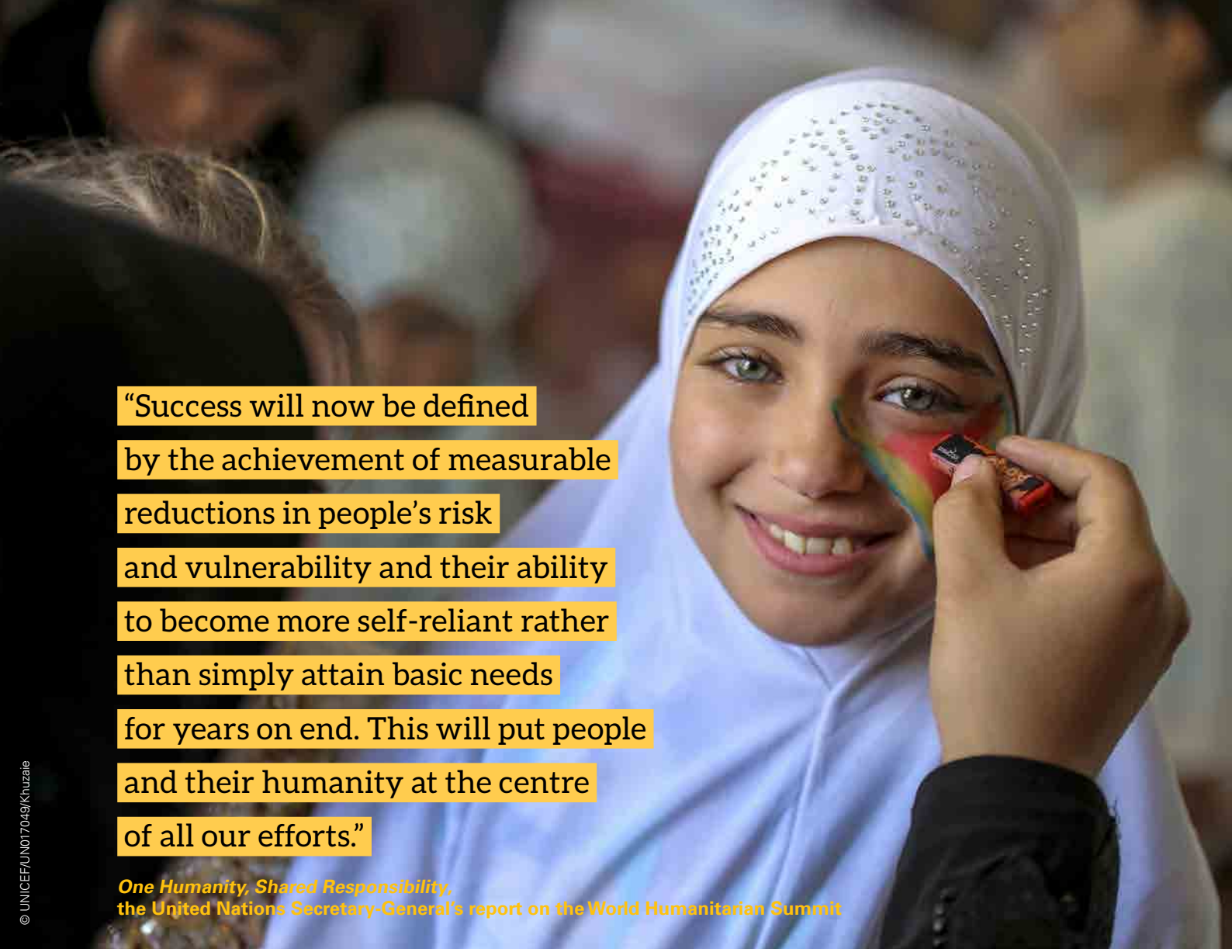
- **Prioritization of prevention and 'early wins'**. Despite the overwhelming evidence that risk reduction and preparedness is more cost-effective than response, less than 0.4 per cent of all overseas development assistance is allocated to prevention.[28] To properly deal with risks, states, donors, development actors and communities must collaborate more closely and at an earlier stage to identify the full range of risks and prioritize development-oriented actions to reduce them. For UNICEF, this means supporting early wins such as making critical infrastructure and systems for children more shock-responsive and resilient.

- **The measure of success should be the reduction of vulnerability rather than need**. The success of humanitarian responses has traditionally been measured in terms of the reduction of acute and urgent needs, but the need to support and measure the ability of communities to mitigate the impacts of additional shocks and stresses is increasingly recognized. This means reinforcing national systems, planning over multi-year time frames, and building capacities at various levels to reduce risk. It also means measuring success in terms of vulnerability reduction, and since the negative effects of shocks and stresses are often first seen in children, tracking their status is critical to forecasting vulnerabilities in larger population groups.

- **Programming must be conflict-sensitive and promote social cohesion and peacebuilding**. Crises cause death, displacement, and the destruction of infrastructure critical for child survival and development, and may also tear the social fabric and undermine the institutions and capacities necessary to promote equity, gender equality and peace. All child rights programming, in both development and humanitarian dimensions, should be increasingly conflict-sensitive and promote social inclusion and cohesion, while recognizing the existing power and wealth dynamics in the political economy. All programmes should adhere to the Do No Harm principles, by giving due consideration to how the effects of gender inequalities and the socio-economic disadvantages of women, adolescents and girls contribute to and deepen vulnerabilities within households and communities.

- **The voices of children, adolescents, youth and women must drive programming efforts**. The current generation of children lives in pivotal times, with pressure on the effectiveness of collective global action at its greatest and the risks of inaction potentially more devastating than ever. UNICEF has a critical responsibility to promote global citizenship, peacebuilding, and climate change and risk reduction education, and to ensure that children's voices are heard in global, national and regional consultative processes. Tapping into formal and informal women's groups set up to support families and communities to further child well-being can assist with such efforts.

[25] United Nations, *The Millennium Development Goals Report 2014*, United Nations, New York, 2014.
[26] The other four key determinants of inequity are: identity, geography, governance and socio-economic standing. See: Source to be added once you can confirm the updated URL to replace https://unstats.un.org/sdgs/report/2016/leaving-no-one-behind
[27] Agenda for Humanity, 'Invest in Humanity', United Nations Office for the Coordination of Humanitarian Affairs, 2016, <www.agendaforhumanity.org/cr/5>, accessed 16 February 2018.
[28] *One Humanity, Shared Responsibility.*



"Success will now be defined by the achievement of measurable reductions in people's risk and vulnerability and their ability to become more self-reliant rather than simply attain basic needs for years on end. This will put people and their humanity at the centre of all our efforts."

One Humanity, Shared Responsibility,
the United Nations Secretary-General's report on the World Humanitarian Summit

BOX 2 – A CHILD-CENTRED APPROACH MAKES SENSE FOR EVERYONE

A child-centred approach is relevant not only for UNICEF and its partners, but also for a wide range of stakeholders committed to Leaving No One Behind, for the following reasons:

- **Children's vulnerabilities are good indicators of larger challenges.** The negative effects of shocks and stresses are often first seen in children. Measuring and tracking their health, nutrition, education and protection status can help to forecast vulnerabilities in larger population groups.
- **Children are a significant demographic group with special needs, vulnerabilities and capacities.** As of mid-2017, the global share of children under 18 (2.3 billion) of the total population (7.6 billion) is 30.7%, ranging regionally from 18.9% in Europe to 47.2% in Africa and 28.8% in Asia[29]; evidence shows that they are disproportionately affected by emergencies. Approximately 100 million children and young people around the world are affected by crises every year.[30] If children are not properly considered before a crisis strikes, their needs will pose one of the most significant and pressing burdens afterwards.
- **Children have invaluable contributions to make.** The current generation of children lives in pivotal times, with pressure on the effectiveness of collective global action at its greatest and the risks of inaction potentially more devastating than ever. Children not only have the right to be considered in plans that will affect their lives, but they can also be agents of change in their communities – informing, influencing and participating in decision-making processes.
- **Children have the right to participate**. Conflict, disaster and crisis affect children's basic right to survival and development. Participating in the decisions that affect their lives and those of future generations is more than just useful for children – it is a right.

[29] United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Prospects: The 2017 Revision*, DVD Edition
[30] United Nations General Assembly, Implementation of the International Strategy for Disaster Reduction: Report of the Secretary-General, A/67/335, 27 August 2012, p. 9.

1.3 THE UNICEF COMMITMENT TO RESILIENT DEVELOPMENT

UNICEF was a key player in the development of the 2030 Agenda, and the UNICEF Strategic Plan, 2018–2021[31] has been designed to accelerate implementation of the SDGs, the Sendai Framework and the Paris Agreement as well as realization of the concurrent resolutions on peacebuilding adopted by the United Nations Security Council and General Assembly. At the World Humanitarian Summit, UNICEF declared its "commitment to risk-informed programming that promotes resilient development" and suggested that it is "making risk analysis a core element of its planning processes".[32]

In its *Technical Note on Resilient Development*, UNICEF explains: "Resilient development means providing children and families with what they need to better prepare for and better manage crises, and recover from them more rapidly. It requires addressing the underlying drivers of inequity and fragility that cause environmental, economic and social deprivations and stresses. It means bridging the arbitrary divide between development and humanitarian assistance, integrating risk factors such as climate change into programming, and strengthening systems that can anticipate as well as absorb shocks in the event of disasters."[33]

The Strategic Plan reflects these commitments, outlining the organization's efforts to foster resilient development by addressing climate change, promoting peacebuilding and social cohesion, and extending risk-informed programming, including through investment in national and sub-national risk assessments and preparedness. For the first time, the current Strategic Plan has an output related to risk reduction confirming the organization's commitment to supporting countries to adopt child-sensitive policies, strategies and programmes that address risks associated with disasters, conflict and public health emergencies. The monitoring framework for the Strategic Plan[34] also reflects the organization's commitments to measure and track progress in risk reduction, in line with Sendai Framework monitoring.[35]

The UNICEF Gender Action Plan, 2018–2021 similarly recognizes the important role that UNICEF plays in risk reduction and preparedness as well as in humanitarian response.[36] The differential experiences and skills of women and men, adolescents, and girls and boys are well noted. There is a clear recognition that conflict and emergency situations increase girls' and women's exposure to gender-based violence (GBV) and that preparedness measures must consider both this and menstrual hygiene management to address the heightened vulnerability of girls to negative health outcomes and barriers to educational, social and economic opportunities.

To provide a sense of how national, regional and global progress in advancing risk reduction will be made, the Strategic Plan also outlines a specific 'change strategy' that focuses on enhancing coherence and connectedness between at-scale capacity for humanitarian action and longer-term programming, including through "risk-informed programme design, preparedness, support to common needs assessments and national and local first responders". Under this change strategy, UNICEF will track "the percentage of country offices that meet organizational benchmarks on: (a) preparedness; (b) implementing risk-informed programming; and (c) promoting peaceful and inclusive societies".

BOX 3 – COMPARATIVE ADVANTAGES OF UNICEF IN RISK REDUCTION

UNICEF has several comparative advantages when addressing the risk of humanitarian crisis:

- UNICEF has a mandate that integrates development and humanitarian programming and is thus present before, during and after a crisis, engaging at every stage of the humanitarian-development continuum.
- UNICEF has extensive experience of operating in fragile, conflict-affected and risk-prone contexts, and working in close proximity to communities that experience shocks and stresses.
- UNICEF is a technical expert in multidimensional child poverty, inequity and deprivation analysis and can enrich risk assessments by proposing a more people-centric and vulnerability-focused approach.
- UNICEF responds in a multi-sectoral manner, addressing the interlocking issues that affect a child's well-being while maintaining well-established relationships with technical line ministries.

[31] United Nations Children's Fund, UNICEF Strategic Plan, 2018–21, E/ICEF/2017/17/Rev.1, 16 August 2017, available at <https://www.unicef.org/about/execboard/files/2017-17-Rev1-Strategic_Plan_2018-2021-ODS-EN.pdf>, accessed 6 March 2018.
[32] United Nations Children's Fund, *Children in Crisis: What children need from the World Humanitarian Summit*, April 2016, available at: <http://www.childreninachangingclimate.org/uploads/6/3/1/1/63116409/whs_children_in_crisis.pdf>, accessed 6 March 2017.
[33] United Nations Children's Fund, Data Research and Policy Technical Note, Resilient Development, 18 April 2016, available at: <https://unicef.sharepoint.com/:w:/r/teams/Communities/RiskResilienceFragilityPeacebuilding/_layouts/15/WopiFrame.aspx?sourcedoc=%7BF2B8C210-F9D5-45A7-83D3-880A44B5B1F8%7D&file=Technical%20note%20on%20resilient%20development.docx&action=default\>, accessed 6 March 2018.
[34] United Nations Children's Fund, Final results framework of the UNICEF Strategic Plan, 2018–21, E/ICEF/2017/18, 17 July 2017, available at <https://www.unicef.org/about/execboard/files/2017-18-Final_results_framework-ODS-EN.pdf>, accessed 6 March 2018.
[35] The UNICEF Strategic Plan, 2018–2021 will track the number of disruptions to educational services and to health services attributed to disasters (Sendai D-6, D-7). See: United Nations Office for Disaster Reduction, 'Sendai Framework Monitoring', UNISDR, Geneva, <www.unisdr.org/conferences/2017/globalplatform/en/programme/plenaries/view/581>, accessed 16 February 2018.
[36] United Nations Children's Fund, *UNICEF Gender Action Plan, 2018–2021*, E/ICEF/2017/16, 13 July 2017, available at <www.unicef.org/about/execboard/files/2017-16-Gender_Action_Plan-2017.07.14-Rev.1.pdf>, accessed 28 February 2018.

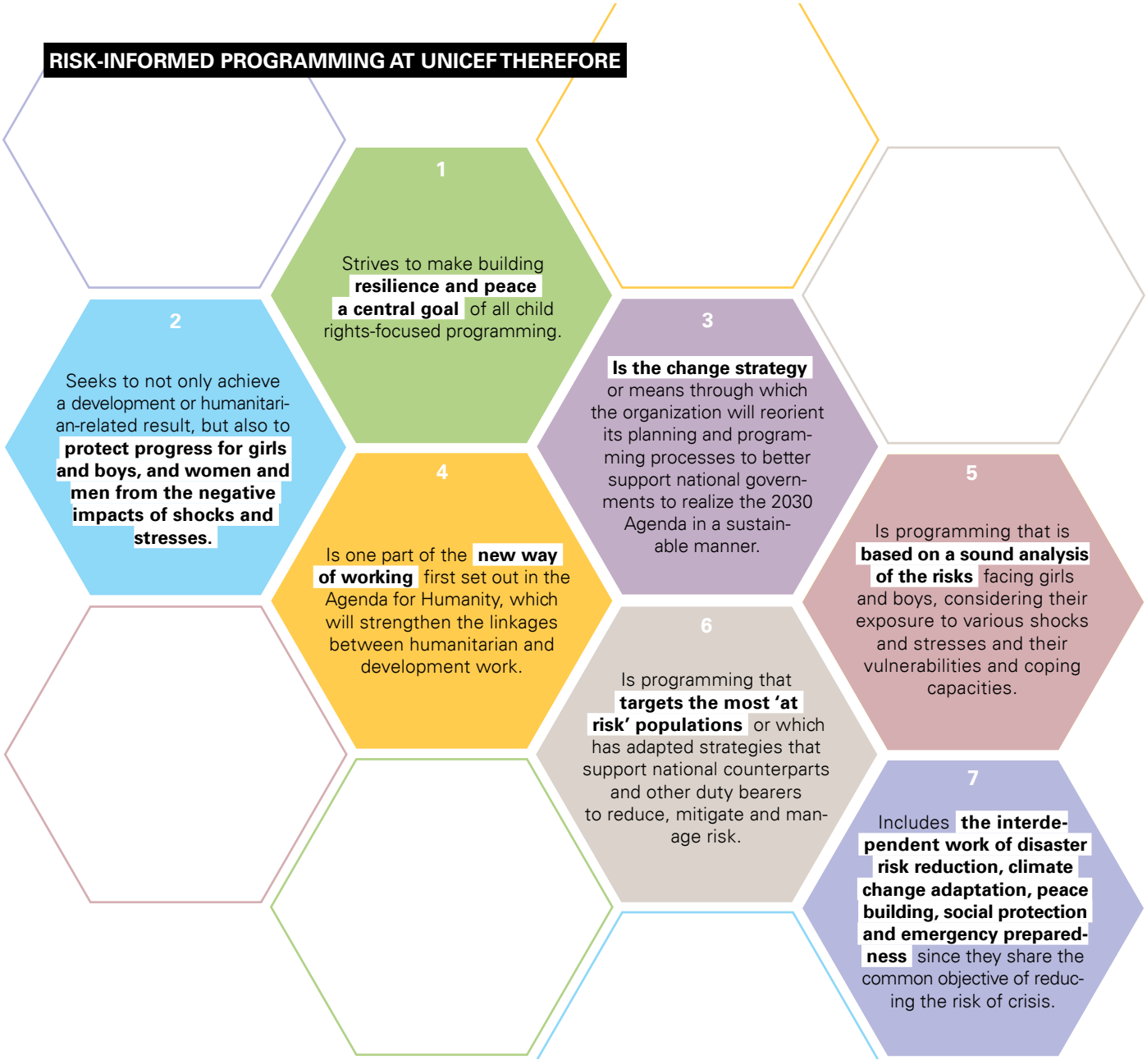
2. RISK-INFORMED PROGRAMMING

2.1 WHAT IS RISK-INFORMED PROGRAMMING?

Risk-informed programming aims to strengthen resilience to shocks and stresses by identifying and addressing the root causes and drivers of risk, including vulnerabilities, lack of capacity, and exposure to various shocks and stresses. It necessitates a robust risk analysis of the multiple hazards faced by households and communities, and requires government and other partners to be involved in the design or adjustment of programmes to ensure that they make a proactive commitment to reducing risk.

For UNICEF, risk-informed programming is child-centred. Using a human rights-based approach to programming, UNICEF supports national counterparts and a range of duty bearers and stakeholders to consider not only what changes are necessary to further the realization of child rights, but also *how to protect those gains from the negative impacts of shocks and stresses*.

RISK-INFORMED PROGRAMMING AT UNICEF THEREFORE



2.2 WHAT IS GRIP?

The UNICEF *Guidance for Risk-informed Programming* (GRIP) is a package of general and sector-specific modules that propose a methodology for conducting child-centred risk analysis and leading a collaborative process with multiple child rights stakeholders (including children, adolescents and youth) to design or adapt programmes to further risk reduction, resilience and peace.

What is GRIP?

- **GRIP is additional guidance for good programming** within the context of the new Strategic Plan, providing UNICEF country offices with advice on how to 'risk-inform' their respective Country Programmes of Cooperation. The GRIP modules can also be considered essential companions to the UNICEF Results-Based Management Learning Package,[37] since they should help UNICEF country offices to strengthen the 'risk lens' in their standard approach to situation analysis and strategic planning.

- **GRIP is a tool** to strengthen the interconnectedness of humanitarian, development and peacebuilding programming. Since GRIP supports child rights stakeholders (including governments, multilateral and bilateral development partners, members of civil society, and local community groups) to conduct multi-hazard risk analysis, it can help these same partners to collaborate to identify early wins in development-oriented risk reduction or shift the focus of humanitarian action towards reducing chronic vulnerabilities.

- **GRIP is a basis for more coherent internal risk management**. Since GRIP provides a method for ranking the risks associated with specific shocks and stresses that affect children, it can inform the analysis of risk to the achievement of programme results and/or risks to the enterprise (in terms of reputation, continuity of business operations, etc.). Conducting a robust analysis of risks in a particular country can help teams to meet the requirements of the emergency preparedness procedure and/or the enterprise risk management system, for example, by instilling a more credible and coherent approach to risk management.

- **GRIP is a compendium of good practices**. The GRIP package of modules also offers real examples of how UNICEF country offices have met the challenge of multi-stakeholder risk analysis and made innovations to traditional approaches to planning, programming and monitoring for children. Also included are examples of how UNICEF has improved the participation of children and youth in these processes. It is therefore a useful gateway to further learning and knowledge exchange around risk reduction.

- **GRIP is guidance that is aligned to international standards for integrating gender equality** and addressing gender-based violence through risk-informed mitigation and response preparedness strategies. The GRIP package draws on various Inter-Agency Standing Committee (IASC) preparedness and humanitarian response resources and the UNICEF *Gender-Based Violence in Emergencies (GBViE) Resource Pack*.[38] It also reflects gender equality strategies produced by our disaster risk reduction and climate change adaptation programming partners, which include the United Nations Development Programme (UNDP), the United Nations Office for Disaster Risk Reduction (UNISDR), the United Nations Population Fund (UNFPA) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). In addition, GRIP links to policies, guidance and tools on protection from sexual exploitation and abuse.

It should be stated, however, that GRIP is:

- **NOT an institutional procedure**. It is guidance on how to strengthen your existing planning and practice, but it does not require compliance. Although every part of UNICEF has a role and responsibility to further risk-informed programming, GRIP neither assigns accountabilities nor establishes institutional benchmarks for performance in this regard.

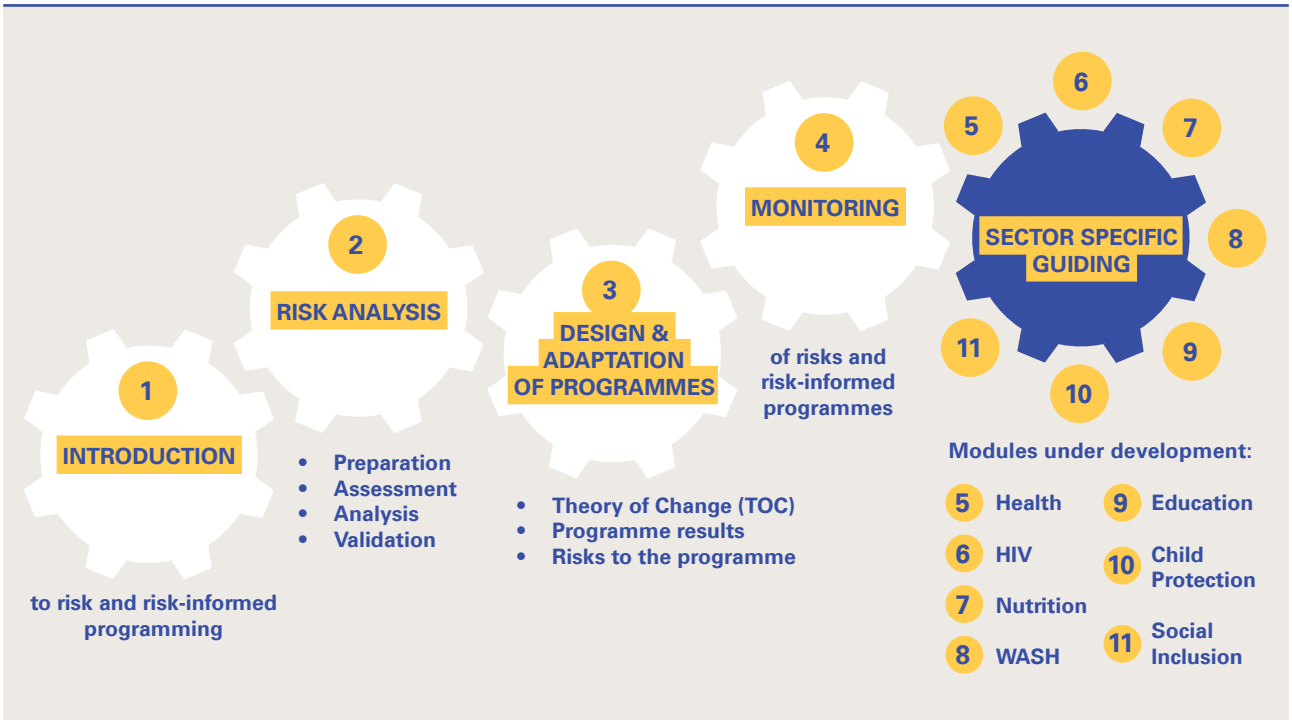
- **NOT specifically designed for independent use by external partners**. It does, however, provide clear guidance for how UNICEF teams can convene and facilitate multi-stakeholder groups to arrive at a common understanding of the risk landscape and how it affects children's rights and opportunities.

[37] The Results-Based Management Learning Package consists of the RBM Handbook, an e-Learning course and the face-to-face RBM workshop. The e-Learning course is available at <https://agora.unicef.org/course/info.php?id=3122>, accessed 6 March 2018.
[38] United Nations Children's Fund, Gender-based violence in emergencies resource pack summary available at: <https://www.unicef.org/protection/files/Resource_Pack_Card_Final_Print.pdf>, accessed 6 March 2018. For full GBViE tools and guidance, contact Mendy Marsh or Catherine Poulton.

- **NOT a tool for collecting primary data**. GRIP Module No. 2 does, however, provide a clear methodology for how to gather secondary data and conduct a risk analysis that puts children – and their special needs, vulnerabilities and capacities – at its centre.

Each of the general and sector-specific GRIP modules is designed to support a different aspect or phase in risk-informed programming (see **Graphic 1**).

Graphic 1 – GRIP structure



2.3 WHO IS GRIP FOR?

GRIP is specifically designed to enhance the understanding of UNICEF country office staff, but it should be applied in a participatory and collaborative manner with national counterparts, development partners, members of civil society and other child rights stakeholders – including children, adolescents and youth themselves. It can be applied in any country context, ranging from low- to high-risk countries, stable to fragile situations, and low- to upper-middle-income economies. GRIP has relevance for development programmes and for humanitarian action in complex emergencies.

GRIP targets UNICEF senior management and the planning, programme and emergency teams in particular. It is also very useful for staff working in operations, advocacy and external relations, resource mobilization, evaluation and other areas of focus at various levels of the organization, including in UNICEF regional offices and at UNICEF Headquarters.

GRIP can also help UNICEF staff to participate more effectively in risk analysis processes led by government or other development partners, and to apply a 'child rights lens' to ensure that children's special needs, vulnerabilities and capacities are considered in risk-informed planning and programming. The GRIP method complements a variety of existing tools and agency-specific guidance introduced recently by the United Nations and development partners, including the Organisation for Economic Co-operation and Development (OECD) *Guidelines for Resilience Systems Analysis*.[39] (For a list of some of these complementary tools and guidance, see the Annex to the core GRIP Modules.)

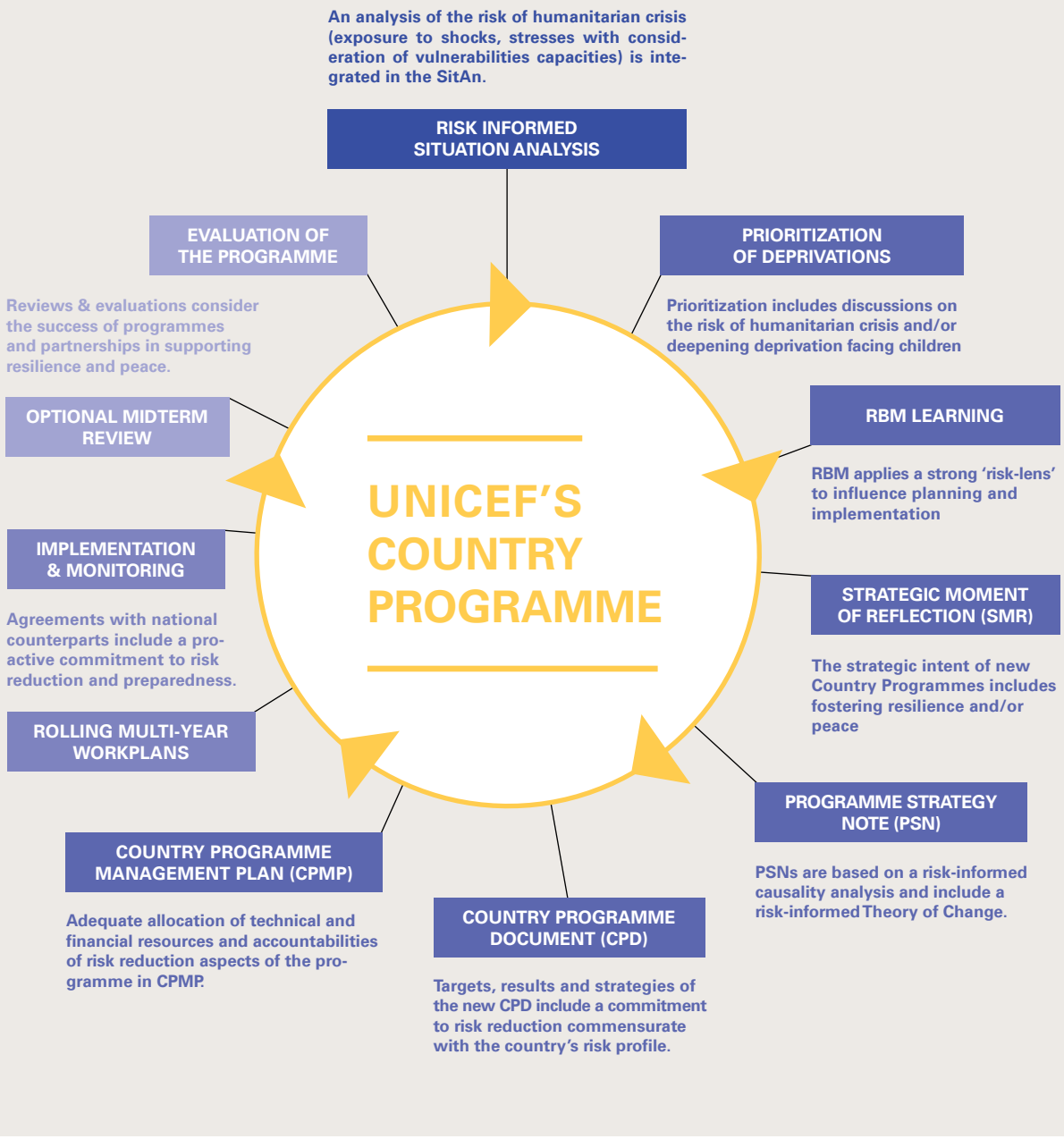
[39] Organisation for Economic Co-operation and Development, *Guidelines for Resilience Systems Analysis*, OECD Publishing, 2014, available at <https://www.oecd.org/dac/Resilience%20Systems%20Analysis%20FINAL.pdf>, accessed 16 February 2018.

2.4 WHEN SHOULD GRIP BE APPLIED?

GRIP recognizes that strategic planning is a dynamic and iterative process that must adapt to local requirements and opportunities. To be most influential, GRIP is best applied during the design of new UNICEF Country Programmes of Cooperation and United Nations Development Assistance Frameworks and/or as a means to guide major programme reviews that may result in the authorization of adjustments to programmes and partnerships. GRIP can be applied at any stage of the country programming cycle, however (see **Graphic 2**).

UNICEF may also apply GRIP to influence national planning processes (e.g., the elaboration of a new national development plan) and/or significant milestones in the programming of major development partners (e.g., the United Nations Common Country Assessment and/or the country analysis of major international financing institutions). GRIP can also be used in the course of review processes, including annual and mid-term reviews or a Gender Programme Review.

Graphic 2 – Application of GRIP at all stages of the UNICEF country programming cycle



2.5 WHAT IS A GRIP WORKSHOP?

A GRIP workshop is a flexible, participatory-style workshop tailor-made to support UNICEF country offices and their national counterparts and partners to consider how the risk of humanitarian crisis affects children, their caregivers and their communities. Although a GRIP workshop is not mandatory, it is recommended for country offices that have a medium-to-high risk rating and which are entering the analysis or strategic planning phase of the country programming cycle.

A GRIP workshop can be particularly useful in helping multi-stakeholder groups to:

- develop or validate a risk analysis that considers the exposure of households and communities to various shocks and stresses as well as household and community vulnerabilities and existing national capacities
- develop sector-wide or multi-sectoral causality analysis and risk-informed theories of change
- embark on strategic planning for the elaboration of new UNICEF Country Programmes of Cooperation or United Nations Development Assistance Frameworks
- integrate equity and gender considerations into the risk analysis, and identify specific barriers, bottlenecks and opportunities that can inform programming
- consider the adaptation of work plans and partnerships with national counterparts and other stakeholders to reinforce resilient development and peace.

Usually, a GRIP workshop takes place over two to three days and includes the validation of a country- or area-specific risk analysis (developed prior to the workshop) as well as several collaborative exercises to either design new programmes with national counterparts (through a risk-informed theory of change) or adapt existing programmes (focusing on work plans and partnership agreements).

UNICEF regional office planning and emergency advisers, in cooperation with UNICEF Headquarters through the Humanitarian Action and Transition Section (HATIS) in Programme Division, can support country offices to consider if, how and when a GRIP workshop may be useful in the analysis, strategic planning or implementation phase of the country programming cycle. Many country offices have already completed a GRIP workshop or strengthened risk analysis via other training (see **Map 1**.) Whether or not a country office decides to hold a 'stand-alone' GRIP workshop, certain aspects of GRIP should be integrated into existing UNICEF training sessions and consultative processes, including:

- consultation for, and validation of, situation analyses on the status of women and children, to ensure that the situational analysis integrates a strong analysis of the risk of humanitarian crisis in country
- results-based management (RBM) training sessions that have a strong focus on the application of the risk lens
- theory of change workshops or 'write-shops' held with national counterparts and regional advisers
- strategic moments of reflection, to provide a means to reaffirm the institutional commitment to resilient development in the programme's strategic intent
- optional mid-term reviews, to provide a means to adjust programme results and strategies, and thus create work plans and partnerships that are more risk-informed
- other reviews such as the Gender Programme Review, which is usually carried out once per country programming cycle.

GLOBAL EXPERIENCE

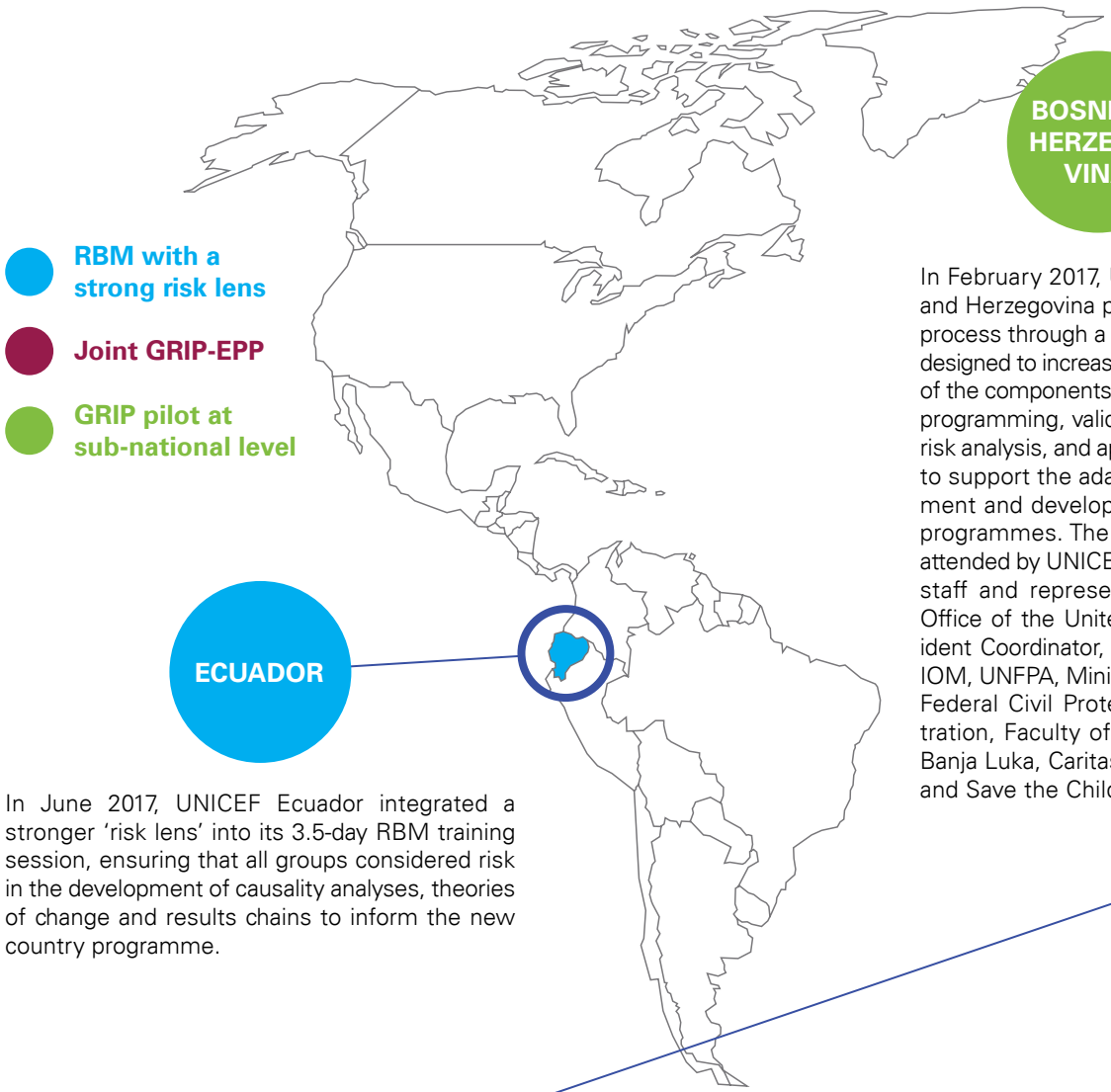
GRIP Workshops around the world

In February 2018, UNICEF Pakistan held a 2-day internal GRIP workshop for programme staff. Participants validated a risk analysis for the country, conducted a risk-informed causality analysis and then reviewed existing programme strategy notes to reorient them to be more risk-informed.

PAKISTAN

BOSNIA & HERZEGO-VINA

In February 2017, UNICEF Bosnia and Herzegovina piloted the GRIP process through a 3-day workshop designed to increase understanding of the components of risk-informed programming, validate the existing risk analysis, and apply the analysis to support the adaptation, adjustment and development of sector programmes. The workshop was attended by UNICEF country office staff and representatives of the Office of the United Nations Resident Coordinator, UNHCR, UNDP, IOM, UNFPA, Ministry of Security, Federal Civil Protection Administration, Faculty of Social Work of Banja Luka, Caritas Internationalis and Save the Children.



- **RBM with a strong risk lens**
- **Joint GRIP-EPP**
- **GRIP pilot at sub-national level**

ECUADOR

In June 2017, UNICEF Ecuador integrated a stronger 'risk lens' into its 3.5-day RBM training session, ensuring that all groups considered risk in the development of causality analyses, theories of change and results chains to inform the new country programme.

UGANDA

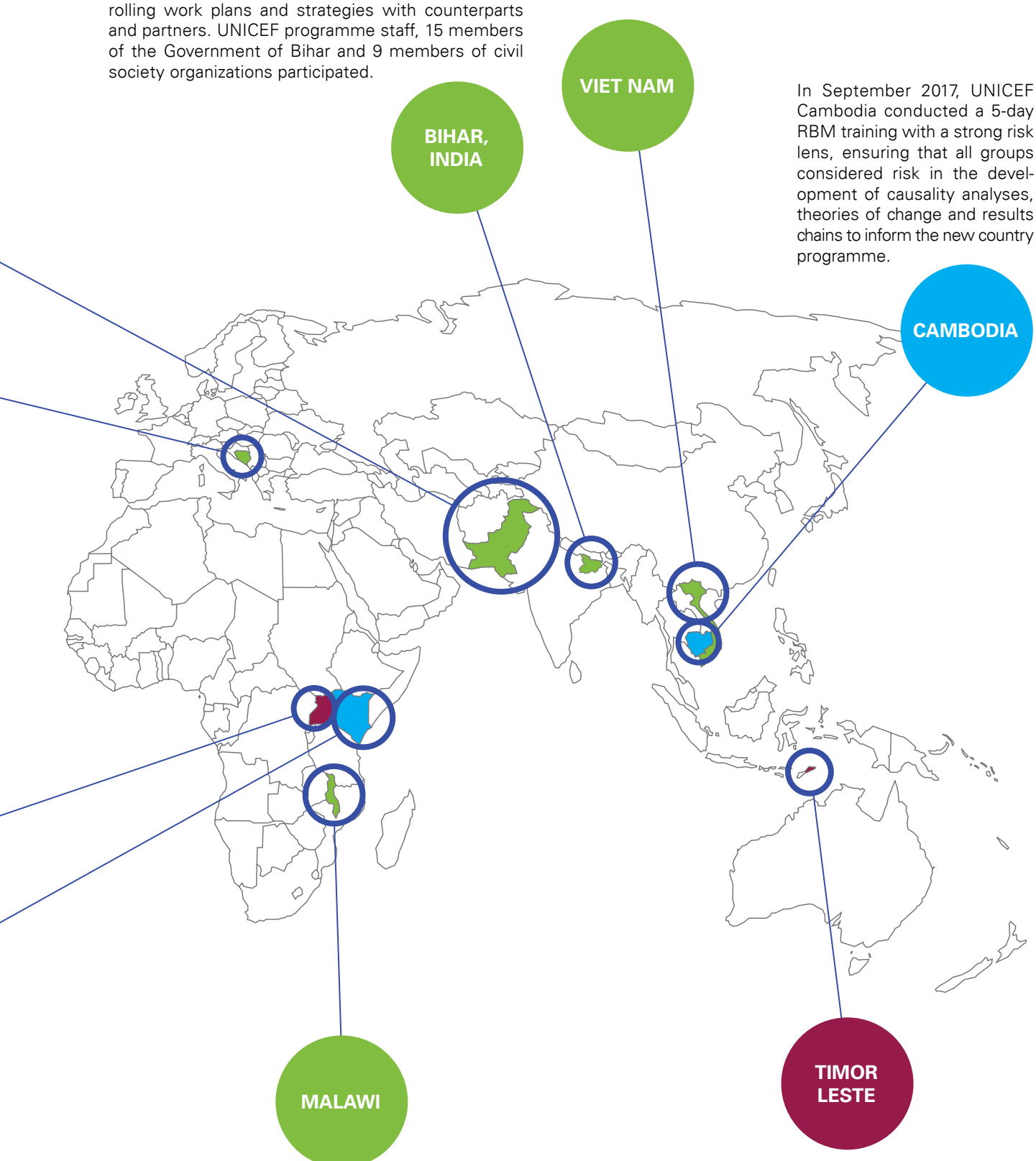
In October 2017, UNICEF Uganda held a 3-day joint workshop on GRIP and the Emergency Preparedness Platform (EPP) to ensure a common knowledge base among UNICEF staff on risk-informed programming and the Core Commitments for Children. The workshop also supported the roll-out of new UNICEF preparedness guidance.

KENYA

In June 2017, UNICEF Kenya piloted a one-week joint workshop on results-based management (RBM) and Guidance for Risk-informed Programming (GRIP). In total, 30 per cent of the training was devoted to GRIP. Participants spent a full day validating a risk analysis in order to integrate considerations of risk into their causality analysis, theory of change and results chain to inform the new country programme.

In June 2017, the UNICEF Bihar State Office piloted the GRIP process through a 3-day workshop. Participants validated a risk assessment, considered specific risks and priority actions for each sector, and made a commitment to adjust programme strategy notes, rolling work plans and strategies with counterparts and partners. UNICEF programme staff, 15 members of the Government of Bihar and 9 members of civil society organizations participated.

In December 2017, UNICEF Viet Nam held a 2-day internal GRIP workshop for programme staff. Participants validated a risk analysis for the country, conducted a risk-informed causality analysis and then reviewed existing work plans with national counterparts to reorient them to be more risk-informed.



In September 2017, UNICEF Cambodia conducted a 5-day RBM training with a strong risk lens, ensuring that all groups considered risk in the development of causality analyses, theories of change and results chains to inform the new country programme.

In May 2017, UNICEF Malawi piloted the GRIP process through a 3-day workshop. Participants validated a risk assessment, considered specific risks and priority actions for each sector, and made a commitment to adjust programme strategy notes, rolling work plans and strategies with counterparts and partners. Participants included representatives of the government, Office of the United Nations Resident Coordinator and Malawi Red Cross Society.

In April 2018, UNICEF Timor-Leste held a joint GRIP-EPP workshop for internal programme staff. Participants validated their risk analysis, developed a causality analysis and considered how to adapt their existing work plans and partnerships. They also carried forward their scenario planning and identification of preparedness measures to meet the requirements of the EPP.

3. UNDERSTANDING RISK

3.1 WHAT IS RISK?

There is no universally agreed definition of risk. It is a term used generally in all aspects of life and is related to the concept of future harm or the likelihood of a negative impact occurring.

UNISDR, for example, defines risk as: "The potential loss of life, injury, or destroyed or damaged assets which could occur to a system, society or a community in a specific period of time, determined probabilistically as a function of hazard, exposure, vulnerability and capacity."[40] The European Union refers to risk as "the combination of the probability of an event and its negative consequences".[41] The Overseas Development Institute's Humanitarian Policy Group suggests risk is "the probability of a harmful event or hazard occurring and the likely severity of the impact of that event or hazard".[42]

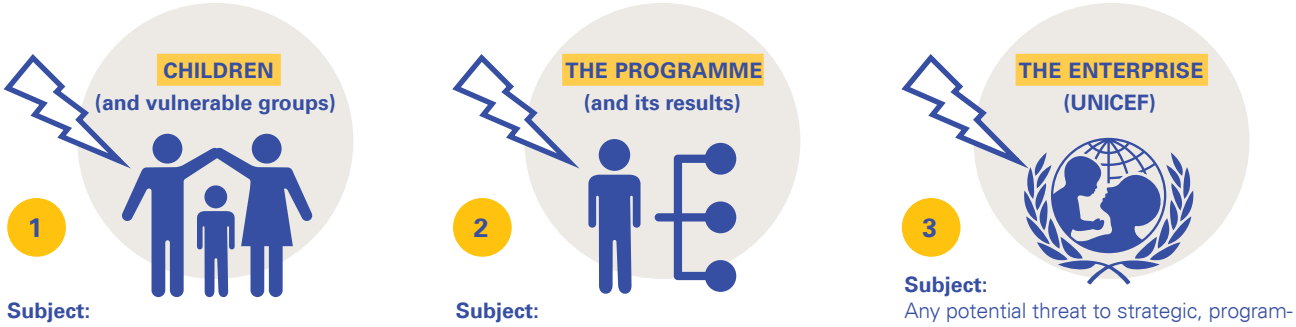
To clarify the concept of risk, it can be helpful to identify the 'object' that is potentially under threat and the 'subject' that is acting on the object to cause the threat. An illustrative example of this is presented to better explain the concept of risk in practice and why different definitions often arise among risk managers or among risk management approaches (see **Graphic 3**). In this example, the definition of risk differs across the GRIP, RBM and enterprise risk management approaches applied by UNICEF, as each considers a different object. The GRIP approach focuses primarily on 'contextual risks' affecting children; the RBM approach considers both risks to children and to the programme; and the enterprise risk management approach focuses primarily on risks to UNICEF as an organization. Although the concepts are interrelated, and the hazards or threats might be the same, different risks can be identified depending on the specific object in focus.

Since GRIP advances a people-centric approach that is concerned with identifying and reducing the negative impacts of shocks and stresses on children, it defines risk as: the likelihood of shocks or stresses leading to the erosion of development progress, the deepening of deprivation and/or humanitarian crisis affecting children, vulnerable households or groups. GRIP Module No. 2 provides a method for developing a risk analysis to determine the likelihood and potential impact of humanitarian crisis – in part to help UNICEF country offices meet the requirements of the emergency preparedness procedure. The sector-specific GRIP Module Nos. 5–11 can help teams to better identify risks that might deepen deprivation and/or lead to an erosion of positive progress in each sector.

According to GRIP, a shock or stress can come from almost anywhere: a natural phenomenon such as an earthquake; a climate change-related event such as sea level rise; a technological hazard such as a nuclear power accident; or civil unrest, armed conflict and/or serious challenges to social cohesion. GRIP Module No. 2 provides additional clarification in this regard as well as a list of indicative shocks and stresses that can negatively affect the lives of children. Every analysis – just like every country – is unique, however.

[40] See the complete list of disaster risk terminology recommended by an open-ended intergovernmental expert working group and adopted by the United Nations General Assembly. United Nations Office of Disaster Risk Reduction, 'Terminology on disaster risk reduction', UNISDR, <www.unisdr.org/we/inform/terminology>, accessed 6 March 2018.
[41] European Commission, 'Disaster Risk Reduction: Increasing resilience by reducing disaster risk in humanitarian action', DG ECHO Thematic Policy Paper No. 5, European Commission, September 2013, available at <http://ec.europa.eu/echo/files/policies/prevention_preparedness/DRR_thematic_policy_doc.pdf>, accessed 6 March 2018.
[42] Metcalfe, Victoria, Ellen Martin and Sara Pantuliano, 'Risk in Humanitarian Action: Towards a common approach?', Humanitarian Policy Group Commissioned Paper, Overseas Development Institute, January 2011, available at <www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/6764.pdf>, accessed 6 March 2018.

Graphic 3 – Three ways of thinking about risk: Risks to children, to the programme or to the enterprise



Subject:
A significant 'contextual' shock or stress

RISK is defined as:
The likelihood of shocks and stresses leading to an erosion of development progress, deepening deprivation or humanitarian crisis affecting children, vulnerable households or groups.

Subject:
Any potential threat to achievement of programme results

RISK is defined as:
The likelihood of a potential event or occurrence beyond the control of the programme adversely affecting the achievement of a desired result.

Subject:
Any potential threat to strategic, programmatic, financial or operational effectiveness of the enterprise

RISK is defined as:
Threats to the achievement of results, management objectives reputation, resource mobilization, protection of resources, staff safety and security or continuity of operations.

3.2 THE RISK FORMULA

GRIP adopts the standard UNISDR risk formula as the main conceptual framework for risk analysis (see **Graphic 4**). It also provides a variation of this formula that can help to simplify the concepts for the purpose of multi-stakeholder discussions. In either case, the formula suggests that risk is actually a product of the interaction between several different variables. As one variable changes, so does the overall risk.

To understand risk, it is therefore necessary to systematically analyse each of the variables involved. To do this, the following questions can be posed:

- What are the shocks and stresses, and what is the type, likelihood and severity of each?
- Who and what are exposed to each specific shocks or stress and where are they located?
- Who is especially vulnerable? What characteristics make these individuals or groups particularly susceptible to the negative impacts of a specific shock or stress?
- What capacities do communities, authorities, institutions or systems have (or need) to prevent, mitigate, prepare for, respond to and recover from a specific shock or stress?

Graphic 4 – The risk formula

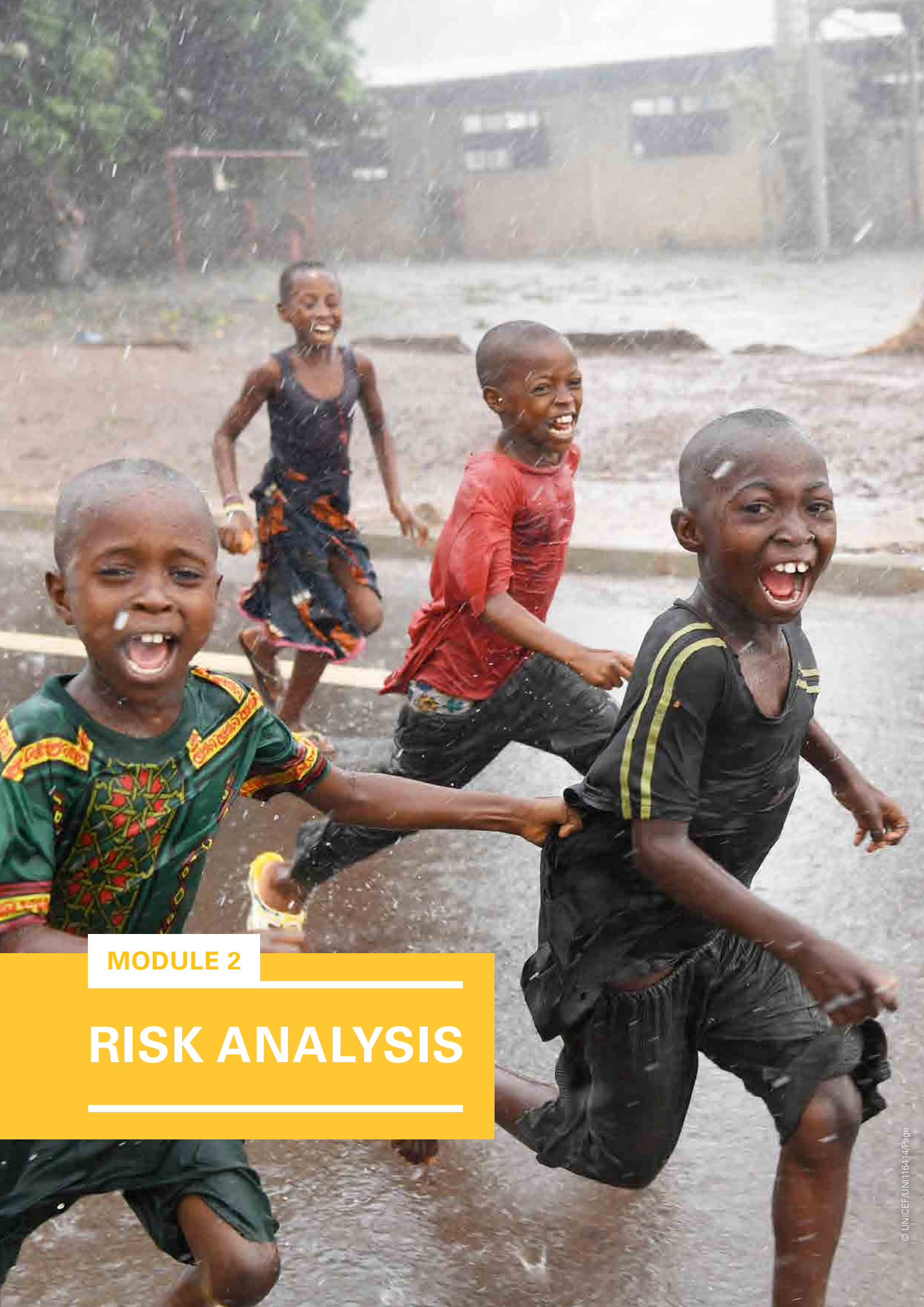
SHOCK: a sudden and potentially damaging phenomenon
STRESS: similar to a shock, but is chronic in nature and can occur over a longer period of time.
Analysis considers type, likelihood and severity or potential tipping point.

EXPOSURE: the presence of people, property, livelihoods, systems or other elements in areas that can be impacted by various shocks and stresses.

VULNERABILITY: the characteristics and circumstances of a child, household or community that make it susceptible to the damaging effects of a shock or stress.

$$\text{RISK} = \frac{\text{HAZARD, SHOCK OR STRESS} \times \text{EXPOSURE} \times \text{VULNERABILITY}}{\text{CAPACITY}}$$

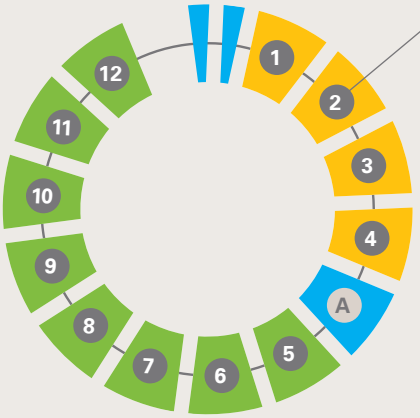
CAPACITY: the combination of all the strengths, attributes and resources available within a community, society or organization.



MODULE 2

RISK ANALYSIS

MODULE 2: RISK ANALYSIS



CONTENTS FOR MODULE 2

OVERVIEW OF GRIP MODULES 1 AND 2

GRIP Module No. 1 explains the:

- importance of risk in the 2030 Agenda for Sustainable Development, and the increasing frequency and severity of shocks and stresses
- UNICEF approach to resilient development, which puts children at the centre of analysis, planning and programming
- purpose of the UNICEF *Guidance for Risk-informed Programming* (GRIP)
- risk formula.

GRIP Module No. 2 is designed to help UNICEF country offices and key child rights stakeholders to:

- conduct an assessment of the risk of humanitarian crisis in country (ranking each shock/stress and/or geographical area by the risk associated with it) using child-centred indicators and approaches (sector-specific modules consider the wider risks of the deepening of deprivation and the erosion of development progress)
- work with partners to identify the causes of various impacts and losses, and their effects on existing deprivations facing children
- analyse the roles and capacities of duty bearers, including those that might increase the potential for a more resilient and peaceful society
- validate the analysis and consider opportunities to maximize its dissemination and use.

1. INTRODUCTION

1.1 WHY DO WE NEED A RISK ANALYSIS? WHAT IS DIFFERENT ABOUT THE UNICEF APPROACH?

UNICEF recognizes that although humanitarian crisis cannot always be prevented, the suffering associated with the impacts of various shocks and stresses on children can be greatly reduced through strong, proactive and collaborative risk-informed programming. Understanding the probability of various hazards occurring, their patterns of exposure and the most likely impacts on children, women and vulnerable groups is essential. It is also critical to consider why these risks occur with such frequency and severity, who is responsible for addressing them, and what capacities these actors need to fulfil their duties so that evidence and knowledge can be turned into programming practice.

Working together so that key child rights stakeholders share a better understanding of risk can:

- **leverage national and international resources** for those programmes that make the greatest difference in reducing the risk of humanitarian crisis and/or better equipping the geographical areas that need it most
- **enable the adaptation of stakeholder strategies** to local contexts, to better protect development gains and outcomes for children, women and vulnerable groups
- **close the arbitrary gap between humanitarian and development work** by providing a common basis for targeting vulnerable children and communities, so that development programmes focus on risks as well as inequities, and humanitarian programmes focus on reducing risks and vulnerabilities over the long term
- **avoid doing harm** in situations where inequity and gender inequality already heighten vulnerability for many people.

Many national risk analyses conducted by national counterparts and partners focus on risks to the adult population, to socio-economic assets or to specific productive sectors such as agriculture or industry. The UNICEF *Guidance for Risk-informed Programming* (GRIP) approach is inspired by these standard approaches, but is child-centred: it puts the special needs, vulnerabilities and capacities of children at the centre of the analysis. It also considers vulnerabilities specific to women, including in relation to gender-based violence prevention, gender-sensitive preparedness for response and the prevention of sexual exploitation and abuse.[1]

For example, the GRIP approach:

- focuses on the **exposure** of children to various shocks and stresses, giving special consideration to the infrastructure and systems that are critical to children's development
- captures the **vulnerability** of children and their households in terms of their socio-economic status, health and well-being
- considers the existing **capacities** required to reduce risks, manage crisis and ensure the continuity of services for children and their caregivers
- uses a **human rights-based approach** to consider the capacity gaps of the primary duty bearers that play a critical role in reducing risk for children and protecting and upholding their rights.

1.2 WHEN IS THE BEST TIME TO CONDUCT A RISK ANALYSIS?

All UNICEF country offices irrespective of the country's risk rating should develop a child-centred risk analysis once per planning cycle. When to conduct the risk analysis will depend on a variety of factors, including the:

- current position of the UNICEF country office in the planning cycle for the UNICEF Country Programme of Cooperation and the United Nations Development Assistance Framework
- opportunities that exist to contribute to national risk analysis and planning processes
- availability of quality data and information (e.g., the availability of new data from census, survey and/or administrative data sources)
- internal and external capacities and resources available to see the analysis through to completion.

[1] Inter-Agency Standing Committee, *Protection from Sexual Exploitation and Abuse (PSEA) by Our Own Staff*, <www.pseataskforce.org>, accessed 10 March 2018.

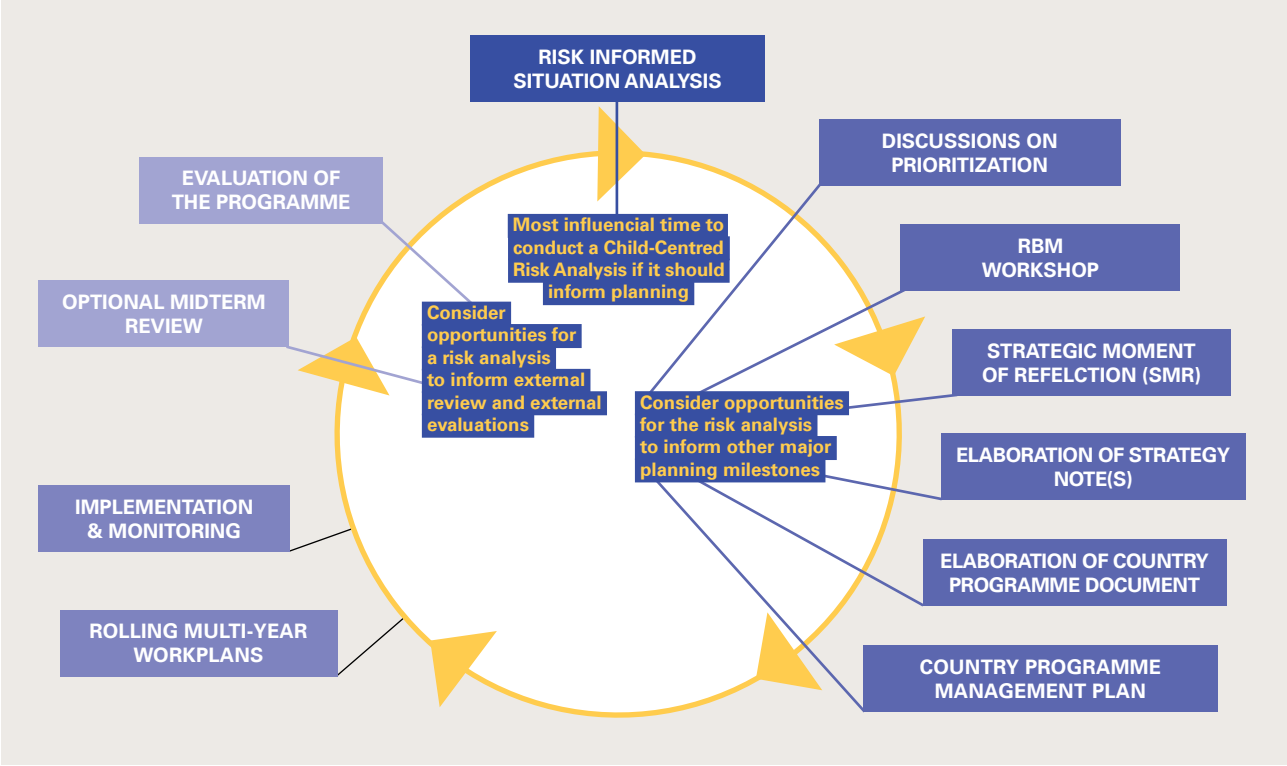
For UNICEF, one of the most influential times to conduct a child-centred risk analysis is while elaborating a situation analysis (SitAn) of children's and women's rights, since the SitAn will contribute to national research, inform national planning and development processes, and influence the shape of both UNICEF country programmes and United Nations Development Assistance Frameworks. If possible, the SitAn itself should include a robust risk analysis. To maximize the potential to integrate risk into the SitAn, the GRIP risk analysis is aligned to the UNICEF *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*[2] and the *Technical Note: Emergency risk informed situation analysis*.[3] It is also designed to help UNICEF country offices meet the requirements for risk analysis outlined in the UNICEF Procedure on Preparedness for Emergency Response.[4]

Since 'classic' SitAns are typically conducted once every five years (once per country programming cycle), not all UNICEF country offices can immediately integrate risk analyses.[5] When integration into the SitAn is not possible, an independent risk analysis can instead be linked to one of the following:

- another critical milestone in the UNICEF country programming cycle such as the strategic moment of reflection or the development of programme strategy notes
- a joint implementation or review process with partners such as the optional mid-term review or the Gender Programme Review
- a major national or inter-agency planning milestone or significant opportunity to contribute to national or inter-agency research that aims to expand the evidence base related to risks to children, their families and their communities
- the update of the risk analysis held on the Emergency Preparedness Platform, which should align with the development of the country office annual work plan (or, in the case of rolling and multi-year country work plans, with scheduled reviews of the work plan).

Risk analysis may be most influential at specific stages of the UNICEF country programming cycle, in line with the organization's planning milestones (see **Graphic 1**).

Graphic 1 – Timing of child-centred risk analysis in relation to UNICEF country programming milestones



[2] United Nations Children's Fund, *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*, UNICEF Division of Policy and Strategy, March 2012, available at <www.unicefinemergencies.com/downloads/eresource/docs/Rights based equity focused Situation Analysis guidance.pdf>, accessed 17 February 2018.
[3] United Nations Children's Fund, *Technical Note: Emergency risk informed situation analysis*, UNICEF, Geneva, August 2012, available at <www.unicefinemergencies.com/downloads/eresource/docs/KRR/Guidance Risk Informed SitAn FINAL.pdf>, accessed 17 February 2018.
[4] United Nations Children's Fund, UNICEF Procedure on Preparedness for Emergency Response, EMOPS/PROCEDURE/2016/001, Effective date 30 March 2018, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/sites/portals/RF/Regulatory%20Framework%20Library/UNICEF%20Preparedness%20Procedure%2029%20Dec%202016.pdf>, accessed 8 March 2018.
[5] There are three main categories of SitAn: (1) 'Shared' or joint analysis – conducted in full partnership with government or other development actors; (2) the 'classic' SitAn – which is usually a single, comprehensive document; and (3) the 'SitAn space' – which is a series of issue-based, group-based, sector-based, region-specific and/or life cycle-focused analyses.

Global good practice in elaborating risk-Informed SitAns

For good examples of UNICEF SitAns that integrate risk analysis, see the national SitAn for the Philippines and the sub-national SitAn for the Autonomous Region in Muslim Mindanao in the Philippines, which are available on the Risk and Resilience, Fragility and Peacebuilding team site.[6] Both reports were commissioned by UNICEF Philippines and written by Coram Children's Legal Centre, part of the Coram group of charities.

1.3 WHAT IS THE PROCESS?

The GRIP child-centred risk analysis process has four phases, which align with the phases of the UNICEF SitAn (see **Graphic 2**). The assessment phase is designed specifically to help UNICEF country offices also meet the requirements of the Procedure on Preparedness for Emergency Response and therefore focuses on ascertaining the risk of humanitarian crisis associated with different shocks and stresses. The analysis phase provides an opportunity to consider the risk of deepening deprivation facing children and/or an erosion in development progress in a particular sector.

The four phases of the GRIP child-centred risk analysis are:

1. **Preparation** Establishing the strategic purpose and scope of the analysis as well as its timing, participants, governance structures and budget.
2. **Assessment** Updating relevant data and information to assess both the exposure of children (and important systems that support children) to various shocks and stresses, and the existing vulnerabilities and capacities that combine to increase the risk of crisis.
3. **Analysis** Consideration of why the identified risks are occurring, who is responsible for addressing them, and what capacities these actors have or lack in this regard.
4. **Validation** Approval of the analysis in conjunction with partners, involving the consideration of the dissemination and use of the analysis, of data management, and of the overall quality of the work.

Graphic 2 – Summary of the GRIP risk analysis process

1. PREPARATION	2. ASSESSMENT	3. ANALYSIS	4. VALIDATION
1.1 Determine purpose	2.1 Likelihood of shock and stresses	3.1 Perform a participatory causality analysis	4.1 Review and validate analysis
1.2 Confirm risk rating and scope	2.2 Consider and rate potential impacts • Exposure • Impacts and losses • Vulnerabilities and capacities	3.2 Consider a role pattern analysis and capacity gap analysis	4.2 Disseminate and use
1.3 Establish accountabilities and management structures	2.3 Rank the risks associated with each shock/stress		4.3 Assess performance
1.4 Determine participants			
1.5 Estimate resources			

GRIP
Consider a GRIP workshop

UNICEF is experienced in conducting child-centred risk analyses: for a variety of purposes; at different depths (from in-depth studies to light-touch reports); using multiple dimensions (temporal and spatial); and at various scales (at the national, sub-national and city level). UNICEF also has examples that take gender equality considerations into account. (For just a few examples, see **Map 2**.)

[6] The Risk and Resilience, Fragility and Peacebuilding team site is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/Communities/RiskResilience-FragilityPeacebuilding/SitePages/Home2.aspx>, accessed 8 March 2018.

1.4 OTHER COMPLEMENTARY METHODS

There are benefits and drawbacks to following the GRIP approach to risk analysis.

Benefits of the GRIP approach

- It is ideal for facilitating discussion among diverse multi-stakeholder groups, using a participatory approach.
- It simplifies the risk formula and applies an easy, step-by-step method that can be understood by a wide range of technical professionals.
- It produces a narrative that is well structured to meet the requirements of the Procedure on Preparedness for Emergency Response and to be integrated into the UNICEF SitAn.

Drawbacks of the GRIP approach

- It focuses at the national level and may therefore obscure great variation at the sub-national level in terms of exposure to various shocks and stresses and vulnerabilities of households and communities.
- It focuses primarily on ascertaining the risk of humanitarian crisis, to align with the risk analysis required under the Procedure on Preparedness for Emergency Response, therefore a special effort or additional analysis may be necessary to consider properly the risk of the deepening of deprivation and/or the erosion of development progress for children.

Given these limitations, some UNICEF country offices will clearly wish to conduct additional specialized assessments or analysis to complement the GRIP risk analysis. There are many options, three of which are summarized below (for examples of these optional approaches in action, see **Box 2**). UNICEF also has experience of building databases and systems to monitor changes in risk over time. This can help decision-makers to make more rapid adjustments to programme strategies and to better support long-term planning with national authorities (for more on the monitoring of risks, see ***GRIP Module No. 4***.)

SPATIAL RISK ASSESSMENT (OR 'CHILD-CENTRED RISK MAPPING')

According to the *Technical Note: Emergency risk informed situation analysis*, countries, states and territories with a higher risk rating should perform a quantitative assessment of the spatial distribution of risk across distinct geographical areas. This assessment method can help multi-stakeholder teams (including, in particular, national and local government) to sharpen targets for resource allocation and programming – and can inform how strategies may be adapted to local contexts and risks. Since location and exposure to shocks and stresses are recognized as factors that drive inequity, a spatial risk assessment greatly supports UNICEF efforts to further the equity approach, leaving no one behind.

METHOD

The process involves quantifying each variable in the risk formula using relevant child-sensitive indicators and then assigning a relative score to each of the various administrative areas. Using a geographic information system, data related to each variable can be converted into layers of information that can be laid on top of each other to enable the estimation of the sub-national distribution of risk.

CONSIDERATIONS

Although spatial risk assessment has many benefits, it calls for more detailed data that are disaggregated at the sub-national level. Generally, the higher the resolution (or smaller the scale) of the analysis, the more challenging it can be to source quality data. This approach also requires a geographic information system and the technical skills required to handle data, to develop methodologies for spatial analysis and to manage databases. Since database development should be carried out in support of efforts by national authorities to strengthen national monitoring systems, this method also implies the need for stronger, longer-term partnerships with government (which may be challenging in situations of fragility or low capacity). For UNICEF, strong management is also required to ensure that the products of the assessment (e.g., thematic maps) are reviewed and their implications for programming properly considered. For all of these reasons, this option is recommended only for higher-risk countries and those with adequate technical and financial resources to support it.

RESOURCES

- UNICEF Regional Office for South Asia (ROSA) and UNICEF East Asia and Pacific Regional Office (EAPRO) collaborated to produce *Child-centred Risk Assessment: Regional synthesis of UNICEF assessments in Asia*.[7] This provides early examples of spatial risk assessment and remains a useful guide to methodology.
- UNICEF has experience of supporting or conducting spatial risk assessments in East Asia and the Pacific, South Asia, West Africa, and Latin America and the Caribbean, contributing to the roll-out of the Index for Risk Management (INFORM) model at regional and sub-national levels. For a list of assessments, best practice examples and lessons learned on management and methods, consult the Risk and Resilience, Fragility and Peacebuilding team site.
- Recognizing the need for specialist services, UNICEF EAPRO developed a Long-term Arrangement for Services with two institutions skilled in spatial risk assessment, while the Data, Research and Policy division maintains agreements with several geographic information systems firms. Before embarking on a spatial risk assessment, consult the relevant UNICEF regional office and the Humanitarian Action and Transition Section (HATIS) in Programme Division (UNICEF Headquarters) for a list of qualified service providers who can support the process.

CONFLICT ANALYSIS

High-risk countries or areas experiencing armed conflict, civil unrest and/or major threats to social cohesion may consider developing a specific conflict analysis. Given that many conflicts, particularly within states, emerge in response to a belief that a specific group or area is being marginalized, a conflict analysis can improve conflict sensitivity in existing programming and also support the design of programmes to proactively build social cohesion and peace.

METHOD

Many conflict analysis frameworks and methodologies exist, but the UNICEF model consists of five key elements, the first two of which are ideally completed during the early assessment phase of a larger risk analysis, and the rest during the analysis phase. A conflict analysis can be integrated into the GRIP risk analysis or it may be conducted separately (to better understand the relationship between these complementary approaches, see **Box 1**).

CONSIDERATIONS

Conflict dynamics is likely to be a sensitive topic for many participants. Deciding how to frame issues, what language to use, whom to involve, what scope to fix, and how to manage individual and group biases can be challenging. As such, it is recommended that UNICEF country offices planning a conflict analysis consult institutional guidance and consider engaging the support of a qualified facilitator to run consultation workshops.

RESOURCES

UNICEF *Guide to Conflict Analysis*[8]
UNICEF *Conflict Sensitivity and Peacebuilding Programming Guide*[9]
Risk and Resilience, Fragility and Peacebuilding team site, which contains case studies and good practices.

[7] United Nations Children's Fund, *Child-centred Risk Assessment: Regional synthesis of UNICEF assessments in Asia*, UNICEF Regional Office for South Asia, Kathmandu, January 2014, available at <www.preventionweb.net/files/36688_36688rosaccriskassessmentfeb2014.pdf>, accessed 18 February 2018.
[8] United Nations Children's Fund, *Guide to Conflict Analysis*, UNICEF, November 2016, available at: <http://s3.amazonaws.com/ineeassets/resources/Guide_to_Conflict_Analysis_-_UNICEF_Nov_2016.pdf>, accessed 17 February 2018.
[9] United Nations Children's Fund, *Conflict Sensitivity and Peacebuilding Programming Guide*, UNICEF, November 2016, available at <http://s3.amazonaws.com/inee-assets/resources/Programming_Guide_-_Conflict_Sensitivity_and_Peacebuilding__UNICEF_Nov_2016.pdf>, accessed 17 February 2018.

BOX 1 – UNDERSTANDING THE RELATIONSHIP BETWEEN THE GRIP RISK ANALYSIS AND ELEMENTS OF CONFLICT ANALYSIS

This box describes how the main elements of a conflict analysis can also be considered within the framework of the GRIP risk analysis.

1. *Stakeholder analysis* provides an understanding of key actors and their perspectives, needs and inter-actions with one another in the conflict context. **A stakeholder analysis may also be included under the 'capacities' element of the broader risk analysis.**
2. *Conflict dynamics* is about understanding the 'pulse' of a conflict context. It looks at patterns and forces that divide or connect social groups – with consideration of gender, identity, geography, age, etc. 'Dividers and connectors' could be groups, processes, mechanisms, practices, policies and institutions with the capacity to divide or connect people. **Conflict dynamics may also be looked at as an aspect of the 'capacities' and 'vulnerabilities' elements of the broader risk analysis.**
3. *Root and proximate causes* require careful consideration. Root causes are the underlying socio-economic, cultural and institutional factors (e.g., poor governance, systematic discrimination, lack of political participation, unequal economic opportunity) that create the conditions for destructive conflict and violence. Proximate causes contribute to the escalation of tensions and help to create an enabling environment for violence (e.g., human rights abuses, worsening economic conditions, divisive rhetoric, drought aggravating competition over pasture and water). **Root and proximate causes may also be looked at as aspects of the 'capacities' and 'vulnerabilities' elements of the broader risk analysis.**
4. *Triggers* are sudden or acute events that 'trigger' destructive conflict and violence. When working in a conflict context, it is critical to be aware of the potential triggers (e.g., an election, a sudden rise in food prices, a military coup, the assassination of a leader) that can contribute to the outbreak or further escalation of tensions and violent conflict. **Triggers are closely linked to the 'likelihood' and 'exposure' elements of the broader risk analysis and may be looked at as part of these elements.**
5. *Peace capacities* are institutions, groups, traditions, events, rituals, processes and people that are well positioned and equipped to address conflict constructively and build peace (e.g., a reform programme, a civil society commitment to peace, ritualized and traditional dispute resolution). **Peace capacities may be looked as an aspect of the 'capacities' element of the broader risk analysis.**

CLIMATE LANDSCAPE ANALYSIS FOR CHILDREN

Countries or areas facing major risks associated with climate change should consider the methodology of the climate landscape analysis for children (CLAC).[10] This approach is not a risk analysis, but it can help multi-stakeholder teams to consider the overall climate, environment and energy (CEE) landscape (in terms of data, policy, programming, gaps, actors, etc.) and how it relates to children and UNICEF results so that priority areas for further analysis and integration may be identified.

METHOD

There are five basic steps to CLAC: a review of the CEE situation in country; an analysis of government responses to the CEE situation; an analysis of the impacts of CEE issues on children; an analysis of child-inclusive CEE policies, strategies and programming; and a discussion of how UNICEF country programmes can strengthen the CEE programming environment for children.

CONSIDERATIONS

Although climate-related shocks and stresses pose risks to children, CLAC takes a wider perspective than a risk analysis to consider opportunities for programming beyond the frame of risk reduction. It is therefore complementary to, but not a substitute for, GRIP risk analysis, which considers climate-related phenomena alongside other shocks and stresses in the environment.

[10] United Nations Children's Fund, *Guidance Note: How to undertake a Climate Landscape Analysis for Children (CLAC)*, UNICEF, (n.d.), accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/:w:/r/teams/Communities/ESC/_layouts/15/WopiFrame.aspx?sourcedoc=%7b3EFA2F61-58F3-4147-8ADB-5DFECA6BAB22%7d&file=Climate Landscape Analysis for Children_Guidance.docx&action=default>, accessed 8 March 2018.

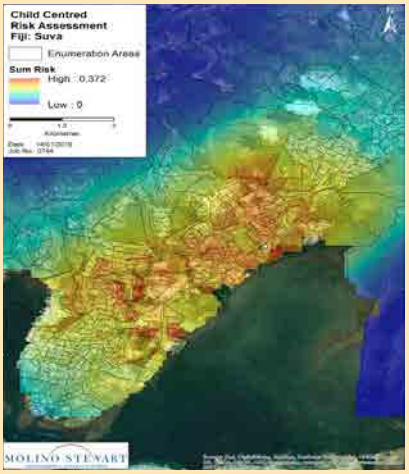
RESOURCES

CLAC was piloted in 2017 in Timor-Leste, Malawi, the Philippines, Turkmenistan and Kyrgyzstan. For guidance and links to these examples, visit the Climate Landscape Analysis Sharepoint Site.[11]

BOX 2 – EXAMPLES OF COMPLEMENTARY APPROACHES IN ACTION

Spatial risk assessment
Pacific, multi-country, 2015–2017

In 2016, UNICEF Pacific worked with a private sector firm to develop child-centred spatial risk assessments for nine Pacific Island countries. The findings of the assessments were integrated into the country-specific situation analyses and contributed to discussions at the strategic moment of reflection, informing the new multi-country programme. The spatial risk assessments also supported the water, sanitation and hygiene (WASH) sector to better target its investments to reach those islands and areas that were not only deprived of adequate WASH facilities, but are also highly exposed to a variety of climate change and disaster-related hazards.



Conflict analysis
Afghanistan, 2017

UNICEF conducted an analysis of conflict dynamics for Afghanistan to inform programme strategies, the mid-term review and the development of the new country programme for 2020–2024. The report presented a range of recommendations to improve conflict sensitivity and peacebuilding in programming as well as to support a shift from a mainly development approach to a humanitarian approach focused on reaching the most in need and vulnerable children living in areas not controlled by the government. The analysis considered key stakeholders and conflict drivers as well as current and projected conflict trends.

Climate landscape analysis for children
Timor-Leste, 2017

UNICEF Timor-Leste together with UNICEF Headquarters (Data, Research and Policy division) commissioned a climate landscape analysis for children in 2017. It provided the essential baseline information on climate, environment and energy issues affecting children and offers recommendations to the country office on how to incorporate the most important issues and opportunities in the new country programme.

[11] The Climate Landscape Analysis SharePoint site is available to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/Communities/ESC/SitePages/Climate Landscape Analysis for Children.aspx>, accessed 8 March 2018.

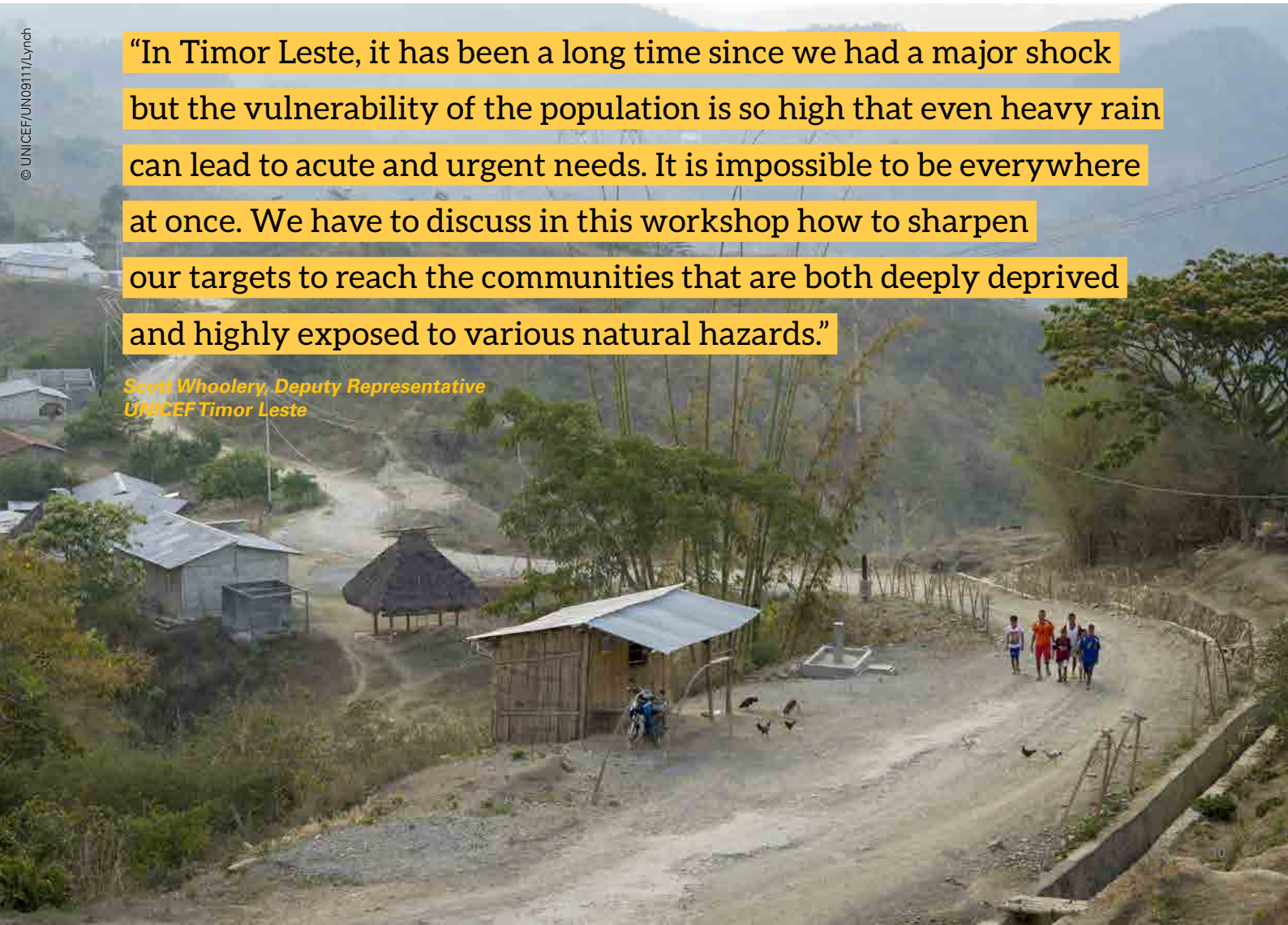
1.5 HOW CAN A GRIP WORKSHOP SUPPORT THE PROCESS?

A GRIP workshop is a flexible, participatory-style workshop tailor-made to support UNICEF country offices and their national counterparts and partners to consider how risk can affect children, their caregivers and their communities. (For examples of GRIP workshops hosted by UNICEF country offices, see ***GRIP Module No. 1, Map 1***.)

It can be particularly useful to hold a GRIP workshop during the process of developing a risk analysis as it can help a multi-stakeholder group to:

- understand the importance of risk analysis and the role it can play in advancing risk-informed programming and the 2030 Agenda for Sustainable Development
- validate the findings of a risk assessment by determining collectively whether the statistics and methods used were accurate and credible given the context
- apply the conceptual frameworks of a human rights-based approach to programming and gender equality strategies, thus improving the collective understanding of why risks are occurring, how they exacerbate existing inequities, who is responsible for addressing them, and what capacities these actors have or lack in this regard
- identify implications for collective child rights programming (see ***GRIP Module No. 3***.)
- rank the risks related to various shocks and stresses, thus providing a basis for the consideration of hazard-specific preparedness measures and the requirements of the UNICEF Procedure on Preparedness for Emergency Response and the Emergency Preparedness Platform.

UNICEF regional office planning and emergency advisers, in cooperation with HATIS in Programme Division, can support country offices to consider if, how and when a GRIP workshop may be useful.



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"In Timor Leste, it has been a long time since we had a major shock but the vulnerability of the population is so high that even heavy rain can lead to acute and urgent needs. It is impossible to be everywhere at once. We have to discuss in this workshop how to sharpen our targets to reach the communities that are both deeply deprived and highly exposed to various natural hazards."

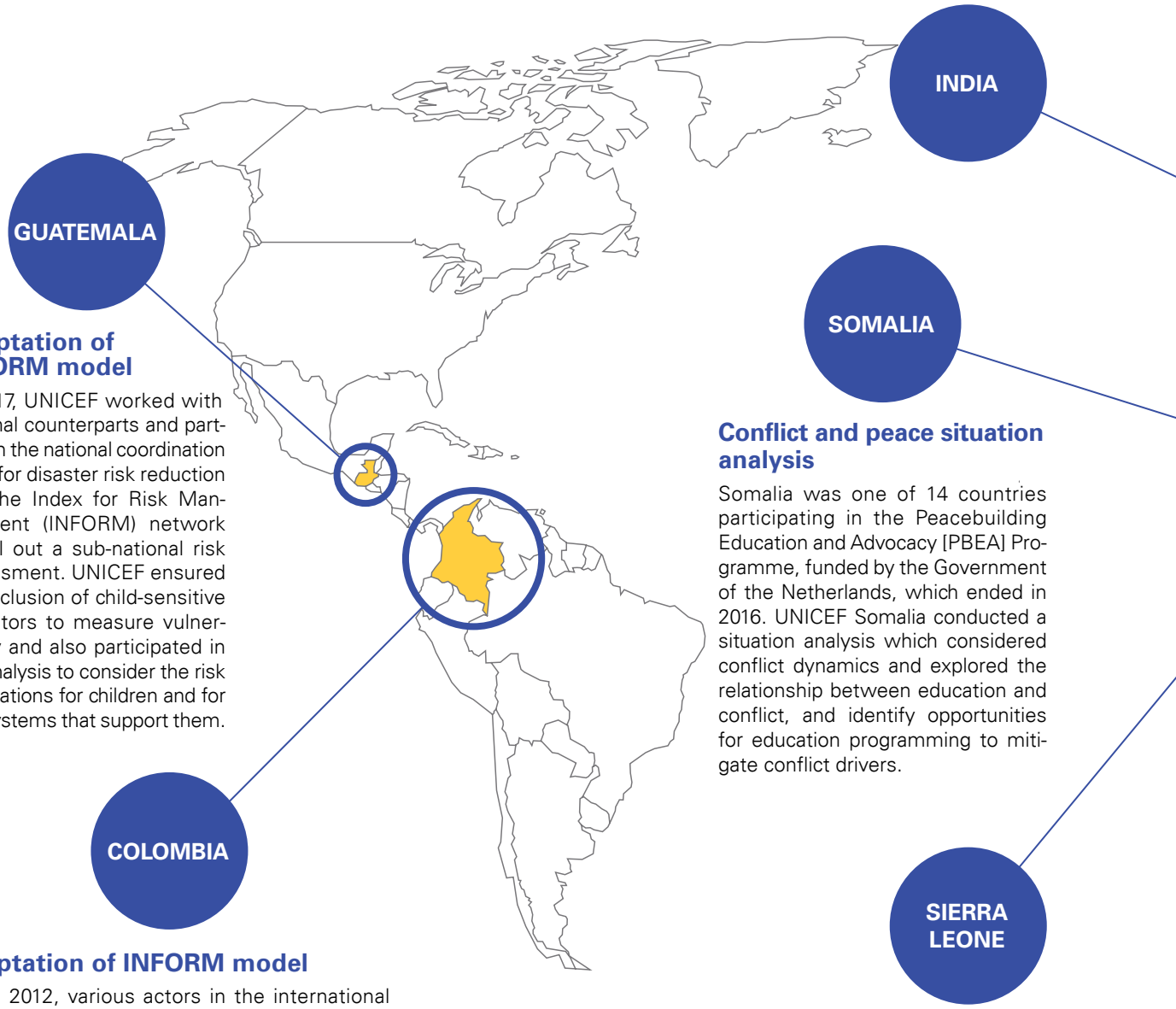
Scott Whoolery, Deputy Representative
UNICEF Timor Leste

GLOBAL EXPERIENCE

in child-sensitive risk assessment and analysis

Various methods, with innovative time series analysis

UNICEF India has introduced several child-centred spatial risk assessments in selected states and regions. In 2013, the UNICEF Rajasthan State Office decided to innovate by monitoring changes in risks over time so that the impact of slower-onset stresses could be better understood. The team collected monthly data to trace the correlation between school attendance and rainfall deficit, to identify whether the ongoing drought had an effect on children's behaviour during specific seasons of the year. This time series analysis confirmed devastating seasonal effects and helped to reshape the country programme in the worst affected districts.



Adaptation of INFORM model

In 2017, UNICEF worked with national counterparts and partners in the national coordination body for disaster risk reduction and the Index for Risk Management (INFORM) network to roll out a sub-national risk assessment. UNICEF ensured the inclusion of child-sensitive indicators to measure vulnerability and also participated in the analysis to consider the risk implications for children and for the systems that support them.

Conflict and peace situation analysis

Somalia was one of 14 countries participating in the Peacebuilding Education and Advocacy [PBEA] Programme, funded by the Government of the Netherlands, which ended in 2016. UNICEF Somalia conducted a situation analysis which considered conflict dynamics and explored the relationship between education and conflict, and identify opportunities for education programming to mitigate conflict drivers.

Adaptation of INFORM model

Since 2012, various actors in the international humanitarian community have been developing and making use of INFORM as a way to measure the risk of humanitarian crisis. In 2016 and 2017, UNICEF and the Colombian Family Welfare Institute jointly carried out the process of adapting the global and regional INFORM models to the specific context in Colombia, placing an emphasis on children and adolescents. This process resulted in the first sub-national risk assessment with municipal disaggregation to consider hazards, vulnerabilities, capacities and relative levels of risk of humanitarian crisis. This has become a model for other countries in the region.

Adolescents participation in Conflict Analysis

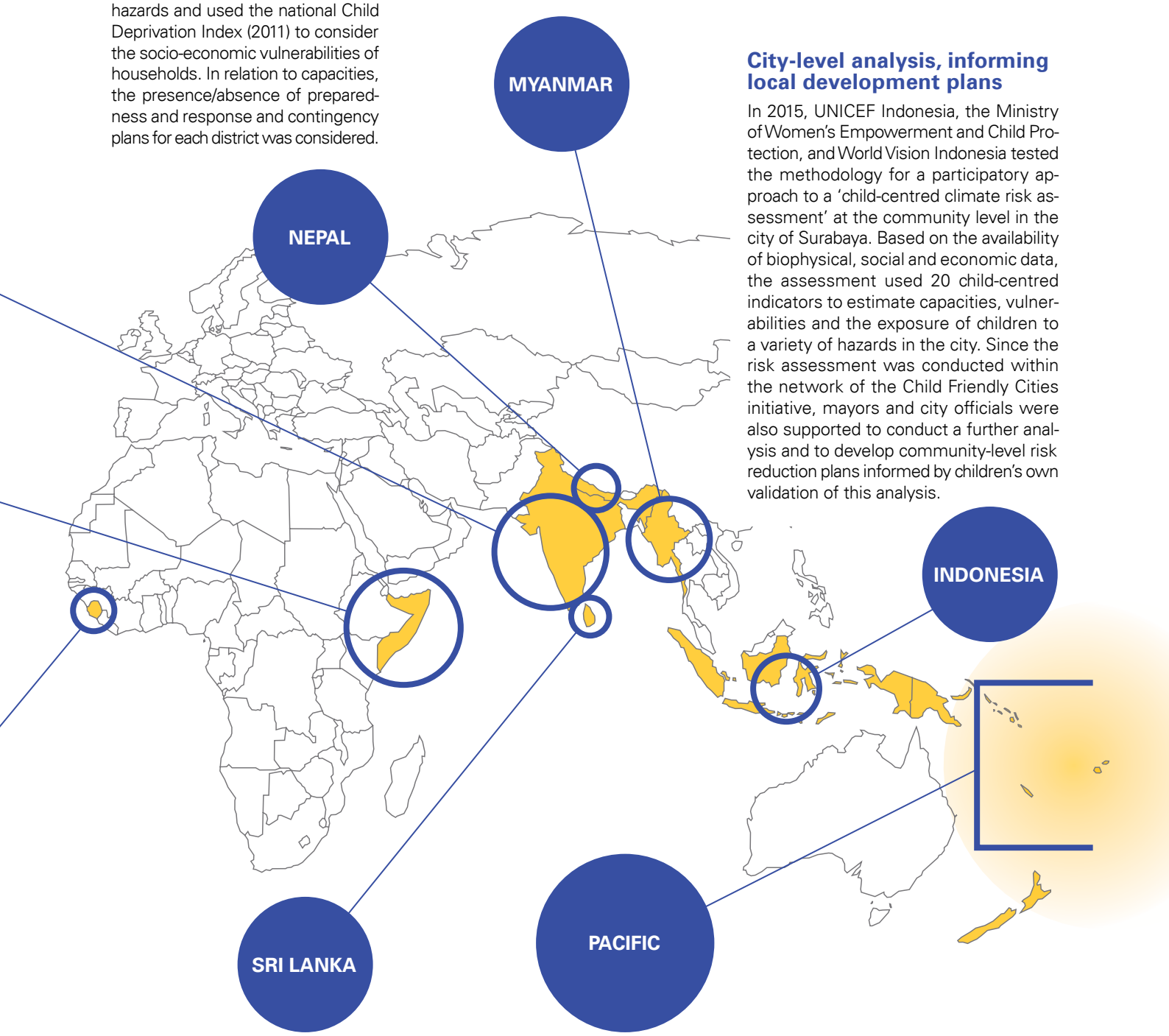
Girls and boys aged 12–19 years were mobilized through schools, youth clubs, mother's clubs and local NGOs to participate in workshops, focus group discussions and brainstorming sessions separate from adults. Issues identified as conflict drivers included lack of employment opportunities for youth; lack of inclusion in political processes; the inequalities in access to tertiary education; unjust distribution of land and concerns related to corporal punishment and poor parenting. Young participants highlighted their desire to realize their potential and feel a sense of belonging to the nation. UNICEF is now working with adolescents to engage parents, teachers and community members through drama and media advocacy.

Sub-national spatial risk assessment

In 2014, UNICEF Nepal completed a sub-national, child-centred spatial risk assessment, showing the relative distribution of the risk of humanitarian crisis by district. The work considered seven different hazards and used the national Child Deprivation Index (2011) to consider the socio-economic vulnerabilities of households. In relation to capacities, the presence/absence of preparedness and response and contingency plans for each district was considered.

National-level analysis, informing national development plans

In 2015, UNICEF Myanmar developed a proof-of-concept child-centred risk assessment that inspired the Ministry of Social Welfare, Relief and Resettlement to reconsider its national risk assessment methodology. Throughout the process, UNICEF and the Asian Disaster Preparedness Center (ADPC) emerged as the key partners to help the government deliver on Outcome 2.2 of the Myanmar Action Plan on Disaster Risk Reduction – the production of a hazard and vulnerability atlas. This atlas then informed the development of the country's first ever child-centred disaster risk reduction plan.



City-level analysis, informing local development plans

In 2015, UNICEF Indonesia, the Ministry of Women's Empowerment and Child Protection, and World Vision Indonesia tested the methodology for a participatory approach to a 'child-centred climate risk assessment' at the community level in the city of Surabaya. Based on the availability of biophysical, social and economic data, the assessment used 20 child-centred indicators to estimate capacities, vulnerabilities and the exposure of children to a variety of hazards in the city. Since the risk assessment was conducted within the network of the Child Friendly Cities initiative, mayors and city officials were also supported to conduct a further analysis and to develop community-level risk reduction plans informed by children's own validation of this analysis.

Peacebuilding Context Assessment

In 2016, the United Nations commissioned a Peacebuilding Context Assessment to inform the development of a peacebuilding programme in Sri Lanka. The report analyses the contemporary challenges and opportunities with respect to peacebuilding in Sri Lanka in terms of four broad areas: politics and governance, economy, security and reconciliation. The report was intended to inform the development of the national Peacebuilding Priority Plan.

Multi-country risk assessments

In 2016, UNICEF Pacific worked with a private sector firm to develop child-centred spatial risk assessments for seven Pacific Island countries. The findings of the assessments were integrated into the country-specific situation analyses and contributed to discussions at the strategic moment of reflection, informing the new multi-country programme. The spatial risk assessments also supported the water, sanitation and hygiene (WASH) sector to better target its investments to reach those islands and areas that were not only deprived of adequate WASH facilities, but are also highly exposed to a variety of climate- and disaster-related hazards.

2. PREPARATION PHASE

Preparation and design constitute the most important phase of any project. In the case of child-centred risk analysis, failure to correctly identify its strategic purpose and participants at the outset can cause the analysis to lack credibility and diminish its potential influence and use. This section outlines the main considerations for UNICEF country offices to bear in mind when designing a child-centred risk analysis.

2.1. SETTING THE STRATEGIC PURPOSE

The first step in any analysis is to determine its strategic purpose. Deciding why to elaborate a study helps to define its scope, secure the right participants, select the appropriate methodology, source and manage the data, and correctly estimate the technical and financial resources required for its completion. The terms of reference for a risk analysis should ideally include a clear statement of purpose.

The main reasons to conduct a risk analysis include:

- **Increasing the national evidence base on risks facing children**. A child-centred risk analysis, particularly when integrated into a SitAn, can help stakeholders to identify not only the areas where children are most deprived, but also those in which they are disproportionately exposed to various shocks and stresses. This can help to advance national research on children and to inform the development of national policies and plans.
- **To further national understanding of equity, gender and age considerations**, by ensuring the disaggregation of data and that equity and gender equality analysis of the impacts of specific risks on women and men, and girls and boys is conducted. This involves going beyond the gender binary (female/male) to examine the intersecting considerations of age, disability, rural/urban location, socio-economic status and ethnicity, to understand the core drivers of vulnerability and the characteristics of resilience within communities.
- **Influencing national or inter-agency risk assessment methodologies.** UNICEF may develop a child-centred risk analysis as a proof-of-concept study to help major stakeholders understand the importance of integrating children's special needs, vulnerabilities and capacities into national assessment methodologies.
- **Informing the UNICEF country programming cycle.** UNICEF typically develops a new Country Programme of Cooperation with each national counterpart every five years. A child-centred risk analysis can complement the traditional analysis of inequities and help to sharpen the 'risk lens' in discussions around geographical prioritization, formulation of results, and selection of appropriate strategies.
- **Informing emergency preparedness planning.** UNICEF country offices complete a four-step preparedness planning process annually to prepare responses to the priority risks in the programming environment. Completing a GRIP risk analysis will help a country office to better rank the risks associated with specific hazards and to develop its risk analysis for the Emergency Preparedness Platform.
- **Informing humanitarian action.** Many countries are characterized by extreme fragility and chronic vulnerability to the impacts of shocks and stresses. Humanitarian action often focuses, however, on those places where there are acute and immediate needs rather than where there are vulnerabilities and risks. Conducting a risk analysis can help humanitarian actors to proactively strengthen the resilience of communities at risk, which is critical in complex and protracted crises.

2.2. CONFIRMING RISK RATING AND SCOPE

How much to invest in a child-centred risk analysis depends on many factors, including its strategic purpose and the available capacities and resources. The greater the risks faced by a country, the higher the stakes for risk-informed programming. Generally, the depth of risk analysis should be commensurate with the level of risk that a country manages.

Senior management in the UNICEF country office should confirm the country's risk rating using internationally credible indices and allow the rating to inform decisions on the use of optional 'deeper' methods for assessment and analysis (such as those described in section 1.4). For example, the *Technical Note: Emergency risk informed situation analysis* suggests that high-risk countries should conduct a spatial risk assessment or 'child-centred risk mapping' to estimate the spatial distribution of risk.

The Index for Risk Management (INFORM), the Global Peace Index and the World Bank Group's Harmonized List of Fragile Situations are three very different models, each with its own distinct methodology – but all three are useful in determining how countries rank relative to one another in terms of risk, peace and fragility (see **Table 1**). Together, they provide a holistic look at the risk of humanitarian crisis triggered by natural, climate-related and human hazards (including conflict). (For a full list of complementary models that provide country risk ratings, see ***Annex 1***).

Table 1 – Determining a country's risk rating and the depth of risk analysis required

Risk index	Description of risk index	Recommendation for depth
Index for Risk Management (INFORM)[12]	INFORM is a global tool for understanding the risk of humanitarian crises, which has been produced by the members of the Inter-Agency Standing Committee's Task Team on Preparedness and Resilience, including UNICEF. Regional and country models are also available.	Teams working in countries, states and territories ranked as high risk on the INFORM global or regional models may consider conducting a spatial risk assessment or 'child-centred risk mapping'.
Global Peace Index[13]	The Global Peace Index ranks 163 independent states and territories according to their level of peacefulness. Produced by the Institute for Economics and Peace, the index uses 23 indicators to measure peace in three domains: Societal Safety and Security; Ongoing Domestic and International Conflict; and degree of Militarization.	It is recommended that teams working in countries, states and territories that score 2 or more in the Ongoing Domestic and International Conflict domain conduct a more in-depth analysis using the UNICEF *Guide to Conflict Analysis*.
World Bank Group's Harmonized List of Fragile Situations[14]	The World Bank Group's Fragile, Conflict and Violence Group annually releases a Harmonized List of Fragile Situations. This recognizes that violence, humanitarian crisis and other challenges cannot be resolved with short-term or partial solutions in the absence of institutions that provide people with security, justice, and economic opportunities.	Teams working in countries, states and territories on the list may consider more in-depth conflict analysis, having first consulted the UNICEF Programming Framework for Fragile Contexts[15] and the UNICEF *Conflict Sensitivity and Peacebuilding Programming Guide*.

2.3. ACCOUNTABILITIES AND MANAGEMENT STRUCTURES

UNICEF country representatives, regional directors and divisional directors are accountable for the overall quality of research in the offices/divisions that they oversee. Depending on its depth and duration, a 'risk-informed SitAn' can be classified as either 'major research' or 'research' according the UNICEF Procedure for Quality Assurance in Research and should therefore be managed by senior management (or a designated manager of research) and have an internal steering committee and an external advisory board (ideally co-chaired by the UNICEF Representative and a counterpart from a national ministry).[16]

A child-centred risk analysis that is de-linked from the UNICEF SitAn may be considered 'research' or a 'study' depending on its purpose, scope and depth, and can be developed in line with the Procedure for Quality Assurance in Research,[17] Senior management should consider classifying the research, integrating it into the country office integrated monitoring, evaluation and research plan or database (IMERP or PRIME) and adapting management and coordination mechanisms as required. According to the UNICEF Procedure on Preparedness for Emergency Response, country representatives ensure that their offices complete a four-step preparedness planning process every year,

[12] Inter-Agency Standing Committee/European Commission, Index for Risk Management (INFORM), <www.inform-index.org>, accessed 8 March 2017.
[13] Vision of Humanity, 'Global Peace Index 2017', Institute for Economics and Peace, 2017, <http://visionofhumanity.org/indexes/global-peace-index/>, accessed 8 March 2018.
[14] World Bank, 'Harmonized List of Fragile Situations', World Bank Group, 2018, <www.worldbank.org/en/topic/fragilityconflictviolence/brief/harmonized-list-of-fragile-situations>, accessed 8 March 2018.
[15] United Nations Children's Fund, Division of Data Research and Policy, *UNICEF Procedure for Quality Assurance in Research*, CF/PD/DRP/2015-002, Effective date 1 April 2015, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OoR/SiteAssets/SitePages/Procedures/UNICEF Procedure for Quality Assurance in Research.pdf>, accessed 8 March 2018.
[16] The UNICEF Procedure for Quality Assurance in Research suggests that this steering committee should be chaired by the UNICEF Deputy Representative or an individual with sound research experience (e.g., a social policy or monitoring and evaluation specialist at the P4/L4 or P3/L3 level) and include two programme staff with research experience and a programme assistant responsible for administration. For the suggested qualifications and competencies of a manager of research, see Annex D of the Guidelines.
[18] For a more elaborate definition of what constitutes 'studies' or 'research', see: United Nations Children's Fund, *Taxonomy for Defining and Classifying UNICEF Research, Evaluation and Studies*, UNICEF, accessible to UNICEF staff and consultants at <https://icon.unicef.org/apps02/cop/edb/SiteAssets/SitePages/Home/Taxonomy%20Version%202_%20September%202014.pdf>, accessed 8 March 2018.

with the first step a risk analysis. The GRIP risk analysis – which is more robust than other analyses and is prepared once per country programming cycle – therefore provides an ideal basis for this annual review and update.

2.4. PARTICIPATION OF CHILD RIGHTS STAKEHOLDERS

To maximize its credibility, influence and use, the child-centred risk analysis should be conducted with the participation of national counterparts and all relevant child rights stakeholders. Lessons learned from previous risk analyses suggest that UNICEF can be most effective when partnering with a national ministry that acts as an internal 'champion' or 'convener' for the effort, contributing to the design of the analysis, the mobilization of partners and the launch of the analysis. This convener may be the ministry of planning, the national statistics office and/or the national disaster management agency, depending on existing relationships and the strategic purpose of the risk analysis. It is understood that it may be challenging to adopt this approach in situations of extreme fragility or against a backdrop of contested governance. National counterparts and other major partners and stakeholders in the process may occupy a range of potential roles (see **Table 2**). Engaging with women, children, adolescents and youth in communities at risk may require consideration of Communication for Development (C4D) (see **Box 3**).

Table 2 – Participants in risk analysis and their roles

Stakeholder	1. PREPARATION	2. ASSESSMENT	3. ANALYSIS	4. VALIDATION
National convening agency	**Co-chair** or member of steering committee	**Invite** various ministries and institutions to contribute relevant data, information and analysis	**Convene** consultation workshops	**Convene** validation workshops and invite national counterparts **Approve, launch and disseminate** the analysis with UNICEF
Other national counterparts (line ministries, local authorities)	**Contribute** to the design of the analysis, depending on the strategic purpose	**Share** relevant survey or administrative data for assessment	**Participate** in consultation workshops **Contribute** to causality analysis and capacity gap analysis	**Participate** in validation workshops Potentially maintain databases and products
Major development partners	**Contribute** to defining the strategic purpose and methodology	**Review** terms of reference and first drafts of assessment products		**Participate** in validation workshops **Support** dissemination of the analysis to the assistance community
Academic institutions	**Contribute** to preparation, depending on the nature of the partnership	**Develop** methodology with UNICEF, gather data, conduct assessment		**Participate** in validation workshops **Support** dissemination of the analysis in journals and its use in academic settings
Civil society and other child rights stakeholders	**Contribute** to preparation, depending on the nature of the partnership	**Participate** in assessment, depending on the nature of the partnership		**Support** dissemination of the analysis and its application in the delivery of programmes for children
Children and adolescents	Flexible: Potential engagement with youth groups and organizations	Flexible: Consider use of innovations such as U-Report for data collection	Flexible: Potential focus group discussion	Flexible: Validation of the analysis and main findings (using child-friendly communication methods)
Formal and informal women's organizations	**Review** national research, including Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) reporting and shadow reports of women's rights organizations	**Participate** in both identifying specific risks and ensuring gender balance in assessment teams		**Participate** in validation workshops **Contribute** to advocacy with national partners and for the reform of policies and programmes

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BOX 3 – PARTICIPATION OF COMMUNITIES AT RISK: THE ROLE OF COMMUNICATION FOR DEVELOPMENT

Communication for Development (C4D) – a systematic, planned and evidence-based process to promote positive and measurable individual behaviour and social change – is an integral part of development programmes and humanitarian work. C4D approaches are also important during risk analysis, to communicate effectively with vulnerable or marginalized communities and groups, to ensure their meaningful participation in risk assessments and analysis, and to encourage their investment in the outcomes for planning and programming. Communities are, after all, the drivers of their own preparedness, response and recovery efforts.

But C4D is more than simply a method for encouraging the participation of at-risk communities, and it is important that the risk assessment and analysis include consideration of the social and behavioural dimensions of risk. This means considering: the existing levels of knowledge on important life skills in the community, applying a 'gender lens'; the behaviours that are increasing risks; and the existing social norms that affect such behaviours. It also means considering how at-risk and affected populations are sharing and receiving information and if certain vulnerable groups are excluded. Paying attention to such C4D considerations will support the identification of priorities for behaviour change and improved communication measures that can support preparedness, crisis management and recovery.

2.5. ESTIMATION OF RESOURCES REQUIRED

Without an accurate estimation of the time, technical expertise and financial resources needed to conduct a risk analysis, the process is likely to remain internal, unfinished and/or unused. UNICEF country offices should define the strategic purpose and methodology of the analysis before estimating the financial and technical resources required. The main considerations when budgeting for a risk analysis are highlighted below (see **Table 3**).

Table 3 – Considerations for the estimation of time and technical and financial resources required

Phase	Internal staff requirements	Specialist expertise	Estimated time required
1. PREPARATION	Dedicated specialist to develop and adapt terms of reference Senior management investment to set strategic purpose, approve terms of reference and establish governance mechanisms	No specific services or applications necessary	1 week
2. ASSESSMENT **Child-centred narrative risk assessment**	Desk review of available secondary data sources by specialists Technical sections to review methods and contribute data and information	Potential contracting of external experts to develop the narrative Standard software for desktop publishing	1–4 weeks to elaborate the narrative report
Higher-risk countries: Child-centred risk mapping	Specialist to identify data sources and manage spatial assessments and/or manage service provider Technical sections to review methods and contribute data and information	Potential contracting of external technical experts to conduct spatial risk assessment Geographic information system and/or other database required	1–2 months to complete a sub-national spatial risk assessment depending on data quality and availability and existing capacities in information management
3. ANALYSIS	Senior management investment to ensure that the design of the analysis is appropriate	Facilitators for consultation workshops Cost of two-day GRIP workshop and/or one-day consultation workshop (venue, conference services, accommodation, per diems, etc.)	1–2 weeks to prepare consultation workshops with partners 1–2 days for consultation or GRIP workshop
4. VALIDATION	Senior management to convene partners and peer review as well as approve the final draft Technical sections to validate the final product	Facilitators for validation workshops Validation workshop and/or launch with national counterparts Graphic design, copy-editing and printing costs	3 weeks for external peer review and final validation of analysis with partners 2 weeks to prepare launch materials/final report 1–2 days for validation workshop and/or launch

UNICEF has experience of working with external consultants skilled in developing risk analyses and has developed Long-term Arrangements for Services with institutions skilled in vulnerability and risk mapping. To find out about the resources available at the time of a risk analysis, view the Risk and Resilience, Fragility and Peacebuilding team site.[18]

[18] The Risk and Resilience, Fragility and Peacebuilding team site is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/Communities/RiskResilience-FragilityPeacebuilding/SitePages/Home2.aspx>, accessed 8 March 2018.

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3. ASSESSMENT PHASE

The GRIP narrative risk assessment uses the United Nations Office for Disaster Risk Reduction (UNISDR) risk formula described in Module No. 1 and a simplified variation to develop a national-level overview of the risks associated with various shocks and stresses, their likelihood and potential severity, and how they might interact with existing vulnerabilities and capacities to increase the risk of humanitarian crisis affecting children (see **Box 4**).

A good assessment will consider the patterns, severity and trends associated with these risks. Later in the process, during the analysis phase stakeholders will analyse **why** shocks and stresses lead to crisis, deepening deprivations or an erosion of development progress, **who** is responsible for reducing risks and **what** capacities these actors need to enable them to do so.

The GRIP methodology for risk assessment has been developed to facilitate discussion among government and social service providers, key child rights stakeholders and UNICEF country offices. It is therefore national in scope and qualitative in nature, and provides a simple method for analysing risk. The methodology was also developed to ensure alignment with the risk analysis requirements outlined in the UNICEF Procedure on Preparedness for Emergency Response and its associated *Guidance Note on Preparedness for Emergency Response in UNICEF*.[19] GRIP focuses, however, on risks that might manifest at any time in the country programming cycle rather than just in the following year, providing a planning horizon more appropriate for longer-term development planning.

The narrative risk assessment has three basic steps:

1 **Step 1 — Likelihood** Identifying shocks and stresses and considering their historical frequency and future trends to estimate the likelihood of their occurrence within the next four to five years.

2 **Step 2 — Impact** Determining the potential impacts of shocks and stresses, considering:

- **Patterns of exposure:** Review where shocks and stresses manifest geographically – and who and what can be affected within this catchment area.
- **Historical impacts and losses:** Record the impacts and losses associated with past events.
- **Vulnerabilities and capacities:** Review the characteristics that make children, women and households particularly susceptible to the negative impacts of a shock or stress, and the national capacities that can play a role in reducing, mitigating or managing these impacts.

3 **Step 3 — Risk** A method for prioritizing the risks associated with each shock and stress.

[19] United Nations Children's Fund, *Preparedness for Emergency Response in UNICEF: Guidance Note 2016*, UNICEF, December 2016, available at <www.unicef.org/emergencies/files/UNICEF_Preparedness_Guidance_Note_29_Dec__2016_.pdf>, accessed 13 March 2018.

BOX 4 – REFRESHER: THE RISK FORMULA

Various methods are used to estimate risk. Two distinct but complementary versions of the risk formula are presented here. To align with the UNICEF Procedure on Preparedness for Emergency Response, the GRIP risk assessment uses Version 2 but is informed by Version 1, as described below.

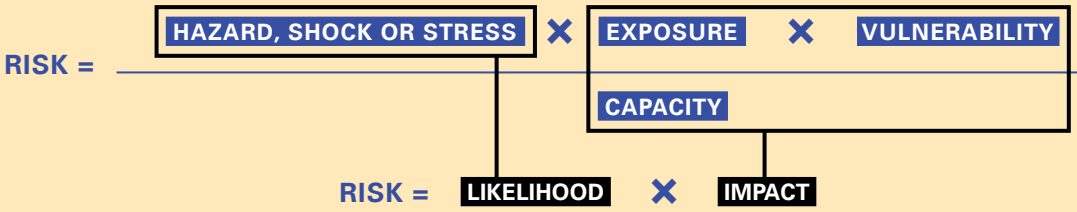
Version 1: The classic United Nations Office for Disaster Risk Reduction (UNISDR) risk formula suggests that risk is a product or result of the interaction between four separate variables.

$$\text{RISK} = \frac{\text{HAZARD, SHOCK OR STRESS} \times \text{EXPOSURE} \times \text{VULNERABILITY}}{\text{CAPACITY}}$$

Version 2: The most simplified version of the risk formula requires consideration of the likelihood and probable impact of various shocks and stresses. This method is ideal for participatory assessments conducted with multi-stakeholder groups since it reduces complexity.

$$\text{RISK} = \text{LIKELIHOOD} \times \text{PROBABLE IMPACT}$$

Relationship between the formulae: The 'impact' variable of Version 2 implicitly includes an analysis of historical patterns of exposure, impacts and losses and of the current status of vulnerabilities and capacities. The graphic below shows how exposure, vulnerability and capacity can be considered together as factors that contribute to the estimation of probable impact.



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3.1. STEP 1: LIKELIHOOD 1

The first step of the narrative risk assessment is to identify the relevant shocks and stresses in the programming environment and then consider how likely each of these is to occur again within the next four to five years (i.e., during the country programming cycle) and, if relevant to planning, beyond this time frame (i.e., considering national planning frameworks). UNICEF country offices and child rights stakeholders then conclude this first step of the assessment by assigning a score to each shock or stress using the Inter-Agency Standing Committee (IASC) likelihood scale,[20] adjusted for use with this longer time frame (see **Table 4**).

Risk identification

The first task is to identify and list the shocks and stresses that can interact with vulnerabilities and capacities to trigger a humanitarian crisis (for clarification of the concepts, see **Box 5**; for an indicative list, see **Graphic 3**). UNICEF country offices and child rights stakeholders should use secondary sources to gather data and information on the historical frequency of the three to five most significant shocks and/or stresses recorded over the last 15 to 20 years, noting any significant trends. Data and information can be obtained from a variety of national databases and reports, including national climate and disaster risk analyses and plans. International databases and reports provide data for multiple countries (see ***Annex 1, Table1***).

Assessing likelihood

Data gathered on the historical frequency of the three to five shocks and/or stresses should be used to estimate the likelihood of each occurring again within the next four to five years (or other agreed time frame). Use the likelihood scale to assign a score to each shock or stress (see **Table 4**). For risks related to conflict and fragility or other socio-economic dynamics, draw from the available third party analysis. An example of how to estimate the likelihood of various significant shocks and stresses is provided (see **Table 5**). UNICEF country offices and stakeholders can elaborate a similar table. All stakeholders should consider the following:

- The method used to estimate likelihood may be sophisticated (e.g., requiring statistical analysis) or simple (e.g., the outcome of group discussions that note the frequency of events over a given number of years). It can also draw upon national and inter-agency ranking exercises conducted for the purpose of preparedness and contingency planning.
- It may be challenging or impossible to estimate the frequency of slower-onset stresses (e.g., civil unrest/conflict or sea level rise). In such cases, teams should assign a likelihood score having considered whether or not the cumulative effects of the stress are likely to reach a 'tipping point' that could lead to a rise in acute and urgent needs within the next four to five years (or other agreed time frame).
- In the case of civil unrest or conflict, existing root or proximate causes can lead to escalation following a 'trigger' event. The UNICEF *Guide to Conflict Analysis* defines triggers as sudden or acute events (e.g., an election, a sudden rise in food prices, a military coup, the assassination of a leader) that can contribute to the outbreak or further escalation of tensions and violent conflict. In such cases, teams should note the likelihood of potential triggers occurring within the agreed time frame.

Table 4 – Likelihood scale (adapted from the *IASC Emergency Response Preparedness* guidance)

LIKELIHOOD SCORES				
Very unlikely (1)	**Unlikely (2)**	**Moderately likely (3)**	**Likely (4)**	**Very likely (5)**
A remote chance (less than 5%) of an event occurring in the current programming cycle (4–5 years) E.g., Hazards that have happened once or less in the last 20 years	The event has a low chance (5–15%) of occurring in the current programming cycle (4–5 years) E.g., Hazards that have happened one to three times in the last 20 years	The event has a viable chance (15–30%) of occurring in the current programming cycle (4–5 years) E.g., Hazards that have happened two or three times in the last 10 years, or once or twice in the last 5 years	The event has a significant chance (30–50%) of occurring in the current programming cycle (4–5 years) E.g., Hazards that have happened every second or third year, e.g., twice in the last 5 years	The event has a good chance (more than 50%) of occurring E.g., Hazards that have happened three or more times in the last 5 years, or five or more times in the last 10 years

[20] Inter-Agency Standing Committee, *Emergency Response Preparedness (ERP), Risk analysis and monitoring, minimum preparedness, advanced preparedness and contingency planning*, Draft for field testing, IASC, July 2015, available at <www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/emergency_response_preparedness_2015_final_2.pdf>, accessed 13 March 2018.

BOX 5 – CONCEPTS OF SHOCKS AND STRESSES

Before beginning Step 1, it may be useful to clarify certain aspects of what is meant by 'shocks' and 'stresses':

- Many events and phenomena can cause harm to or negative impacts on the lives of children and women. What the risk assessment of GRIP Module No. 2 is particularly concerned with, however, is the risk of humanitarian crisis, given its important role in informing national capacity building for emergency preparedness. The analysis phase and the sector-specific GRIP Module Nos. 5–11 provide supplementary information on how to consider the risks that might lead to the deepening of deprivation or an erosion of development progress in each sector.

  Since the GRIP module no. 2 risk assessment is primarily concerned with assessing the likelihood of humanitarian crisis, it focuses on identifying larger external shocks and stresses (sometimes referred to as 'contextual risks'), which are both: beyond the control of households and have the potential to overwhelm them and local or national response capacities; and trigger a declaration of crisis and/or lead to the rise of acute and urgent needs. As such, the narrative risk assessment usually excludes smaller shocks and stresses to children that originate at the household level (e.g., poor parenting, domestic abuse, substance abuse) or at the facility level (e.g., gender-based violence in schools), although these can clearly lead to the deepening of deprivation for children and an erosion of development progress in the community. (However, the GRIP sector-specific modules consider a wider range of shocks and stresses and multi-stakeholder teams should feel free to adapt the methods to incorporate those hazards that they perceive as most significant.)

- These larger external shocks and stresses may emerge from multiple and often overlapping sources, which are generally classified as natural phenomena, climate-related phenomena, and 'man-made' or technological shocks and stresses. The United Nations Office for Disaster Risk Reduction (UNISDR) has also defined a terminology and classification system for hazards, which UNICEF country offices may find useful.[21] An overview is presented of some of the more relevant categories, including those stresses that accelerate climate-related hazards such as deforestation and soil erosion (see **Graphic 3**). They are listed here not only as factors that contribute to larger events and phenomena, but also as stresses that can themselves lead to increased deprivation and inequity for children. UNICEF country offices and stakeholders can use these categories as inspiration, but as the situation in every country will be different, teams are free to innovate by considering the events and trends most significant to their own risk analysis.

- When considering the likelihood of a major shock or stress, it is often useful to consider the likelihood of a severe event or trend versus a less severe phenomenon.[22] This is done in scenario planning, but it can also be considered by looking at the historical patterns of the severity or strength of a particular hazard. For example, some shocks and stresses have a specific scale of measurement used to capture the intensity or magnitude of the hazard itself – e.g., the Modified Mercalli Intensity Scale for earthquakes,[23] and the Saffir-Simpson Hurricane Wind Scale for cyclone wind.[24] These scales are not directly related to the concepts of exposure or impact, as they do not measure the size of the hazard zone or the impacts of the hazard, which can vary depending on vulnerabilities and capacities. The severity of the impact of other hazards such as drought is measured directly, however, using damage or impact scales in which direct counts provide a sense of severity (e.g., number of people affected).

[21] United Nations Office for Disaster Risk Reduction, 'Terminology on disaster risk reduction', UNISDR, Geneva, 2 February 2017, <www.unisdr.org/we/inform/terminology>, accessed 18 February 2018.
[22] Terminology for this concept differs by approach, with the terms 'severity', 'magnitude', 'intensity' or even 'seriousness' being employed (and with 'risk seriousness' noted in the UNICEF enterprise risk management approach to risk analysis).
[23] USGS Earthquake Hazards Program, 'The Modified Mercalli Intensity Scale', USGS, <https://earthquake.usgs.gov/learn/topics/mercalli.php>, accessed 18 February 2018.
[24] National Hurricane Center, 'Saffir-Simpson Hurricane Wind Scale', NHC, Miami, <www.nhc.noaa.gov/aboutsshws.php>, accessed 18 February 2018.

Graphic 3 – Potential shocks and stresses, listed by category

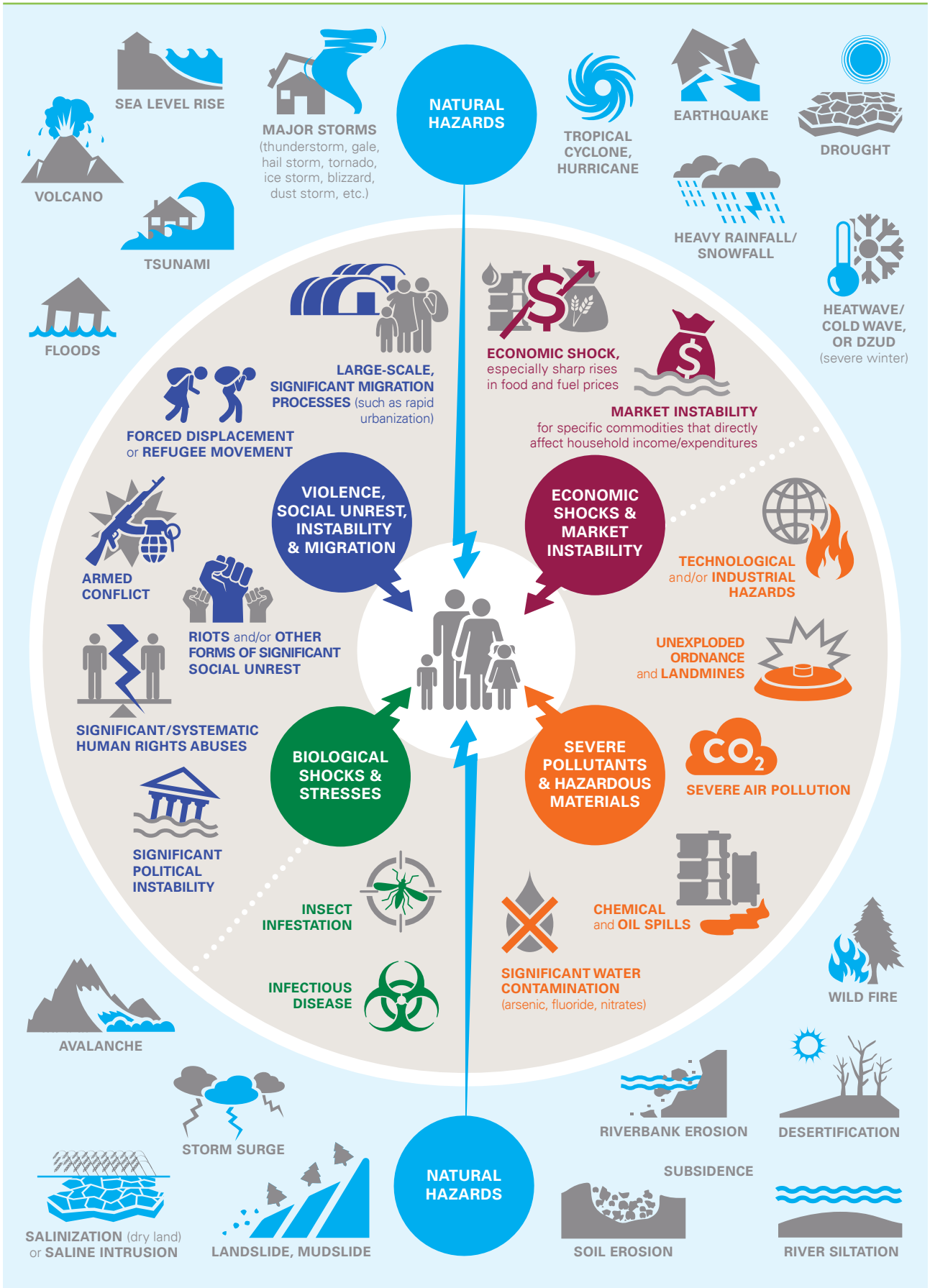

Table 5 – Example: Likelihood of three shocks/stresses occurring in Chad

Shock/stress	Historical data on frequency and future trends	Likelihood score
Drought	According to EM-DAT, the International Disaster Database, there have been five major drought incidents in Chad since 1995. Based on this limited data, drought appears moderately likely, with a more than 20% chance of occurring in the next year. Evidence suggests that there may be an upward trend in drought incidents due to rising temperatures and increasing aridity caused by climate change.[25] Since the mid-1900s, temperatures in Chad have been increasing while rainfall is decreasing.[26] For example, Lake Chad's "surface area in the past 50 years has been reduced from its initial 25,000 km2 to less than 2,500 km^2". [27] Chad was ranked as the country most vulnerable to the effects of global warming in a 2016 index compiled by risk consultancy Verisk Maplecroft.[28] The annual ranking considers both exposure and a state's capacity to respond.	3 - Moderately likely
Flood	According to EM-DAT, there have been 10 major riverine floods in Chad since 1995 and 2 flash floods. Localized flooding occurs every year during the rainy season but varies in magnitude. Increasing deforestation, urbanization and aridity all have an effect on drainage/absorption capacities. This may contribute to the increasing severity of flood events (the worst incident in 40 years occurred in 2016), but there are insufficient data to suggest an increase in their frequency.	4 - Likely
Armed conflict	The Global Peace Index ranks Chad in the 'low' category for global peace, showing that it faces persistent challenges to fostering a peaceful society.[29] The country has experienced some form of conflict or civil war during 35 of the 57 years since it gained independence from France. According to the Heidelberg Institute for International Conflict Research *Conflict Barometer*,[30] the war between Boko Haram and the governments of Nigeria, Cameroon, Chad and the Niger continues. Since 2015, the Multinational Joint Task Force has been tasked with confining Boko Haram using military force. According to the *Conflict Barometer*, Chad has also wrestled since 1990 with a violent crisis over the national power struggle between the government led by President Idriss Déby and the Patriotic Salvation Movement and the opposition.	5 - Very likely

3.2. STEP 2: IMPACT 2

Having identified the shocks and stresses most likely to occur, Step 2 of the narrative risk assessment involves estimating their probable impact. UNICEF country offices and child rights stakeholders should first consider the historical patterns of exposure followed by the historical impacts and losses associated with past events to provide an evidence base for the assessment. Multi-stakeholder teams should then review the vulnerabilities and capacities of individuals, households and communities that are likely to be affected by the shocks and stresses. Finally, teams should assign a score to the impact variable, referring to the adapted likelihood scale (see **Table 4**).

3.2.1. PATTERNS OF EXPOSURE

UNICEF country offices and stakeholders should list the geographical areas most exposed to the three to five shocks and/or stresses identified in Step 1, choosing the level of disaggregation that works best for their analysis,

[26] Terminology for this concept differs by approach, with the terms 'severity', 'magnitude', 'intensity' or even 'seriousness' being employed (and with 'risk seriousness' noted in the UNICEF enterprise risk management approach to risk analysis).
[27] Climate Hazards Group, 'Gallery: Chad', <http://chg.ucsb.edu/gallery/chad/images/index.html>, accessed 18 February 2018.
[28] African Development Bank Group, 'Lake Chad, a living example of the devastation climate change is wreaking on Africa', 3 December 2015, <www.afdb.org/en/news-and-events/lake-chad-a-living-example-of-the-devastation-climate-change-is-wreaking-on-africa-15129/>, accessed 18 February 2018.
[29] Verisk Maplecroft, 'Climate Change Vulnerability Index 2016', Infographic, ReliefWeb, 13 November 2015, available at <https://reliefweb.int/report/chad/climate-change-vulnerability-index-2016>, accessed 12 March 2018.
[30] Vision of Humanity, 'Global Peace Index 2017', Institute for Economics and Peace, 2017, <http://visionofhumanity.org/indexes/global-peace-index/>, accessed 8 March 2018.
[31] Heidelberg Institute for International Conflict Research, Conflict Barometer 2017, HIIK, Heidelberg, 2018, available at <https://hiik.de/konfliktbarometer/aktuelle-ausgabe/>, accessed 7 March 2018.

understanding that analysis depth and scope will vary between countries. Not all country offices will add a spatial dimension to the risk assessment, but information on where shocks and stresses have occurred historically is usually available in the form of hazard maps produced by national authorities and partners (see ***Annex 1, Table1***).

Although past patterns are a good indicator of future trends, many shocks and stresses are experiencing unprecedented variability due to factors such as population growth, environmental degradation and climate change. Multi-stakeholder teams should consider relevant trend analyses and note the potential for different (or additional) geographical areas to be affected in the future.

3.2.2. HISTORICAL IMPACTS AND LOSSES

Multi-stakeholder teams should gather data and information on the direct and indirect historical impacts and losses of the three to five shocks and/or stresses in focus, noting in particular any records of deaths, displacement, persons affected and/or economic losses associated with past events. The time frame under consideration should ideally be the same as for likelihood – i.e., the last 15 to 20 years.

To the greatest extent possible, teams should try to obtain disaggregated data on the impacts, so that the equity and gender dimensions of past crises can be better understood. Disaggregation of losses by gender, age, wealth quintile, location, ethnicity and health status or disability is critical to advancing our understanding of the real impact of crises on various groups in society.

Given that some impacts and losses are broader and further reaching than others that can be measured and recorded, teams may also wish to brainstorm and briefly record the potential impacts of each shock or stress on individuals and households, communities and/or systems (see **Box 6**). A simple illustration of this exercise, which is best considered sector by sector, is presented (see **Graphic 4**; see also ***GRIP Module No. 9***).

Graphic 4 – An example of brainstorming the potential impacts (application of 'gender lens' in blue)

POTENTIAL IMPACTS OF AN EPIDEMIC OUTBREAK OR BIOLOGICAL HAZARD ON EDUCATION

- Children get sick
- Children with illness are unable to attend school
- Parents proactively withdraw children from school to protect against disease
- **Girl children face greater pressures to care for ill parents and siblings, thus more likely to interrupt their studies**
- Absences from school lead to decreased learning outcomes
- **Stress of illness on household finances leads to pressure for early marriage. Girl children are more prone to drop out.**
- **Women-headed households are responsible for care and maintenance of facilities**

- Increased teacher absence (due to illness, care for sick or fear) results in class or school interruptions. **Female teachers are more prone to absence due to gender roles as family caregivers.**
- Stigmatization and exclusion of children with illness deteriorates supportive environment
- Challenge of meeting hygiene and health requirements strains facility budget and deteriorates quality of education
- Schools used as clinics or morgues and thus contaminated or stigmatized
- Schools that are not contaminated become overcrowded, compromising quality
- **Increased risk of gender-based violence**

- Illness education officials leads to administrative delays and challenges
- Management of crisis and application of emergency response delays education advancement
- Disruption of Government capacity to manage payment, oversight, support and supervision results in decreased sector performance
- Decreased performance in monitoring and reporting by schools leads to lack of data, information and analysis for system management
- Decreased sector performance overall

BOX 6 – CONCEPTS OF EXPOSURE AND IMPACT

It may be important to clarify certain aspects of the concepts of 'exposure' and 'impact' before starting Step 2:

- Impact, for the purpose of the GRIP risk assessment, can be defined as the effect of a crisis on people, infrastructure, systems, institutions and society. Losses are a measure of the damage or destruction caused. Direct losses due to conflict and natural disasters are often quantifiable measures expressed in either monetary terms (e.g., the market value or replacement value of lost or damaged physical assets) or as direct counts (e.g., the number of fatalities, injuries and/or persons displaced and/or affected).

- GRIP also recognizes that some shocks and stresses can have destabilizing effects on national systems, supply chains and markets, creating indirect losses that may have a delayed onset and which may extend beyond the zone of physical exposure. Indirect impacts can also be psychological or psychosocial in nature, since trauma can affect the capacity of children and their caregivers to cope with additional stress in their environment. By their nature, indirect losses are harder to measure than losses stemming directly from physical damage. It is thus challenging to include indirect losses in quantitative or spatial risk assessments, but they can be explored freely in the qualitative risk assessment set out here.

- Since indirect losses are not always easily quantified and reported, it can be useful to brainstorm the potential impacts of shocks and stresses with the multi-stakeholder team – which is often best done according to sector. For instance, GRIP Module No. 9, for the education sector, provides examples of how each shock or stress may affect individual children and households, particularly those that are vulnerable; the school facility and community; and the education system. A simple illustration of this exercise presents the potential impacts of an epidemic or biological hazard on the education sector (see **Graphic 4**). This kind of brainstorming can be particularly useful when disaggregated data are unavailable, since an 'equity and gender lens' is easily applied.

- Exposure has been defined as the presence of people, property, livelihoods, service delivery systems or other elements in areas that can be affected by various shocks and stresses. The GRIP risk assessment is a narrative and it therefore uses a simplified concept of exposure, requesting a list of locations that may be affected, and in some cases a list of the key infrastructure and systems that support the survival and development of children within the area. UNICEF country offices that choose to conduct a spatial risk assessment or 'child-centred risk mapping' limit their analysis of exposure to a specific hazard zone: on this basis, where there is no exposure, there is no risk. The narrative risk assessment, however, enables teams to record indirect as well as direct impacts, both within and beyond the zone of immediate physical exposure. Teams will therefore be challenged to consider which areas are most exposed and how the impacts in these areas might be felt throughout the country.

- Several UNICEF country offices that have conducted a spatial risk assessment have focused directly on the child population, using a measure of population density per administrative area to represent exposure. This method has its benefits and drawbacks, the latter of which include associating high population density with higher risk. Country offices embarking on a spatial risk assessment should consider lessons learned from previous assessments such as the need to produce maps that both include and omit the exposure variable to enable the consideration of risk to individuals irrespective of whether they live in an urban or rural area.

Table 6 – Impact scale (aligned to *IASC Emergency Response Preparedness* and Emergency Preparedness Platform guidance)

IMPACT SCORES				
Negligible (1)	**Minor (2)**	**Moderate (3)**	**Severe (4)**	**Critical (5)**
Minor additional humanitarian impact. Government capacity is sufficient to deal with the situation.	Minor additional humanitarian impact. Current country-level UNICEF and/or inter-agency resources are sufficient to cover needs beyond government capacity.	Moderate additional humanitarian impact. Additional UNICEF and/or inter-agency resources comprise up to 30% of the current operations required to cover needs beyond government capacity. Regional support not required.	Substantial additional humanitarian impact. Additional UNICEF and/or inter-agency resources comprise up to 50% of the current operations required to cover needs beyond government capacity. Regional support required.	Massive additional humanitarian impact. Additional UNICEF and/or inter-agency resources comprise more than 80% of the current operations required to cover needs beyond government capacity. L3-scale emergency.

An indicative review of how a team may consider the exposure, historical impacts and potential impacts for a single stress is presented below (see **Table 7**). UNICEF country offices can elaborate a similar table.

Table 7 – An indicative review of drought stress for Bosnia and Herzegovina using the impact scale[31]

Stress	Exposure	Historical and potential impacts and losses	Score
Drought	Drought stress is concentrated in the north-eastern and south-western parts of the country, and is less pronounced in the central mountainous regions. In descending order, the areas most affected by 10-year droughts are: Mostar, Bijeljina, Brod, Sarajevo, Livno, Banja Luka and Bihac. Climate change may alter the geographical distribution of the hazard, however.	Historical impacts: The worst drought in 120 years occurred in 2002, generating a 60% decline in agricultural production, which resulted in a food crisis. A subsequent heatwave and drought in 2003 destroyed 40% of the annual crop and affected 200,000 people. Potential wider impacts: Drought is a complex phenomenon that reflects an accumulation of stresses over a longer time period. Droughts do not cause structural damages but undermine livelihoods, in particular those of rural agricultural communities. Drought losses incurred by individual families, especially farmers with smallholdings (still the predominant type of farming in country) who have limited alternative income sources, may result in a number of negative consequences for children, including: spikes in food prices, affecting poorer households and possibly leading to child malnutrition; cutting back on expenses such as education, health care and clothing for children; children leaving school early to enter labour market; and migration (to urban areas).	3–4 = Medium to heavy. While not causing deaths in country, drought has significant and destructive impacts on rural and agricultural communities and can be widespread.

3.2.3. VULNERABILITIES AND CAPACITIES

UNICEF country offices and stakeholders can use the following method to review both the characteristics that make children and families particularly susceptible to the negative impacts of a shock or stress, and the national capacities that can play a role in reducing, mitigating or managing these impacts.

Consider the vulnerabilities of children and households

For each shock or stress, multi-stakeholder teams should use secondary sources to gather national-level data and information on the current vulnerabilities of children and households. Data and information can be obtained from a variety of national and international sources (see ***Annex 1, Table 2***). Note all groups that are extremely vulnerable.

[31] This example is adapted from the UNICEF Bosnia and Herzegovina 'pre-analysis' report for the 2017 GRIP workshop, produced 23 January 2017. For the original data sources, see the report, which is available at the Risk and Resilience, Fragility and Peacebuilding team site, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/Communities/RiskResilienceFragilityPeacebuilding/SitePages/Home2.aspx>, accessed 8 March 2018.

Also note any significant geographical patterns of vulnerability, considering especially those geographical areas that have been identified as being particularly exposed.

Consider the capacities of communities, institutions and authorities

Multi-stakeholder teams should also use secondary sources to gather national-level data and information on the current capacities of communities, institutions and local or national authorities. It may be useful to consider separating out general capacities (e.g., governance, delivery of social services) from specific capacities related to the management of contextual risks (e.g., the management of climate change, disasters and national crises) (see **Box 7**). Data and information can be obtained from a variety of national and international sources (see ***Annex 1, Table 2***). Note any significant geographical variations in capacity at the sub-national level, considering especially those geographical areas that have been identified as being particularly exposed. An indicative example of the estimation of vulnerabilities and capacities for Cambodia in relation to floods is presented below (see **Table 8**). UNICEF country offices can elaborate a similar table.

Table 8 – An indicative review of vulnerabilities and capacities for Cambodia, considering floods[32]

Vulnerabilities	Capacities
Socio-economic vulnerabilities: Most vulnerable are those children living in impoverished and often indebted households with limited or no contingencies; limited access to land/natural resources; limited or no access to improved sources of water and sanitation, and health, education and social services; and fair/low interest-credit. Around **40%** of Cambodia's 14.7 million people live just above the poverty line – most of them belong to marginalized groups living in rural areas. **79%** of children are fully immunized, but there are concerning gaps in coverage in rural areas, leaving children living here particularly vulnerable during a crisis. **32%** of children under 5 years of age are stunted, indicating multiple and overlapping deprivations. **73.3%** of children under 5 have had their birth registered (84.4% in urban areas; 71.6% in rural). Indigenous communities (such as Khmer Loeu) are spread out over 15 provinces and represent **2.86%** of the population. They share restricted access to land and natural resources, are often impoverished and face barriers to participation. Children, including adolescents, exposed to gender-based violence, sexual exploitation and abuse are particularly vulnerable, as are: children with disabilities; the estimated **49,000** children in residential care facilities or institutions; and children aged 14–17 years in the juvenile justice system. Children living with elderly caregivers or left in the care of other family members (e.g., children of migrant workers) or living with parents with disabilities or chronic illness may face challenges in terms of accessing adequate care and protection.	**Disaster risk reduction, preparedness and disaster risk management capacities:** Law on Disaster Management (2015) in place covering prevention/mitigation, response and recovery. Committees for disaster management operate at national, city and province, town, district and commune levels. National Action Plan for Disaster Risk Reduction 2014–2018 and Cambodia Climate Change Strategic Plan 2014–2023. Disaster management system has traditionally focused on flood prevention (dykes, embankments) and flood response. Non-governmental organizations have conducted a number of flood risk assessments at the local level with inundation maps. Flood monitoring, forecasting and warning capacities reside within the Ministry of Water Resources and Meteorology. Cambodian Red Cross has 24 branches and 5,300 youth volunteers. Coordination mechanisms for response are in place including the United Nations Disaster Management Team and national Humanitarian Response Forum. **Lack of capacity:** National capacities for water, sanitation and hygiene (WASH) emergency response are limited. Only one in two Cambodians has access to safe drinking water, and fewer than one in four has access to a toilet. Only half of Cambodian primary school teachers are qualified, meaning that proper risk reduction education is unlikely. System of social protection is insufficiently prepared to help affected families recover from disaster/flooding impacts (e.g., through emergency procedures, cash transfers). Lack of a nationwide and systematic flood/multi-hazard risk assessment, lack of standardization for local assessments. Flood early-warning messages do not reach the most at-risk communes due to unclear standard operating procedures and a lack of communications equipment. Lack of updated emergency and evacuation plans; lack of public awareness, simulations and drills in flood-prone communities; limited local-level response capacity.

[32] This table is adapted from the UNICEF Cambodia 'pre-analysis' report prepared in advance of the Results-based Management-GRIP workshop of September 2017. For the original data sources, see the report, which is available at the Risk and Resilience, Fragility and Peacebuilding team site, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/Communities/RiskResilienceFragilityPeacebuilding/SitePages/Home2.aspx>, accessed 8 March 2018.

BOX 7 – CONCEPTS OF VULNERABILITY AND CAPACITY

Before progressing, it may be useful to clarify certain aspects of what is meant by 'vulnerability' and 'capacity':

- In GRIP, vulnerability is defined as: the characteristics and circumstances of an individual or household that make them susceptible to the damaging effects of a hazard. Capacity is defined as: the combined strengths, attributes and resources available within a community or society to manage and reduce risks and strengthen resilience. Although GRIP recognizes that vulnerability and capacity are interrelated concepts, for the purpose of this risk assessment vulnerability here refers to the *characteristics of individuals and households* that make them particularly susceptible to a shock or stress, while capacity considers *factors related to community, national or institutional abilities* (strengths, performance) to manage the impacts of shocks and stresses.[33]

- Capacity is a very broad concept. To stay relevant, the risk assessment should focus on capacity in terms of those strengths that may help to reduce, mitigate or manage the impacts of shocks and stresses. Capacities may include: infrastructure such as communications and transportation networks; physical infrastructure such as water and sanitation facilities and health care systems; coverage and functionality of systems such as social safety nets; evidence of functional institutions and leadership; and/or clear management or formal investment by the government in preparedness and disaster management.

- For those UNICEF country offices that have identified armed conflict or major threats to social cohesion as a shock or stress, it will be important to specifically consider the presence of 'peace capacities'. The UNICEF *Guide to Conflict Analysis* suggests that peace capacities are institutions, groups, traditions, events, rituals, processes and people that are well positioned and equipped to address conflict constructively and build peace (e.g., a reform programme, a civil society commitment to peace, ritualized and traditional dispute resolution).

- Vulnerability is also a broad concept. UNICEF has developed various methodologies and indices for analysing the inequities and deprivations facing children and women within and among countries. These include indices for child well-being or child deprivation,[34] and the Multiple Overlapping Deprivation Analysis for Children[35] (for other examples, see ***Annex 1, Table 2***). All of these models have applicability to the measurement of vulnerability for the risk assessment; however, the concepts of poverty and deprivation differ from the concept of vulnerability. While multidimensional poverty describes the status of a child or household at a certain point in time, vulnerability is somewhat predictive in nature since it implies the presence of a threat (a shock or stress) that creates a risk for the child, household or community. The characteristics of vulnerability can also change, depending on which shock or stress is considered.

- When reviewing the various dimensions of vulnerability, *consider the relevance of each indicator* in relation to whether or not the characteristic in question makes the individual or household more or less susceptible to the impacts of a specific shock or stress. For example, many indices related to child well-being capture the prevalence of violence in the home, but the link between the experience of violence and the resilience of children to the impacts of external shocks and stresses is not yet clear. For example, the child may be vulnerable to the threat of violence, but not to the impacts of a financial crisis.

- When identifying vulnerable groups, it is important to note any evidence of the specific deprivations facing each group, recognizing that it is these deprivations – rather than membership of the group – that characterize vulnerability. For example, a large number of risk assessments have noted the vulnerability of ethnic minorities, but many ethnic minorities are highly empowered.

- GRIP uses a 'people-centric' approach. It therefore considers socio-economic vulnerability rather than physical vulnerability or the 'sensitivity' of key infrastructure and systems. Teams may nevertheless wish to list under the exposure variable all of the critical infrastructure and facilities for children, as this can help to place a focus on networks and systems.

[33] De Groeve, Tom, Karmen Poljanšek and Luca Vernaccini, *Index for Risk Management – INFORM, Concept and Methodology Version 2016*, Publications Office of the European Union, Luxembourg, 2015, available at <http://publications.jrc.ec.europa.eu/repository/bitstream/JRC98090/lbna27521enn (2).pdf>, accessed 18 February 2018.
[34] United Nations Children's Fund, *Measuring Child Poverty: New league tables of child poverty in the world's rich countries*, Innocenti Report Card 10, UNICEF Office of Research - Innocenti, Florence, 2012, available at <www.unicef-irc.org/publications/660-measuring-child-poverty-new-league-tables-of-child-poverty-in-the-worlds-rich-countries.html>, accessed 18 February 2018.
[35] United Nations Children's Fund, 'About Multiple Overlapping Deprivation Analysis (MODA) for Children', UNICEF Office of Research - Innocenti, <www.unicef-irc.org/MODA/>, accessed 18 February 2018.

BOX 8 – GENDER IN RISK ASSESSMENTS

Risk is a gendered concept. More men than women are killed in armed conflict,[36] and more women than men die in natural disasters.[37] Fatality rates in natural disasters are so much higher for women in large part due to gendered differences in capacity to cope with shocks and stresses.[38] For example, women accounted for 61 per cent of fatalities caused by Cyclone Nargis in Myanmar in 2008, and 70–80 per cent of fatalities resulting from the 2004 Indian Ocean tsunami.[39]

To be complete, an assessment of vulnerabilities and capacities must consider social networks, power relationships and gender roles. When women fail to participate in risk reduction, preparedness and response efforts, it can also signal the marginalization of others, including the elderly, people with disabilities and other vulnerable groups. Women and men, and girls and boys all have crucial roles to play, yet women's contribution to mitigating and preparing for disasters and managing crises is frequently overlooked.

To be adequately gender-sensitive, risk assessments must:

- include women and men in the identification of shocks and stresses in their environment, on the basis that their knowledge and experience of the factors that cause risk differs
- use disaggregated data, as the impacts of a crisis are usually differentiated by gender
- consider the different vulnerabilities of women and men, and girls and boys, since health, nutrition, education and overall socio-economic status often differ significantly between the sexes
- consider the different capacities of women and men, and girls and boys, paying attention to their relative social networks, sectors of employment and levels of influence.
- draw on GRIP Module No. 3, which emphasizes the importance of conducting a Gender Programmatic Review,[40] making reference to the Gender Action Plan and the Gender Equality team site.[41]

3.2.4. ASSIGNING A SCORE TO IMPACT

UNICEF country offices and stakeholders should now assign a score to the shock or stress, based on the severity of its probable impact, using the adapted impact scale (see **Table 6**). The method used to estimate the most likely impact level may be sophisticated (e.g., requiring statistical analysis or drawing on external expertise) or simple (e.g., the outcome of group discussions that note the average cumulative losses associated with different events). It can also draw upon national and inter-agency ranking exercises conducted for the purpose of preparedness and contingency planning.

3.3. STEP 3: RISK 3

Step 3 of the risk assessment involves multiplying the likelihood and probable impact scores to produce a combined score, which provides the basis for ranking each shock or stress according to the relative risk that it poses. Multi-stakeholder teams should provide a justification for the ranking of the various shocks and stresses, and suggest which three hazards to prioritize for discussion alongside GRIP Module No. 3, which focuses on the design or adaptation of programmes.

An ideal model for a risk summary table, featuring two examples, is presented for Viet Nam (see **Table 9**). UNICEF country offices and stakeholders can elaborate a similar table.

[36] Plümper, Thomas, and Eric Neumayer, 'The Unequal Burden of War: The effect of armed conflict on the gender gap in life expectancy', *International Organization*, vol. 60, no. 3, July 2006, pp. 723–754.
[37] Multiple sources including: Nishikiori, Nobuyuki, et al., 'Who Died as a Result of the Tsunami? – Risk factors of mortality among internally displaced persons in Sri Lanka: A retrospective cohort analysis', *BMC Public Health*, vol. 6, 2006, p. 73; Oxfam, 'The Tsunami's Impact on Women', Oxfam Briefing Note, Oxfam International, March 2005; and Neumayer, Eric, and Thomas Plümper, 'The Gendered Nature of Natural Disasters: The impact of catastrophic events on the gender gap in life expectancy, 1981–2002', *Annals of the Association of American Geographers*, vol. 97, no. 3, 2007, pp. 551–566.
[38] Ikeda, K., 'Gender Differences in Human Loss and Vulnerability in Natural Disasters: A Case Study from Bangladesh', *Indian Journal of Gender Studies*, vol. 2, no. 2, 1995, pp. 171–93; Neumayer, Eric, and Thomas Plümper, 'The Gendered Nature of Natural Disasters: The impact of catastrophic events on the gender gap in life expectancy, 1981–2002', *Annals of the Association of American Geographers*, vol. 97, no. 3, 2007, pp. 551–566; and Oxfam, 'The Tsunami's Impact on Women', Oxfam Briefing Note, Oxfam International, March 2005; as cited in Habtezion, Senay, 'Gender and disaster risk reduction', Gender and Climate Change Asia and the Pacific Policy Brief No. 3, United Nations Development Programme, New York, 2013, available at <www.undp.org/content/dam/undp/library/gender/Gender and Environment/PB3-AP-Gender-and-disaster-risk-reduction.pdf>, accessed 17 February 2018.
[39] Castañeda, I., and S. Gammage, 'Gender, Global Crises, and Climate Change', in Jain, D., and D. Elson (eds.), *Harvesting Feminist Knowledge for Public Policy*, SAGE Publications India, New Delhi, 2011; as cited in Habtezion, Senay, 'Gender and Disaster Risk Reduction'.
[40] United Nations Children's Fund, Gender Programmatic Review Toolkit, UNICEF, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/PD/GAP/SitePages/Gender Programmatic Review.aspx>, accessed 8 March 2018.
[41] The Gender Equality team site is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/PD/GAP/SitePages/Home.aspx>, accessed 8 March 2018.

Table 9 – Example risk summary table for Viet Nam

Shock/ stress	Likelihood score	Impact score	Combined score	Rank and reasons for prioritization
Typhoon	**5**	**4**	**20**	The risks associated with typhoons are a priority for risk reduction programming, preparedness and contingency planning. There is a 100% chance of one or more destructive typhoons making landfall annually in Viet Nam, leading to strong wind, storm surge and flash floods. On average, the country experiences six to seven typhoons every year along its long coastline (3,270 km). Some 43 of the 85 typhoons in EM-DAT, the International Disaster Database, have occurred since 2000, which seems to signal an upward trend. Although mortality is declining due to disaster risk reduction, typhoons remain the deadliest shock in Viet Nam: since 1960, typhoons have caused more than 18,677 fatalities, affected 48 million persons and led to economic losses totalling US$6.7 million.
Drought	**5**	**4**	**20**	The risks associated with drought are a priority for risk reduction programming, preparedness and contingency planning. EM-DAT lists three major droughts from 2000 to 2017, which affected about 3.5 million people and caused damages worth more than US$7 million. In-country assessments suggest that drought events and their impacts are under-reported, however. Climate change analysis also suggests that in future droughts will be more frequent and severe, which may have crippling effects on livelihoods and on vulnerable families.

BOX 9 – CONCEPTS OF RISK

Certain concepts surrounding the process of ranking 'risks' should be clarified at the outset:

- As mentioned previously, the risk assessment of GRIP Module No. 2 is primarily concerned with ascertaining the risk of humanitarian crisis affecting children, households and communities. Therefore the risks associated with each shock or stress should be ranked in order of their likelihood of leading to a crisis that might overwhelm national capacities and result in acute and urgent needs. If considering the risk of an erosion of development progress in a specific sector, or the risk of the deepening of a specific deprivation facing children, refer to the methods presented in the analysis phase (section 4) and the supplementary information in GRIP Module Nos. 5–11.
- Since the GRIP risk assessment should be conducted in a participatory manner with national counterparts and partners, the ranking of shocks and stresses will be the result of discussions based largely on *perceptions* of relative risk. Rankings are neither fully evidence-based nor comparable between countries. Given the subjective nature of the assessment, discussion groups should consider biases in their perceptions of risk, which may include the following:
  - The emotional state of the perceiver.[42] Groups that have recently experienced a traumatic event or crisis may rank the shocks and/or stresses that triggered it as more likely or impactful than other hazards.
  - A tendency to have a greater acceptance of risks that are considered voluntary rather than involuntary.[43] This could encourage groups to rank stresses related to civil unrest and/or migration as lower risk than those shocks perceived to be beyond human influence such as an earthquake or tsunami.
  - A tendency to focus on shocks that appear to pose an immediate threat rather than on long-term stresses that may irreversibly affect future generations.[44] Facilitators should challenge groups to retain a focus on significant slower-onset stresses in their planning.
  - A tendency to tolerate or accept risk if a benefit is perceived.[45] This may also influence the acceptance of certain shocks or stresses considered to have benefits such as seasonal floods that irrigate flood plains or political violence driven by an aspiration for social justice.

[42] This concept of the emotional state of the perceiver influencing risk perception is described in: Bodenhausen, Galen V., 'Emotions, Arousal, and Stereotypic judgments: A heuristic model of affect and stereotyping', in *Affect, Cognition, and Stereotyping: interactive processes in group perception*, edited by Diane M. Mackie and David L. Hamilton, Academic Press, San Diego, 1993, pp. 13–37.
[43] This concept of voluntary versus involuntary risks is described in: 'Social Benefit versus Technological Risk', *Science*, vol. 165, no. 3899, 1969, pp. 1232–1238, available at <http://science.sciencemag.org/content/165/3899/1232>, accessed 18 February 2018.
[44] This concept of having more concern for immediate problems is explained in: Slimak and Dietz, 2006, cited in *The Psychology of Environmental Problems: Psychology for sustainability*, 3rd ed., edited by Susan M. Koger and Deborah DuNann Winter, Psychology Press, New York, 2010, pp. 216–217.
[45] This concept of having greater tolerance for risks that are perceived to have benefits is explained in: Slovic, Paul, Baruch Fischhoff and Sarah Lichtenstein, 'Why Study Risk Perception?', *Risk Analysis*, vol. 2, no. 2, 1982, pp. 83–93, available at <http://onlinelibrary.wiley.com/doi/10.1111/j.1539-6924.1982.tb01369.x/full>, accessed 18 February 2018.

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4. ANALYSIS PHASE

The analysis phase of the GRIP child-centred risk analysis is distinct from the assessment phase and uses the conceptual framework of the human rights-based approach to programming to 'dig deeper' and analyse **why** risks are occurring, **who** is responsible for addressing them and **what** capacities these actors need to enable them to do so. The best approach to analysis is a participatory one, involving national counterparts and partners. The analysis phase therefore involves some primary data collection, as these stakeholders can contribute to the process via interviews, focus group discussions and/or consultation workshops such as GRIP workshops.

GRIP recommends that all UNICEF country offices use the child-centred risk assessment (either in *narrative* or *spatial* form) as the basis to conduct a **causality analysis**, which is considered the starting point for establishing relationships between outcomes observed among women and children and their likely causes. However, while the risk assessment is focused primarily on ascertaining the risk of humanitarian crisis triggered by a shock or stress affecting all sectors, the causality analysis can ascertain the risk of deepening deprivation facing children in a particular sector. Country offices may also consider conducting at the same time additional analyses such as role pattern analysis, capacity gap analysis and/or a more comprehensive conflict analysis or climate landscape analysis for children.

4.1. CAUSALITY ANALYSIS

Causality analysis is often used to examine the causes of shortfalls and inequities in the realization of child rights and is a critical tool for the risk-informed SitAn and the development of new country programmes. The UNICEF *Guidance on Conducting a Situation Analysis of Children's and Women's Rights* provides an overview of the methodology for causality analysis.[46]

[46] United Nations Children's Fund, *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*, UNICEF Division of Policy and Strategy, March 2012, available at <www.unicefinemergencies.com/downloads/eresource/docs/Rights based equity focused Situation Analysis guidance.pdf>, accessed 17 February 2018.

To complete a risk-focused causality analysis, GRIP recommends that teams conduct the following steps:

6. **Develop a statement related to child deprivation**
   Consult existing causality analyses developed for the SitAn or country programme and use the same point of departure. In most cases, this will be an impact-level deprivation or inequity (i.e., a gap in the realization of child rights). Use this 'problem statement' as the top of the problem tree and list four or five immediate causes of this deprivation (for an example, see **Graphic 5**).

7. **Consider the impacts of a particular shock or stress on the deprivation and its immediate causes**
   Use the highest-ranking shock or stress from the assessment phase and consider how the manifestation of this risk could lead to a worsening, deepening or acceleration of the deprivation and its immediate causes. Then ask why this would occur, to identify further structural and underlying causes.

8. **Apply the MoRES 10-determinant framework**
   The 10-determinant framework[47] of the UNICEF Monitoring Results for Equity System (MoRES)[48] has been developed to guide the analysis of barriers and bottlenecks faced by children in realizing their rights, but it can also be very useful to consult the framework to ensure the completeness of a causality analysis. Use the framework to confirm that all of the causes related to barriers in the supply of, demand for and quality of services, and within the enabling environment have been identified.

9. **Check the analysis**
   Ensure that the analysis is holistic and complete (see **Table 10**).

Tips for the development of a causality analysis:

- **Keep it simple**. Although it is tempting to create a problem tree for all of the risks associated with multiple shocks and stresses, the cause-and-effect relationships between various hazards and existing deprivations can be very pronounced. Consider, for example, the difference between armed conflict and severe storms. Causes are often not linear, but rather a complex interaction of multiple causes that reinforce one another. Developing a specific problem tree for a single shock or stress minimizes the complexity.

- **Apply an 'equity and gender lens'**. The most at-risk populations face particular bottlenecks and barriers, which often differ in nature and severity from those faced by other population groups. Similarly, women and men, and girls and boys experience the impacts of shocks and stresses differently, and have different capacities and responses, all of which affects causality. Consider adapting the causality analysis to look at different groups (grouped by geographical location, language/ethnicity, gender, disability, etc.) to help identify constraints to the critical conditions or determinants specific to each group.

- **Consider inter-sectoral, cross-cutting or emerging interest areas**. Causality analysis can also be extremely useful when considering the impacts of shocks and stresses on particular groups such as adolescents or youth, or on the outcomes of a package of integrated services such as early childhood development.

- **Always do a separate causality analysis for conflict**. For UNICEF country offices that identify conflict as a shock or stress, it is critical that a separate causality analysis is carried out for this hazard. The UNICEF *Guide to Conflict Analysis* helps teams to consider the root and proximate causes of conflict. Root causes are the underlying socio-economic, cultural and institutional factors (e.g., poor governance, systematic discrimination, lack of political participation, unequal economic opportunity) that create the conditions for destructive conflict and violence. Proximate causes contribute to the escalation of tensions and help to create an enabling environment for violence (e.g., human rights abuses, worsening economic conditions, divisive rhetoric, drought aggravating competition over pasture and water).

- **Avoid generalities**. Causality analysis should always be context-specific, as an underlying cause of a problem in one country may be regarded as a more deep-rooted structural determinant in another. Try to avoid generic cause-and-effect relationships and focus instead on describing what is actually happening on the ground. Where possible, cite data from the child-centred risk assessment.

[47] United Nations Children's Fund, *The Determinant Analysis for Equity Programming*, August 2014, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/:w:/r/teams/PD/MoRES/_layouts/15/WopiFrame.aspx?sourcedoc=%7B042c3397-e095-4f04-82af-ae1b794d26bf%7D&action=view&Source=https%3A%2F%2Fteams%2Eunicef%2Eorg%2Fsites%2FNYHQ01%2FOED%2FMoRES%2FDocument%20Library%2FForms%>, accessed 8 March 2018.
[48] The Monitoring Results for Equity System (MoRES) team site is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/PD/MoRES/SitePages/MoRESCollab.aspx>, accessed 8 March 2018.

Table 10 – Key questions: Using the 10-determinant framework to support causality analysis

IMMEDIATE CAUSES: How are shocks and stresses immediate causes of deprivations and inequities?

What are the immediate impacts and losses associated with shocks and stresses? How do these exacerbate the deprivation or inequity? For example: Is there loss of life; injury; possible damage to and loss of assets, property or livelihoods; and/or the displacement of children and their families? How does this lead to greater inequities between those groups that are exposed and those that are not?

Which households, groups, communities or geographical areas are particularly at risk? Does each need a separate problem tree?

UNDERLYING CAUSES: Supply, demand and quality dimensions

Supply: Adequately staffed services, facilities and information, and availability of commodities and inputs

Are there shortfalls in the availability or integrity of *infrastructure, facilities and systems* that have made the impacts of the shock or stress particularly devastating? What are these shortfalls?

Are there gaps in the *availability of qualified/trained staff*, whose absence contributed to the severity of the impacts and losses? Is capacity development for human resources required to help reduce and manage risk?

Is *adequate information available* in advance of shocks and stresses? Do stakeholders have the information they need during emergencies? How can information and monitoring systems be strengthened to reduce risk?

Are there breaks in the *continuity of the supply chain for essential commodities* that will make it difficult to respond effectively in emergencies? How must supply chains be strengthened to improve preparedness and crisis management?

Quality: Adherence to required standards and norms

Are there shortfalls in service providers' adherence to minimum standards (for infrastructure and services) that have contributed to the impacts and losses associated with the shock or stress? Do standards, norms, codes and procedures need to be updated or better enforced?

Demand: Financial access, social and cultural practices and beliefs, continuity of use

Are there mechanisms such as insurance or social protection to support vulnerable families before, during and after a crisis? Would such mechanisms improve access to services for vulnerable families, by *limiting financial burdens?*

Are households blocked from accessing services either physically or due to social norms (e.g., those which restrict women's access to public spaces and family/community resources) or does reaching services raise security concerns? How did this exacerbate the impacts of the shock or stress?

Do families know how and where to access services if the shock or stress occurs? Do they have the knowledge they need to employ proper health and hygiene seeking behaviours during a crisis? Are they likely to employ negative coping mechanisms that could exacerbate the deprivation and/or provoke new concerns?

Which channels of communication with communities and among community members are functioning? How did members of the affected population share and receive information? Are vulnerable groups able to access information as well, or are they excluded?

DEEPER UNDERLYING AND STRUCTURAL CAUSES: Enabling environment dimension

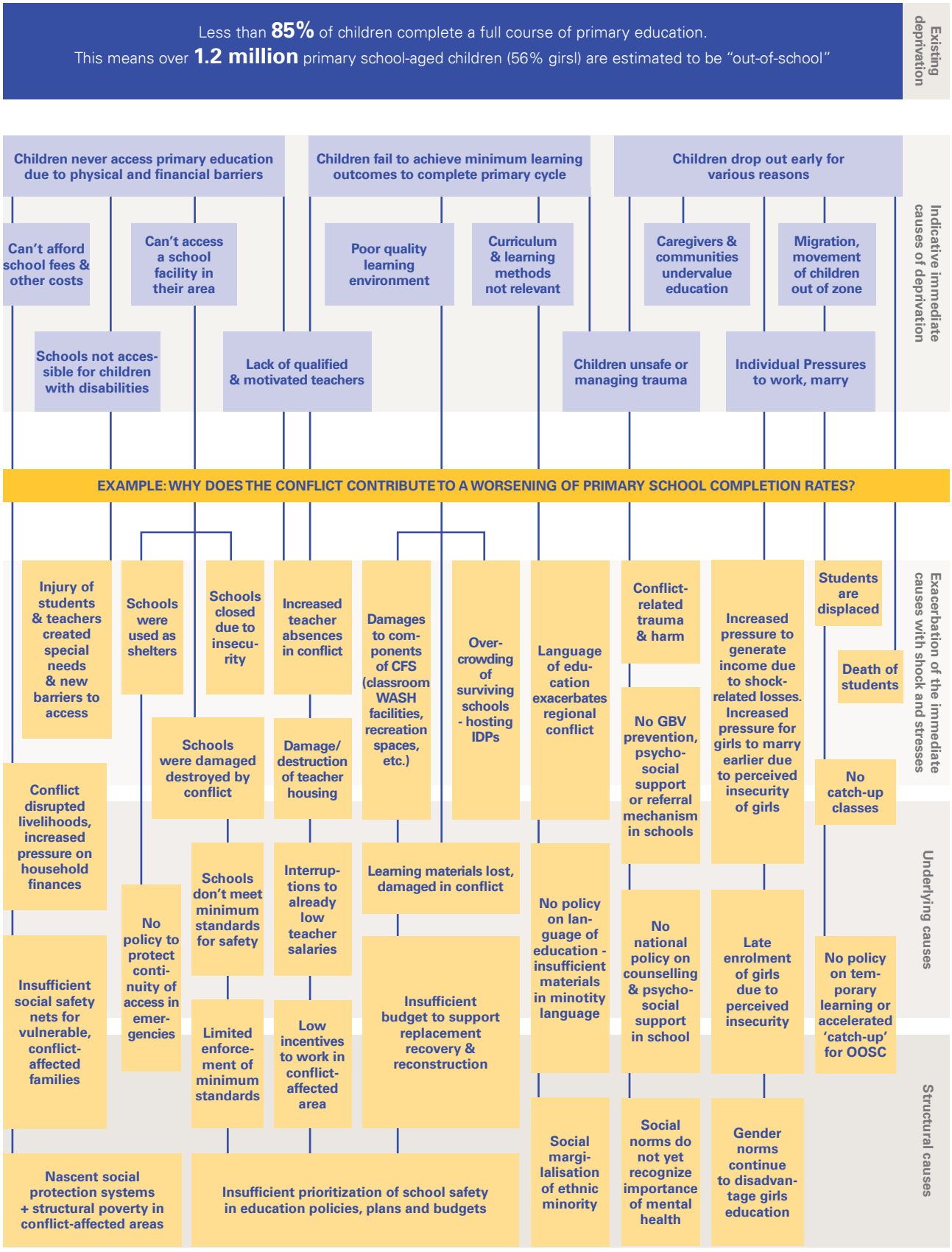
Are national *requirements and standards to reduce the risk* of the shock or stress (e.g., standards and codes for the construction and management of facilities) adequate and enforced? How does the wider governance in country affect capacities for the management of public services in general?

Do national and local government have contingency plans in place? Do these plans consider the special needs, vulnerabilities and capacities of children? Is the resource allocation for flexible contingency funding adequate and sufficient to manage relief and recovery and ensure the continuation and quality of service delivery in the event of a shock or stress?

Are there any gaps in the *national or local policies or plans* that must be addressed to ensure the continuity and quality of services after a shock or stress? Do they take into account the special needs, vulnerabilities and capacities of children and youth? Is the *resource allocation for risk reduction* adequate in relevant sectors?

Are there in certain sectors or geographical areas *deeper structural causes or social norms* (e.g., structural discrimination, which is often compounded by interactions between gender, ethnicity, socio-economic status and disability) that heighten risks?

Graphic 5 – Example of a causality analysis for education, looking at the impacts of conflict on primary school completion



4.2. OPTIONAL ANALYSES

Optional analyses that may be considered by the UNICEF country office include the following, all of which are described in more detail in the UNICEF *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*.

Role pattern analysis

If the intention of the risk analysis is to inform potential partnership strategies, a role pattern analysis may be conducted to appreciate the roles that relevant stakeholders play in addressing the causes cited in the problem tree. This involves understanding who is responsible for the various rights not being respected, protected or fulfilled. As a first step, multi-stakeholder teams should confirm the relationship between the rights-holders and duty bearers in relation to risk reduction at various levels, including community, sub-national and national levels.

This analysis therefore answers the question:
Which individuals and/or institutions have the duty to reduce these risks?

Capacity gap analysis

If the intention of the risk analysis is to influence sector-specific planning, including the development of work plans with a technical line ministry, institution or partner, a capacity gap analysis conducted with this specific duty bearer can be very useful. In contrast to the review of capacities conducted at the assessment phase, this capacity gap analysis *focuses on what a specific duty bearer needs* to fulfil its responsibilities in reducing vulnerabilities, strengthening capacities and reducing the risk of humanitarian crisis. It considers the information, knowledge, skills, will/motivation, authority and financial/material resources that exist and/or are lacking in the institution or partner. In some cases, a capacity gap analysis may also focus on a rights-holder such as the child or household.

This analysis therefore answers the question:
What capacities are needed to address the most critical risks, for both those who are being denied their rights and those who have a duty to address these challenges?

5. VALIDATION PHASE

5.1. REVIEW AND VALIDATION

Any 'research' or 'study' at UNICEF should be reviewed and validated – both by the stakeholders who contributed to its design and elaboration, and by others external to the process. If an advisory board guided the process of elaboration, this board should approve the final draft. The internal steering committee should manage review processes.

Depending on its depth and scope, a child-centred risk analysis could be reviewed by any or all of the following:

- internal UNICEF technical experts – at country, regional and Headquarters levels
- external peers – at least two independent, non-UNICEF reviewers who are recognized as experts in their relevant fields and can provide independent, impartial and high-quality comments
- women's groups and groups of children, adolescents or youth, where possible – through the use of focus group discussions and/or child-friendly communication methods.

In any analysis, it is a good idea to note any limitations of the methodology and analysis, and explain what influence these may have on the findings and outcomes of the process. This can include reflections on why certain choices were made, with guidance for others who may try to replicate the steps to produce similar analyses. Limitations are often best identified in collaboration with stakeholders during the validation phase.

5.2. DISSEMINATION AND USE

If the child-centred risk analysis is not used, its strategic purpose cannot be fulfilled. From the start, UNICEF country offices should think strategically about how to maximize use of the analysis by key national counterparts and partners, and about what formats best meet the needs of major users. Some options to consider for dissemination:

- **Adapt the presentation of the analysis to suit different users**. If the analysis is to be used externally, consider publication (with reference to the UNICEF Publication Policy)[49] and presentation in the form of communications products targeted at non-specialists, including children, adolescents and youth.
- **Launch the analysis with partners**. UNICEF may ask the leading national counterpart to convene partners to be involved in the launch in recognition of the contributions of multiple stakeholders.
- **Work with partners to integrate findings into other analyses**. This may include analyses led by national or international partners including the United Nations Country Team.
- **Arrange for the handover of databases**. Ideally, databases should be owned and maintained by national authorities. If a database was developed to support risk analysis, this phase could include its handover and the strengthening of national capacities to ensure its maintenance.

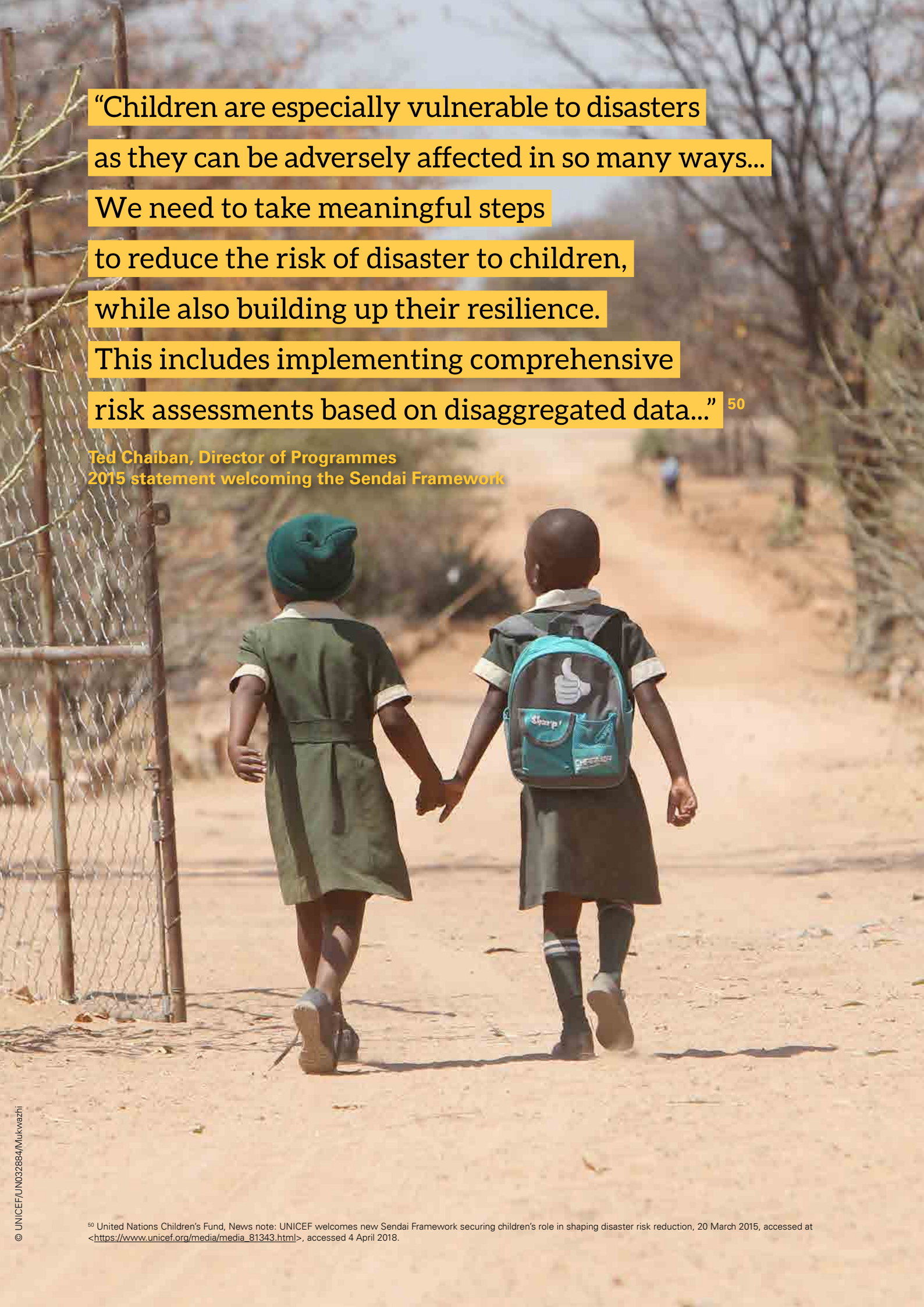
5.3. ASSESSING PERFORMANCE WITH QUALITY CRITERIA

The following table can be used to evaluate team performance and the quality of the child-centred risk analysis at each stage of elaboration. The recommended scale for the evaluation is immediately below.

1	No, not at all
2	Not very much
3	Yes, moderately
4	Yes, to a great extent
5	Yes, to an exemplary level

[49] United Nations Children's Fund, UNICEF Publication Policy, revised 15 November 2016, accessible to UNICEF staff and consultants at <https://icon.unicef.org/iconhome/ICON Document Library/UNICEF Publication Policy - 15 Nov 2016.pdf>, accessed 8 March 2018.

QUALITY CRITERIA	SCALE				
	1	2	3	4	5
PREPARATION					
Do the terms of reference for the risk analysis clearly identify the strategic purpose of the risk analysis, and its potential users and uses?					
Has a single research manager been assigned to manage the process? Is she or he empowered to encourage cross-sectoral collaboration?					
Has the analysis been classified as a 'study' or 'research' and entered into the integrated monitoring, evaluation and research plan or database (IMERP or PRIME)?					
Did national counterparts participate in the design of the analysis?					
For more in-depth analysis: Has a steering committee been established to guide the process, and does it include participation by national authorities?					
ASSESSMENT					
Does the depth of the risk assessment correspond with the country's relative risk rating? For high-risk countries: Is there a plan to conduct a sub-national spatial risk assessment or 'child-centred risk mapping'?					
Is there a historical review of the frequency of various shocks and stresses over the last 15 to 20 years?					
Is there a historical review of the impacts and losses associated with shocks and stresses over the last 15 to 20 years?					
Is relevant information included that captures the socio-economic vulnerabilities of children and households and the capacities of institutions and authorities?					
Is there a clear ranking of risks associated with specific shocks and/or stresses – or, in the case of a spatial risk assessment, the geographical areas that are most likely to experience humanitarian crisis?					
ANALYSIS					
Does the causality analysis identify immediate, underlying and structural causes that explain why the impacts and losses are so frequent and severe?					
Does the causality analysis consider underlying causes related to the supply of, demand for and quality of services, and the enabling environment?					
Have national counterparts and key child rights stakeholders participated in the elaboration of the causality analysis?					
For countries experiencing violent conflict, civil unrest or serious challenges to social cohesion: Has the UNICEF country office consulted the UNICEF *Guide to Conflict Analysis*?					
VALIDATION, DISSEMINATION AND USE					
Was the draft risk analysis reviewed by external peers nominated by national authorities and key child rights stakeholders?					
Has the risk analysis been disseminated externally, in a format ideal for use by key child rights stakeholders?					
Has the analysis been integrated into other major analyses such as the UNICEF risk-informed situation analysis and/or the United Nations Common Country Assessment?					
Has the risk analysis been discussed at the strategic moment of reflection and/or another major milestone in the elaboration of a new country programme?					



"Children are especially vulnerable to disasters as they can be adversely affected in so many ways... We need to take meaningful steps to reduce the risk of disaster to children, while also building up their resilience. This includes implementing comprehensive risk assessments based on disaggregated data..." [50]

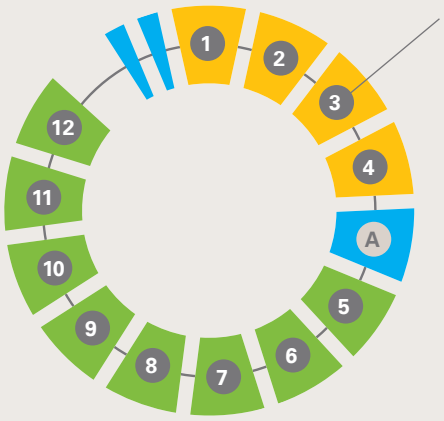
Ted Chaiban, Director of Programmes
2015 statement welcoming the Sendai Framework

[50] United Nations Children's Fund, News note: UNICEF welcomes new Sendai Framework securing children's role in shaping disaster risk reduction, 20 March 2015, accessed at <https://www.unicef.org/media/media_81343.html>, accessed 4 April 2018.

MODULE 3

DESIGN AND ADAPTATION OF PROGRAMMES

MODULE 3: DESIGN & ADAPTATION OF PROGRAMMES



CONTENTS FOR MODULE 3

OVERVIEW OF GRIP MODULES 2 AND 3

GRIP Module No. 2 helps UNICEF country offices and key child rights stakeholders to:

- conduct an assessment of the risk to children and vulnerable groups in country (ranking risks by shock/stress or, in the case of a spatial risk assessment, by geographical area)
- work with partners to develop a causality analysis that asks why the impacts of crisis can be so devastating for children and vulnerable families
- analyse the roles and capacities of duty bearers, including those that may support more resilient systems and a more peaceful society
- validate the analysis and consider opportunities to maximize its dissemination and use.

GRIP Module No. 3 is designed to help UNICEF country offices and the same stakeholders to apply the body of evidence gleaned through the risk analysis (and also the risk-informed situation analysis) to design and adjust programmes. This module uses the results-based management approach to help teams to:

- develop or adjust theories of change that focus directly on the changes necessary to make children, families and systems more resilient to the impacts of shocks and stresses
- identify the comparative advantage that UNICEF has in peace and resilience programming, and develop child rights-focused, risk-informed programmes
- consider how to ensure that these programmes are risk-responsive themselves, so that they are effective even in a dynamic, risk-prone environment.

1. INTRODUCTION

1.1 GRIP WITHIN A RESULTS-BASED MANAGEMENT APPROACH

UNICEF plans, implements, monitors and evaluates programmes with national counterparts and partners using a results-based management (RBM) approach. RBM promotes the more efficient use of resources, greater accountability and more effective programming. It also stresses the importance of identifying, reducing and managing risks in the environment – risks that may affect children and vulnerable families, and also risks that may affect the ability of UNICEF and its partners to achieve the results as planned.

All programmes can be risk-informed, irrespective of whether they apply to a high-, medium- or low-risk country, or to a UNICEF Country Programme of Cooperation that is development-oriented or focused on humanitarian action. Working together, UNICEF country offices and child rights stakeholders can:

- consider what changes are necessary to further the realization of child rights and specifically *how to protect those gains from the negative impacts of shocks and stresses*
- design or adapt risk-informed programmes to more clearly foster resilience and peace
- integrate guidance that helps teams to adjust existing programmes to mitigate the impacts of shocks and stresses on their effectiveness.

In other words, the UNICEF *Guidance for Risk-informed Programming* (GRIP) is the essential companion to the UNICEF Results-based Management (RBM) Learning Package, as it provides additional guidance on how to apply the 'risk lens' and identify specific means to further risk reduction and resilient development for children.[1]

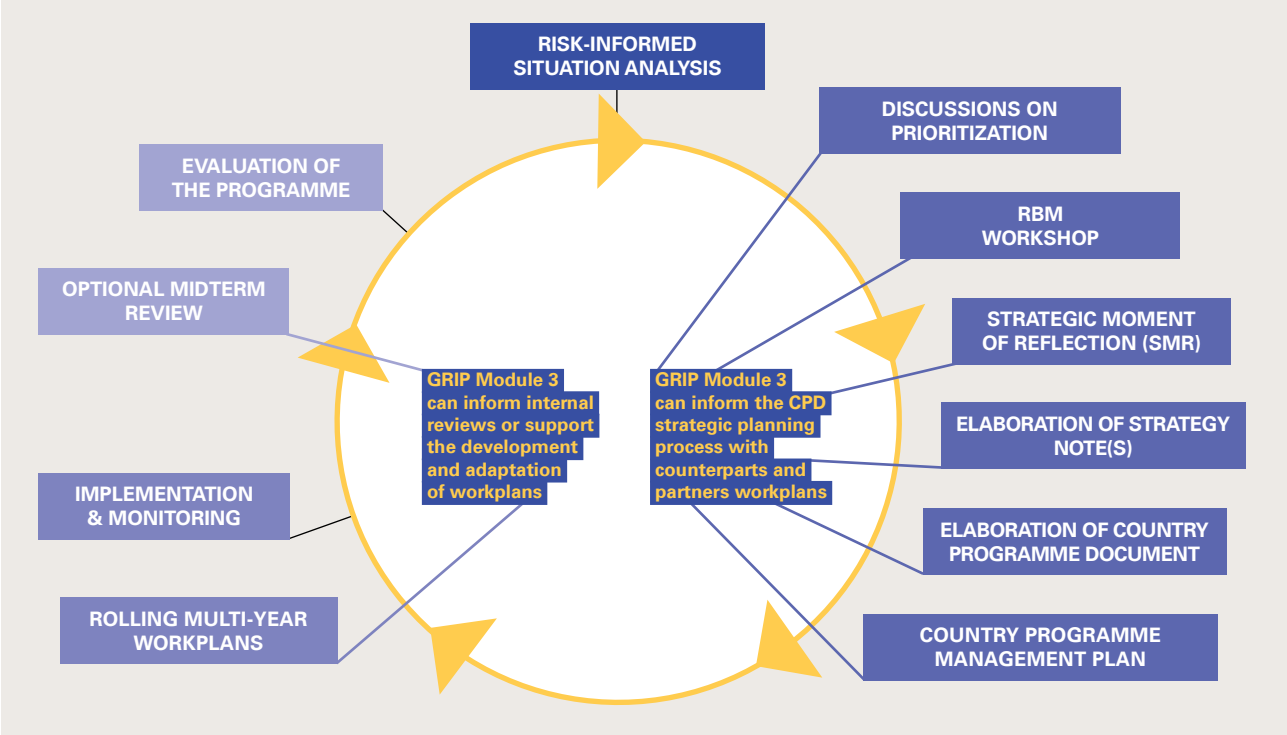
1.2 BEST TIMES TO USE GRIP MODULE NO. 3

To maximize its influence on the design of child rights programming, GRIP Module No. 3 is best applied during the design of a new UNICEF Country Programme of Cooperation, United Nations Development Assistance Framework or humanitarian action plan and/or in time to inform major national planning, budget allocation or programming milestones (see **Graphic 1**).

GRIP recognizes that strategic planning is a dynamic and iterative process and must adapt to local requirements and opportunities. As a part of the United Nations System, supporting national governments to uphold their commitments to the Convention on the Rights of the Child and the goals and targets of the 2030 Agenda for Sustainable Development, UNICEF is just one important actor in a complex and interconnected multi-stakeholder environment. Risk analysis and strategic planning should therefore always be a joint process that brings together major development partners and stakeholders.

[1] The Results-based Management (RBM) Learning Package includes an e-course, resources for face-to-face training sessions and workshops, and the *Results-based Management Handbook*. All of these resources, plus news and highlights, are accessible to UNICEF staff and consultants on the RBM Learning Package SharePoint site at <https://unicef.sharepoint.com/teams/OED/PPPManual/SitePages/RBM_Materials.aspx>, accessed 10 March 2018.

Graphic 1 – Best times to use GRIP Module No. 3, considering the UNICEF country programming cycle[2]



1.3 THE ROLE OF A GRIP WORKSHOP

A GRIP workshop is a flexible, participatory-style workshop tailor-made to support UNICEF country offices and their national counterparts and partners to consider how the risks associated with various shocks and stresses can affect children, their caregivers and their communities.
At the strategic planning phase, or at the time of programme adjustment, a 'stand-alone' GRIP workshop can be particularly useful in helping multi-stakeholder groups to:

- develop sector-wide, or multi-sectoral, risk-informed theories of change (TOCs)
- embark on strategic planning for the elaboration of a new UNICEF Country Programme of Cooperation, United Nations Development Assistance Framework or humanitarian action plan
- consider the adaptation of joint work plans and partnerships to reinforce resilient development.

Aspects of a GRIP workshop can also be integrated into existing UNICEF training sessions and consultative processes, including:

- RBM training sessions, thereby strengthening the application of the 'risk lens'
- TOC workshops or 'write-shops' held with counterparts and regional advisers
- strategic moments of reflection, thereby providing a means to reaffirm the organizational commitment to resilient development
- optional mid-term reviews, thus providing a means to adjust programme results and strategies
- a Gender Programme Review, which is usually carried out once during the programme cycle, either to inform the situation analysis, programme strategy notes, mid-term review or Country Programme Document.[3]

UNICEF regional office planning and emergency advisers, in cooperation with UNICEF Headquarters through the Humanitarian Action and Transition Section (HATIS) in Programme Division, can support country offices to consider if, how and when a GRIP workshop may be useful in the strategic planning process.

[2] A Gender Programme Review can include risk analysis and feed into the situation analysis, mid-term review and/or Country Programme Document, depending on the timing of the review in relation to the country programming cycle.
[3] United Nations Children's Fund, Gender Programmatic Review Toolkit, UNICEF, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/PD/GAP/SitePages/Gender Programmatic Review.aspx>, accessed 8 March 2018.

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2. RISK-INFORMED THEORIES OF CHANGE

2.1 WHAT IS A RISK-INFORMED THEORY OF CHANGE?

A most critical aspect of the strategic planning process is the development of a TOC that articulates a collective vision for reaching a desired impact and makes explicit how one level of change leads to another. UNICEF country offices are required to develop a TOC for each outcome area of a new country programme during the elaboration of programme strategy notes.[4] A TOC can be developed at any time, however, to enrich the collaborative process and strengthen programming logic. For detailed guidance on how to develop a TOC, consult the RBM Learning Package.

More information is also provided below on how programme strategy notes are assessed in relation to 'risk responsiveness', reaffirming the fact that all TOCs can be risk-informed, irrespective of a country's risk rating (see **Box 1**). TOCs developed during the strategic planning process for a new UNICEF Country Programme of Cooperation, for example, should display a clear understanding not only of what changes are necessary to achieve the broader, impact-level goals, but also of *how to protect those gains from the negative impacts of shocks and stresses, to ensure that all children benefit from development progress.*

[4] For guidance, good practices and the global quality assessments of programme strategy notes, see the Programme Strategy Notes SharePoint site, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/SitePages/Programme_Strategy_Notes.asp>, accessed 10 March 2018.

BOX 1 – RISK RESPONSIVENESS: A QUALITY CRITERION FOR THE DEVELOPMENT OF PROGRAMME STRATEGY NOTES

The UNICEF *Quality Review of Country Programme Documents and Review of a Sample of Programme Strategy Notes* provides a means for assessing on an annual basis how well UNICEF country offices have met the quality criteria for the development of new country programme documentation.[5] The *Quality Review* for 2017, commissioned by the UNICEF Field Results Group, assessed 30 programme strategy notes from 10 different country offices that had elaborated a Country Programme Document that year.[6] The review includes an evaluation of key programme design indicators (equity focus of programme, results-based management, gender responsiveness and risk responsiveness) to consider how well the documentation reflects the core mission and programming principles of UNICEF.

The evaluation of risk responsiveness considers the following questions:

- Does the Prioritized Issues and Areas section of the programme strategy note articulate a situation analysis that clearly references risks related to disaster, conflict and other shocks?
- Do the outcomes, outputs and interventions articulate any objectives to address or mitigate risks?
- Does the Monitoring and Evaluation section explain how monitoring approaches and processes will be adjusted to changing risks?
- How well does the programme strategy note present management initiatives to address the most critical identified risks?

Overall, the risk responsiveness quality criterion was the second lowest scoring criterion in 2017, scoring 70.9 per cent, just barely above the satisfactory threshold. This indicates a need to reflect more clearly in the programming logic a commitment to the practice of risk reduction.

Since the TOC describes aspects of the larger, complex programming environment, all relevant stakeholders should be involved in the elaboration process, so that they may share their experience and insights on how change occurs. Participation by partners will help to ensure that the TOC is 'jargon-free' and broad enough to capture the contributions and roles of various stakeholders, without specific bias to UNICEF. As illustrated in the RBM Learning Package, if a problem is caused by three conditions, all three conditions must be addressed. UNICEF may address just one of them, while other actors consider the rest.

2.2 HOW TO ELABORATE A RISK-INFORMED THEORY OF CHANGE

There is no TOC template or standard approach. To elaborate a risk-informed TOC, UNICEF country offices and key child rights stakeholders should start at the end and work backwards, to identify the:

- long-term change that all stakeholders wish to see in the lives of children and families (impact-level change/result)
- several 'preconditions' (long- and medium-term results) that are necessary to not only achieve this change, but also to *protect this gain from the negative impacts of future shocks and stresses*, thus enhancing the resilience of children, families, communities, systems and institutions (outcome-level changes/results related to a change in the performance of institutions or the behaviour of individuals)
- specific short-term results that reflect a change in the capacities of duty bearers, including their capacity to reduce, mitigate or manage risk (output-level changes/results)
- key programme strategies that will move all partners in the direction of the long-term goal of resilient development (or specific inputs to the change process).

Key questions can help multi-stakeholder teams to determine the extent to which the TOC considers aspects of risk reduction in each of the four categories of the 10-determinant framework[7] of the UNICEF Monitoring for Results Equity System (MoRES)[8] (see **Table 1**). Often overlooked during the development of TOCs is the importance of considering individual behaviour change and larger changes in society, to ensure an enabling environment for resilience (see **Box 2**).

[5] The latest annual Quality Review is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/SitePages/Programme_Strategy_Notes.asp>, accessed 10 March 2018.
[6] Fox, Leslie M., Quality Review of UNICEF's 2017 Country Programme Documents, Review of a Sample of Programme Strategy Notes, and Analysis of Selected SN and CPD Cross-cutting Issues, Final Report, United Nations Children's Fund, 8 January 2018
[7] United Nations Children's Fund, The Determinant Analysis for Equity Programming, August 2014, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/:w:/r/teams/PD/MoRES/_layouts/15/WopiFrame.aspx?sourcedoc=%7B042c3397-e095-4f04-82af-ae1b794d26bf%7D&action=view&Source=https%3A%2F%2Fteams%2Eunicef%2Eorg%2Fsites%2FNYHQ01%2FOED%2FMoRES%2FDocument%20Library%2FForms%>, accessed 8 March 2018.
[8] The MoRES team site is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/PD/MoRES/SitePages/MoRESCollab.aspx>, accessed 8 March 2018.

Although all TOCs should be risk-informed, it may be necessary to develop separate but complementary TOCs that focus specifically on risk reduction and on resilience to better illustrate the desired changes. In such cases, GRIP advises that complementary risk-informed TOCs should use the same starting point as TOCs developed for programme strategy notes. In the example of this presented below, the challenge is to ensure that the education sector better manages the impacts of armed conflict in country (see **Graphic 2**).

Table 1 – Key questions: Using the 10-determinant framework to elaborate a risk-informed theory of change

IMPACT-LEVEL CHANGE: Making a difference in the lives of children and women
Does the starting point or top result statement consider not only the achievement of the impact-level change, but also *how to protect this gain from the negative impacts of future shocks and stresses*? Or do the top three preconditions consider how shocks and stresses can deteriorate the impact-level change (through loss of life, injury, illness, damage to and loss of assets and/or livelihoods, and/or the displacement of children and families)?
Does the impact-level starting point and/or the trio of preconditions consider the groups that are both vulnerable and highly exposed to shocks and stresses? Are they *specifically targeted*?
OUTCOME-LEVEL CHANGES: Supply and quality dimensions
How must institutional performance change to ensure the *continuous supply and quality of services* during a crisis? For example: Has a means to ensure that critical *infrastructure, facilities and systems remain available* and intact in the event of shocks and stresses been identified?
Has the TOC considered what changes must happen to ensure the *availability of qualified/trained* staff during a crisis? What changes in institutional performance are necessary to protect human resources?
Does the TOC consider the *availability of information* in the specific sector before, during and after a crisis?
OUTCOME-LEVEL CHANGES: Demand dimension
Does the TOC consider the changes necessary to ensure that households continue to access and demand services during a crisis? Does the TOC consider how to *limit/reduce the financial burdens* of vulnerable and affected households during a crisis, thus ensuring their access to services?
Does the TOC consider the need for *behaviour change* (in terms of employing more environmentally friendly practices, methods for the peaceful resolution of conflict, health and hygiene seeking behaviours, etc.) that can reduce risks and vulnerabilities?
OUTCOME LEVEL: Enabling environment dimension
Do national policies, strategies and plans for disaster risk reduction, climate change and peacebuilding adequately consider the special needs, vulnerabilities and capacities of children? Does the TOC recognize that some adaptation at the policy level may be necessary to protect the desired impact-level change?
Does the TOC recognize that it may be necessary to move towards more child-friendly budgeting to protect children and families from the impacts of shocks and stresses? Or do current budgetary allocation processes fuel conflict and social unrest? What change must happen to address this issue?
Are there adequate *national requirements and standards to reduce risk*? (For example, are there standards for the construction of facilities and the disaster-proofing of public infrastructure, systems or schemes for children?) Are changes in institutional performance in enforcement necessary?
Does the TOC recognize the importance of *decentralized planning and budgeting*? Must there be a change in the performance of local government in terms of risk reduction, preparedness and contingency planning, in consideration of the special needs and vulnerabilities of children and other vulnerable groups?
How are social *norms affecting peace capacities* or the commitment to reduce the vulnerability of specific groups? Is there a civil society commitment to peace and are dispute resolution mechanisms present?
OUTPUT LEVEL: All dimensions
Does the TOC recognize what changes are necessary to ensure that institutions and local authorities have *increased capacities* (authority, motivation, resources) to change their performance? Does the TOC consider the capacities (knowledge, skills, tools and other resources) of children, parents or vulnerable groups?

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BOX 2 – COMMUNICATION FOR DEVELOPMENT IN RISK-INFORMED THEORIES OF CHANGE

Communication for Development (C4D) – a systematic, planned and evidence-based process to promote positive and measurable individual behaviour and social change – is an integral part of development programmes and humanitarian work. C4D uses research, evidence and consultative processes to promote human rights and equity, mobilize leadership and societies, enable community participation, build resilience, influence norms and attitudes, and change the behaviours of those who have an impact on children's well-being.

While behaviour change relates to the knowledge, attitudes and practices of individuals, social change takes into account the social norms and cultural systems that influence individual thoughts and actions. Even when positive change is realized among individuals, families and communities, higher-level power structures and policies can present barriers to social change. Ensuring effective and sustained change therefore calls for individuals to be supported to develop their knowledge, skills and opportunities, and for duty bearers at a range of levels to be supported to develop an enabling environment for change (including through the implementation of required laws, policies, systems and services).

C4D recognizes that any change in any society is affected by interdependent levels of influence on human behaviour within homes, in the community, at the organizational level and within the wider society. Every theory of change should consider the potential for C4D to bring people together as equals for positive change by:

- allowing meaningful participation and enabling individuals to have their own perspectives adequately reflected in decisions that affect their lives
- enabling access to the information, skills, technologies and processes required to solve problems
- empowering individuals to make informed choices, realize their human rights and reach their full potential.

C4D is critical to risk reduction and resilience. C4D can support participatory risk assessment and analysis and ensure that processes and programmes enhance individual coping behaviours, strengthen social support networks (including for emotional and psychological support) and ensure preparedness for crisis, thereby diminishing risks. In crisis, C4D ensures that relevant, culturally appropriate and action-oriented information is shared with people in affected communities and that they are able to provide feedback through mechanisms that enhance their influence and ownership, including for the most vulnerable groups.

Graphic 2 – Example of a risk-informed theory of change for the education sector

3. RISK-INFORMED PROGRAMMES

3.1 IDENTIFYING OPPORTUNITIES FOR RISK-INFORMED PROGRAMMING

Once the broader programming logic has been mapped out through the TOC, it becomes easier for UNICEF teams to identify specific change pathways in which they have a comparative advantage as a catalyst and source of support. The *UNICEF Results-based Management (RBM) Handbook* provides guidance on this prioritization process, suggesting that teams consider five 'filters' or factors – criticality, mandate, strategic positioning, capacities, and lessons learned – when making a decision about programmatic focus.[9] UNICEF is uniquely positioned to support risk-informed programming – something that is critical to consider in this process that focuses on comparative advantage (see **Box 3**).

BOX 3 – COMPARATIVE ADVANTAGES OF UNICEF IN RISK REDUCTION

UNICEF has several comparative advantages that make it essential that the organization plays an active role in joint, 'whole-of-government' approaches to disaster risk reduction and climate change adaptation:

- **UNICEF has strong relationships with technical line ministries** that support children's survival and development and can therefore be a critical catalyst in supporting national authorities to mainstream risk reduction programmes through the technical sectors, including health, nutrition, education, water and sanitation, and child protection, and the wider enabling environment for social inclusion.
- **UNICEF responds in a multi-sectoral manner**, addressing the interlocking issues that affect a child's well-being. The organization can consider holistically how to inform risk reduction programmes that affect multiple sectors and dimensions, to influence development outcomes and impacts.
- **UNICEF has a mandate that integrates development and humanitarian programming** and is thus present before, during and after a crisis, engaging at every stage of the humanitarian-development continuum. The organization is therefore well placed to promote risk reduction measures and to monitor their effects on resilience and peace.
- **UNICEF works upstream and downstream**. UNICEF not only influences national policy and budgetary frameworks, but also works in close proximity to communities that experience shocks and stresses, with many of its offices supporting actors to deliver community-based programmes. UNICEF is therefore an essential contributor to the evidence base that can further risk-informed programming and influence national decisions regarding the replication or scaling up of successful interventions.
- **UNICEF knows and talks to children**. UNICEF understands the potential for children to drive development processes and catalyse change. The organization also understands the risks involved in social exclusion and sees the danger of adolescents engaging in conflict and violence when their needs are not met and when their voices are ignored. UNICEF can support national authorities to recognize children as critical 'connectors' who can enable divided or 'at-risk' communities to work together towards a shared goal of peace and resilience.

Although all programmes should be risk-informed, every country and context is different. Opportunities for engagement will vary depending on the status of children, the risk landscape, the nature of the programming environment, and the strategic position and capacities of UNICEF. Generally, GRIP recommends that a commitment to fostering resilience and peace is commensurate with the country's risk profile. UNICEF country offices in nations rated as high-risk should therefore demonstrate a stronger, clearer and more proactive commitment to risk reduction in their programming and results structures.

[9] United Nations Children's Fund, *Results-based Management Handbook: Working together for children*, UNICEF, 2017, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/Shared Documents/RBM_Handbook_Working_Together_for_Children_July_2017.pdf>, accessed 10 March 2018.

In general, UNICEF risk-informed programming will either:

- **aim to ensure that national risk reduction, climate change adaptation and peacebuilding efforts are more child-sensitive**

The first route may involve:

- enhancing national capacities for child-centred risk analysis that integrates measures of socio-economic vulnerability and helps to better target the households, groups and communities most at risk
- supporting key national institutions and national authorities responsible for risk reduction, climate change adaptation and/or disaster management to consider the special needs, vulnerabilities and capacities of children in their international commitments and national policies, plans, budgets, protocols and procedures
- strengthening the capacities of local authorities that manage and regulate preparedness and first responders, to ensure more child-sensitive planning, preparedness and programming at the local level
- ensuring that disaster risk reduction, climate change and peacebuilding programmes are developed and implemented with the participation and engagement of children, adolescents and youth, making sure that their voices are heard and respected.

- **support technical line ministries and key stakeholders to ensure that child-sensitive programmes are more risk-informed**

The latter route may involve:

- ensuring that national ministries or institutions perform risk analysis specific to their sector, to consider how to better target those households or communities most at risk
- helping national authorities in health, nutrition, education, water and sanitation, child protection, and social inclusion and protection to adapt their policies, plans and budgets to consider the measures and resources necessary to ensure that systems can absorb or adapt to various shocks and stresses
- developing protocols, procedures, micro-plans and programmes to enhance shock-responsiveness and adaptation in the above sectors, so as to ensure the continuity and quality of services for children
- supporting children, adolescents and youth to engage in these processes and influence the analysis, design and implementation phases as appropriate.

Risk-informed programming naturally includes efforts to **strengthen national capacities for preparedness, crisis management and response**. The *Guidance Note on Preparedness for Emergency Response in UNICEF* provides additional guidance on identifying appropriate long- and short-term preparedness interventions, including contingency planning.[10]

Risk-informed programming is also not limited to development-oriented planning and programming that occurs before a crisis strikes. By applying the same principles within **humanitarian action**, risk analysis and risk-informed programmes help to broaden the focus from acute and urgent needs to chronic vulnerabilities and likely exposure to future shocks and stresses. This helps to integrate elements of capacity development and the reduction of extreme vulnerability into humanitarian action, thus ensuring more meaningful recovery for those affected by crisis and decreasing the risk of future crisis for all.

In **conflict-affected countries**, or countries facing serious challenges to social cohesion, the UNICEF *Conflict Sensitivity and Peacebuilding Programming Guide*[11] and the *Technical Note on Conflict Sensitivity and Peacebuilding in UNICEF*[12] suggest that UNICEF strategies and programmes should take a more explicit and systematic approach to peacebuilding. In such countries, it is critical for stakeholders to consider ways that UNICEF can support:

- 'vertical social cohesion' by enhancing state and society relations
- 'horizontal social cohesion' by building bridges within and among divided groups at the community level, paying attention to the nature of social exclusion and marginalization
- individual capacity building by helping individuals (including children, adolescents and youth) to anticipate, manage, mitigate, resolve and transform violent conflict, be resilient and engage in social change processes.

The UNICEF commitment to **equity and reaching the furthest behind first** is a key element of risk-informed programming in all countries and at every phase. Since exposure to shocks and stresses is clearly recognized as one of the primary determinants of inequity, focusing on the most 'at-risk' households and communities – and thus moving beyond deprivation to consider risk – is a way to sharpen the 'equity lens'.

[10] United Nations Children's Fund, *Preparedness for Emergency Response in UNICEF: Guidance Note 2016*, UNICEF, December 2016, available at <www.unicef.org/emergencies/files/UNICEF_Preparedness_Guidance_Note_29_Dec__2016_.pdf>, accessed 13 March 2018.
[11] United Nations Children's Fund, *Conflict Sensitivity and Peacebuilding Programming Guide*, UNICEF, November 2016, available at <http://s3.amazonaws.com/inee-assets/resources/Programming_Guide_-_Conflict_Sensitivity_and_Peacebuilding__UNICEF_Nov_2016.pdf>, accessed 17 February 2018.
[12] United Nations Children's Fund, *Technical Note on Conflict Sensitivity and Peacebuilding in UNICEF*, UNICEF, June 2012, available at <www.unicefinemergencies.com/downloads/eresource/docs/KRR/UNICEF Technical Note on Conflict Sensitivity and Peacebuilding.pdf>, accessed 19 February 2018.

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It is also important when designing risk-informed programmes to consider the different needs, vulnerabilities and capacities of children, adolescents and youth (and their caregivers) at each stage of their life course, from inception, through infancy and early childhood, to adolescence and youth (for an example, see **Box 4**).

BOX 4 – ADOLESCENT PARTICIPATION IN RISK-INFORMED PROGRAMMING

The principle of participation is enshrined in several international instruments. These include the United Nations Convention on the Rights of the Child, which has five articles (arts. 12–15, 17) that make explicit reference to the right of children to participate.[13] Also, the 2030 Agenda for Sustainable Development requires governments and development stakeholders to produce better-quality age-disaggregated data and to engage adolescents in implementing and monitoring the Sustainable Development Goals.

Recognizing this, UNICEF applies a positive development approach that sees adolescents and youth as assets and not 'problems' or 'threats', and the organization builds on strengths such as their potential for innovation, creativity and energy. In fact, adolescents and youth are rightly recognized as potential 'accelerators', with the capacity to influence and change development trajectories for societies and nations.

Involving adolescents at all stages of programming, including the analysis of the situation and risk landscape, is a strategic priority.[14] The UNICEF *Programme Policy and Procedure Manual* notes that: "Children and adolescents are often much better placed than external duty-bearers to assess their own situation, and coming up with possible solutions."[15]

The participation of adolescents and youth in situation analysis, in policy advocacy and in programming processes can lead to improved intergenerational communication and empathy; more relevant, effective and sustainable programming and policies; and improved conditions for adolescents, thanks to the input, viewpoints and experiences of the participants.

GRIP Module Nos. 5–11 contain sector-specific guidance and examples of successful country and regional programming around the world (for a few highlights, see **map inset on page 78**).

[13] United Nations Children's Fund, Conflict Sensitivity and Peacebuilding Programming Guide, UNICEF, November 2016, available at <http://s3.amazonaws.com/inee-assets/resources/Programming_Guide_-_Conflict_Sensitivity_and_Peacebuilding__UNICEF_Nov_2016.pdf>, accessed 17 February 2018.

[14] A large body of policy materials for engaging adolescents in programming already exists. Examples include: Norwegian Agency for Development Cooperation, *Three Billion Reasons: Norway's development strategy for children and young people in the south*, NORAD, 2005; Swiss Agency for Development and Cooperation, *Youth Policy*, SDC, 2007; United Nations Population Fund, *The Case for Investing in Young People as part of a National Poverty Reduction Strategy*, UNFPA, 2005; Commonwealth Youth Programme, *The Commonwealth Plan of Action for Youth Empowerment 2007–2015*, Commonwealth Secretariat, London, 2007; Danida, *Children and Young People in Danish Development Cooperation*, Danida, Copenhagen, 2007; United Nations, *World Youth Report 2007. Young People's Transition to Adulthood: Progress and challenges*, United Nations, 2007; United Nations Population Fund, *UNFPA Framework for Action on Adolescents and Youth. Opening doors with young people: 4 keys*, UNFPA, 2007; *World Bank, World Development Report 2007: Development and the next generation*, World Bank, Washington, D.C., 2006; and Africa Commission, *Realising the Potential of Africa's Youth, Africa Commission*, Copenhagen, 2009; all cited in SPW/DFID–CSO Youth Working Group, *Youth Participation in Development: A Guide for Development Agencies and Policy Makers*, DFID–CSO Youth Working Group, London, 2010, p. 14.

[15] United Nations Children's Fund, *Programme Policy and Procedure Manual*, UNICEF, (n.d.), is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/SiteAssets/Welcome%20to%20the%20Programme,%20Policy%20and%20Procedure%20Manual.aspx>, accessed 10 March 2018.

3.2 FORMULATING RISK-INFORMED RESULTS AND SELECTING APPROPRIATE INDICATORS

Once the general areas for collaborative programming have been identified, and the comparative advantages for UNICEF considered, multi-stakeholder teams should work together to apply the RBM approach and develop a results chain, with accompanying monitoring framework. A results chain should ideally have at least three levels to clarify the influence of UNICEF at the impact level, the organization's contribution at the outcome level and its accountabilities at the output level. Risk-informed results should be SMARTER – that is, strategic, measurable, aligned, realistic, transformative, empowering and reportable. For additional guidance on this process, consult the *RBM Handbook* (or see **Graphic 3**).

Graphic 3 – RBM refresher: Levels of results and SMARTER results statements

RBM refresher: levels of results
IMPACT • Long-term changes in the situation of children & women • Nationally owned
OUTCOME • Changes in behaviour or performance of targeted individuals or institutions • Quality & coverage of services • UNICEF contribute to these changes
OUTPUT • New products, skills, abilities & services • Changes in capacities of individuals or institutions • Attributable to programme funds & management – therefore high degree of accountability

RBM refresher: SMARTER results statements	
S **Strategic**	presents an area of comparative advantage & relevant to context
M **Measurable**	the means for measuring change, improvement, transformation exist
A **Aligned**	with government & partner priorities – clear that we are in it with others
R **Realistic**	achievements must be possible, & even probable given the efforts planned
T **Transformative**	important, relevant, change – beyond the results themselves
E **Empowering**	aspirational with clear idea of what 'good' will result. Moves people
R **Reportable**	actions taken & results show contribution toward higher level result

There are several ways in which results can represent a proactive commitment to reducing risks for children and vulnerable households and communities (see **Table 2**).

Table 2 – Results that represent a proactive commitment to reducing risks for children

Change to result statement	Example
Reflect the desired impact in terms of resilience and peace	UNICEF can contribute to strengthening the resilience of children and households, institutions and systems. It can also have the intention of building peace and fostering social cohesion. Ideally, the impact-level result should reflect this intention – through the result statement or indicators chosen. **EXAMPLES:** **Impact result statement:** Teams may choose a result statement that includes a commitment to resilience or peace, or select indicators that can, over time, demonstrate the increased resilience of vulnerable households, groups or systems. **EXAMPLE FROM UNICEF STRATEGIC PLAN:** The *UNICEF Strategic Plan, 2018–2021*[16] contains indicators aligned to the Sendai Framework for Disaster Risk Reduction 2015–2030[17] – e.g., tracking the number of children affected by disasters (related to Sendai B-1).

[16] United Nations Children's Fund, *UNICEF Strategic Plan, 2018–2021*, E/ICEF/2017/17/Rev.1, 16 August 2017, available at <www.unicef.org/about/execboard/files/2017-17-Rev1-Strategic_Plan_2018-2021-ODS-EN.pdf>, accessed 6 March 2018.
[17] United Nations Office for Disaster Risk Reduction, 'Sendai Framework for Disaster Risk Reduction 2015–2030', UNISDR, Geneva, <www.unisdr.org/we/inform/publications/43291>, accessed 28 February 2018.

Focus targets on the most at-risk populations, rather than on the general population or the most deprived

UNICEF results often target the most deprived populations. A 'risk-informed' result may, however, refer to the most at-risk populations (those that are both extremely deprived or vulnerable and disproportionately exposed to specific shocks and stresses). For conflict-affected countries, or those managing ongoing humanitarian action, this may involve focusing not only on affected populations that have urgent and acute needs, but also on those that are vulnerable and exposed but not yet experiencing crisis.

COUNTRY EXAMPLE:

- **Output result statement:** By 2022, government has enhanced the technical and institutional capacity to expand climate-resilient water, sanitation and hygiene (WASH) infrastructure and services in three of the states at greatest risk of flooding.
- **Output indicator:** Proportion of district development plans in the three high-risk states that include a commitment to and budget allocation for 'disaster-proofing' WASH facilities.
- **Output indicator:** Proportion of WASH facilities improved with UNICEF support that address vulnerabilities related to gender, gender-based violence and children with disabilities.

Ensure outcomes and outputs reflect a specific commitment to strengthening national performance in risk reduction

UNICEF can also support governments and a range of duty bearers to reduce risks by either changing their performance or their behaviour (outcome-level changes) or by enhancing their capacity to do so (output-level changes). These contributions can be reflected in the wording of the result statement or in the selection of indicators.

COUNTRY EXAMPLE:

Outcome result statement: Children in Indonesia's most at-risk provinces benefit from more child-sensitive national and local disaster risk reduction (DRR), emergency preparedness and response (EPR) and climate change adaptation (CCA) efforts.

- **Output indicator:** Increased child sensitivity of national-level policies, strategies and guidelines related to DRR, EPR and CCA.
- **Output indicator:** Strengthened commitment and capacity of sub-national authorities in two target provinces to plan and implement child-sensitive DRR, EPR and CCA efforts.
- **Output indicator:** Young people in selected communities participate to a larger degree in initiatives related to DRR and CCA.
- **Output indicator:** Women's informal and formal groups, including parent-teacher associations, are trained and engaged in supporting DRR and/or CCA processes.

EXAMPLE FROM UNICEF STRATEGIC PLAN:

Outcome indicator: Number of disruptions to: (a) educational services, and (b) health services attributed to disasters (Sendai D-6, D-7).

- **Output result:** Countries adopt policies, strategies and programmes that address risks related to disasters, conflict and public health emergencies.
- **Output indicator:** Number of countries with a child-sensitive national or local risk management plan addressing risks related to disasters, climate change, conflict, public health emergencies or other crises.

Expand definitions to note the commitment to risk reduction embedded within larger programming approaches and standards

UNICEF programmes reduce risks by reducing vulnerabilities and enhancing capacities. Sometimes, however, the organization's specific commitment to risk reduction gets 'buried' within a larger framework. For example, UNICEF may support the implementation or scaling up of programming approaches such as the child-friendly school, general health systems strengthening and/or a child protection system. Many other programmes focus on capacity building to help national authorities to meet minimum standards and established protocols and/or codes. Definitions for these approaches and standards are often neither context-specific nor do they check for conflict sensitivity or risk relevance. Aspects of risk reduction may therefore need to be added, clarified or 'unpacked' within the larger approach.

A risk-informed result may contain a definition within the monitoring framework of the programming approach that includes a benchmark related to risk reduction. For example, does the larger child-friendly school approach involve 'disaster-proofing' infrastructure? Does it emphasize the importance of contingency and preparedness plans developed by school management? Has climate change education been integrated into the school curriculum? Clearly highlighting the benchmarks and standards that relate to safety and risk reduction is an important means of mainstreaming the risk reduction approach.

COUNTRY EXAMPLE:

- **Output result statement:** Education officials in six target districts have improved capacity to meet, by 2021, the minimum standards outlined in the Child Friendly Schools Infrastructure Standards and Guidelines (CFSISG).
- **Output indicator:** Proportion of primary schools in six target districts that meet the minimum CFSISG standards.*

*__Indicator definition:__ CFSISG requires schools to meet four criteria: (1) Appropriate, sufficient and secure buildings **that are sufficiently protected against a range of hazards, meeting minimum standards for disaster risk reduction**; (2) A healthy, clean, secure and learner protecting environment; (3) A barrier-free environment that promotes inclusive access and the equal rights of every child; (4) Adequate and appropriate equipment to support the level of education.

The selection of indicators and targets will be influenced by many factors, including the specific result, the availability of existing data from national monitoring mechanisms, and the resources available for data collection. Ideally, indicators should be directly relevant, nationally owned, aligned to larger planning frameworks (such as national plans, the United Nations Development Assistance Framework, the UNICEF Strategic Plan and the Sustainable Development Goals) and feature in the results assessment module list of standard indicators. For general guidance on indicator selection, see the *RBM Handbook*. Valuable indicator menus are also included in sector-specific guidance such as the UNICEF *Risk-informed Education Programming for Resilience Guidance Note*.[18]

4. RISKS IN PROGRAMME IMPLEMENTATION

4.1 FORGING PARTNERSHIPS (AND WORK PLANS)

UNICEF may implement some activities directly but partnership is always essential. UNICEF usually partners with government departments or other entities, international or national civil society organizations, academic institutions and other United Nations agencies. For those programmes that aim to make risk reduction efforts more child-sensitive, UNICEF may reach beyond its traditional partnerships and consider collaborating with national disaster management agencies and ministries of environment, agriculture and interior – each of which may have independent risk analysis and risk reduction strategies that consider different shocks and stresses. UNICEF should engage in national risk reduction and climate change adaptation coordination forums and working groups to advocate for children.

As a multi-sectoral agency, UNICEF is well placed to promote cross-sectoral linkages in-house and between diverse areas such as food security, environmental resource management, climate change adaptation and social protection. A good example of such a partnership is the joint programme between UNICEF, the World Food Programme (WFP), the Food and Agriculture Organization of the United Nations (FAO), the United Nations Development Programme (UNDP) and the World Health Organization (WHO) to address poverty, livelihoods, food security and the provision of basic social services in the Niger. Various multi-sectoral partnerships promote resilience and peace (for examples, see **map inset on page 78**).

When UNICEF partners with government, a work plan is developed to summarize the collaboration, steer the implementation process and authorize the exchange of resources. Programme Cooperation Agreements are used when partnering with civil society organizations. Memoranda of understanding may be employed when working with other institutions. All such agreements contain detailed and specific results frameworks that describe action on a project, annual, multi-year or rolling basis. They should thus serve as a means to operationalize the risk-informed programme and to ensure that partners make a proactive commitment to employ strategies for risk reduction. The development, implementation and monitoring of all types of work plans is undertaken with existing policies, procedures and guidance in mind. UNICEF offers templates for work plans as well as annual management plans.[19]

4.2 IDENTIFYING RISKS TO THE PROGRAMME

As described in GRIP Module No. 1, the nature of risk changes depending on the type of risk considered and the object of analysis. GRIP focuses primarily on **risks posed to children and vulnerable households and communities** (with children the object). Particularly when programmes are operationalized through work plans, it is also critical to consider how various shocks, stresses and larger threats can affect the capacity of actors to work effectively and **achieve their results as planned**. In this case, the programme itself is the object.

[18] United Nations Children's Fund, *Risk-informed Education Programming for Resilience Guidance Note*, UNICEF, forthcoming in 2018. For more information, see: United States Agency for International Development (USAID) Education in Crisis and Conflict Network, 'Guidance Notes and Manuals on Peacebuilding Programming', ECCN, <https://eccnetwork.net/resources/learning-for-peace/guidance-notes/>, accessed 14 March 2018.
[19] United Nations Children's Fund, *Programme Policy and Procedure Manual*, UNICEF, (n.d.), section 4.1, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/SiteAssets/Welcome%20to%20the%20Programme,%20Policy%20and%20Procedure%20Manual.aspx>, accessed 10 March 2018.

Risks to children and risks to the programme are defined and analysed differently (see **Table 3**). Considerations of how shocks, stresses and various threats in the programming environment affect the strategic, programmatic, financial and/or operational effectiveness of UNICEF as an enterprise are covered in the UNICEF Enterprise Risk Management in UNICEF policy and accompanying guidance.[20]

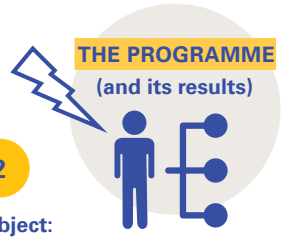
Table 3 – Risks to children versus risks to the programme

1

Subject:
A significant "contextual" shock or stress — like a cyclone

RISKS TO CHILDREN

- **Risk definition:** The likelihood of shocks and stresses leading to an erosion of development progress, the deepening of deprivation and/or humanitarian crisis affecting girls and boys and/or vulnerable households or groups.
- **Purpose: To determine WHAT to work on**
- The risk analysis helps to shape and design programmes that make a proactive commitment to resilience and peace – by reducing vulnerabilities, increasing capacities and reducing exposure to shocks and stresses. This is the process of '**risk-informing the programme**'.



2

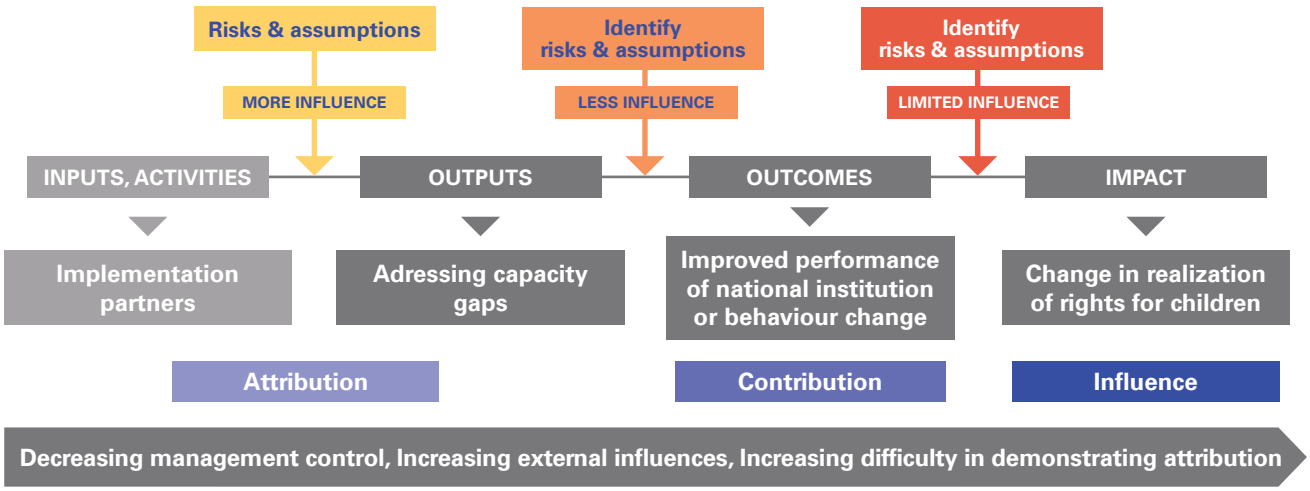
Subject:
Any potential threat to achievement of programme results — like a cyclone

RISKS TO THE PROGRAMME

- **Risk definition:** The likelihood of a potential event or occurrence beyond the control of the programme adversely affecting the achievement of a desired result.
- **Purpose: To determine HOW best to work to be most effective**
- The risk analysis should help to design feasible programmes that do no harm and identify appropriate **mitigation measures** that enable actors to stay on track and continue to achieve their goals, despite the threats in the programming environment. This is '**programme risk management**', which is explained in the *Results-based Management Handbook*.[21]

As a part of the RBM process of elaborating TOCs and results chains, teams must identify the risks and assumptions that underpin the logic between different levels of results (impact, outcome and output level). This is the process of identifying risks to the programme (for a visualization of this, see **Graphic 4**). It is important to note that a single shock (such as a cyclone) can affect both children and the achievement of programme results. Some threats to the achievement of results may not pose a direct risk to children and vulnerable families, however. For example, an election may lead to a ministerial reshuffle, changing the focal points for engagement with UNICEF and potentially leading to delays in programme implementation – but it may not threaten the overall status of children and women.

Graphic 4 – Identifying risks and assumptions in a results chain



[20] United Nations Children's Fund, Enterprise Risk Management in UNICEF, CF/EXD/2009-006, 14 May 2009, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/sites/portals/RF/Regulatory%20Framework%20Library/DFAM%20Policy%2010%20Enterprise%20Risk%20Management%20in%20UNICEF.pdf>, accessed 10 March 2018.
[21] United Nations Children's Fund, *Results-based Management Handbook: Working together for children*, UNICEF, 2017, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/Shared Documents/RBM_Handbook_Working_Together_for_Children_July_2017.pdf>, accessed 10 March 2018.

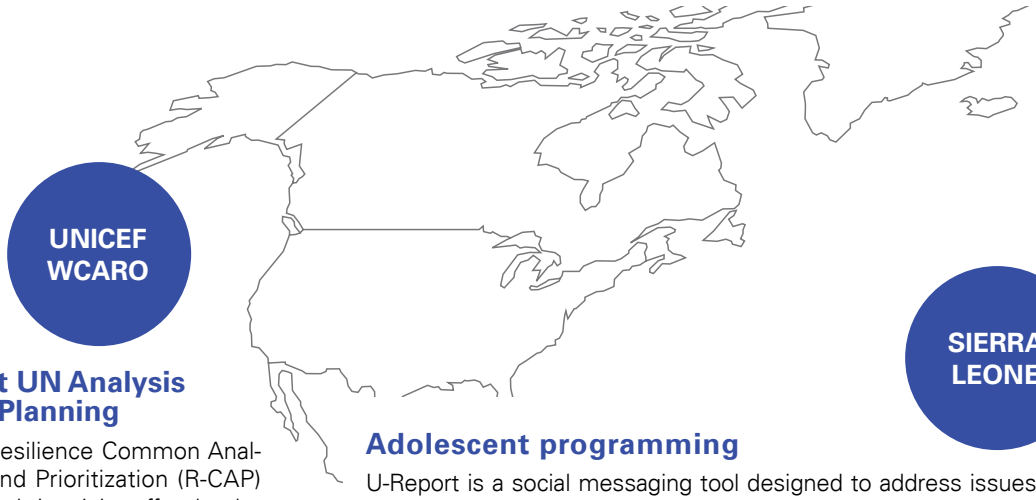
Map 3

GLOBAL EXPERIENCE

in risk-informed programming

Cash transfers for vulnerability reduction

Across the Middle East and North Africa (MENA) region, internally displaced persons and Syrian refugees face economic insecurity. During winter, families face daily struggles to meet food needs and other basic requirements. UNICEF originally addressed one basic need by providing winter clothing kits, but the programme subsequently evolved to monetize this seasonal assistance. Instead of in-kind assistance, a humanitarian cash transfer programme was developed, allowing households to address a range of vulnerabilities and make their own choices about how to meet priority needs. Cash assistance also reduced procurement and logistics costs for UNICEF while stimulating local economies. The experiences (in Egypt, Iraq, Jordan, Lebanon, State of Palestine, the Syrian Arab Republic and Turkey) offer valuable lessons on the implementation of humanitarian cash transfers (with consideration of various options, including unconditional cash grants, vouchers and other forms of assistance).



Joint UN Analysis and Planning

The Resilience Common Analysis and Prioritization (R-CAP) approach is a joint effort by the United Nations and the Organisation for Economic Co-operation and Development (OECD) to support United Nations Country Teams and governments to operationalize the 2030 Agenda for Sustainable Development recommendations, placing the understanding of risk and vulnerability at the centre. The UNICEF West and Central Africa Regional Office (WCARO) has played a leading role in the development of the R-CAP Operational Resource, which is a tool for analysis, prioritization and strategic planning during United Nations Development Assistance Framework processes. The multi-stakeholder process provides a method for reaching a common agreement on the structural drivers of risk and vulnerability; the priority long-, medium- and short-term actions to strengthen resilient systems; and the comparative advantages of humanitarian, development and governmental agencies in addressing priority actions in country. R-CAP emerges from the work of the United Nations Regional Resilience Working Group for the Sahel.

Adolescent programming

U-Report is a social messaging tool designed to address issues affecting children and young people by either collecting information directly from them (or their parents) to improve policy and programmes or by directly providing them with life-saving information. In humanitarian contexts, the tool can be used to support emergency response and collect real-time data from citizens and front-line workers. Following the 2017 floods in Sierra Leone, the UNICEF country office worked closely with water, sanitation and hygiene (WASH) line ministries to reveal that of the country's 75,000 U-Reporters, 51% could not identify the signs of cholera, 67% did not know how to treat it and 62% did not know how to prevent it. The country office then used U-Report to provide critical, life-saving information to these same 75,000 individuals. Six months later, in January 2018, a new poll found that the number of U-Reporters who now knew how to identify the symptoms of acute watery diarrhoea/cholera had increased by 19.6%.

Multi-country, risk-informed programming

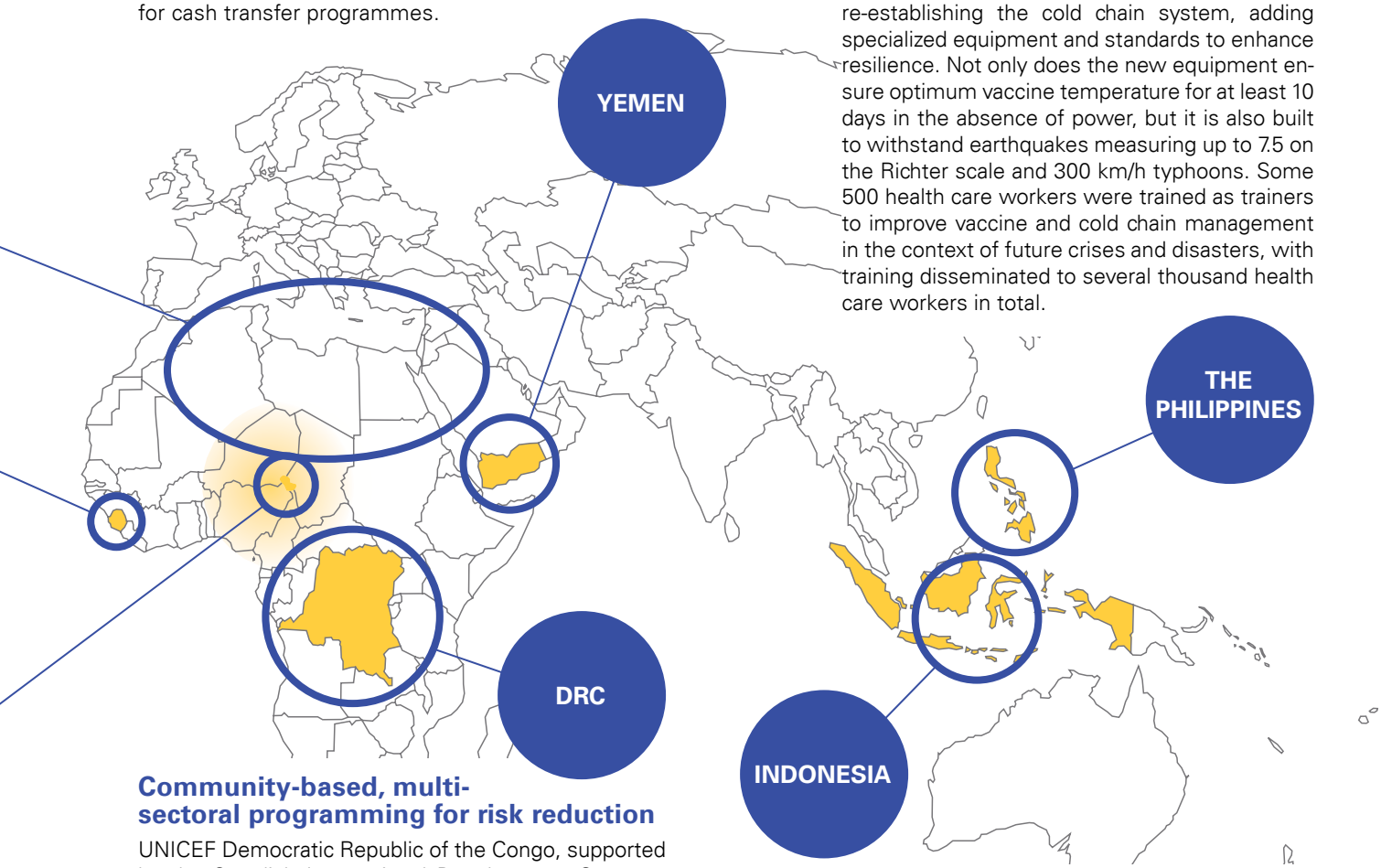
Since the 1990s, large, recurrent, trans-border epidemics of cholera have regularly occurred in the Lake Chad Basin, affecting Cameroon, Chad, the Niger and Nigeria. Migration between the countries makes it impossible for actions taken within the borders of a single country to be effective in preventing outbreaks in the region. Informed by a cross-border study and broad stakeholder consultation, UNICEF and partners identified the highest risk populations with consideration to insecurity, displacement and increasing water scarcity. To strengthen cross-border cooperation, UNICEF developed a database of actors across the four countries and supported the establishment of the West and Central Africa Cholera Platform for coordination and knowledge sharing. UNICEF also produces a regular regional 'Cholera Epidemiological Bulletin' and supports multi-country studies, exchange visits and informal workshops to interpret epidemiological surveillance data. UNICEF has also supported the development of national elimination plans that employ a 'sword and shield' approach to ensure both early and targeted emergency responses (sword) and prevention activities and health and behaviour change communication (shield).

Shock-adaptive social protection

UNICEF Yemen is reinforcing and strengthening national social protection systems to improve access to education and health care services, a protective environment and clean water during the complex emergency. UNICEF Yemen leveraged the findings of a National Social Protection Monitoring Survey to expand the current Social Welfare Fund (SWF) to reach 1.5 million of Yemen's poorest people and to increase the value of the grants by 50% in light of the deteriorating situation. UNICEF and partners, including the Ministry of Social Affairs and Labor (MoSAL), used an existing network of community-based SWF workers to reach the most vulnerable. SWF staff were trained to identify and link vulnerable persons and households to existing referral systems and a range of support services. MoSAL, UNICEF and partners are also carrying out vulnerability assessments to better understand the situation of families and children, and consider options for cash transfer programmes.

Resilient cold chains

Typhoon Haiyan, also known as Super Typhoon Yolanda, hit the Philippines in November 2013, affecting more than 18 million people and causing some 6,000 deaths. Damage to health facilities and the cold chain system; loss of health care providers due to death, displacement or personal tragedy; and the loss of electricity for several weeks, or even months, resulted in an abrupt halt to immunization services, leaving 2.5 million affected children at risk of disease and death. The Philippines experiences up to 20 typhoons every year, so building resilience is a national priority. In the post-Haiyan recovery phase, the Department of Health, UNICEF Philippines, UNICEF Supply Division and the World Health Organization undertook a systematic, step-by-step approach towards re-establishing the cold chain system, adding specialized equipment and standards to enhance resilience. Not only does the new equipment ensure optimum vaccine temperature for at least 10 days in the absence of power, but it is also built to withstand earthquakes measuring up to 7.5 on the Richter scale and 300 km/h typhoons. Some 500 health care workers were trained as trainers to improve vaccine and cold chain management in the context of future crises and disasters, with training disseminated to several thousand health care workers in total.



Community-based, multi-sectoral programming for risk reduction

UNICEF Democratic Republic of the Congo, supported by the Swedish International Development Cooperation Agency, implemented a Programme of Expanded Assistance to Returnees (PEAR) between 2012 and 2016. PEAR targeted the most vulnerable communities in South Kivu province, through multi-sectoral interventions to: improve access to basic social services; foster social cohesion; and increase the resilience and capacities of communities to manage risk in their environment. Community members were trained in conflict resolution and supported to identify some 712 potential conflicts in 20 villages. Collective efforts enabled the prevention or resolution of about 446 of these conflicts. Community members also enhanced their capacities to identify risks in their environment, develop mitigation plans and strengthen resilience (20 risk reduction plans were developed implemented, monitored and validated by 20 school communities). Building on lessons learned in South Kivu, PEAR+ is now expanding to Ituri province.

Adolescent participation in risk identification

Since 2014, UNICEF and its partner organizations have been implementing the Adolescents in Emergency Project in Indonesia, using the Adolescent Kit for Expression and Innovation (Adolescent Kit) developed by UNICEF Headquarters. The Adolescent Kit is a package of resources to support adolescent girls and boys to develop key competencies that can help them to cope with stressful circumstances, build healthy relationships, learn new skills and engage positively with their communities. UNICEF used the Adolescent Kit Module to strengthen adolescents' resilience to disaster risks, build their skills and empower them to resolve the issues they face before, during and after a crisis. Using activity cards, adolescents mapped out the risks in their community and then identified the specific issues they face as a result of these risks. They came up with ideas to resolve such issues and then presented these ideas to leaders and members of the community for their further realization.

4.3 ADDRESSING RISKS TO THE PROGRAMME

When risks to the achievement of programme results are identified, either the programme can be adjusted or mitigation measures can be put in place at the implementation phase. Adjusting programmes to ensure their effectiveness is not impossible – even in a hazardous, risk-prone environment. In fact, UNICEF does it all the time, and as a result has well-developed risk management approaches (for a few examples, see **Table 4**).

Table 4 – Examples of how to protect the programme from the impacts of shocks and stresses

Suggestion for reducing risks to the programme	Links to guidance, resources and tools
Identify risks and prioritize mitigation measures in programme design	• Revisit the UNICEF Results-based Management Learning Package to understand the process of identifying and managing risks to the programme.[22] • Include key partners in risk analysis and planning, ensuring that work plans and Programme Cooperation Agreements have a section that identifies risks and mitigation measures. Integrate mitigation measures into **annual management plans and priorities** and ensure the periodic review of cross-sectoral and office-wide priorities for risk management, including through Country Management Team meetings and, potentially, Regional Management Team meetings.
Meet all institutional requirements for risk management (focused on the Emergency Preparedness Platform and Enterprise Risk Management in UNICEF policy)	• Revisit the overarching Enterprise Risk Management in UNICEF policy,[23] which summarizes the accountabilities, across different levels of the organization, in incorporating a systematic and consistent approach to identifying, assessing and managing risks and opportunities for the enterprise. In 2017, there was an update to the 12 UNICEF risk categories and key risk areas,[24] providing new opportunities to better articulate risks within the mandatory annual risk assessment process.[25] Ideally, there should be coherence between the assessment of the likelihood of shocks and stresses in the GRIP child-centred risk assessment and the estimation of the likelihood of the same hazards in the annual enterprise risk assessment (although impacts will differ since the enterprise risk management approach focuses primarily on risks to UNICEF as an enterprise). • Consult the *Guidance Note on Preparedness for Emergency Response in UNICEF*[26] and the Emergency Preparedness SharePoint site[27] to ensure a full understanding of the Minimum Preparedness Actions and Minimum Preparedness Standards for UNICEF country offices, regional offices and Headquarters. These mandatory actions and standards are designed to increase the organization's preparedness for emergency response. Being prepared will both reduce the risks to children and to the programme. The GRIP child-centred risk assessment methodology is designed to align with the requirements of the Emergency Preparedness Platform risk assessment.
Build flexibility and 'agility' into partnership agreements	• Review milestones and chronograms in light of seasonal hazards and potential 'triggers' for civil unrest or conflict, taking into account the impacts of shocks and stresses on the feasibility of activities, events and work processes. Adapt work plans and partnerships to accommodate these threats to programme effectiveness (e.g., by moving locations, adjusting time frames or building in mechanisms for remote collaboration from the start). • Build in more flexible implementation modalities that clarify expectations for partnership in both stable development phases and more dynamic or insecure humanitarian settings. Ensure that all staff have completed the Core Commitments for Children e-course[28] and have considered the requirements for humanitarian performance monitoring.[29]

[22] The Results-based Management (RBM) Learning Package includes an e-course, resources for face-to-face training sessions and workshops, and the *Results-based Management Handbook*. All of these resources, plus news and highlights, are accessible to UNICEF staff and consultants on the RBM Learning Package SharePoint site at <https://unicef.sharepoint.com/teams/OED/PPPManual/SitePages/RBM_Materials.aspx>, accessed 10 March 2018.
[23] United Nations Children's Fund, Enterprise Risk Management in UNICEF, CF/EXD/2009-006, 14 May 2009, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/sites/portals/RF/Regulatory%20Framework%20Library/DFAM%20Policy%2010%20Enterprise%20Risk%20Management%20in%20UNICEF.pdf>, accessed 10 March 2018.
[24] United Nations Children's Fund, 'Attachment A – Description of UNICEF risk categories and key risk areas, 2017', UNICEF, accessible to UNICEF staff and consultants at <https://intranet.unicef.org/Dfam%5CDFAMSite.nsf/0/4DE18A546BD6059E85257F4200691501/$FILE/12 Risk Areas 2017.docx>, accessed 10 March 2018.
[25] United Nations Children's Fund, Instruction for 2018 Annual Risk Assessment (ARA) Reporting Requirements, Effective date 26 December 2017, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/sites/portals/RF/Regulatory%20Framework%20Library/Instruction%20Annual%20Risk%20Assessment%20Requirments.pdf>, accessed 10 March 2018.
[26] United Nations Children's Fund, Preparedness for Emergency Response in UNICEF: Guidance Note 2016, UNICEF, December 2016, available at: <https://www.unicef.org/emergencies/files/UNICEF_Preparedness_Guidance_Note_29_Dec__2016_.pdf>, accessed 13 March 2018.
[27] The UNICEF Office of Emergency Programmes uses a single repository for all emergency preparedness and Emergency Preparedness Platform resources. The Emergency Preparedness SharePoint site includes developed/updated guidelines based on analysis of regional office and country office needs, lessons learned from emergencies, and good practices from external sources, agencies and research, and is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/EMOPS/EPP/Pages/Home.aspx>, accessed 10 March 2018.
[28] United Nations Children's Fund, 'Core Commitments for Children (CCCs)', Agora e-course, UNICEF, <https://agora.unicef.org/course/info.php?id=30>, accessed 10 March 2018.
[29] A full list of humanitarian performance monitoring webinars and training resources is accessible to UNICEF staff and consultants on the UNICEF Emergencies Humanitarian Action and Post-crisis Recovery team site at <https://intranet.unicef.org/emops/emopssite.nsf/root/PageCCCPM4>, accessed 10 March 2018.

Consider risks for women and men, and girls and boys in programme design and implementation	• Ensure that you are not exacerbating risks to women or men, or girls or boys through programming that is not fully gender-sensitive. Conduct a Gender Programmatic Review with the support of the toolkit,[30] and with reference to the Gender Action Plan[31] and the Gender Equality team site,[32] to consider how to be accountable for and further the organization's commitments to gender equality. This involves learning how to: ensure the use of high quality gender-sensitive data and evidence; forge strategic partnerships that further gender equality; invest resources to achieve results at scale for women and men, and girls and boys; build the capacity of gender specialists around the world; and increase diversity and gender parity in the organization. • UNICEF takes a 'twin-track' approach to gender programming, which applies to both development and humanitarian contexts – but it is critical that gender equality and gender-sensitive approaches are integrated into all humanitarian programmes. Complete the Gender in Humanitarian Action e-course to learn how gender-sensitive programming can translate into greater impact and enhanced protection for the people affected by crises, thus decreasing the risks for women and men, and girls and boys, and the risks to overall programme effectiveness.[33]
Assess and address the risk of sexual exploitation and abuse, and ensure accountability to affected populations	• Sexual exploitation and abuse of community members by anyone associated with the provision of aid constitutes one of the most serious breaches of accountability. It is also a serious protection concern and it erodes the trust and confidence of affected communities and the host country in all those providing assistance. Accountability to populations affected by crises and various shocks and stresses is an active commitment to use power responsibly by taking account of, giving account to and being held to account by the people whom UNICEF seeks to assist. • Ensure that your programmes are not inadvertently contributing to the risk of sexual exploitation and abuse, establish mechanisms for reporting, and participate in the PSEA Network in your country. The Global Standard Operating Procedures on inter-agency cooperation in community-based complaint mechanisms are practical tools for reporting.[34] • The United Nations Secretary-General report on Special measures for protection from sexual exploitation and abuse[35] and the Inter-Agency Standing Committee Task Force on Protection from Sexual Exploitation and Abuse (PSEA) are available on our own staff website[36] and offer a range of guidance, resources and good practices for meeting obligations as an individual staff member, as a PSEA focal point or as a senior manager. • All UN personnel have the obligation to report all reasonable suspicion of SEA by UN staff members as well as non-staff personnel immediately.[37] Please report to your Head of Office, to the Director of the UNICEF Office of Internal Audit and Investigations at integrity1@unicef.org, or PSEA Network in your country, without delay and by whatever means appropriate under the circumstances. • Take the Prevention of Sexual Exploitation and Abuse e-course[38] – it is mandatory for all United Nations personnel, including volunteers and contractors, whether based at Headquarters or other duty stations. Please also encourage partners to complete the training. The course provides a range of measures for combating sexual exploitation and abuse and explains their impact on victims and the consequences for United Nations personnel. Managers (heads of office/department) will learn about their additional responsibilities to enforce the United Nations standards of conduct, thereby reducing risks for children and the programme. • Be aware of UNICEF's own Policy on Conduct Promoting the Protection and Safeguarding of Children.[39] Visit the UNICEF intranet site that provides information on UNICEF's response to SEA.[40] A UNICEF PSEA SharePoint site is currently under development.[41]

[30] United Nations Children's Fund, Gender Programmatic Review Toolkit, UNICEF, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/PD/GAP/SitePages/Gender Programmatic Review.aspx>, accessed 8 March 2018.
[31] Resources related to the UNICEF Gender Action Plan (plan, indicator framework, presentations and infographics) are accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/PD/GAP/SitePages/The GAPaspx>, accessed 8 March 2018.
[32] The Gender Equality team site is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/PD/GAP/SitePages/Home.aspx>, accessed 8 March 2018.
[33] United Nations Children's Fund, 'Different Needs, Equal Opportunities: Increasing effectiveness of humanitarian action for women, girls, boys and men', Agora Gender in Humanitarian Action e-course, UNICEF, <https://agora.unicef.org/course/info.php?id=113>, accessed 10 March 2018.
[34] Inter-Agency Standing Committee, Protection against Sexual Exploitation and Abuse (PSEA): Inter-agency cooperation in community-based complaint mechanisms. Global Standard Operating Procedures, IASC, May 2016, available at <https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse/documents-51>, accessed 10 March 2018.
[35] United Nations General Assembly, *Report of the Secretary-General on Special measures for protection from sexual exploitation and abuse: a new approach*, A/71/818, 28 February 2017, available at: <https://undocs.org/A/71/818>, accessed 15 March 2018.
[36] Inter-Agency Standing Committee, Protection from Sexual Exploitation and Abuse (PSEA) by our own staff, available at: <www.pseataskforce.org>, accessed 10 March 2018.
[37] Sexual Exploitation and Abuse (SEA) in this context pertains to acts perpetrated by UN personnel (staff members, consultants, individual contractors, United Nations volunteers, experts on mission and contingent members) as well as related personnel of UN implementing partners, including government.
[38] United Nations Children's Fund, 'Prevention of Sexual Exploitation and Abuse (PSEA)', Agora e-course, UNICEF, <https://agora.unicef.org/course/info.php?id=7380>, accessed 10 March 2018.
[39] United Nations Children's Fund, 'Policy on Conduct Promoting the Protection and Safeguarding of Children', Executive Directive, July 2016, accessible to UNICEF staff and consultants at https://intranet.unicef.org/pd/pdc.nsf/0/B91A2CD30AA64B2685257FE9007254A4/$FILE/CF%20EXD%202016%20006%20Child%20Safeguarding%20Policy.pdf, accessed 20 March 2018.
[40] United Nations Children's Fund, Icon (UNICEF intranet) 'UNICEF Response to Sexual Exploitation and Abuse', accessible to UNICEF staff and consultants at https://icon.unicef.org/iconhome/Pages/ED-Messages-Page.aspx, accessed 20 March 2018.
[41] The UNICEF PSEA team site will be accessible to UNICEF staff and consultants at https://unicef.sharepoint.com/teams/PD/AAP_PSEA/SitePages/Home.aspx.

Mitigate the risk of harassment, sexual harassment and abuse of authority in your own office	• Be aware of the organization's own Executive Directive on the Prohibition of harassment, sexual harassment and abuse of authority.[42] Visit the UNICEF intranet site that supports staff members to report misconduct and to access a range of policies, guidance and training related to the organization's commitment to integrity, ethical behaviour and the prevention of harassment, sexual harassment and abuse of authority.[43]
Manage risks in complex and high-threat environments	• Working in complex and high-threat environments is not business as usual. Managing risks to children, the programme and the enterprise (including staff) is a daily, if not hourly, process. A workshop facilitated by the UNICEF Office of Emergency Programmes may help teams to consider the policies, guidelines, tools and practices available to support, for example: protection of children and civilians; negotiation of access; working with non-state actors; and working in the context of United Nations integrated missions. Such a workshop can also support the use of the monitoring and reporting mechanism for grave violations of children's rights. • At the very start, conduct an assessment of programme criticality, with reference to the United Nations System Programme Criticality Framework[44] and the Programme criticality e-course.[45] It will be absolutely vital to implement some aspects of the programme, even given the security risks, and the assessment will help to identify those critical aspects. This helps to ensure that United Nations personnel do not take unnecessary risks and that they work only on those activities that are likely to make the greatest contribution to existing United Nations strategic results. • Take the United Nations Humanitarian Civil-Military Coordination e-course,[46] based on the United Nations Humanitarian Civil-Military Coordination Field Handbook, and apply its principles and approaches for working and coordinating with military actors in an emergency.
Meet requirements for addressing the impacts of climate change on children and for the 'greening' of UNICEF	• Consider the risks associated with a changing climate – not only for children, but also for UNICEF programmes and operations. Revisit the Executive Directive on Addressing the impact of climate change on children,[47] and identify opportunities for: advocacy and accountability (using the influence, reach and expertise UNICEF has to support governments to fulfil their commitments to protect children from the impacts of climate change); climate change adaptation through resilient development; climate change mitigation (including support for communities to transition to a low-carbon development pathway); and the 'greening' of UNICEF. Making smart choices to reduce the organization's environmental footprint in programmes and operations not only increases the likelihood of programme effectiveness, but also reduces risks to the enterprise.
Ensure the programme is 'conflict-sensitive' and can 'do no harm'	• Work with staff and stakeholders to foster greater recognition that, if not carefully calibrated, the targeting of beneficiaries, procurement of supplies, delivery of services, resettlement of displaced people and even the publication of research findings can have negative impacts on conflict dynamics. Integrate the do no harm principle into work plans and partnership agreements that entail conflict analysis. Consult the UNICEF *Conflict Sensitivity and Peacebuilding Programming Guide*[48] and use its proposed method for considering conflict dynamics and reducing the risk of violence by examining: the composition, characteristics and capacities of UNICEF personnel; UNICEF operations (supply, finance and human resources); and partnerships and communications practices.

[42] United Nations Children's Fund, Executive Directive on the Prohibition of harassment, sexual harassment and abuse of authority, CF/EXD/2012-007, 30 November 2012, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/EO/Document Library/10. Prohibition of Discrimination Harassment Sexual Harassment and Abuse of Authority.pdf>, accessed 11 March 2018.
[43] The UNICEF one-stop site for accessing policies, guidance, training and other resources related to integrity, ethics and the reporting of misconduct is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/sites/portals/reportingmisconduct/?wa=wsignin1.0>, accessed 10 March 2018.
[44] United Nations System High-Level Committee on Management, United Nations System Programme Criticality Framework, Document prepared by the Programme Criticality Working Group, CEB/2013/HLCM/7, 25 February 2013, available at <www.unicefinemergencies.com/programmecriticality/story_content/external_files/Programme Criticality Framework 2013.pdf>, accessed 10 March 2018.
[45] United Nations, 'Programme criticality', e-course, <www.unicefinemergencies.com/programmecriticality/course.html>, accessed 10 March 2018.
[46] United States Institute of Peace, United Nations Office for the Coordination of Humanitarian Affairs and United States Agency for International Development, 'United Nations Humanitarian Civil-Military Coordination', e-course, USIP, <www.usipglobalcampus.org/training-overview/uncmcoord/>, accessed 10 March 2018.
[47] United Nations Children's Fund, Executive Directive on Addressing the impact of climate change on children, CF/EXD/2016-002, 10 March 2016, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/Communities/ESC/Lists/global UNICEF resources/Attachments/5/03.10.2016 Executive Directive Climate Change CF EXD 2016 2.pdf>, accessed 10 March 2018.
[48] United Nations Children's Fund, Conflict Sensitivity and Peacebuilding Programming Guide, UNICEF, November 2016, available at <http://s3.amazonaws.com/inee-assets/resources/Programming_Guide_-_Conflict_Sensitivity_and_Peacebuilding__UNICEF_Nov_2016.pdf>, accessed 17 February 2018.

BOX 5 – UNICEF PRINCIPLES IN RISK MANAGEMENT (FROM THE UNICEF PROGRAMME POLICY AND PROCEDURE MANUAL)

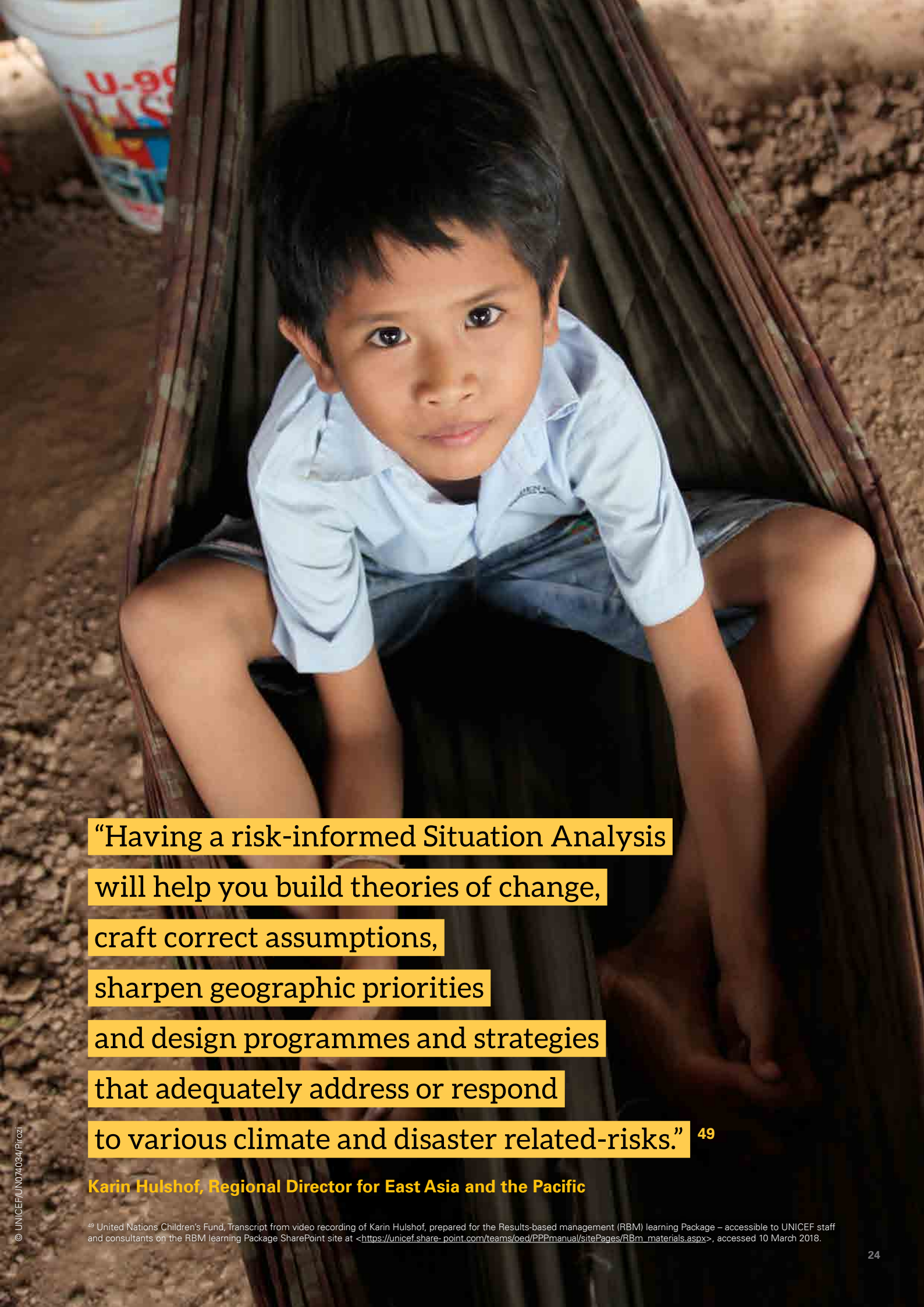
- **Risk management is everyone's business.** All staff members are expected to identify, assess and manage risks related to their area of work.
- **Accept no unnecessary risk.** There is no benefit in accepting any risk if it does not help to advance towards UNICEF objectives.
- **Accept risk when benefits outweigh costs.** The aim is not always to eliminate risk: total risk elimination would involve extensive controls and is costly, and walking away from risky situations would often be impractical and may not serve the UNICEF strategy and objectives.
- **Anticipate and manage risk by planning.** When developing strategies and office work plans, designing or reviewing programmes, or preparing for emergencies, consider risks to the achievement of the expected results. Risks are more easily mitigated when they are identified during planning.
- **Recognize opportunities.** Explore opportunities that may arise in support of the expected results and assess the risks related to such new interventions.
- **Take decisions promptly.** Avoiding or delaying decisions may exacerbate the problem or cause an opportunity to be missed, and in humanitarian situations may even lead to the loss of lives. Taking no decisions is a decision to default to the status quo; affirmative management of risks is critical to success.
- **Consider risks individually and in the aggregate.** Each risk should be evaluated on its own and in combination with other risks related to the same overall objective. The best strategy for the achievement of a major objective may involve a combination of different responses to risks related to contributing objectives.
- **Make risk management decisions at the right level.** Decisions on risks should be taken at the level of delegated authority; risks should not be assumed for which authority has not been received.
- **Embed risk management.** Risk management is a discipline that should be embedded into existing business processes.

5. ASSESSING PERFORMANCE

The following table can be used to evaluate team performance on developing risk-informed theories of change, results and programmes. The recommended scale for the evaluation is immediately below.

1	No, not at all
2	Not very much
3	Yes, moderately
4	Yes, to a great extent
5	Yes, to an exemplary level

QUALITY CRITERIA	SCALE				
	1	2	3	4	5
THEORY OF CHANGE (TOC)					
Does the TOC display a clear understanding not only of what changes are necessary to achieve broader, impact-level goals, but also of *how to protect those gains from the negative impacts of shocks and stresses*?					
Does the TOC contain specific references to how elements of systems (supply, demand and quality dimensions, and enabling environment) can protect against the negative impacts of shocks and stresses, thus supporting the resilience of individuals, households and communities?					
Has the TOC been developed with national counterparts and partners? Are their contributions to reducing risks and reinforcing resilience also noted in the TOC?					
RESULTS (as reflected in the Country Programme Document and programme strategy notes)					
Does the extent to which the Country Programme Document results integrate a commitment to risk reduction correspond with the country's relative risk rating (see **GRIP Module No. 2**)? For high-risk countries: Is a commitment to risk reduction integrated into programme results and strategies?					
Do results (in the Country Programme Document or programme strategy notes) clearly identify any population subgroups that are most affected by key child deprivations and/or most at risk of disasters and other hazards?					
Have larger programme strategies been 'unpacked' to highlight the elements that support risk reduction?					
PARTNERSHIPS AND WORK PLANS					
Do partnership agreements and work plans consider the potential impacts of major shocks and stresses on the achievement of programme results?					
Do partnership agreements and work plans consider flexible implementation modalities that clarify expectations for partnership in both development and humanitarian settings?					
Is UNICEF participating meaningfully in relevant risk reduction coordination forums and advocating for consideration of the special needs, vulnerabilities and capacities of children?					
Has the programme been reviewed to consider conflict sensitivity and means to prevent sexual exploitation and abuse?					



"Having a risk-informed Situation Analysis will help you build theories of change, craft correct assumptions, sharpen geographic priorities and design programmes and strategies that adequately address or respond to various climate and disaster related-risks." [49]

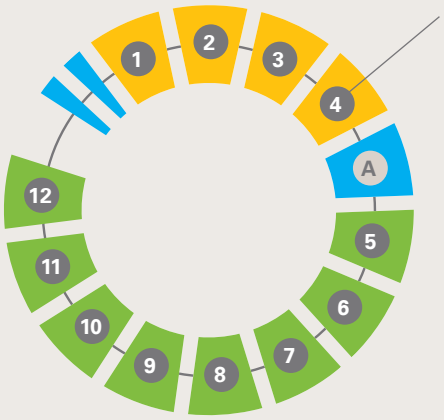
Karin Hulshof, Regional Director for East Asia and the Pacific

[49] United Nations Children's Fund, Transcript from video recording of Karin Hulshof, prepared for the Results-based management (RBM) learning Package – accessible to UNICEF staff and consultants on the RBM learning Package SharePoint site at <https://unicef.share- point.com/teams/oed/PPPmanual/sitePages/RBm_materials.aspx>, accessed 10 March 2018.

MODULE 4

MONITORING OF RISKS & RISK-INFORMED PROGRAMMES

MODULE 4: MONITORING OF RISKS & RISK-INFORMED PROGRAMMES



CONTENTS FOR MODULE 4

OVERVIEW OF GRIP MODULES 3 AND 4

GRIP Module No. 3 uses the results-based management approach to help UNICEF and key child rights stakeholders to:

- develop or adjust theories of change that focus directly on the changes necessary to make children, families and systems more resilient to the impacts of shocks and stresses
- identify the comparative advantages that UNICEF has in peace and resilience programming, and develop child rights-focused, risk-informed programmes
- consider how to ensure that these programmes are risk-responsive themselves, so that they are effective even in a dynamic, risk-prone environment.

GRIP Module No. 4 is designed to:

- consider how to monitor changes in 'contextual risks' over time, recognizing the role of UNICEF in strengthening national monitoring systems
- clarify how UNICEF monitors performance in risk-informed programming
- link to UNICEF Office of Emergency Programmes guidance that can help teams to adapt their monitoring in medium- and high-risk contexts and to be more agile, thus supporting more rapid programme adjustments to shocks and stresses.

1. INTRODUCTION

1.1 WHAT IS MONITORING?

Monitoring is the process of gathering information for systematic and purposeful observation. For UNICEF, there are two different types of monitoring: **situation monitoring**, which measures the change or lack of change in the condition of children, women and the wider environment; and **programme monitoring**, which can provide valuable information about the extent to which progress is being made against programme results (results monitoring) and how that progress is being achieved (implementation monitoring).

Since both situation and programme monitoring are absolutely critical to programme effectiveness, efficiency and accountability (to national counterparts, donors, partners and beneficiaries), they are a core responsibility of all staff – from the UNICEF Representative to programme and operations specialists.

As a part of the regular work of the UNICEF Country Programme of Cooperation, all UNICEF country offices are expected to:

- undertake a range of monitoring activities across the spectrum of situation monitoring, results monitoring and implementation monitoring – to identify if inputs and activities are proceeding according to plan and contributing to the expected results, and if these are in turn contributing to improved outcomes and impacts for children and women
- design monitoring approaches and systems that are agile and can shift focus and operational modalities as needed – so that they may continue to provide information to guide programme management as the context changes
- play a role in strengthening national monitoring systems – by supporting national authorities to collect, manage, analyse and use relevant data and information relating to the status of children and women.

1.2 WHAT IS MONITORING OF RISKS AND RISK-INFORMED PROGRAMMES?

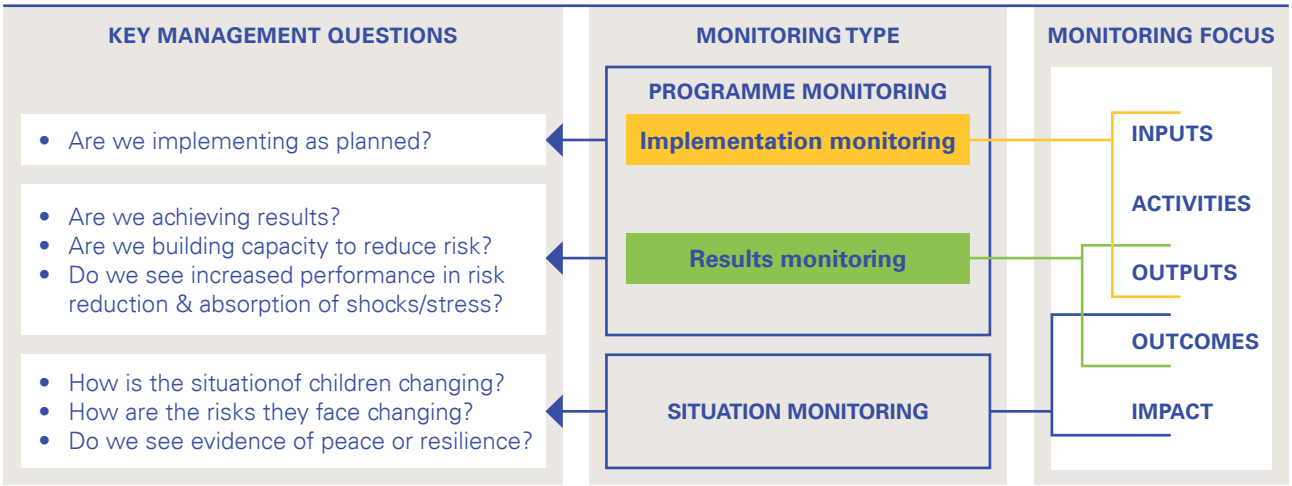
When programming is risk-informed, a different lens is applied to each of the two levels of monitoring:

- monitoring the situation of children and women entails *identifying and tracking changes in contextual risks to their situation*
- programme monitoring involves defining and tracking indicators that reflect a theory of change where results *contribute to reducing these contextual risks to children and women* (by reducing vulnerabilities and/or by strengthening capacities to absorb or adapt to various shocks and stresses).

Monitoring for risk-informed programming must therefore consider slightly different management questions to those traditionally considered in situation and programme monitoring. These include:

- How is the situation of children and women changing, *including in terms of shifts in the wider context of risks that can lead to a deepening of deprivation, an erosion of development progress or humanitarian crisis*?
- Are we achieving results as planned, *including for those elements of programming that build resilience and social cohesion by reducing risk*?
- An example of the key management questions for child rights stakeholders to ask, adapted from the UNICEF *Results-based Management Handbook*, is presented below (see **Graphic 1**).[1]

Graphic 1 – Key management questions for monitoring of the situation and programme



2. RISK-INFORMED SITUATION MONITORING

2.1 MONITORING CHANGES IN CONTEXTUAL RISKS

GRIP Module No. 2 describes a process of risk analysis and suggests various methods for pulling together data on each variable of the risk formula, including the likelihood and severity of potential shocks and/or stresses; the exposure of children, and key infrastructure and systems that support their survival and development, to these shocks and stresses; the vulnerabilities of children and households; and the capacities that might aid absorption of or adaptation to shocks and stresses. As one dimension shifts, the overall risk analysis shifts. It is thus important to consider any change in the risk formula variables and also the pace of that change (see **Table 1**).

[1] United Nations Children's Fund, *Results-based Management Handbook: Working together for children*, UNICEF, 2017, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/Shared Documents/RBM_Handbook_Working_Together_for_Children_July_2017.pdf>, accessed 10 March 2018.

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When monitoring risk, it is essential to start with a strong monitoring framework that anticipates the frequency with which methods of verification will be updated. To track changes over time, data and information must be comparable at each interval, which requires the standardization of data collection methods. Monitoring strategies should anticipate the availability of data and information for either faster-paced monitoring (for dynamic, high-risk environments) or slower-paced monitoring. They should also anticipate the pace of change on the ground – for example, there may be sharp changes in impact and outcome indicators between years, between seasons or even between months, depending on the context.

It is also important to clarify the expectations placed on UNICEF country offices:

- UNICEF country offices are **not expected to undertake, or lead in supporting national governments to carry out, detailed specialist data collection in relation to specific shocks and/or stresses.** As outlined in GRIP Module No. 2 and the annex, a wide range of global, regional and national specialist bodies is involved in generating such data, whether seismological data, climate and weather pattern data, or data on conflict trends.

- As per the UNICEF Procedure on Preparedness for Emergency Response, it is expected that "**Country Offices monitor the risks regularly, at least every six months,** to identify changes in the risk profile – a light process using external information sources and collaborating with interagency and government as feasible. The timing of the risk monitoring is aligned with the CO Work Plan review schedule."[2]

- UNICEF country offices in medium- to high-risk countries are expected to develop and maintain awareness and understanding of the most up-to-date specialist data sources on likely shocks, stresses and threats relevant to the country's risk profile. Since specialist knowledge is often required to convert data from such sources (usually those related to hazards and exposure) into a usable form for child-centred risk analysis, country offices are encouraged to seek external support or forge appropriate partnerships to access usable data and information in a timely manner.

[2] United Nations Children's Fund, UNICEF Procedure on Preparedness for Emergency Response, EMOPS/PROCEDURE/2016/001, Effective date 30 March 2018, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/sites/portals/RF/Regulatory%20Framework%20Library/UNICEF%20Preparedness%20Procedure%2029%20Dec%202016.pdf>, accessed 8 March 2018.

Table 1 – Tracking changes to each variable in the risk formula

Shocks & stresses	• Although shocks and stresses change in likelihood and severity at different speeds, they generally have the potential to be the fastest-changing dimension in the risk formula. • Early warning monitoring systems can play a role in hazard monitoring, but the most sensitive systems are usually the most specialized, and so focus on only one specific hazard. Of the data sources listed in the GRIP annex, the most sensitive include those focused on weather patterns, seismological risks and conflict. • Specialist knowledge is often required to interpret and convert into a usable form data taken from national data sources (e.g., seismological and climate-related data sources) for use in the risk analysis. UNICEF country offices are therefore encouraged to seek external support and/or work with partners to access, in a timely manner, usable information on changes in shocks and stresses, as required. • Monitoring of stresses can be slower and should consider the accumulation of negative impacts and the potential to reach a 'tipping point', potentially following a trigger event.
Exposure	• This variable is most closely linked to population size and location, and generally changes more slowly than other variables, except where there are mass population movements. • Monitoring exposure may entail updating population estimates using census data and/or adapted studies that take into account migration, seasonal migration, etc. It may also involve tracking changes in the location of key infrastructure and services for children. • UNICEF can play a role in drawing attention to deprived or socially marginalized groups that are often 'hidden' or overlooked in sampling frameworks, by ensuring that the analysis of exposure considers the risks faced by individuals and groups irrespective of whether they live in urban centres, rural areas or a combination of both (recognizing populations on the move).
Vulnerabilities & capacities	• UNICEF staff are most familiar with vulnerability monitoring. The pace of change in vulnerabilities is generally slower than in other variables, except in the event of a major shock or population shift, when vulnerabilities are usually exacerbated. • Generally, monitoring data for vulnerabilities and capacities are updated at intervals related to the production of credible sector performance reports (usually on an annual basis, drawing on administrative data sources) or in line with the implementation of national household surveys (every three to five years). There have been efforts to make surveys such as the Multiple Indicator Cluster Survey (MICS) available more frequently, and following major crises and disasters, to provide a rapid means of verifying the impacts of shocks and stresses on multiple deprivations facing girls and boys, and women and men while ensuring comparability with data from previous surveys (see *section 2.2.1*).

2.2 STRENGTHENING NATIONAL CAPACITIES FOR MONITORING RISKS AND RISK-INFORMED PROGRAMMES

UNICEF can play a role in strengthening national capacities for monitoring risks and risk-informed programmes by:

- strengthening the capacity for monitoring and reporting progress towards the goals and targets of the 2030 Agenda for Sustainable Development, with consideration of the potential impacts of crisis
- advocating for the increased availability of disaggregated data and increased use of child-sensitive indicators in national risk assessments and analyses.

2.2.1. STRENGTHENING MONITORING AND REPORTING ON THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

The 2030 Agenda includes 17 Sustainable Development Goals (SDGs) that address the social, economic and environmental dimensions of sustainable, resilient development. Attached to the SDGs are 169 concrete targets, measurable against 230 specific indicators. Some 50 of these indicators are directly related to children and more than 25 are related to disaster risk reduction. Goal 16 is also directly related to peace and justice. The Sendai Framework for Disaster Risk Reduction 2015–2030 also includes a set of indicators for seven global targets, which align to the disaster-related targets of the SDGs, thus ensuring harmonization.[3]

[3] PreventionWeb, 'Sendai Framework Indicators', United Nations Office for Disaster Reduction, Geneva, <www.preventionweb.net/drr-framework/sendai-framework-monitor/indicators>, accessed 17 February 2018.

Monitoring of both the SDG targets and the Sendai Framework global targets is subject to national capacity and data quality and accessibility. Recognizing this, UNICEF plays a key role in strengthening national monitoring systems to make reporting on the 2030 Agenda possible. As the custodian or co-custodian of 17 SDG indicators, UNICEF supports countries to: develop international standards and methodologies for measurement and data collection; establish mechanisms for the compilation and verification of national data; maintain global databases; and generate, analyse and use the data related to the 17 indicators.

By improving national capacities to monitor impact- and outcome-level SDG targets, UNICEF is also increasing the likelihood of having accurate, standardized and comparable data for tracking changes in vulnerabilities and capacities over time and between countries. This can, in turn, strengthen the monitoring of risks.

Since their inception in 1995, the Multiple Indicator Cluster Surveys (MICS) have become the largest source of statistically sound and internationally comparable data on women and children worldwide, and they are therefore a critical tool for national governments to ensure sound monitoring and reporting on the 2030 Agenda. In recent years, there have been promising efforts to develop a 'post-emergency MICS' to measure the impacts of humanitarian crisis on child deprivations. The adapted MICS modules, piloted in Indonesia, Malawi, Nepal and Pakistan, do this by comparing 'affected' and 'not-affected' households within the same administrative area and linking 'emergency affectedness' to the concept of 'current well-being', as measured in the standard MICS. This work can help all child rights stakeholders to better understand how shocks and stresses affect existing vulnerabilities and deprivations, and what household characteristics act as absorptive and adaptive capacities in practice.

2.2.2. ADVOCATING FOR A CHILD-SENSITIVE LENS AND DISAGGREGATED DATA

Although UNICEF is the custodian or co-custodian of 17 SDG indicators, the organization has no designated role in supporting the collection of data for indicators related to disasters, conflict or crisis. The potential for SDG monitoring to drive change for children and vulnerable groups, however, depends on countries fulfilling their commitment that "SDG indicators be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics."[4] Therefore, UNICEF country offices should play an active role in advocating for disaster- and risk-related data to be adequately disaggregated according to the main determinants of inequity, thus making it possible for situation and programme monitoring to focus on the most vulnerable groups. Country offices should advocate for such disaggregation among the national statistics offices and major development partners who hold such data.

BOX 1 – SENDAI FRAMEWORK: THE NEED FOR DISAGGREGATED DATA

The Sendai Framework for Disaster Risk Reduction 2015–2030, introduced in 2015 by the participants of the Third UN World Conference on Disaster Risk Reduction, is the global agreement that guides efforts to reduce the loss of lives and assets related to disasters.[5] Its monitoring framework provides a set of indicators for disaster-related mortality and morbidity and missing persons due to shocks and stresses – as well as for damage to critical infrastructure (schools and hospitals) and disruptions to services (education and health).[6] All indicators are aligned to Sustainable Development Goal indicators.

Paragraph 19(g) of the Sendai Framework calls for specific attention to be paid to factors such as income, sex, age and disability in disaster risk reduction. *The Sendai Framework Data Readiness Review 2017: Global summary report*,[7] however, suggests that for the number of:

- disaster-related deaths and missing, injured or ill persons attributed to disasters, less than 66 per cent of countries disaggregate data by *age and sex*; less than 31 per cent disaggregate data by *disability*; and less than 15 per cent disaggregate data by *income group*
- people affected by disaster-related damage and disruptions (including dwellings damaged, livelihoods disrupted, health and education facilities damaged or destroyed, or education services disrupted), less than 60 per cent of countries disaggregate data by *age and sex*; less than 34 per cent disaggregate data by *disability*; and less than 17 per cent disaggregate data by *income group*.

[4] United Nations Economic and Social Council, 'Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators', E/CN.3/2016/2, 17 December 2015, available at <https://unstats.un.org/unsd/statcom/47th-session/documents/2016-2-IAEG-SDGs-E.pdf>, accessed 14 March 2018.
[5] PreventionWeb, 'Sendai Framework for Disaster Risk Reduction 2015–2030', United Nations Office for Disaster Reduction, Geneva, <www.unisdr.org/we/inform/publications/43291>, accessed 28 February 2018.
[6] PreventionWeb, 'Sendai Framework Indicators', United Nations Office for Disaster Reduction, Geneva, <www.preventionweb.net/drr-framework/sendai-framework-monitor/indicators>, accessed 17 February 2018.
[7] United Nations, *Disaster-related Data for Sustainable Development, Sendai Framework Data Readiness Review 2017: Global summary report*, United Nations Office for Disaster Risk Reduction, available at <www.unisdr.org/files/53080_entrybgpaperglobalsummaryreportdisa.pdf>, accessed 17 February 2018.

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BOX 2 – THE POWER OF DISAGGREGATED DATA: GENDER AND NATURAL DISASTER

As described in GRIP Module No. 2, it is clear that fatality rates for women in natural disasters are much higher than for men, due in large part to gendered differences in capacity to cope with shocks and stresses.[8] For example, women accounted for 61 per cent of fatalities caused by Cyclone Nargis in Myanmar in 2008 and 70–80 per cent of fatalities in the 2004 Indian Ocean tsunami.[9]

The 1991 cyclone and flood in Bangladesh, where the death rate for women was almost five times that of men, provides a pertinent example. It was found that one of the most critical factors related to the high mortality of women was that early warning information was transmitted by men to men in public spaces – and it was rarely communicated to the rest of the family. As many women in Bangladesh are often only permitted to leave the home in the company of a male relative, many perished waiting for their menfolk to return home and take them to a safe place.[10]

To avoid such catastrophes in future, it is critical that risk analysis focuses on the most vulnerable and that programmes are designed with the aim of reaching these groups. UNICEF can play a critical role in working with national authorities (e.g., national statistics offices and technical line ministries) and development partners (such as the United Nations Development Programme) to ensure that sampling frameworks, data collection processes and risk analysis are designed with an understanding of social networks, power relationships and gender roles in order that they may answer the most pertinent questions concerning the most vulnerable groups.

As mentioned in GRIP Module No. 2, UNICEF can also play a strong role in supporting national authorities to consider the special needs and vulnerabilities of children within national risk assessment methodologies, and also the capacities set out in their risk reduction plans to ensure the survival and development of children. UNICEF can also work with less traditional partners such as national disaster management agencies and ministries of environment, agriculture and interior to advocate for the inclusion of more child-sensitive indicators in their existing risk assessment and analysis methodologies. (For good examples of innovations in supporting national authorities to strengthen the monitoring of risks and risk-informed programmes, see **map insent on page 94**).

[8] Ikeda, K., 'Gender Differences in Human Loss and Vulnerability in Natural Disasters: A case study from Bangladesh', *Indian Journal of Gender Studies*, vol. 2, no. 2, 1995, pp. 171–93; Neumayer, Eric, and Thomas Plümper, 'The Gendered Nature of Natural Disasters: The impact of catastrophic events on the gender gap in life expectancy, 1981–2002', *Annals of the Association of American Geographers*, vol. 97, no. 3, 2007, pp. 551–566; and Oxfam, 'The Tsunami's Impact on Women', Oxfam Briefing Note, Oxfam International, March 2005; as cited in Habtezion, Senay, 'Gender and Disaster Risk Reduction', Gender and Climate Change Asia and the Pacific Policy Brief No. 3, United Nations Development Programme, New York, 2013, available at <www.undp.org/content/dam/undp/library/gender/Gender and Environment/PB3-AP-Gender-and-disaster-risk-reduction.pdf>, accessed 17 February 2018.
[9] Castañeda, I., and S. Gammage, 'Gender, Global Crises, and Climate Change', in Jain, D., and D. Elson (eds.), *Harvesting Feminist Knowledge for Public Policy*, SAGE Publications India, New Delhi, 2011; as cited in Habtezion, Senay, 'Gender and Disaster Risk Reduction'.
[10] Röhr, U., 'Gender and Climate Change', *Tiempo*, issue 59, 2006, as cited in Habtezion, Senay, 'Gender and Disaster Risk Reduction'.

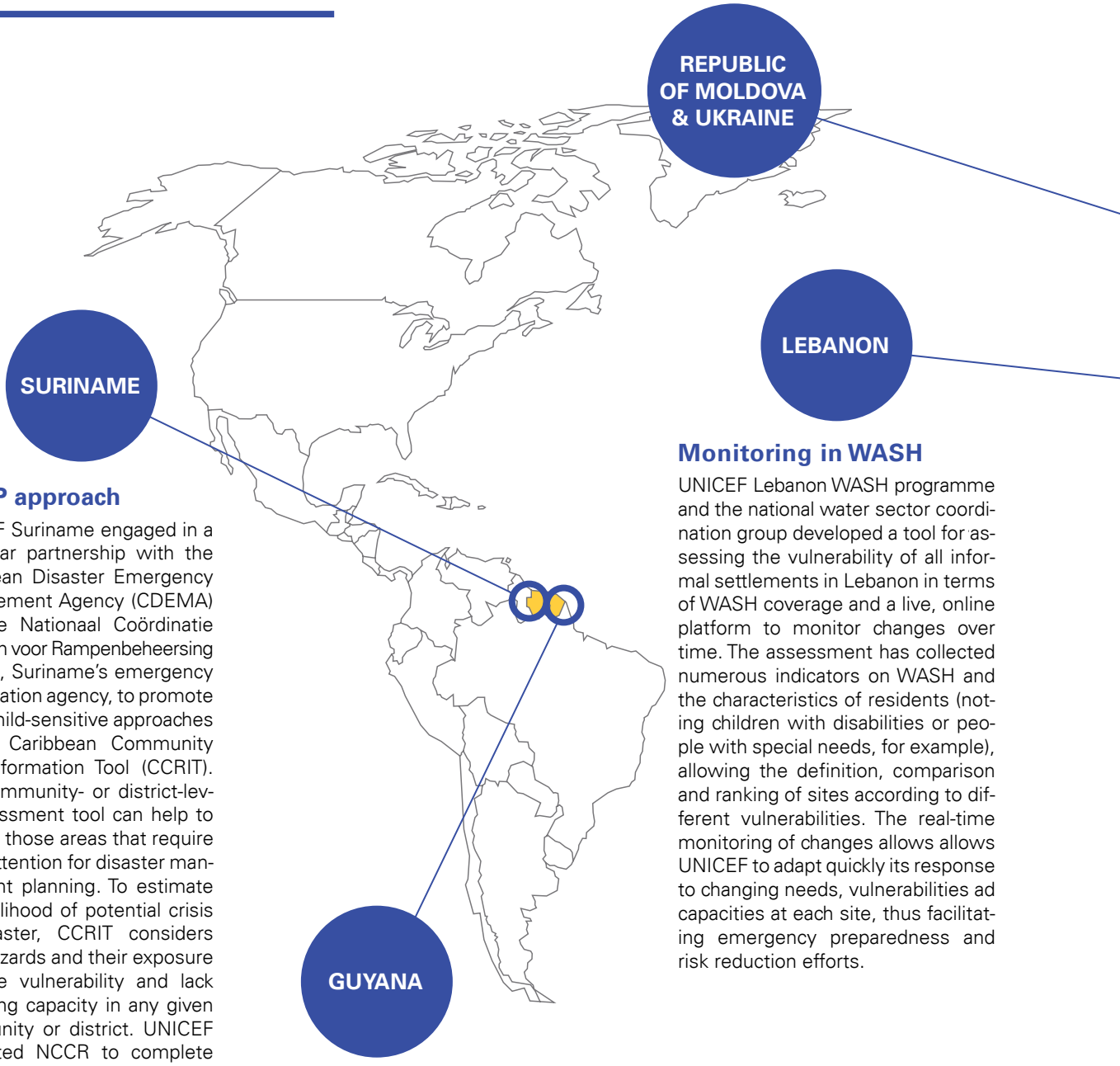
Map 4

GLOBAL EXPERIENCE

Global experience and good practice

Social cohesion index

UNICEF has participated in the development of the Social Cohesion and Reconciliation (SCORE) Index in several countries including the Republic of Moldova and Ukraine. The SCORE index was designed to track changes in social cohesion and reconciliation in multi-ethnic societies. The United Nations Development Programme (UNDP) Action for Co-operation and Trust in Cyprus and the Centre for Sustainable Peace and Democratic Development developed the tool, with financial support from the United States Agency for International Development (USAID) and technical inputs from a range of partners including UNICEF.



R-CAP approach

UNICEF Suriname engaged in a triangular partnership with the Caribbean Disaster Emergency Management Agency (CDEMA) and the Nationaal Coördinatie Centrum voor Rampenbeheersing (NCCR), Suriname's emergency coordination agency, to promote more child-sensitive approaches to the Caribbean Community Risk Information Tool (CCRIT). This community- or district-level assessment tool can help to identify those areas that require more attention for disaster management planning. To estimate the likelihood of potential crisis or disaster, CCRIT considers both hazards and their exposure and the vulnerability and lack of coping capacity in any given community or district. UNICEF supported NCCR to complete the CCRIT tool, with consideration of child-centred vulnerability indicators (factoring them into the calculation of the risk index), and to conduct a child-centred CCRIT in all 10 sub-national districts. These efforts enhance the capacity of NCCR to consider the special needs, vulnerabilities and capacities of children in disaster management planning and to track progress over time.

Monitoring in WASH

UNICEF Lebanon WASH programme and the national water sector coordination group developed a tool for assessing the vulnerability of all informal settlements in Lebanon in terms of WASH coverage and a live, online platform to monitor changes over time. The assessment has collected numerous indicators on WASH and the characteristics of residents (noting children with disabilities or people with special needs, for example), allowing the definition, comparison and ranking of sites according to different vulnerabilities. The real-time monitoring of changes allows allows UNICEF to adapt quickly its response to changing needs, vulnerabilities ad capacities at each site, thus facilitating emergency preparedness and risk reduction efforts.

Regional risk profiles, and pre- and post-shock monitoring

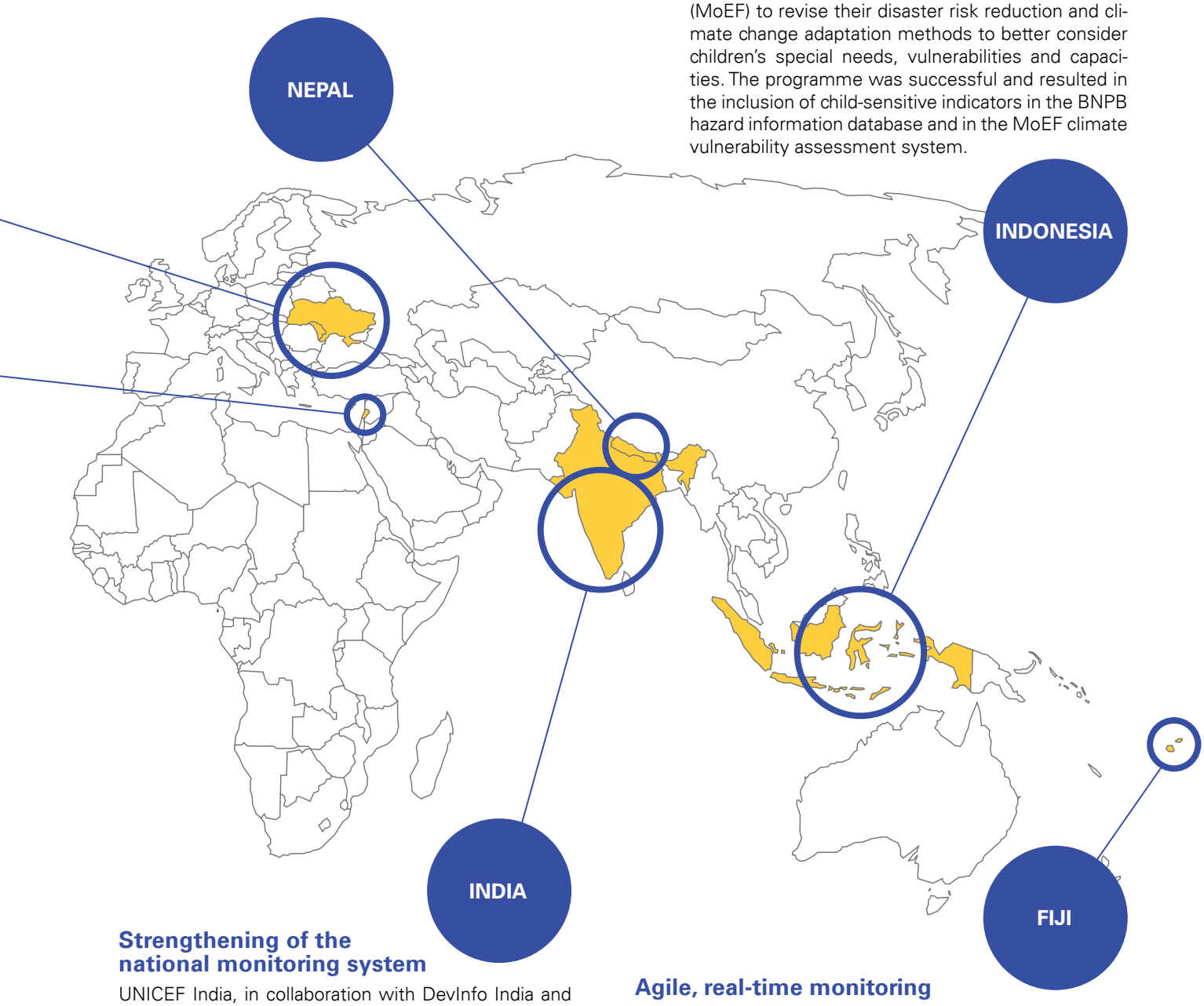
UNICEF supported the development of risk-informed, child-friendly regional profiles in Guyana, which allow spatial data on socio-economic deprivations (from MICS) to be overlaid with data on the exposure of communities to a variety of natural hazards. The resulting maps provide confirmation of the distribution of risks within each region. By updating these profiles before and after seasonal shocks, partners and child rights stakeholders have an opportunity to consider how natural disaster and crisis may deepen certain vulnerabilities. Ideally, this initiative should support the capacity strengthening initiatives of regional disaster management bodies, by informing strategies that are adapted to the local context and risk landscape.

Post-crisis MICS

A special post-crisis Multiple Indicator Cluster Survey (MICS) was conducted in Nepal in 2016 following the massive earthquake that hit Kathmandu and surrounding regions. The MICS helped to show how households and their members were affected by the emergency and compared characteristics of affected and non-affected households. The work helped to inform response and recovery programming and continues to strengthen risk reduction and preparedness priorities.

Making national risk assessments more child-sensitive

UNICEF Indonesia supported the Ministry of Women's Empowerment and Child Protection (MoWECP) to champion – inside government itself – the disaster risk reduction and climate change adaptation agenda for children. With the support of UNICEF and Bogor Agricultural University, the Deputy Minister of the MoWECP challenged her ministerial counterparts in BNPB, the National Disaster Management Agency, and in the Ministry of Environment and Forestry (MoEF) to revise their disaster risk reduction and climate change adaptation methods to better consider children's special needs, vulnerabilities and capacities. The programme was successful and resulted in the inclusion of child-sensitive indicators in the BNPB hazard information database and in the MoEF climate vulnerability assessment system.



Strengthening of the national monitoring system

UNICEF India, in collaboration with DevInfo India and the National Disaster Management Authority, piloted a multi-hazard vulnerability mapping system for regular data collection in the states of Bihar and Rajasthan. In 2013, the UNICEF Rajasthan State Office decided to innovate by monitoring changes in risks over time so that the impact of slower-onset stresses could be better understood. The team collected monthly data to trace the correlation between school attendance and rainfall deficit, to identify whether the ongoing drought had an effect on children's behaviour during specific seasons of the year. This time series analysis confirmed devastating seasonal effects and helped to reshape the country programme in the worst affected districts.

Agile, real-time monitoring

Before, during and after Tropical Cyclone Winston (the most powerful storm ever to make landfall in the South Pacific), the Fijian Ministry of Education and its network of emergency operation centres, the National Disaster Management Office, and UNICEF, Save the Children and other education cluster members worked together to ensure rapid access to real-time assessment data. Using Akvo Flow (an innovative online platform for multi-stakeholder data sharing), up-to-date information on the location and status of primary and secondary education facilities was shared, enabling swift communication between stakeholders, rapid adjustments to recovery efforts, and a means to track collective programme progress over time.

3. RISK-INFORMED PROGRAMME MONITORING

3.1 RESULTS MONITORING

GRIP Module No. 3 explains how multiple stakeholders should collaborate to develop a risk-informed theory of change. UNICEF can then identify a clear results chain that includes a commitment to risk reduction, the strength of which depends upon the country's risk profile.

As explained in Module No. 3, results may be risk-informed by:

- reflecting the desired impact-level goal statement in terms of resilience and peace
- ensuring that outcomes and outputs reflect a specific commitment to strengthening national performance in risk reduction (through the result statement or indicators chosen)
- focusing targets on the most 'at-risk' populations (rather than on either the general population or those who are socio-economically deprived or marginalized but not necessarily also disproportionately exposed to shocks and stresses)
- expanding definitions to note the commitment to risk reduction embedded within larger programming approaches and standards.

? Monitoring of risk-informed programming therefore entails bringing together data to answer the question: **Are we achieving results as planned, *including for those elements of programming that reduce risk and build social cohesion and resilience*?**

3.2 AGILE MONITORING

In high-risk, emergency and fragile situations, UNICEF programming with partners must be more agile. This means addressing current key deprivations and bottlenecks as well as the prevention and mitigation of the negative impacts of likely future crisis scenarios, balancing longer-term capacity development objectives while also ensuring external capacity to scale up support for service delivery as needed. It also means being ready to make rapid shifts in programme delivery strategies, partnerships and risk management strategies.

When monitoring in dynamic, high-risk environments, the stakes are higher. Agile monitoring is critical in such environments due to the need to consider:

- **humanitarian imperatives**, as more rapid and accurate information can actually very often save lives and alleviate suffering for those affected by crisis
- **access to more frequent updates or real-time data** since dynamic environments need rapid programme adjustments, which means there is a high demand for systematic updates on needs, programme delivery, responses and changes in contextual risks. The availability of technologies that facilitate information sharing also creates a demand for real-time data to enable immediate updates to be circulated as the situation changes
- **greater social accountability**, given the growing emphasis on ensuring accountability to affected populations. There is a call for more participatory monitoring mechanisms that can strengthen citizen engagement and amplify the voices of affected communities, ensuring feedback on the quality of emergency responses
- **access to 'open data' and greater transparency**, due to increasing demands from development partners and humanitarian technical donors for information that can be freely used and for more transparency in terms of how activities are implemented and resources spent (reinforced through the International Aid Transparency Initiative).[11]

Therefore, when considering monitoring in high-risk contexts, it will also be critical to: set clear time limits for implementation; identify those results that are most critical to reducing risk most quickly; and make note of the update frequency for indicators associated with these critical results. A simple management prioritization exercise,

[11] The International Aid Transparency Initiative (IATI) is a voluntary, multi-stakeholder initiative that seeks to improve the transparency of aid, development and humanitarian resources. See: International Aid Transparency Initiative, <www.aidtransparency.net>, accessed 16 March 2018.

most likely conducted during annual or multi-year work planning, can highlight the critical results. Or this may occur through the process of prioritizing certain critical interventions. For example, within a wider effort to strengthen cholera prevention and outbreak response, specific targets should be established prior to the flood season for the most vulnerable geographic regions.

These considerations suggest that rather than establish parallel monitoring systems, UNICEF and child rights stakeholders should ensure that existing systems are **sufficiently agile to keep up with both the changing context and programming.** This may necessitate making changes to:

- the priority deprivations/programme results – with a stronger focus on immediate life-saving and protection-related needs in the context of crisis
- target populations – to address acute and immediate needs
- geographic focus – to adapt to rapidly changing risks and manifestation of needs
- designated partners – considering disaster impacts and losses, and capacities in meeting humanitarian imperatives.

Where UNICEF is investing in strengthening national and decentralized results-based planning and monitoring, this added consideration of agility is critical. Where national monitoring systems are very weak and may fail in likely crisis scenarios, UNICEF country offices and child rights stakeholders should expect to supplement capacity or support substitute monitoring systems with the help of other external partners, focusing on the 'core elements' of effective monitoring in emergencies. In both cases, the process of identifying these core elements should draw on UNICEF minimum programming monitoring requirements in humanitarian situations (i.e., high-frequency partner reporting against two or three key priority output indicators per sector to enable coverage estimates agreed with sector/cluster partners; and systematic, scaled-up field monitoring systems to provide a cross-check on the high frequency of these programme coverage estimates).

In planning monitoring, the focus should therefore be on identifying the core elements of monitoring systems (indicators and data collection systems) that are in place or can be put in place to **allow the UNICEF country office and its partners to adapt when and where the situation deteriorates or improves**.

The critical characteristics required of any monitoring system are:

- human capacities (front-line data collection staff) and partnerships that can be easily shifted geographically and which receive ongoing training such that they understand the range of possible programmatic focuses
- technological platforms and partnerships that are not locked down to a specific geographic focus or which are actively set up to cover a range of locations
- methods/tools that can be easily shifted in terms of results focus – i.e., open methods, or easily adapted software
- scalable monitoring systems – i.e., systems that allow for a higher frequency of data collection or the addition of more data collection points or more people dedicated to data collection – since the scale and speed of programme delivery will increase during any emergency response.

GRIP ANNEXES

ANNEX 1
Potential data sources for risk analysis

Table 1 – Potential sources of data related to risk ratings and shocks and stresses

Type of shock or stress	Potential data source
Shocks and stresses (national sources of information)	• **National analyses and plans:** National disaster management plans, climate change adaptation plans, contingency plans and/or national risk analyses provide valuable information for use in risk assessments and analysis. • **National disaster impacts databases:** The Sendai Framework Data Readiness Review 2017 found that 60% of reporting countries have a national database in which to collect disaster loss data, and 26 of these 87 countries reported that they use DesInventar for this purpose.[1] Database use is increasing due to the technical assistance provided by the United Nations Development Programme (UNDP) and United Nations Office for Disaster Risk Reduction (UNISDR). Most reporting countries cited the ministry of interior or the civil protection or disaster management agency as being responsible for the collection of disaster loss data at the national level. Many other institutions were cited, however, including national statistics offices.
Various hazards – natural, environmental and climate change-related, biological and/or economic (internationally supported databases and reports)	• **EM-DAT, the International Disaster Database:**[2] Contains essential core data on the occurrence and effects of more than 18,000 mass disasters globally from 1900 to date. Provides information related to specific disasters, including losses, deaths and associated costs. Data are largely not disaggregated by age and sex. • **DesInventar database:**[3] A conceptual and methodological tool to help generate national disaster inventories and build databases of damage, losses and other disaster impacts. Supported by the European Commission, UNDP and UNISDR. • **World Bank Climate Risk and Adaptation Country Profiles:**[4] The World Bank Group has compiled 94 climate risk and adaptation profiles that provide a quick reference to climate-related vulnerabilities and risks using data at multiple levels of detail. • **PREVIEW Global Risk Data Platform:**[5] A multi-agency collaboration to share spatial data on global risks from natural hazards, enabling the visualization or downloading of data on past events. • **World Risk Report:**[6] Indicates the risk of disaster linked to extreme natural events for 171 countries. Also contains a country risk index. • **Global Assessment Report on Disaster Risk Reduction (GAR):**[7] GAR is a biennial global assessment of disaster risk reduction and a comprehensive review and analysis of the natural hazards that are affecting humanity. UNISDR coordinates and supervises GAR, which also offers an interactive Risk Data Viewer. • **PreventionWeb Disaster Data and Risk Profiles:**[8] Contains a wealth of primary data on disaster losses, presented in an easily accessible manner with breakdowns by region and country. • **World Economic Forum Global Risks Report 2018:**[9] Features perspectives from nearly 750 experts on the perceived impacts and likelihood of 29 prevalent global risks over a 10-year time frame. The risks are divided into five categories: economic, environmental, geopolitical, societal and technological. • **Asian Disaster Preparedness Center (ADPC) country profiles:**[10] Hazard profiles compiled by ADPC for certain Asian countries.

[1] United Nations, *Disaster-related Data for Sustainable Development, Sendai Framework Data Readiness Review 2017: Global summary report*, United Nations Office for Disaster Risk Reduction, available at <www.preventionweb.net/files/53080_entrybgpaperglobalsummaryreportdisa.pdf>, accessed 14 March 2018.
[2] Centre for Research on the Epidemiology of Disasters (CRED), 'EM-DAT, The International Disaster Database', <www.emdat.be/>, accessed 14 March 2018.
[3] Corporación OSSO, 'DesInventar, Inventory system of the effects of disasters', <www.desinventar.org/en/database>, accessed 14 March 2018.
[4] World Bank Group, 'Climate Risk and Adaptation Country Profiles', <http://sdwebx.worldbank.org/climateportalb/home.cfm?page=country_profile>, accessed 14 March 2018.
[5] United Nations Environment Programme/GRID-Geneva and United Nations Office for Disaster Risk Reduction, 'Global Risk Data Platform', <http://preview.grid.unep.ch/>, accessed 15 March 2018.
[6] Bündnis Entwicklung Hilft, 'The WorldRiskReport', <http://weltrisikobericht.de/english/>, accessed 15 March 2018.
[7] United Nations Office for Disaster Risk Reduction, 'Global Assessment Report', <www.unisdr.org/we/inform/gar>, accessed 15 March 2018.
[8] PreventionWeb, 'Disaster Data & Statistics, Disaster Data and Risk Profiles', United Nations Office for Disaster Risk Reduction, <https://www.preventionweb.net/english/professional/statistics/>, accessed 15 March 2018.
[9] World Economic Forum, 'The Global Risks Report 2018', <https://www.weforum.org/reports/the-global-risks-report-2018 >, accessed 15 March 2018.
[10] Asian Disaster Preparedness Center, 'Country Profiles', <www.adpc.net/v2007/IKM/Country%20Profiles/Default-Country.asp>, accessed 15 March 2018.

Fragility	• **Harmonized List of Fragile Situations:**[11] Released on an annual basis by the World Bank Group's Fragile, Conflict and Violence Group. • **States of Fragility Report:**[12] Produced by the Organisation for Economic Co-operation and Development, this report provides an index of fragility against five dimensions, suggesting that fragility is "the combination of exposure to risk and insufficient coping capacity of the state, system and/or communities to manage, absorb or mitigate those risks". • **Fragile States Index:**[13] The Fund for Peace collects thousands of reports and other information from around the world that details the existing social, economic and political pressures faced by 178 countries, to create an index of fragility.
Potential violence, social unrest, instability or migration	• **ACLED Data:**[14] Comprehensive database on incidents of political violence and protest in developing states, compiled by the Armed Conflict Location & Event Data (ACLED) Project. Provides data on date and location, the type of event, the groups involved, fatalities and conflict dynamics. • **Uppsala Conflict Data Program (UCDP) Conflict Encyclopedia:**[15] A global database of armed conflicts and consequences since the 1970s. Provides information on losses, deaths and associated costs related to specific conflicts. • **Global Peace Index:**[16] A measure of peace that draws on 22 qualitative and quantitative indicators. • **UCDP/PRIO Armed Conflict Dataset:**[17] Historical database of internal and external conflicts throughout the world since 1946, with indications of intensity and type. • **Heidelberg Institute for International Conflict Research Conflict Barometer:**[18] Describes all recent trends in conflict development, escalations, settlements, etc., sorted by country. • **Stockholm International Peace Research Institute (SIPRI) Multilateral Peace Operations Database:**[19] A comprehensive database of all multilateral peace operations conducted by the United Nations and other organizations, including number of personnel deployed, budget of missions and casualties. Currently includes details of nearly 600 peace operations for the period 2000–2010. • **Conflict Analysis Resource Center (CERAC):**[20] A research platform focused on armed violence, conflict analysis and the impacts of conflict on development, which provides resources for conflict analysis and methodologies for the measurement of internal conflicts. It also includes a database. • **International Crisis Group reports and briefings:**[21] Country and regional reports. • **Technical Note on Conflict Sensitivity and Peacebuilding in UNICEF:**[22]

Table 2 – Potential sources of data related to vulnerability and some aspects of capacity

General type of source	Specific data source
National data sources (census, survey, administrative sources)	• **National census** • **National household surveys** to determine household income and expenditure, living standards and/or the socio-economic status of the household (see below for several such surveys supported by development partners). • **National administrative databases** (e.g., health management information system) and/or sector performance reports.

[11] The World Bank, 'Harmonized List of Fragile Situations', World Bank Group, <www.worldbank.org/en/topic/fragilityconflictviolence/brief/harmonized-list-of-fragile-situations>, accessed 15 March 2018.
[12] Organisation for Economic Co-operation and Development, 'States of Fragility Reports', <www.oecd.org/dac/conflict-fragility-resilience/listofstateoffragilityreports.htm>, accessed 15 March 2018.
[13] Fund for Peace, 'Fragile States Index', <http://fundforpeace.org/fsi/>, accessed 15 March 2018.
[14] Armed Conflict Location & Event Data (ACLED) Project, 'ACLED Data', <www.acleddata.com/>, accessed 15 March 2018.
[15] Uppsala Conflict Data Program (UCDP), 'UCDP Conflict Encyclopedia', Uppsala University, <www.ucdp.uu.se>, accessed 15 March 2018.
[16] Vision of Humanity, 'Global Peace Index 2017', Institute for Economics and Peace, <http://visionofhumanity.org/indexes/global-peace-index/>, accessed 15 March 2018.
[17] Uppsala Conflict Data Program (UCDP) and Peace Research Institute Oslo (PRIO), 'UCDP/PRIO Armed Conflict Dataset', <www.prio.org/Data/Armed-Conflict/UCDP-PRIO/>, accessed 15 March 2018.
[18] Heidelberg Institute for International Conflict Research, *Conflict Barometer*, available at <https://hiik.de/conflict-barometer/current-version/?lang=en>, accessed 15 March 2018.
[19] Stockholm International Peace Research Institute (SIPRI), 'SIPRI Multilateral Peace Operations Database', <www.sipri.org/databases/pko>, accessed 15 March 2018.
[20] Conflict Analysis Resource Center (CERAC), <www.cerac.org.co/en/>, accessed 15 March 2018.
[21] International Crisis Group, 'Reports & Briefings', <www.crisisgroup.org/latest-updates/reports-and-briefings>, accessed 15 March 2018.
[22] United Nations Children's Fund, *Technical Note on Conflict Sensitivity and Peacebuilding in UNICEF*, UNICEF, June 2012, available at <www.unicefinemergencies.com/downloads/eresource/docs/KRR/UNICEF Technical Note on Conflict Sensitivity and Peacebuilding.pdf>, accessed 19 February 2018.

National survey data supported by development partners	• **Multiple Indicator Cluster Surveys (MICS):**[23] Over two decades, close to 300 MICS have been carried out in more than 100 countries, generating data on key indicators on the well-being of children and women. MICS represent technical and financial cooperation between national statistics offices (NSOs), UNICEF country offices and the Global MICS Team. • **Demographic and Health Surveys (DHS):**[24] Each DHS collects, analyses and disseminates data on population, health, HIV and nutrition. The more than 300 surveys from over 90 countries are the product of cooperation between an NSO or ministry of health and the DHS Program supported by the United States Agency for International Development (USAID). • **Standardized Monitoring and Assessment of Relief and Transitions (SMART):**[25] An inter-agency initiative that aims to provide consistent and reliable survey data in emergencies, using a single standardized methodology based on two public health indicators used to assess the magnitude and severity of a humanitarian crisis: nutritional status of children under 5 years of age, and overall mortality rate. • **Household Income and Expenditure Surveys (HIES):** The World Bank and other development partners have worked for over three decades to strengthen national capacities for data collection and management and poverty estimation. HIES are available for a range of countries, through their NSOs. • **Living Standards Measurement Study (LSMS) Datasets:**[26] A household survey programme housed within the Survey Unit of the World Bank's Development Data Group provides technical assistance to NSOs in the design and implementation of household surveys used to develop poverty diagnostics. • **Knowledge, Attitudes and Practice (KAP) surveys:**[27] KAP surveys use a quantitative method (predefined questions formatted in standardized questionnaires) that provides access to quantitative and qualitative information on misconceptions or misunderstandings that may represent obstacles or barriers to behaviour change.
Models, approaches and indices that draw on existing national data sources	• **Multiple and Overlapping Deprivation Analysis (MODA):**[28] MODA was developed by the UNICEF Office of Research – Innocenti, with support from the Division of Policy and Strategy, to create a framework to facilitate child-focused poverty and multidimensional deprivation analyses using MICS, DHS and other data sources. When MODA is applied to a particular country, it is referred to as N-MODA (National MODA); CC-MODA provides cross-country comparability. • **UNICEF approach to measuring multidimensional child poverty:**[29] This considers child deprivations in eight critical dimensions (education, health, nutrition, water, sanitation, shelter, information and income/consumption) using MICS/DHS data. • **Oxford Poverty & Human Development Initiative (OPHI) Global Multidimensional Poverty Index:**[30] To estimate poor people's experience of deprivation, this multidimensional measure incorporates a range of indicators: poor health, lack of education, inadequate living standards, lack of income, disempowerment, poor quality of work and threat of violence. • **Gender Inequality Index (GII):**[31] This index measures gender inequality in terms of reproductive health, empowerment and economic status. The GII exposes differences in the distribution of achievements between women and men, and the human development costs of gender inequality. • **Gender Development Index (GDI):**[32] The GDI measures gender gaps in human development achievements across three dimensions – health, knowledge and living standards. • **Global Gender Gap Report:** [33]The Global Gender Gap Report quantifies gender disparities in four key areas – health, education, economy and politics – and tracks how they change over time.

[23] Multiple Indicator Cluster Surveys (MICS) are managed by the United Nations Children's Fund Global MICS Team. See: UNICEF MICS, <http://mics.unicef.org/>, accessed 15 March 2018.
[24] Demographic and Health Surveys (DHS) are managed by the DHS Program. See: DHS Program, <https://dhsprogram.com/>, accessed 15 March 2018.
[25] Standardized Monitoring and Assessment of Relief and Transitions (SMART) resources are available at: SMART, 'About SMART', <http://smartmethodology.org/about-smart/>, accessed 15 March 2018.
[26] The World Bank, 'Living Standards Measurement Study, LSMS Datasets', <http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTLSMS/0,,contentMDK:23617057~pagePK:64168445~piPK:64168309~theSitePK:3358997,00.html>, accessed 15 March 2018.
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[31] United Nations Development Programme, Human Development Reports, 'Gender Inequality Index (GII)', <http://hdr.undp.org/en/content/gender-inequality-index-gii>, accessed 15 March 2018.
[32] United Nations Development Programme, Human Development Reports, 'Gender Development Index (GDI)', <http://hdr.undp.org/en/content/gender-development-index-gdi>, accessed 15 March 2018.
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ANNEX 2
Caveats & limitations

The following limitations to the GRIP risk analysis methodology should be noted:

- Although the GRIP risk analysis methodology has applicability for many child rights stakeholders, it has been developed primarily to inform UNICEF staff in their programming with government and other national counterparts. It is therefore structured to complement institutional requirements – potentially at the expense of meeting the needs of a wider group.
- Marrying the United Nations Office for Disaster Risk Reduction risk formula and the simplified Risk = Likelihood x Impact formula necessitates a reinterpretation of the variables, which in some ways compromises the original formula. For example, the concept of 'impact' is, in fact, associated with 'risk' – the product of the risk formula – rather than with the combination of exposure, capacity and vulnerability. By linking the two formulae and using inspiration from both, however, UNICEF teams can conduct a robust analysis and also meet the risk assessment requirements of the Emergency Preparedness Platform.
- The GRIP risk assessment methodology is meant to provide a means to facilitate discussion among stakeholders and inform the process of joint planning and programming. It is not a quantitative assessment, however, and it relies on stakeholder perceptions of risk – it is therefore subjective and can potentially be influenced by individual and group bias.
- The standard GRIP assessment methodology is not spatial in scope (aside from listing locations) and therefore considers patterns and trends at the national level. This can hide great variance at the sub-national level across the variables of exposure, vulnerability and capacity. For this reason, higher-risk countries are strongly recommended to complete a spatial analysis, which will require a more quantitative and evidence-based approach.
- Although conducting risk analysis with national counterparts is considered critical, it is understood that in some situations of extreme fragility, conflict or contested governance, this approach may be challenging or impossible.

Acronyms, abbreviations & initialisms

C4D	Communication for development
CCA	Climate change adaptation
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEE	Climate, environment and energy
CFSISG	Child Friendly Schools Infrastructure Standards and Guidelines
CLAC	Climate landscape analysis for children
DRR	Disaster risk reduction
EAPRO	East Asia and Pacific Regional Office (UNICEF)
EPR	Emergency preparedness and response
FAO	Food and Agriculture Organization of the United Nations
GBV	Gender-based violence
GRIP	Guidance for Risk-informed Programming
HATIS	Humanitarian Action and Transition Section (UNICEF)
IASC	Inter-Agency Standing Committee
IMERP/PRIME	Integrated monitoring, evaluation and research plan or database
INFORM	Index for Risk Management
MICS	Multiple Indicator Cluster Survey(s)
MoRES	Monitoring Results for Equity System
OECD	Organisation for Economic Co-operation and Development
PSEA	Protection from sexual exploitation and abuse
RBM	Results-based management
ROSA	Regional Office for South Asia (UNICEF)
SDGs	Sustainable Development Goals
SitAn	Situation analysis
TOCs	Theories of change
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNISDR	United Nations Office for Disaster Risk Reduction
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USAID	United States Agency for International Development
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

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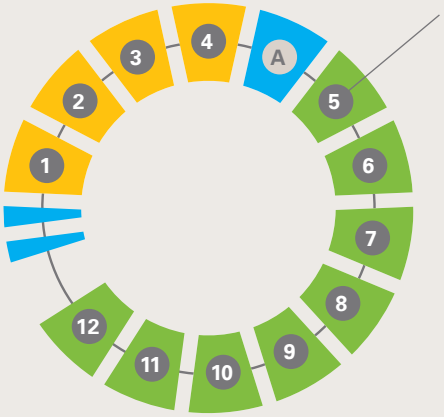
MODULE 5

HEALTH

MODULE 5: HEALTH



CONTENTS FOR MODULE 5

1. INTRODUCTION

1.1 HOW TO USE THIS MODULE

GRIP Module No. 5 for the health sector is aimed at UNICEF health specialists and health sector partners working at all levels in humanitarian, transition and development contexts. It sets out how to analyse risks that may erode progress in child and maternal health, and how to design or adapt sector policies and programmes to strengthen the resilience of populations and the health system – helping to ensure that all children, adolescents, young people and mothers are alive and thriving.

Specifically, this module integrates an understanding of 'contextual risk' into the UNICEF seven-step approach to situation analysis and the identification of priority actions in health systems strengthening (HSS).[1] In this way, the GRIP module for health is unique: it provides guidance on how to integrate risk into an existing (and different) framework, thus harmonizing the GRIP and HSS approaches.

The module should be read alongside the core GRIP Module Nos. 1–4 as well as standard UNICEF planning and programming guidance, including the:

- UNICEF Strategic Plan, 2018–2021[2]
- 10-determinant framework[3] of the UNICEF Monitoring for Results Equity System (MoRES)[4]
- *Core Commitments for Children in Humanitarian Action*[5]
- *Programme Policy and Procedure Manual*[6]

[1] United Nations Children's Fund, *The UNICEF Health Systems Strengthening Approach*, UNICEF, New York, November 2016, available at <www.unicef.org/health/files/UNICEF_HSS_Approach.pdf>, accessed 28 February 2018.
[2] United Nations Children's Fund, *UNICEF Strategic Plan*, 2018–2021, E/ICEF/2017/17/Rev.1, 16 August 2017, available at <https://www.unicef.org/about/execboard/files/2017-17-Rev1-Strategic_Plan_2018-2021-ODS-EN.pdf>, accessed 6 March 2018.
[3] United Nations Children's Fund, 'The Determinant Analysis for Equity Programming', August 2014, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/:w:/r/teams/PD/MoRES/_layouts/15/WopiFrame.aspx?sourcedoc=%7B042c3397-e095-4f04-82af-ae1b794d26bf%7D&action=view&Source=https%3A%2F%2Fteams%2Eunicef%2Eorg%2Fsites%2FNYHQ01%2FOED%2FMoRES%2FDocument%20Library%2FForms%>, accessed 8 March 2018.
[4] The MoRES team site is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/PD/MoRES/SitePages/MoRESCollab.aspx>, accessed 8 March 2018.
[5] United Nations Children's Fund, *Core Commitments for Children in Humanitarian Action*, UNICEF, New York, May 2010, available at <www.unicef.org/publications/files/CCC_042010.pdf>, accessed 28 February 2018.
[6] United Nations Children's Fund, *Programme Policy and Procedure Manual*, UNICEF (n.d.), is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/

Most critical, however, are the:

- *Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): Survive, thrive, transform*[7]
- UNICEF *Strategy for Health 2016–2030*[8]
- UNICEF *Health Systems Strengthening Approach*.[9]

1.2 UNDERSTANDING RISK AND HOW IT RELATES TO HEALTH

Crises of various natures (e.g., provoked by natural shocks or environmental stresses, conflict, or technological or biological hazards) can have devastating effects on individuals, families and communities – and also on a country's health system. Since crisis can cause injury, trauma and illness, and exacerbate the most common causes of childhood mortality (including diarrhoea, pneumonia, malaria and malnutrition), it can increase the burden on the health system. Crisis can also cause direct damage to infrastructure and facilities and result in disruptions to systems and supply chains, adding new challenges to the delivery of essential services. In low- and middle-income countries and fragile contexts, where national health budgets and systems are already unable to meet basic public health needs, even relatively minor shocks can overwhelm the coping capacity of the health sector. To make matters worse, weak or disrupted health systems and interruptions to other essential services – such as water, sanitation and hygiene (WASH), nutrition or shelter – put populations at higher risk of epidemic-prone diseases and malnutrition.

UNICEF notes the following:

- Children and women account for some 30 to 50 per cent of fatalities arising from natural disasters and, globally, children are up to 14 times more likely than men to die in a disaster.[10]
- Past epidemics of Severe Acute Respiratory Syndrome (SARS), influenza A (H1N1), cholera, Ebola virus disease, Zika virus and yellow fever (among others) highlight the devastating cross-sectoral and trans-border impacts of such outbreaks, which not only cause illness and death but also disrupt essential health and other services, thus threatening the protection and safety of women, newborns and children in numerous ways.
- Climate change is leading to more frequent and severe weather-related disasters such as gales, drought and extreme cold, and is also changing disease patterns, increasing the threat of epidemic-prone disease (such as cholera) and exacerbating those diseases that most affect children such as malaria, diarrhoea and pneumonia. The World Health Organization (WHO) suggests that climate change is expected to cause approximately 250,000 additional deaths per year between 2030 and 2050; of these, 48,000 deaths will be linked to diarrhoeal disease, 60,000 deaths to malaria and 95,000 deaths to the undernutrition of children.[11] Under-five deaths already represent over two thirds of all global malaria deaths – more than 800 children under 5 years of age die from the disease every day.[12]
- Environmental degradation, contamination and rising levels of pollution also have an effect on child health. Household (or indoor) air pollution contributes to 4.3 million deaths each year – 13 per cent of which (534,000 deaths) are under-five deaths.[13] Exposure to household air pollution also has fatal consequences for prenatal health, leading to increased risk of stillbirth and low birthweight.[14]

Taking these factors into account, governments, development partners and health sector professionals around the world are increasingly focusing on improving risk analysis and building more robust, responsive and resilient health systems. Ensuring that communities and the health system can not only bounce back after shocks and stresses, but also transform themselves to meet the challenges of the twenty-first century is critical to meeting the targets of the Sustainable Development Goals (SDGs) for newborn and child mortality (SDG Target 3.2). Furthermore, since exposure to shocks and stresses is a critical determinant of inequity, risk-informed programming is an essential part of all equity-enhancing policies and investments.[15] Focusing on the most vulnerable and exposed

PPPManual/SiteAssets/Welcome%20to%20the%20Programme,%20Policy%20and%20Procedure%20Manual.aspx>, accessed March 10, 2018.

[7] Every Woman Every Child, *The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): Survive, thrive, transform*, Every Woman Every Child, September 2015, available at <www.everywomaneverychild.org/global-strategy/ - sect2>, accessed 28 February 2018.

[8] United Nations Children's Fund, *Strategy for Health 2016–2030*, UNICEF, New York, August 2016.

[9] United Nations Children's Fund, *The UNICEF Health Systems Strengthening Approach*, UNICEF, New York, November 2016, available at <www.unicef.org/health/files/UNICEF_HSS_Approach.pdf>, accessed 28 February 2018.

[10] Habtezion, Senay, 'Gender and Disaster Risk Reduction', Gender and Climate Change Asia and the Pacific Policy Brief No. 3, United Nations Development Programme, New York, 2013, available at <http://www.undp.org/content/dam/undp/library/gender/Gender%20and%20Environment/PB3-AP-Gender-and-disaster-risk-reduction.pdf>, accessed 28 February 2018.

[11] World Health Organization, *Quantitative Risk Assessment of the Effects of Climate Change on Selected Causes of Death, 2030s and 2050s*, WHO, Geneva, 2014; and World Health Organization, *Operational Framework for Building Climate Resilient Health Systems*, WHO, Geneva, 2015.

[12] United Nations Children's Fund, 'Malaria Mortality among Children under Five Is Concentrated in Sub-Saharan Africa: Percentage of deaths in children under five caused by malaria, 2015', UNICEF Data: Monitoring the Situation of Women and Children, <http://data.unicef.org/child-health/malaria.html>, accessed 11 November 2015.

[13] World Health Organization, 'Burden of Disease from Household Air Pollution for 2012: Summary of results', WHO, 2014, available at <www.who.int/phe/health_topics/outdoorair/databases/FINAL_HAP_AAP_BoD_24March2014.pdf>, accessed 11 November 2015.

[14] World Health Organization, *Indoor Air Pollution from Solid Fuels and Risk of Low Birth Weight and Stillbirth: Report from a symposium held at the Annual Conference of the International Society for Environmental Epidemiology (ISEE), September 2005, Johannesburg*, WHO, 2007, available at <http://apps.who.int/iris/bitstream/10665/43766/1/9789241505735_eng.pdf>, accessed 11 November 2015.

[15] United Nations Children's Fund, *Narrowing the Gaps: The power of investing in the poorest children*, UNICEF, New York, July 2017, available at <https://www.unicef.org/publications/files/

to shocks and stresses helps health sector professionals to sharpen the 'risk lens' to concentrate not only on the most deprived communities, but also on the most 'at-risk' populations (those that are both vulnerable and disproportionately exposed to shocks and stresses). Further, it helps them to consider the needs of children in crisis and emergencies, to ensure appropriate preparation, response and recovery.[16]

Risk-informed programming is a critical part of the new *Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): Survive, thrive, transform* set out by the Every Woman Every Child global movement. The *Global Strategy* strives to protect the achievements of the Millennium Development Goals and meet the challenge of achieving the SDGs (with a focus on SDG Target 3.4). It is universal, applying to all people (with a focus on the marginalized), in all places (including crisis situations) and at all times (including humanitarian and fragile settings). The *Global Strategy* aims to: (1) End preventable deaths (the 'survive' pillar); (2) Ensure health and well-being ('thrive'); and (3) Expand enabling environments ('transform'). Meeting these goals demands that health programming is risk-informed and intensified, which calls for accelerated efforts and new approaches from UNICEF at all levels.

The adoption of the Sendai Framework for Disaster Risk Reduction 2015–2030 also marks an unprecedented commitment by member states to enhance the resilience of the national health system.[17] Countries, states and territories will now monitor the damage inflicted by crises of various natures on health system infrastructure and assets, and track the interruptions that crises cause to the delivery of essential health services.[18] The Sendai Framework recognizes the importance of investing in risk reduction in the health sector to foster resilience (see **Box 1**), and emphasizes the need for close collaboration with other sectors and the implementation of the International Health Regulations (IHR) (2005) authored by WHO, including the IHR Monitoring and Evaluation Framework Joint External Evaluations and simulation exercises.[19]

BOX 1 – THE SENDAI FRAMEWORK AND RISK REDUCTION IN THE HEALTH SECTOR

The Sendai Framework for Disaster Risk Reduction 2015–2030 encourages member states to invest in both structural and non-structural risk reduction measures to enhance the economic, social, health and cultural resilience of persons, communities and systems. To enhance the resilience of health systems, the Sendai Framework suggests member states should be committed to: "integrating disaster risk management into primary, secondary and tertiary health care, especially at the local level; developing the capacity of health workers in understanding disaster risk and applying and implementing disaster risk reduction approaches in health work; promoting and enhancing the training capacities in the field of disaster medicine; and supporting and training community health groups in disaster risk reduction approaches in health programmes, in collaboration with other sectors, as well as in the implementation of the International Health Regulations (2005) of the World Health Organization."

1.3 RISK-INFORMED HEALTH PROGRAMMES

Risk-informed programming in health begins with risk analysis, which is an integral but sometimes overlooked element of situation analysis. Understanding the potential impacts of shocks and/or stresses on children's health, their communities and the health system is essential to the design, implementation and sustainability of functional, risk-informed, equity-focused, child-centred programmes. To end preventable maternal, newborn and child deaths – as well as promote healthy development for all children – there must be a strong focus on closing equity gaps, reaching the furthest behind first. This includes targeting those who face disproportionate exposure to shocks and stresses, which exacerbates the underlying causes and social determinants of ill health.

Health programmes can reduce risks in many ways. Below are a few examples set out in two lists to reflect the variables of the risk formula (shocks and stresses, exposure, vulnerability and capacity).

UNICEF_The_power_of_investing_in_the_poorest_children.pdf>, accessed 28 February 2018.

[16] United Nations Children's Fund, *Core Commitments for Children in Humanitarian Action*.

[17] United Nations Office for Disaster Risk Reduction, 'Sendai Framework for Disaster Risk Reduction 2015–2030', UNISDR, Geneva, <www.unisdr.org/we/inform/publications/43291>, accessed 28 February 2018.

[18] United Nations Office for Disaster Risk Reduction, *Technical Guidance for Monitoring and Reporting on Progress in Achieving the Global Targets of the Sendai Framework for Disaster Risk Reduction*, UNISDR, December 2017, available at <www.preventionweb.net/files/54970_techguidancefdigitalhr.pdf>, accessed 5 March 2018.

[19] World Health Organization Strategic Partnership Portal, 'IHR Monitoring and Evaluation Framework', WHO, 2018, <https://extranet.who.int/spp/ihrmef>, accessed 28 February 2018.

Health programmes can prevent or reduce the frequency and severity of **shocks and stresses** and/or reduce communities' **exposure** to hazards by:

- preventing biological hazards, including pandemics and epidemics, from manifesting – e.g., through immunization programmes, health promotion, WASH services, communication for development (C4D), community-based health programmes and supplies
- minimizing exposure through the surveillance, containment and treatment of epidemics and health-related hazards
- contributing to climate change mitigation by making green energy choices for the sector (e.g., using solar panels to power cold chain equipment and health facilities) and by addressing accelerating factors in communities such as environmental degradationdemonstrating conflict sensitivity – in line with the health sector's responsibility to develop conflict-sensitive programmes – in recognition that the targeting of beneficiaries, the procurement of supplies, the delivery of services or even the publication of specific research findings can have negative impacts on conflict dynamics.

Health programmes can also **reduce vulnerabilities** in vulnerable populations and/or **increase capacities** in the health sector by:

- increasing access to critical health services, particularly community-based services and services in the most at-risk areas, through flexible and adaptable health systems
- preparing families, communities and health services for emergencies, focusing on improving the health- and hygiene-seeking behaviours that can protect in crisis, and on meeting the increasing demand for health services
- increasing the capacity of both the community and health system to reduce risks and to prepare for, mitigate and manage crises, to ensure the continuity of essential health services throughout crisis and recovery
- providing safe access to health services while addressing violence against patients, health workers, facilities and assets during conflict and in emergencies.

In summary, risk-informed health programming challenges health sector professionals to:

- analyse the risks associated with shocks and stresses to better design public health programmes targeting at-risk populations
- ensure that good development progress in public health – and investments in health delivery systems – are protected from the impacts of shocks and stresses
- deliver collaborative, multi-sectoral programme interventions that continue seamlessly across humanitarian and development modes of implementation.

UNICEF already maintains strong collaborations with governments at the national, sub-national and local level; with United Nations partners such as WHO, the United Nations Population Fund (UNFPA) and the Joint United Nations Programme on HIV/AIDS (UNAIDS); with international financing institutions such as the World Bank; through global programme partnerships with organizations such as the Global Fund, Gavi, the Vaccine Alliance, and the International Red Cross and Red Crescent Movement; and with a wide range of civil society and academic actors. All health-related partnerships can be expanded, however, to better integrate aspects of climate adaptation, disaster risk reduction, peacebuilding and social protection, to mutually reinforce national efforts to foster resilience in both stable and fragile contexts. Building resilience and healthy, stable societies will require the establishment of common and agreed objectives and strategies; stronger public-private partnerships; improved coordination and governance across all levels of the health system; and the leveraging of additional national and international resources, either pooled or jointly directed towards common ends.

In light of recently reaffirmed international commitments to improve aid effectiveness and efficiency, UNICEF is strengthening and systematizing its approaches to better link humanitarian and development programming as a means of reducing long-term risks, preventing future crises and building more resilient societies. Risk-informed programming is an important part of this approach and the section below sets out a non-exhaustive set of health strategies supported by practical examples around six key areas that contribute to strengthening the linkages between humanitarian and development efforts:

1. **Utilizing and/or strengthening risk data**
2. **Strengthening systems to prevent and mitigate risk**
3. **Strengthening local actors including through channeling financing and capacity development for risk reduction**
4. **Strengthening preparedness**
5. **Promoting participation of those at risk**
6. **Promoting partnership**

PART A Examples of risk-informed programming within development programming that contribute to effective preparedness and build long-term resilience

- **Development of a health and nutrition risk index**
  Country example: In **Latin America** a composite index of vulnerability related to health and nutrition conditions and lack of health system coping capacity has been constructed using the LAC-INFORM tool. This supports the analysis and understanding of sector-related vulnerabilities and lack of coping capacities in the context of disaster and humanitarian crisis risk and contribute to sectoral programming that is risk informed.

- **Identifying and analysing underserved groups at risk, including main causes of morbidity and mortality**
  Country example: In **Nigeria**, as part of the development of an investment case in **Lagos State**, an analysis of the epidemiology of the slums and inequitable access to urban health services was essential for informing strategies to improve access and build resilience to shocks and stresses.[20]

- **Mainstreaming emergency preparedness into development programmes**
  Country example: In **Liberia**, emergency preparedness activities were included in regular programming as part of the annual work plans. UNICEF prepositioned essential medical and nutritional supplies in hard-to-reach counties, which are also for use in the event of floods, epidemics (including Ebola) or electoral violence.

- **Promoting participation of population most at risk**
  Country examples: In **Latin America and the Caribbean**, in response to the Zika outbreak, the U-Report – a social messaging tool – was activated. This provided life-saving information to those in Zika-affected areas, gave young people the opportunity to report back on the situation and led to the first online Zika Information Centre, reducing risk in the longer term.

PART B Examples of risk-informed programming within humanitarian programming that contributes to building systems, with a special focus on fragile contexts and protracted crisis

- **Strengthen the cold chain for immediate response and longer-term reduction of risk**
  Country example: In the **Philippines**, in response to the impact of Typhoon Haiyan and given further intensifying storms due to climate change, the cold chain system was re-established, adding specialized equipment and standards to enhance resilience. Not only does the new equipment ensure optimum vaccine temperature for at least ten days in the absence of power, but it is also built to withstand earthquakes measuring up to 7.5 on the Richter scale and typhoons with wind velocities up to 300km/h.[21]

- **Strengthen structural integrity and reduce exposure of health facilities to shocks**
  Country example: In **Papua New Guinea**, as part of the response to the 2018 earthquake, health centres were repaired or reconstructed with materials more likely to withstand future shocks.

- **Strengthen the community health care system during the response**
  Country example: In **South Sudan**, 70 people from both the refugee camps and host communities were trained during the response to diagnose and treat illnesses including screening for Severe Acute malnutrition.[22]
  Country example: In **Liberia**, during the Ebola outbreak, the role of community health workers was essential in the delivery of primary care services. Steps were taken, somewhat belatedly, to strengthen their roles – through training, technical support and resources – in the response and thereby longer-term prevention.[23]

- **Maintain the capacity of rapid response teams following an outbreak**
  Country example**:** In **Sierra Leone**, the work on preparedness (Inter-Agency Rapid Response Team and medical stocks) for further Ebola outbreaks initiated by the United Nations country team during the humanitarian response paid dividends in terms early treatment of new outbreaks.[24]

[20] Lagos State Ministry of Health, *Reducing Health Disparities in Lagos State: An investment case, Lagos*, 2012, <https://www.unicef.org/health/files/Lagos_investment_case.pdf>, accessed 7 October 2018.
[21] United Nations Children's Fund, Philippines Country Office, 'UNICEF's resilient cold chain restoration program following Typhoon Haiyan: An innovative approach towards health systems strengthening and "building back better"', July 2015, <www.unicef.org/health/files/Cold_Chain_Resilience_Health.pdf>, accessed 7 October 2018.
[22] Kealey, Ellie, 'Community health care targets deadly childhood diseases,' UNICEF South Sudan, n.d., <https://www.unicef.org/southsudan/stories_2017-community-health-care-targets-childhood-diseases.html>, accessed 7 October 2018.
[23] Johnson, Ginger, et al., *Community Health Workers during the Ebola Outbreak in Liberia*, UNICEF Health Section, New York, November 2017, <https://www.unicef.org/health/files/CHW_Ebola_working_paper_Liberia_29Nov2017_FINAL.pdf>, accessed 7 October 2018.
[24] Liberia COAR 2017.

2. GRIP AND THE HSS APPROACH

UNICEF holds the *health systems strengthening* (HSS) approach as imperative to its mandate to promote the rights to survival, growth and development for all children, particularly the most vulnerable. The approach also underpins the UNICEF *Strategy for Health 2016–2030*, which holds in its vision statement that strong health systems should be flexible, resilient to shocks and emergencies, and adaptable to new or unanticipated developments.

Although both the HSS approach and the *Strategy for Health* emphasize the importance of risk-informed programming to foster resilience, *there is still room to make more explicit how risks can be identified, analysed and reduced or managed at each step of the programming process*. GRIP can provide additional specificity and guidance in this regard, and therefore this module links risk to, or shows how risk can be integrated into, each of the seven steps in the 'step-wise approach' to HSS work (as opposed to reflecting the steps of the four core GRIP modules).

A simplified summary of the relationship between GRIP Module Nos. 2–4 and the seven-step approach to HSS is presented below (see **Table 1**). As illustrated, the identification and analysis of risk is critical and should be taken into account throughout the step-wise approach to make it possible to achieve the targets in Goal Area 1 of the UNICEF Strategic Plan, 2018–2021 and realize the rights of every child, especially the most disadvantaged.[25]

[25] United Nations Children's Fund, Theory of Change Paper, UNICEF Strategic Plan, 2018–2021, Realizing the rights of every child, especially the most disadvantaged, UNICEF/2017/EB/11, 18 July 2017.

Table 1 – Linking GRIP Module Nos. 2–4 with the seven-step approach to HSS

GRIP module	GRIP phase	HSS step	How GRIP adds value
GRIP Module No. 2: Risk Analysis	**Preparation phase**	**HSS Step 1:** Identify underserved groups	GRIP Module No. 5 provides supplementary information that can help health sector stakeholders prepare to conduct risk analysis in the health sector.
	Assessment phase		GRIP can help health teams to sharpen their targets by identifying not only the 'under-served' groups, but also those most 'at-risk' populations (which are disproportionately deprived, vulnerable and exposed to shocks and stresses).
		HSS Step 2: Identify the main causes of mortality and morbidity	GRIP can help health teams to identify the main causes of mortality and morbidity, and also to consider how and why the negative impacts of shocks and stresses exacerbate these causes.
	Analysis phase	**HSS Step 3:** Identify priority interventions to address these causes	GRIP can help health teams to identify both priority interventions and bottlenecks to the expansion of coverage, and to consider how to make these interventions, services and systems more resilient to the impacts of shocks and stresses. This approach recognizes crises (provoked by shocks and stresses) as a source of – and antagonist to – bottlenecks in the health sector.
		HSS Step 4: Identify bottlenecks in the determinants of coverage	
GRIP Module No. 3: Design and Adaptation of Programmes	**Theory of change, design of programmes and consideration of risks to the programme**	**HSS Step 5:** Identify cost-effective solutions to bottlenecks	When making a programme operational through the development of partnerships and costed work plans, it is critical to integrate an aspect of capacity development for risk reduction, preparedness and more effective emergency response. It will also be necessary to ensure that the programme is feasible and effective amidst various hazards, and that it will 'do no harm'. GRIP can prompt health teams to make such considerations.
		HSS Step 6: Develop costed plans with operational targets	
GRIP Module No. 4: Monitoring of Risks and Risk-informed Programmes	**Full module**	**HSS Step 7:** Monitor implementation and bottleneck reduction	More than monitoring implementation alone, UNICEF monitors the changing situation for children – and the nature of the risks they face. GRIP can help health teams to consider how changes in the risk landscape and in the situation of women and children affect their programmes.

Graphic 1 – A visualization of the 'step-wise approach' to integrating risk

The Equitable Impact Sensitive Tool (EQUIST)[26] is one of the tools available to countries that can contribute to risk-informed programming. The tool helps health teams to identify the most deprived communities and groups, and since deprivation contributes to vulnerability, there is a link to risk and to risk-informed programming. Because it is not yet possible, however, to 'overlay' within EQUIST the exposure of communities to shocks and stresses, the risk dimensions cannot be fully considered using this tool alone. GRIP therefore provides a method to help health sector stakeholders consider not only who is most deprived or vulnerable, but also who is disproportionately exposed to various shocks and stresses (including biological hazards such as epidemics and pandemics) and where they live.

[26] EQUIST, 'EQUIST: Equitable strategies to save lives', UNICEF, <www.equist.info>, accessed 28 February 2018.

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3. THE HSS STEP-WISE APPROACH TO RISK-INFORMED HEALTH PROGRAMMING

3.1 HSS STEP 1 IDENTIFY UNDERSERVED AND 'AT-RISK' GROUPS

GRIP can be an excellent reference for health sector stakeholders during HSS Step 1, which focuses on identifying underserved groups. By introducing a risk analysis, it is possible to identify those who are deprived and also disproportionately exposed to shocks and stresses, which can sharpen targeting to reach those at most risk.

GRIP Module No. 2 helps multi-stakeholder teams to estimate the risk of humanitarian crisis, which can overwhelm national response capacities and lead to acute and urgent needs, cutting across multiple sectors. The risk formula can also be applied to consider the likelihood of shocks and stresses eroding development progress in a specific sector. In other words, the same methodology can be used to consider how shocks and stresses might worsen, deepen or accelerate a deprivation facing children, such as the failure of children and mothers to survive and thrive. GRIP Module No. 2 also links to further guidance on how to conduct a spatial risk assessment, which is most useful for those UNICEF country offices that are already planning a spatial equity analysis using EQUIST. By overlaying data on the exposure of communities to various shocks and stresses, it is easier to see how these shocks and stresses interact with existing deprivations and vulnerabilities to increase the risks to children.

3.1.1. PREPARATION PHASE

Supplementary information for GRIP Module No. 2 aimed specifically at health sector stakeholders can help them to consider how to prepare to conduct a risk analysis in the health sector (see **Table 2**). Lessons learned suggest that if the strategic purpose, methodology, management structures and participants are not correctly set at the outset, the analysis will lack credibility and its potential influence and use will be diminished.

Table 2 – Preparing for a risk analysis in the health sector

Confirm the strategic purpose	UNICEF may partner with the ministry of health and a range of health sector stakeholders to implement a sector-specific, child-centred risk analysis or to influence the methods used by the ministry of health and other institutions. It is important to confirm the goal or purpose of the analysis before beginning. The purpose may be to: • **inform a larger or national sector-wide analysis in health**, ensuring that adequate consideration is given to risks to public health • **influence policies, plans and programmes** for the health sector • **inform preparedness or contingency plans** in the health sector at various levels • ensure that **measures of risk and risk reduction are included in national monitoring systems** such as the health management information system • ensure that **risk assessment methodologies** used by the ministry of health or other national authorities either consider the special needs, vulnerabilities and capacities of girls and boys at different stages of their life course, or enable and support children, adolescents and youth to participate in health sector risk assessments • inform **joint planning and programming** processes.

Define the scope of analysis	In addition to considering the country's risk rating (as per ***GRIP Module No. 2, section 2.2***), health stakeholders may define the following: • **Geographic scope:** Is the scope of the risk analysis at the national, regional, local or community level? • **Equity:** How does the analysis define disadvantaged populations? Does it include disproportionate exposure to shocks and stresses as a critical determinant of inequity? • **Level of programming:** Will the analysis focus on a particular level of the health system, e.g., primary, secondary, tertiary or community-based health care? • **Systems analysis or facility level:** Will it consider the broader health system, the network of facilities and/or public health in general? • **Type of delivery system:** Will the analysis consider all service providers (e.g., private, government, religious, non-governmental organization, UNICEF) or all types of delivery (e.g., non-formal/informal, community-based, facility-based)?
Choose the best timing	The timing of a risk analysis is critical. In addition to the considerations outlined in ***GRIP Module No. 1 (section 1.2)***, health sector stakeholders may also consider the below: • **Major planning processes:** Are there specific milestones in terms of the launch of new health sector plans, programmes or initiatives that provide opportunities for advocacy and leveraging of resources in the health sector? • **Sector management cycles:** What is the cycle for sector planning, budget allocation and fiscal reporting? Can the timing of risk analysis converge with and influence important decision-making processes? • **Seasonal calendar:** What is the seasonal calendar for health and health-related hazards? Are there times of the year when certain shocks or stresses make implementation difficult?
Establish management structures	Ideally, a risk analysis for the health sector would be conducted by the ministry of health or a leading national public health research institution, with support from major development partners such as UNICEF and the World Health Organization. In other cases, UNICEF may wish to lead on risk analysis to ensure its integration into the larger situation analysis and the seven-step approach to health systems strengthening for programme development. Regardless of whether or not UNICEF supports or leads the analysis, strong ownership and steering by UNICEF senior management is essential. To ensure both the participation of higher-level national counterparts and the cross-sectoral nature of the analysis, UNICEF country offices may consider establishing the governance structures outlined in ***GRIP Module No. 2 (section 2.3)***, which can include a convening or leading institution such as the ministry of health.
Ensure the right participants	A wide range of relevant health stakeholders should be consulted or should participate fully in the risk analysis process, including: technical counterparts of the ministry of health; various units and administrative levels of technical line ministries; local networks of health workers; development partners (as above); and other facets of civil society such as community leaders, non-governmental and community-based organizations, community health network members, mothers' groups and other community groups involved in health activities; and health and protection partners and other thematic groups to which health belongs. GRIP Module No. 2 provides a useful table that can be used to determine the roles of various participants in risk analysis (*see* ***GRIP Module No. 2, Table 2***).


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3.1.2. ASSESSMENT PHASE

As outlined in ***GRIP Module No. 2 (section 3)***, a child-centred risk assessment involves the following steps:

1. **Likelihood**: Identifying significant shocks and stresses that might trigger crisis or erode development progress in the health sector, potentially negatively affecting the survival and healthy development of children within it – and considering the likelihood of these shocks manifesting in the next four to five years and their potential impacts.
2. **Impact:** Determining the potential impacts of shocks and stresses on children, households and systems, by considering:
   - patterns of exposure to shocks and stresses
   - historical impacts and losses
   - vulnerabilities of children and households
   - capacities of communities, systems and local and national authorities.
3. **Risk:** Prioritizing the risks associated with each shock or stress.

This section provides an overview of supplementary information for *GRIP Module No. 2* that is intended to help health sector stakeholders to estimate the likelihood and impact of shocks and stresses affecting health, with consideration of vulnerabilities (see **Table 3**). The review of capacities, however, best fits under HSS Step 3, which considers priority interventions and existing capacities in the health system.

STEP 1: LIKELIHOOD

- With reference to ***GRIP Module No. 2 (section 3.1)*** and **Table 3**, health teams should use secondary sources to gather data and information on the historical frequency of three to five of the most significant shocks and stresses recorded over the last 15–20 years, noting trends.
- Teams should then use the likelihood scale provided to assign a rating for how likely the shock (or the 'tipping point' of a stress) is to occur in the next four to five years.

Table 3 – Questions to determine likelihood of shocks and stresses affecting the health sector

Questions for health teams on likelihood:	Potential data sources:
• Which shocks and stresses are likely to have significant impacts on child and maternal health, health facilities and health systems? • What health-related hazards (including, but not limited to, epidemics) can trigger crisis? • What is the current status of climate-sensitive diseases? What is the trend for these diseases associated with climate change?	• National public health surveillance systems and reports (potentially also covering animal disease) • National plans that provide situation analysis on the status of health risks • For more potential data sources, see GRIP Module No. 2 (Annex 1)

STEP 2: IMPACT

- With reference to ***GRIP Module No. 2 (section 3.2)*** and **Table 4**, health teams should also consider: a) the patterns of exposure to shocks and stresses, b) historical evidence of impacts and losses, as well as c) the current status of vulnerability in order to determine the potential impact of an event.
- Considering all the elements embedded within **Table 4**, teams may assign a score to the likelihood variable.

Table 4 – Questions to determine the potential impact of shocks and stresses affecting the health sector

Exposure to shocks and stresses: Stakeholders should note any significant geographic patterns in exposure, identifying locations in country where the shocks and stresses are most likely to occur. This may focus not only on persons (e.g., considering population density), but also on infrastructure, facilities and/or other health system elements located in potential hazard zones.[27] Geographic information systems or hazard maps from secondary sources can be particularly useful when estimating exposure.

Questions for health teams on exposure to shocks and stresses:

- What populations are exposed to this specific shock or stress?
- What is the population density in these areas? How does this specifically alter exposure to health-related hazards such as epidemics?
- Are critical health infrastructure (e.g., health administration offices, national medical stores, facilities, dispensaries, warehouses) or systems (cold chain, community health worker) located within the hazard zone?
- In the case of epidemics/pandemics: How does exposure change over time, and what are the means of limiting exposure? Who will and will not be affected? Where are they?
- Who is exposed to frequent epidemics and/or diseases that are endemic but which can become epidemic if conditions change?

Potential data sources:

- Geographic information systems in the health sector (potentially the health management information system)
- Secondary hazard maps produced by the national disaster management agency or national statistical office

Historical impacts and losses: Stakeholders should also consider the historical impacts and losses associated with the three to five priority shocks and/or stresses – ideally for the same time frame as for the assessment of likelihood.

Questions for health teams on impacts and losses:

Based on data from past events, stakeholders may ask:

- What was the impact of this specific shock or stress on health system infrastructure? Was there damage to hospitals, clinics, facilities, dispensaries, medical stores, cold chain infrastructure, critical routes to facilities, etc.? (Damage may be expressed in terms of counts – e.g., number of facilities damaged – or in terms of economic losses.)
- Were there interruptions to the continuity of health services? How significant were these?
- What was the public health impact of this shock or stress (in terms of mortality, morbidity, injury and/or trauma suffered by those affected)? Can these impacts be expressed in terms of lives or productivity lost, or in terms of costs to the national budget?

Potential data sources:

- Reports from health sector and national disaster management agency
- National disaster loss and damage databases
- Post-disaster needs assessment reports
- Health cluster reporting Sendai Framework Monitoring reports[28]

[27] United Nations Office for Disaster Risk Reduction, 'Terminology on DRR', UNISDR, Geneva, 2 February 2017, <www.unisdr.org/we/inform/terminology>, accessed 28 February 2018.
[28] PreventionWeb, 'Sendai Framework Monitor', United Nations Office for Disaster Risk Reduction, <www.preventionweb.net/drr-framework/sendai-framework-monitor>, accessed 28 February 2018.

Vulnerabilities: Stakeholders should also consider the characteristics that make children and families particularly susceptible to the impacts of a specific shock or stress.

Questions for health teams on vulnerabilities:

How does health and nutrition status affect vulnerability?

- Which populations/communities already suffer a disproportionate burden of disease (e.g., high rates of childhood diseases such as pneumonia, diarrhoeal disease or malaria)?
- Which communities have low coverage of priority health interventions (e.g., locations with pre-existing low vaccination coverage rates for measles, poliomyelitis or other critical diseases)?
- Which marginalized populations are not included in national public health programmes (e.g., migrants, rural and urban populations,[29] conflict-affected populations, refugees and internally displaced persons, people residing at international borders or intra-state administrative borders, communities in hard-to-reach areas)?
- Which populations have poor access to health care (e.g., remote communities, urban/peri-urban populations, conflict-affected populations, communities with low levels of local capacity)? What is the distance to health facilities for such exposed communities?

How is vulnerability affected by socio-economic status?

- How vulnerable are individuals or groups to this specific shock or stress depending on their wealth (household income and expenditure, wealth quintile, etc.), gender, education status of mother, ethnicity or religious affiliation, family size and composition, or other determinant of inequity?
- Who is most at risk of losing their livelihood during a crisis?
- Who has access to social safety nets (e.g., health insurance schemes, universal health coverage), enabling access to health care during adverse events?
- What is the nutrition status of exposed communities? Who is at risk of chronic food insecurity or high rates of malnutrition that can worsen in the event of a shock or stress?
- What is the coverage of improved WASH facilities in households and communities? How are living conditions? (For example, are living conditions poor or crowded, or certain fuels used for cooking, such that disease prevalence rates may rise disproportionately now or in the event of a crisis?)
- What populations are on the move or displaced?
- What communities have poor protection services, leaving mothers, newborns and children vulnerable to compromised home care or with reduced access to health services?

Potential data sources:

- National census
- National administrative databases (health management information system)
- National household surveys such as Multiple Indicator Cluster Surveys,[30] and Demographic and Health Surveys[31]
- Standardized Monitoring and Assessment of Relief and Transitions surveys (SMART)[32]
- Indices and analysis tools using survey data such as EQUIST; Multiple and Overlapping Deprivation Analysis (MODA);[33] and other means to enable a multidimensional approach to measuring child poverty[34]

[29] For more information on health and urbanization, see: United Nations Department of Economic and Social Affairs, 'Urbanization', <www.un.org/en/development/desa/population/theme/urbanization/index.shtml>, accessed 28 February 2018; World Health Organization, *Why Urban Health Matters*, WHO, 2010, available at <www.who.int/world-health-day/2010/media/whd2010background.pdf>, accessed 28 February 2018; World Health Organization, 'Urbanization and Health', *Bulletin of the World Health Organization*, vol. 88, no. 4, April 2010, pp. 241–320, available at <www.who.int/bulletin/volumes/88/4/10-010410/en>, accessed 28 February 2018; World Health Organization, 'Global Health Observatory Data Repository: Urban health', <http://apps.who.int/gho/data/node.main.n232?lang=en>, accessed 28 February 2018.

[30] The Multiple Indicator Cluster Surveys are managed by the UNICEF Global MICS Team, available at <http://mics.unicef.org>, accessed 15 March 2018.

[31] The Demographic and Health Surveys are managed by the DSH Programme, available at: <https://dhsprogram.com>, accessed 15 March 2018.

[32] The Standardized Monitoring and Assessment of Relief and Transitions resources are available at <http://smartmethodology.org/about-smart>, accessed 15 Mach 2018.

[33] United Nations Children's Fund, 'About Multiple Overlapping Deprivation Analysis (MODA) for Children', UNICEF Office of Research – Innocenti, <www.unicef-irc.org/MODA>, accessed 28 February 2018.

[34] United Nations Children's Fund, 'A Multidimensional Approach to Measuring Child Poverty', Social and Economic Policy Working Briefs, UNICEF Policy and Practice, February 2011, available at <www.unicef.org/socialpolicy/files/A_Multidimensional_Approach_to_Measuring_Child_Poverty%282%29.pdf>, accessed 28 February 2018.

BOX 2 – VULNERABILITIES AND CAPACITIES SPECIFIC TO CONFLICT

Health services deteriorate when conflict erupts, thereby exacerbating existing vulnerabilities and creating new ones. Health sector professionals should ask key questions when conducting a risk analysis in countries affected by armed conflict and insecurity, including:

- How are high disease and mortality rates, migration, pollution and widespread malnutrition resulting in or exacerbating challenges to social cohesion?
- Are health, nutrition and HIV/AIDS interventions contributing to social cohesion? Do gaps in the delivery of essential health services lead to alienation and a sense of marginalization?
- Are contexts with poor health and nutrition levels experiencing a greater probability of conflict? Do health interventions have the potential to play an integral role in peacebuilding processes in this context?
- Are there attacks on health facilities and health workers, affecting health system delivery and population care?
- Are there inequities and differences between populations affected or displaced by armed conflict and those that host displaced them?
- Are there informal systems for service delivery that may serve as potential platforms to bring opposing groups together? Are there any sector-specific peace capacities? If so, who/which system?
- What is the perception of the government's (and non-state actors') roles in delivering services related to health, nutrition and HIV/AIDS?
- What are the gender- and child-sensitive aspects of health, nutrition and HIV/AIDS levels and access to care?

STEP 3: RANKING RISKS

This final stage of the risk assessment brings together the team's estimation of the **likelihood** of experiencing a shock or stress and its potential **impact**. Health sector stakeholders should note in a table the scores associated with likelihood and impact and then multiply them to produce a combined score, which should provide a simple means of ranking the level of risk associated with each shock or stress. (For an example of such table and for consideration of how this process contributes to a UNICEF country office's compliance with the emergency preparedness procedure, see ***GRIP Module No. 2, section 3.***)

If a spatial risk assessment or 'child-centred risk mapping' (as per ***GRIP Module No. 2, section 3.4***) was undertaken using EQUIST, health sector stakeholders can also prioritize or rank geographic areas on the basis of risk and discuss the implications for area-based programming and partnerships. It is understood, however, that geographic targeting for programming is often the result of a more complex prioritization process that considers: criticality (severity of the deprivation or risk as well as government priorities); the UNICEF mandate; UNICEF strategic positioning; UNICEF programmatic and operational capacities; and lessons learned from previous global, regional and country experience. This prioritization process is best described in the UNICEF Results-based Management Handbook, using the 'five filter approach'.[35]

[35] United Nations Children's Fund, *Results-based Management Handbook: Working together for children*, UNICEF, 2017, accessible to UNICEF staff and consultants at <https://unicef.

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3.2 HSS STEP 2 IDENTIFY THE MAIN CAUSES OF MORBIDITY AND MORTALITY

HSS Step 2 identifies which health conditions/diseases affect the vulnerable or 'at-risk' populations identified in HSS Step 1. Addressing these diseases will have the greatest effect on reducing morbidity and mortality in these populations, and will thus have the greatest effect on reducing health inequities. If well targeted, such interventions will also reduce the risk of crisis as they lessen extreme vulnerability.

This step aligns to the child-centred risk assessment conducted as a part of the review of vulnerabilities (***see GRIP Module No. 2, section 3***).

Guiding questions for stakeholders to consider:

- What are the main causes of morbidity/mortality for women and girls and boys (at each position in their life course, including as a newborns, infants, young children, adolescents and youth) in the country/district/community deemed most vulnerable?
- How are these causes of morbidity/mortality affected by the impacts of shocks and stresses?

3.3 HSS STEP 3 IDENTIFY PRIORITY INTERVENTIONS AND EXISTING CAPACITIES

HSS Step 3 considers the priority interventions and existing capacities of communities and systems. Integrating a risk lens at this stage helps health sector stakeholders to consider not only what capacities are required to plan, manage and deliver equitable health services, but also *how to ensure the continuity and quality of these services before, during and after shocks and stresses*, to meet the changing needs of vulnerable groups.

Useful tools and frameworks for conducting capacity analyses include:

- *Health Sector Self-assessment Tool for Disaster Risk Reduction*[36]
- *Comprehensive Safe Hospital Framework*[37]
- *Hospital Safety Index: Guide for evaluators*[38]
- *Toolkit for Assessing Health-system Capacity for Crisis Management*[39]
- *Operational Framework for Building Climate Resilient Health Systems*[40]
- Strategic Partnership Portal for the IHR Monitoring and Evaluation Framework[41]
- Checklist and Indicators for Monitoring Progress in the Development of IHR Core Capacities in States Parties[42]
- Health Care in Danger resources for protecting health services in conflict-affected areas.[43]

Some relevant questions that health sector stakeholders can pose when reviewing existing interventions and capacities are listed below (see **Table 5**). These questions aim to highlight the priority interventions that must be delivered at various levels of the health system (community-based services; sub-national services at district, provincial and state level; and national-level services) and to different populations.

sharepoint.com/teams/OED/PPPManual/Shared Documents/RBM_Handbook_Working_Together_for_Children_July_2017.pdf>, accessed 10 March 2018.

[36] Pan-American Health Organization, *Health Sector Self-assessment Tool for Disaster Risk Reduction*, PAHO, Washington, DC, 2010, available at <www.preventionweb.net/files/15881_pahoselfassessmenttoolоct2010.pdf>, accessed 28 February 2018.

[37] World Health Organization, *Comprehensive Safe Hospital Framework*, WHO, Geneva, 2015, available at <www.who.int/hac/techguidance/comprehensive_safe_hospital_framework.pdf>, accessed 28 February 2018.

[38] World Health Organization, *Hospital Safety Index: Guide for evaluators*, 2nd ed., WHO, Geneva, 2015, available at <www.who.int/hac/techguidance/hospital_safety_index_evaluators.pdf?ua=1>, accessed 28 February 2018.

[39] World Health Organization, *Toolkit for Assessing Health-system Capacity for Crisis Management: Part 1. User manual*, WHO Regional Office for Europe, Copenhagen, 2012, available at <www.euro.who.int/__data/assets/pdf_file/0008/157886/e96187.pdf>, accessed 28 February 2018.

[40] World Health Organization, Operational Framework for Building Climate Resilient Health Systems, WHO, Geneva, 2015, available at <http://apps.who.int/iris/bitstream/10665/189951/1/9789241565073_eng.pdf?ua=1>, accessed 28 February 2018.

[41] World Health Organization Strategic Partnership Portal, 'IHR Monitoring and Evaluation Framework', WHO, 2018, <https://extranet.who.int/spp/ihrmef>, accessed 28 February 2018.

[42] World Health Organization, International Health Regulations (2005), *IHR Core Capacity Monitoring Framework: Checklist and indicators for monitoring progress in the development of IHR core capacities in states parties*, WHO/HSE/IHR/2010.1.Rev.1, February 2011, available at <www.who.int/ihr/IHR_Monitoring_Framework_Checklist_and_Indicators.pdf>, accessed 28 February 2018.

[43] International Red Cross and Red Crescent Movement, 'Health Care in Danger Resource Centre', <http://healthcareindanger.org/resource-centre>, accessed 28 February 2018.

Table 5 – Key questions for assessing risk reduction and management capacities in the health sector

Policies, strategies, legislation and financing	• Has a risk assessment been completed for the health sector that includes climate change, epidemics/pandemics and conflict, and which also considers the special needs and vulnerabilities of children, adolescents, youth and mothers? • Are preparedness and response plans available for emergencies, including epidemics/pandemics and climate change adaptation? Have these plans been tested using simulation exercises and all gaps identified? • Are there existing leadership, policies and frameworks for crisis and risk management for health, including for the International Health Regulations (IHR), climate change, and peacebuilding/conflict-sensitive programming? Have the capacities the health sector requires to manage risks been identified, and is it clear who is accountable for strengthening them? • What is the national budget allocated to crisis risk management for health? How does this trickle down to decentralized administrative areas? • How much of the national budget is allocated to managing the risks associated with climate change? What are the existing development funding mechanisms and do they support funding allocations to risk reduction, including at the local level? • What is the capacity of development partners to support risk reduction, prevention, preparedness and response? Have humanitarian technical donors, including in the private sector, been identified to support crisis management and response? • Have 'at-risk' populations or locations been identified that are insufficiently covered by government policies? Are there new or emerging health-related hazards that have not yet been considered in these policies and plans? • Are there community-based systems for health care in place that focus on or integrate risk management? For example, the Community-based Health and First Aid (CBHFA) community health risk assessment?[44] • Does the health system preparedness plan include the IHR core capacities? Has a national IHR self-assessment taken place? Has there been a Joint External Evaluation and simulation exercise,[45] and has a national action plan been developed?
Coordination	• Are health sector coordination mechanisms in place in case of crisis? • Is there a public health emergency operations centre to oversee public health emergencies,[46] with roles and responsibilities of all actors defined within the health sector and across sectors? Have the structure and functions of an incident management system been established?[47] • Is the health cluster active or is there capacity to initiate rapidly? Have other public health-related cluster/sector coordination mechanisms (e.g., water, sanitation and hygiene; nutrition; communication for development/risk communication; and community engagement) been established? • Are there epidemic task forces and IHR coordination mechanisms across sectors?
Information management – data and surveillance	• Is there a health management information system that is able to capture and provide data for risk management? Is the information system agile or can it be adapted to capture health information in crises/emergencies? • What is the level of functioning of the surveillance, early warning, and alert and response systems? • Is there an information management system to monitor climate-related diseases? • Is there a monitoring and reporting mechanism or other mechanism to report on violations to health facilities/services and health workers during conflict?[48]

[44] International Red Cross and Red Crescent Movement, *Community-based Health and First Aid (CBHFA): Global case study collection 2012*, ICRC, Geneva, 2012, available at <www.ifrc.org/Global/Publications/Health/IFRC CBHFA Case Studies 2012.pdf>, accessed 28 February 2018.
[45] World Health Organization, *Joint External Evaluation Tool: International health regulations* (2005), WHO, Geneva, 2016, available at <http://apps.who.int/iris/bitstream/10665/204368/1/9789241510172_eng.pdf>, accessed 28 February 2018.
[46] World Health Organization, 'Public Health Emergency Operations Centre Network (EOC-NET)', WHO, 2018, <www.who.int/ihr/eoc_net/en>, accessed 28 February 2018.
[47] World Health Organization, 'Incident Management System', WHO, 2018, <https://openwho.org/courses/incident-management-system>, accessed 28 February 2018.

Service delivery and quality of care	• What priority interventions would address the causes of mortality? • What are the current and new high-impact interventions for avoiding excess mortality and morbidity for a specific shock or stress? • Are these interventions being prioritized during implementation? What is the current coverage of these interventions? • What are the coverage rates for priority health services in the identified shock or stress locations: i.e., percentage of live births attended by skilled health personnel (doctor, nurse, midwife or auxiliary midwife); percentage coverage in every district or equivalent administrative unit for children under 1 year of age receiving the measles vaccine and/or diphtheria-tetanus-pertussis vaccine; percentage of children aged 0–59 months with symptoms of pneumonia taken to an appropriate health provider; or percentage of those with diarrhoea treated with oral rehydration salts and zinc? • Are adequate quality health service delivery mechanisms in place in at-risk locations? • Are prevention and case management guidelines available in emergencies and for epidemic-prone diseases, including for infection prevention and control in at-risk locations? • Is there an integrated community case management (ICCM) programme that has the capacity to continue and provide additional services in a crisis or epidemic?
Human resources	• Have human resources been identified, trained and equipped to manage emergency risk? What type of health providers are there in at-risk areas and what are their ratios per population served? Are these adequate? • Have training programmes for priority health services (ICCM, vaccine management), health in emergencies, epidemics and climate change been conducted in the last year, and how many trained personnel are there in at-risk areas? • Are experts in emergency management, key epidemic-prone diseases and other priority topic areas present in country or available to source on demand? • Which non-governmental and community-based organizations work in health and what are their capacities to manage emergency risk and epidemics? • Are there national rapid response teams available to respond to epidemics and emergencies? • Do community-based health systems have the capacity to support communities in risk reduction, preparedness and the management of crises?
Supplies	• Have supply lists been developed for health emergencies? • Are supplies of an appropriate quantity, quality and type available? • Will the availability of stockpiles of essential drugs and equipment and priority medical and public health supplies meet needs based on the risk of specific shocks or stresses assessed, including epidemics? • What is the location of supplies at the sub-national level in areas at risk of specific shocks or stresses? • Is there access to surge supplies at regional hubs (or through UNICEF Supply Division)? Does the government have the capacity to access global vaccine stockpiles through the International Coordinating Group on Vaccine Provision?[49] • Are regulatory protocols developed and ready for the importation of supplies not on the national essential medicine list (e.g., oral cholera vaccines)? • Are emergency importing procedures clearly presented in national legislation? • Are the taxation rules for donated goods clear and part of national legislation?
Community engagement and communication	• Is there a risk or crisis communication system? • Is a national risk communication plan in place, specifically for diseases of epidemic potential? Have risk communication messages related to health been developed and field-tested? • What level and type of knowledge do communities have regarding epidemics? • Are households prepared for local shocks and stresses (e.g., by having a birth plan, stocking a three-month supply of HIV or tuberculosis medications)? • Do communities have knowledge of local shocks and stresses and their impacts on their families and community as well as an understanding of early warning systems? • Is there a community engagement strategy?

[48] United Nations Children's Fund, 'Monitoring and Reporting Mechanism (MRM) on Grave Violations of Children's Rights in Situations of Armed Conflict', UNICEF, 22 March 2011, <www.unicef.org/protection/57929_57997.html>, accessed 28 February 2018.
[49] World Health Organization, 'International Coordinating Group (ICG) on Vaccine Provision', WHO, 2018, <www.who.int/csr/disease/icg/en>, accessed 28 February 2018.

3.4 HSS STEP 4 IDENTIFY BOTTLENECKS IN THE DETERMINANTS OF COVERAGE

HSS Step 4 aims to identify the most critical bottlenecks that hamper service delivery for the most vulnerable women, children and communities, and determine the underlying causes of these bottlenecks and develop strategies to address them.

A bottleneck analysis is principally an exercise in prioritization. It is key to completing the seven-step approach and to guiding the programmatic adjustments necessary to ensure effective coverage of health interventions to reduce vulnerability, increase health sector capacities and minimize risk overall.

This step best aligns with the causality analysis detailed in ***GRIP Module No. 2 (section 4.1)***. A bottleneck analysis can be done for:

- health interventions, or with a tracer intervention[50]
- service delivery platforms (community, health facilities, mobile).

Disaggregated data can be used to consider inequities by wealth quintile, geography, gender or another determinant, or data sets from different seasons, years or periods can be compared to track the impacts of programme interventions and/or various shocks and stresses.

Guiding questions for stakeholders to consider:

- What are the most likely bottlenecks for priority interventions found to be at risk in HSS Steps 1–3? How do shocks and/or stresses create or exacerbate the bottlenecks?
- What bottlenecks does the current plan/programme address? To what extent does the programme include risk-informed strategies that address the impacts of shocks and/or stresses (and employ strategies related to disaster risk reduction, climate change adaptation, epidemic/pandemic disease control, conflict sensitivity, etc.)?
- Are bottlenecks preventing greater coverage of the implementation of priority interventions?
  - If yes, is this a demand, supply and/or quality problem? How are implementation bottlenecks currently identified?
  - If no, what or who is needed to inform this analysis?
- Which health system issues are contributing to the under-coverage of priority interventions? What are the immediate causes of these issues?

Table 6 – Examples of underlying/root causes of bottlenecks within a population

Determinant of coverage	Example impact of a shock/stress on the determinant of coverage
Availability bottleneck	Delayed or insufficient procurement
	Inadequate storage and distribution
	Capacity gaps for local supply management
	Inadequate equipment for local storage and distribution
Accessibility bottleneck	Insufficient number of providers
	Insufficient number and/or inadequate distribution of access points/facilities
	Inadequate deployment of providers to remote or conflict-affected locations
	Contextual challenges (e.g., insecurity, informal settlements, population movements, difficult terrain, nomadism)
	Other cause

[50] A tracer intervention is one that is representative of a set of health service interventions. See: United Nations Children's Fund, 'Reaching Universal Health Coverage through District Health System Strengthening: Using a modified Tanahashi model sub-nationally to attain equitable and effective coverage', Maternal, Newborn and Child Health Working Paper, UNICEF, New York, December 2013, available at <www.unicef.org/health/files/DHSS_to_reach_UHC_121013.pdf>, accessed 1 March 2018.

Affordability bottleneck	Direct financial barriers (i.e., out-of-pocket at point of service)
	Indirect financial barriers (e.g., transport costs, opportunity costs)
	Other cause
Socio-cultural acceptability bottleneck	Lack of awareness and/or misconceptions regarding interventions/practices
	Weak social support for desirable practices (i.e., in terms of traditional beliefs and social norms)
	Providers lack good interpersonal communication skills
	Providers hold discriminatory attitudes towards target population
	Other cause
Continuity/ timeliness bottleneck	Lack of awareness and/or misconceptions regarding the importance of continued and timely care-seeking
	Weak social support for desirable practices (i.e., in terms of traditional beliefs and social norms)
	Inadequate management of/incentives for providers
	Unpredictable/unreliable means of transportation
	Other cause
Quality bottleneck	Providers lack required skills
	Providers lack required equipment or infrastructure
	Providers lack motivation to ensure quality of care
	Lack of access to trained health workers due to conflict

3.5 HSS STEP 5 IDENTIFY COST-EFFECTIVE AND EFFICIENT SOLUTIONS TO BOTTLENECKS

HSS Step 5 guides health sector stakeholders to identify solutions that address the underlying causes of bottlenecks. Solutions should be evidence-based, feasible, available, accessible, affordable, acceptable, gender-sensitive and equity-focused. Teams should consider which solutions can be implemented at each of the different levels of care and which will require multi-sectoral actions.

Having considered how risk plays a factor in weakening health systems, teams should list the existing health-specific risks/deprivations and their causes, and current interventions to address these causes, and how these interventions can be strengthened to be more resilient to the impacts of shocks and stresses. Teams should then adapt existing programmes or develop new ones in line with the findings of this review.

This step best aligns with ***GRIP Module No. 3***.

Guiding questions and issues for stakeholders to consider:

- Which strategies can reduce bottlenecks and protect against the impacts of shocks and stresses?
- Which strategies (e.g., community engagement, strengthening staff capacities for risk reduction, increasing access in the most at-risk areas) can increase the resilience of the target population and health services?
- What preparedness measures and contingency strategies must be implemented to ensure continuity of these interventions in the event of a crisis?

- Does the current plan/programme consider strategies to address implementation and coverage bottlenecks?
  - If so, how were these strategies identified?
  - What factors were considered in their prioritization?
  - Are the strategies multi-sectoral in nature?
- With reference to ***GRIP Module No. 3 (section 4)***, consider means to reduce the risks to programme effectiveness, and ensure that programmes are well-designed, gender-sensitive and conflict-sensitive, agile and responsive to changing situations.

3.6 HSS STEP 6 DEVELOP COSTED PLANS WITH OPERATIONAL TARGETS

Assuming that the priority groups and interventions have been identified using a 'risk lens' and implementation bottlenecks listed and considered in relation to the impacts of shocks and stresses, it is essential to bring these priority interventions into time-bound action plans (e.g., work plans, Project Cooperation Agreements) with resources, responsibilities and accountability mechanisms clearly set out.

Solutions and strategies to strengthen the resilience of health systems should not be pursued in parallel, but should be integrated into existing national or sub-national and community plans. Operational work plans should be specific, measurable, achievable, realistic and time-bound, with clear objectives, results, indicators and budgets.

This step best aligns with ***GRIP Module No. 3***.

Guiding questions for stakeholders to consider

- How were implementation coverage targets for the current plan/programme decided upon? Does the programme target the most at-risk populations?
- Do plan/programme results make a specific commitment to making health systems and services more resilient to the impacts of shocks and stresses?
- Are the targets in the plan/programme feasible to achieve within the time frame? Does the time frame consider seasonal hazards and/or the impacts of other shocks and stresses?
- Are the plan and its strategies conflict-sensitive? Have they been assessed with consideration to the risk of sexual exploitation and abuse?
- Was the plan costed?
  - Is there a tool that can be used to cost the strategies?
  - Is there a tool that can be used to cost the strategies with consideration to the impacts of shocks and/or stresses?

3.7 HSS STEP 7 MONITOR IMPLEMENTATION AND BOTTLENECK REDUCTION

HSS Step 7, on monitoring, is critical to programme effectiveness and accountability. Monitoring implementation provides evidence on how changes were made, on lessons learned and on how to apply timely actions, which is essential for building resilient health systems. At a minimum, the monitoring plan should contain baseline bottleneck charts, a list of objectives and outputs and their indicators, defined data sources and means of verification, and should set out how often updated data will be collected. Health-related aspects should complement the overall monitoring and evaluation framework for GRIP.

The IHR core capacity index is considered the HSS key indicator for assessing health security according to the WHO 100 core health indicators.[51] Teams should consider both this index and the IHR Monitoring and Evaluation Framework when developing the risk-informed monitoring and evaluation framework for a programme.

This step best aligns with ***GRIP Module No. 4***, which examines the monitoring of risks and risk-informed programmes.

[51] World Health Organization, 'Global Reference List of 100 Core Health Indicators, 2015', WHO, 2018, <www.who.int/healthinfo/indicators/2015/en>, accessed 28 February 2018.

4. ASSESSING PERFORMANCE

To test the extent to which health programmes are risk-informed, health sector stakeholders can pose the questions presented (see **Table 7**). The recommended scale for the evaluation is immediately below.

1	No, not at all
2	Not very much
3	Yes, moderately
4	Yes, to a great extent
5	Yes, to an exemplary level

Table 7 – Evaluating the team's performance in risk-informing health programmes

QUALITY CRITERIA	SCALE				
	1	2	3	4	5
To what extent have the impacts of previous shocks and/or stresses on the supply of, demand for and quality of health services and programmes been analysed?					
To what extent does the health programme target the most 'at-risk' areas (i.e., areas that are highly exposed to shocks and stresses and which also show high rates of vulnerability among children, adolescents and young people and low national or local capacities to mitigate the impacts of these shocks and/or stresses)?					
To what extent does the health programme have a clear objective to strengthen the resilience of children, households or the health system to absorb and adapt to the impacts of multiple shocks and/or stresses? To what extent do the health programme results (inputs, outputs, outcomes) already factor (explicitly or implicitly) in a commitment to risk reduction?					
To what extent does the health programme include a strategy that is focused on reducing exposure and vulnerability to shocks and stresses and increasing capacities to manage crises (e.g., a strategy for disaster risk reduction, climate change education, child protection in education, social protection for education, school health and nutrition, and conflict sensitivity and peacebuilding)?					
To what extent does the health programme link to early warning systems (UNICEF or other) and to people and processes that support risk management? (See ***GRIP Module No. 3.***)					
To what extent has the programme design and implementation been analysed for criticality in the event of a shock or stress? Does a plan exist to continue the critical health programme elements in the event of a shock? (See ***GRIP Module No. 3.***)					
To what extent do actions – including preparedness actions – for health incorporated into the programme reflect the Core Commitments for Children in Humanitarian Action,[52] Minimum Standards for Child Protection in Humanitarian Action[53] and Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action?[54] (See ***GRIP Module No. 3.***)					

[52] United Nations Children's Fund, *Core Commitments for Children in Humanitarian Action*, UNICEF, New York, May 2010, available at <www.unicef.org/publications/files/CCC_042010.pdf>, accessed 28 February 2018.
[52] Child Protection Working Group, *Minimum Standards for Child Protection in Humanitarian Action*, CPWG, 2012, available at <http://cpwg.net/?get=006914%7C2014/03/CP-Minimum-Standards-English-2013.pdf>, accessed 28 February 2018.
[54] Inter-Agency Standing *Committee, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, IASC, 2015, available at <https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf>, accessed 28 February 2018.

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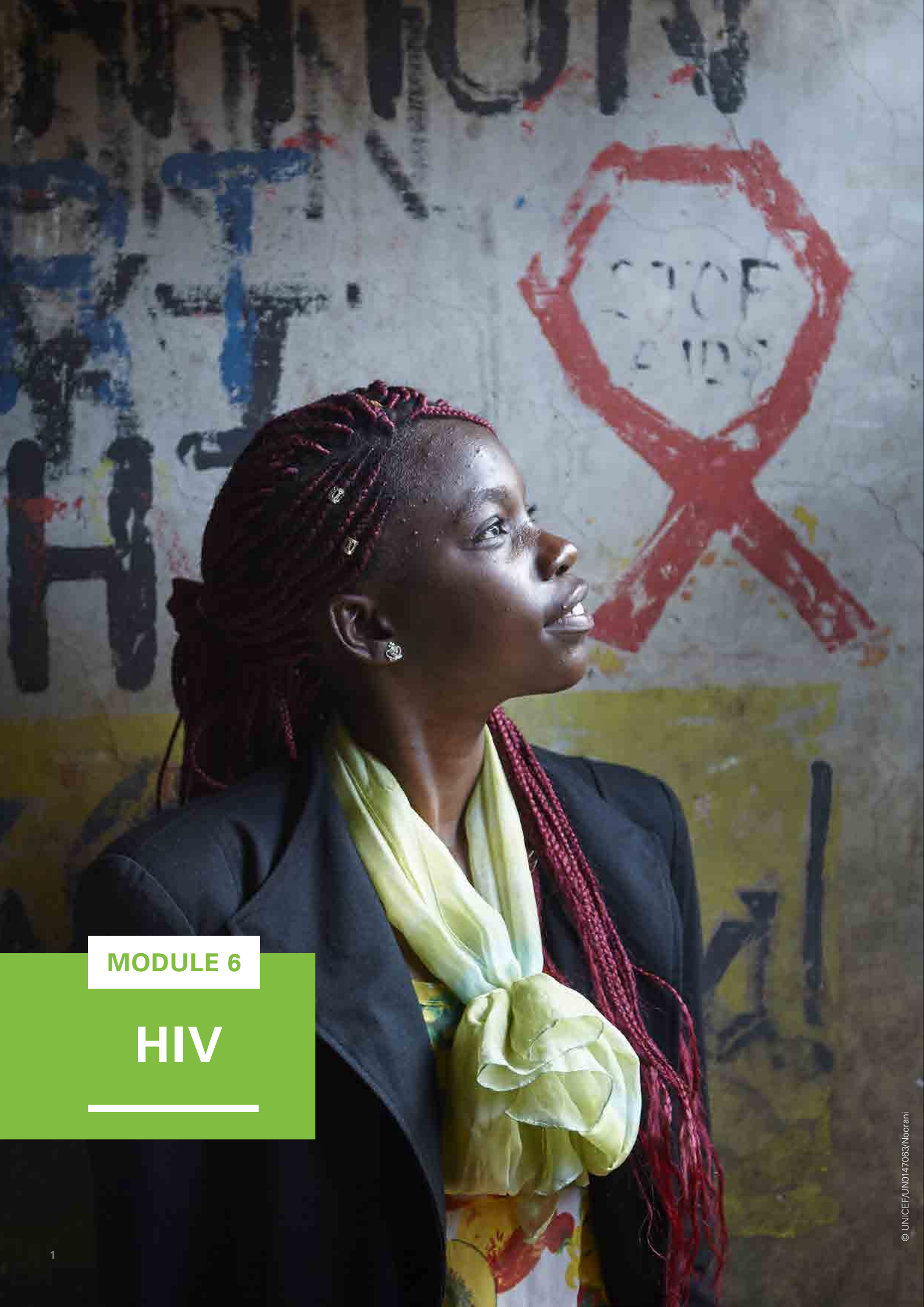
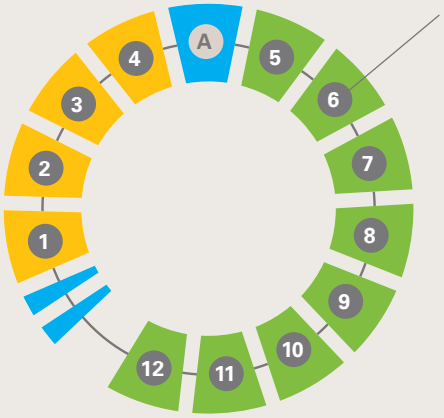
In Côte d'Ivoire, 200 children under the age of five die each day from diseases that can be prevented and treated. A single dose of vitamin A helps to ensure better disease resistance and can save lives.



MODULE 6

HIV

MODULE 6: HIV



CONTENTS FOR MODULE 6

1. INTRODUCTION

1.1 RISK-INFORMED HIV PROGRAMMING

UNICEF contributes to global targets to achieve an AIDS-free generation[1] and to end AIDS,[2] in line with Goal 3 of the Sustainable Development Goals (SDGs), to ensure healthy lives and well-being for all, at all ages. Shocks and stresses (which include disease outbreaks, climate change, violent conflict, natural disasters, and economic and political crises) can put these targets at risk by causing disruption to HIV services, including the supply of antiretroviral (ARV) drugs and availability of trained staff; decreased treatment adherence and retention; and a potential increased risk of new infections due to a breakdown of protective societal norms or behaviours. Children and adolescents are at particular risk because they depend on others to access services and are more vulnerable to exploitation. Increased exposure to communicable diseases can have a detrimental effect on people living with HIV (PLHIV). It is therefore critical that populations at risk are as healthy as possible and that PLHIV have (continued) access to life-saving HIV, health and nutrition interventions.

Programmes that address HIV prevention and treatment in fragile or risk-prone areas should be flexible and adaptable enough to respond to additional needs that may occur during a crisis. At the same time, they must maintain programme coverage and continue existing HIV prevention and treatment services for children and adolescents. It is therefore important to understand the potential impacts of shocks and stresses on the determinants of programme coverage in order to put in place additional measures to mitigate these impacts in times of crisis. An example of the impacts of drought on HIV infection rates in southern Africa is provided below (see **Box 1**).

Risk-informed programming may require activities that are different and new. It will challenge HIV programme staff to:

- analyse all potential shocks or stresses – not just natural disasters or violent conflict – to better inform populations, programmes and systems
- deliver collaborative, multi-sectoral programme interventions, including through child protection, health, nutrition and social protection services

[1] Joint United Nations Programme on HIV/AIDS, *On the Fast-track to an AIDS-free Generation*, UNAIDS, Geneva, 2016, available at <www.unaids.org/en/resources/documents/2016/GlobalPlan2016>, accessed 28 February 2018.
[2] United Nations General Assembly, Political Declaration on HIV and AIDS: On the fast track to accelerating the fight against HIV and to ending the AIDS epidemic by 2030, Resolution adopted by the General Assembly, 22 June 2016, A/RES/70/266, available at <www.unaids.org/en/resources/documents/2016/2016-political-declaration-HIV-AIDS>, accessed 28 February 2018.

- ensure that investments in strategies, systems and programmes that deliver HIV interventions are protected from the impacts of shocks and/or stresses.

The ultimate goal is always that every child, including every child living with HIV, enjoys her or his basic rights – at any time and in any context.

BOX 1 – IMPACTS OF SHOCKS AND STRESSES ON HIV INFECTION RATES

The impacts of shocks and stresses can be deep and far-reaching, exacerbating existing vulnerabilities and creating new ones. A 2014 study of 18 countries among the El Niño–affected countries in sub-Saharan Africa – including Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe – found that infection rates in HIV-endemic rural areas increased by 11 per cent for every recent drought.[3] Income shocks further explained up to 20 per cent of the variation in HIV prevalence across the African countries studied. Understandably, crises increase psychological stress and the likelihood of employing high-risk behaviours and negative coping strategies, including transactional sex. Gender-based violence can also increase with drought and food and water scarcity. Survivors of sexual assault, most of whom are adolescent girls and women, are at risk of transmission of HIV and other sexually transmitted infections, as well as unintended pregnancy. Such experiences, and income shocks produced by drought, often lead adolescent girls to drop out of school, which is another risk for HIV infection. Considering the impacts of shocks and stresses is thus critical for HIV programming.

1.2 HOW TO USE THIS MODULE

GRIP Module No. 6 for HIV follows the same logic as the core GRIP Module Nos. 2–4, but offers supplementary information that may be useful for this sector at various stages of the risk-informed programming process.

This module should be read alongside the core GRIP modules and other UNICEF strategic planning guidance, including the:

- UNICEF Strategic Plan, 2018–2021[4] and its theory of change[5]
- UNICEF Gender Action Plan, 2018–2021[6]
- 10-determinant framework[7] of the UNICEF Monitoring for Results Equity System (MoRES)[8]
- UNICEF *Programme Policy and Procedure Manual*.[9]

Most important, it should be used in conjunction with UNICEF operational approaches to programming and key frameworks such as the UNICEF *Adolescent and Youth Engagement Strategic Framework*.[10]

The ability to prevent new infections and provide care and support for PLHIV in times of crisis depends significantly on the performance of other sectors such as water, sanitation and hygiene (WASH), health, nutrition and education, and programmes to promote social inclusion. For example:

- Disruption to **laboratory functions** during a crisis can limit the availability of early infant diagnosis or HIV treatment monitoring, underlining the critical importance of **resilient health systems**.
- Programmes for the **community-based management of acute malnutrition** can provide importantl entry points to identify HIV infection among children

[3] Burke, Marshall, Erick Gong and Kelly M. Jones, 'Income Shocks and HIV in Africa', MPRA Paper No. 55392, Munich Personal RePEc Archive, 9 April 2013, available at <https://mpra.ub.uni-muenchen.de/55392/1/MPRA_paper_55392.pdf>, accessed 28 February 2018.
[4] United Nations Children's Fund, *UNICEF Strategic Plan 2018–2021: Executive summary*, UNICEF, New York, 2018, <https://www.unicef.org/publications/files/UNICEF_Strategic_Plan_2018-2021.pdf>, accessed 7 October 2018.
[5] United Nations Children's Fund, Theory of Change Paper, UNICEF Strategic Plan, 2018–2021, Realizing the rights of every child, especially the most disadvantaged, UNICEF/2017/EB/11, 18 July 2017, available at <www.unicef.org/about/execboard/files/2017-EB11-Theory_of_Change-EN-2017.07.19.pdf>, accessed 28 February 2018.
[6] United Nations Children's Fund, *UNICEF Gender Action Plan, 2018–2021*, E/ICEF/2017/16, 13 July 2017, available at <www.unicef.org/about/execboard/files/2017-16-Gender_Action_Plan-2017.07.14-Rev.1.pdf>, accessed 28 February 2018.
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[10] United Nations Children's Fund, Adolescent and Youth Engagement Strategic Framework, UNICEF (n.d.), available at <www.unicefinemergencies.com/downloads/eresource/docs/Adolescents/63792683.pdf>, accessed 28 February 2018.


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- **Early childhood development programmes** can provide messaging on HIV prevention and treatment, and ensure the referral of children with developmental delays for HIV testing.
- Child protection and health colleagues can work with communities to **prevent and respond to gender-based violence**, and can train service providers in the clinical care of survivors of sexual assault, which includes ensuring adequate stocks of ARV drugs, HIV tests and other commodities for situations where populations (including health personnel) are at risk.

To ensure cross-sectoral collaboration, this HIV-specific module should also be read in conjunction with the GRIP modules for supporting sectors.

2. SUPPLEMENTARY INFORMATION FOR MODULE NO. 2: RISK ANALYSIS

GRIP Module No. 2 helps multi-stakeholder teams to estimate the risk of humanitarian crisis, which can overwhelm national response capacities and lead to acute and urgent needs, cutting across multiple sectors. The risk formula can also be applied to consider the likelihood of shocks and stresses eroding development progress in a specific sector. In other words, the same methodology can be used to consider how shocks and stresses might worsen or accelerate a deprivation facing children, such as the failure to access adequate HIV prevention and treatment services. Having such an understanding is particularly important when working in higher-risk countries (those with high vulnerabilities, serious capacity gaps and which are disproportionately exposed to shocks and stresses).

Section 2 of GRIP Module No. 6 provides supplementary information that can help HIV programme stakeholders to contribute to a larger risk analysis and/or conduct their own HIV-specific analysis. The latter specifically considers how shocks and stresses might erode progress in protecting all children and their families from HIV infection and in helping those who are HIV-positive to live free from AIDS.

This section can therefore be used to either:

- inform a sector-specific analysis of the risks that can erode development progress in HIV programming, or
- help multi-sectoral teams ensure that the vulnerabilities and capacities relevant to PLHIV are sufficiently well considered in a wider, multi-sectoral analysis of the risk of crisis.

2.1 PREPARATION PHASE

Supplementary information for GRIP Module No. 2 aimed specifically at HIV programme stakeholders can help them to consider how to prepare to conduct a risk analysis for HIV programming (see **Table 1**). Lessons learned suggest that the analysis will lose credibility and its potential influence and utilization will be diminished if the strategic purpose, methodology, governance structures and participants are not correctly established from the beginning.

Table 1 – Preparing for a risk analysis for HIV programming

Confirm the strategic purpose	It is important to confirm the goal or purpose of the analysis before beginning. The purpose may be to: • **inform a larger or national assessment of HIV programming in country**, ensuring that there is adequate consideration of risks for people living with HIV (PLHIV) and of the increased vulnerability to HIV infection. • **Influence policies, plans and programmes** for the health sector and others that contribute to goals for an AIDS-free generation so that they include a specific and targeted commitment to risk reduction. • **Ensure a risk-informed approach to HIV prevention care and treatment** that promotes a multi-sectoral approach that goes beyond the biomedical. • **Inform preparedness, contingency and crisis management plans** so that they consider the needs of PLHIV. Ensure that all sectors includet HIV prevention, care and treatment interventions and promote multi-sectoral services that go beyond the biomedical. • Ensure that **measures of risk and risk reduction are included in national monitoring systems** such as the health management information system (HMIS). • Ensure that **risk assessment methodologies** used by the ministry of health or other national authorities consider 1) the special needs, vulnerabilities and capacities of girls and boys, and women and men living with HIV, and 2) the coping mechanisms that may increase vulnerability to HIV infection and affect treatment adherence and retention. In addition, the methodologies used should enable and support children and adolescents to participate in risk assessments. • Inform **joint HIV planning and programming** processes with multiple stakeholders.
Define the scope of analysis	In addition to considering the country's risk profile (as per ***GRIP Module No. 2, section 3.1***), HIV programme stakeholders may define the following: • **Geographic scope:** Is the scope of the risk analysis at the national, regional, local or community level? • **Sectoral scope:** Given the integrated nature of HIV programming, will the analysis focus on the health sector, or is a whole-of-government approach required? • **Equity:** How does the analysis define disadvantaged or 'at-risk' populations? • **Level of programming:** If the analysis focuses on a particular level of the health system, is this primary, secondary, tertiary or community-based health care? • **Systems analysis or facility level:** Will it consider the broader health system, the network of facilities and/or service providers, supply chains and community-based systems? • **Type of delivery system:** Will the analysis consider all HIV service providers (e.g., private, government, religious, non-governmental organization?
Choose the best timing	The timing of a risk analysis is critical. In addition to the considerations outlined in ***GRIP Module No. 2 (section 2.4)***, HIV programme stakeholders may also consider the below: • **Major planning processes:** Are there specific milestones, in terms of the launch of new health sector plans, programmes or initiatives that provide opportunities for advocacy and leverage concerning risk reduction? • **Sector management cycles:** What is the cycle for sector planning, budget allocation and fiscal reporting for HIV prevention and treatment programmes? Can the timing of risk analysis converge with and influence important decision-making processes?

Establish management structures	Ideally, a risk analysis for risk-informed HIV programming is conducted by the ministry of health, the national HIV/AIDS commission or a leading national public health research institution. The entity would have the capacity to drive and lead inter-ministerial collaboration, with support from major development partners such as UNICEF, the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS). In other cases, UNICEF may wish to lead on risk analysis to ensure its integration into the larger situation analysis that underpins programme design. Regardless of whether UNICEF supports or leads the analysis, strong ownership and steering by UNICEF senior management is essential. To ensure both the participation of higher-level national counterparts and the cross-sectoral nature of the analysis, UNICEF country offices may consider establishing the **governance structures** outlined in ***GRIP Module No. 2 (section 2.3)***, which can include a convening or leading institution such as the ministry of health.
Ensure the right participants	HIV programme stakeholders that may be consulted or could actively participate in a risk analysis include: • technical counterparts of the ministry of health and the national HIV/AIDS commission (and its various units and administrative levels); • health sector professionals (including doctors, nurses and community health workers); • local networks of PLHIV; • development partners such as other United Nations agencies, donors, the private sector, and academia and bilateral/multilateral entities; • other facets of civil society such as community leaders, non-governmental and community-based organizations, **religious leaders or institutions**, community groups involved in HIV prevention, care, treatment and support and; • health and protection partners and other thematic groups to which HIV belongs. GRIP Module No. 2 provides a useful table that can be used to determine the roles of various participants in risk analysis (see ***GRIP Module No. 2, Table 2***).

2.2 ASSESSMENT PHASE

A child-centred risk assessment is well suited for use by multi-stakeholder teams and meets the institutional requirements of the emergency preparedness procedure. As outlined in GRIP Module No. 2 (section 3), the risk assessment involves the following steps:

1. **Likelihood:** Identifying significant shocks and stresses that might trigger crisis or erode development progress in HIV programming – and considering the likelihood of these shocks manifesting in the next four to five years and their severity of impact.
2. **Impact:** Determining the potential impacts of shocks and stresses on children, households and systems, by considering:
   - patterns of exposure to shocks and stresses
   - historical impacts and losses
   - vulnerabilities of children and households
   - capacities of communities, systems and local and national authorities.
3. **Risk:** Prioritizing the risks associated with each shock or stress.

STEP 1: LIKELIHOOD

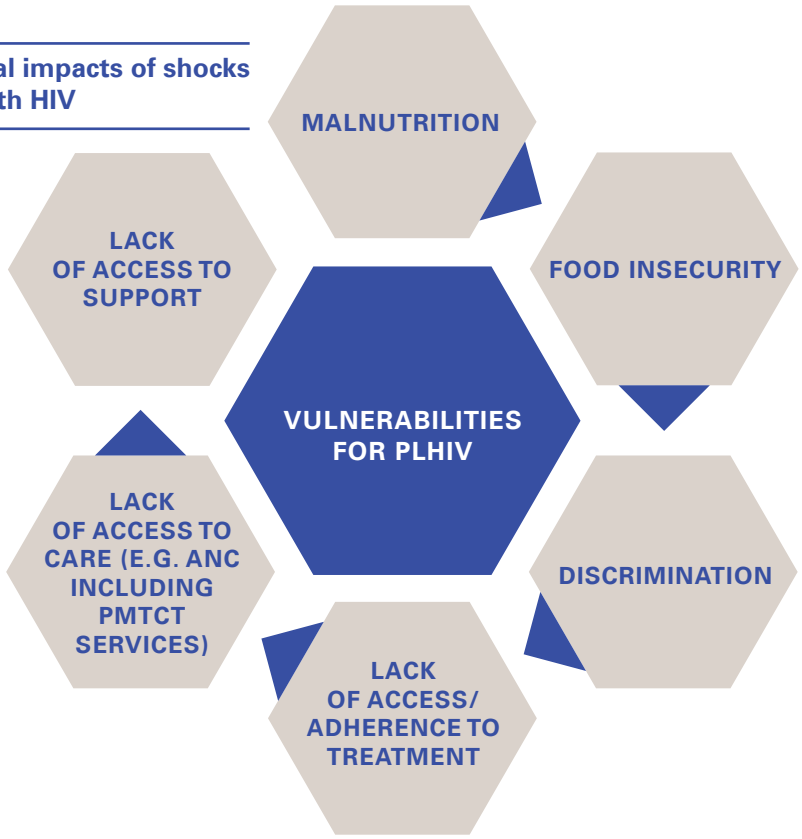
- With reference to ***GRIP Module No. 2 (section 3.1)***, HIV programme implementers should identify the major shocks and stresses that have the potential to trigger crisis considering the questions presented in **Table 2**. (For examples of potential shocks and stresses, see **Graphic 1**.)
- HIV colleagues should use secondary sources to gather data and information on the historical frequency of three to five of the most significant shocks and stresses recorded over the last 15 to 20 years, noting trends (for potential data sources relevant to HIV programming, **Table 2**).

- Colleagues should then use the likelihood scale provided to assign a rating for how likely the shock (or the 'tipping point' of a stress) is to occur within the next four to five years (or other agreed time frame).

Table 2 – Supplementary questions for HIV programme stakeholders on likelihood

Questions for HIV teams on likelihood:	Potential data sources:
• Are there any shocks/stresses that are particularly relevant to/likely to affect HIV programmes? • What health-related hazards (including, but not limited to, epidemics) can trigger crisis, particularly for people living with HIV, and increase vulnerability to HIV infection? • What is the current status of climate-sensitive diseases (e.g., malaria and cholera)? What is the trend for these diseases associated with climate change?	• National public health surveillance systems and reports • For more potential data sources, see ***GRIP Module No. 2 (Annex 1)***

Graphic 1 – Examples of potential impacts of shocks and stresses on people living with HIV



STEP 2: IMPACT

- With reference to ***GRIP Module No. 2 (section 3.2)***, HIV colleagues should consider the patterns of exposure to and historical effects of shocks and stresses as well as the current vulnerabilities and capacities of communities and systems in order to determine the probable 'impact' of a shock or stress.
- Having considered all of the elements embedded within Step 2, teams should assign a score to each individual shock or stress using the impact scale provided.

EXPOSURE TO SHOCKS AND STRESSES

HIV programme teams should note any significant geographic patterns in exposure to shocks and stresses, identifying locations in country where the shocks and stresses are most likely to occur (see **Table 3**). This may focus not only on persons (e.g. considering population density), but also on infrastructure, facilities and/or other elements of health and other systems critical for delivery of HIV prevention care and treatment services that are located in potential hazard zones.[11] **Geographic information systems** (GIS) or **hazard maps** from secondary sources can be particularly useful when estimating exposure.

[11] United Nations Office for Disaster Risk Reduction, 'Terminology on Disaster Risk Reduction', UNISDR, Geneva, 2 February 2017, <www.unisdr.org/we/inform/terminology>, accessed 28 February 2018.


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Table 3 – Supplementary questions for HIV programme stakeholders on exposure

Questions on exposure to shocks and stresses:	Potential data sources:
• What populations are exposed to this specific shock or stress? • What is the population density in these areas? How does this specifically alter exposure to health-related hazards such as epidemics? • Are health infrastructure, assets or systems (e.g., health administration offices, national medical stores, facilities, dispensaries, warehouses) critical to HIV prevention and treatment located within the hazard zone? • Who is exposed to frequent epidemics and/or diseases that are endemic but which can become epidemic if conditions change? • Are the impacts of a specific shock or stress likely to be worse in a particular season or time period?	• Geographic information systems in the health sector (and potentially the health management information system) • Secondary hazard maps produced by the national disaster management agency or national statistical office

HISTORICAL IMPACTS AND LOSSES

HIV colleagues should also consider the historical impacts and losses associated with the three to five priority shocks and/or stresses – ideally over the same time frame as for the assessment of likelihood (see **Table 4**). For indicative examples of the impacts of shocks and stresses on HIV programmes, **Table 5**. For additional examples of how shocks and stresses can affect HIV prevention, support and treatment programmes, see the other sector-specific GRIP modules.

Table 4 – Supplementary questions for HIV programme stakeholders on impacts and losses

Questions on impacts and losses:	Potential data sources:
Based on data from past events, stakeholders may ask: • What was the impact of this specific shock or stress on health system infrastructure and HIV programmes and services? Was there damage to hospitals, clinics, facilities, dispensaries, medical stores, critical routes to facilities, etc.? (Damage may be expressed in terms of counts – e.g., number of facilities damaged – or in terms of economic losses.) • Were there interruptions to the continuity of HIV testing, prevention and treatment services during previous shocks? How did these affect HIV testing, antiretroviral treatment adherence and/or retention? Did the interruptions affect infants, children, adolescents and women (including pregnant women) differently? • What was the historical impact of this shock or stress (in terms of mortality, morbidity, injury and/or trauma suffered by people living with HIV)? • Was there evidence of coping mechanisms that increase vulnerability to HIV infection (e.g., transactional sex) being employed?	• Reports from ministry of health and national disaster management agency • National disaster loss and damage databases • Post-disaster needs assessment reports • Health cluster reporting • Sendai Framework Monitoring reports[12] • HIV prevention/treatment coverage surveys, modes of transmission studies, sentinel surveillance data

[12] PreventionWeb, 'Sendai Framework Monitor', United Nations Office for Disaster Risk Reduction, <www.preventionweb.net/drr-framework/sendai-framework-monitor>, accessed 28 February 2018.

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Table 5. Examples of impacts on HIV programmes

Type of impact resulting from the shock or stress	Example of a specific impact on HIV programming (extracted from the WHO Emergency Risk Management for Health Overview)[13]
Direct impact	• Death, injury, psychological distress, and illness or death resulting from an epidemic or pandemic disease. Climate change can exacerbate these impacts.
Indirect impact resulting from disruption to health systems/ services	• Damage to health facilities and loss of (or reduced) resources such as health staff, medical supplies and logistical support (including communications, electricity and transportation) can significantly hinder access to preventive and curative health services. • Reduced access to primary health care and the slowing down of routine disease control programmes (e.g., integrated community case management) may increase the risk of: excess morbidity and mortality of common childhood illnesses such as diarrhoea, malaria and pneumonia; HIV and tuberculosis, according to prevalence; outbreaks of diseases, including those previously under control (e.g., measles, polio); and worsening malnutrition. • Large or even small outbreaks of deadly diseases can cause significant impacts on the whole of society, slowing service delivery and economic growth due to reduced travel and trade. Similar impacts will be felt across all sectors.
Indirect public health impact resulting from population displacement and overcrowding	• Overcrowding can result in increased risk of: acute respiratory tract infections, measles, meningitis, polio and tuberculosis; diarrhoea and waterborne diseases, due to lack of sanitation; and vector-borne diseases such as dengue, malaria and typhus. • Population movement to higher disease transmission areas, sleeping outside, and a lack of prevention and control strategies can exacerbate the risk of vector-borne diseases. • Services in the area that has received the displaced population may be overwhelmed.

- For people living with HIV (PLHIV), all three of the above impacts can increase exposure to opportunistic infections and co-morbidities. For certain diseases, individuals with lower immunity – such as malnourished children or PLHIV – are at greater risk of death if infected.
- PLHIV may be more susceptible to stigma and discrimination in crisis settings where it is more difficult to maintain privacy and confidentiality.
- Limited access to food and adequate nutrition may also have adverse effects on the efficacy and tolerance of antiretroviral drugs and thus on adherence to treatment.

[13] World Health Organization, 'Emergency Risk Management for Health: Overview', 2012, <www.who.int/hac/techguidance/preparedness/risk_management_overview_17may2013.pdf>, accessed 8 October 2018.

VULNERABILITIES AND CAPACITIES

HIV colleagues should consider the characteristics that make children and families particularly susceptible to the impacts of a specific shock or stress. An 'HIV lens' should be applied to focus specifically on PLHIV and those who are vulnerable to HIV infection, with consideration given to existing bottlenecks that prevent full access to services. (For a visualization of vulnerabilities to HIV infection, see **Graphic 2**.) Teams should also consider the national, local, community and system-level capacities that can play a role in reducing, mitigating and/or managing the impacts of shocks and stresses on PLHIV in particular.

Table 6 – Supplementary questions for HIV programme stakeholders on vulnerabilities and capacities

Questions on vulnerabilities	
How does HIV status affect vulnerability to the impacts of shocks and stresses? • What is the prevalence of HIV at national and sub-national levels, and by gender, age, ethnicity or other determinant/category of inequity relevant for analysis? • What are the drivers of the epidemic? • What is the current coverage of HIV prevention and treatment services in country? What are the trends in routine data on access to care and treatment and/or retention? What are the trends in routine data on treatment adherence? Who has access to services and where are the gaps? • What is the level of access to and use of condoms? Where are the gaps? • What is the level of knowledge in communities on HIV testing, prevention and treatment? Where are the gaps? • To what extent are people living with HIV (PLHIV) and those most vulnerable to infection prepared to manage shocks and stresses (specific risk mitigation strategies may include, , having a birth plan (for pregnant women with HIV), stocking a three-month supply of HIV and/or tuberculosis medications, understanding one's treatment regimen and current disease status and where to access services if displaced by crisis, being enrolled in social safety net programmes) ***How is vulnerability affected by socio-economic status (with a focus on PLHIV or people affected by HIV)?*** • How is individual vulnerability to this specific shock or stress affected by wealth (household income and expenditure, wealth quintile, etc.), gender, education status of mother, ethnicity or religious affiliation, family size and composition, or other determinant of inequity? • What populations are on the move or displaced? • How does this affect HIV-positive mothers, newborns and children in terms of access to HIV services? • How does this affect those populations most vulnerable to HIV infection (e.g., adolescent girls and women)? • Who is most at risk of losing their livelihood during a crisis? • Who has access to social safety nets (e.g., health insurance schemes, universal health coverage, cash transfers), enabling access to health care during crisis? • What is the nutrition status of exposed communities? • Who is at risk of chronic food insecurity or high rates of malnutrition that can worsen in the event of a shock or stress? • What is the HIV prevalence in these populations? • How are living conditions? *(For example, could disease prevalence rates rise disproportionately in the event of a crisis because of poor or crowded living conditions; poor standards of water, sanitation and hygiene; or the use of certain fuels for cooking?)*	• HIV prevention/ treatment coverage surveys, modes of transmission studies, sentinel surveillance data • Global AIDS Monitoring reports[14] • National administrative databases (health management information system) and facility-based data • National household surveys such as Multiple Indicator Cluster Surveys,[15] and Demographic and Health Surveys Standardized Monitoring and Assessment of Relief and Transitions surveys[16] household income and expenditure surveys • Indices and analysis tools using survey data such as EQUIST, Multiple and Overlapping Deprivation Analysis (MODA),[17] and other means to enable a multidimensional approach to measuring child poverty[18]

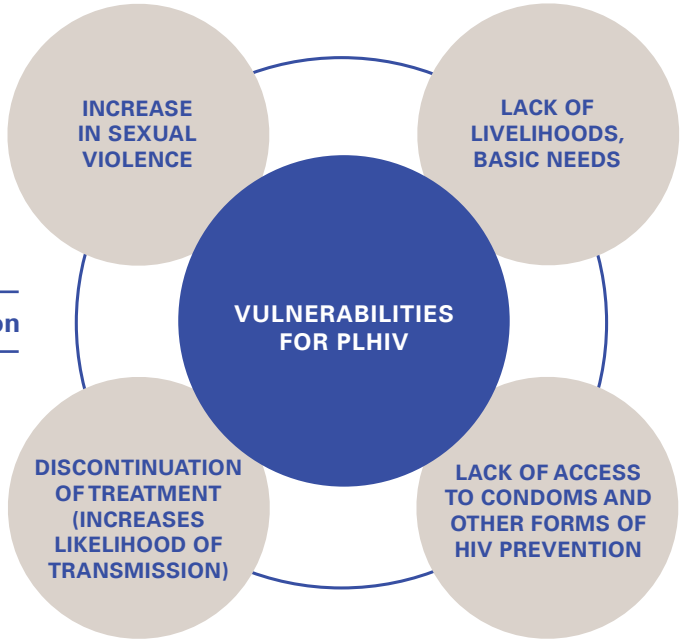
[14] Joint United Nations Programme on HIV/AIDS, 'Global AIDS Monitoring', UNAIDS, <www.unaids.org/en/dataanalysis/knowyourresponse/globalaidsprogressreporting>, accessed 1 March 2018.
[15] The Multiple Indicator Cluster Surveys are managed by the UNICEF Global MICS Team, available at <http://mics.unicef.org>, accessed 8 October 2018.
[16] The Standardized Monitoring and Assessment of Relief and Transitions resources are available at <http://smartmethodology.org/about-smart>, accessed 8 October 2018.
[17] United Nations Children's Fund, 'About Multiple Overlapping Deprivation Analysis (MODA) for Children', UNICEF Office of Research – Innocenti, <www.unicef-irc.org/MODA>, accessed 28 February 2018.
[18] United Nations Children's Fund, 'A Multidimensional Approach to Measuring Child Poverty', Social and Economic Policy Working Briefs, UNICEF Policy and Practice, February 2011, available at <www.unicef.org/socialpolicy/files/A_Multidimensional_Approach_to_Measuring_Child_Poverty%282%29.pdf>, accessed 28 February 2018.

Questions on capacities

- Do HIV prevention and treatment services receive adequate attention and budget allocations within national crisis prevention and response plans?
- To what extent are the needs of PLHIV prioritized in national emergency response planning at national and decentralized levels?
- To what extent are the voices of PLHIV considered in response planning at all levels?
- Do facility- and community-based systems have capacities that should be harnessed and strengthened to support crisis prevention and response?
- To what extent are communities mobilized/capacitated to provide and/or support HIV prevention and treatment services, particularly those that help to increase retention and treatment adherence? *(For example, is the community set up to distribute antiretroviral drugs in both stable periods and at times of crisis?)*
- Who are the partners/stakeholders in HIV prevention, care and treatment, and where are their interventions located?
  Are partners adequately trained and prepared to manage the impacts of shocks and stresses on treatment adherence and retention, and on the continued provision of services?
- What is the availability/quality of interventions by other sectors that will contribute directly or indirectly to HIV programming (e.g., by improving health, nutrition, food, livelihoods, child protection, education) in times of crisis?

- National HIV policies, strategies and action plan and report
- UNICEF HIV Country Programme Documents and Regional Work Plans/Annual Work Plans
- UNICEF HIV strategy and operational approach to improve HIV status and reduce prevalence
- Adolescent Assessment and Decision Makers Tool results
- HIV sector 4Ws (Who is doing What, When and Where)

Graphic 2 – Vulnerabilities to HIV infection



STEP 3: RISKS

This final stage of the assessment brings together the team's estimation of the **likelihood** of experiencing a shock or stress and its potential **impact**, and checks this against the current understanding of vulnerabilities and capacities. HIV programme stakeholders should therefore bring together the data and information gathered in the previous steps and note in a table the scores associated with likelihood and impact. The two scores can be multiplied to produce a combined score, which should provide a simple means of ranking the level of **risk** associated with each shock or stress. (For an exemplary table and for consideration of how this process contributes to a UNICEF country office's compliance with the emergency preparedness procedure, see ***GRIP Module No. 2, section 3***.)

If a spatial risk assessment or 'child-centred risk mapping' was undertaken (as per GRIP Module No. 2, section 3.4), HIV programme stakeholders can also prioritize or rank geographic areas on the basis of risk and discuss the implications for area-based programming and partnerships. This kind of analysis can also be done simply using maps from secondary sources and/or a comparison of areas with high levels of exposure to shocks and stresses combined with high vulnerability and low capacity.

Ideally, priority should be given to those geographic areas that face a disproportionate level of **risk** (being highly exposed to shocks and stresses combined with high vulnerability and low capacity). It is understood, however, that geographic targeting for programming is often the result of a more complex prioritization process that considers: criticality (severity of the deprivation or risk as well as government priorities); the UNICEF mandate; UNICEF strategic positioning; UNICEF programmatic and operational capacities; and lessons learned from previous global, regional and country experience. This prioritization process is best described in the UNICEF Results-based Management Learning Package, using the 'five filter approach'.[19]

2.3 ANALYSIS PHASE

Distinct from the assessment phase of the child-centred risk analysis, the analysis phase uses the conceptual frameworks of the human rights-based approach to programming to 'dig deeper' and analyse **why** risks are occurring, **who** is responsible for addressing them and **what** capacities these actors need to enable them to do so. ***GRIP Module No. 2 (section 4.1)*** provides suggestions on how to conduct a causality analysis, with reference to the UNICEF *Guidance on Conducting a Situation Analysis of Children's and Women's Rights.*[20]

A risk informed causality analysis can:

- help HIV programme stakeholders to generate a shared understanding of the drivers of risk, focusing on vulnerabilities and capacities
- support the design of HIV prevention and treatment strategies that address the drivers of risk at multiple levels – i.e., immediate, root and proximate causes
- reveal the interactions or shared impacts of multiple shocks and stresses.

To conduct a risk-informed **causality analysis**, HIV programme stakeholders should work together to identify and map the relationships between immediate, root and proximate causes of risk. Teams should follow the following steps:

1. **Use the same starting point as existing causality analyses.**
   Place at the top of the problem tree an impact-level deprivation or inequity related to HIV programming *(e.g. increased burden of new HIV infections in children and adolescents or increased HIV-related deaths among pregnant/post-partum women, children and adolescents)* and list four or five immediate causes of this deprivation.
2. **Consider the impacts of a particular shock or stress on the deprivation and its immediate causes.**
   Use the highest-ranking shock or stress from the assessment phase and consider how the manifestation of this risk could lead to a worseningor acceleration of the deprivation and its immediate causes. Then ask why these negative impacts or losses would occur, to identify further root and proximate causes.
3. **Use the MoRES 10-determinant framework to check the completeness of the causality analysis.**
   Use the framework to confirm identification of all of the causes related to barriers in the supply of, demand for and quality of services, and within the enabling environment.
4. **Check the causality analysis.** Ensure that the analysis is holistic and complete.

Going deeper, a more comprehensive **risk-informed barrier and bottleneck analysis** can be applied to more specific interventions, to guide the programmatic adjustments necessary to ensure effective coverage of HIV prevention and treatment services. For example, a more in-depth barrier and bottleneck analysis can be done for:

- HIV-specific (e.g., HIV testing, ART) and HIV-sensitive interventions (e.g., gender-based violence interventions, keeping girls in school, antenatal care[21]
- service delivery platforms (community, health facilities, mobile).

Disaggregated data can be used to consider inequities by wealth quintile, age, geography, gender or another determinant, or data sets from different seasons, years or periods can be compared to track the impacts of shocks and stress on programme outcomes. (For an indicative summary of the potential impacts of shocks and stresses on the coverage of HIV programmes, see **Table 7**.)

[19] United Nations Children's Fund, *Results-based Management Handbook: Working together for children*, UNICEF, 2017, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/Shared Documents/RBM_Handbook_Working_Together_for_Children_July_2017.pdf>, accessed 10 March 2018.
[20] United Nations Children's Fund, *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*, UNICEF Division of Policy and Strategy, March 2012, available at <www.unicefinemergencies.com/downloads/eresource/docs/Rights based equity focused Situation Analysis guidance.pdf>, accessed 1 March 2018.
[21] A tracer intervention is one that is representative of a set of health service interventions. See 'Reaching Universal Health Coverage through District Health System Strengthening: Using a modified Tanahashi model sub-nationally to attain equitable and effective coverage', Maternal, Newborn and Child Health Working Paper, UNICEF, New York, December 2013, available at <www.unicef.org/health/files/DHSS_to_reach_UHC_121013.pdf>, accessed 1 March 2018.

Table 7 – Impacts of shocks and stresses on determinants of coverage for HIV interventions

Determinant of coverage of existing interventions	Example of the impacts of a shock on the determinant of coverage
Supply/ commodities	• Increased likelihood of stock-outs and other supply chain interruptions due to lack of access (e.g., blocked roads, flooding) • Increased burden on facilities in particular locations as a result of population displacement • Commodities destroyed (e.g., by looting, flooding) • Reduced or no access to laboratories, resulting in delays to the processing of test results
Human resources	• Increased likelihood of human resources being overwhelmed • Lack of focus on HIV by health staff due to competing priorities • Staff displaced • Staff unable to reach facilities
Physical access	• Increased likelihood of reduced access to services (e.g., due to damage to facilities and transportation routes, insecurity, services cut off) • Increased distance to facilities (e.g., because local facilities are closed due to crisis) • Physical inability to access services (e.g., due to disability)
Utilization	• Changed priorities among the population – mothers, caregivers, adolescents prioritizing other needs (e.g., shelter, safety, food) over own health due to crisis • Increased psychological stress makes it difficult for patients to seek care • User fees make it difficult for population to access services, especially due to loss of livelihoods and price increases • Services no longer available • Increased fear of stigma and discrimination due to conditions that can limit or jeopardize privacy and confidentiality
Continuity	• Increased food insecurity, which can affect treatment adherence and retention • Displacement/population movements may cause interruptions to services or higher volumes of users at specific locations, which affects service quality and the availability of antiretroviral drugs or other supplies • Income shocks negatively affect health-seeking behaviours
Enabling environment	• Breakdown of social norms and practices that affect health-seeking behaviours • Increased prevalence of high-risk sexual behaviours, including the exchange of sex for commodities and/or protection

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3. SUPPLEMENTARY INFORMATION FOR MODULE NO. 3: DESIGN AND ADAPTATION OF PROGRAMMES

GRIP Module No. 3 is designed to help UNICEF country offices and key child rights stakeholders to apply the body of evidence gleaned through the risk analysis to the design and adjustment of programmes. By applying the results-based management approach, it helps teams to:

- develop or adjust **theories of change** to integrate considerations of risk
- develop **risk-informed programmes**
- consider how to **adjust existing UNICEF work plans and partnerships** to manage risk and ensure the achievement of results.

3.1 RISK-INFORMED THEORY OF CHANGE

The most critical aspect of the strategic planning process is the development of a theory of change that articulates a vision for reaching a desired impact and makes explicit how one level of change leads to another (for examples, see **Table 8**). GRIP Module No. 3 (section 2) has more detailed guidance on the development of a risk-informed theory of change, which offers examples and makes reference to the UNICEF *Results-based Management (RBM) Handbook*.[22]

To summarize the process in brief, HIV programme stakeholders should identify the:

- long-term change that all stakeholders wish to see in the lives of children and families (impact-level change/result in HIV programming)
- several 'preconditions' (long- and medium-term results) that are necessary not only to achieve this change, but also to protect this gain from the negative impacts of future shocks and stresses. This in turn will enhance the resilience of PLHIV and systems for HIV prevention and treatment (outcome-level results related to a change in the performance of institutions/service providers or the behaviour of individuals)
- specific short-term results that reflect a change in the capacities of duty-bearers (output-level changes/results)
- key programme strategies that will move all partners in the direction of the long-term goal of resilient development (or specific inputs to the change process).

[22] United Nations Children's Fund, *Results-based Management Handbook*.

Table 8 – Examples of HIV-related theories of change

Drivers of risk	Theory of change
Limited capacities of caregivers to prevent, cope with and mitigate the impacts of shocks on feeding practices leads to disrupted breastfeeding, higher rates of transmission during breastfeeding period, and higher prevalence of undernutrition in infants and young children.	**IF** health and community workers are equipped to deliver messages and provide care that promote positive behaviours to protect infant feeding during a shock, **THEN** caregivers will be able to cope with the shock and continue to provide appropriate feeding that allows children to grow and develop healthily.
Limited access to health services for children living with HIV in marginalized communities increases the risk of morbidity and mortality of such children in communities affected by shocks.	**IF** access to quality health and nutrition services is provided first to the most vulnerable children in the most disadvantaged areas that face the greatest risks, **THEN** the impacts on children living with HIV will be minimized during a shock and the inequality gap will be reduced.
Lack of timely and quality information and data from communities and health centres limits the ability of communities and systems to prevent the impacts of shocks on people living with HIV (PLHIV).	**IF** information systems are functional before a crisis and the early signs of a shock are detected and reported, **THEN** the capacities of individuals and stakeholders to implement timely actions to mitigate the impacts on PLHIV will be enhanced.

3.2 RISK-INFORMED PROGRAMMES

Once the larger programming logic has been mapped out through the theory of change, it becomes easier for UNICEF and HIV programme stakeholders to identify specific change pathways that they have a comparative advantage in catalysing and supporting. The UNICEF RBM Handbook provides guidance on this prioritization process. The final step is to revise existing HIV work plans to include programmatic adjustments or new programming to address the impacts of shocks and stresses. This will lead to the adjustment of programme strategy notes and work plans and/or Programme Cooperation Agreements to include time-bound action plans that describe the resources, responsibilities and accountability mechanisms necessary for effective implementation. (For an example of an adjusted results framework, see **Table 9**; for examples of adapted prevention and treatment programmes at the community level, see **Box 2**.)

With the priority interventions and/or adaptations identified, it is essential to translate these into time-bound action plans that address resources, responsibilities and accountability mechanisms. HIV programme teams should look externally and internally to understand what partnerships exist or can be developed to implement these priority interventions.

Table 9 – Example of an adjusted results framework: Youth-friendly health services

Outcome	Indicators	Baseline (Apr. – Jun. 2014)	Target (Dec. 2018)	Means of verification	Risk and assumptions	Activities
Health facilities have appropriate systems and tools, including technology and qualified human resources, to provide equitable and gender-sensitive HIV prevention, care and treatment services by 2018 *This indicator will support vulnerability*	Proportion of health facilities with at least two trained health care workers able to deliver equitable and gender-sensitive integrated HIV services in selected districts	83%	100%	District health office reports; youth-friendly health service	Attrition of health care workers due to civil service cuts can affect delivery of services	Patient held extra supply of ARVs before an anticipated emergency period combined with patient education; pre-positioning of ARV buffer stocks; Make multi-skilled staff available, including through task shifting to prepare for potential staff reduction during a crisis; and Decentralise services to help maintain access during emergencies.
	Proportion of health facilities with functional rapid short message service (SMS) defaulter tracing systems in selected districts	67%	81%	RapidSMS database (Project Mwana web page)[23]	Poor telecommunications network coverage delays transmission of SMS messages; crisis can displace populations, creating challenges for tracking	Use patient passports as portable records; Establish community-based patient tracing systems, including through communication networks.

In light of recently reaffirmed international commitments to improve aid effectiveness and efficiency, UNICEF is strengthening and systematizing its approaches to better link humanitarian and development programming as a means of reducing long-term risks, preventing future crises and building more resilient societies. Risk-informed programming is an important part of this approach and the section below sets out a non-exhaustive set of HIV strategies supported by practical examples around six key areas that contribute to strengthening the linkages between humanitarian and development efforts:

1. **Utilizing and/or strengthening risk data**
2. **Strengthening systems to prevent and mitigate risk**
3. **Strengthening local actors including through channeling financing and capacity development for risk reduction**
4. **Strengthening preparedness**
5. **Promoting participation of those at risk**
6. **Promoting partnership**

PART A Examples of risk-informed programming within development programming that contribute to effective preparedness and build long-term resilience

- **Empowering/strengthening local organizations in risk-prone areas to reach People Living with HIV**
  Country example: In **Kenya**, in 2013, anticipating possible disruption related to the general election, mothers-2mothers (m2m) Kenya and UNICEF worked together to ensure continued access to mother-to-child transmission of HIV services. See more detail in **Box 2**.

[23] RapidSMS, Project Mwana, <https://www.rapidsms.org/projects/project-mwana>, accessed 8 October 2018.

- **Strengthening preparedness and flexible delivery systems in risk-prone areas**
  Country example: In **Malawi**, the delivery of ARVs to rural areas was made ahead of the rainy season (ensuring that health facilities had adequate stock levels). In addition, the Ministry of Health established a national ARV hotline that health facilities can use to report imminent stock-outs related to floods, drought or other shocks.

PART B Examples of risk-informed programming within humanitarian programming that contributes to build systems, with a special focus on fragile contexts and protracted crisis

- **Strengthening the system of monitoring of HIV treatment during the humanitarian response**
  Country example: In **Sierra Leone**, during the Ebola outbreak, NGOs trained social workers and district HIV counsellors and volunteers on HIV defaulter tracing (defaulter tracing is contacting a person living with HIV who did not come for her/his treatment on time). This not only reduced the number of HIV positive children, adolescents and women missing their treatment, but also strengthened community capacity to deal with similar crises in the future.
  Country example: In **Cameroon**, in response to the influx of refugees from Central African Republic, health staff were trained to ensure the integration of HIV counselling, testing, care and support as part of treatment protocol for severe acute malnutrition in affected health facilities. This training, and the integration of these services, is something that is expected to continue in national programmes post-crisis.

BOX 2 – ADAPTATION OF HIV PREVENTION AND TREATMENT PROGRAMMES TO MANAGE THE IMPACTS OF SHOCKS AND STRESSES

Communities must be aware of the shocks and stresses they might face and be part of the strategies to overcome their impacts. Examples of community-based interventions include the following:

- In early 2013, anticipating possible disruption related to the general election scheduled for 4 March, mothers2mothers (m2m) Kenya and UNICEF worked together to develop a proactive plan to ensure continued support of the prevention of mother-to-child transmission of HIV. The m2m programme team put plans in place to provide contingency support throughout March and April at its 30 sites in Nairobi and in the then Central, Nyanza and Western provinces, in which m2m directly delivered antiretroviral (ARV) drugs and had full-time 'Mentor Mothers' on the ground. The m2m programme planning was aligned to the Ministry of Health's contingency planning process for delivering continuity of care to HIV-positive clients during the election and post-election period.
- Communication networks established with patients can be used for patient tracing and to provide information on accessing ARVs in the event of a crisis. Providing staff phone numbers to patients, putting the clinic phone number on the 'patient passport', and giving patients a list of alternative facilities that provide ARVs are all actions that have been implemented to prevent disruption to HIV treatment.
- Similarly, community ARV distribution has also been used in the wake of a shock. Such methods/mechanisms complement development programming in the promising examples below:
  - **Malawi**: Health assistants/peer counsellors are trained to provide ARV refills at rural health posts.
  - **Mozambique:** Patients join treatment adherence groups and are trained by lay counsellors. They take turns to collect ARVs and provide the clinic with patient status updates for all group members once every six months.
  - **Democratic Republic of the Congo:** Community ARV distribution points – run by trained people living with HIV – provide ARV refills, treatment adherence counselling and basic health assessments.
- In Malawi, UNICEF supported the distribution of ARVs for several years. Responsibility for distribution was handed over to the Ministry of Health in September 2015. Part of the handover plan included lessons learned during the rainy season. As a result, drug deliveries were made in early December, prior to the rainy season, ensuring that health facilities had adequate stock levels. In addition, the Ministry of Health has a national ARV hotline that health facilities can use to report imminent stock-outs. Affected districts use the hotline to report stock damages and to request additional stocks of ARVs.

With reference to ***GRIP Module No. 3 section 4***, in some settings it may be necessary to suspend some interventions during a shock or crisis situation in order to focus on critical and lifesaving interventions. (For an example of how programmes may be reprioritized to focus on the most critical aspects, see **Box 3**.)

Conflict sensitivity is particularly important in ensuring that programmes continue to be accessible to all populations regardless of ethnicity, religion, etc. and do not exacerbate violent conflict or cease to operate as a result (see **Table 10**).

Table 10 – Health and HIV: Drivers of violent conflict, and peace capacities

Questions on the impacts of conflict on health:

- What are the direct physical and mental health impacts of armed conflict?
- How are high disease and mortality rates, migration, pollution and widespread malnutrition resulting in or exacerbating new forms of fragility?
- Does the lack of essential health services lead to alienation and a sense of marginalization among those who are losing out?
- Are there attacks on health facilities and health workers, affecting health system delivery and public health?

Questions on the impacts of health programming on conflict:

- Are contexts with poor health and nutrition levels experiencing a greater probability of conflict?
- Do health interventions have the potential to play an integral role in peacebuilding processes in this context?
- Are there inequities and differences between host and affected populations?

Supplementary questions for HIV programme stakeholders:

- Are there any sector-specific drivers of violent conflict? If so, who/which system?
- Does the marginalization/stigmatization of certain groups drive conflict?
- How do health, nutrition and HIV interventions contribute to social cohesion?
- In which areas have the impacts of conflict had the most severe effects on health, nutrition and prevalence and incidence of HIV infection incidence ans and access to care?
- Are there informal systems for service delivery that may serve as potential platforms to bring opposing groups together?
- What is the perception of the government's roles and responsibilities in delivering services related to health, nutrition and HIV/AIDS?
- What are the gender- child and adolescent-sensitive aspects of health, nutrition and prevalence and incidence of HIV infection and access to care?
- Are there any sector-specific peace capacities? If so, who/which system?

BOX 3 – EXAMPLE OF THE REPRIORITIZATION OF AN INTERVENTION DURING A CRISIS

Depending on the context and capacities, it may make sense to temporarily suspend the provision of voluntary male medical circumcisions in the wake of a crisis if health staff are occupied with other issues. Antiretroviral treatment continuity, adherence support and retention, and condom provision are critical, however, and should be the main focus when responding to a crisis. Community-based platforms to support such services may be even more important in the new context and thus should be identified in advance as a critical element of preparedness.

4. ASSESSING PERFORMANCE

To test the extent to which HIV programmes are risk-informed, HIV programme stakeholders can pose the questions presented (see **Table 11**). The recommended scale for the evaluation is immediately below.

1	No, not at all
2	Not very much
3	Yes, moderately
4	Yes, to a great extent
5	Yes, to an exemplary level

Table 11 – Evaluating the team's performance in risk-informing HIV programmes

QUALITY CRITERIA	SCALE				
	1	2	3	4	5
To what extent have the impacts of previous shocks and/or stresses on the supply of, demand for and quality of health and HIV services and programmes been analysed?					
To what extent does the HIV programme target the most 'at-risk' areas (i.e., areas that are highly exposed to shocks and stresses and which also show high rates of vulnerability among children, adolescents and young people and low national or local capacities to mitigate the impacts of these shocks and/or stresses)?					
To what extent does the HIV programme have a clear objective to strengthen the resilience of children, households, or health and HIV systems to absorb and adapt to the impacts of multiple shocks and/or stresses?					
To what extent do the HIV programme results (inputs, outputs, outcomes) already factor (explicitly or implicitly) in a commitment to risk reduction?					
To what extent does the HIV programme include a strategy that is focused on reducing exposure and vulnerability to shocks and stresses and increasing capacities to manage crises (e.g., a strategy for disaster risk reduction, climate change education, child protection in education, social protection for education, school health and nutrition, and conflict sensitivity and peacebuilding)?					
To what extent does the HIV programme link to early warning systems (UNICEF or other) and to people and processes that support risk management? (See ***GRIP Module No. 3***.)					
To what extent has the programme design and implementation been analysed for criticality in the event of a shock or stress? Does a plan exist to continue the critical health and HIV programme elements in the event of a shock? (See ***GRIP Module No. 3***.)					
To what extent do actions – including preparedness actions – for HIV prevention and treatment incorporated into the programme reflect the *Minimum Standards for Child Protection in Humanitarian Action*,[24] *Core Commitments for Children in Humanitarian Action*[25] and *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*?[26] (See ***GRIP Module No. 3***.)					

[24] Child Protection Working Group, Minimum Standards for Child Protection in Humanitarian Action, CPWG, 2012, available at <http://cpwg.net/?get=006914%7C2014/03/CP-Minimum-Standards-English-2013.pdf>, accessed 28 February 2018.
[25] United Nations Children's Fund, Core Commitments for Children in Humanitarian Action, UNICEF, New York, May 2010, available at <www.unicef.org/publications/files/CCC_042010.pdf>, accessed 28 February 2018.
[26] Inter-Agency Standing Committee, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery, IASC, 2015, available at <https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf>, accessed 28 February 2018.

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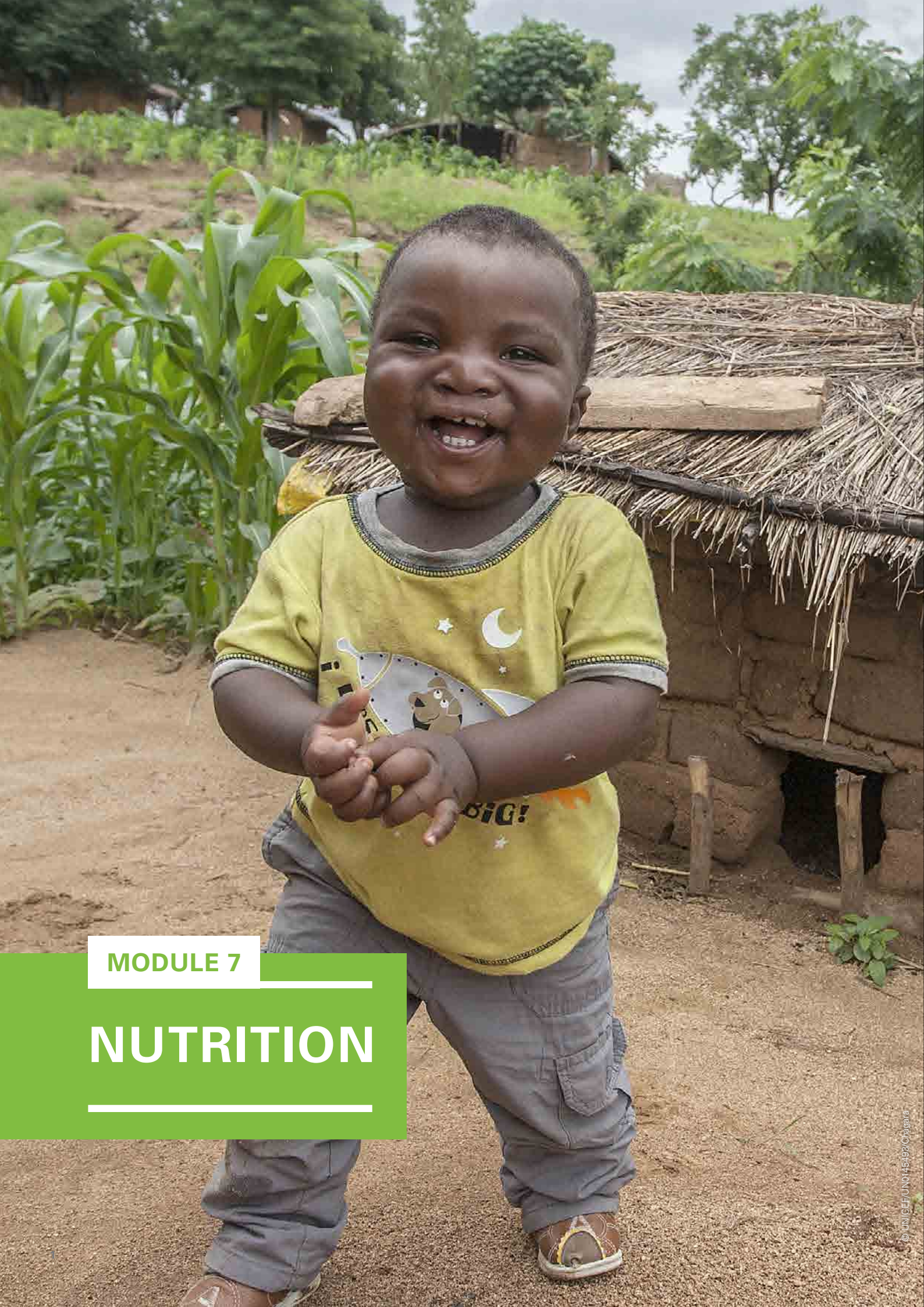
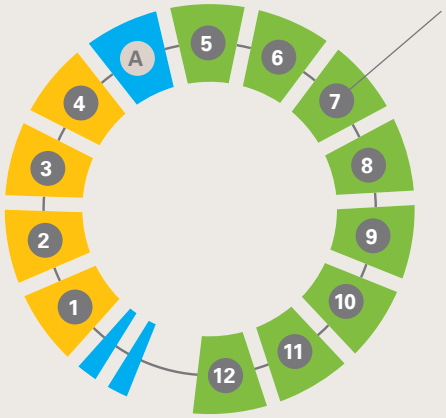
As soon as Beyonce was born, Fred immediately cuddled her. “I lost both my parents when I was six years old. This compelled me to be there for my children. I fended for myself. I want my children to get the best, to get what I didn’t have,” says Fred.



MODULE 7

NUTRITION

MODULE 7: NUTRITION



CONTENTS FOR MODULE 7

1. INTRODUCTION

1.1 RISK-INFORMED NUTRITION PROGRAMMING

Poor nutrition is part of an intergenerational cycle of poverty, poor growth and unrealized potential. UNICEF views nutrition as a basic human right, articulated in numerous human rights instruments from the Convention on the Rights of the Child to the Universal Declaration of Human Rights. UNICEF uses a holistic approach to improve the nutritional status of both mother and child and works with partners to tackle primarily the problem of malnutrition by scaling up the coverage of high-impact nutrition interventions during the first thousand days of life. UNICEF is also focusing on the second thousand days and on the second decade of a child's life as part of its 2021 strategy.

Key high-impact nutrition interventions, designed to save and enrich the lives of children, fall under key strategic areas, including specific interventions for early childhood nutrition (promoting breastfeeding and good infant and young child feeding practices; micronutrient supplementation; deworming; tackling obesity; child development), school-aged children (nutrition in schools; supplementation), adolescents (supplementations) and women (nutrition of pregnant and lactating women; supplementation of women of childbearing age; fortification of food staples), as well as caring for children with severe acute malnutrition. Knowledge systems, governance and partnerships are also key in order to ensure timely and wider reach of interventions. Interventions in these areas need to be implemented at scale at all times, including during emergencies, in order to have a significant impact on children's nutritional status.

Often, crises affect the ability of programmes and systems to continue delivering nutrition services and nutrition-sensitive interventions at scale and therefore increase the risk of malnutrition in children and women and/or worsening of existing nutritional deprivations. Increased malnutrition will in turn compromise the resilience of individuals, households and communities and put affected populations at high risk of falling into the vicious cycle between poor resilience and poor nutrition. It is important to break this cycle by building programmes and systems that maintain service delivery, are scalable during crisis and ensure sustainable progress in nutrition. To make this happen, humanitarian and development programmes need to be risk informed and linked as much as possible.

For decades, UNICEF has been addressing the impacts of emergencies, including epidemics, natural disasters and conflict on children and their nutritional situation. This has entailed responding to additional needs that may occur during a crisis as well as maintaining adequate levels of programme coverage to protect the nutritional status of young children and women.

Risk-informed programming builds on existing activities such as analysis of nutritional deprivations and needs, situation, context and preparedness/response planning. Risk-informed programming may, however, require activities that are different and new, for example, analysing the capacity of specific functions of the health/community service delivery system to manage the impact of shocks and stresses.

Risk-informed nutrition programming challenges us to:

- Analyse all potential shocks or stresses – not just natural disasters or violent conflict – to understand the vulnerabilities of individuals and households, and the capacities of service providers and national authorities to protect investments in and functioning of nutrition-related systems
- Deliver collaborative, multi-sectoral programmes that integrate health, water sanitation and hygiene (WASH), child protection, school health and nutrition, social protection, disaster risk reduction and climate change adaptation
- Implement nutrition strategies that ensure the continuity of services across the humanitarian and development cycles.

These objectives bring us closer to the ultimate goal of every mother and child enjoying his or her right to nutrition at any time and in any context.

1.2 HOW TO USE THIS MODULE

GRIP Module No. 7 for the nutrition sector follows the logic of the core GRIP Modules Nos. 2–4, but offers supplementary information that may be useful for this sector at various stages of the risk-informed programming process. This module should be read alongside the core GRIP modules and other strategic planning guidance, including the:

- *UNICEF Strategic Plan, 2018–2021*[1] and its theory of change[2]
- *UNICEF Gender Action Plan, 2018–2021*[3]
- 10-determinant framework[4] of the UNICEF Monitoring for Results Equity System (MoRES)[5]
- UNICEF *Programme Policy and Procedure Manual*.[6]

Most important, it should be used in conjunction with internal nutrition resources such as *Nutrition Strategic Plan 2018–2021, Committed to Nutrition: A toolkit for action* (2017)[7] and *Infant and Young Child Feeding Programming Guide* (2012),[8] as well as external resources such as the Integrated Phase Classification platform for situation analysis,[9] Infant Feeding in Emergencies (IFE) operational guidance,[10] WASH in Nutrition strategy and the Decade of Action on Nutrition movement.[11] Finally, it should be linked to Scaling Up Nutrition (SUN) coordination platforms in signatory countries.

Preventing acute malnutrition, ensuring appropriate feeding practices and care for infant and young children, as well as good nutrition for school-aged children, adolescents, and women – both before and in the wake of crisis - depends significantly on the performance of other sectors such as education, early childhood education, WASH, health, HIV and social inclusion. To ensure cross-sectoral collaboration, it is strongly recommended that this nutrition-specific module be read in conjunction with the GRIP modules for supporting sectors. Risk-informed programming through a nutrition lens is guided by the *Nutrition Strategic Plan 2018–2012*, which integrates the Core Commitments of Children's in Emergencies in each of its five (5) programme areas. The foundation of preparedness will be the success of the first three programme areas (early childhood nutrition; nutrition of school-aged children, adolescents and women; care for children with severe acute malnutrition), which focus primarily on development and are complemented by programme area 4 focusing on all aspects of maternal and child health in humanitarian crises. The programming is supported by programme area 5, which focuses on knowledge, partnerships and governance for nutrition.

[1] United Nations Children's Fund, *UNICEF Strategic Plan 2018–2021: Executive summary*, UNICEF, New York, 2018, <https://www.unicef.org/publications/files/UNICEF_Strategic_Plan_2018-2021.pdf>, accessed 7 October 2018.
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[9] IPC Analysis Portal [website], <www.ipcinfo.org/ipc-country-analysis>, accessed 8 October 2018.
[10] Emergency Nutrition Network, 'Operational Guidance on Infant Feeding in Emergencies (OG-IFE) Version 3.0', <https://www.ennonline.net/operationalguidance-v3-2017>, accessed 8 October 2018.
[11] World Health Organization, 'Decade of Action on Nutrition,' <www.who.int/nutrition/decade-of-action/information_flyer/en>, accessed 8 October 2018.

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2. SUPPLEMENTAL INFORMATION FOR MODULE 2: RISK ANALYSIS

GRIP Module No. 2 helps multi-stakeholder teams estimate the risk of humanitarian crisis that can overwhelm national response capacities and lead to acute and urgent needs, cutting across multiple sectors and dimensions. However, the risk formula can also be applied to ascertain the likelihood of shocks and stresses eroding development progress in a specific sector. In other words, we can use the same methodology to consider how shocks and stresses might worsen, deepen or accelerate a deprivation facing children.

This section provides supplemental information that can help nutrition programme specialists and stakeholders contribute to a larger risk analysis and/or conduct their own, considering how shocks and stresses might erode positive progress in reducing and ending malnutrition. It can similarly help multi-sectoral teams ensure that the vulnerabilities and capacities relevant to nutrition are well considered in a wider, multi-sectoral risk analysis.

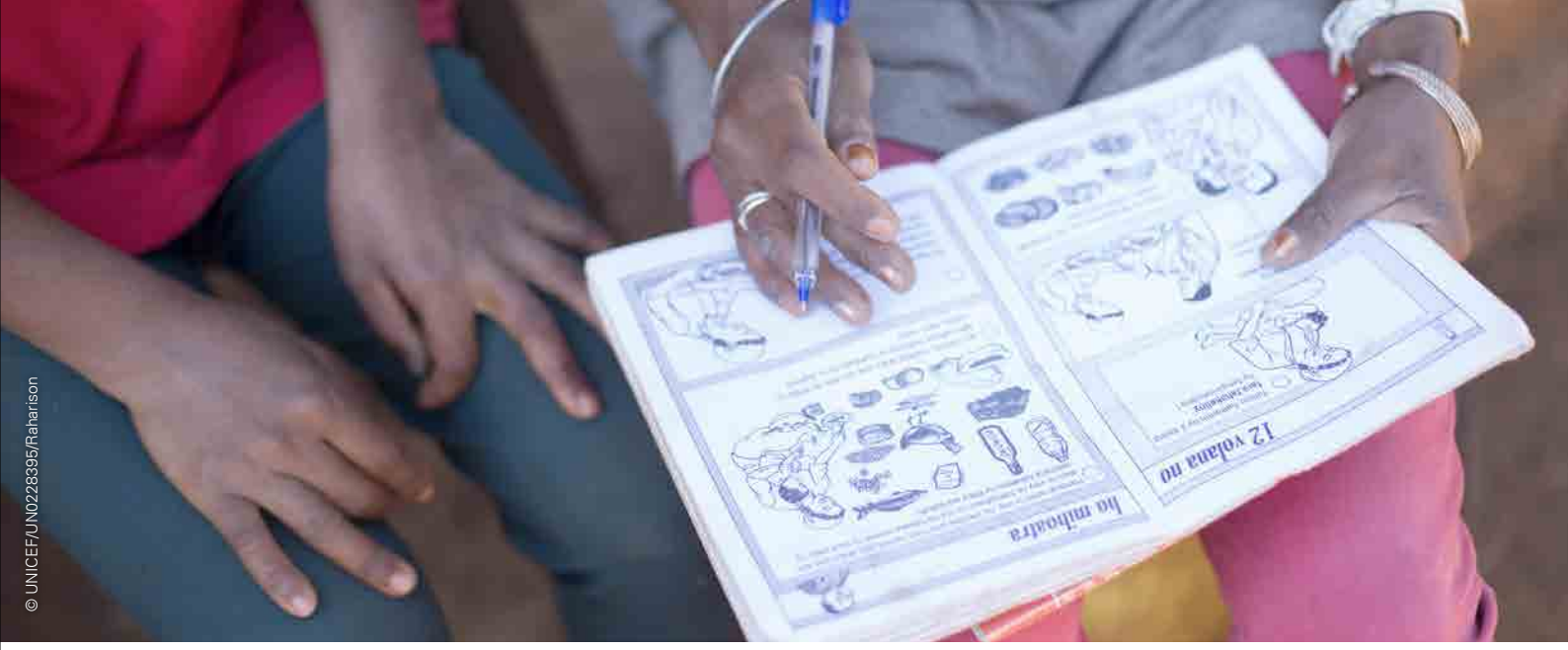
Only the steps where there are sector-specific considerations are included below.

2.1 PREPARATION PHASE

Table 1 provides supplemental information to GRIP Module No. 2 for nutrition-sector stakeholders – helping multi-stakeholder teams consider how to prepare to conduct a risk analysis. Lessons learned suggest that if the strategic purpose, methodology, management structures and participants are not set right from the start, the analysis loses credibility and potential for influence and use.

Table 1 – Preparing for a risk analysis for nutrition programming

Confirm the strategic purpose	It is important to confirm the goal or purpose of the analysis before you begin. The purpose may be: • To inform a larger national assessment of nutrition and/or nutrition-sensitive programmes and interventions in country • To influence policies, plans and programmes for the nutrition sector • To inform preparedness or contingency plans that consider factors related to nutrition at various levels in humanitarian response • To ensure that measures of risk and risk reduction are included in national monitoring systems for health and nutrition • To ensure that risk assessment methodologies used by the national authorities consider the special needs, vulnerabilities and capacities of boys and girls related to nutrition– or to act as an enabler, supporting children, adolescents and youth to participate in risk assessments • To inform joint nutrition planning and programming processes with counterparts and partners. It is recommended to choose one key purpose of the analysis.
Define the scope of analysis	In addition to considering the risk profile of the country (as per ***section 3.1 of GRIP Module No. 2***), nutrition programme stakeholders might define: • Geographic scope: Confirming national, regional, local or community levels • Sectoral scope: will it focus on nutrition-specific services or all nutrition-sensitive interventions (including health, food security, WASH, etc.)? • Equity: How does the analysis define disadvantaged or at-risk populations? • Level of programming: If focused at a particular level of the nutrition system, will it be national, sub-national, facility and/or community-based? • Type of delivery system: Will the risk analysis consider all nutrition and related service providers, for example, private, government, religious, non-governmental organization, UNICEF, or non-formal/informal/community-based, facility-based, etc.?
Choose the best timing	The timing of a risk analysis is critical. In additional to the considerations outlined in ***Section 1.2 of Module No. 1***, nutrition programme stakeholders might also consider: • Major planning processes: Are there specific milestones in terms of the launch of new sector plans, programmes or initiatives that provide opportunities for advocacy and leveraging? • Sector management cycles: What is the cycle for sector planning, budget allocation and fiscal reporting for programmes on prevention and treatment of malnutrition? Can the timing of risk analysis influence important decision-making? • Seasonal calendar: What is the seasonal calendar for nutrition-related hazards? Are there times of the year when certain shocks or stresses make implementation of projects difficult in the sector?
Establish management structures	Ideally, a risk analysis for risk-informed nutrition programming is conducted by the Ministry of Health, a National Nutrition Council, a leading national public health research institution or a government national disaster management body with capacity to drive and lead inter-ministerial collaboration, with support from major development partners such as WHO, WFP and others. Regardless of whether UNICEF supports or leads, strong ownership and steering by UNICEF senior management is essential. It is also important to promote multi-sectoral analysis if the response is to be comprehensive. To ensure the participation of higher-level national counterparts and ensure the cross-sectoral nature of the analysis, country offices might consider establishing the Management Structures outlined in ***Section 2.3 of GRIP Module No. 2***, which can include a convening or leading institution.
Ensure the right participants	Nutrition stakeholders as well as stakeholders from other sectors relevant to nutrition, such as food security, health or WASH that could be consulted or fully participate in a risk analysis process include: technical counterparts of the Ministry of Health and the National Nutrition Council, and its various units and administrative levels; local networks of people involved with nutrition; development partners such as other United Nations agencies, donors, the private sector, academia and bilateral/multilateral entities; other facets of civil society such as community leaders, NGOs and CBOs, and community groups involved in nutrition activities and initiatives; and health and protection partners and other groups of which nutrition is a part. GRIP Module No. 2 provides a useful table that can be used to determine the roles of various participants.



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2.2 ASSESSMENT PHASE

As described in ***Section 3 of GRIP Module No. 2***, a risk assessment has the following steps:

1. **Likelihood:** Identifying significant shocks and stresses that might trigger crisis or erode development progress, and then considering the likelihood of these shocks manifesting over the next four to five years.
2. **Impact:** Estimating the potential impact of shocks and stresses on children, women, households and systems by considering:
   - patterns of exposure to shocks and stresses
   - historical impacts and losses
   - vulnerabilities of children and households
   - capacities of communities, systems and local and national authorities.
3. **Ranking risks:** Prioritizing the risks associated with each shock and stress.

STEP 1: LIKELIHOOD

- With reference to Section 3 of GRIP Module No. 2, identify the major shocks and stresses that have the potential to trigger crisis, considering the questions in Table 2, column 1. See also **Graphic 3** in ***GRIP Module No. 2*** for examples of potential shocks and stresses.
- Gather data and information on the historical frequency of 3–5 of the most significant shocks and stresses using secondary sources, stretching over the last 15–20 years of historical records, noting trends. See **Table 2, column 2**, for potential data sources for nutrition.
- Assign a rating using the Likelihood Scale for how likely the shock (or the tipping point of a stress) is to occur within the next four–five years (or other appropriate planning time frame). Please see **Table 3** for a short form of the Likelihood and Impact scales presented in GRIP Module No. 2.

Table 2 – Supplemental questions related to likelihood

Specific questions for nutrition programme stakeholders:	Potential data sources:
• Are there any shocks or stresses that are more or less likely to have an impact on food security, other underlying causes linked to public health environment, health and nutritional status? • What are the triggers or tipping points when a slower-onset stress slides into crisis? • What is the trend analysis for these shocks and stresses? For example, what is the current status of climate/season-sensitive diseases (e.g., malaria and cholera)? What is the trend for these diseases associated with climate change?	• See Annex 1 of GRIP Module No. 2 • Global Information and Early Warning System on Food and Agriculture, FAO[12] • Food security analysis,[13] Vulnerability Analysis and Mapping, WFP • Food Security Information Network (FSIN),[14] FAO, WFP and IFPRI • Integrated Phase Classification (IPC) • Nutritional anthropometric and mortality survey trends

[12] Food and Agriculture Organization of the United Nations, 'GIEWS – Global Information and Eearly Warning System', <www.fao.org/giews/en>, accessed 8 October 2018.
[13] World Food Programme, 'Food Security Analysis', <http://vam.wfp.org>, accessed 8 October 2018.
[14] Food Security Information Network, <www.fsincop.net>, accessed 8 October 2018.

Table 3 – Short-form table of the Likelihood and Impact scales adapted from IASC and EPP guidance

LIKELIHOOD SCALES				
Very unlikely (1)	Unlikely (2)	Moderately likely (3)	Likely (4)	Very likely (5)
IMPACT SCALES				
Negligible (1)	Minor (2)	Moderate (3)	Severe (4)	Critical (5)

STEP 2: IMPACT

- With reference to ***Section 3.2 of GRIP Module No. 2***, consider: a) the patterns of exposure to shocks and stresses; b) historical evidence of impacts and losses; and c) the current status of vulnerability and capacity in order to ascertain the potential impact of the future shock or stress.
- Considering all the elements embedded within **Table 2**, assign a score to the Likelihood variable. Please see **Table 3** for a short form of the Likelihood and Impact scales presented in Module No. 2.

a) **Exposure to shocks and stresses**: Note any significant geographic patterns in exposure to shocks and stresses, identifying locations in the country where the shocks and stresses are most likely to occur. Consider questions in **Table 4** to consider how the infrastructure, systems, assets and populations could be exposed. Using geographic information systems or hazard maps from secondary sources is particularly useful for estimating exposure.

Table 4 – Supplemental questions related to exposure

Nutrition specific questions for exposure:

- What populations are exposed to this specific shock or stress? What is the population density in this area?
- Are there infrastructure or assets within the hazard zone that are critical for delivery of nutrition services? (Health and nutrition administrative offices, national medical stores, health facilities, dispensaries, outreach vehicles, etc.)
- Are there community-based nutrition partners that deliver services within the hazard zone?
- Are there functional community networks (community health workers, community committees, etc.) in the hazard-prone areas?

Potential Data Sources:

- Geographic information systems in the health or nutrition sector (potentially HMIS)
- Secondary hazard maps produced by National Disaster Management Agency or National Statistics Agency
- Sector 4Ws
- National nutrition policies, strategies and action plan and report
- Community-based organization coordination groups
- Coping strategies (e.g., WFP assessments with coping strategy index).

b) **Historical impacts and losses:** Consider the historical impacts and losses associated with the 3–5 priority shocks and stresses, stretching back the same time period as the assessment of likelihood. Use **Table 5** to consider historical impacts and **Table 6** to brainstorm on all direct and indirect losses that could occur.

Table 5 – Supplemental questions related to impacts and losses

Based on data from past events, consider:	**Potential Data Sources:**
• What was the impact of this shock or stress on nutrition system infrastructure, services and programmes? Were there damages to hospitals, health and nutrition facilities, dispensaries, medical stores, critical routes to facilities, community structures etc.? These damages might be expressed in terms of counts (numbers of facilities damaged) or in terms of economic losses. What about for broader nutrition-sensitive interventions? • Were there interruptions in the continuity and quality of community-based management of acute malnutrition, infant and young child feeding programmes or other related nutrition intervention during previous shocks? • How did these impacts and losses affect the nutrition situation? Was there an increase in global and acute malnutrition or micro-nutrient deficiencies or stunting? Consider impacts on infants, children under five and women (including pregnant women). Is this more prevalent among boys more than girls (gender analysis)? Or among specific vulnerable groups, or age groups (under 6 months, 6–23 months or 24–59 months?)	• Reports from Ministry of Health and National Disaster Management Agency • National Disaster Loss and Damage databases[15] • Post Disaster Needs Assessments Reports • Nutrition Cluster Reporting • Sendai Framework Monitoring Reports[16] • Nutrition coverage surveys, SMART surveys, sentinel surveillance data.

Table 6 – Potential impacts of shocks and stresses on nutrition

Area of nutrition	Potential impact of shocks and stresses
Early childhood nutrition	Caregivers and families may experience displacement, trauma and stress, which can lead to a deterioration of proper infant and young child feeding practices (e.g., exclusive breast-feeding interrupted earlier due to increased workload/time away from home following a shock; complementary feeding delayed or decreased in quality due to reduced access to food following a shock; trauma as a result of shock that affects the mother-child relationship and feeding practices) and affect maternal child relation and child development. Shock and stresses can also impact the food security situation through losses to the agricultural sector, disruptions of markets and supply chains and increases in food prices. This can affect the availability of suitable complementary foods for young children and pregnant and lactating women.
Micronutrient deficiencies	Disruptions to market supply chains and access to diversified foods can result in reduced access and intake of food rich in micro-nutrients and/or non-compliance with micronutrient supplementation and/or increased disease burden. This can lead to increased prevalence of micro-nutrient deficiencies.
Care for children with severe acute malnutrition (SAM)	Shocks and stresses can result in destruction of homes, livelihoods, assets and services that support children, women and households. Displacement, trauma and destitution can lead to limited access to food, water, basic services and increased risk of morbidity to a range of diseases. This in turn leads to increased caseloads of acute malnutrition. Shocks can also lead to damages and losses to the health sector, diminishing the capacity of health workers to detect and treat SAM and associated diseases in facilities and communities.

[15] United Nations Development Programme, *A Comparative Review of Country-Level and Regional Disaster Loss and Damage Databases*, UNDP, 2013, <www.undp.org/content/undp/en/home/librarypage/crisis-prevention-and-recovery/loss-and-damage-database.html>, accessed 8 October 2018.
[16] United Nations Office for Disaster Risk Reduction, Sendai Framework Indicator, <https://www.preventionweb.net/drr-framework/sendai-framework-monitor/indicators>, accessed 8 October 2018.

c) **Vulnerabilities and capacities:** With a nutrition lens, consider the characteristics that make children and families particularly susceptible to the impacts of a specific shock or stress (vulnerability), as well as the community, system level, local and national capacities that can play a role in reducing, mitigating or managing the impacts of shocks and stresses.

Supplementary questions for the nutrition sector

Variable	Considerations for nutrition	Example	Data source
Vulnerabilities	What is the: • Prevalence of acute/chronic malnutrition • Prevalence of micro-nutrient deficiencies • Prevalence of IYCF practices – EBF, early introduction of CF, etc. • Causes of malnutrition • Level of food insecurity • Economic status of household (household income and expenditure, wealth quintile, etc.) • Level of knowledge and skills of caregivers on infant and young child feeding practices • Proportion of female-headed households or families with a high dependency ratio • Other determinant of inequity or vulnerability that is linked to malnutrition, such as diseases	• Pre-existing high levels of malnutrition and food insecurity are evidence of high vulnerability to shocks and stresses • Poorer households are particularly vulnerable • Low levels of knowledge and skills indicate vulnerability to the impact of shock since families are likely to employ improper feeding practices or hygiene and health-seeking behaviours.	• Nutrition surveys, SMART surveys • Food security assessments • Demographic Health Surveys (DHS) • Knowledge Attitude Practices (KAP) of communities related to nutrition (Infant and Young Child Feeding, SAM management, Micronutrients) • Global Information and Early Warning System on Food and Agriculture, FAO • Food security analysis, Vulnerability Analysis and Mapping, WFP • Food Security Information Network (FSIN), FAO, WFP and IFPRI • IPC surveys
Capacities	What is the: • Coverage, quality and range of nutrition services (infant and young child feeding programmes, community-based management of acute malnutrition, micro-nutrient distribution, etc.) • Do these nutrition services have preparedness plans and measures to ensure continuity during times of crisis? • What are the capacities of health and community systems in the delivery of services during emergencies? • What are the capacities of nutrition partners in the delivery of services during emergencies? • What is the coverage of key nutrition-sensitive interventions (livelihood programmes, WASH, health, education, etc.)? Are these critical services adequately resourced? • What are the current measures in place to protect food security (markets; price controls; agriculture, etc.)?	• Low coverage of health facilities and services in an area suggests low capacity to meet health and nutrition needs during a crisis. • Low presence of health and nutrition partners in a particular area suggests challenges for response.	• Disaster management plans that include nutrition • Partner mapping related to nutrition capacity/skills and competencies • National nutrition policies, strategies and action plans and reports • UNICEF nutrition CPD and RWPs/AWPs • UNICEF nutrition strategy and operational approach to improve nutrition • Bottleneck analysis reports

STEP 3: RANKING RISKS

This final stage of the assessment brings together the estimations of the **Likelihood** of experiencing a shock or stress – and its potential **Impact**. Note the individual scores associated with Likelihood and Impact in a table, then multiply them to produce a combined score, which should provide a simple means of ranking the level of risk associated with each shock or stress. Please see ***Table 9 in GRIP Module No. 2*** for an exemplary table.

If a spatial risk analysis or child-centred risk mapping was undertaken (as per ***Section 1.4 of GRIP Module No. 2***), nutrition stakeholders can also prioritize or rank geographic areas on the basis of risk and discuss the implications for area-based programming and partnerships. This kind of analysis can also be done simply by using maps from secondary sources and/or a comparison of areas with high levels of exposure to shocks and stresses, combined with high vulnerability and low capacity.

Ideally, priority should be given to those geographic areas that face a disproportionate level of risk (being highly exposed to shocks and stresses with high vulnerability and low capacity). However, it is understood that geographic targeting is often the result of a complex prioritization process that considers: 1) criticality (severity of the deprivation or risk as well as Government priorities); 2) UNICEF's mandate; 3) UNICEF's strategic positioning; 4) UNICEF's programmatic and operational capacities; and 5) the lessons learned from previous global, regional and country experiences as well as other factors. This prioritization process is best described in the RBM Learning Package,[17] using the Five Filter Approach.

2.3 ANALYSIS PHASE

Distinct from the assessment phase, the analysis phase uses the conceptual frameworks of the human rights based approach to programming to 'dig deeper' and analyse **why** risks are occurring, **who** is responsible for addressing them and **what** capacities they need to do so. Analysis is best done with a participatory approach involving a range of counterparts and partners through focus group discussions or consultation workshops, such as a GRIP workshop.

Section 4.1 of GRIP Module No. 2 provides suggestions on how to conduct a causality analysis, with reference to UNICEF's *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*.[18] A causality analysis can:

- Help nutrition programme stakeholders to generate a shared understanding of the causes of risk, focusing on vulnerabilities and capacities
- Support the design of nutrition strategies that address the causes of risk at multiple levels: immediate, proximate and root
- Reveal the interactions or shared impacts of multiple shocks and stresses.

A risk-informed **causality analysis for nutrition** will identify and map the relationships between immediate, underlying and deeper structural (or root) causes of risk. Stakeholders should:

- Use the same starting point as existing causality analyses: Use an impact-level deprivation or inequity related to nutrition programming as the peak of the problem tree
- Consider the impacts of a particular shock or stress on the deprivation and its immediate causes: Use the highest-ranking shock or stress from the assessment phase and consider how the manifestation of this risk into crisis could lead to a worsening, deepening or acceleration of the deprivation and its immediate causes. Then ask **why** these negative impacts or losses are occurring, identifying further structural and underlying causes.
- Use the **Ten Determinant Framework**[19] of UNICEF's Monitoring for Results Equity System (MoRES) to check the completeness of the causality analysis. Use the framework to check if you have identified all the causes related to barriers in the supply, demand, quality of services and the enabling environment.

Going deeper, a more complete risk-informed barrier and bottleneck analysis can be applied to more specific interventions, to guide the programmatic adjustments necessary to ensure effective coverage of nutrition-specific or sensitive interventions (or with a tracer intervention) and different service delivery platforms (community, health facilities, mobile). Disaggregated data can be used to consider inequities by wealth quintile, geography, gender or

[17] United Nations Children's Fund, *Results-based Management Handbook: Working together for children*, UNICEF, 2017, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/Shared Documents/RBM_Handbook_Working_Together_for_Children_July_2017.pdf>, accessed 8 October 2018.
[18] United Nations Children's Fund, *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*, UNICEF Division of Policy and Strategy, March 2012, available at <www.unicefinemergencies.com/downloads/eresource/docs/Rights based equity focused Situation Analysis guidance.pdf>, accessed 8 October 2018.
[19] United Nations Children's Fund, 'The Determinant Analysis for Equity Programming'.

other determinants – or, data sets from different seasons, years or periods can be compared to track the impacts of programme interventions and/or various shocks and stresses. **Table 7** provides an example of how shocks and stresses can worsen existing bottlenecks.

Table 7 – Potential impact of shocks and stresses on existing bottlenecks

Bottleneck or determinant of coverage of existing interventions	Example of impact of shocks on determinants of coverage
Supply/ commodities	Increased likelihood of stock-outs in communities and health facilities due to: • Increasing supply requirement due to increasing caseload of under-nutrition • Disruption of the normal supply chain due to damages to warehouses, transportation routes and assets such as vehicles • Increasing potential loss of existing supplies due to diminished capacity to manage their security and to monitor and report on their use
Human resources	Increased likelihood to have inadequate number of skilled health workers available due to: • Existing human resources potentially directly impacted/displaced by emergency (e.g., South Sudan, Nigeria) • Increasing requirements of existing human resources to respond to emergencies • Existing human resources unable to focus on nutrition and engage in other activities (e.g., Ebola, cholera) • Shifting skills requirements, new skill set needed to manage emergency response • Diminished support and supervision (due to emergency response), contributing to diminished performance and motivation.
Physical access to services	Increased likelihood of decreased access to services due to: • Damages to health and nutrition facilities resulting in closures and disruptions • Destruction of assets (such as vehicles) and limited human resources for mobile outreach programmes • Increasing geographic areas that are nutritionally vulnerable (new areas where services are not covered) and limited capacities to reach them • Access to geographic locations cut off due to floods, insecurity, damages to transportation routes, etc.
Utilization	Increased likelihood for children and mothers to not use the services as much (demand going down) by: • Household financial stress due to impact of shock on livelihoods, assets • Displacement, illness, trauma and other factors can lead to challenges accessing services • Increased insecurity, making services more inaccessible • Increased time allocated to other basic needs such as water and food means a shift of priorities and care behaviours, resulting in less demand for services • New interventions responding to special needs during emergencies may not be understood by communities • Health facilities or services may be relocated, disrupted or delivered with less quality, affecting desire to utilize • Limited awareness of proper care and health-seeking behaviour
Continuity and effective coverage	Same as above plus: • Displacement of communities • Disruptions to health and nutrition services, supply chains, outreach and systems • Displacements/shocks could lead to changed feeding practices, lack of access for enrolled patients, movement to areas where services are not available, etc. • Disruptions in WASH, health and food security services could have an impact on nutritional status and nutrition interventions (e.g., nutrition services cannot have desired effect if WASH and food security are not addressed; high risk of contaminated water raises likelihood of morbidity, etc.).


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3. SUPPLEMENTAL INFORMATION FOR MODULE 3: DESIGN AND ADAPTATION OF PROGRAMMES

GRIP Module No. 3 is designed to help UNICEF and stakeholders to apply the body of evidence gleaned through the risk analysis, to the design and adjustment of programmes. This module uses the results-based management approach and helps teams:

- Develop or adjust **Theories of Change (TOC)** that focus directly on the changes necessary to make children, families and systems more resilient to the impacts of shocks and stresses
- Develop **risk-informed programmes** that UNICEF can catalyse and contribute meaningfully to, considering the organization's position and comparative advantage
- Consider how to **adjust existing UNICEF workplans and partnerships**, refining risk-responsive programme strategies.

3.1 RISK-INFORMED THEORY OF CHANGE

The most critical aspect of strategic planning is the development of a Theory of Change (TOC) that articulates a vision for reaching a desired impact and makes explicit how one level of change leads to another. ***Section 2 of GRIP Module No. 3*** has more detailed guidance on the development of a risk-informed TOC, with examples and reference to UNICEF's RBM Handbook.[20]

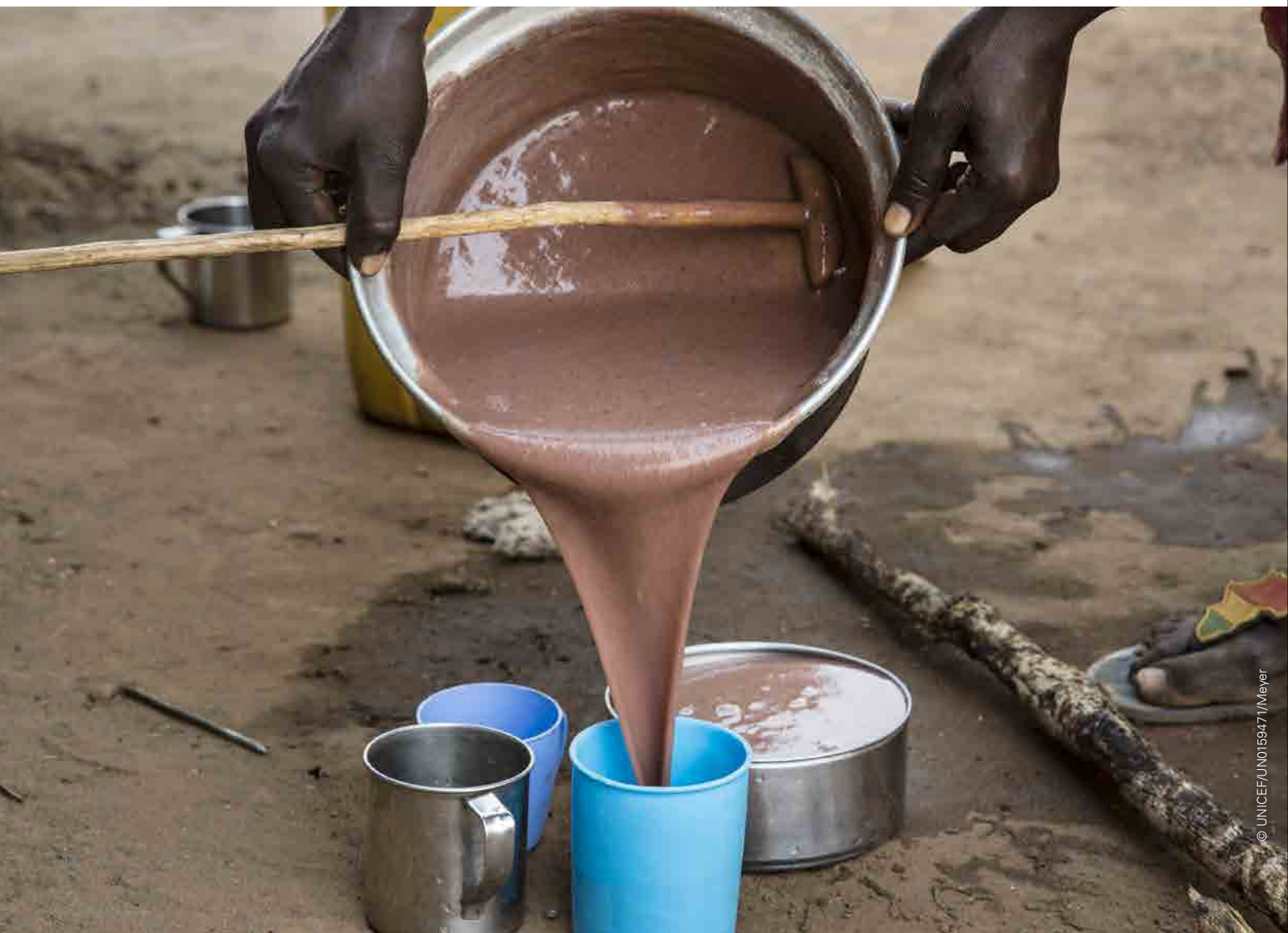
To summarize the process, nutrition programme stakeholders should identify the:

- Long-term difference that all stakeholders wish to see in the lives of children and families (impact-level changes/results in nutrition programming)
- Several 'preconditions' or long- and medium-term term results that are necessary not only to achieve this change – **but also to protect the change from the impacts of future shocks and stresses**, thus enhancing resilience (outcome level changes/results related to a change performance of institutions, service providers or the behaviour of individuals)
- Specific short-term results that reflect a change in duty bearers' capacity (output-level changes/results)
- Key programme strategies that will move all partners in the direction of the long-term goal of resilient development (or specific inputs to the change process).

[20] United Nations Children's Fund, *Results-based Management Handbook*.

Table 8 – Example of an adjusted nutrition theory of change

Causes of risk	Theory of change
Limited caregivers' capacities to prevent, cope with and mitigate impacts of shocks on feeding practices leads to higher prevalence of undernutrition in infants and young children.	**IF** health and community workers are equipped to deliver messages and provide support that promote positive behaviours to protect infant feeding during a shock and caregivers understand the benefits of the behavior, **THEN** caregivers of infants and young children will be able to cope with the shock and continue to grow and develop.
Limited access to health centres for marginalized communities increases the risk of acute malnutrition and mortality associated with acute malnutrition in communities affected by shocks.	**IF** access to quality health and nutrition services is provided first to the most vulnerable children in the most disadvantaged areas, facing the greatest risks, and caregivers are aware of the services available, **THEN** the negative impact on the nutritional situation of children will be minimized during a shock and the inequality gap reduced.
Lack of timely and quality information and data from communities and health centres limit the ability of communities and systems to prevent impact of shocks.	**IF** community and health centre information systems are established and functional beforehand, **THEN** timely information will be available and the capacities of individuals and stakeholders will be enhanced to implement timely actions that will mitigate the impact on nutrition (e.g., additional supplies, increased outreaches, communication).



3.2 RISK-INFORMED PROGRAMMES

Once the larger programming logic has been mapped out through the Theory of Change, it becomes easier for UNICEF and partners to identify the specific change pathways they have a comparative advantage in catalysing and supporting. UNICEF's RBM Handbook[21] provides guidance on this prioritization process.

Examples of programming activities that can enhance capacities to reduce, mitigate or manage shocks and stresses include:

- Incorporating some elements of disaster risk assessments into existing nutrition assessments and monitoring, and ensuring nutrition sector provides input into national and community level disaster risk assessments
- Establishing and strengthening ongoing nutrition assessment/surveillance mechanisms, with a focus on the high-risk areas
- Linking nutrition actors and services to early warning systems at national, sub-national and community levels, thereby supporting preparedness and contingency planning
- Strengthening community action planning and preparedness planning with a focus on nutrition, including through the strengthening of outreach capacities and the pre-positioning of nutrition related commodities in 'at-risk' areas
- Strengthening community health systems for early diagnosis, referrals and follow-up of cases with acute malnutrition in the most at-risk areas
- Scaling up communication for behaviour change on key lifesaving behaviours in the most at-risk areas
- Ensuring that humanitarian responses strengthen national capacities and target areas not just with acute and urgent needs – but also chronic vulnerabilities.

Examples of programming activities that can reduce vulnerabilities to shocks and stresses include:

- Promoting improved care practices of infants and young children (such as exclusive breastfeeding and appropriate complementary feeding) and strengthening caregiver capacities to protect nutritional status of children in the most at-risk areas
- Working in synergy with supportive sectors including social protection, to reduce extreme socio-economic vulnerability; and WASH and health, to reduce likelihood of morbidity and mortality
- Focusing on alternative options of local foods and how different available food sources can be combined to maximize nutrition outcomes for communities.

When the comparative advantages of various stakeholders are defined – and the potential for forging new partnerships or strengthening existing ones is clear – UNICEF's next step is to revise existing nutrition work plans to include programmatic adjustments or new programming to address the impacts of shocks and stresses. This will lead to adjusted strategy notes and workplans and/or partnership cooperation agreements with timebound action plans that describe the resources, responsibilities and accountability mechanisms necessary for effective implementation.

With reference to GRIP Module No. 3, Section 4, Nutrition stakeholders should also consider means to reduce risks to programme effectiveness – ensuring that programmes are well-designed, agile and responsive to changing situations, gender-sensitive and conflict-sensitive. Conflict sensitivity is particularly important in ensuring that programmes continue to be accessible to all populations regardless of ethnicity, religion and other factors and do not exacerbate violent conflict or cease to operate as a result. **Table 9** provides an example of how programmes may be adjusted to ensure effectiveness before, during and after crisis and **Table 10** shows an example of adjustment to ensure conflict sensitivity.

Table 9 – Protecting human resources

Potential bottleneck	Risks to programme delivery	Current strategy	Potential interventions to ensure effectiveness
Human resources (HR): availability of trained personnel worsens following a shock	• HR will be displaced or affected by the shock • Limited resources to hire additional staff • No HR surge system • Limited resources and capacities to conduct trainings • Limited engagement of community health workers	Rotation of health workers to health facilities to deliver services (e.g., treatment of SAM)	• Advocacy at policy level for increased budget and have a surge system in place involving trained health workers • Training of all community health workers in areas most at risk • Use rotation team to support capacities of CHWs/on-the-job training and monitoring so they can deliver services throughout a crisis. Identify surge mechanism with other geographical areas.

[21] United Nations Children's Fund, *Results-based Management Handbook*.

Table 10 – Adjusting programme for conflict sensitivity

IF inclusive community nutrition monitoring groups are established and trained **THEN** the groups can help develop social cohesion. This is **BECAUSE** child nutrition represents a shared sense of purpose and common objectives and is a platform for collaboration, trust-building and dialogue.

Outcome	Indicator	MOV	Output	Indicator	MOV	Activities
Target beneficiaries express increased trust in other community members	Percentage of target beneficiaries that express that they have experienced increased trust in other community members	Pre-post survey confirms a 30% increase in the number of target beneficiaries that believe that their trust in other community members has increased over the past year	Three representative (gender, age and ethnicity) community nutrition monitoring groups have been established	# of community nutrition monitoring groups that have been established and have undertaken monitoring activities covering 90% of children	Annual household survey on nutrition monitoring visits	**1)** UNICEF has facilitated the establishment of a malnutrition reporting mechanism; **2)** UNICEF has trained community nutrition monitoring groups; and **3)** UNICEF has advocated for diverse nutrition monitoring
				# of community nutrition monitoring groups that have all major ethnic groups represented, that include a minimum of 50% women and where at least two 18-80-year-old participate	Annual analysis of monitoring group compositions	
				Community nutrition monitoring group members confirm that they believe that the group adequately reflects the diversity of the community	Annual survey of monitoring group members	
				Other indicators	Other MOVs	

Representation of all major ethnic groups included to avoid exacerbating existing community tensions

As much as development programming may serve as a strong basis for preparedness and resilience building, humanitarian programming may bring opportunities to systems' strengthening in fragile and protracted crisis contexts contributing towards future development. During programme design, preparedness and systems' strengthening must be considered as a core component for both development and humanitarian programming. Development programming on early childhood nutrition; school-aged children, adolescents and women; care for children with SAM; and knowledge, partnerships and governance can effectively and successfully integrate preparedness and build long-term resilience. Humanitarian programming on maternal and child nutrition can complement development programming by prioritizing strengthening functional systems available at the institutional and community levels. The strong linkage between longer-term and emergency response must be prioritized. Moreover, it is important to focus on how UNICEF delivers interventions via our eight (8) strategic approaches. For example, when focusing on upstream work in policy, make sure that child health and nutrition policy includes emergency response actions.

In light of recently reaffirmed international commitments to improve aid effectiveness and efficiency, UNICEF is strengthening and systematizing its approaches to better link humanitarian and development programming as a means of reducing long-term risks, preventing future crises and building more resilient societies. Risk-informed programming is an important part of this approach and the section below sets out a non-exhaustive set of nutrition strategies supported by practical examples around six key areas that contribute to strengthening the linkages between humanitarian and development efforts:

1. **Utilizing and/or strengthening risk data**
2. **Strengthening systems to prevent and mitigate risk**
3. **Strengthening local actors including through channeling financing and capacity development for risk reduction**
4. **Strengthening preparedness**
5. **Promoting participation of those at risk**
6. **Promoting partnership**

PART A Examples of risk-informed programming within development programming that contribute to effective preparedness and build long term resilience

- **Strengthen community nutrition service systems for action planning and preparedness**
  Country examples: In **Kenya** and **Ethiopia**, the Community-based Management of Acute Malnutrition (CMAM) surge model implemented in Kenya and Ethiopia helps the health systems better anticipate and manage (including through establishing outreach capacity and pre-positioning) seasonal surges in the number of children with acute malnutrition.

- **Strengthen local capacity for preparedness and response through a rapid response mechanism**
  Country example: In the **Kasai Region, Democratic Republic of the Congo**, the rapid response mechanism for nutrition has been established and provides services for a maximum of three months until longer-term services can be established.

- **Support the use of risk assessment to inform nutrition policy and programming**
  Country/region example: In **Latin America and Caribbean,** by combining 11 nutrition-specific indicators with the LAC-INFORM risk index, the Nutrition in Emergency Risk Assessment Model was developed. This calculates, per country, the overall risk of deterioration of nutritional status of children during emergency situations.

PART B Examples of risk-informed programming within humanitarian programming that contributes to build systems, with a special focus on fragile context and protracted crisis

- **Support humanitarian response to strengthen national nutrition systems**
  Country example: In **Ukraine**, to protect and promote breastfeeding in the crises, training was provided to health workers and consequently the Ministry of Health established a monitoring system in 35 affected areas to better track the nutrition situation of infants and pregnant women.

- **Strengthen existing community nutrition service systems including for risk reduction**
  Country example: In **Nepal**, in response to the 2015 earthquake and ahead of monsoon rains, Nepal's Child Nutrition Week was planned as a fixed-day, village-based strategy to deliver a package of six nutrition interventions. The Ministry of Health and Population and Nutrition Cluster estimated one-third of women in the second or third trimester of pregnancy would have not received iron and folic acid supplements. Building on the successful implementation of Child Nutrition Week, the Government of Nepal is considering the implementation of biannual Child Nutrition Weeks to deliver an integrated package of nutrition services as an extension of the routine services provided by the primary health-care system.

- **Support government in the strengthening of national nutrition information systems**
  Country example: In the **Democratic Republic of the Congo**, support to the government national surveillance system for the transmission of data by mobile phone has allowed the system to be maintained during periods of violence and displacement and thereby to provide an early identification of worsening risks.
  Country example: In **Lebanon,** the government's existing systems for mapping vulnerability was supported and strengthened to help identify both vulnerable Syrians residing in Lebanon as well as those Lebanese making up the host communities.

4. ASSESS YOUR PROGRESS

To test the extent to which nutrition programmes are risk informed, nutrition programme specialists can pose the questions presented in **Table 11**. The recommended scale for the evaluation is immediately below.

1	No, not at all
2	Not very much
3	Yes, moderately
4	Yes, to a great extent
5	Yes, to an exemplary level

Specifically, when reviewing UNICEF nutrition programmes – humanitarian and development – content for sensitivity to risk, nutrition teams can ask themselves:

Table 11 – Evaluating the performance in risk-informed nutrition programmes

QUALITY CRITERIA	SCALE				
	1	2	3	4	5
To what extent have you analysed how previous shocks or stresses have impacted the supply, demand and quality of nutrition services and programmes (and nutrition-sensitive interventions)?					
To what extent does the nutrition programme target the most 'at-risk' areas and communities (areas being both highly exposed to shocks and stresses and showing high rates of vulnerability for children, adolescents and young people and low national or local capacities to mitigate the impact of these shocks or stresses)?					
To what extent does the nutrition programme have a clear objective of strengthening the resilience of children, households or nutrition systems to absorb and adapt to the impacts of multiple shocks or stresses?					
To what extent do the nutrition programme results (inputs, outputs, outcomes) already factor in (explicitly or implicitly) a commitment to enhancing national capacity for risk reduction?					
To what extent does the nutrition programme include a strategy that is focused on reducing vulnerability to shocks and stresses and increasing capacities to manage crises (such as disaster risk reduction, climate change education, child protection in education, social protection for education, school health and nutrition, and conflict sensitivity and peacebuilding)?					
To what extent does the nutrition programme link to early warning systems (UNICEF or other) and to people and processes that support risk management? (See ***GRIP Module Nos. 3*** and ***4***)					
To what extent has the programme design and implementation been analysed for criticality in the event of a shock? Does a plan exist to continue the critical health programme elements in the event of a shock? (See ***GRIP Module No. 3***.)					
To what extent have actions – including preparedness actions - for child protection in the Core Commitments for Children in Humanitarian Action, the Minimum Standards for Child Protection in Humanitarian Action and the Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action been incorporated into the programme? (See ***GRIP Module No. 3.***)					

[22] United Nations Children's Fund, *Core Commitments for Children in Humanitarian Action*, UNICEF, New York, May 2010, available at <www.unicef.org/publications/files/CCC_042010.pdf>, accessed 8 October 2018.
[23] Child Protection Working Group, *Minimum Standards for Child Protection in Humanitarian Action*, CPWG, 2012, available at <http://cpwg.net/?get=006914%7C2014/03/CP-Minimum-Standards-English-2013.pdf>, accessed 8 October 2018.
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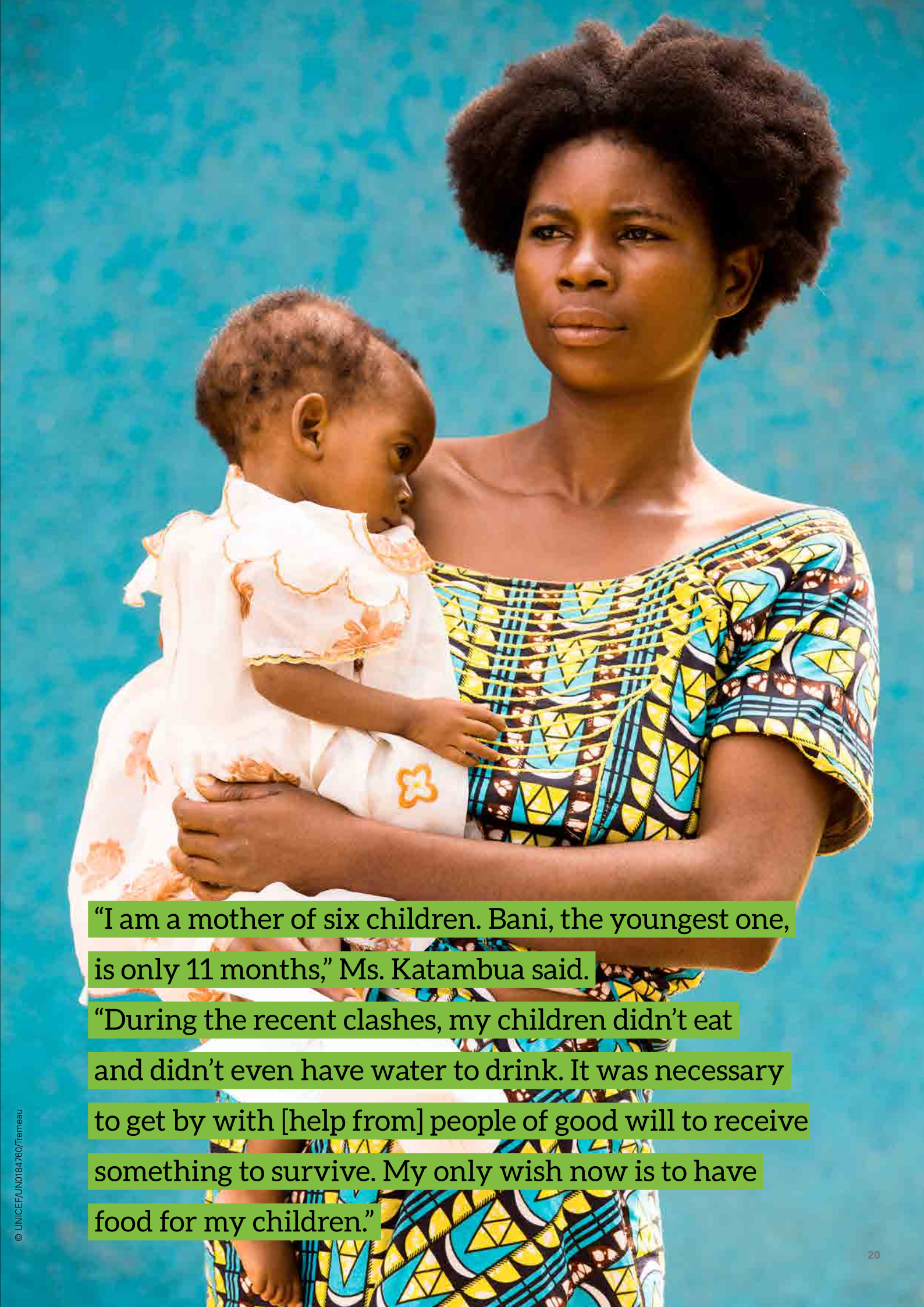
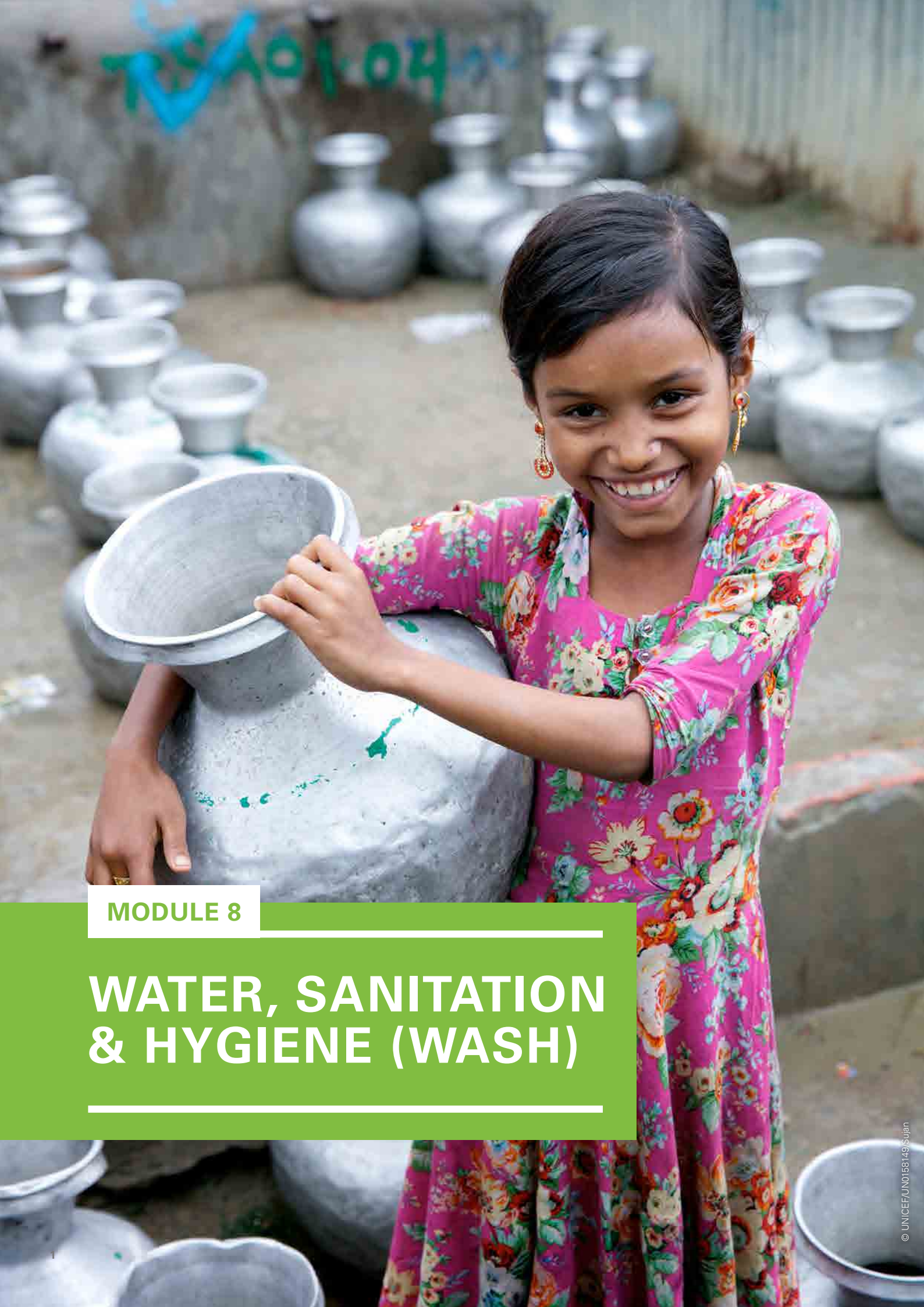


"I am a mother of six children. Bani, the youngest one, is only 11 months," Ms. Katambua said. "During the recent clashes, my children didn't eat and didn't even have water to drink. It was necessary to get by with [help from] people of good will to receive something to survive. My only wish now is to have food for my children."



MODULE 8

WATER, SANITATION & HYGIENE (WASH)

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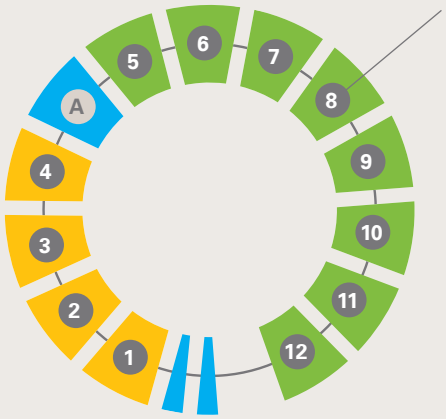

CONTENTS FOR MODULE 8

1. INTRODUCTION

1.1 RISK-INFORMED WASH PROGRAMMING

The 2030 Agenda for Sustainable Development offers a historic opportunity to set a new course for the next era of global human development – one that promises transformational change for children and their families. Water, sanitation and hygiene (WASH) needs are reflected in Sustainable Development Goal 6, which is at the centre of this ambitious new agenda – envisioning universal, sustainable and equitable access to safe drinking water, sanitation and hygiene, as well as the elimination of open defecation by 2030. The human rights to water and sanitation are at the core of the UNICEF mandate for children. Not only are poor hygiene, open defecation and lack of access to safe water and sanitation systems leading causes of child mortality and morbidity, but they also contribute to undernutrition and stunting, and act as barriers to education for girls and to economic opportunity for the poor. Without adequate WASH in homes, communities, health care facilities, schools and early childhood development centres, child survival and healthy development are at risk.

Despite its critical importance, stark gaps in access to WASH persist between and within countries, and few crises occur without some disruption to WASH services, whether through damage and destruction of infrastructure, loss of physical access to services or disruptions to their functionality and supply. Any interruption in WASH services, however, threatens the health, dignity and safety of children and their communities. As crises become more frequent and severe with the impacts of climate change, it is important to remember that water is the medium through which many of these impacts are felt. Building resilience into WASH programmes is critical to sustaining systems and services, ensuring life-saving support and dignity before, during and after a crisis. Building resilience in WASH is about much more than simply 'disaster-proofing' WASH infrastructure; it means strengthening capacities for equitable and sustainable WASH service delivery, and fostering positive behaviours among children, families, community workers and WASH service providers. There is a clear need to systematically incorporate risk reduction, climate change adaptation and emergency preparedness not only in UNICEF sector-specific programming but also in national WASH sector plans and policies, since these are essential strategies to ensuring high-quality, sustainable and good programming. The seven programming principles of the UNICEF *Strategy for Water, Sanitation and Hygiene 2016–2030* recognize this and place risk-informed WASH programming at its core.[1]

[1] United Nations Children's Fund, *Strategy for Water, Sanitation and Hygiene 2016–2030*, UNICEF, New York, August 2016, available at <www.unicef.org/wash/files/UNICEF_Strategy_for_WASH_2016_2030.PDF>, accessed 1 March 2018.

The programming principles, and their links to risk-informed programming, are:

- **Reduce inequity:** UNICEF strives to reduce inequalities for children through risk-informed WASH programming, encouraging government and other stakeholders to prioritize support for the most disadvantaged and vulnerable children. The organization's global commitments to Leaving No One Behind[2] confirm that exposure to shocks and stresses is one of the five key determinants of inequity, meaning that communities at risk or affected by crisis are of high priority.[3]

- **Sustain access to quality services at scale:** Reaching and sustaining scale means being resilient. Investing in stronger risk-informed systems during times of stability mitigates the impact and cost of emergencies when they arise and protects development gains. Meanwhile, ensuring that humanitarian action builds capacities and reduces vulnerabilities is critical to reducing the risk of further crisis.

- **Promote resilient development:** An equitable, child-centred risk assessment that considers all potential shocks or stresses – not just natural disasters or violent conflict – is at the core of WASH sector planning, programme design, resource allocation, implementation and monitoring for resilient development. Strategies promote peacebuilding, disaster risk reduction, climate change resilience and environmental protection to ensure safe and sustainable universal access to social WASH services before, during and after a crisis.

- **Strengthen accountability at all levels:** A fundamental precondition for long-term sustainability is a strong risk-informed accountability framework that sets out the roles, duties and responsibilities of different actors, and of their interrelationships.

- **Contribute across the Sustainable Development Goals (SDGs), and across the child's life course:** WASH contributes to no fewer than 10 separate SDGs and is critical at every stage of life. To be effective, cross-sectoral partnerships with the United Nations family and other stakeholders must be maintained – prioritizing interventions that support mothers during pregnancy, childbirth and carrying children though infancy, into school age and adolescence. Multiple deprivation analysis overlaid with an analysis of shocks and stresses can help to focus joint efforts towards the most 'at-risk' geographic areas.

- **Integrate humanitarian and development programming:** UNICEF is committed to supporting governments to deliver WASH programmes seamlessly across the humanitarian and development continuum. This requires the strengthening of WASH sector national coordination mechanisms (including the transition from the cluster approach) and ensuring that risk-informed emergency preparedness and prevention are standard components within national sector planning instruments.

- **Strengthen national systems:** Support country-specific risk-informed programming for strengthening of national systems and capacity, including national fiscal policies, budgetary allocation procedures and decentralization processes.

BOX 1 – WASH IN PROTRACTED HUMANITARIAN CRISES

The impacts of shocks and stresses can be deep and far-reached. WASH humanitarian response forms a critical part of immediate life-saving actions in most emergencies – but it is also critical to sustain through early recovery and the transition to development, thereby protecting the health, dignity and safety of affected communities over time. Few crises occur without some disruption to WASH services, whether through damage to infrastructure, loss of physical access to services or the disruption to their functionality and supply. As such, WASH assistance must focus not only on meeting immediate needs, but also on the repair, restoration and strengthening of systems to improve their resilience.

Resilience, however, is about more than infrastructure. It is also about changing knowledge and behaviours to protect health and dignity in the event of crises. It also means understanding the risks that different people face, depending on their age, gender, ethnicity or other characteristic that can make them vulnerable. For example, in many contexts, girls and women are placed at higher risk of exposure to epidemics (such as cholera) through their gender-assigned role of caregivers for the ill – or, they may be placed at higher risk of gender-based violence due to their traditional role as water collectors, which during crisis can take them far from safe areas. Risk-informed WASH interventions in emergencies should consider risks not only to the general population, but also to those who are most vulnerable within it.

[2] United Nations Department of Economic and Social Affairs, 'The Sustainable Development Goals Report 2016: Leaving no one behind', <https://unstats.un.org/sdgs/report/2016/leaving-no-one-behind>, accessed 1 March 2018.
[3] The other four determinants are: identity, geography, governance and socio-economic standing.

1.2 HOW TO USE THIS MODULE

GRIP Module No. 8 for the WASH sector follows the same logic as the core GRIP Module Nos. 2–4, but offers supplementary information that could be useful for WASH programme specialists and stakeholders at different stages of the risk-informed programming process. It should be read alongside the core GRIP modules and other strategic planning guidance such as the:

- *UNICEF Strategic Plan, 2018–2021*[4] and its theory of change[5]
- *UNICEF Gender Action Plan, 2018–2021*[6]
- 10-determinant framework[7] of the UNICEF Monitoring for Results Equity System (MoRES)[8]
- UNICEF *Programme Policy and Procedure Manual*.[9]

Most important, it should be read in light of the UNICEF *Strategy for Water, Sanitation and Hygiene 2016–2030* and the UNICEF/Global Water Partnership Strategic Framework for WASH Climate Resilience.[10] (Useful additional resources can also be accessed from the WASH Climate Resilience website.)

The ability to ensure equitable and sustainable access to WASH, especially during times of crises, depends significantly on the performance of other sectors such as education, health, child protection and social inclusion. As outlined in the *Strategy for WASH 2016–2030*, UNICEF is committed to reinforcing interventions and results across sectors and through the life course of a child. Specifically, UNICEF will use its long-standing and extensive multi-sectoral capacity to contribute to the key sectoral priorities through UNICEF programming in the areas of nutrition, health, HIV/AIDS, education, social policy and child protection. To ensure cross-sectoral collaboration, this WASH-specific module should also be read in conjunction with the GRIP modules for supporting sectors. Following the results of the GRIP risk analysis, a more detailed risk assessment for WASH can be carried out with WASH sector partners to plan specific interventions.[11]

[4] United Nations Economic and Social Council, *UNICEF Strategic Plan 2018–2021*, E/ICEF/2017/17/Rev.1, UNESC, New York, August 16, 2017, < https://digitallibrary.un.org/record/1301077/files/E_ICEF_2017_17_Rev-1-EN.pdf>, accessed 11 November 2018.
[5] United Nations Children's Fund, Theory of Change Paper, UNICEF Strategic Plan, 2018–2021, Realizing the rights of every child, especially the most disadvantaged, UNICEF/2017/EB/11, 18 July 2017, available at <www.unicef.org/about/execboard/files/2017-EB11-Theory_of_Change-EN-20170719.pdf>, accessed 28 February 2018.
[6] United Nations Children's Fund, *UNICEF Gender Action Plan, 2018–2021*, E/ICEF/2017/16, 13 July 2017, available at <www.unicef.org/about/execboard/files/2017-16-Gender_Action_Plan-20170714-Rev.1.pdf>, accessed 28 February 2018.
[7] United Nations Children's Fund, 'The Determinant Analysis for Equity Programming', August 2014, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/:w:/r/teams/PD/MoRES/_layouts/15/WopiFrame.aspx?sourcedoc=%7B042c3397-e095-4f04-82af-ae1b794d26bf%7D&action=view&Source=https%3A%2F%2Fteams%2Eunicef%2Eorg%2Fsites%2FNYHQ01%2FOED%2FMoRES%2FDocument%20Library%2FForms%>, accessed 8 October 2018.
[8] The MoRES team site is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/PD/MoRES/SitePages/MoRESCollab.aspx>, accessed 8 October 2018.
[9] United Nations Children's Fund, *Programme Policy and Procedure Manual*, UNICEF (n.d.). Accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/SiteAssets/Welcome%20to%20the%20Programme,%20Policy%20and%20Procedure%20Manual.aspx>, accessed 10 March 2018.
[10] United Nations Children's Fund and Global Water Partnership, 'Strategic Framework for WASH Climate Resilience', <www.gwp.org/en/WashClimateResilience>, accessed 1 March 2018.
[11] United Nations Children's Fund and Global Water Partnership, *WASH Climate Resilient Development: Risk assessments for WASH*, Guidance Note, UNICEF/GWP, 2017, available at <www.gwp.org/globalassets/global/toolbox/publications/technical-briefs/gwp_unicef_guidance-note-risk-assessments-for-wash.pdf>, accessed 1 March 2018.

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2. SUPPLEMENTARY INFORMATION FOR MODULE NO. 2: RISK ANALYSIS

GRIP Module No. 2 helps multi-stakeholder teams to estimate the risk of humanitarian crisis that can overwhelm national response capacities and lead to acute and urgent needs, cutting across multiple sectors and dimensions. However, the risk formula can also be applied to ascertain the likelihood of shocks and stresses eroding development progress in a specific sector. In other words, we can use the same methodology to consider how shocks and stresses might worsen, deepen or accelerate a deprivation facing children, such as the failure to access equitable and high-quality WASH services.

This section provides supplementary information that can help WASH programme specialists and stakeholders to contribute to a larger risk analysis and/or conduct their own. If seeking to support a specific stand-alone WASH risk analysis related to climate, please consult the Technical Brief on WASH Risk Assessments[12] developed as part of the Strategic Framework for WASH Climate Resilience.

Only the steps where there are sector-specific considerations are included below.

2.1 PREPARATION PHASE

Table 1 provides supplementary information to GRIP Module No. 2 for WASH sector stakeholders – helping multi-stakeholder teams consider how to prepare to conduct a risk analysis. Lessons learned suggest that if the strategic purpose, methodology, management structures and participants are not correctly set at the outset, the analysis loses credibility and potential for influence and use.

[12] United Nations Children's Fund and Global Water Partnership, *WASH Climate Resilient Development*.

Table 1 – Preparing for a risk analysis for WASH programming

Confirm the strategic purpose	It is important to confirm the goal or purpose of the analysis before you begin. The purpose may be: • To inform **a larger national assessment of the WASH country situation**, ensuring that there is adequate consideration of contextual risks • To **influence policies, plans and programmes** for the reform or strengthening of the WASH sector • To inform **preparedness or contingency plans** that consider the needs of all persons, including the most vulnerable, in humanitarian response • To ensure that **measures of risk and risk reduction are included in national monitoring systems**, including those for the WASH sector and water quality monitoring • To ensure that **risk assessment methodologies** used by national WASH directorates or other national authorities consider the special needs, vulnerabilities and capacities girls and boys, and women and men, or that they enable and support children, adolescents and youth to participate in risk assessments • To inform **UNICEF WASH planning and programming** processes with stakeholders. It is recommended to choose one key purpose of the analysis.
Define the scope of analysis	In addition to considering the country's risk profile (as per ***Section 3.1 of GRIP Module No. 2***), WASH programme stakeholders might define: • **Geographic scope:** Confirming national, regional, local or community levels • **Sectoral scope:** Given the integrated nature of WASH programming, will the analysis focus on the WASH sector alone, or is a whole-of-government approach required? (Stakeholders are encouraged to focus on all aspects of WASH.) • **Equity:** How does the analysis define disadvantaged or at-risk populations? How will it ensure their needs are effectively included in the analysis? • **Systems or component analysis:** Will the analysis consider the national WASH network of infrastructure, schemes and services and/or all service providers including private, government, religious, non-governmental organization (NGO), UNICEF, or non-formal/informal, community-based, facility-based, etc.?
Choose the best timing	The timing of a risk analysis is critical. In addition to the considerations outlined in ***Section 1.2 of GRIP Module No. 1***, WASH programme stakeholders might also consider: • **Major planning processes:** Are there specific milestones in terms of the launch of new sector plans, programmes or initiatives that provide opportunities for advocacy and leveraging? • **Sector management cycles:** What is the cycle for sector planning, budget allocation and fiscal reporting for WASH? Can the timing of risk analysis converge with and influence important decision-making? • **Seasonal calendar:** What is the seasonal calendar for health and health related hazards? Are there times of the year when certain shocks or stresses make implementation difficult or WASH services more critical?
Establish management structures	Ideally, a risk analysis for risk-informed WASH programming would be conducted by the national ministry or directorate charged with the most central aspects of WASH management and regulation. Accountabilities are often shared across the ministries of rural development, environment, health, education and other sectors, however. The primary counterpart should have the capacity to drive and lead inter-ministerial collaboration, with support from major development partners such as UNICEF, the World Health Organization and others. In other cases, UNICEF may wish to lead on risk analysis to ensure its integration into the larger situation analysis that underpins programme design. Regardless of whether UNICEF supports or leads, strong ownership and steering by UNICEF senior management is essential. To ensure the participation of higher-level national counterparts and ensure the cross-sectoral nature of the analysis, UNICEF country offices may consider establishing the management structures outlined in ***Section 2.2 of GRIP Module No. 2***, which can include a convening or leading institution such as the WASH directorate.
Ensure the right participants	WASH stakeholders that could be consulted or fully participate in a risk analysis process include: technical counterparts of the ministry or directorate of water, rural development or environment, and its various units and administrative levels; local networks of WASH professionals, public health officials, development partners such as other United Nations agencies, donors, the private sector, academia and bilateral/multilateral entities; and other facets of civil society such as community leaders, NGOs and community-based organizations, and community groups involved in WASH activities.

2.2 ASSESSMENT PHASE

As outlined in ***Section 3 of GRIP Module No. 2***, a child-centred risk assessment involves the following steps:

Likelihood: Identifying significant shocks and stresses that might trigger crisis or erode development progress – and consider the likelihood of these shocks manifesting over the next four to five years and their potential impacts.

Impact: Determining the potential impacts of shocks and stresses on children, households and systems, by considering:

- Patterns of exposure to shocks and stresses
- Historical impacts and losses
- Vulnerabilities of children and households
- Capacities of communities, systems and local and national authorities.

Risk: Prioritizing the risks associated with each shock and stress.

STEP 1: LIKELIHOOD

- With reference to ***Section 3.2.1 of GRIP Module No. 2***, WASH stakeholders should work with the larger team to identify significant shocks and stresses that can lead to humanitarian crisis or a significant erosion of good development progress in WASH. See also **Graphic 1** for examples of potential shocks and stresses specific to the WASH sector.
- Multi-stakeholder teams should then use secondary sources to gather data and information on the historical frequency of three to five of the most significant shocks and stresses recorded over the last 15 to 20 years, noting trends.
- A rating should be assigned, using the adapted likelihood scale for how likely the shock (or the tipping point of a stress) is to occur within the next four to five years. Please see **Table 2** for a short form of the Likelihood and Impact scales presented in GRIP Module No. 2.

Table 2 – Short-form table of the Likelihood and Impact Scales adapted from IASC and EPP Guidance

LIKELIHOOD SCALES				
Very unlikely (1)	Unlikely (2)	Moderately likely (3)	Likely (4)	Very likely (5)
IMPACT SCALES				
Negligible (1)	Minor (2)	Moderate (3)	Severe (4)	Critical (5)

Graphic 1 – Shocks and stresses specific to the WASH sector

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STEP 2: IMPACT

- With reference to ***Section 3.2.2 of GRIP Module No. 2***, WASH stakeholders should consider the patterns of exposure and historical impacts and losses, as well as the current status of vulnerability and capacity to determine the potential impact of the future shock or stress.
- Having considered all of the elements, stakeholders should assign a score to the likelihood variable using the adapted scale presented in **Table 2**.

EXPOSURE TO SHOCKS AND STRESSES

Note any significant geographic patterns in exposure to shocks and stresses, identifying locations in the country where the shocks and stresses are most likely to occur. Ask the questions in **Table 3** to consider which infrastructure, systems, assets and populations could be exposed. Using geographic information systems or hazard maps from secondary sources is particularly useful for estimating exposure.

Table 3 – Supplementary questions on exposure for WASH stakeholders

Questions for exposure to shocks or stresses:	Potential data sources:
• What populations are exposed to this specific shock or stress? • What is the population density in these areas? How does this specifically change exposure to water- and sanitation-related disease? • Is there critical WASH infrastructure or systems (e.g., WASH directorate offices, warehouses and stores, water and sanitation systems, water treatment or waste facilities) within the hazard zone?	• Geographic information systems in the WASH sector (and potentially the health management information system) • Secondary hazard maps produced by the national disaster management agency or national statistical office • Water resource management plans, including special planning documents • Data from the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP)

If a spatial risk assessment or child-centred risk mapping is being undertaken (as per GRIP Module No. 2), WASH stakeholders should consider the likelihood of the shock or stress manifesting in a specific administrative unit (such as the district, province or region). A simple example of UNICEF Zambia's work mapping historical incidences of shocks and stresses is presented in **Graphic 2**. The map was used by UNICEF Zambia to prioritize appropriate interventions for the most vulnerable children.

Graphic 2 – Initial hazard assessment in Zambia, in which multi-sectoral information is overlaid with WASH-specific shocks

Source: UNICEF Zambia.

HISTORICAL IMPACTS AND LOSSES

Consider the historical impacts and losses associated with the three to five priority shocks and/or stresses, stretching back the same time period as the assessment of likelihood (see **Table 4**). (For examples of direct and indirect losses that could occur, see **Table 5**.)

Table 4 – Supplementary questions on impacts and losses for WASH stakeholders

Questions on impacts and losses:	**Potential data sources**:
Based on data from past events, stakeholders may ask: • What was the historical impact of this shock or stress on WASH system infrastructure and the delivery of WASH services? Were there damages to water and sanitation offices, infrastructure, systems, treatment facilities, etc.? These damages might be expressed in terms of counts (numbers of facilities damaged) or in terms of economic losses. • Were there interruptions in the continuity of WASH services during previous shocks? What was the effect? • What was the historical impact of this shock or stress (in terms of mortality, morbidity and/or other aspects of dignity and safety)? • What were the indirect impacts of previous shocks and stresses? For example, what was the impact of road blockages on the disruption of WASH supply chains and technical support and supervision to local authorities and communities?	• Reports from WASH directorate and/or ministry of health and national disaster management agency • National disaster loss and damage databases • Post-disaster needs assessment reports • WASH and health cluster reporting • Sendai Framework Monitoring reports[13] • WASH coverage surveys, modes of transmission studies, sentinel surveillance data

Table 5 – Indicative direct and indirect impacts and losses due to shocks and stresses

WASH result area	**Possible impacts and losses due to shocks and stresses on WASH**
Water	Destruction of WASH infrastructure leads to limited or no access to safe water or to poor water quality, and degradation of water resources, which in turn causes an increased number of faecally transmitted infections (FTIs), more widespread malnutrition and higher rates of morbidity and mortality among children under 5 years of age.
Sanitation	Destruction of WASH infrastructure leads to limited access to safe sanitation facilities, causing faecal contamination and higher rates of open defecation, which in turn leads to an increased number of FTIs (including cholera and diarrhoeal disease), more widespread malnutrition and higher rates of morbidity and mortality among children under 5 years of age.
Hygiene	Limited availability of water and other non-food items for sustainable hygiene practices leads to higher caseloads and an increased burden of acute malnutrition (and stunting), acute diarrhoea, and other associated diseases such as malaria, polio and other neglected tropical diseases (Guinea-worm disease, schistosomiasis and trachoma), which in turn leads to higher rates of morbidity and mortality among children under 5 years of age.
WASH in institutions	Limited availability of water and WASH facilities in schools leads to reduced attendance and performance, especially for girls (e.g., when their menstrual hygiene needs are not sufficiently addressed); destruction of WASH infrastructure leads to limited access to school and health care facilities for children with disabilities. Limited availability of water and WASH facilities in health care facilities leads to limited capacity for prevention measures and infection control in health care facilities, which in turn leads to deterioration in the quality of maternal and newborn health, resulting in higher rates of morbidity and mortality among children under 5 years of age.
WASH in emergencies	Destruction of WASH infrastructure and limited availability of water leads to migration, deteriorating water quality due to pollution and overuse caused by high population density in camps and in host communities, which in turn leads to an increased number of FTIs, more widespread malnutrition and higher rates of morbidity and mortality among children under 5 years of age. Destruction of WASH infrastructure also undermines the ability of women and girls to effectively practise safe menstrual hygiene management. Walking long distances to collect water or use sanitation facilities may also expose women and children to physical and sexual violence.

[13] PreventionWeb, 'Sendai Framework Monitor', United Nations Office for Disaster Risk Reduction, <www.preventionweb.net/drr-framework/sendai-framework-monitor>, accessed 28 February 2018.

VULNERABILITIES AND CAPACITIES

WASH sector stakeholders should consider the characteristics of individuals and households that make them particularly susceptible to the damaging impacts of shocks and stresses – in other words, their vulnerabilities (see **Table 6**). It is also important to consider the sum of all strengths and assets available in the community, system, institution or local and national authorities that might enhance the ability to cope with the impact of the shock or stress – that is, capacities (see **Table 7**). A range of potential data sources can be consulted to confirm these expected vulnerabilities and capacities (see **Box 2**).

Table 6 – Supplementary questions on vulnerability for WASH stakeholders

HUMAN		
FACTOR	**INDICATOR**	**QUESTION**
Demographic characteristics (age, levels of education, health and poverty)	Human Development Index	What is the Human Development Index ranking? Are there other similar factors that are relevant?
	Age of population	Is there a large population of very old or young people?
	Relative poverty rates according to the Human Poverty Index	What is the Human Poverty Index ranking? Where are the poorest people living? Where do the poorest and most vulnerable people live?
	Marginalized groups	Who are the most marginalized groups/populations and where are they located?
Knowledge and understanding (lack of knowledge reduces efficacy of behavioural change and can lessen demand for WASH services)	Knowledge and understanding of local shocks	How knowledgeable are people about local shocks? Do people have adequate knowledge and tools available to respond?
	Knowledge and understanding of WASH benefits	How knowledgeable are people about WASH benefits? Is there are social norm of open defecation? Is hand-washing with soap a common practice?
Population growth/ urbanization (rapid population growth and urbanization are major causes of vulnerability)	National population growth	What is the population growth rate?
	Urban population growth	What is the rate of urbanization?

Table 7 – Supplementary questions on capacity for WASH stakeholders

SOCIAL		
FACTOR	**INDICATOR**	**QUESTION**
Social networks	Access to social networks	Are social networks strong enough to protect communities in the face of disaster?
Community-wide knowledge and understanding of risks and WASH benefits	Community-based risk assessments	To what extent have community-based risk assessments taken place?
	Engagement in early warning systems	Is there wide engagement in early warning systems?
Norms/practices	Open defecation	What is the rate of open defecation/use of improved toilets?
	Hand-washing	What is the rate of hand-washing at critical times?

Social cohesion and social protection	Conflict	Are there (strong) conflicts between different groups/community members?
	Marginalized groups	Who are the most marginalized groups/populations and where are they located?
Diversification of livelihoods (livelihoods diversification can enhance capacity to respond to shocks or stresses)	Livelihoods diversification strategies	Is livelihoods diversification possible? Are there plans in place to support this?
Planning, knowledge and tools (communities may and often do have significant capacities to mitigate and respond to shocks or stresses)	Community preparedness plans	Are there any community preparedness plans? How detailed are the plans? What is the level of community participation? How often are plans revised?
	Knowledge and tools for prevention activities	What knowledge and tools are there in the community to mitigate and respond to shocks or stresses?
Social networks and communications tools	Access to social networks and communications tools	Are strong social networks in place, and is there sufficient access to the necessary communication tools following the incidence of disasters?
Civil society and civil society representation (ability of civil society organizations, including the media, to speak out on public issues)	Strength of environmental/governance and accountability of civil society organizations	What is the strength of environmental/governance and accountability of civil society organizations?
FINANCIAL		
FACTOR	**INDICATOR**	**QUESTION**
Routine WASH sector budget allocations, including recurrent budgets (sufficient routine investments are an obvious prerequisite for resilience)	WASH public investment as proportion of GDP	How much investment is there in the WASH sector?
	Adequacy of WASH recurrent budget	Is the WASH recurrent budget adequate?
	Emergency processes and procedures	Are there adequate emergency processes and procedures in place?
	Emergency budgets and residual risk coverage (e.g., insurance)	Are there sufficient emergency WASH sector budget allocations?
Effective development partner support for WASH service financing and sustainability (the level and effectiveness of support from development partners can increase capacity to withstand the effects of shocks and stresses)	Development partner support and resources for WASH service delivery	Is there effective development partner support and resources for WASH service delivery?
	Emergency aid	Can development partners convert their funding for development projects to emergency aid?
	Mitigation and preparedness	Do partners support mitigation and preparedness? Is there a separate budget for mitigation, prevention, preparedness and response?
Budget disaggregation	Budget lines	Are there clear budget lines for water, sanitation and hygiene?
	Budget for mitigation, prevention, preparedness and response	Is there separate budget for mitigation, prevention, preparedness and response?

Ability to draw on emergency funds	Contingencies	Are there contingencies in budgets, and how quickly can they be released?
	Decentralized funding	Is there a practice of channelling spending and accounting for decentralized funding?
Service provider vulnerability	Cash reserves/insurance	Can service providers draw on cash reserves or insurance to rehabilitate services?
	Mitigate emergencies	Have service providers taken steps to mitigate emergencies? Do they have funds? Are they incentivized?
PHYSICAL		
FACTOR	**INDICATOR**	**QUESTION**
Resilience of WASH infrastructure, e.g., designing for appropriate levels of climate variability (design and construction standards confer resilience on WASH physical infrastructure: reliability/yield, water quality protection, infrastructure damage)	Technology	Are resilient, cost-effective technologies available locally?
	Existence of sound design/construction standards	What are the design/construction standards? Do any sound standards exist? Are they sufficient to ensure resilience? Has infrastructure been designed to better respond to shocks or stresses, e.g., flexible design?
	Standards observed in implementation	Are the design and construction standards observed in implementation?
	Maintenance of infrastructure	Are plans in place to maintain infrastructure? Is infrastructure in an accessible location for maintenance?
	Water storage infrastructure	Is domestic supply held in storage infrastructure?
	Appropriate technology and design parameters	Does the infrastructure meet the design parameters and needs of the environment and communities?
	Geographic conditions	Are the technology options sufficient to protect communities from existing shocks and hazards (e.g., earthquakes, floods)?
Human capacity/resources for operation and maintenance	Supply chain for replacement parts	Contingencies
	Skills	Do sufficient skilled technicians exist to fix infrastructure if required? Which capacity gaps are the most significant?
ENVIRONMENTAL		
FACTOR	**INDICATOR**	**QUESTION**
Environmental degradation (given the immense uncertainty over direction and magnitude of environmental change, monitoring is a clear prerequisite for observing and understanding such change, and so effective environmental monitoring networks and institutions are required – e.g., weather, groundwater, surface water, land use)	Rate of deforestation	Is deforestation leading to a significant increase in the incidence of soil erosion and landslides?
	Soil degradation	Is there any soil degradation resulting from human activities? How extensive is this?
	Water quality	What is the quality of the water? If it is low, what are the major causes of this? Why is degradation occurring?
	Monitoring agencies	Do monitoring agencies exist? How effective are they?
	Monitoring networks	Are there monitoring networks in place? Are these adequate?

Resilience of water sources (poor siting and protection of WASH sources makes systems vulnerable, leading to outages and reduced services)	Siting and protection of water sources	Are water sources adequately protected? Are some better protected than others?
	Sustainability of abstractions	Are abstractions sustainable? Are they leading to water shortages? If so, which populations are being most affected?
Alternative water sources (the use of alternative water sources if necessary and plans in place to use these)	Alternative water sources	Are there alternative water sources to use if necessary? Are there plans in place to use alternative water sources? Is this sufficient and accessible by all? Is anyone being left behind?
Waste disposal (poorly managed waste disposal – domestic and industrial)	Landfill sites	Do safe, appropriate landfill sites exist? Are they being effectively managed?
	Sewage disposal	Is sewage being disposed of safely? What about industrial waste?
HUMAN		
FACTOR	**INDICATOR**	**QUESTION**
Demographic characteristics (age, levels of education, health and poverty)	Human Development Index	What is the Human Development Index ranking? Are there other similar factors that are relevant?
	Age of population	Is there a large population of very old or young people?
	Relative poverty rates	Where do the poorest and most vulnerable people live?
	Marginalized groups	Who are the most marginalized groups/populations and where are they located?
Knowledge and understanding (lack of knowledge reduces efficacy of behavioural change and can lessen demand for WASH services)	Knowledge and understanding of local shocks	How knowledgeable are people about local shocks?
	Knowledge and understanding of WASH benefits	How knowledgeable are people about WASH benefits? Is there are social norm of open defecation? Is hand-washing with soap a common practice?
Population growth/urbanization (rapid population growth and urbanization are major causes of vulnerability)	National population growth	What is the population growth rate?
	Urban population growth	What is the rate of urbanization?
POLITICAL (and institutional)		
FACTOR	**INDICATOR**	**QUESTION**
WASH policies (including climate), public institutions and governance (public policy and public institutions provide the necessary national guidance for dealing with vulnerabilities and risks)	Government effectiveness	Is there public policy to provide the necessary guidance for dealing with vulnerabilities and risks?
	WASH and other policies	Are there appropriate WASH policies in place to protect the most vulnerable people?
Capacity of systems for preparedness, response and recovery (institutional capacity to prepare, respond and recover)	Response plans for WASH emergencies	Are there response plans in place? Are these plans adequate?
	Coordination mechanisms for emergencies	Are there sufficient mechanisms in place for emergencies?
	Training and equipment	Is there sufficient staff, training and adequate equipment?

BOX 2. POTENTIAL DATA SOURCES TO CONFIRM VULNERABILITIES

- National adaptation programmes of action (NAPAs); national adaptation plans (NAPs)
- National communications produced for the United Nations Framework Convention on Climate Change
- Any document related to the One UN planning process (if One UN process is being conducted in country)
- WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) reports
- United Nations Water Global Analysis and Assessment of Sanitation and Drinking-water (GLAAS)[14]
- Water/sanitation/health policies and sector strategies at national and sub-national level
- Water resource management plans, including special planning documents, if available
- Equity analysis at the lowest administrative level
- WASH-specific knowledge, attitude and perception (KAP) analysis of existing and/or former programmes (baseline and/or endline)
- WASH Bottleneck Analysis Tool (WASH BAT)
- WASH stakeholder capacity assessment
- Any other national/sub-national/sectoral strategies and plans
- UNICEF WASH Country Programme Documents or work plans
- UNICEF WASH strategy[15] and operational approach to improve WASH outcomes
- WASH sector and cluster specific 4Ws (Who is doing What, When and Where)
- WASH sector-specific donor reports and proposals

STEP 3: RISK

This final stage of the assessment brings together the team's estimation of the **likelihood** of experiencing a shock or stress and its potential **impact**, and checks it against the current understanding of vulnerabilities and capacities. WASH specialists and multi-stakeholder teams should therefore bring together the data and information gathered in the previous steps and note the scores associated with likelihood and impact in a table. The two scores can be multiplied to produce a combined score, which should provide a simple means of ranking the level of risk associated with each shock or stress. (For an exemplary table and consideration of how this process contributes to a UNICEF country office's compliance with the emergency preparedness procedure, see ***Section 3.2.4 of GRIP Module No. 2***).

If a spatial risk assessment or 'child-centred risk mapping' was undertaken (as per ***Section 4 of GRIP Module No. 2***), WASH stakeholders can also prioritize or rank geographic areas on the basis of risk and discuss the implications for area-based programming and partnerships.

Ideally, priority should be given to those geographic areas that face a disproportionate level of risk (being highly exposed to shocks and stresses with high vulnerability and low capacity) and low levels of existing WASH access. It is understood, however, that geographic targeting is often the result of a more complex prioritization process that considers: criticality (severity of the deprivation or risk as well as government priorities); the UNICEF mandate; UNICEF strategic positioning; UNICEF programmatic and operational capacities; and lessons learned from previous global, regional and country experience. This prioritization process is best described in the UNICEF Results-based Management Learning Package, using the 'five filter approach'.[16]

2.3 ANALYSIS PHASE

Distinct from the assessment phase of the child-centred risk analysis, the analysis phase uses the conceptual frameworks of the human rights–based approach to programming to 'dig deeper' and analyse **why** risks are occurring, **who** is responsible for addressing them and **what** capacities these actors need to enable them to do so. Analysis is best done with a participatory approach involving a range of counterparts and partners through interviews, focus group discussions or consultation workshops such as a GRIP workshop.

[14] World Health Organization, 'UN-Water Global Analysis and Assessment of Sanitation and Drinking-water (GLAAS)', WHO, 2018, <www.who.int/water_sanitation_health/monitoring/investments/glaas/en>, accessed 2 March 2018.
[15] United Nations Children's Fund, *Strategy for Water, Sanitation and Hygiene 2016–2030.*
[16] United Nations Children's Fund, *Results-based Management Handbook: Working together for children*, UNICEF, 2017, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/Shared Documents/RBM_Handbook_Working_Together_for_Children_July_2017.pdf>, accessed 10 March 2018.

Section 4.1 of GRIP Module No. 2 provides suggestions on how to conduct a causality analysis, with reference to the UNICEF *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*.[17] A causality analysis can:

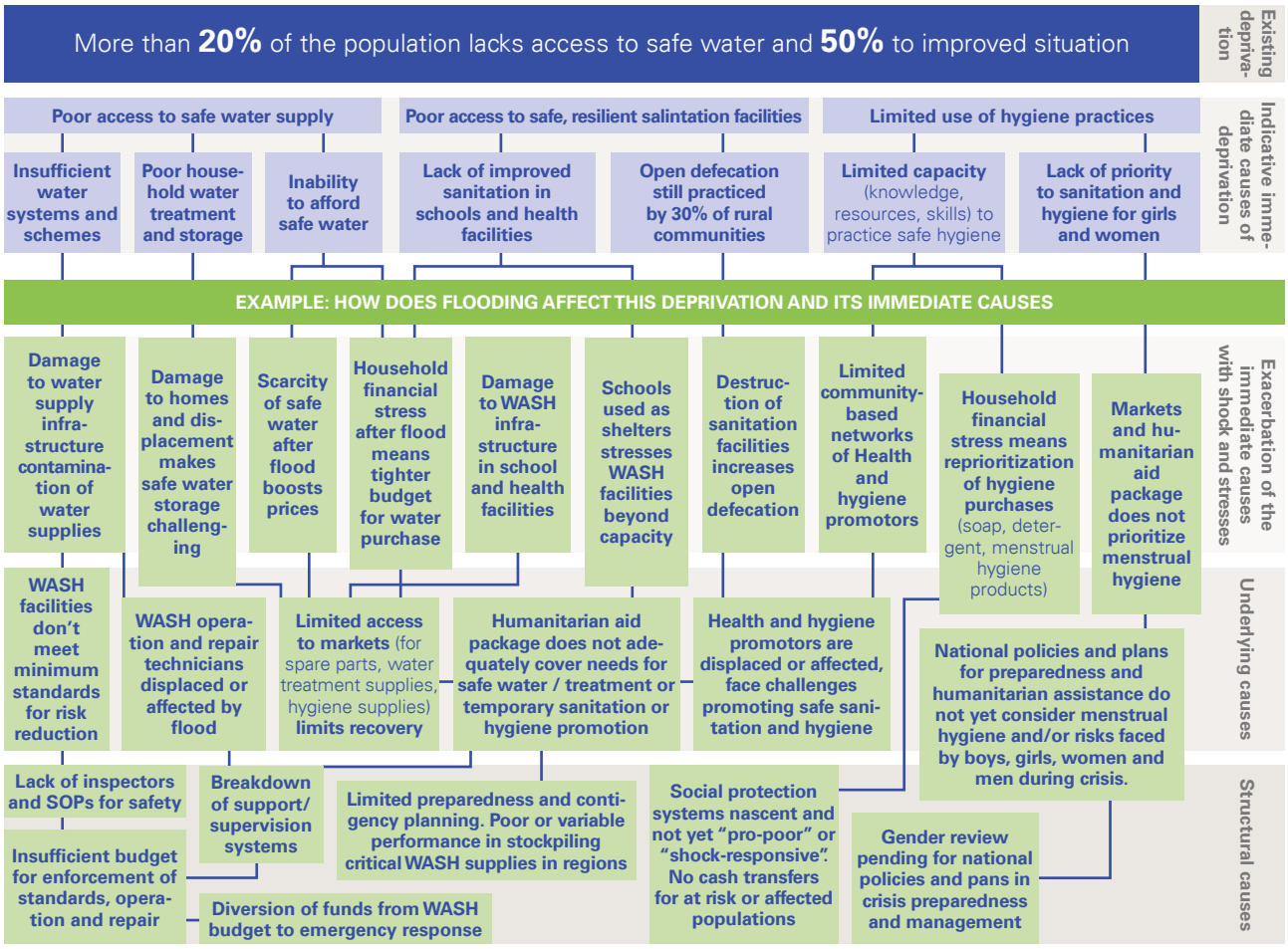
- help WASH programme stakeholders to generate a shared understanding of the drivers of risk, focusing on vulnerabilities and capacities
- support the design of WASH programmes and strategies that address the drivers of risk at multiple levels – immediate, proximate and root
- reveal the interactions or shared impacts of multiple shocks and stresses.

To conduct a risk-informed **causality analysis**, WASH specialists and multi-stakeholder teams should work together to identify and map the relationships between immediate, underlying and deeper structural (or root) causes of risk. Teams should conduct the following steps:

1. **Use the same starting point as existing causality analyses.** Place at the top of the problem tree an impact-level deprivation or inequity related to WASH programming and list four or five immediate causes of this deprivation.
2. **Consider the impacts of a particular shock or stress on the deprivation and its immediate causes.** Use the highest-ranking shock or stress from the assessment phase and consider how the manifestation of this risk into crisis could lead to a worsening, deepening or acceleration of the deprivation and its immediate causes. Then ask why these negative impacts or losses are occurring, identifying further structural and underlying causes.
3. **Use the MoRES 10-determinant framework to check the completeness of the causality analysis.** Use the framework to confirm identification of all of the causes related to barriers in supply of, demand for and quality of services, and within the enabling environment.
4. **Check the causality analysis. Ensure that the analysis is holistic and complete.**

Going deeper, a more complete **risk-informed barrier and bottleneck analysis** can be applied to more specific interventions, to guide the programmatic adjustments necessary to ensure effective coverage of WASH prevention and treatment services.

Graphic 3 – Risk-informed causality analysis



[17] United Nations Children's Fund, *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*, UNICEF Division of Policy and Strategy, March 2012, available at <www.unicefinemergencies.com/downloads/eresource/docs/Rights based equity focused Situation Analysis guidance.pdf>, accessed 1 March 2018.

3. SUPPLEMENTARY INFORMATION FOR MODULE NO. 3: DESIGN AND ADAPTATION OF PROGRAMMES

GRIP Module No. 3 is designed to help UNICEF country offices and stakeholders to apply the body of evidence gleaned through the risk analysis, to the design and adjustment of programmes. This module uses the results-based management approach and helps teams to:

- Develop or adjust **theories of change** that focus directly on the changes necessary to make children, families and systems more resilient to the impacts of shocks and stresses
- Develop **risk-informed programmes** that UNICEF can catalyse and contribute meaningfully to, considering the organization's position and comparative advantage
- Consider how to **adjust existing UNICEF work plans and partnerships**, refining risk-informed programme strategies.

3.1 RISK-INFORMED THEORY OF CHANGE

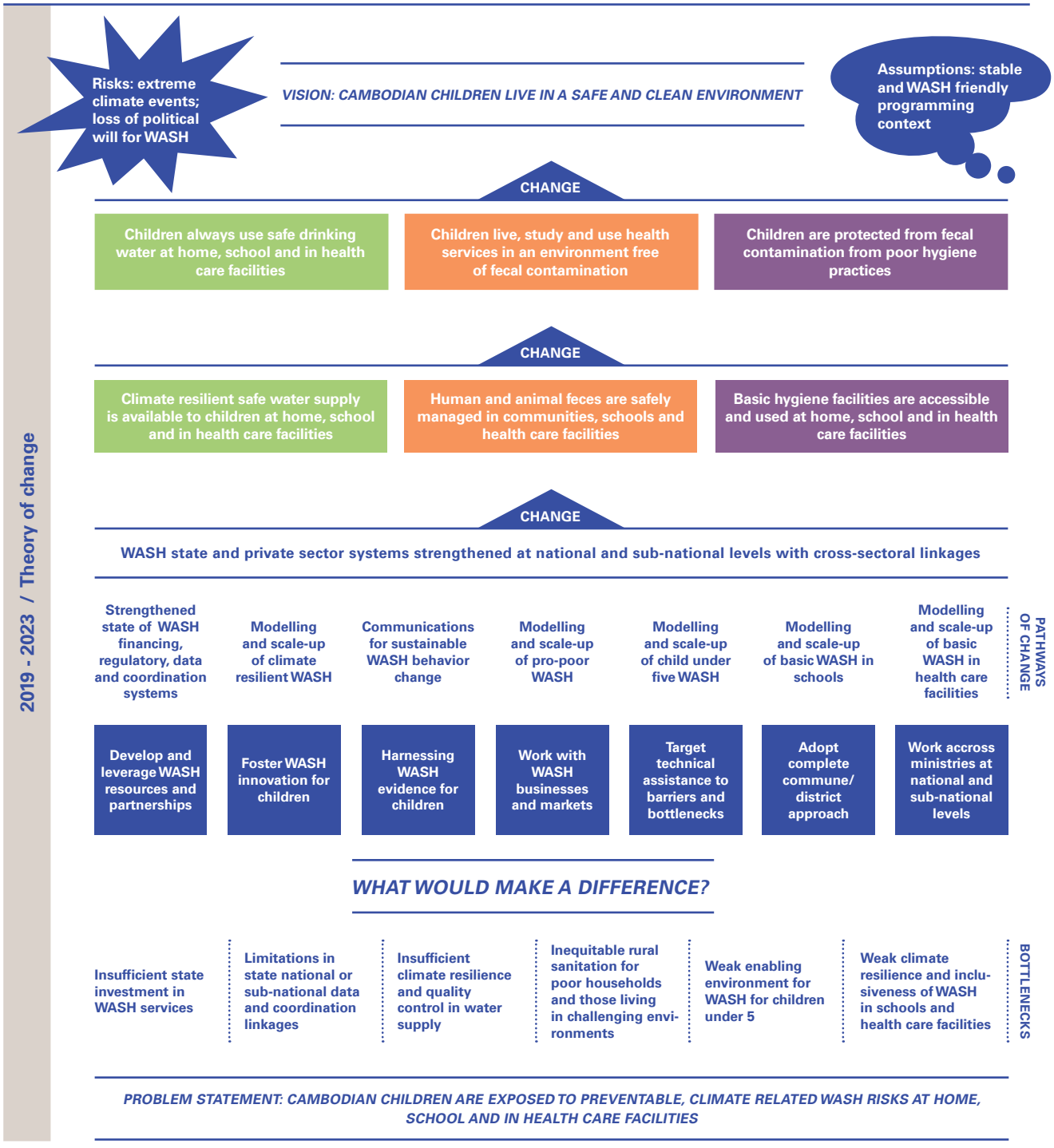
The most critical aspect of the strategic planning process is the development of a theory of change that articulates a vision for reaching a desired impact and makes explicit how one level of change leads to another. Section 2 of GRIP Module No. 3 has more detailed guidance on the development of a risk-informed theory of change, with examples and reference to the UNICEF *Results-based Management (RBM) Handbook*.[18]

[18] United Nations Children's Fund, *Results-based Management Handbook*.

To summarize the process, WASH programme stakeholders should identify the:

- long-term difference that all stakeholders wish to see in the lives of children and families (impact-level changes/ results in WASH programming)
- several 'preconditions' or long- and medium-term results that are necessary not only to achieve this change, *but also to protect the change from the negative impacts of future shocks and stresses*, thus enhancing the resilience of WASH systems and services and/or communities and households (outcome-level results related to a change performance of institutions or service providers or the behaviour of individuals)
- specific short-term results that reflect a change in the capacity of duty bearers (output-level changes/results)
- key programme strategies that will move all partners in the direction of the long-term goal of resilient development (or specific inputs to the change process).

Graphic 4 – Example of a risk-informed WASH theory of change



3.2 RISK-INFORMED PROGRAMMES

Once the larger programming logic has been mapped out through the theory of change, it becomes easier for UNICEF and various WASH partners and stakeholders to identify specific change pathways they have a comparative advantage in catalysing and supporting. The UNICEF *RBM Handbook* provides guidance on this prioritization process. The final step is to revise existing WASH work plans to include programmatic adjustments or new programming to address the impacts of shocks and stresses. This will lead to programme strategy notes and work plans and/or Programme Cooperation Agreements being adjusted to include time-bound action plans that describe the resources, responsibilities and accountability mechanisms necessary for effective implementation. (For an example of an adjusted results framework, see **Table 8**.)

Table 8 – Example of an adjusted results framework

United Nations Development Assistance Framework outcome: By 2020, governmental institutions more effectively manage and regulate urban development and natural resources to ensure the equitable provision of sustainable infrastructure and to safeguard cultural heritage.		
WASH Outcome 1	Children and their families increasingly benefit from safe and affordable water and sanitation and adopt improved hygiene practices, reducing the incidence of faecally transmitted infections, including cholera and diarrhoeal disease.	
Output 1	**Demand for services** Improved access and use of safe and adequate drinking water and adoption of adequate sanitation and good hygiene practices in schools	• Number of children who participate in school-based hygiene practice behaviour change programmes at national scale (including hand-washing) • Number of schools that have WASH facilities that meet national recommendations that confer resilience on WASH physical infrastructure • Menstrual hygiene management is integrated in WASH in schools programme • Number of children with safe access to water sanitation facilities in schools
Output 2	**Supply** Increased national capacity to provide access to sustainable safe drinking water and adequate sanitation in communities	• Number of people with access to resilient water and sanitation supplies and facilities (sewage networks, septic tanks) built according to national design and construction standards that confer resilience on WASH physical infrastructure
Output 3	**Enabling environment** Strengthened national political commitment, accountability and capacity to plan, budget, coordinate and promote for scaling up of risk-informed interventions to promote safe drinking water, adequate sanitation and good hygiene practices	• National water information system is developed and operating to support 'sustainability compact' for WASH with evidence of continued monitoring, including reporting on equity of access to WASH services • Risk-informed disaster risk reduction and climate change management strategy is integrated into country-specific sector plan • National sector coordination mechanism is established and operational, including humanitarian coordination mechanism for WASH meeting Core Commitments for Children standards for coordination including adequate emergency budget allocation

In light of recently reaffirmed international commitments to improve aid effectiveness and efficiency, UNICEF is strengthening and systematizing its approaches to better link humanitarian and development programming as a means of reducing long-term risks, preventing future crises and building more resilient societies. Risk-informed programming is an important part of this approach and the section below sets out a non-exhaustive set of WASH strategies supported by practical examples around six key areas that contribute to strengthening the linkages between humanitarian and development efforts:

1. **Utilizing and/or strengthening risk data**
2. **Strengthening systems to prevent and mitigate risk**
3. **Strengthening local actors including through channeling financing and capacity development for risk reduction**
4. **Strengthening preparedness**
5. **Promoting participation of those at risk**
6. **Promoting partnership**

PART A Examples of risk-informed programming within development programming that contribute to effective preparedness and build long-term resilience

- **Inclusion of data on risk in WASH vulnerability analysis and programming**
  Country examples: In the **Pacific**, community level risk assessment considered the exposure, vulnerability and capacity of communities and led to innovative approaches such as water harvesting technology alongside community engagement on water management.

- **Adapt systems to current and future climate impacts including through community participation**
  Country example: In **Bangladesh**, to build resilience against water salinity (due to periodic flooding and cyclones), the Managed Aquifer Recharge system (MAR) was piloted enabling communities to maintain these systems and to have access to safe drinking water even during seasonal floods.[19]

- **Strengthening environmental knowledge and education including at the sub-national level**
  Country example: In **Nicaragua**, as a part of the WASH in School initiative, 242 members from educational communities in 14 schools of the Caribbean Coast identified environmental risks and vulnerabilities and knowledge gaps among students, teachers and parents. Teachers applied their knowledge on environment and climate change in classrooms and prepared an action plan to reduce the environmental impact and disaster risk.

- **Supporting national and regional platforms (intersectoral) for preparedness**
  Country example: In **Benin**, as part of regional cholera preparedness, a national strategic plan, cholera hot spot mapping, investment case/plan and advocacy strategy have been developed.

PART B Examples of risk-informed programming within humanitarian programming that contributes to building systems, with a special focus on fragile contexts and protracted crisis

- **Promoting adaptive and environmentally sustainable systems**
  Country example: In **South Sudan**, where much of the urban water systems require power, organizations are using solar power for pumping, thus reducing dependency on fuel and moving towards more sustainable water systems
  Country example: In **Ethiopia,** the Ministry of Water and partners developed an open-source method to identify more-sustainable groundwater sites. The initiative provides multi-village water points for households, health facilities, schools, and livestock, allowing communities to better manage periods of drought.

- **Linking humanitarian and development through shared analysis and joint planning**
  Country example: In **South Sudan,** where the delivery of WASH services during humanitarian emergencies and immediate recovery phases meets life-saving needs, choices about how WASH services are delivered may undermine or support future development and peace. A set of common principles for WASH in protracted crises were developed recognised by all agencies, regardless if they identify themselves as part of humanitarian or development communities.[20]

[19] United Nations Children's Fund, *Thirsting for a Future: Water and children in a changing climate,* UNICEF, March 2017, available at <https://www.unicef.org/publications/files/UNICEF_Thirsting_for_a_Future_REPORT.pdf>, accessed 26 October 2018.
[20] Mosello, Beatrice, Nathaniel Mason and Richard Aludra, *Improving WASH Service Delivery in Protracted Cases: The case of South Sudan,* Overseas Development Institute, August 2016, available at <https://www.odi.org/sites/odi.org.uk/files/resource-documents/10817.pdf>, accessed 26 October 2018.

Table 9 – Example for review of external partnerships for additional or revised interventions

Cause of deprivation	Existing intervention	New intervention	New or existing partnerships
Access to safe water	Community-based water safety planning	**Water safety and security planning that also considers water basin management, including flood plain management, community capacity development on system upgrade to improve water efficiency and effectiveness of service delivery, water pricing as a means to reduce water demand, etc.**	• Non-governmental organization (NGO): Adjust existing Programme Cooperation Agreement with NGO to include water security planning, including system upgrade • Private sector: Develop Long Term Agreement with private sector to deliver safe and resilient water services • University: Establish a partnership with research institution on efficiency/effectiveness of adjusted approach including security measures

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5. ASSESSING PERFORMANCE

To test the extent to which WASH programmes are risk-informed, WASH programme specialists can pose the questions presented below (see **Table 10**). The table can be used to evaluate team performance and the quality of the child-centred risk analysis at each stage of elaboration. The recommended scale for the evaluation is immediately below.

1	No, not at all
2	Not very much
3	Yes, moderately
4	Yes, to a great extent
5	Yes, to an exemplary level

Table 10 – Evaluating the team's performance in risk-informing WASH programmes

QUALITY CRITERIA	SCALE				
	1	2	3	4	5
To what extent have the effects of previous shocks and/or stresses on the supply of, demand for and quality of WASH infrastructure and services been analysed?					
To what extent does the WASH programme target the most 'at-risk' populations (living in areas being both highly exposed to shocks and stresses and showing high rates of vulnerability for children, adolescents and young people and low national or local capacities to mitigate the impact of these shocks and/or stresses)?					
To what extent does the WASH programme have a clear objective of strengthening the resilience of the country's most vulnerable children, households or WASH systems to absorb and adapt to the impacts of multiple shocks and/or stresses?					
To what extent do the WASH programme results (inputs, outputs, outcomes) already factor (explicitly or implicitly) in a commitment to risk reduction?					
To what extent does the WASH programme include a strategy that is focused on reducing exposure and vulnerability to shocks and stresses and increasing capacities to manage crises (such as disaster risk reduction, climate change education, child protection in education, social protection for education, school health and nutrition, and conflict sensitivity and peacebuilding)?					
To what extent does the WASH programme link to early warning systems (UNICEF or other) and to people and processes that support risk management? (See ***GRIP Module No. 3***)					
To what extent has the programme design and implementation been analysed for criticality in the event of a shock? Does a plan exist to continue the critical WASH services in the event of a shock? (See ***GRIP Module No. 3***.)					
To what extent do actions – including preparedness actions – for WASH incorporated in the programme reflect the *Minimum Standards for Child Protection in Humanitarian Action*,[21] *Core Commitments for Children in Humanitarian Action*[22] and *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*?[23] (See ***GRIP Module No. 3.***)					

[21] Child Protection Working Group, *Minimum Standards for Child Protection in Humanitarian Action*, CPWG, 2012, available at <http://cpwg.net/?get=006914%7C2014/03/CP-Minimum-Standards-English-2013.pdf>, accessed 28 February 2018.
[22] United Nations Children's Fund, *Core Commitments for Children in Humanitarian Action*, UNICEF, New York, May 2010, available at <www.unicef.org/publications/files/CCC_042010.pdf>, accessed 28 February 2018.
[23] Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, IASC, 2015, available at <https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf>, accessed 28 February 2018.

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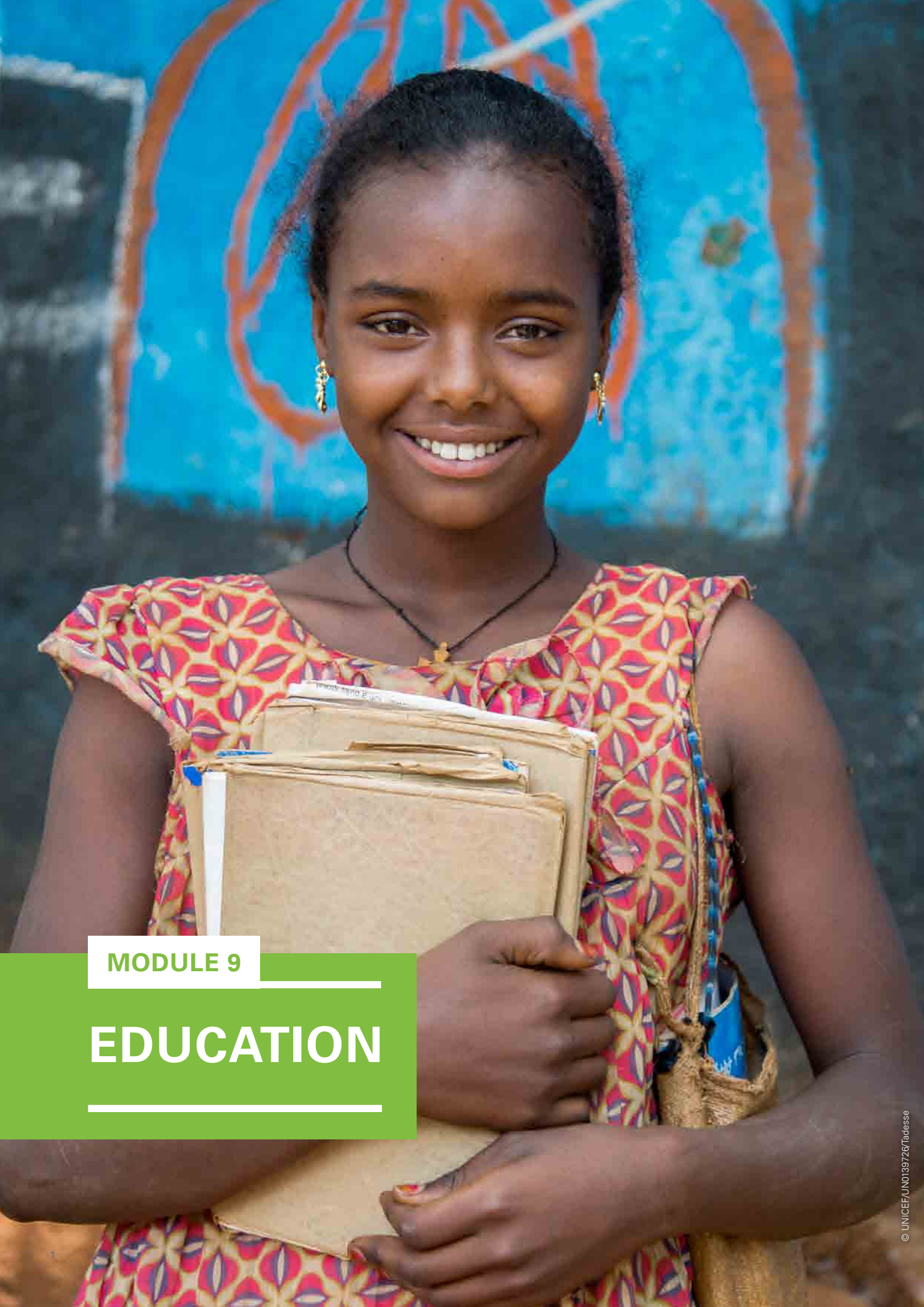
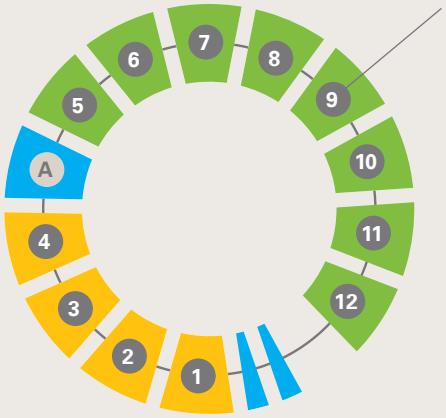


MODULE 9

EDUCATION

MODULE 9: EDUCATION



CONTENTS FOR MODULE 9

1. INTRODUCTION

1.1 RISK-INFORMED EDUCATION PROGRAMMING

The UNICEF *Risk-informed Education Programming for Resilience Guidance Note (RIEP)*[1] connects and builds on the education sector's experience in disaster risk reduction, climate change adaptation, sexual and gender-based violence, conflict sensitivity and peacebuilding. It challenges humanitarian and development staff to work together to:

- consider the risk that a specific shock or stress might erode good development progress in the education sector
- analyse all potential impacts of shocks or stresses on people of concern to the education sector (referred to as 'education populations'),[2] including gender-differentiated impacts, programmes and systems
- analyse vulnerabilities of education populations and systems, as well as their capacities to prevent, prepare and respond to shocks and stresses
- develop collaborative, multi-sectoral programmes that help to build resilience at individual, school community and system levels, including working with colleagues from other sectors
- develop education programmes that prioritize risk reduction to ensure the continuity of education services during and after humanitarian crises
- support humanitarian interventions that both save lives and help to strengthen education systems and address underlying issues of risk.

There is a wide variety of successful risk-informed programmes in education, supported by UNICEF around the world.

[1] United Nations Children's Fund, *Risk-informed Education Programming for Resilience Guidance Note* (RIEP), forthcoming; to be made available at <https://eccnetwork.net/resources/learning-for-peace/guidance-notes>.
[2] Education populations are defined in RIEP as individuals part of an education system, including but not limited to: children and youth attending formal schools or non-formal education programming; out-of-school children and youth; ministry of education staff from various levels; teachers, school administrators, or non-formal education service providers; school management committee/parent teacher association members; and parents/caregivers of children/youth.

1.2 HOW TO USE THIS MODULE

GRIP Module No. 9 for the education sector guides UNICEF education specialists – at all levels and working in humanitarian, transition and development contexts – to analyse risks that may erode progress in education and consider how to design or adapt education policies and programmes to strengthen the resilience of education populations and systems, helping to ensure that all children and young people are in school and learning.

This module uses the same structure as the core GRIP Module Nos. 2–4, but offers supplementary information that could be useful for education specialists and stakeholders at different stages of the risk-informed programming process. In this way, the module should be read alongside the core GRIP modules and with reference to various education-relevant strategic planning guidance. This includes the:

- UNICEF *Risk-informed Education Programming for Resilience Guidance Note (RIEP)*
- UNICEF Education Strategy[3]
- *UNICEF Strategic Plan, 2018–2021*[4]
- *The 2030 Education Framework*[5]
- *UNICEF Gender Action Plan, 2018–2021*[6]
- UNICEF *Programme Policy and Procedure Manual.*[7]

[3] The Education Strategy is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/PD/Education/Shared%20Documents/UNICEF%202014-2017%20Strategic%20Plan.pdf>.
[4] United Nations Economic and Social Council, *UNICEF Strategic Plan 2018–2021*, E/ICEF/2017/17/Rev.1, UNESC, New York, August 16, 2017, < https://digitallibrary.un.org/record/1301077/files/E_ICEF_2017_17_Rev-1-EN.pdf>, accessed 11 November 2018.
[5] United Nations Educational, Scientific and Cultural Organization, *Education 2030: Incheon Declaration and Framework for Action*, UNESCO, 2015, available at <http://unesdoc.unesco.org/images/0024/002456/245656e.pdf>, accessed 28 October 2018.
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[7] United Nations Children's Fund, *Programme Policy and Procedure Manual*, UNICEF (n.d.). Accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/SiteAssets/Welcome%20to%20the%20Programme,%20Policy%20and%20Procedure%20Manual.aspx>, accessed 10 March 2018.

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2. SUPPLEMENTARY INFORMATION FOR MODULE NO. 2: RISK ANALYSIS

GRIP Module No. 2 helps multi-stakeholder teams to estimate the risk of humanitarian crisis that can overwhelm national response capacities and lead to acute and urgent needs, cutting across multiple sectors and dimensions. The risk formula can, however, also be applied to consider the likelihood of shocks and stresses eroding development progress in a specific sector. The same methodology can be used to consider how shocks and stresses might worsen, deepen or accelerate a deprivation facing children, such as the failure to achieve a full course of primary education.

This section of GRIP Module No. 9 provides supplementary information that can help education stakeholders contribute to a larger risk analysis and/or conduct their own in the education sector, considering how shocks and stresses might erode development progress related to early learning and stimulation and the realization of learning outcomes in primary and secondary education. This section can therefore be used to either:

- inform a sector-specific analysis of the risks that can erode development progress in education; or
- help multi-sectoral teams ensure that the vulnerabilities and capacities relevant to the education sector are considered in a wider analysis of risk.

Only the steps where there are sector-specific considerations are included below.

2.1 PREPARATION PHASE

2.1.1. SETTING THE STRATEGIC PURPOSE, SCOPE AND TIMING

STRATEGIC PURPOSE: UNICEF may partner with a national Ministry of Education and a range of education stakeholders to implement sector-specific child-centred risk analysis or to influence the methods used by national actors independently. Some of the reasons could be:

- To **build system-wide capacity for risk-informed education governance** and programming.
- To **inform a larger national sector-wide analysis**, ensuring that there is adequate consideration of the potential impacts of shocks and stresses on the education system and the overall safety and well-being of children necessary for accessing early childhood development centres, schools and learning facilities, as well as for participating in high-quality learning processes
- To **influence national policies, plans and programmes** that will further risk-informed education strategies
- To ensure that **risk assessment methodologies** used by the Ministry of Education or other national authorities consider the special needs, vulnerabilities and capacities of girls and boys at different ages and positions in their life-course – or to act as a convener and enabler – supporting children, adolescents and youth to participate in risk assessment and analysis
- To **inform preparedness and contingency planning** in the education sector at various levels
- To ensure that **measures of risk and risk reduction are included in national monitoring systems** such as the education management information system (EMIS)
- To conduct **UNICEF internal education risk analyses** to ensure gender- and conflict-sensitivity, and safeguard against reputational risk.

SCOPE: In addition to considering the risk profile of the country (as per ***Section 3.1 of GRIP Module No. 2***), education stakeholders should consider the following questions when determining the scope of a sector specific analysis:

- **Geographic scope:** Will this risk analysis be at national, regional or local levels?
- **Equity:** How will the risk analysis consider marginalized populations?
- **Level of education:** Will it be focused at a particular level of education – e.g., early childhood, primary, lower secondary, upper secondary, vocational education or tertiary?

- **Systems analysis or facility level:** Will it consider the broader education system, the network of facilities and/or all the children within it?
- **Type of education delivery system:** Will the risk analysis consider all service providers – e.g., private, government, religious, non-governmental organizations (NGOs), UNICEF or non-formal/informal/alternative?

TIMING: The timing of a risk analysis is always critical. In additional to the considerations outlined in ***Section 1.2 of GRIP Module No. 1***, education stakeholders might also consider the following:

- **Major planning processes and milestones:** Are there specific milestones in terms of the launch of new education sector plans, programmes or initiatives that provide opportunities for advocacy and leveraging?
- **Sector management cycles:** What is the cycle for sector planning, budget allocation and fiscal reporting? Can the timing of risk analysis converge with and influence important decision-making processes?
- **School calendar:** What is the school calendar year and what major milestones influence the availability of education officials?

Determining the strategic purpose, scope and timing of the risk analysis will help education teams to design the approach, invite the right participants, select appropriate methodologies and correctly estimate the technical and financial resources required to complete it. It can also help identify sources of data and information and consider options for data management strategies with counterparts and partners over time.

2.1.2. ACCOUNTABILITIES, GOVERNANCE STRUCTURES AND PARTICIPANTS

Lessons learned from previous risk analyses suggest that UNICEF country offices may adapt the basic methodologies to suit local requirements and the preferences of participants – but strong ownership and steering by UNICEF senior management is essential. To ensure the participation of higher-level national counterparts and ensure the cross-sectoral nature of the analysis, country offices might consider establishing the governance structures outlined in ***Section 2.2 of GRIP Module No. 2***.

Education sector colleagues may adapt these structures or establish a communication and coordination protocol to guide external relations between UNICEF education staff and various stakeholders in the education sector. For example, education teams should determine how to interact with the Ministry of Education and its various administrative units and levels; sector-wide coordination groups and education clusters; local development partner groups; and other relevant stakeholders such as United Nations agencies, members of civil society and/or other networks to conduct the risk analysis.

To enhance credibility, influence and use, a wide variety of education sector stakeholders should participate in the risk analysis process, depending on its purpose, depth and scope (see **Table 1**).

Table 1 – Key education stakeholders (taken from RIEP)	
Examples of stakeholders responding to risks posed to children, young people and their education	
Local	Children, adolescents and young people: in school and out of school, girls and boys, children from different identity groups, etc.
	Teachers and school administrators: women and men
	Parents, caregivers, guardians: women and men from different identity groups, etc.
	Local leadership: religious, women's groups, tribal, women and men, civil society organizations, local authorities
	UNICEF implementing partners and community-based organizations
Governmental	Ministry of Education units: curriculum, teacher training, facilities management, etc.
	Other relevant ministries or authorities: disaster management, emergency, finance, justice, planning, social welfare, social cohesion, women, sports, youth, arts/culture, etc.
	Government representatives from all levels: national, provincial, district, etc.
	Police, military and other security forces
Specialists on hazard and shock-related topics	School facility specialists: architects, inspectors, engineers, constructors
	Scientists: meteorologists, climatologists, seismologists, etc.
	Peacebuilding and conflict specialists
	Gender specialists
	Economists: specialists in child well-being, education, risk, political economists, etc.
	Medical professionals: epidemiologists, doctors, school nurses, community health workers
	Mental health professionals: school counsellors, psychologists
	Researchers and analysts: child well-being, deprivation and vulnerability Coordination platforms: rapid assessment technical working group, education cluster, sector working groups, local education groups Thematic working groups: disaster risk reduction, resilience working group, rapid assessment clusters, peacebuilding and/or social cohesion
United Nations	Resident, regional and global coordinators, country directors of agencies and funds
	UNICEF security, crisis management, and emergency operations staff
	United Nations Peacebuilding Commission, support office, peacekeeping operations
	Technical programme specialists from child protection, social protection, health, nutrition, communication for development, peacebuilding, gender-based violence, disaster risk reduction, planning, and monitoring and evaluation, etc.

2.1.3. ESTIMATION OF RESOURCES REQUIRED

Without an accurate estimation of the time, technical expertise and financial resources necessary to conduct a risk analysis, the process is likely to remain internal, unfinished and/or unused. A child-centred risk analysis in the education sector might require different, more specialized technical expertise and skill sets than does a general risk analysis. In addition to the estimations outlined in Section 2.5 of GRIP Module No. 2, education stakeholders might consider whether they require:

- education or early childhood development specialists
- architects, engineers or specialists in child-friendly school infrastructure
- gender or adolescent specialists
- psychologists, anthropologists.

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2.2 ASSESSMENT PHASE

2.2.1. SUPPLEMENTARY INFORMATION RELATED TO SHOCKS AND STRESSES

As per ***Section 3 of GRIP Module No. 2***, a risk assessment should begin by identifying significant shocks and stresses that might trigger crisis. For a sector-specific look at education, teams should consider all the events, processes or trends that could erode development progress in education, negatively impacting the overall education system and/or the safety, well-being and learning potential of children within it. The supplementary list of shocks and stresses in **Table 2** suggests some of the negative impacts they might have on individuals, school communities or the education system as a whole.

With reference to ***section 3.2.1 of GRIP Module No. 2***, education teams should gather data and information on the historical frequency of three to five of the most significant shocks and stresses using secondary sources, stretching over the last 15–20 years of historical records, noting any significant trends. Data and information can be obtained from a variety of national and international sources, many of which are listed in GRIP Module No. 2 (Annex 1). Using the historical data on trends, teams may wish to assign a rating using the IASC Likelihood Scale from GRIP Module No. 2 for how likely the shock or stress is to occur in the next year.

Table 2 – Examples of shocks and stresses that can erode progress in education (taken from RIEP)

Definition	Examples
Natural hazard A natural process or phenomenon that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption or environmental damage.	• Severe weather, storms and cyclones • Hurricane • Earthquake and aftershock • Typhoon • Flooding • Fire • Drought • Gales • Volcanic eruption • Landslides

Climate change A change of climate that is attributed directly or indirectly to human activity that alters the composition of the global atmosphere and that is in addition to natural climate variability observed over comparable time periods.	• Increase in the frequency or severity of natural hazards • Loss of biodiversity • Changes in ecosystem • Changes in disease patterns and spread of disease • Temperature increases • Changes in rainfall • Desertification • Coastal inundation • Melting glaciers • Shorter growing seasons
Biological hazard A process or phenomenon of organic origin or conveyed by biological vectors, including exposure to pathogenic micro-organisms, toxins and bioactive substances that may cause loss of life, injury, illness or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.	• Ebola • Avian flu • Middle East respiratory syndrome (MERS) coronavirus • Severe acute respiratory syndrome (SARS) • Non-communicable diseases such as malaria and dengue • Hunger and malnutrition • Worms, diarrhoea, cholera • Dehydration
Violent conflict Violent conflict occurs when two or more parties believe that their interests are incompatible and take violent action that damages other parties' ability to pursue their interests.	• War • Violent civil demonstration • Armed conflict between state and/or non-state actors • Terrorist attacks • Inter-group violence • Rape and other sexual violence as a weapon of war • Attacks against schools and education personnel • Abduction • Recruitment into armed forces • Xenophobia and/or discrimination
School-related gender-based violence School-related gender-based violence is defined as acts or threats of sexual, physical or psychological violence occurring in and around schools, perpetrated as a result of gender norms and stereotypes, and enforced by unequal power dynamics.	• In or en route to school • Rape, bullying, attacks, abduction • Femicide • Transactional sex • Pedagogy biased towards one gender • Touching, groping, molestation • Insults, humiliation, harassment • Corporal punishment • Psychological, physical, emotional abuse • Systemic, structural exclusion, violence, marginalization • Textbooks with discriminatory messages about women or men • Preference for sending one gender to school over another • Violence against gender and sexual minorities
Economic shock Economic shock is an unexpected event that affects the economy.	• Terms-of-trade disruption • Global financial crisis • Food and oil price volatility • Financial institution interruption • Unemployment • Underemployment • Unequal access to productive assets

2.2.2. SUPPLEMENTARY INFORMATION RELATED TO EXPOSURE AND IMPACT

With reference to ***Section 3.2.2 of GRIP Module No. 2***, stakeholders should note any significant geographic patterns in exposure, identifying locations in the country where the shocks and stresses are most likely to occur. For education specialists, the assessment of exposure may focus more directly on education populations and the property, systems or other elements of the education system located in potential hazard zones that are thereby subject to potential losses. A summary of potential groups, property and system elements that might be considered in an analysis may be found in **Table 3**. Teams should list geographic areas and elements that may be affected.

Table 3 – Exposure of education populations and education assets, property and systems (taken from RIEP)

Populations	Property	Systems
Female and male: • Students • Children and youth out of school • Parents • Teachers and other education personnel • Volunteer teachers • School administrators • School management committee/parent teacher association members • Ministry of Education staff • UNICEF education staff • UNICEF partner staff	• Classrooms, school and early childhood education buildings • Water, sanitation and hygiene (WASH) facilities • Recreation spaces • Administrative spaces and teacher housing • Home schools • School furniture and electronic equipment • Learning materials • Barrier walls • Kitchens • Vehicles • Temporary learning spaces • Temporary learning supplies (stockpiled tents, school-in-a-box kits, recreational kits, adolescent kits, early childhood development kits, child-friendly space kits) • National and sub-national education offices • Office furniture and electronic equipment • Servers, files, databases	• Education system (government, private, religious, accredited, non-accredited, formal, non-formal, etc.) • Parallel or non-formal education system (e.g., semi-autonomous regions, refugee camps with refugees/vulnerable populations not integrated into formal education system, accelerated learning programmes) • Human resource and payroll systems • Education monitoring information system • Routes to and from school (bridges, roads, boats, trails, etc.) • Higher education institutions and processes (public and private) • Transport/road infrastructure • Electricity, water, gas, IT, telecoms, Internet • Teacher training institutes and processes (government and NGOs) • Financing systems and entities (e.g., banks, credit unions) on which ministry of education, UNICEF or service providers rely to manage their programmes • UNICEF and partner education programme delivery systems

As per Section 3.2.2 of GRIP Module No. 2, stakeholders should also consider the historical or current impacts and losses associated with the three to five priority shocks and stresses. For education specialists, the impact of shocks and stresses on education populations and systems should be noted. **Table 4** suggests some of the ways in which historical impacts and losses might be confirmed, with potential data sources. **Table 5** additionally provides a list of a wide variety of potential impacts, which could be useful in a hazard-specific analysis.

Using the scales for likelihood and impact, a score for impact might be assigned to each individual shock or stress. **Graphic 1** provides an illustration of disaster impacts in the education sector, while GRIP Module No. 4 provides some guidance on the idea of tracking these kinds of impacts and losses over time.


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Table 4 – Measuring impacts of shocks and stresses on education populations and systems

Type of impact	Potential indicator	Potential data source
Damages to learning facilities	• Number of destroyed or damaged educational facilities attributed to shocks and stresses (alignment to Sendai Framework Indicator D-3) • Estimated economic losses to education sector due to shocks and stresses • Destruction of education sector assets including learning materials • Occupation of school facilities by internally displaced persons or military	• World Bank,[8] USAID[9] and Education Cluster[10] post-disaster needs assessments, Sendai Framework monitoring reports[11]
Interruptions to the continuity of education services	• Number of disruptions to educational services attributed to shocks and stresses (alignment to Sendai Framework indicator D-6) • Number and durations of school closures	• WorldBank, USAID and Education Cluster post-disaster needs assessments • Sendai Framework Monitoring Reports • EMIS/education sector performance reports
Impact to the continuity/ functionality of education systems	Tracking changes before, during and after shocks/ stresses – and/or comparing affected and non-affected zones in terms of: • Teacher attendance • Teacher vacancy rate • Proportion of schools reporting to EMIS	• EMIS/education sector performance reports
Impacts on learning and learning outcomes	Tracking changes before, during and after shocks/ stresses – and/or comparing affected and non-affected zones in terms of: • Primary school attendance rates (girls/boys) • Gross and net primary school enrolment (girls/boys) • Primary school dropout (girls/boys) • Primary school completion (girls/boys) • Literacy, numeracy test scores (girls/boys)	• EMIS/education sector performance reports • National standardized achievement test scores and/or national assessments on learning outcomes

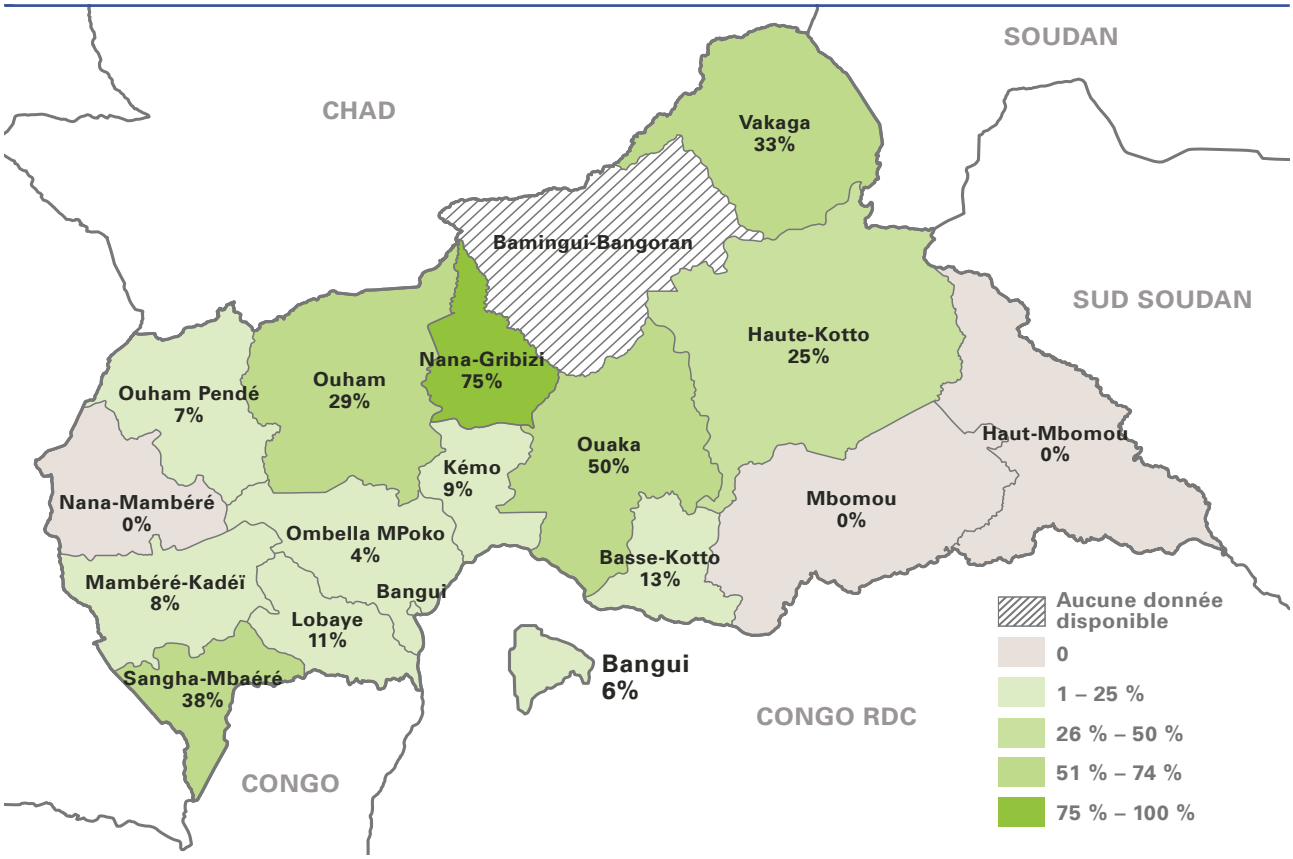
[8] World Bank, *PDNA Guidelines Volume B: Education*, World Bank, n.d., available at <http://documents.worldbank.org/curated/en/298831493102729786/pdf/114522-WP-PUBLIC-ADD-SERIES-pdna-guidelines-vol-b-education.pdf>, accessed 28 October 2018.
[9] United States Agency for International Development, *Rapid Education and Analysis Toolkit*, USAID, n.d., available at <https://eccnetwork.net/wp-content/uploads/RERAToolKit_508.pdf>, accessed 28 October 2018.
[10] United Nations Children's Fund, Global Education Cluster, *The Short Guide to Rapid Joint Education Needs Assessments*, UNICEF, Geneva, 2010, available at <https://toolkit.ineesite.org/resources/ineecms/uploads/1036/Short_Guide_to_Rapid_Joint_Needs_Assessment_EN.pdf>, accessed 28 October 2018.
[11] PreventionWeb, 'Sendai Framework Monitor', United Nations Office for Disaster Risk Reduction, <www.preventionweb.net/drr-framework/sendai-framework-monitor>, accessed 28 February 2018.

Table 5 – Potential impacts of shocks and stresses in six categories

NATURAL HAZARDS: POTENTIAL IMPACTS		
INDIVIDUAL LEVEL	**SCHOOL COMMUNITY LEVEL**	**SYSTEMS LEVEL**
• Death/injury of children, young people and teachers • Psychological stress and/or trauma of children and young people and teachers • Students missing exams, credits, certificates • Loss of instructional time	• Displacement of school community • Loss of family and social support network • Damage or destruction of school and/or route • Increased vulnerability to other hazards • Break in continuity of education	• Disruption of payroll, teacher training, inspections • Loss of administrative data and records, materials • Increased costs for reconstruction, retrofitting, provision of alternative learning environments
CLIMATE CHANGE: POTENTIAL IMPACTS		
INDIVIDUAL LEVEL	**SCHOOL COMMUNITY LEVEL**	**SYSTEMS LEVEL**
• Displacement of children and young people, e.g., due to coastal inundation • Decline in food security means children and young people are not ready to learn • Changing disease patterns can increase disease, reducing attendance and possibly enrolment	• Loss of livelihoods pulls children and young people from school to work or causes displacement • Destruction of learning environment or route • Scarcity of natural resources triggers violent conflict, resulting in school closure, or use as base or barracks • Migration of teaching personnel	• Increased costs for retrofitting, moving schools from affected areas (e.g., coastal)
BIOLOGICAL HAZARD: POTENTIAL IMPACTS		
INDIVIDUAL LEVEL	**SCHOOL COMMUNITY LEVEL**	**SYSTEMS LEVEL**
• Increased disease reduces attendance and possibly enrolment • Malnourished and sick children are not ready to learn • Children and young people drop out, teachers are absent to care for sick family member	• Parents fear sending their children to school • Psychosocial trauma from stigmatization and exclusion • Schools used as clinics or morgues and thus contaminated or stigmatized • Uncontaminated schools are overwhelmed by increased demand	• Disruption of government capacity to manage system (payment, oversight, support)
VIOLENT CONFLICT: POTENTIAL IMPACTS		
INDIVIDUAL LEVEL	**SCHOOL COMMUNITY LEVEL**	**SYSTEMS LEVEL**
• Injury and death to teachers, children, young people • Psychosocial harm making it difficult to teach or learn • Prohibition of access to exams, certificates • Displacement of students from catchment area	• Destruction or damage to school buildings and routes to them, schools caught in the crossfire • Overcrowding of surviving schools • Disruption of school activities • Disruption of household livelihoods, causing dropouts • Estrangement of families and groups	• Politicization of schools • Blockage of humanitarian access • Diversion of funds from education to address conflict • Destruction of administrative systems/school records • Perpetuation of grievances due to inequitable access to high-quality education

SCHOOL-RELATED GENDER-BASED VIOLENCE: POTENTIAL IMPACTS		
INDIVIDUAL LEVEL	**SCHOOL COMMUNITY LEVEL**	**SYSTEMS LEVEL**
• Injury or death of teachers, children, young people • Psychological, emotional trauma • Diminished achievement • Lower enrolment, persistence and participation rates • Lowered self-esteem, self-efficacy of children, youth and/or teachers • Sexually transmitted diseases • Higher rates of absenteeism • Expulsion (e.g., in cases of pregnancy) • Early marriage, causing dropout	• Fewer mothers with literacy skills • Increased maternal and child mortality rates • Lower household earning potential and education	• Fewer skilled female labourers, female teachers in market
ECONOMIC SHOCK: POTENTIAL IMPACTS		
INDIVIDUAL LEVEL	**SCHOOL COMMUNITY LEVEL**	**SYSTEMS LEVEL**
• Students pulled from school to work • Lack of food means students come to school hungry and are more vulnerable to illness	• Reduction in livelihoods, resulting in parents' inability to pay direct or indirect school fees • Increase in teacher absenteeism • Hiring freezes, layoffs, reduced salaries • Closure, merging or reorganization of schools • Increase in parent stress, depression, household abuse	• Reduction in tax base for investment in educationReduction in education achievement

Graphic 1 – Central African Republic map of closed schools by 1 April 2017, prefectural level



In addition to raising the risk of humanitarian crisis, shocks and stresses can worsen deprivations in the Education sector, leading to lower attendance and completion rates for primary school-aged children. This map indicates the proportions of schools closed due to conflict and insecurity in Central African Republic.

2.2.3. SUPPLEMENTARY INFORMATION RELATED TO VULNERABILITIES AND CAPACITIES

According to ***Section 3.2.3 of GRIP Module No. 2***, teams should also review 'vulnerability' – the characteristics that make children and families particularly susceptible to the impacts of a shock or stress – and the community, systems level or national 'capacities' that can play a role in reducing, mitigating or managing the impacts of shocks or stresses.

For education specialists, vulnerabilities should include those health, nutrition and socio-economic characteristics of individuals and households that might contribute to children failing to enroll, attend or learn with the support of education services, at the appropriate age. UNICEF and UNESCO's Global Initiative on Out of School Children[12] recognizes that, globally, out-of-school children are predominantly poor, living in rural areas, and girls. Vulnerability to specific shocks can, however, be related to a wide variety of characteristics.

A larger list of considerations might include:

- poverty – household income and expenditure, wealth quintile, etc.
- location – urban/rural or by region, province, district, etc.
- gender – girls versus boys
- parental appreciation of the power of education – educational attainment of mother
- health and nutrition status – potentially measured by the prevalence of disease and undernutrition
- ethnicity and/or religious group
- children with disabilities.

[12] Available at <http://uis.unesco.org/en/topic/out-school-children-and-youth>, accessed 28 October 2018.

When considering capacities, in addition to those institutional capacities noted in GRIP Module No. 2, education specialists might consider the capacities of education service providers, administrators and authorities to manage the impacts of shocks and stresses. **Table 6** provides inspiration on how to quantify these types of capacity in the education sector – however, RIEP provides a full list of indicators that reflect education sector capacities, adapted to six different types of hazards.

Table 6 – Supplementary questions for the education sector: Vulnerabilities and capacities

Supplementary questions for the education sector	Example
VULNERABILITIES For each of the populations and systems identified as exposed to a shock, determine their vulnerability. To do so, answer the following questions: • What education populations (female and male) and systems are particularly vulnerable to shocks or stresses? • Where are they located? • What characteristics and circumstances drive the vulnerability, at individual, school community and system levels?	• Poorer children living in coastal areas of Bangladesh are especially vulnerable to climate change and economic shock or stresses because evidence shows they are more likely to have poorer quality housing; are less likely to own the title to their land and have less reliable access to utilities such as electricity and water; are dependent on coastal resources; and have lower levels of education attainment and may lack knowledge of potential risks and how to prevent, mitigate or respond to them.
CAPACITIES For each of the populations and systems identified as exposed to a shock, determine their capacities to prevent, prepare for and respond to shocks or stresses. To do so, answer the following questions: • What capacities have education service providers developed to prevent, mitigate or respond to hazards and shocks? • What education populations (female and male) have capacities to prevent, prepare for and respond to shocks or stresses? Where are they located? What strengths, attributes and resources drive their capacity to prevent, prepare for and respond to shocks or stresses, at individual, school community and system levels?	• The capacity of the Maldives to prevent, prepare for and respond to climate change in the education sector is driven by: the establishment of a National Disaster Management Centre; Strategic National Action Plan for Disaster Reduction and Climate Change Adaptation 2010; Education sector policy guidelines on safety; and strengthening national curricula by including climate change and active learning techniques.[13]

2.2.4. SUPPLEMENTARY INFORMATION RELATED TO RISK

This final stage of the assessment brings together the team's estimation of the **likelihood** of experiencing a shock or stress and its potential **impact**, and checks it against the current understanding of vulnerabilities and capacities. Education specialists should therefore bring together the data and information gathered in the previous steps and note the scores associated with likelihood and impact in a table. The two scores can be multiplied to produce a combined score, which should provide a simple means of ranking the level of risk associated with each shock or stress. Teams should then reconsider the rankings in light of the review of vulnerabilities and capacities and in light of how they compare to each other. (For an exemplary table and for consideration of how this process contributes to a UNICEF country office's compliance with the emergency preparedness procedure, see ***Section 3.2.4 of GRIP Module #2***.)

If a spatial risk analysis or child-centred risk mapping was undertaken (as per ***Section 4 of GRIP Module No. 2***), education stakeholders can also prioritize or rank geographic areas on the basis of risk and discuss the implications for area-based programming and partnerships. It is understood that geographic targeting for programming is, however, often the result of a more complex prioritization process that considers: 1) criticality (severity of the deprivation or risk as well as government priorities); 2) UNICEF mandates; 3) UNICEF strategic positioning; 4) UNICEF programmatic and operational capacities; and 5) the lessons learned from previous global, regional and country experience. This prioritization process is best described in the UNICEF Results-based Management Learning Package, using the 'five filter approach'.[14]

[14] United Nations Children's Fund, *Results-based Management Handbook: Working together for children*, UNICEF, 2017, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/Shared Documents/RBM_Handbook_Working_Together_for_Children_July_2017.pdf>, accessed 10 March 2018.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2.3 ANALYSIS PHASE

Distinct from the assessment phase, the analysis phase uses the conceptual frameworks of the human rights–based approach to programming to 'dig deeper' and analyse *why* risks are occurring, *who* is responsible for addressing them and *what* capacities they need to do so. Analysis is best done with a participatory approach involving a range of counterparts and partners through interviews, focus group discussions and/or consultation workshops, such as a GRIP workshop.

2.3.1. SUPPLEMENTARY INFORMATION FOR AN EDUCATION-SPECIFIC CAUSALITY ANALYSIS

Section 4.1 of GRIP Module No. 2 and UNICEF's RIEP both provide suggestions on how to conduct a causality analysis, with reference to UNICEF's *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*.[15] RIEP suggests that causality analysis can:

- help education actors and relevant stakeholders to generate a shared understanding of the drivers of risk, focusing on vulnerabilities and capacities
- support the design of education strategies that address the drivers of risk at multiple levels: immediate, proximate and root
- reveal the interactions or shared impacts of multiple shocks and stresses.

To summarize, education specialists and stakeholders should work together to identify and map the relationships between immediate, underlying and deeper structural (or root) causes of risk.

- Use the same starting point as existing causality analyses: use an impact-level deprivation or inequity related to education as the peak of the problem tree.
- Consider the impacts of different shocks and stresses on existing deprivations: make a list of four to five major impacts that shocks and stresses can have on the deprivation, which may result in a worsening, deepening or acceleration of the deprivation.
- Ask why these impacts are occurring: begin your causality analysis, identifying deeper immediate, structural and underlying causes that contribute to each of the causes.
- Use the MoRES 10-determinant framework to check your work: consider if you have correctly identified causes or barriers and bottlenecks in the supply, demand and quality of services dimensions, as well as the enabling environment.

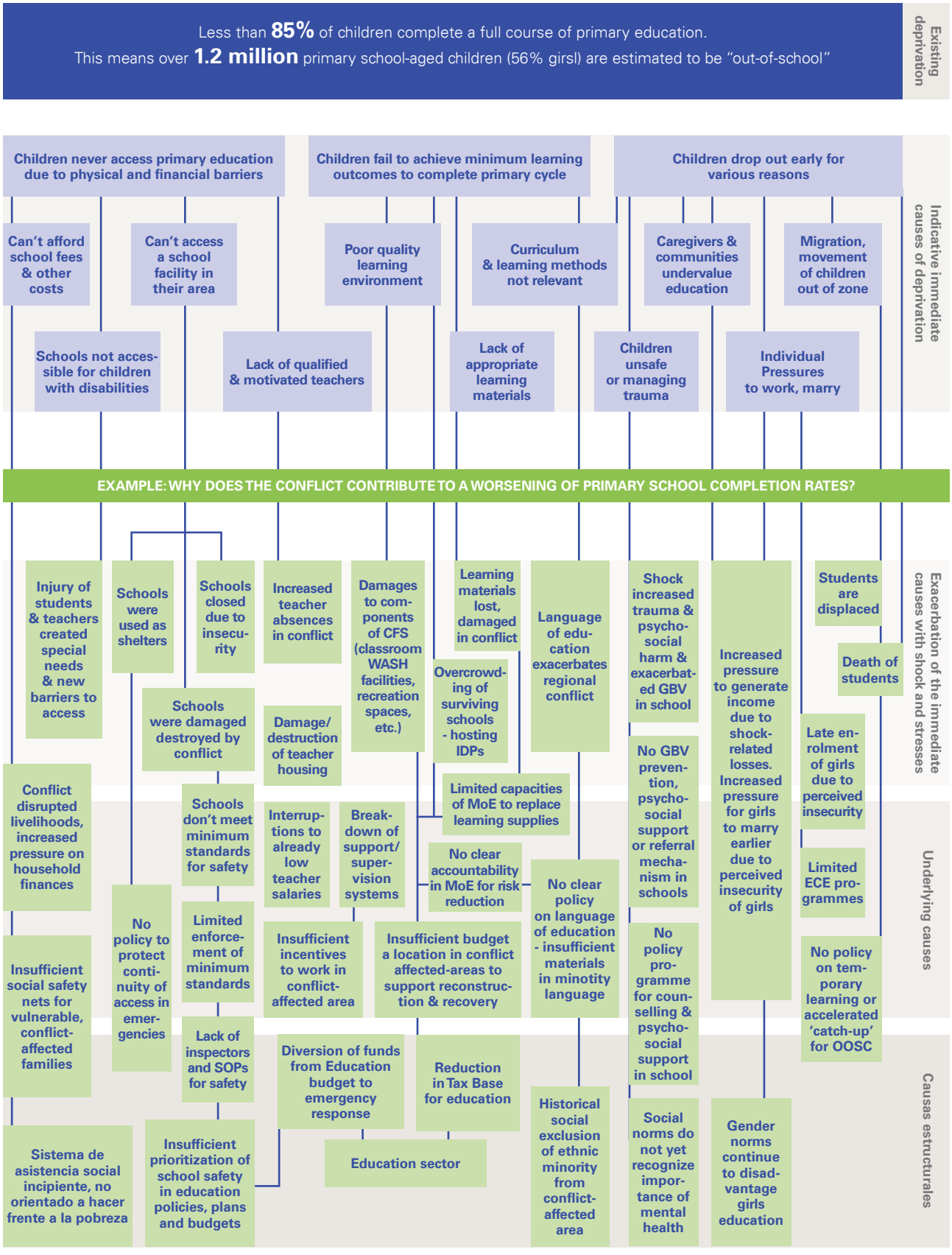
Graphic 2 provides an indicative causality analysis for the education sector. **Table 7** provides a 'reorganization' of these causes, illustrating more clearly how each of them fits within one of the four categories of barriers and bottlenecks in the MoRES 10-determinant framework.

[15] United Nations Children's Fund, Division of Policy and Strategy, *Guidance on Conducting a Situation Analysis of Children's and Women's Rights: Taking a rights-based, equity-focused approach to situation analysis*, UNICEF, March 12, available at <www.unicefinemergencies.com/downloads/eresource/docs/Rights%20based%20equity%20focused%20Situation%20Analysis%20guidance.pdf>, accessed 28 October 2018.

Table 7 – Impact of shocks and stresses on existing bottleneck analysis

Determinants of coverage of existing interventions	Examples of impact of shocks on determinants of coverage
Supply (i.e., availability of textbooks, furniture and teaching/learning materials; geographical access to school; availability of teachers)	Increased likelihood to have inadequate number of skilled education service providers, school infrastructure, and teaching and learning materials due to: • Damage or destruction of school and/or route to school • Disruption of payroll, teacher training, inspections • Displacement or death of teachers Increased costs for reconstruction, retrofitting, provision of new learning materials, and of alternative learning environments
Demand (i.e., financial access for schooling, socio-cultural practices for school access, and continuous utilization of education services)	More likely less demand due to: • Displacement of school community • Loss of family and social support network • Damage or destruction of school and/or route to school • Increased vulnerability to other shocks • Loss of livelihoods, pulling children and youth from school to work • Destruction of learning environment or route to school • Scarcity of natural resources that triggers violent conflict, resulting in school closure or use as base or barracks
Quality (i.e., quality of school environment, quality of teachers, quality of learning)	Increased likelihood that children and caregivers do not use the services (decreased demand) by: • Increased time allocated to other basic needs such as water and food (shift of priorities and shift of caring behaviours, e.g., infant and young child feeding) • Increased insecurity, making services inaccessible • New interventions responding to special needs during emergencies may not be understood by communities • Health facilities or services may be relocated • Limited community awareness on best practices • Health and nutrition status of the communities
Enabling environment (i.e., legislation and policy; budget and expenditures; and management and coordination)	Decreased capacity to effectively plan, budget, manage and regulate actors in the education system due to: • Disruption of Government capacity to manage system (payment, oversight, support supervision) • Diversion of funds from education to address conflict • Destruction of administrative systems/school records

Graphic 2 – An indicative causality analysis in the education sector asking, Why do shocks and stresses exacerbate this existing deprivation?



2.3.2. SUPPLEMENTARY INFORMATION FOR OTHER TYPES OF ANALYSIS

Other types of analysis may be considered by UNICEF country offices, including role pattern analysis and capacity gap analysis, which are described in the *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*. Countries that are extremely vulnerable to the impacts of climate change may also consult the methods proposed by the UNICEF Climate Landscape Analysis,[16] while countries that have identified a high risk of violent conflict might consult the UNICEF Guide to Conflict Analysis.[17]

For education specialists, additional resources for analysis that may be useful include:

- USAID, 'Education and Fragility: An assessment tool' (2006).[18] This resource provides over 100 questions/indicators regarding the relationship between education and fragility/conflict.
- World Bank, Post-Disaster Needs Assessment Guidelines: Education (2017).[19] This report provides guidance on the process and components of a post-disaster needs assessment (PDNA) for the education sector.
- Education Cluster, *The Short Guide to Rapid Joint Needs Assessments* (2009).[20] A stand-alone reference tool for practitioners to plan and conduct a rapid joint needs assessment as part of either a multi-cluster assessment or an education-specific needs assessment.
- UNICEF, Peacebuilding Education and Advocacy (PBEA) Conflict Analysis Summaries (2012–2015);[21] UNICEF, Lessons Learned for Peace: How *conflict analyses informed UNICEF's peacebuilding and education programme* (forthcoming);[22] and UNICEF, *Peacebuilding, Education and Advocacy Programme Report* (2016) describing methodology and findings of conflict analyses conducted to inform PBEA programming, 2012–2016.[23]
- UNICEF, Engaging Adolescents in Conflict Analysis: A *guidance note* (2013).[24] A guidance note on practical considerations and four methodologies for consulting with adolescents.
- Education in Crisis and Conflict Network, *Rapid Education and Risk Analysis Toolkit*.[25] Supports education partners to obtain a snapshot of how education systems, learners, families, and their communities interact with a dynamic, multiple-risk environment.
- UNICEF, *Compilation of Tools for Measuring Social Cohesion, Resilience and Peacebuilding*[26] provides simple, reliable and valid measures to examine the interconnection between education, social cohesion and peacebuilding and to determine the effectiveness of related programming

2.4 VALIDATION PHASE

Section 5.1 of GRIP Module No. 2 covers the process of review and validation of risk analysis, as well as considerations related to its launch, dissemination and use. All education stakeholders that participated in the analysis or are potential users of the findings should participate in validation processes. Education specialists may have a comparative advantage in terms of considering options for dissemination of risk analysis findings with adolescents and youth through academic settings such as secondary schools and universities. It may also be important to consider opportunities to use risk analysis findings to influence national education plans, policies and budget allocations – as well as national risk assessment methodologies and monitoring systems.

[16] The Climate Landscape Analysis is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/:w:/r/teams/Communities/ESC/_layouts/15/WopiFrame.aspx?sourcedoc=%7b3EFA2F61-58F3-4147-8ADB-5DFECA6BAB22%7d&file=Climate%20Landscape%20Analysis%20for%20Children_Guidance.docx&action=default>.
[17] The Guide to Conflict Analysis is accessible to UNICEF staff and consultants at https://unicef.sharepoint.com/teams/Communities/RiskResilienceFragilityPeacebuilding/Documents/Guide%20to%20Conflict%20Analysis%20-%20UNICEF%20Nov%202016.pdf
[18] United States Agency for International Development, 'Education and Fragility: An assessment tool', USAID, 2006, available at <https://toolkit.ineesite.org/resources/ineecms/uploads/1036/Education_and_Fragility_an_assessment_tool.pdf>, accessed 28 October 2018.
[19] World Bank, *PDNA Guidelines Volume B: Education*.
[20] United Nations Children's Fund, Global Education Cluster, *The Short Guide to Rapid Joint Education Needs Assessments*.
[21] A series of conflict analysis reports may be found at <https://eccnetwork.net/resources/learning-for-peace/conflict-analysis>, accessed 28 October 2018.
[22] To be made available at <https://eccnetwork.net/resources/learning-for-peace/conflict-analysis>.
[23] United Nations Children's Fund, *UNICEF Programme Report 2012–2016,* UNICEF, September 2016, available at <https://eccnetwork.net/wp-content/uploads/02-UNICEF1020_PBEA-Final-report-A4_web.pdf>, accessed 28 October 2018.
[24] Seymour, Claudia, *Engaging Adolescents in Conflict Analysis: A guidance note,* UNICEF, Adolescent Development and Participation Section, 2013, available at <http://s3.amazonaws.com/inee-assets/resources/Engaging_Adolescents_in_Conflict_Analysis-_Guidance_Note.pdf>, accessed 28 October 2018.
[25] United States Agency for International Development, *Rapid Education and Analysis Toolkit*.
[26] United Nations Children's Fund, *Compilation of Tools for Measuring Social Cohesion, Resilience and Peacebuilding,* UNICEF, April 2014, available at <https://eccnetwork.net/wp-content/uploads/052814_UNICEF-PBEACompilationOfTools_UNICEF_English.pdf>, accessed 28 October 2018.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3. SUPPLEMENTAL INFORMATION FOR MODULE 3: DESIGN AND ADAPTATION OF PROGRAMMES

GRIP Module No. 3 is designed to help UNICEF country offices and stakeholders to apply the body of evidence gleaned through the risk and situation analysis, to the design and adjustment of programmes. This module uses the results-based management approach and helps teams to:

- develop or adjust **theories of change (TOC)** that focus directly on the changes necessary to make children, families and systems more resilient to the impacts of shocks and stresses
- develop **risk-informed programmes** that UNICEF can catalyse and contribute meaningfully to, considering the organization's position and comparative advantage
- consider how to **adjust existing UNICEF work plans and partnerships**, refining risk-responsive programme strategies.

3.1 RISK-INFORMED THEORY OF CHANGE

The most critical aspect of strategic planning is the development of a theory of change (TOC) that articulates a vision for reaching a desired impact and makes explicit how one level of change leads to another. Since the TOC describes aspects of the larger programming environment, all relevant education stakeholders should be involved, making sure it is broad enough to capture the major contributions of partners, without specific bias to UNICEF. ***Section 2 of GRIP Module No. 3*** has more detailed guidance on the development of a risk-informed TOC, with reference to UNICEF's *Results-based Management Handbook*.[27]

[27] United Nations Children's Fund, *Results-based Management Handbook: Working together for children.*

To summarize the process, education stakeholders should identify the:

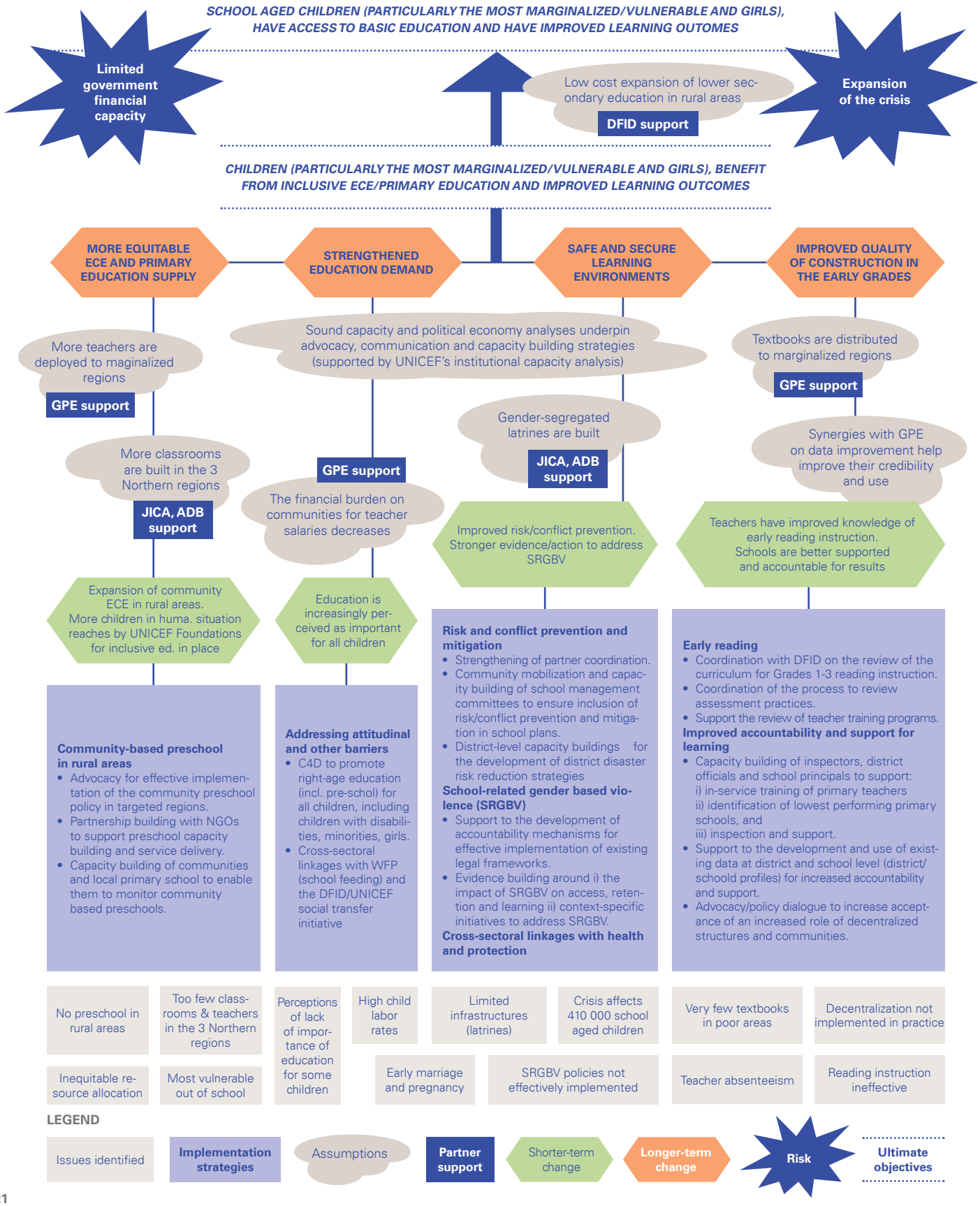
- long-term difference that all stakeholders wish to see in the lives of children and families (impact-level changes/results in education)
- several 'preconditions' or long- and medium-term term results that are necessary to not only achieve this change, *but also to protect the change from the impacts of future shocks and stresses*, thus enhancing the resilience of children and the education system (outcome-level results related to a change performance of institutions, service providers or the behaviour of individuals)
- specific short-term results that reflect a change in duty-bearers' capacity (output-level changes/results)
- key programme strategies that will move all partners in the direction of the long-term goal of resilient development (or specific inputs to the change process).

UNICEF's RIEP contains suggestions for narrative TOCs (see **Table 8**). Using the indicative causality analysis in Section 2.3.1 of this module, a complementary risk-informed TOC is presented in **Graphic 3**, considering what changes in the larger programming environment are needed to ensure that children complete a full course of primary school in a fictional high-risk country. This indicative TOC also highlights alignment to the MoRES 10-determinant framework.

Table 8 – Examples of education theories of change

Causes of risk	Theory of change
Limited teachers' capacities to support children and adolescents develop coping mechanisms, cope with and mitigate impacts of trauma and psychosocial distress leads to higher prevalence of children and adolescents experiencing toxic stress and trauma in crisis settings.	**IF** education service providers are equipped to provide psychosocial support as part of the regular curriculum in schools, which promotes positive behaviours to cope with trauma and distress, **THEN** children and adolescents will be better able to cope with the shock and continue to grow and develop.
Limited access to education for marginalized communities increases the risk of child exploitation, children engaged in livelihoods activities at an early age, child marriage and general violence against children.	**IF** access to free quality, equitable and safe education services is provided first to the most vulnerable children in the most disadvantaged areas, facing the greatest risks, and awareness raised on the importance of education for both girls and boys is conducted with parents/caregivers and community members, **THEN** children will be protected and less likely to marry early, be exploited or forced to engage in livelihoods activities prior to finishing their education.

Graphic 3 – Indicative risk-informed education TOC, developed by UNICEF Programme Division to inform education-related programme strategy notes

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3.2 RISK-INFORMED EDUCATION PROGRAMMES

Once the larger programming logic has been mapped out though the TOC, it becomes easier for UNICEF and education stakeholders to identify specific change pathways they have a comparative advantage in catalysing and supporting. UNICEF's *Results-based Management Handbook* provides guidance on this prioritization process for UNICEF teams, suggesting that teams consider five 'filters' or factors – criticality, mandate, strategic positioning, capacities, and lessons learned – when making a decision about programmatic focus. GRIP Module No. 3 also provides additional information on how to develop risk-informed results and programmes, in line with the UNICEF strategic planning process.

The UNICEF RIEP guidance suggests that a risk-informed education programme is one that:

- is informed by an analysis of risks to education populations and the education system (considering shocks, stresses, exposure, vulnerabilities and capacities)
- employs strategies that reduce the vulnerabilities of education populations and systems to hazards and enhances capacities to prevent, prepare for and respond to hazards
- has the goal of making education populations and systems more resilient.

RIEP also suggests that education programmes should employ adaptive strategies that specifically address the risks posed by different types of hazards. Chapter 2 of RIEP outlines six key education strategies that each address a different hazard category (see **Box 1**). An indicative summary of the first strategy (disaster risk reduction) is also provided in **Table 8**, with a link to relevant resources. ***Education specialists should, however, consult RIEP for a full list of strategies, their associated definitions and examples of how they can be employed at the individual, school community and system/policy level.***

BOX 1 – SIX KEY UNICEF EDUCATION STRATEGIES TO ADDRESS SPECIFIC HAZARDS (TAKEN FROM RIEP)

Hazards that affect education	UNICEF education strategies that address hazards
1. Natural hazards	1. Disaster risk reduction in education
2. Climate change	2. Climate change education
3. Biological hazards	3. School health and nutrition
4. Violent conflict	4. Conflict-sensitive education and peacebuilding
5. School-related gender-based violence	5. Child protection in education
6. Economic shocks	6. Social protection in education

While disaster risk reduction is sometimes understood as addressing various hazards (natural, biological, man-made) affecting children, the UNICEF RIEP guidance highlights the disaster risk reduction strategies that address natural hazards, while other strategies in the table above address other categories of shocks and stresses. Please consult RIEP for a description of all six.

Table 8 – Disaster risk reduction in education (taken from RIEP)

UNICEF RIEP: DISASTER RISK REDUCTION STRATEGIES IN EDUCATION (One of six shock-adapted strategies presented in UNICEF's RIEP)

Definition: UNICEF describes disaster risk reduction as a systematic approach to identifying, assessing and reducing risk. Specifically, the purpose of disaster risk reduction is to minimize vulnerabilities and disaster risks throughout a society to avoid (prevent) or to limit (mitigate and prepare for) the adverse impacts of natural hazards and facilitate sustainable development.[28]

Foundational frameworks:

The Sendai Framework for Disaster Risk Reduction **2015–2030**,[29] endorsed in 2015 at the Third United Nations World Conference on Disaster Risk Reduction, includes seven targets and four priorities for action for the next 15 years. The goal, target 4, and priority 1 are of particular relevance to education.[30]

- **Goal:** To prevent new, and reduce existing, disaster risk by implementing integrated and inclusive economic, structural, legal, social, health, cultural, *educational,* environmental, technological, political and institutional measures that prevent and reduce hazard exposure and vulnerability to disasters; increase preparedness for response and recovery and thus strengthen resilience.
- **Target 4:** Substantially reduce disaster damage to critical infrastructure and disruption of basic services, among them health and *educational* facilities, including through developing their resilience by 2030.
- **Priority 1:** Disaster risk management needs to be based on an understanding of risk in *all its dimensions of vulnerability, capacity, exposure* of persons and assets, hazard characteristics and the environment.

The Comprehensive School Safety Framework,[31] developed by a consortium in 2012 to

- Protect learners and education workers from death, injury, and harm in schoolsPlan for educational continuity in the face of expected hazards
- Safeguard education sector investments
- Strengthen climate-smart disaster resilience through education.

Disaster risk reduction strategies in practice		
Children and youth	**School community**	**System and policy**
Students: • Raise awareness about hazards and capacities • Teach risk assessment, planning, critical thinking, problem-solving, scientific literacy, environmental education and swimming • Provide instructional materials on emergency readiness and response • Encourage children and youth to carry out contingency planning with their families/guardians • Map school vulnerabilities and capacities to overcome hazards	mittees in hazard mapping, contingency planning and school safety (i.e., monitoring physical, social, emotional, safety aspects of school environment) • Involve parents in hazard awareness and environmental activities at school • Train non-formal education service providers, versed in providing psychosocial support and basic education activities for diverse age ranges, to prepare a cadre of local, education service providers to support in development and emergency contexts • Teachers and other education personnel: • Review and adapt curriculum and learning materials to include environmental education and scientific literacy • Promote pedagogic methods that foster critical thinking and problem-solving	• Assess and allocate appropriate financing for risk-informed education programming • Include hazard preparedness, prevention, response and recovery in teacher training and new staff orientation • Establish accountability mechanisms at all levels to monitor and support risk-informed programming • Review existing education sector plans to include risk assessment planning • Establish an incident command system • Design and communicate early warning procedures across all

[28] United Nations Children's Fund, 'Disaster Risk Reduction and Education', Technical note, UNICEF, 2014, available at <https://resourcecentre.savethechildren.net/library/disaster-risk-reduction-and-education-unicef-technical-note>, accessed 28 October 2018.
[29] Available at <www.wcdrr.org/preparatory/post2015>, accessed 28 October 2018.
[30] See the full chart of the Sendai Framework, including other content relevant to disaster risk reduction in education here: <https://www.unisdr.org/we/inform/publications/44983>.
[31] Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector, 'Comprehensive School Safety: A comprehensive framework in support of The Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector and The World Wide Initiative for Safe Schools', GADRRRES, March 17, available at <https://s3.amazonaws.com/inee-gadrr-res/resouces/CSS-Framework-2017.pdf?mtime=20180730152450>, accessed 28 October 2018.

- Provide first aid kits and train students and teachers in their use
- Provide alternative learning opportunities, non-formal education opportunities, and catch-up or accelerated education classes to address any breaks in education continuity
- Provide swimming or other relevant hazard-specific classes
- Provide psychological protection and support or referrals to specialists for children and youth who have experienced hazard-related trauma
- Train children to conduct school safety monitoring

Community:

- Involve school management and parent com-

- Plan/carry out evacuation and hazard-specific drills
- Support teachers through peer support networks, psychosocial services and reliable salaries
- Facilities:
- Select sites and construction materials based on information about risk and sensitivity to potential conflict
- Foster community ownership of school construction and maintenance
- Conduct independent assessments of structural (e.g., buildings), and non-structural (e.g., heating) safety systems
- Restore, reconstruct and retrofit learning spaces to make them hazard-resilient (consider barriers, wells, ditches, etc.).
- Maintain space free of hazardous materials.
- Emergency shelters are stocked and accessible

Education systems and policies

- Include in sectoral risk analysis

systems
- Establish, support and enforce policies requiring education system hazard preparedness, prevention, response and recovery at the national and sub-national levels
- Establish, support and enforce building codes and retrofit policies and guidelines
- Establish child-seeking and back-to-school policies for out-of-school children and youth
- Establish psychological protection and support policies as well as socio-emotional enablement policies

- UNICEF, Disaster Risk Reduc-

Key resources for disaster risk reduction in education

tion and Education Technical Note, 2014. One in a series of briefing notes to help practitioners identify how sector work can contribute to reducing disaster risk.

- UNICEF, Climate Change Adaptation and Disaster Risk Reduction in the Education Sector, 2013. A comprehensive narrative resource manual that explores dimensions of climate change adaptation and disaster risk reduction, while emphasizing equity and child rights.
- UNICEF and UNESCO, Disaster Risk Reduction in School Curricula: Case Studies from 30 Countries, 2012. A guidance note with case studies regarding multiple pathways of integrating disaster risk reduction in schools, including approaches, teaching methods, learning assessments and policies. Includes a checklist for optimal disaster risk reduction curriculum practice.
- UNISDR, INEE, and World Bank, Guidance Notes on Safer School Construction: Global facility for disaster reduction and recovery, 2009. A framework of guiding principles and general steps to develop a context-specific plan to address disaster-resilient construction and retrofitting of school buildings.
- Petal, Marla, Disaster Risk Reduction Tools for Humanitarian Action and Development in the Education Sector, 2010. A comprehensive and accessible annotated bibliography of disaster risk reduction resources.
- International Finance Corporation (IFC), The World Bank Group, Disaster and Emergency Preparedness: Guidance for schools, n.d. Reader-friendly narrative with definitions and many tools and checklists, such as: school building safety checklist, family disaster plan, preparedness checklists and several decision trees.
- UNISDR and UNESCO, Towards a Culture of Prevention: Disaster risk reduction begins at school – Good practices and lessons learned, 2007. Over 30 case studies of disaster risk reduction activities in schools around the world.
- Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector (GADRRRES), Towards Safer School Construction: A community-based approach, 2015. A manual that shows the multiple secondary results that can come from community-based approaches to safer school construction in hazard-prone places. Areas explored are awareness about hazards, local capacity building, a culture of safety within and around the school, community ownership of the school and community values incorporated into school designs.
- Petal, Marla, Disaster Prevention for Schools: Guidance for education sector decision-makers, 2008. Narrative guidance and tools on creating and maintaining safe learning environments, teaching and learning disaster prevention and preparedness and developing a culture of safety.

Regardless of the strategy (or combination of six adaptive strategies employed), UNICEF's RIEP suggests that all robust risk-informed education strategy should:

- further *prevention* (if feasible), *preparedness* and *response*
- address immediate, proximate and root/structural causes of shocks and stresses
- decrease vulnerabilities and increase capacities to prevent, prepare and respond
- ensure that both the strategies and the strategy delivery mechanisms are informed by risk
- include mutually reinforcing strategies at multiple levels: micro (child and young person), meso (school community) and macro (system)
- be child-centred – not sector-centred or institution-centred – and address risks through collaborative multi-sectoral strategies
- ensure the continuity of education at all stages of the humanitarian and development cycles
- be monitored, evaluated and adapted to ensure that it is risk-sensitive and that it is making progress towards intended *outputs, outcomes and impacts*.

In light of recently reaffirmed international commitments to improve aid effectiveness and efficiency, UNICEF is strengthening and systematizing its approaches to better link humanitarian and development programming as a means of reducing long-term risks, preventing future crises and building more resilient societies. Risk-informed programming is an important part of this approach and the section below sets out a non-exhaustive set of Education strategies supported by practical examples around six key areas that contribute to strengthening the linkages between humanitarian and development efforts:

1. **Utilizing and/or strengthening risk data**
2. **Strengthening systems to prevent and mitigate risk**
3. **Strengthening local actors including through channeling financing and capacity development for risk reduction**
4. **Strengthening preparedness**
5. **Promoting participation of those at risk**
6. **Promoting partnership**

PART A Examples of risk-informed programming within development programming that contribute to effective preparedness and build long-term resilience

- **Risk assessment of education facilities**
  Country example: In **Armenia,** UNICEF partnered with USAID to support the nationwide school safety assessment, which informed the Government's new programme on School Seismic Safety.

- **Adaptation of education sector policies and plans to consider risk**
  Country example: In **Kenya,** to help people adapt to the drought, the Kenyan Government and UNICEF developed mobile schools that facilitated the movement of pastoralists
  Country example: In **Myanmar,** to strengthen social cohesion, government authorities and non-state entities came together to support multilingual education respectful of cultural diversity.

- **Inclusion of risk issues (climate change, disaster, social cohesion) in teaching and learning material**
  Country example: In **Honduras,** support was provided to the Ministry of Education to incorporate Zika prevention into the curriculum on climate change

- **Stocking and equipping schools and communities for emergency response and Education in Emergencies**
  Country example: In **Djibouti,** UNICEF pre-positions stock of tents and school-in-a-box kits; early childhood development kits have been ordered to respond to a potential emergency.

- **Participation of staff, students, parents and community stakeholders in risk reduction**
  Country example: In **Bangladesh**, students took part in a participatory vulnerability analysis, where students drew maps to highlight risks around their schools, leading to improved infrastructure including separate latrines for girls and boys that allows education to continue during and after seasonal floods and other possible crises.[32]

[32] For further information see United Nations Children's Fund, Education Section, Programme Division, *Education in Emergencies and Post-Crisis Transition,* UNICEF, June 2012, available at <https://reliefweb.int/sites/reliefweb.int/files/resources/Full_Report_4257.pdf>, accessed 28 October 2018.

PART B Examples of risk-informed programming within humanitarian programming that contributes to building systems, with a special focus on fragile contexts and protracted crisis

- **Supporting and strengthening education management information systems to identify risks**
- **Inclusion of risk data in education rapid (humanitarian) needs assessment**
  Country example: In **Lebanon**, a mapping exercise was conducted to identify and prioritize the most vulnerable and 'at-risk' refugee and host population children.
- **Supporting the Ministry of Education and local government to 'build back better' following crises**
  Country example: In **Nepal** in 2015, as part of the post-disaster needs assessment, disaster risk reduction measures such as retrofitting of schools to meet earthquake-resilient construction standards and school preparedness plans were included in the post-disaster recovery plan.
- **Provision of life skills and vocational training that also builds social cohesion**
  Country example: In **Somalia**, 350 young people learned skills in carpentry, tailoring, information technology, numeracy and literacy, leading to livelihood opportunities and contributing to peace and social cohesion
- **Participation of staff, students, parents and community stakeholders in risk reduction**
  Country example: In **Syrian Arab Republic,** local partners worked with adolescents in identifying children who had dropped out of school, promoting back to learning and raising hygiene awareness. This also helped to strengthen local social cohesion.

4. SUPPLEMENTARY INFORMATION FOR MODULE NO. 4: MONITORING RISKS AND RISK-INFORMED PROGRAMMES

Monitoring is the process of gathering information for systematic and purposeful observation. For UNICEF, there are two different types of monitoring: **situation monitoring** (which measures the change or lack of change in the condition of children, women and the larger environment); and **programme monitoring** (which can provide valuable information about the extent to which progress is being made against programme results and how that progress is being achieved).

GRIP Module No. 4 provides an overview of both types of monitoring and suggests that when programming is risk-informed:

- monitoring of the situation of children and women will also entail ***looking at changes in risks to their situation, and the shifts therein***
- programme monitoring will also entail defining and tracking indicators that reflect a theory of change where results ***contribute to reducing risks to children and women*** (by reducing vulnerabilities or strengthening capacities to absorb or adapt to shocks and stresses).

4.1 SITUATION MONITORING AND STRENGTHENING NATIONAL MONITORING SYSTEMS

The 2030 Agenda for Sustainable Development includes 17 Sustainable Development Goals (SDGs) addressing the social, economic and environmental dimensions of sustainable, resilient development. The education goal (SDG 4) is made up of 10 targets to "ensure inclusive and equitable quality education and promote lifelong learning opportunities for all". Education is also an important strategy for the achievement of SDGs related to climate change adaptation and disaster risk reduction, however – and member states and custodian agencies will track the extent to which concepts of global citizenship, crisis response and environmental knowledge are incorporated into national education policies and curricula.

The Sendai Framework for Disaster Risk Reduction 2015–2030 also includes a set of indicators for seven global targets, which align to the disaster-related targets of the SDGs. Goal Area "D" aims to: "Substantially reduce disaster damage to critical infrastructure and disruption of basic services, among them health and educational facilities, including through developing their resilience by 2030". To track progress, nation-states will monitor the number of destroyed or damaged educational facilities and the number of disruptions to education services attributed to disasters.

UNICEF education programmes can support member states, in coordination with UNESCO and other custodian agencies, to: ensure data quality standards in education monitoring; develop new measurement methodologies; coordinate with relevant stakeholders in country to enhance monitoring capacities and/or help to mobilize or leverage sufficient resources to expand the evidence base. Most critically, education specialists can advocate with national statistical offices and major development partners to ensure that education-related data are adequately disaggregated for the main determinants of inequity (*income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics*), thus making risk-informed situation and programme monitoring, with a focus on the most vulnerable, possible.

For UNICEF education specialists, situation monitoring should be built into the internal systems and analytical processes of the country programme – and revised at specific milestones such as the elaboration of a situation analysis, the mid-term review and the annual management review. Since risk is defined as the interaction between hazards, exposure, vulnerabilities and capacities, education specialists should support national authorities to better monitor changes to:

- **Shocks and stresses:** UNICEF can play a key role in linking existing assessments on shocks and stresses – and shock-specific early warning mechanisms – to actors in the education system, including the Ministry of Education, local authorities and school administrators. This can help education authorities to adapt plans, protocols and procedures for preparedness – including by establishing education command systems, early warning procedures, etc. It can also help to ensure that the special needs, vulnerabilities and capacities of children are considered in broader local and regional plans.
- **Exposure:** This could involve supporting national authorities to develop or maintain spatial databases and monitoring systems that track education populations, assets and infrastructure (such as local education offices, schools, early childhood development centres, etc.). Working in advance of shocks and stresses to improve the information relevant to exposure can greatly facilitate risk reduction efforts (ensuring minimum standards for infrastructure in high-risk areas, for example) and early recovery, if indeed a shock or stress was to occur.
- **Vulnerability** of education populations: This includes those characteristics that make individual children more or less susceptible to arrest their learning when the impact of a shock or stress hits (such as their health, nutrition and socio-economic status) – but it also includes tracking changes in higher-level impact indicators related to education such as enrolment, attendance and learning outcomes, which can themselves be a reflection of vulnerability to shocks and stresses when performance is low.
- **Capacity:** Capacity is best reflected by tracking indicators at the outcome level (since it should involve changes in the performance of institutions). For education specialists, this should include the progressive performance of education sector stakeholders in expanding access and improving quality of education – and making education systems, facilities and populations more resilient.

4.2 PROGRAMME MONITORING – WITH CONSIDERATION OF AGILITY

Although the results, targets and indicators of risk-informed education programmes will vary by country and context, the monitoring of risk informed programming always entails asking: Are we achieving results as planned, *including those elements of programming that address risk and build resilience*?

Education specialists might ask: Has the education programme reduced the vulnerability of children and youth to hazards and if so, how? Has the UNICEF education programme bolstered the capacities of the Ministry of Education to prepare, prevent and respond to hazards that affect education, and if so, how? Were there any unintended consequences of UNICEF education programmes that resulted in increased vulnerabilities? In UNICEF programme practice, monitoring of progress against key indicators takes place twice per year, through the Results Assessment Module – informed by internal and external review processes with counterparts and partners.

To assist in indicator selection or formulation, examples of outcome and output-level indicators are available in the Risk-Informed Education Programming Menu of Indicators in RIEP. Indicators are organized against the six risk-informed strategies for education programme. The menu is a source of ideas for education specialists – it is neither exhaustive nor prescriptive, nor does it attempt global standardization of any kind. Just one example of a section of the menu (related to disaster risk reduction strategy) is reproduced below (see **Table 9**).

Table 9 – Menu of indicators aligning to disaster risk reduction strategies in education (taken from RIEP)

UNICEF RIEP – MENU OF INDICATORS ALIGNING TO DISASTER RISK REDUCTION STRATEGIES
(One of six shock-adapted strategies presented in UNICEF's RIEP)

	General education risk assessment and management	Source
	Number of countries with an education sector plan/policy that includes risk assessment and risk management	UESP 14–17[33]
	Percentage of children (male and female) targeted by UNICEF in humanitarian situations accessing formal or non-formal basic education	UESP 14–17

[33] UESP 14–17 refers to the UNICEF Education Strategic Plan, 2014–2017, November 2015 version, which includes 36 output, outcome, and impact indicators. Section P5.c.3 (p. 14) explicitly addresses risk and includes three sub-areas: risk assessment, risk reduction strategy and human and financial resources for risk reduction. ESP indicators are also referred to as strategic monitoring questions (SMQ).

	Natural disasters and disaster risk reduction in education[34]	Source
System	Existence of national-level comprehensive school disaster management plan for child safety and protection and educational continuity in the face of health, natural, and man-made hazards and conflict	FRESH-T[35]
	Existence of national-level guidance for standard operating procedures for all known hazards, to protect children from sudden-onset disasters and emergencies and to respond to early warning	FRESH-T
	Existence of life skills–based disaster risk reduction education for building a culture of safety and resilience in national-level curricula and school-leaving examinations for primary and secondary schools	FRESH-T
	Existence of pre-service and in-service training for teachers addressing life skills–based disaster risk reduction education for building a culture of safety and resilience	FRESH-T
	Percentage of schools with an ongoing committee responsible for leading risk assessment, risk reduction and response preparedness planning	FRESH-T
	Percentage of schools designed [or constructed, reconstructed or retrofitted] to be disaster-resilient	FRESH-T
	Existence of building codes to ensure disaster-resilient construction of schools	FRESH-T
School community	Existence of an ongoing committee responsible for leading risk assessment, risk reduction and response preparedness planning	New
	Existence of a school disaster risk reduction plan	New
	Number of children, teachers, and parents/guardians trained on the school disaster risk reduction plan	New
	Percentage of teachers demonstrating knowledge about disaster risk reduction and teaching it in their classrooms	New
	Percentage of teachers able to make linkages between disaster risk reduction, the local context and the relevance to their students	New
	Percentage of schools with disaster risk reduction teaching and learning materials available and used	New
Children & youth	Percentage of students who are aware of their rights to safety, protection and educational continuity and of their responsibilities in protecting the environment and reducing risk	FRESH-T
	Percentage of students who have participated in school drills to improve emergency response skills for fire and other known hazards	FRESH-T
	Percentage of students for whom the school has designated emergency contacts for family reunification	FRESH-T

When considering monitoring in high-risk contexts, it is also critical to set clear time bounds for implementation; identify those results that are most critical to reducing risk most quickly; and make note of the frequency of update of indicators associates with these results. A simple management prioritization exercise can bring attention to these results, most likely during annual or multi-year work planning.

This effort to adapt monitoring to high-risk, emergency and fragile situations reflects a larger effort to be more agile in programming overall – or being ready to make rapid shifts in programme delivery strategies, partnerships and risk management strategies as the context requires. For education specialists, this could necessitate making changes in:

- the priority deprivations/programme results for education – considering a stronger focus on immediate life-saving and protection-related needs in the context of crisis
- target populations – considering shifts in targets to address acute and immediate needs of those that are affected
- geographic focus – to adapt to rapidly changing risks and manifestation of needs
- designated partners – considering disaster impacts and losses and capacities in meeting humanitarian imperatives.

[33] At the time of writing, the Sendai Framework for Disaster Risk Reduction 2015–2030 did not yet have indicators specific to education, as was the case with its predecessor the Hyogo Framework.
[34] FRESH-T refers to United Nations Educational, Scientific and Cultural Organization, Save the Children, Education International, et al., Monitoring and Evaluation Guidance for School Health Programs' Thematic Indicators Supporting FRESH: Focusing resources on effective school health, 2013, available at <https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/FRESH_M%26E_THEMATIC_INDICATORS.pdf>, accessed 30 October 2018.

5. ASSESS YOUR PROGRESS

To test the extent to which education programmes are risk informed, education specialists can pose the questions presented in Table 10. The table can be used to evaluate team performance and the quality of the child-centred risk analysis at each stage of elaboration. The recommended scale for the evaluation is immediately below.

1	No, not at all
2	Not very much
3	Yes, moderately
4	Yes, to a great extent
5	Yes, to an exemplary level

Table 10 – Evaluating the performance in risk-informing education programmes

QUALITY CRITERIA	SCALE				
	1	2	3	4	5
In the past, to what extent have previous shocks or stresses affected the supply, demand and quality of UNICEF education programmes?[36]					
To what extent does the education programme target the most 'at-risk' areas (zones being both highly exposed to shocks and stresses and containing the most vulnerable children and young people)?[37] Why or why not?					
To what extent does the education programme have a clear objective explicitly addressing the expected multiple shocks or stresses?					
To what extent does the education programme design (inputs, outputs, outcomes) already factor in (explicitly or implicitly) expected shocks or stresses, drivers of vulnerability and capacities to prevent, prepare for and respond to shocks or stresses?					
To what extent does the education programme include a risk-informed strategy that addresses shocks or stresses and reduce vulnerabilities (such as disaster risk reduction, climate change education, child protection in education, social protection for education, school health and nutrition, and conflict sensitivity and peacebuilding)?					
To what extent does the education programme reduce vulnerabilities of education populations and systems (at multiple levels) to shocks or stresses? Can these efforts be improved?					
To what extent does the education programme promote capacities of education populations and systems (at multiple levels) to prevent, prepare for and respond to shocks or stresses? Can these efforts be improved?					
To what extent does the education programme link to early warning systems (UNICEF or other) and to people and processes that support risk management?					
To what extent has the programme design and implementation been analysed for criticality in the event of a shock? Does a plan exist to continue the critical education programme elements in the event of a shock?					

[36] This question builds on the bottleneck and barriers analysis analysis framework, used by many UNICEF country offices. As described by the EAPRO Resilience Working Group, risks may be analysed for their impact on 10 determinants of quality, demand, supply and enabling environment, namely: social norms; legislative policy; budget expenditure; management/coordination; availability of essential inputs; access to adequately staffed services and facilities; financial access; social and cultural practices and beliefs; timing and continuity; and quality of care. For greater detail contact UNICEF EAPRO Resilience Working Group.

[37] United Nations Children's Fund, *Child-centred Risk Assessment: Regional synthesis of UNICEF assessments in Asia*, UNICEF, 2013, p. 18, available at <https://www.preventionweb.net/files/36688_36688rosaccriskassessmentfeb2014.pdf>, accessed on 30 October 2018.

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ANNEX 1: Additional examples of risk-informed programming[38]

DEMOCRATIC REPUBLIC OF CONGO	**School-related gender-based violence and child protection in education** School-related gender-based violence (SRGBV) has continued as a legacy of armed conflict in the DRC. Based on the USAID Safe Schools model, in 2010 FHI360 initiated the C-Change SRGBV Prevention Project in 31 schools in Katanga. The aim was to promote positive social and gender norms to prevent and mitigate SRGBV amongst school children. Students participated in life skills training aiming to identify and change attitudes regarding SRGBV (based on *USAID's Doorways 1 Manual*). Schools enacted SRGBV focal teachers, school codes of conduct and SRGBV oversight committees to address complaints of violence and teacher training (based on *USAID's Doorways 2 Manual*). Communities also created prevention campaigns through radio, theatre and comic books. Advocacy was carried out at the national level for a teachers' code of conduct that would deal more openly with SRGBV. As a result, the proportion of students reporting they are aware of how to prevent/avoid SRGBV increased from 30%-90% pre- and post-project; for teachers the increase was 56%–95%. In addition, both students and teachers reported decreased awareness of multiple types of violence in schools.
PHILIPPINES	**Cash transfers facilitate education mitigating impacts of economic shocks** The global financial crisis and fluctuating food and fuel prices of 2008 posed new challenges to the people of the Philippines. The Government knew that the average enrollment rate in secondary education for the poorest 10% of the population was less than 55%, compared to 75% for the wealthiest 10%. In 2008 the Government began a conditional cash transfer programme (Pantawid Pamilyang Pilipino Program, 4Ps) with the goal of promoting human capital development among poor families, especially children. The poorest families in the

[38] *The below-cited examples are drawn from RIEP. The Somalia Conflict Analysis example is drawn from United Nations children's fund, Lessons Learned for Peace. How conflict analyses informed UNICEF's peacebuilding and education programme, UNICEF: Education Section, 2016.*

	poorest provinces received monthly health and education grants (US$11–US$32) in exchange for meeting six conditions, such as children attending school at least 85% of the time. One result was an increase in school enrolment and attendance, in comparison to the equally poor control group that did not receive grants. For example, the share of students age 6–14 attending school at least 85% of the time increased from 76% in 2009 to 96.8% in 2014. UNICEF evaluations show that households that receive cash transfers (conditional or unconditional) show a high propensity to invest in the education of children.
SOMALIA	**Education social services programming to mitigate conflict factors** Somalia has experienced one of the longest-running conflicts on the African continent and is currently composed of three heterogeneous areas. In 2013, the UNICEF Peacebuilding, Education and Advocacy (PBEA) programme conducted a conflict analysis in each of the three areas to identify conflict dynamics, explore the relationship between education and conflict, and identify opportunities for education programming to mitigate conflict drivers. The findings underlined the importance of addressing the marginalization of youth and led to UNICEF's support of a curriculum reform process, co-led by the government and rural community, that reflected community voices, needs and values, and ensured learning contributes to peacebuilding, social cohesion, economic growth and political literacy. Programming included school-based promotion of positive cultural practices and local knowledge of peacebuilding, literacy for youth, numeracy and life skills, including conflict resolution.
LIBERIA	**Biological hazard, violent conflict, school health, nutrition and peacebuilding** In 2014 Liberia experienced the intersection of a biological hazard: Ebola Virus Disease (EVD), which resulted in over 4,806 deaths[39] – within the legacy of decades of violent conflict, which had left 250,000 people dead and basic infrastructure in ruin. Particularly vulnerable were children and youth under 18, the majority of whom were out of school (65% of primary school age and 25% of secondary school).[40]) In 2013 UNICEF was funding a youth education programme called the Junior National Volunteers (JNV) Project, in which some 45 (12 female) high school–educated JNVs were recruited, trained and assigned to deliver activities on social cohesion in three conflict-prone counties. The JNVs then trained 540 Community Peace Committee (CPC) members, which supported the resolution of 170 community conflicts. As the EVD spread, UNICEF leveraged the success of the JNVs, retraining the core team to work within local community structures to eradicate EVD and to maintain peace. Together with the CPCs, the JNVs educated families on symptoms and prevention, distributed sanitation supplies, and intervened to resolve conflicts. Over 2,002 people (1,072 female) were reached with EVD awareness messages.
BANGLADESH	**Climate change adaptation in education** On average, Bangladesh is affected by 16 cyclones each decade but multiple hazards threaten the continuity of education for more than 63 million vulnerable children. The super-cyclone of 2007, for example, destroyed at least 849 schools, damaged another 3,775 and led to drop in school attendance and an increase in malnutrition. To further adaptation to climate change, the Government of Bangladesh established a ministerial-level working group on climate change and elaborated the Bangladesh Climate Change Strategy and Action Plan (2008) and a National Adaptation Plan of Action (2005). A study was also commissioned to identify how education could contribute to the plans' objectives; a national-level workshop was convened in Dhaka in 2009 and a participatory vulnerability analysis (PVA) was conducted in 28 schools in disadvantaged communities. These collaborations led to the development of a curriculum for primary and secondary school children on the impact of climate change and a list of adaptive education-related strategies (such as school environmental clubs, planting trees on school grounds, arranging for temporary schools and make-up classes for loss of instruction time due to disaster-related closures, disaster-resistant school design and emergency storage for school supplies). A 2014 review found that more than 18 million students now have relevant disaster and climate change knowledge from 39 primary and secondary school textbooks.

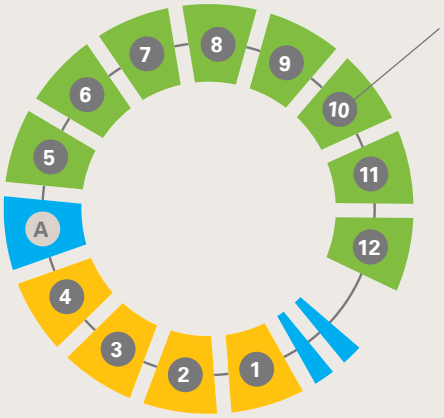
[39] World Health Organization estimates as of September 2015.
[40] Liberia Institute of Statistics and Geo-Information Services et al., *Libya: Demographic and health survey 2007,* Monrovia, Liberia, 2008, available at <https://dhsprogram.com/pubs/pdf/fr201/fr201.pdf>, accessed 30 October 2018.

Laici Nércio Gomes is ten years old but looks a lot younger. He is withdrawn, shy and uneasy with being the centre of attention, away from the spotlight, he cracks a smile. The Grade 3 student, at the Escola Primária Completa de Coalana, lost his parents in 2013 at the age of seven.

MODULE 10

CHILD PROTECTION

MODULE 10: CHILD PROTECTION



CONTENTS FOR MODULE 10

1. INTRODUCTION

1.1 CHILD PROTECTION AND RISK-INFORMED PROGRAMMING

By its very nature, the field of child protection is concerned with risk and how it affects vulnerable children and women. The Convention on the Rights of the Child and its Optional Protocols enshrine the right to protection from violence, exploitation, abuse, neglect, harmful practices and the impact of natural disasters and conflict.[1] The Sustainable Development Goals (SDGs) include a commitment to child protection, with targets in SDGs 5, 8 and 16 dedicated to eliminating harmful practices, child labour, all forms of discrimination (5.1) and all forms of violence against all women and girls in the public and private spheres (5.2), and violence against children. UNICEF's *Strategic Plan 2018–2021* also commits to ensuring that "Girls and boys, especially the most vulnerable and those affected by humanitarian situations, are protected from all forms of violence, exploitation, abuse and harmful practices." The child protection and social welfare workforces are therefore familiar with the concept of reducing risks for children and women through prevention, and mitigating their impact through supportive services and access to justice.

Although the concept of a protective environment is a direct response to various risks affecting children, there is still room to consider how the child protection system itself – underpinned by the State and its workforce, including social workers, teachers, health workers, police and the judiciary – can be better supported to absorb and adapt in response to risk and to the impacts of major shocks and stresses that can lead to crisis. For example, climate change, natural disasters, epidemics and/or conflict can affect the continuity and quality of child protection, social welfare and justice services, while humanitarian crises can exacerbate the vulnerability of children to existing protection risks and/or create new protection risks.

An analysis of major contextual risks in the country context can therefore tell us:

- Which child rights violations and types of gender-based violence (GBV) that are already present will be *exacerbated* by this shock or stress(s), and which groups of children and women will be *most* at risk?

[1] These rights are equally central to the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention on the Rights of Persons with Disabilities.

- What new child protection issues, child rights violations and GBV may emerge because of this shock(s) or stress(es), and which groups of children and women are most at risk?
- Who are the key stakeholders to include in risk reduction, preparedness and mitigation efforts and what resources are needed to reduce the impacts of major shocks and stresses for children and women at risk of abuse, violence and neglect?
- How should we design or adjust our programmes with Government and partners to prepare for, prevent or mitigate these risks so that child protection and other social welfare systems absorb and adapt to shocks and stresses, avoiding or averting crises?

Identifying potential shocks or stresses and supporting counterparts and partners, including communities, to reduce the risks associated with them and prepare for potential crises increases the likelihood that the most vulnerable children and women will be protected. It also strengthens the link between emergency and development programming and builds resilience of affected populations to withstand future shocks.

Risk-informed child protection programming challenges us to:

- Analyse all potential shocks or stresses – not just natural disasters or just violent conflict – to better inform populations, programmes and systems at risk
- Ensure that investments in child protection systems and programmes are protected from the impact of shocks or stresses
- Prepare Governments, humanitarian agencies including UNICEF and individuals so that when a
- crisis happens, child rights violations and GBV are addressed immediately, further risks are mitigated and high-quality comprehensive programmes are implemented seamlessly across the humanitarian and development cycles using a power and gender analysis lens
- Deliver collaborative, multi-sectoral programme strategies inclusive of sectors such as health, nutrition, education, social protection, disaster risk reduction and climate change adaptation.

So that ultimately every child and woman enjoys his or her right to a protective environment at any time and in any context.

BOX 1 – THREE EXAMPLES OF HOW CONTEXTUAL RISKS CAN EXACERBATE EXISTING CHILD RIGHTS VIOLATIONS OR LEAD TO NEW ONES

1. In a context in which child marriage is already prevalent and is accelerated by poverty and lack of access to high-quality education for girls, a humanitarian crisis following a major earthquake may plunge already vulnerable families deeper into poverty and further disrupt education systems. This may increase the risk of child marriage for girls who were already vulnerable, and it may also increase the risk of child marriage for new groups of girls whose families may have fallen into poverty as a result of the earthquake. The crisis may also place children at risk of new protection violations, for example, separation from families because of large-scale displacement, and may result in children and caregivers experiencing psychosocial distress.

2. In a context of major epidemics, such as Ebola, women and girls are often at heightened risk of contracting the disease given their traditional roles as caregivers to the family. In addition, children face increased risk of exploitation following the death or illness of caregivers.

3. In many settings, women and girls are primarily responsible for procuring and cooking food for the family. In the context of drought and water scarcity, that responsibility continues, but given the strain on livelihoods and household incomes, it may be more difficult to afford food or find appropriate food in the same places. In situations of food insecurity, women and girls can be at higher risk of sexual assault as they travel longer distances to markets; of exploitation as they are forced to employ negative coping mechanisms; or early marriage in cases where families may receive a bride wealth.[2]

[2] Inter-Agency Standing Committee, Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery, IASC, Geneva, 2015, available at <https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf>, accessed 28 February 2018.

BOX 2 – LINKING DEVELOPMENT AND HUMANITARIAN INTERVENTIONS

The recent *Evaluation of UNICEF Programmes to Protect Children in Emergencies* found that investment in systems strengthening and preparedness measures resulted in successful scaling up of child protection interventions in emergencies.[3] For example:

- During the 2012 hurricanes and cholera outbreak in Haiti, UNICEF partnered with the Haiti Red Cross Society, which already had in place teams of trained psychosocial responders who were prepared and equipped; this allowed for very rapid scale-up of psychosocial support.

- In Pakistan, there was a consensus among social welfare, education, health, police, social protection, disaster management and non-state partners that children were better protected in the 2011 floods than in 2010 due to better preparedness across sectors. Stakeholders felt that there was a much better understanding of what protecting children in emergencies requires, how to reach people at local level through protective centres and how to link those centres to state services.

Other evaluations such as the Global Violence against Children Evaluation[4] and the Multi-Country GBViE Programme Evaluation[5] also include lessons learned for programming that can be drawn upon to improve emergency preparedness and response.

1.2 HOW TO USE THIS MODULE

The module provides supplementary information, guidance and examples for the child protection sector when designing risk-informed programmes. It should be read alongside the core GRIP Modules and other strategic planning guidance such as the:

- *UNICEF Strategic Plan, 2018–2021*[6] and its theory of change[7]
- *UNICEF Gender Action Plan, 2018–2021*[8]
- 10-determinant framework[9] of the UNICEF Monitoring for Results Equity System (MoRES)[10]
- UNICEF *Programme Policy and Procedure Manual*.[11]

Most important, it should be considered with reference to UNICEF's conceptual framework of child protection included in both the UNICEF Child Protection Strategy (2008)[12] and Child Protection Resource Pack.[13] Other useful guidance can be found in the new Violence Against Children (VAC) theory of change, the Gender-Based Violence in Emergencies (GBViE) Resource Pack and Communities Care programme.[14]

The ability to protect children from violence, abuse and exploitation depends significantly on the performance of other sectors such as education; water, sanitation and hygiene (WASH); and health, as well as on programmes to promote social inclusion. To ensure cross-sectoral collaboration, this child protection module should also be read in conjunction with the GRIP modules for supporting sectors.

[3] United Nations Children's Fund, *Evaluation of UNICEF Programmes to Protect Children in Emergencies: Synthesis report*, UNICEF, New York, December 2013, available at <https://www.unicef.org/evaldatabase/files/Evaluation_of_UNICEF_Programmes_to_Protect_Children_in_Emergencies_-_Synthesis_Report.pdf>, accessed 27 October 2018.
[4] United Nations Children's Fund, *Protecting Children from Violence: A comprehensive evaluation of UNICEF's strategies and programme performance*, UNICEF, New York, August 2015, available at <https://www.unicef.org/evaldatabase/files/VAC_Evaluation_Final_Report.pdf>, accessed 27 October 2018.
[5] United Nations Children's Fund, *The UNICEF Multi-Country Gender-based Violence in Emergencies Programme Evaluation: Final synthesis report*, UNICEF, New York, December 2016, available at <https://www.unicef.org/evaldatabase/files/Full_report_with_cover_UNICEF_Multi-country_GBViE_Evaluation(1).pdf>, accessed 27 October 2018.
[6] United Nations Economic and Social Council, *UNICEF Strategic Plan 2018–2021*, E/ICEF/2017/17/Rev.1, UNESC, New York, August 16, 2017, <https://digitallibrary.un.org/record/1301077/files/E_ICEF_2017_17_Rev-1-EN.pdf>, accessed 11 November 2018.
[7] United Nations Children's Fund, Theory of Change Paper, UNICEF Strategic Plan, 2018–2021, Realizing the rights of every child, especially the most disadvantaged, UNICEF/2017/EB/11, 18 July 2017, available at <www.unicef.org/about/execboard/files/2017-EB11-Theory_of_Change-EN-2017.07.19.pdf>, accessed 28 February 2018.
[8] United Nations Children's Fund, *UNICEF Gender Action Plan, 2018–2021*, E/ICEF/2017/16, 13 July 2017, available at <www.unicef.org/about/execboard/files/2017-16-Gender_Action_Plan-2017.07.14-Rev.1.pdf>, accessed 28 February 2018.
9 United Nations Children's Fund, 'The Determinant Analysis for Equity Programming', August 2014, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/:w:/r/teams/PD/MoRES/_layouts/15/WopiFrame.aspx?sourcedoc=%7B042c3397-e095-4f04-82af-ae1b794d26bf%7D&action=view&Source=https%3A%2F%2Fteams%2Eunicef%2Eorg%2Fsites%2FNYHQ01%2FOED%2FMoRES%2FDocument%20Library%2FForms%>, accessed 8 October 2018.
[10] The MoRES team site is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/PD/MoRES/SitePages/MoRESCollab.aspx>, accessed 8 October 2018.
[11] United Nations Children's Fund, *Programme Policy and Procedure Manual*, UNICEF (n.d.). Accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/SiteAssets/Welcome%20to%20the%20Programme,%20Policy%20and%20Procedure%20Manual.aspx>, accessed 10 March 2018.
[12] United Nations Social and Economic Council, UNICEF Child Protection Strategy, E/ICEF/2008/5/Rev. 1, available at <https://www.unicef.org/protection/files/CP_Strategy_English.pdf>, accessed 27 October 2018.
[13] United Nations Children's Fund, *Child Protection Resource Pack: How to plan, monitor and evaluate child protection programmes*, UNICEF, New York, 2015, available at <https://www.unicef.org/protection/files/CPR-WEB.pdf>, accessed 27 October 2018.
[14] For further information on the VAC theory of chance, please contact Theresa Kilbane. For GBViE tools and guidance, please contact Mendy Marsh or Catherine Poulton.

2. SUPPLEMENTAL INFORMATION FOR MODULE NO. 2: RISK ANALYSIS

GRIP Module No. 2 helps multi-stakeholder teams to estimate the risk of humanitarian crisis that can overwhelm national response capacities and lead to acute and urgent needs, cutting across multiple sectors and dimensions. However, the risk formula can also be applied to consider the likelihood of shocks and stresses eroding development progress in a specific sector. In other words, we can use the same methodology to consider how shocks and stresses might worsen, deepen or accelerate a deprivation facing children and women, such as their exposure to and experience of violence, abuse and exploitation.

This section of GRIP Module No. 10 provides supplemental information that can help child protection programme specialists and stakeholders contribute to a larger risk analysis and/or conduct their own, considering how shocks and stresses might erode positive progress in child protection. This section can therefore be used to:

- Inform a sector-specific analysis of the risks that can erode good progress in child protection programming
- Help multi-sectoral teams ensure that the vulnerabilities and capacities relevant to child protection, including gender-based violence in emergencies, are well considered in a wider, multi-sectoral analysis of the risk of crisis
- Promote integrated programming towards holistic approach to addressing risks and vulnerabilities of children and families.

Only the steps where there are sector-specific considerations are included below.

2.1 PREPARATION PHASE

Table 1 provides supplemental information to GRIP Module No. 2 for child protection stakeholders – helping them to consider how to prepare to conduct a risk analysis. Lessons learned suggest that if the strategic purpose, methodology, management structures and participants are not set right from the start, the analysis loses credibility and potential for influence and use.

Table 1 – Preparing for a risk analysis for child protection

Confirm the strategic purpose	It is important to confirm the goal or purpose of the analysis before you begin. The purpose may be: • To **inform a larger national assessment of child protection programming in country**, ensuring that there is adequate consideration of the impact of contextual risks • To **influence policies, plans and programmes** for the child protection and social welfare sector • To **inform preparedness or contingency plans** that consider the protection needs of children in crisis and humanitarian response, including identifying barriers to access • To ensure that **measures of risk and risk reduction are included in national monitoring systems,** including child protection and GBV case management systems • To ensure that **risk assessment methodologies** used by national authorities consider the special protection needs, vulnerabilities and capacities of boys and girls – or act as an enabler, supporting children, adolescents and youth to participate in risk assessments • To inform **joint child protection planning and programming** processes with stakeholders • To identify **how risks may play out differently for girls/women and boys,** and ensure that all programming/preparedness/contingency planning is informed by this gender/power analysis.
Define the scope of analysis	In addition to considering the risk profile of the country (as per ***section 3.1 of GRIP Module No. 2***), child protection programme stakeholders might define: • **Geographic scope**: Confirming national, regional, local or community levels • **Sectoral scope**: Given the integrated nature of child protection programming, will the analysis focus in the child protection, social welfare and justice sectors – or is a whole-of-government approach required? • **Equity:** How does the analysis define disadvantaged or at-risk populations, and does it take gender into consideration in a meaningful way? • **Level of programming**: If focused at a particular level of the protective environment (national level or decentralized), will it consider the broader child protection system or a particular network of facilities and/or service providers? • **Type of delivery system**: Will the risk analysis consider all duty-bearers and providers of protective and supportive services – for example, private, government, religious, non-governmental organization, UNICEF, or non-formal/informal/community-based, facility-based, etc., as well as barriers to accessing programming?
Choose the best timing	The timing of a risk analysis is critical. In additional to the considerations outlined in ***Section 1.2 of Module No. 1***, child protection stakeholders might also consider: • **Major planning processes:** Are there specific milestones in terms of the launch of new sector plans, programmes or initiatives that provide opportunities for advocacy and leveraging? • **Sector management cycles:** What is the cycle for sector planning, budget allocation and fiscal reporting for programmes that support child protection? Can the timing of risk analysis converge with and influence important decision-making? • **Seasonal calendar:** What is the seasonal calendar for hazards? Are there times of the year when certain shocks or stresses make implementation difficult?
Establish management structures	Ideally, a risk analysis for risk-informed child protection programming would be conducted by the Ministry of Social Welfare or a leading national institution (for Justice, Gender, Social Affairs or Women), with capacity to drive and lead inter-ministerial collaboration, with support from major development partners. In other cases, UNICEF may wish to lead on risk analysis to ensure its integration into the larger situation analysis underpinning programme design. Regardless of whether UNICEF supports or leads, strong ownership and steering by UNICEF senior management is essential. To ensure the participation of higher-level national counterparts and ensure the cross-sectoral nature of the analysis, country offices might consider establishing the management structures outlined in Section 2.2 of GRIP Module No. 2, which can include a convening or leading institution.
Ensure the right participants	Child protection stakeholders that could be consulted or fully participate in a risk analysis process include: technical counterparts of the Ministry of Social Welfare (or equivalent); Ministry of Justice; Ministry of Gender/Social Affairs/Women; local networks of the most vulnerable children; local women's organizations; adolescent girls; development partners such as other United Nations agencies, donors, the private sector, academia and bilateral/multilateral entities; other facets of civil society such as community leaders, NGOs and CBOs; and community groups involved in child protection activities. GRIP Module No. 2 provides a useful table that can be used to determine the roles of various participants.

2.2 ASSESSMENT PHASE

As outlined in ***Section 3 of GRIP Module No. 2***, a child-centred risk assessment has the following steps:

Likelihood: Identifying significant shocks and stresses that might trigger crisis or erode development progress – and consider the likelihood of these shocks manifesting in the future and their potential impact.

Impact: Determining the potential impacts of shocks and stresses on children, households and systems, by considering:

- Patterns of exposure
- Historical impacts and losses
- Vulnerabilities of boys, girls and households, including how existing inequilities around age and gender increase risks and reduce resilience
- Capacities of communities, systems and local and national authorities.

Ranking risks: Prioritizing the risks associated with each shock and stress.

STEP 1: LIKELIHOOD

- With reference to ***Section 3.2.1 of GRIP Module No. 2***, identify the major shocks and stresses that have the potential to trigger crisis, affecting the status of children and women and the continuity of child protection services and systems, considering the questions in **Table 2**.
- Gather data and information on the historical frequency of three to five of the most significant shocks and stresses using secondary sources, stretching over the last 15–20 years of historical records, noting trends.
- Assign a rating using the likelihood scale for how likely the shock (or the tipping point of a stress) is to occur within the next four to five years (or other appropriate planning time frame). Please see **Table 3** for a short form of the Likelihood and Impact scales presented in Module No. 2.

Table 2 – Questions for child protection on likelihood

Questions for child protection	Potential data sources
• What shocks or stresses are likely to have the greatest impacts on children and women and on the functionality of child protection/GBV services and systems? • How are shocks or stresses likely to impact girls and boys, women and men differently? • What is the trend for the likelihood and severity of these shocks and stresses?	• See Annex 1 of GRIP Module No. 2 • National disaster loss and damage databases[15] • Post-disaster needs assessments reports • Child Protection sub-cluster/sector reporting including Assessments, Secondary Data Review (SDR) • Gender-based Violence sub-cluster reports • Protection Cluster reports

Table 3 – Short form table of the Likelihood and Impact Scales adapted from IASC and EPP Guidance

LIKELIHOOD SCALES				
Very unlikely (1)	Unlikely (2)	Moderately likely (3)	Likely (4)	Very likely (5)
IMPACT SCALES				
Negligible (1)	Minor (2)	Moderate (3)	Severe (4)	Critical (5)

STEP 2: IMPACT

With reference to ***Section 3.2.2 of GRIP Module No. 2***, child protection stakeholders should consider the patterns of exposure to shocks and stresses and historical evidence of losses, as well as the current status of vulnerability and capacity in order to ascertain the potential impact of the future shock or stress. Assign a score to the impact variable.

[15] United Nations Development Programme, *A Comparative Review of Country-Level and Regional Disaster Loss and Damage Databases*, UNDP, N.p., 2013, available at <http://www.undp.org/content/undp/en/home/librarypage/crisis-prevention-and-recovery/loss-and-damage-database.html>, accessed 27 October 2018.

EXPOSURE TO SHOCKS AND STRESSES

Note any significant geographic patterns in exposure to shocks and stresses, identifying locations in the country where the shocks and stresses are most likely to occur. This might focus not only on persons (considering population density, for example) – but also infrastructure, facilities, service providers or other elements of child protection systems, located in potential hazard zones, as suggested in **Table 4**. Using geographic information systems or hazard maps from secondary sources is particularly useful for estimating exposure.

Table 4 – Questions for child protection on exposure

Questions for exposure	Potential data sources
• What populations are exposed to this specific shock or stress? • Is there infrastructure or systems within the hazard zone that are critical for child protection/GBV (local offices for social welfare, justice or protective services, adolescent or youth centres or child-friendly spaces, local women's organizations, etc.)? • What partners are working within the hazard zone?	• Geographic information systems in the health sector (potentially HMIS) • Secondary hazard maps produced by the National Disaster Management Agency or National Statistics Agency • Child Protection/Gender-Based Violence Sub-cluster 5Ws

HISTORICAL IMPACTS AND LOSSES

Consider the historical impacts and losses associated with the three to five priority shocks and stresses, stretching back the same time period as the assessment of likelihood. Use **Table 5** to consider historical impacts.

Table 5 – Questions for child protection on impacts and losses

Questions on impacts and losses	Potential data sources
Based on data from past events, Stakeholders may ask: • What was the impact of this shock or stress on infrastructure, services and systems that support child protection/GBV? Were there damages to courts, offices, clinics, facilities, child-friendly spaces or centres? These damages might be expressed in terms of counts (numbers of facilities damaged) or in terms of economic losses. • Were there interruptions in the continuity of child protection or GBV case management during previous shocks? How did these interruptions affect the situation facing vulnerable and affected children and women? • What was the historical impact of this shock or stress in terms of exposure to violence, abuse and exploitation? Did it exacerbate protection concerns in the past? Was the response adequate in the past? • Was there evidence of negative coping strategies being employed during the crisis that increased risk of protection concerns?	• Reports from Ministry of Justice, Social Welfare or National Disaster Management Agency • National disaster loss and damage databases[16] • Post-disaster needs assessments reports • Child Protection sub-cluster reporting • Sendai Framework Monitoring reports[17] • Community case management databases/reports

VULNERABILITIES AND CAPACITIES

Consider the characteristics that make children and families particularly susceptible to the impacts of a specific shock or stress. Through a child protection and GBV lens, this should include a specific focus on vulnerable and at-risk children and women, with consideration of existing bottlenecks to creating functional child protection systems

[16] United Nations Development Programme, *A Comparative Review of Country-Level and Regional Disaster Loss and Damage Databases.*
[17] PreventionWeb, 'Sendai Framework Monitor', United Nations Office for Disaster Risk Reduction, <www.preventionweb.net/drr-framework/sendai-framework-monitor>, accessed 28 February 2018.

at scale, as per **Table 6**. Stakeholders should review the community, system level, local and national capacities that can play a role in reducing, mitigating or managing the impacts of shocks and stresses, and their associated protection concerns. (See **Box 3** for examples.)

Table 6 – Questions for child protection on vulnerabilities and capacities

VULNERABILITIES	
Vulnerability related to protection status or at-risk groups: • What is the prevalence of child rights violations and the contexts in which they occur? Can data be presented in a disaggregated form including national, sub-national, by gender, age, ethnicity or other determinant/category of inequity? • Which groups of children are affected by multiple child rights violations, or by child protection violations and rights violations in other sectors? • What child protection issues are of most concern to governments, communities, families and children? • What are the specific issues girls and women face in terms of violence, access/barriers to access, stigma, etc.? How do existing systems and practices increase risk and harm to them? • What is the status of attitudes, behaviours and practices towards child protection and GBV? What are the barriers to reporting and seeking services? What mechanisms are in place for survivors? • What is the status of girls' and boys' knowledge and skills to promote their engagement? Are there integrated programmes to empower children, adolescents and young people? • What populations are on the move or displaced? How are children and women on the move more or less vulnerable? *How is vulnerability affected by gender, demographics and socio-economic status?* • How does age and gender affect child rights violations and GBV in a given context? • How vulnerable are individuals or groups to this shock or stress depending on their wealth (household income and expenditure), gender, education status of mother, ethnicity or religious affiliation, family size and composition or other determinant of inequity? • Who has access to social safety nets and social welfare services (e.g., health insurance schemes, universal health coverage, health services, child support)? • What is the health and nutrition status of exposed communities? What is the coverage of water, sanitation and hygiene in households and communities, and how does gender affect this?	• The IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action contains a list of groups vulnerable to GBV in the event of a crisis • National child protection–specific surveys and evaluations • National child protection case management databases • Gender analyses, GBV assessments and/or GBV Information Management Systems • Bottleneck Analysis (BNA) reports/findings • National child protection policies, strategies and action plans and reports • UNICEF and partner situation analysis • National household surveys such as Multiple Indicator Cluster Surveys (MICS)[18] or Demographic and Health Surveys (DHS)[19] • Standardized Monitoring and Assessment of Relief and Transitions Surveys (SMART)[20] or Household Income and Expenditure Surveys (HIES) • Indices and analysis tools using survey data such as EQUIST,[21] Multiple and Overlapping Deprivation Analysis (MODA)[22] and other means to follow a multi-dimensional approach to measuring child poverty.[23]
CAPACITY	
• Do child protection and GBV prevention and case management services receive adequate attention and budget allocations within national crisis prevention and response? To what extent are the special protection needs, risks, vulnerabilities and capacities of boys and girls and women integrated in national emergency preparedness and response planning at national and decentralized levels?	• National child protection policies, strategies and action plans and reports • UNICEF and partner situation analysis • National child protection–specific surveys and evaluations

[18] Available at <http://mics.unicef.org>, accessed 27 October 2018.
[19] Available at <https://dhsprogram.com>, accessed 27 October 2018.
[20] See <http://smartmethodology.org/about-smart>, accessed 27 October 2018.
[21] See <http://www.equist.info>, accessed 27 October 2018.
[22] Available at <https://www.unicef-irc.org/MODA>, accessed 27 October 2018.
[23] Additional resources may be found in United Nations Children's Fund, 'A Multidimensional Approach to Measuring Child Poverty', Social and Economic Policy Working Briefs, February 2011, <https://www.unicef.org/socialpolicy/files/A_Multidimensional_Approach_to_Measuring_Child_Poverty%282%29.pdf>, accessed 27 October 2018.

- Are there capacities of community-based child protection systems that are important to harness and strengthen to support risk reduction/crisis prevention and response? Are there capacities through local women's organizations to support women and girls at risk of or survivors of GBV?
- To what extent are communities mobilized to prevent violence, abuse and exploitation, in both stable periods and times of crisis? Do programmes strengthen the structures, practices and services that help to protect children in the community, or do they seek to transform them to be less harmful and more survivor-centred for GBV survivors?
- What are the care and protective practices at family and community levels? What are the capacities of those in contact with the child?
- Who are the partners/stakeholders in child protection and GBV, and where are their interventions? Do partners have the capacity (knowledge, skills, tools, resources) to absorb and adapt to the impacts of shocks and stresses?
- Are there any social norms or socio-cultural factors that can hinder capacity to reduce risks and respond effectively?
- Do programmes involve those close to children and reinforce supportive relationships between children and their parents, caregivers, peers, and other important people? Do programmes centre the voices of survivors, and women/girls more broadly?

Questions related to capacities in violent conflict:

- How is the Justice for Children sector managed during armed conflict? Is it partly or entirely handed over to military authorities, and what are the implications for children in conflict with the law?
- Are there any child protection sector–specific capacities for peacebuilding at the individual, community, sub-national or national level or arising in formalized systems? Do these take gender inequality into consideration?
- Are there good examples of conflict-resolution activities or programmes that involve or concern children or adolescents? Are there local youth groups or sports associations that might promote peaceful conflict resolution?
- Are women and girls *meaningfully* involved in any preparedness, peace/conflict resolution processes?

- National child protection case management databases
- Gender analyses, GBV assessments and/or GBV Information Management Systems
- Bottleneck Analysis (BNA) reports/findings

BOX 3 – WHAT COULD CAPACITIES BE IN CHILD PROTECTION?

- Presence and functionality of community-based child protection mechanisms and the extent of their linkages to the more formal systems
- Service providers in social welfare, justice, civil registration, education and health systems with knowledge, skills, resources, clear accountabilities and authority to fulfil their accountabilities
- Programmes that can play a role in the protection of children at community level (considering the roles, skills, accessibility and regulation of community leaders, groups, institutions and services)
- Evidence of traditions or practices that promote protection (or may undermine it) and beliefs related to child care, child protection and GBV.

What would capacities be for reducing the risk of GBV?

- Presence and functionality of women's organizations/leaders/movements
- Service providers with the demonstrated skills to respond to GBV in social welfare, health, safety/security and justice
- Programmes that centre the voices of women/girls, and work on ending gender inequality at national or community level
- Legal framework that condemns the various forms of GBV.

STEP 3: RANKING RISK

This final stage of the assessment brings together the team's estimation of the **likelihood** of experiencing a shock or stress and its potential **impact,** and checks it against the current understanding of vulnerabilities and capacities. Child protection stakeholders should therefore bring together the data and information gathered in the previous steps and note the scores associated with likelihood and impact in a table. The two scores can be multiplied to produce a combined score, which should provide a simple means of ranking the level of risk associated with each shock or stress. (For an exemplary table and consideration of how this process contributes to a country office's compliance with the emergency preparedness procedure, see ***Section 3.2.4 of GRIP Module No. 2***.)

If a spatial risk analysis or child-centred and GBV risk mapping was undertaken (as per ***Section 4 of GRIP Module No. 2***), child protection stakeholders can also prioritize or rank geographic areas on the basis of risk and discuss the implications for area-based programming and partnerships.

Ideally, priority should be given to those geographic areas that face a disproportionate level of risk (being highly exposed to shocks and stresses with high vulnerability and low capacity). However, it is understood that geographic targeting is often the result of a complex prioritization process that considers: 1) criticality (severity of the deprivation or risk as well as Government priorities); 2) UNICEF's mandate; 3) UNICEF's strategic positioning; 4) UNICEF's programmatic and operational capacities; and 5) the lessons learned from previous global, regional and country experience. This prioritization process is best described in the UNICEF Results-based Management Learning Package, using the 'five-filter approach'.[24]

2.3 ANALYSIS PHASE

Distinct from the assessment phase, the analysis phase uses the conceptual frameworks of the human rights–based approach to programming to 'dig deeper' and analyze **why** risks are occurring, **who** is responsible for addressing them and **what** capacities they need to do so. Analysis is best done with a participatory approach involving a range of counterparts and partners through interviews, focus group discussions or consultation workshops, such as a GRIP workshop. ***Section 4.1 of GRIP Module No. 2*** provides suggestions on how to conduct a Causality Analysis, with reference to The *UNICEF Guidance on Conducting a Situation Analysis of Children's and Women's Rights*.[25] A causality analysis can:

- help child protection stakeholders to generate a shared understanding of the drivers of risk, focusing on vulnerabilities and capacities
- support the design of child protection and GBV systems and strategies that address the drivers of risk at multiple levels: immediate, proximate and root
- reveal the interactions or shared impacts of multiple shocks and stresses.

To conduct a risk-informed **causality analysis**, child protection/GBV specialists and stakeholders should work together to identify and map the relationships between immediate, underlying and deeper structural (or root) causes of risk. Teams should:

1. **Use the same starting point as existing causality analyses.** Use an impact-level deprivation or inequity related to child protection, or in the case of GBV, systemic and structural gender inequality as the peak of the problem tree (such as the proportion of children in early marriage).
2. **Consider the impacts of a particular shock or stress on the deprivation and its immediate causes.** Use the highest-ranking shock or stress from the assessment phase and consider how the manifestation of this risk into crisis could lead to a worsening, deepening or acceleration of the deprivation and its immediate causes. Then ask why these negative impacts or losses are occurring, identifying further structural and underlying causes.
3. **Use the MoRES 10-determinant framework to check the completeness of the causality analysis.** Use the framework to check if you have identified all the causes related to barriers in the supply, demand, quality of services and the enabling environment.

Going deeper, a more complete **risk-informed barrier and bottleneck analysis** can be applied to more specific interventions, to guide the programmatic adjustments necessary to ensure effective coverage of child protection services and systems.

[24] United Nations Children's Fund, *Results-based Management Handbook: Working together for children*, UNICEF, 2017, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/Shared Documents/RBM_Handbook_Working_Together_for_Children_July_2017.pdf>, accessed 10 March 2018.
[25] United Nations Children's Fund, *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*, UNICEF Division of Policy and Strategy, March 2012, available at <www.unicefinemergencies.com/downloads/eresource/docs/Rights based equity focused Situation Analysis guidance.pdf>, accessed 1 March 2018.

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3. SUPPLEMENTAL INFORMATION FOR MODULE NO. 3: DESIGN AND ADAPTATION OF PROGRAMMES

GRIP Module No. 3 is designed to help UNICEF Country Offices and stakeholders apply the body of evidence gleaned through the risk analysis, to the design and adjustment of programmes. This module uses the Results Based Management approach and helps teams:

- Develop or adjust **Theories of Change (TOC)** that focus directly on the changes necessary to make children, women, families and systems more resilient to the impacts of shocks and stresses
- Develop **risk-informed programmes** that UNICEF can catalyze and contribute meaningfully to, considering the organization's position and comparative advantage
- Consider how to **adjust existing UNICEF workplans and partnerships**, refining risk-responsive programme strategies.

3.1 RISK-INFORMED THEORY OF CHANGE

The most critical aspect of strategic planning is the development of a theory of change (TOC) that articulates a vision for reaching a desired impact and makes explicit how one level of change leads to another. Section 2 of GRIP Module No. 3 has more detailed guidance on the development of a risk-informed TOC, with examples and reference to the UNICEF *Results-based Management (RBM) Handbook*.[26]

[26] United Nations Children's Fund, *Results-based Management Handbook*.

To summarize the process, child protection stakeholders should identify the:

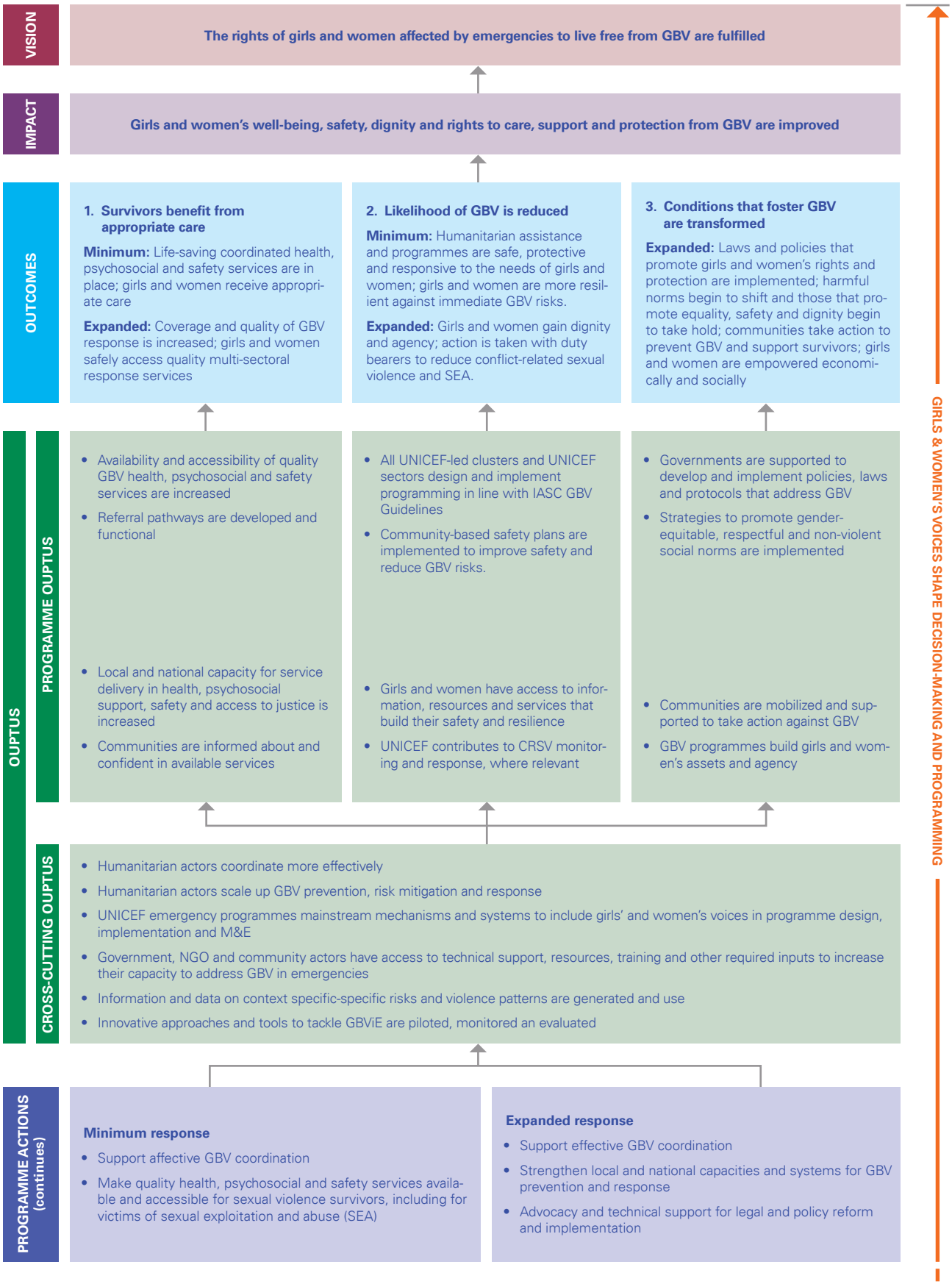
- Long-term difference that all stakeholders wish to see in the lives of children and women (impact-level changes/results in child protection)
- Several 'preconditions' or long- and medium-term term results that are necessary not only to achieve this change **but also to protect the change from the impacts of future shocks and stresses**, thus enhancing the resilience of children, women and the systems that can prevent and address child protection violations/GBV (outcome level results related to a change in performance of institutions, service providers or the behaviour of individuals)
- Specific short-term results that reflect a change in duty-bearers' capacity (output level changes/results)
- Key programme strategies that will move all partners in the direction of the long-term goal of resilient development (or specific inputs to the change process).

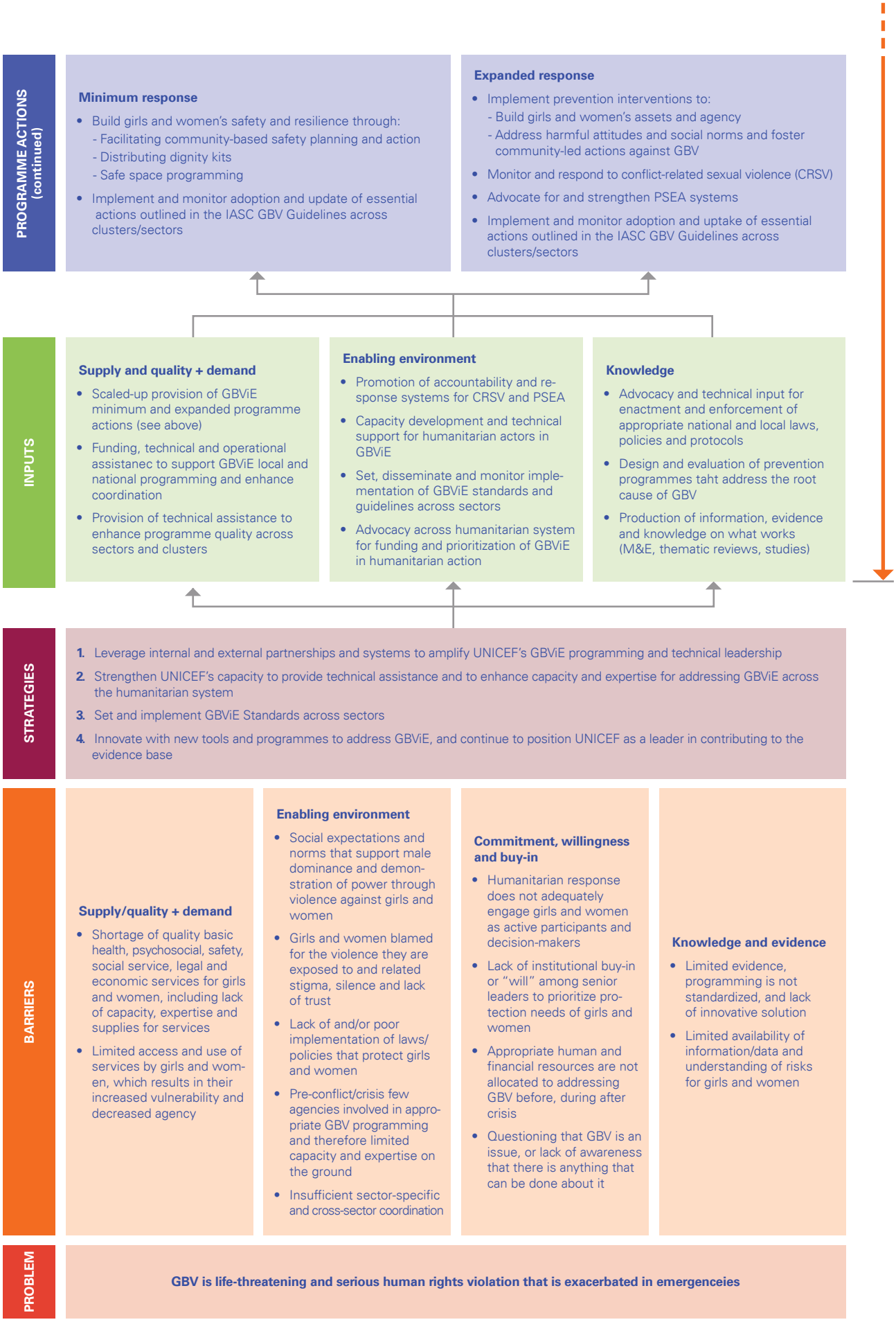
Table 7 provides an example of a narrative child protection theory of change, and **Graphic 1** provides an example of the GBViE theory of change.

Table 7 – Example of a child protection theory of change

Causes of risk	Theory of change
Limited caregivers' capacities to prevent, cope with and mitigate impacts of shocks on access to education and livelihoods leads to higher prevalence of child marriage in adolescent girls.	**IF** adolescent girls and families – including in areas prone to shocks or stresses – have alternatives to child marriage, including education and livelihoods opportunities, **THEN** child marriage will decrease. This is **BECAUSE** the main drivers of vulnerability to child marriage – limited access to education and poverty – will be addressed.

Graphic 1 – UNICEF's GBViE Theory of Change




PROGRAMME ACTIONS (continued)
Minimum response
• Build girls and women's safety and resilience through:
- Facilitating community-based safety planning and action
- Distributing dignity kits
- Safe space programming
• Implement and monitor adoption and update of essential actions outlined in the IASC GBV Guidelines across clusters/sectors
Expanded response
• Implement prevention interventions to:
- Build girls and women's assets and agency
- Address harmful attitudes and social norms and foster community-led actions against GBV
• Monitor and respond to conflict-related sexual violence (CRSV)
• Advocate for and strengthen PSEA systems
• Implement and monitor adoption and uptake of essential actions outlined in the IASC GBV Guidelines across clusters/sectors
INPUTS
Supply and quality + demand
• Scaled-up provision of GBViE minimum and expanded programme actions (see above)
• Funding, technical and operational assistanec to support GBViE local and national programming and enhance coordination
• Provision of technical assistance to enhance programme quality across sectors and clusters
Enabling environment
• Promotion of accountability and response systems for CRSV and PSEA
• Capacity development and technical support for humanitarian actors in GBViE
• Set, disseminate and monitor implementation of GBViE standards and guidelines across sectors
• Advocacy across humanitarian system for funding and prioritization of GBViE in humanitarian action
Knowledge
• Advocacy and technical input for enactment and enforcement of appropriate national and local laws, policies and protocols
• Design and evaluation of prevention programmes taht address the root cause of GBV
• Production of information, evidence and knowledge on what works (M&E, thematic reviews, studies)
STRATEGIES
1. Leverage internal and external partnerships and systems to amplify UNICEF's GBViE programming and technical leadership
2. Strengthen UNICEF's capacity to provide technical assistance and to enhance capacity and expertise for addressing GBViE across the humanitarian system
3. Set and implement GBViE Standards across sectors
4. Innovate with new tools and programmes to address GBViE, and continue to position UNICEF as a leader in contributing to the evidence base
BARRIERS
Supply/quality + demand
• Shortage of quality basic health, psychosocial, safety, social service, legal and economic services for girls and women, including lack of capacity, expertise and supplies for services
• Limited access and use of services by girls and women, which results in their increased vulnerability and decreased agency
Enabling environment
• Social expectations and norms that support male dominance and demonstration of power through violence against girls and women
• Girls and women blamed for the violence they are exposed to and related stigma, silence and lack of trust
• Lack of and/or poor implementation of laws/policies that protect girls and women
• Pre-conflict/crisis few agencies involved in appropriate GBV programming and therefore limited capacity and expertise on the ground
• Insufficient sector-specific and cross-sector coordination
Commitment, willingness and buy-in
• Humanitarian response does not adequately engage girls and women as active participants and decision-makers
• Lack of institutional buy-in or "will" among senior leaders to prioritize protection needs of girls and women
• Appropriate human and financial resources are not allocated to addressing GBV before, during after crisis
• Questioning that GBV is an issue, or lack of awareness that there is anything that can be done about it
Knowledge and evidence
• Limited evidence, programming is not standardized, and lack of innovative solution
• Limited availability of information/data and understanding of risks for girls and women
PROBLEM
GBV is life-threatening and serious human rights violation that is exacerbated in emergenceies

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3.2 RISK-INFORMED PROGRAMMES

Once the larger programming logic has been mapped out though the theory of change, it becomes easier for UNICEF and child protection/GBV stakeholders to identify specific change pathways they have a comparative advantage in catalysing and supporting. The UNICEF *RBM Handbook* provides guidance on this prioritization process. The final step is to revise existing child protection work plans to include programmatic adjustments or new programming to address the impacts of shocks and stresses. This will lead to an adjusted strategy note and workplans and/or partnership cooperation agreements with timebound action plans that describe the resources, responsibilities and accountability mechanisms necessary for effective implementation. **Table 8** provides an example of an adjusted results framework and **Box 4** provides examples of risk informed programmes in child protection.

BOX 4 – RISK-INFORMED CHILD PROTECTION PROGRAMMES

Examples of risk-informed child protection programming may include:

- Sharpening the targets for child protection systems building; strengthening of community-based networks and monitoring of child protection risks towards areas that are not just vulnerable or socio-economically deprived, but also highly exposed to various shocks and stresses
- Enhancing capacity of communities and families to care for their children during crisis, and identify and encourage existing positive coping mechanisms that can support them when shocks or stress hit
- Working with national partners in the child protection system and in the GBV sector to ensure emergency preparedness plans, including appropriate referral services, in all the most 'at-risk' areas
- Establishing permanent 'safe spaces' for women and children in crisis-prone areas as part of the community-based child protection network
- Promoting measures to safeguard identification documents and offices for civil registration and vital statistics against natural and man-made hazards
- Developing systems and protocols that can improve access to information for populations in high-risk areas (or those affected by crises), including on availability and locations of services, for example, through mobile safe spaces
- Including GBV in emergencies in all preparedness plans, and in all emergency response systematically, including comprehensive services, risk mitigation and, when possible, prevention.

Table 8 – Example of a simplified results framework

Outcome	Outcome indicators	
• By 2018, vulnerable girls in the three most at-risk (shock-prone) districts have alternatives to child marriage, including educational opportunities	• % of households with adolescent girls receiving social protection benefits or participating in livelihoods programmes in districts X, Y, and Z • Girls' attendance rate in secondary school in districts X, Y, and Z	
Outputs	**Indicators**	**Means of verification**
Girls (in Districts X, Y, and Z) have improved access to secondary education.	% of schools with teacher-student ratio of at least 1:30 % of schools with at least one female teacher % of schools with referral mechanisms to social welfare or protection services	EMIS Education Sector Performance Report
Preparedness plan for the education sector exists and takes into account actions to prevent child marriage	Status of preparedness plan (a: draft version; b: adopted; c: adopted and resourced)	
The most vulnerable families (including in Districts X, Y, and Z) have access to social protection, including during crisis	% of vulnerable households with children in Districts X, Y, and Z that received any type of social protection transfers	Ministry of Social Welfare and Protection Database

Activities:

- Improved teacher training programme and strategy for deployment of female teachers to the three most at-risk (crisis-prone) districts
- Development of preparedness plan for education in emergencies, which includes measures to protect against child marriage
- Programmes to increase parental knowledge about the harms of child marriage; viable alternatives and supporting them to make decisions that favour adolescent girls' health, education and well-being
- Improved design of social protection programme (including child-sensitive, 'pro-poor' targeting of vulnerable populations and flexibility for emergency response).

In light of recently reaffirmed international commitments to improve aid effectiveness and efficiency, UNICEF is strengthening and systematizing its approaches to better link humanitarian and development programming as a means of reducing long-term risks, preventing future crises and building more resilient societies. Risk-informed programming is an important part of this approach and the section below sets out a non-exhaustive set of Child Protection strategies supported by practical examples around six key areas that contribute to strengthening the linkages between humanitarian and development efforts:

1. **Utilizing and/or strengthening risk data**
2. **Strengthening systems to prevent and mitigate risk**
3. **Strengthening local actors including through channeling financing and capacity development for risk reduction**
4. **Strengthening preparedness**
5. **Promoting participation of those at risk**
6. **Promoting partnership**

PART A Examples of risk-informed programming within development programming that contribute to effective preparedness and build long-term resilience

- **Preventing trafficking and loss of data and critical documents**
  Country example: In **Nepal** in districts prone to earthquakes and other hazards, communities were supported to prevent and respond to the increased risk of child trafficking (including border surveillance and rescue operations). Community groups (including boys and girls) were sensitized to the risk of trafficking and family separation, community monitoring mechanisms were established to prevent traffickers from recruiting and trafficking children, and awareness-raising was also conducted for children to obtain vital documents including the replacement of lost documents. This was done in collaboration with the District Child Welfare Board, Ministry of Labour, Ministry of Women, Children and Social Welfare, Nepal Police, Immigration authorities and Ministry of Justice. This initiative helped to reduce the impact of the 2015 earthquake on children.

- **Strengthening preparedness for response**
  Country example: In **Pakistan**, preparedness and response for child protection in emergencies (CPiE) has been integrated into child protection systems. Child protection specialists have also been placed within the Provincial Disaster Management Authorities, so that child protection issues are fully incorporated into government contingency planning and response.

- **Empowering and supporting communities**
  Country example: In **Mali,** investments were made to strengthen communities' own systems of violence prevention. Community focal points were identified to support prevention of harm to children and to flag cases of children needing specialized support. This also allowed continued monitoring even when UNICEF and its partners were unable to travel to the region due to deteriorating security.

PART B Examples of risk-informed programming within humanitarian programming that contributes to building systems, with a special focus on fragile contexts and protracted crisis

- **Considering and addressing underlying issues of vulnerability and risk**
  Country example: In **Somalia**, the protective environment for children has been weakened by decades of conflict. Eight government ministries, United Nations agencies and civil society engaged in a participatory process to analyse the cause of conflict. This led to measures to reduce child recruitment and to strengthen community-based reintegration programmes.

- **Taking a 'do no harm' approach such as measures to mitigate against conflict arising or being exacerbated between host and displaced population**
  Country example: In **Lebanon**, priority was given to building government capacity as part of establishing broad-based response and prevention services in the context of the Syrian crisis response. The Ministry of Social Affairs (MoSA) was supported to develop a National Plan to Safeguard Women and Children. The National Plan provides an important framework under which GBV programming and protocols have been established. The National Plan focused on strengthening existing capacity of the MoSA at central and regional levels to provide integrated social services for GBV survivors.

- **Facilitating the participation of young people, including mitigating child marriage and supporting recovery**
  Country example: In **Bangladesh**, UNICEF and partners established over 500 Youth and Adolescent clubs for Rohingya refugees to empower the girls and boys to make informed decisions, advocate for their own issues and access and influence information/services through mentoring, life-skills, peer-to-peer outreach and skills building. Moreover, early marriage and sexual violence were identified as an existing violation that could worsen. The response plan incorporated this information, placing emphasis on prevention services and care, and included the establishment of mobile teams for outreach, as adolescent girls often do not share public spaces and do not access services easily.

4. ASSESS YOUR PROGRESS

To test the extent to which child protection programmes are risk informed, child protection stakeholders can pose the questions presented below (see **Table 9**). The table can be used to evaluate team performance and the quality of the child-centred risk analysis at each stage of elaboration. The recommended scale for the evaluation is immediately below.

1	No, not at all
2	Not very much
3	Yes, moderately
4	Yes, to a great extent
5	Yes, to an exemplary level

Table 9 – Evaluating the performance in risk-informing child protection programmes

QUALITY CRITERIA	SCALE				
	1	2	3	4	5
To what extent is there a comprehensive risk analysis – considering how previous shocks or stresses have resulted in protection violations and impacted the functionality of child protection systems?					
To what extent does the child protection programme target the most 'at-risk' areas and communities (areas being both highly exposed to shocks and stresses and showing high rates of vulnerability for children, adolescents and women and low national or local capacities to mitigate the impact of these shocks or stresses)?					
To what extent does the child protection programme have a clear objective of strengthening the resilience of children, households or nutrition systems to absorb and adapt to the impacts of multiple shocks or stresses?					
To what extent do the child protection programme results (inputs, outputs, outcomes) already factor in (explicitly or implicitly) a commitment to enhancing national capacity for risk reduction, including on GBViE?					
To what extent does the child protection programme include a strategy that is focused on reducing vulnerability to shocks and stresses and increasing capacities to manage crises (such as disaster risk reduction, climate change education, social protection, conflict sensitivity and peacebuilding)?					
To what extent does the child protection programme link to early warning systems (UNICEF or other) and to people and processes that support risk management? (See ***GRIP Module Nos. 3 and 4***.)					
To what extent has the programme design and implementation been analysed for criticality in the event of a shock? Does a plan exist to continue the critical child protection programme elements in the event of a shock? (See ***GRIP Module No. 3***.)					
To what extent have actions – including preparedness actions – for child protection and GBV in the *Core Commitments for Children in Humanitarian Action*,[27] the *Minimum Standards for Child Protection in Humanitarian Action*,[28] the *GBViE Resource Pack, the Interagency Gender-Based Violence Case Management Guidelines*,[29] and the *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*[30] been incorporated into the programme? (See ***GRIP Module No. 3***.)					

[27] United Nations Children's Fund, *Core Commitments for Children in Humanitarian Action*, UNICEF, New York, May 2010, available at <www.unicef.org/publications/files/CCC_042010.pdf>, accessed 28 February 2018.
[28] Child Protection Working Group, *Minimum Standards for Child Protection in Humanitarian Action*, UNICEF, 2012, available at <https://www.unicef.org/iran/Minimum_standards_for_child_protection_in_humanitarian_action.pdf>, accessed 27 October 2018.
[29] Inter-Agency Standing Committee, *Interagency Gender-Based Violence Case Management Guidelines*, IASC, Geneva, 2017, available at <https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines>, accessed 27 October 2018.
[30] Inter-Agency Standing Committee, *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action.*

“It is a top priority for UNICEF to protect vulnerable children from the harsh cold weather, so that they remain healthy and continue to learn and thrive,” said the UNICEF Representative, Robert Jenkins.

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ANNEX & INSETS

Enhancing peace capacities

The Game of Peace (Golombiao) in Colombia is a programme for vulnerable children and youth. An adaptation of football, the game involves structured discussion groups lasting several months for each participant. Golombiao has been extensively evaluated and was found to have a positive effect on perceptions of peaceful co-existence, conflict resolution, gender relations, leadership capacities and family relations. This type of approach may provide a possible avenue for other conflict contexts.[31]

[31] United Nations Children's Fund, *Evaluation of UNICEF Programmes to Protect Children in Emergencies.*

Case management systems

In Lebanon, the MoRES approach was applied to help prioritize the reform agenda of the child protection sector. Through the use of the 10-determinant framework, bottlenecks were identified and prioritized in relation to case management of violence against children. A key bottleneck was lack of clarity on roles and responsibilities of Government ministries, the police and the courts regarding child protection, including implementation of legislation related to violence and faith-based personal statute codes. To address this, UNICEF supported the development of standard operating procedures (SOPs) for child protection case management and related tools (piloted in 13 locations in all six governorates). This enabled the relevant ministries to clarify their roles, mandates and responsibilities, and reinforce their regulatory functions and oversight of services delivered by contracted organizations.

These actions were timely because the conflict in the Syrian Arab Republic resulted in an influx of refugees into Lebanon and the presence of many child protection actors working in crisis response. The SOPs and related tools helped the Government to manage child protection during the emergency response. The response to the crisis has also identified adjustments that should be made to the SOPs and tools to address bottlenecks in emergency contexts and ensure adequate case management. As a result, child protection standards were reviewed and strengthened, and capacity-building initiatives were conducted with local child protection actors, service providers and institutions dealing with case management and psychosocial support. This has created an opportunity to improve the delivery of child protection interventions in Lebanon in terms of scope and quality.

Enhancing peace capacities

Preparedness and response for child protection in emergencies (CPiE) has been integrated into the longer-term work of child protection system strengthening in Pakistan. The groundwork for CPiE was laid through provincial-level legislation and policies, and mapping processes articulated the role of all key agencies (including the national and Provincial Disaster Management Authorities [PDMAs], Social Welfare Departments, child protection commissions and child protection units) in child protection, including during emergencies. In addition, child protection specialists have been placed within the PDMAs, so that child protection issues are fully incorporated into contingency planning. Referral pathways from Child Protection Committees to child protection units have been defined and are being used in emergencies.

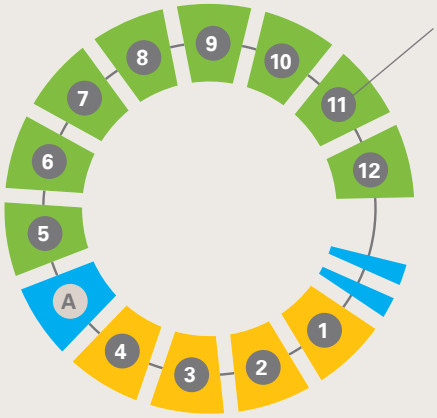
Strengthening social work capacity

In the Philippines, in the aftermath of Typhoon Haiyan/Yolanda, there was a strong focus on capacity building of Local Government Unit (LGU) social workers. Rather than simply attempting to increase the number of social workers within the system, UNICEF supported the Government to re-examine the distribution of mandated roles and responsibilities in relation to child protection within and beyond emergencies. UNICEF also supported the Government to identify LGUs that were 'lagging' (in terms of child protection and social protection capacity), finding particular needs in the conflict-affected Mindanao region. Accordingly, work plans were developed with Local Social Welfare and Development Offices that aimed at strengthening lagging LGUs, and UNICEF advised on systems-strengthening possibilities, the development of cash transfers and options for supplementing human resources in administration and social work.

MODULE 11

SOCIAL INCLUSION

MODULE 11: SOCIAL INCLUSION



CONTENTS FOR MODULE 11

1. INTRODUCTION

1.1 SOCIAL INCLUSION AND POLICY AND RISK

Social inclusion and policy (SIP) work is a crucial component of resilient development and risk-informed programming for UNICEF. Goal area 5 of UNICEF's Strategic Plan focuses on strengthening the enabling environment for child rights, reducing multidimensional poverty and ensuring that disadvantaged girls and boys receive social protection support. Specifically, this includes public finance for children (PF4C), decentralization and governance (DLG), social protection (SP) and child poverty reduction (CP).[1] DLG work also contributes to Goal area 5.

SIP programming plays an essential role in strengthening national and local capacities, with an emphasis on reduction, mitigation and adaption measures and in reducing vulnerabilities of populations. Risk-informed SIP programming therefore focuses on:

1. Addressing vulnerabilities of children and households, for instance through strengthening of existing social protection systems where they exist and supporting the creation of nascent social protection systems where they do not.
2. Building more-resilient systems, including a country's capacity to plan, allocate budget resources and implement national and local policies.
3. Addressing the causes and drivers of various risk that pertain to a country's fiscal system as well as governance structures and processes.

Global commitments to leave no one behind[2] recognize that exposure to shocks and stresses is one of the five key determinants of inequity.[3] Crisis not only compounds existing poverty, deprivation and social exclusion – *but also leads to it*, eroding existing progress and stripping households and communities of assets and coping mechanisms. UNICEF's equity approach therefore targets households and communities that are not just economically deprived or socially marginalized – but also disproportionately exposed to various shocks and stresses. This is also in line with the Agenda for Humanity's core responsibilities, including the commitment to invest according to risk.

[1] The child poverty programme area primarily supports governments in child poverty measurement and child poverty reports and does not necessarily involve on the ground engagement/programming. The main focus of *GRIP Module No. 9* is therefore on PF4C, DLG and SP programme areas.
[2] United Nations, Department of Economic and Social Affairs, 'Leaving no one behind', <https://unstats.un.org/sdgs/report/2016/leaving-no-one-behind>, accessed 11 November 2018.
[3] The other determinants are identity, geography, governance and socio-economic standing.

1.2 HOW TO USE THIS MODULE

GRIP Module No. 11 for the social inclusion sector follows the same logic of the core GRIP Module Nos. 2, 3 and 4 – but it offers supplemental information that could be useful for social policy specialists and a wide range of governance stakeholders at different stages of the risk-informed programming process.

This module should be read alongside the core GRIP Modules and other strategic planning guidance, including the:

- *UNICEF Strategic Plan, 2018–2021*[4] and its theory of change[5]
- *UNICEF Gender Action Plan, 2018–2021*[6]
- 10-determinant framework[7] of the UNICEF Monitoring for Results Equity System (MoRES)[8]
- UNICEF *Programme Policy and Procedure Manual*.[9]

Most important, it should be read alongside *UNICEF's Engagements in Influencing Domestic Public Finance for Children (PF4C): A Global Programme Framework*[10] and the Guidance on shock responsive social protection (forthcoming).

2. SUPPLEMENTAL INFORMATION FOR MODULE NO. 2: RISK ANALYSIS

GRIP Module No. 2 helps multi-stakeholder teams to estimate the risk of humanitarian crisis that can overwhelm national and local response capacities and lead to acute and urgent needs, cutting across multiple sectors and dimensions. However, the risk formula can also be applied to consider the likelihood of shocks and stresses eroding development progress in a specific sector. In other words, we can use the same methodology to consider how shocks and stresses might worsen, deepen or accelerate multi-dimensional child poverty and vulnerability.

This section provides supplemental information that can help SIP specialists and stakeholders contribute to a larger risk analysis and/or to enrich an existing analysis of multiple and overlapping deprivation or inequities by introducing an assessment of the exposure of communities to shocks and stresses.

Only those steps that require sector/outcome-specific considerations are included below.

2.1 PREPARATION PHASE

Table 1 provides supplemental information to GRIP Module No. 2 for social inclusion sector stakeholders – helping them to consider how to prepare to conduct a risk analysis. Lessons learned suggest that if the strategic purpose, methodology, management structures and participants are not set right from the start, the analysis loses credibility and potential for influence and use.

[4] United Nations Economic and Social Council, *UNICEF Strategic Plan 2018–2021*, E/ICEF/2017/17/Rev.1, UNESC, New York, August 16, 2017, < https://digitallibrary.un.org/record/1301077/files/E_ICEF_2017_17_Rev-1-EN.pdf>, accessed 11 November 2018.
[5] United Nations Children's Fund, Theory of Change Paper, UNICEF Strategic Plan, 2018–2021, Realizing the rights of every child, especially the most disadvantaged, UNICEF/2017/EB/11, 18 July 2017, available at <www.unicef.org/about/execboard/files/2017-EB11-Theory_of_Change-EN-2017.07.19.pdf>, accessed 28 February 2018.
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[7] United Nations Children's Fund, 'The Determinant Analysis for Equity Programming', August 2014, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/:w:/r/teams/PD/MoRES/_layouts/15/WopiFrame.aspx?sourcedoc=%7B042c3397-e095-4f04-82af-ae1b794d26bf%7D&action=view&Source=https%3A%2F%2Fteams%2Eunicef%2Eorg%2Fsites%2FNYHQ01%2FOED%2FMoRES%2FDocument%20Library%2FForms%>, accessed 8 October 2018.
[8] The MoRES team site is accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/PD/MoRES/SitePages/MoRESCollab.aspx>, accessed 8 October 2018.
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[10] United Nations Children's Fund, *UNICEF's Engagements in Influencing Domestic Public Finance for Children (PF4C): A global programme framework*, UNICEF, December 2017, available at <https://www.unicef.org/socialpolicy/files/UNICEF_Public_Finance_for_Children.pdf>, accessed 29 October 2018.

Table 1 – Preparing for a risk analysis

Confirm the strategic purpose	It is important to confirm the goal or purpose of the analysis before you begin. The purpose may be: • To **inform a larger national assessment of social inclusion** programmes and interventions in country, ensuring that there is adequate consideration of the needs, vulnerabilities and capacities of children (potentially acting as a convener to ensure participation of adolescents and youth) • To **influence national and local policies, plans, budget allocations and programmes,** leveraging resources towards those areas with multiple and overlapping deprivations and risks • To ensure that child-sensitive **measures of risk or risk reduction are included in national and local monitoring systems** • To inform joint **strategic planning** processes with counterparts and partners.
Define the scope of analysis	In addition to considering the risk profile of the country (as per ***section 3.1 of GRIP Module No. 2***), SIP specialists might define: • **Scale of engagement:** Will the analysis focus on national, regional, local or community/neighbourhood levels, taking into account that there may be considerable variation in risks per community/neighborhood? • **Geographic scope:** Will it cover the full country or specific regions? • **Sectoral scope:** Will the analysis employ a comprehensive government approach (including design, financing, implementation and coordination between departments/ministries and national/local governments) or focus on, for instance, the delivery of humanitarian cash transfers through social protection systems? • **Equity:** How does the analysis define disadvantaged, vulnerable or at-risk populations?
Choose the best timing	The timing of a risk analysis is critical. In additional to the considerations outlined in ***Section 1.2 of Module No. 1***, SIP specialists might also consider: • **National and local planning and budget cycles:** Are there specific milestones in terms of the fiscal year, the process for national and local budget allocations or the launch of new sector plans, programmes or initiatives that provide opportunities for advocacy and leveraging? • **Election cycles:** What is the calendar for national and local government elections? Should these processes influence the timing of risk analysis?
Establish management structures	Regardless of whether UNICEF supports or leads, strong ownership and steering by UNICEF senior management is essential. To ensure the participation of higher-level national and local counterparts and ensure the cross-sectoral nature of the analysis, country offices might consider establishing the management structures outlined in Section 2.3 of GRIP Module No. 2. Ideally, a risk analysis that employs a whole-of-government approach would be co-led or steered by a leading national ministry or institution such as the ministry of planning and external cooperation, ministry of finance, ministry of social welfare or a national statistics office. The national convening partner should have the capacity to drive and lead inter-ministerial collaboration, with support from major partners such as the United Nations, bilateral development partners and international financing institutions. Naturally, if the risk analysis is at the sub-national level, local government including city officials would play a lead role.
Ensure the right participants	In addition to the stakeholders identified in GRIP Module No. 2, SIP stakeholders include: technical counterparts of the Ministry of Finance (MoF), Local Government (MoLG), Ministry for DRR/DRM and Social Affairs/Welfare and its various units on national and sub-national level; local governments/local government associations; United Nations agencies, bilateral/multilateral entities donors; social protection coordination/working group, cash working group, the private sector; academia; other facets of civil society such as community leaders, NGOs and CBOs; and community groups (see **Table 2**).

Table 2 – Key SIP stakeholders

SIP AREA	Public sector stakeholders	International/ regional stakeholders	Civil society & private sector stakeholders
PF4C	• Legislature/parliament (as applicable) • Ministries of planning, finance, and as appropriate, tax administration authority; audit; ombudsman; agencies in charge of disaster reduction, climate change and environment protection; and other aspects of risk management	• United Nations agencies (UNDP, UNISDR and others) • International financial institutions (e.g., IMF, World Bank) and regional development banks (e.g., ADB) • Bilateral donors (e.g., DFID, GIZ, etc.) • International NGOs • Social Protection Interagency Cooperation Board SPIAC – B member agencies • Social protection coordination/working group • Cash working group	**Civil society** • CSOs and NGOs (e.g., Social Watch Philippines, the Institute of Democratic Alternatives in South Africa, the Catholic Commission for Justice and Peace [CCJP] in Zambia). • Independent think tanks and researchers in civil societies • Community leaders • Traditional/tribal leaders • Cash Learning Partnership regional hub/ members • Private sector • Regional or local insurance companies • Private sector service providers • CSO/NGOs part of poverty coalition • Academia, research community
DLG	• Ministry of Local Governments • Local government associations • Mayors, councilors, elected representatives • Planning, Finance ministries and authorities at national and sub-national levels • Local authorities in charge of disaster reduction, climate issues and environment protection.		
SP	• Ministry of Social Welfare and its sub-national offices • Authorities in charge of disaster reduction, climate issues and environment protection and other aspects of risk management • Social workers, other public sector service providers • Authorities in charge of delivering humanitarian response • Ministry of Finance and planning		
CP	• Ministry of Finance, Ministry of Planning, National statistical office, Ministerial lead on child poverty, Public sector		

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2.2 ASSESSMENT PHASE

As described in ***Section 3 of GRIP Module No. 2***, a risk assessment has the following steps:

Likelihood: Identifying significant shocks and stresses that might trigger crisis or erode development progress, considering the likelihood of these shocks manifesting in the future and their potential impact.

Impact: Estimating the potential impact of shocks and stresses on children, households and systems by considering:

- Patterns of exposure
- Historical impacts and losses
- Vulnerabilities of children and households
- Capacities of communities, systems and local and national authorities.

Ranking risks: Prioritizing the risks associated with each shock and stress.

STEP 1: LIKELIHOOD

- With reference to *Section 3.2.1 of GRIP Module No. 2*, identify the major shocks and stresses that have the potential to trigger crisis, considering the questions in **Table 3**.
- Gather data and information on the historical frequency of three to five of the most significant shocks and stresses using secondary sources, stretching over the last 15–20 years of historical records, noting trends.
- Assign a rating using the Likelihood Scale for how likely the shock (or the tipping point of a stress) is to occur within the next four to five years (or other appropriate planning time frame). Please see **Table 4** for a short form of the Likelihood and Impact scales presented in GRIP Module No. 2.

Table 3 – Supplemental questions related to likelihood

Specific questions for SIP programme stakeholders	**Potential data sources:**
• Are there any shocks or stresses that are more or less likely to impact on SIP engagement areas? • What are the triggers or tipping points when a slower onset stress slides into crisis? • What is the trend analysis for these shocks and stresses?	• See Annex 1 of GRIP Module No. 2

Table 4 – Short form table of the Likelihood and Impact Scales adapted from IASC and EPP Guidance

LIKELIHOOD SCALES				
Very unlikely (1)	Unlikely (2)	Moderately likely (3)	Likely (4)	Very likely (5)
IMPACT SCALES				
Negligible (1)	Minor (2)	Moderate (3)	Severe (4)	Critical (5)

STEP 2: IMPACT

- With reference to ***Section 3.2.2 of GRIP Module No. 2***, consider: a) the patterns of exposure to shocks and stresses; b) historical evidence of impacts and losses; and c) the current status of vulnerability and capacity in order to ascertain the potential impact of the future shock or stress.
- Considering all the elements embedded within **Table 3**, assign a score to the likelihood variable. Please see **Table 4** for a short form of the Likelihood and Impact scales presented in GRIP Module No. 2.

EXPOSURE TO SHOCKS AND STRESSES

Note any significant geographic patterns in exposure to shocks and stresses, identifying locations in the country where the shocks and stresses are most likely to occur or populations that are most likely to be affected, especially in case of economic shocks. Review the questions in **Table 5** to consider to what degree the infrastructure, systems (e.g., disruption to government processes, procurement and recruitment), assets and populations could be exposed. Using geographic information systems or hazard maps from secondary sources is particularly useful for estimating exposure.

Table 5 – Supplemental questions related to exposure

SIP-specific questions for exposure:	**Potential data sources**:
• What populations are exposed to this specific shock or stress? What is the population density in this area? Who are the most affected (e.g., women, children, elderly, disabled, the ethnically marginalized)? • Are there infrastructure or assets within the hazard zone that are critical for governance (local government offices, community-centres, financial service providers, local markets)? What about for regulation of markets and local economies? • Are there community-based social protection programmes that fall within the zone of exposure? • Specifically in context of economic shocks, is dependency on markets high for meeting basic needs (urban poor are more affected than rural)? Are the markets integrated?	• Local government management information systems. • Secondary hazard maps produced by National Disaster Management Agency or National Statistics Agency.

HISTORICAL IMPACTS AND LOSSES

Consider the historical impacts and losses associated with the three to five priority shocks and stresses, stretching back the same time period as the assessment of likelihood. Use **Table 6** to consider historical impacts and **Table 7** to brainstorm on all direct and indirect losses that could occur.

Table 6 – Supplemental questions related to impacts and losses

Based on data from past events, consider:	Potential data sources:
• What was the impact of this shock or stress on local government? Were there damages to government offices and assets? These damages might be expressed in terms of counts (numbers of facilities damaged) or in terms of economic losses. • Were there interruptions in the continuity of social protection programmes and safety nets during previous shocks? • How did these impact on the local economy, in particular functioning of markets (e.g., supply of essential goods, prices, competition, etc.)? • How did these impacts and losses affect local governance? • What was the impact on the socio-economic status of households in the area? Was there a deepening of multi-dimensional poverty or exclusion of certain social groups?	• Reports from National Management Agency • National disaster loss and damage databases[11] • Post-disaster needs assessments reports • Sendai Framework monitoring reports[12]

Table 7 – Shocks and stresses and social inclusion and policy outcomes

Social inclusion and policy outcome areas	**Examples**
Public finance for children	• An economic crisis may tighten fiscal space for social spending, resulting in service gaps. • A pandemic may require additional financial allocations to the health sector.

[11] United Nations Development Programme, *A Comparative Review of Country-Level and Regional Disaster Loss and Damage Databases*, UNDP, N.p., 2013, available at <http://www.undp.org/content/undp/en/home/librarypage/crisis-prevention-and-recovery/loss-and-damage-database.html>, accessed 27 October 2018.
[12] PreventionWeb, 'Sendai Framework Monitor', United Nations Office for Disaster Risk Reduction, <www.preventionweb.net/drr-framework/sendai-framework-monitor>, accessed 28 February 2018.

Decentralization and local governance	• Local government offices and infrastructure can be damaged or destroyed. • Local government response to natural disaster may drain local budgets, leaving core functions and services underfunded. • Conflict may disrupt local government (participatory) planning processes. • An influx of internally displaced persons may overwhelm services provided by local government such as WASH, civil registration and early childhood development services.
Social protection	• Conflict may impact the governments' ability to deliver social assistance (cash and in-kind transfer) to recipients and/or it may impact the ability of recipients to collect their benefit. • (Hyper-)inflation may reduce value of the cash benefit. • Sudden-onset disaster may damage infrastructure and disrupt functioning of social protection system.
Child poverty	• An economic crisis may have a negative impact on the labour market, directly impacting household income and child poverty. • Conflict, epidemic or environmental degradation may affect households' livelihoods activity and hence their income. • Inflation could affect the cost of basic goods and services, adding more financial burden to household budget.

VULNERABILITIES AND CAPACITIES

With a social inclusion lens, consider the characteristics that make children and families particularly susceptible to the impacts of a specific shock or stress (vulnerability) and the community, system level, local and national capacities that can play a role in reducing, mitigating or managing the impacts of shocks and stresses. **Table 8** provides a list of SIP-specific questions and **Table 9**, potential data sources. **Table 10** provides a list of vulnerabilities to conflict stress, as well as capacities that are specific to fostering social cohesion and peace.

Table 8 – Supplementary questions for the SIP sector

Vulnerabilities	**DLG** • Do communities, including youth and adolescents, participate in local-government decision-making processes? (Is there a demand?) • Is participation inclusive? **SP/CP** • Which children (age, poverty, gender and other social indicators) and households are vulnerable to or already experiencing poverty and deprivation in regions prone to shocks? Who are those marginally poor that would be pushed further into poverty or disadvantaged should a shock occur? Where do they live, rural or urban areas? • Do families living in shock-prone areas have alternative livelihoods options? For example, in highly weather-dependent agricultural zones, do farming populations have options to diversify the crops and/or change their livelihoods system?
Capacities	**PF4C** • What is the world economic outlook and what is the country's position in it? • What is the public finance management capacity of the country in its various aspects of the budget cycle (preparation, approval, execution, and audit and evaluation)? • What are execution rates of key sectors (e.g., health, WASH)? • Is the country's economy sufficiently diversified, or is it singular and vulnerable to economic shocks and stresses (e.g., dependent on natural resources, tourism)? • How will a shock/stress (potentially) impact the country's economy and how will this affect its fiscal situation and, in turn, levels of public spending on essential services for children? • How is the PFM capacity robust in country to support emergency management? For example, can an emergency budget be approved and funds be disbursed through agile channels?

Capacities	**DLG** • Do intergovernmental fiscal transfers sufficiently meet local government needs? Are the transfers predictable? • What is local government revenue raising capacity? How dependent are local governments on national fiscal transfers? • What is the capacity of local government in the various aspects of the budget cycle (preparation, approval, execution, and audit and evaluation)? • What are local government execution rates? • Would local governments be highly dependent on central governments' allocation of resources (people, assets and finance) for emergency and risk management? • Does local government have sufficient capacity (technical, human resource, financial) to meet shock/stress-related increases in demand? • Are there general public participatory mechanisms in place that could inform the risk management and response of emergencies? • In answering the above questions it would be important to look for equity issues, for instance varying capacities per tier of local government (e.g., district vs. commune) as well as type (rural vs. urban local government) and for specific geographical locations. **SP** • Will potential shock or stresses pose big demand on the social protection system and programmes in country and/or on the international donor community? • In case of increased demand, will the existing administrative capacity and human resources in social protection system be adequate to scale up? • Will the fund disbursement system be able to support the emergent need? • To what extent are the core social protection programmes scalable and adjustable to reach beyond the chronic poor? And those living outside the coverage area? • Do pre-designed contingency social protection programmes exist? Can they be employed at speed and at scale? • Does the government have financial resources to scale up (increase in the amount transferred to recipients and to add new recipients) its social protection system? Do local governments have contingency funds to temporarily expand social protection? • Can the social protection system expand to deliver humanitarian cash transfers by the United Nations and other actors?

Table 9 – Key SIP-related data sources for vulnerabilities and capacities

SIP (general)	• **National social inclusion policies, strategies and action plan and report** • **UNICEF SIP strategy and operational approach to improve SIP outcomes** • **UNICEF SP CPD and RWPs/AWPs**	• **Provides information on national priorities, capacities and vulnerabilities related to social inclusion** • **Provides information on UNICEF programming**
PF4C	• Economic factors such as IMF sources (World economic outlook reports;[13] Regional economic reports;[14] country-specific reports such as Article IV reports,[15] Debt Sustainability Assessments[16]) • Public Expenditure and Financial Accountability (PEFA) assessments • National budget/budget book • Public Expenditure Reviews or Public Expenditure Tracking Surveys conducted in country (sector-specific or, e.g., related to disaster risk reduction)	• Provides information on the likelihood of economic shocks and stresses • Provides information on national PFM capacities to effectively respond to shocks and stresses

[13] Available at <www.imf.org/external/ns/cs.aspx?id=29>.
[14] Available at <www.imf.org/external/pubs/ft/reo/reorepts.aspx>.
[15] Available at <www.imf.org/external/ns/cs.aspx?id=51>.
[16] Available at <www.imf.org/external/pubs/ft/dsa/lic.aspx>.

DLG	• Decentralization policies • Local government acts • Laws on financing and on fiscal decentralization • Laws on planning	• Provides information on local government responsibilities and financing, as well as relevant local mechanism and processes such as platforms for public participation, and thereby the extent to which local government can and does play a role in responding to shocks and stresses
SP	• Social protection laws, policies and strategies (looking particularly at social protection governance and coordination mechanisms) • Social protection flagship programme coverage (looking at existing administrative data from Management Information Systems or social registries) • Social protection flagship programme design (targeting, registry, payment and monitoring mechanisms) • Reports on social work functions and coverage • Budget allocation for social protection	• Provides information on existing social protection mechanisms. • Provides information on social protection system capacity to anticipate and effectively respond to shocks and stresses. • Provides information on the growing/decreasing capacity of the system to deliver assistance. • Provides information on the ability of the system to support households to adapt their livelihoods to the shocks and stresses and its contribution to resilience building
CP	• Real-time information on child poverty and deprivation • Monetary/multidimensional poverty surveys and reports – may include national household surveys such as Multiple Cluster Indicator Surveys (MICS);[17] Demographic and Health Surveys (DHS);[18] and Household Income and Expenditure Surveys (HIES) • Indices and analysis tools using survey data such as Multiple and Overlapping Deprivation Analysis (MODA)[19] and other means to measure multi-dimensional approach to measuring child poverty.[20]	• Provides information on community vulnerabilities in regard to shocks and stresses.

Table 10 – Conflict- and fragility-related vulnerabilities and capacities

SIP-related drivers of conflict and fragility	
• extreme poverty and deprivation, glaring inequity among population groups • exclusion and marginalization of certain populations/communities • non-existence or ineffective social protection and safety net systems, includng for people to access and afford basic services • inequitable public spending; leakage and corruption on both national and sub-national level • failure of government, particularly at the local level, to attend to citizen needs; insufficient transparency or disclosures, absence of accountability mechanisms and unaddressed public grievances.	
SIP-related vulnerabilities	
DLG	• Do communities, including adolescents and youth, access public information and voice their concerns?

[17] Available at <http://mics.unicef.org>.
[18] Available at <https://dhsprogram.com>.
[19] Available at <https://www.unicef-irc.org/MODA>.
[20] See United Nations Children's Fund, 'A Multidimensional Approach to Measuring Child Poverty', Social and Economic Policy Working Briefs, UNICEF Policy and Practice, February 2011, available at <www.unicef.org/socialpolicy/files/A_Multidimensional_Approach_to_Measuring_Child_Poverty%282%29.pdf>, accessed 28 February 2018.

SP/CP	• Who are the most vulnerable and marginalized populations and what is the status of children and adolescents in that group? Do social protection programmes exist that cover them effectively? Are basic services affordable to the poor? For example, do people living in extreme poverty seek necessary health care? Are there effective social protection programmes (social or public health insurance programmes, waivers or social assistance for the poor to access) addressing this need?
SIP-related capacities	
PF4C	• Is the Government capable of enhancing progressive income redistribution and reducing inequity through fiscal means (taxation and social spending)?
DLG	• Are there effective mechanisms to address public grievance at local levels? • What is the capacity of local government to deliver essential services? • What is the capacity within national and sub-national levels of governments to design and implement effective peacebuilding programmes, including conflict prevention and building social cohesion?
SP	• Can the State develop and use social protection programmes targeting the previously excluded, to strengthen social cohesion, diffuse tension and grievances, and help prevent social unrest and violent conflict? • Are the social protection benefits portable; that is, can they be accessed from any location if people are forced to move? • Can the existing social protection system expand to include new recipients and in new areas? Can the system include refugees? • How sustainable will this expansion be in an extended timeframe? Could the existing fiscal situation support it? Would donors financially support the expansion?

STEP 3: RANKING RISK

This final stage of the assessment brings together the estimations of the **likelihood** of experiencing a shock or stress and its potential **impact**, and checks it against the current understanding of vulnerabilities and capacities. SIP stakeholders should therefore bring together the data and information gathered in the previous steps and note the scores associated with likelihood and impact in a table. The two scores can be multiplied to produce a combined score, which should provide a simple means of ranking the level of risk associated with each shock or stress. (For an exemplary table and consideration of how this process contributes to a country office's compliance with the emergency preparedness procedure, see ***Section 3.2.4 of GRIP Module No. 2***.)

If a spatial risk analysis or child-centred risk mapping was undertaken (as per *Section 4 of GRIP Module No. 2*), SIP stakeholders can also prioritize or rank geographic areas on the basis of risk and discuss the implications for area-based programming and partnerships. This kind of analysis can also be done simply by using maps from secondary sources and/or a comparison of areas with high levels of exposure to shocks and stresses, combined with high vulnerability and low capacity.

Ideally, priority should be given to those geographic areas that face a disproportionate level of risk (being highly exposed to shocks and stresses with high vulnerability and low capacity). However, it is understood that geographic targeting is often the result of a complex prioritization process that considers: 1) criticality (severity of the deprivation or risk as well as Government priorities); 2) UNICEF's mandate; 3) UNICEF's strategic positioning; 4) UNICEF's programmatic and operational capacities; and 5) the lessons learned from previous global, regional and country experience as well as other factors. This prioritization process is best described in the UNICEF Results-based Management Learning Package, using the 'five-filter approach'.[21]

[21] United Nations Children's Fund, *Results-based Management Handbook: Working together for children,* UNICEF, 2017, accessible to UNICEF staff and consultants at <https://unicef.sharepoint.com/teams/OED/PPPManual/Shared Documents/RBM_Handbook_Working_Together_for_Children_July_2017.pdf>, accessed 10 March 2018.


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2.3 ANALYSIS PHASE

Distinct from the assessment phase, the analysis phase uses the conceptual frameworks of the human rights–based approach to programming to 'dig deeper' and analyse **why** risks are occurring, **who** is responsible for addressing them and **what** capacities they need to do so. Analysis is best done with a participatory approach involving a range of counterparts and partners through interviews, focus group discussions or consultation workshops, such as a GRIP workshop.

Section 4.1 of GRIP Module No. 2 provides suggestions on how to conduct a causality analysis, with reference to the *UNICEF Guidance on Conducting a Situation Analysis of Children's and Women's Rights.*[22] A causality analysis can:

- Help SIP programme stakeholders to generate a shared understanding of the causes of risk, focusing on vulnerabilities and capacities
- Support the design of SP programmes and strategies that address the causes of risk at multiple levels: immediate, proximate and root.

To conduct a risk-informed causality analysis, SIP stakeholders should work together to identify and map the relationships between immediate, underlying and deeper structural (or root) causes of risk, considering the role played by public finance, decentralization and local governance and social protection. Teams should:

- **Use the same starting point as existing causality analyses**.
  Use an impact-level deprivation or inequity related to SIP programming as the peak of the problem tree.
- **Consider the impacts of a particular shock or stress on the deprivation and its immediate causes**. Use the highest-ranking shock or stress from the assessment phase and consider how the manifestation of this risk into crisis could lead to a worsening, deepening or acceleration of the deprivation and its immediate causes. Then ask why these negative impacts or losses are occurring, identifying further structural and underlying causes.
- **Use the MoRES 10-determinant framework to check the completeness of the causality analysis**.
  Use the framework to check if you have identified all the causes related to barriers in the supply, demand, quality of services and the enabling environment.

Going deeper, a more complete **risk-informed barrier and bottleneck** analysis can be applied to SIP-specific interventions (such as social protection programmes and safety nets). Since SIP specialists work primarily at the systems level, specialists can also support sector teams to review bottleneck analyses in health, nutrition, WASH, education or child protection to best consider the enabling environment.

[22] United Nations Children's Fund, *Guidance on Conducting a Situation Analysis of Children's and Women's Rights,* UNICEF Division of Policy and Strategy, March 2012, available at <www.unicefinemergencies.com/downloads/eresource/docs/Rights based equity focused Situation Analysis guidance.pdf>, accessed 1 March 2018.

3. SUPPLEMENTAL INFORMATION FOR MODULE NO. 3: DESIGN AND ADAPTATION OF PROGRAMMES

GRIP Module No. 3 is designed to help UNICEF country offices and stakeholders to apply the body of evidence gleaned through the risk analysis, to the design and adjustment of programmes. This module uses the results-based management approach and helps teams:

- Develop or adjust **Theories of Change (TOC)** that focus directly on the changes necessary to make children, families and systems more resilient to the impacts of shocks and stresses
- Develop **risk-informed programmes** that UNICEF can catalyse and contribute meaningfully to, considering the organization's position and comparative advantage
- Consider how to **adjust existing UNICEF workplans and partnerships**, refining risk-responsive programme strategies.

3.1 RISK-INFORMED THEORY OF CHANGE

The most critical aspect of strategic planning is the development of a theory of change (TOC) that articulates a vision for reaching a desired impact and makes explicit how one level of change leads to another (see example in **Table 11**). Section 2 of GRIP Module No. 3 has more detailed guidance on the development of a risk-informed TOC, with examples and reference to the UNICEF *Results-based Management (RBM) Handbook*.[23]

To summarize the process, SIP stakeholders should identify the:

- Long-term difference that all stakeholders wish to see in the lives of children and families (impact-level changes/results)
- Several 'preconditions' or long- and medium-term term results that are necessary not only to achieve this change – *but also to protect the change from the impacts of future shocks and stresses*, thus enhancing the resilience of people and systems (outcome-level results related to a change performance of institutions, service providers or the behaviour of individuals)
- Specific short-term results that reflect a change in duty-bearers' capacity (output-level changes/results)
- Key programme strategies that will move all partners in the direction of the long-term goal of resilient development (or specific inputs to the change process).

[23] United Nations Children's Fund, *Results-based Management Handbook*.

Table 11 – Example of an adjusted SIP theory of change(s)

Causes of risk	Theory of change
PF4C: Lack of investment of the Government in public finance management systems that are agile and prepared for shocks can lead to higher risk of morbidity and mortality in vulnerable communities.	**IF** the national public finance management system is strengthened so that budget allocations flow to reduction and mitigation of disaster and climate risks, economic crisis and even conflicts prevention, and the allocations are spent effectively, efficiently and equitably, **THEN** girls, boys and their families are at reduced risk of severe vulnerabilities and death from emergencies. This is **BECAUSE** a resilient public finance management system will have enhanced the capacity of Government (both national and subnational levels) to plan, mitigate, prepare and respond to the needs of populations during regular disasters, economic crisis, as well as during humanitarian situations.
DLG: Limited preparedness and mitigation activities in communities in shock-prone areas can lead to increased risk of morbidity and mortality related to shocks.	**IF** local governance is strengthened in the way that local (urban and rural) governments prioritize risk (including potential conflicts) management, prevention and preparedness in its development planning and budgeting, and they engage with the public including children and communities in the process to make sure their needs are reflected and met, **THEN** girls, boys and their families are at reduced risk of death from emergencies and the vulnerabilities.
SP: Lack of adequate and timely social protection support during a crisis increases the vulnerabilities of children, households and communities impacted by shocks and stresses.	**IF** the social protection system is put in place and is strengthened so that they are prepared to address various risks on children and families in a timely manner, and can mitigate the impact of emergencies and crisis on them and to accelerate recovery, **THEN** girls, boys and their families are at reduced risk of severe vulnerabilities.

3.2 RISK-INFORMED PROGRAMMES

Once the larger programming logic has been mapped out though the theory of change, it becomes easier for UNICEF and SIP stakeholders to identify specific change pathways they have a comparative advantage in catalysing and supporting. The UNICEF *RBM Handbook* provides guidance on this prioritization process. **Table 12** provides an example of how stakeholders might work in partnership to further risk-informed programming, with acknowledgement of each other's comparative advantages.

Table 12 – Review of existing and potential partnerships to further risk-informed SIP-related programmes

Area of implementation	Current gaps in partnerships to ensure that SIP programmes are risk informed	Interventions/partnerships
Child-sensitive local government planning (DLG) **Key players:** • National ministries (Finance, Local Government) • International financing institutions (development banks) • Donors (bilateral, multilateral development agencies) • Other development partners (United Nations community including UNDP, NGOs)	World Bank/Government-supported local government block grants do not factor in differences in local government exposure to risks (e.g., from natural disasters and climate change). Local governments and communities tend to favour investments in local infrastructure development over investments in prevention and risk mitigation. UNDP is supporting training of elected local government officials. Does it include planning, budget allocation and management of risk reduction? Asian Development Bank (ADB) is supporting a large-scale Embankments Improvement Project in the communities where UNICEF is supporting child-sensitive local government planning. Are they coordinated?	UNICEF to advocate with World Bank/Ministry of Finance/Ministry of Local Government and engage in policy dialogue around block-grant allocation formulas. UNICEF to engage in awareness-raising of the importance of child-sensitive prevention and risk mitigation with communities through local community-based organizations. UNICEF to coordinate with UNDP on the inclusion of a training module on child-sensitive disaster risk reduction in the training of local government officials. UNICEF to coordinate with ADB to ensure that community/local government priorities identified through the child-sensitive local planning project are reflected in the embankment improvement project.
Social protection planning and programme delivery/ implementation **Key players:** • National ministries (Finance, Local Government) • International financing institutions (World Bank, ADB) • Donors (bilateral, multilateral development agencies, DFID, GIZ, EU) • Other development partners (ILO)	World Bank, bilateral partners and Government work together in the implementation of cash-transfer programmes. Ministry ofSocial Affairs (MoSA) is designing a training course for Government stakeholders (including social workers).	UNICEF to work together with government and development partners to strengthen the design (targeting, MIS, delivery mechanism, coordination and communication) such that programme can expand vertically and/or horizontally in times of crisis. UNICEF to work with Government and development partners to design contingency plan to ensure cash benefit is delivered in shock scenarios. UNICEF to work with MoSA to ensure that training course covers modules on humanitarian action and preparedness/contingency planning in case of shock/stresses.

The next step is to develop or adjust existing strategy notes and results frameworks in order to articulate the specific accountabilities and contributions of UNICEF and other partners. This should also shape or inform workplans and/or partnership cooperation agreements or other timebound action plans that describe the resources, responsibilities and accountability mechanisms necessary for effective implementation.

In light of recently reaffirmed international commitments to improve aid effectiveness and efficiency, UNICEF is strengthening and systematizing its approaches to better link humanitarian and development programming as a means of reducing long-term risks, preventing future crises and building more resilient societies. Risk-informed programming is an important part of this approach and the section below sets out a non-exhaustive set of Social Inclusion strategies supported by practical examples around six key areas that contribute to strengthening the linkages between humanitarian and development efforts:

1. **Utilizing and/or strengthening risk data**
2. **Strengthening systems to prevent and mitigate risk**
3. **Strengthening local actors including through channeling financing and capacity development for risk reduction**
4. **Strengthening preparedness**
5. **Promoting participation of those at risk**
6. **Promoting partnership**

PART A Examples of risk-informed programming within development programming that contribute to effective preparedness and build long-term resilience

- **Develop national Child Friendly Local Governance (CFLG) that also facilitates child-focused disaster and crisis prevention**
  Country example: In **Nepal**, the national government strategy for CFLG advances local reforms to achieve "the governance system that best institutionalizes the responsibility of the State concerning child rights issues, particularly the right to survival, development, and protection and the right to meaningful participation in policy formation, planning processes, and decision making bodies at the local level". Disaster risk reduction and climate change are key components.

- **Establish accountability mechanisms and build citizens' (including children's) capacity to make local government accountable**
  Country example: In the **Philippines**, the Seal of Good Local Governance, initiated by local government, accords national recognition to good local government performance in basic public service delivery and other governance measures. Provincial, city and municipal governments are assessed under six components, with disaster preparedness one of the core assessment areas.

- **Strengthen and support local government planning to be risk informed**
  Country example: In **Honduras**, municipal development plans are being developed including by drawing on the INFORM risk index (that includes child related sub-national indicators).
  Country example: In **Niger**, the Commune de Convergence (Coming Together in Local Municipalities) initiative takes a multisector and joint partnership approach based on risk analysis to build resilience to natural disasters and seasonal shocks among target communities, bringing together the humanitarian and development efforts of United Nations agencies, donors, etc.

- **Ensuring the meaningful participation of young people in policy formulation at local level**
  Country example: In **Nepal**, child participation through Bal Bhela (children's consultation) using child club structures and networks has been embedded in local governance structures (e.g., Ward Citizen's Forums, Citizen's Awareness Centres). One of the key participatory processes is risk mapping, which helps children identify and raise disaster-related issues and concerns.

PART B Examples of risk-informed programming within humanitarian programming that contributes to building systems, with a special focus on fragile contexts and protracted crisis

- **Strengthening social protection systems in contexts of chronic crisis to enhance community resilience**
  Country example: In **Kenya**, the cash-plus social protection programme supports women to access maternal

and child health and nutrition services. An evaluation found: "programmes based on an analysis of local patterns of vulnerability can help protect children and mothers by removing economic barriers to services; helping temper gaps in consumption during a period of stress and increased need; and addressing some of the root causes of social and economic exclusion".

- **Utilizing local social protection systems to deliver humanitarian assistance, especially cash transfers.**
  Country example: In **Yemen**, the humanitarian cash transfer programme made use of Yemen's Social Welfare Fund (a social transfer programme) to improve the purchasing power and to meet basic needs of the most vulnerable households.
  Country example: In **Malawi**, the shock-responsive social protection system supports multi-year outcomes across humanitarian and development work.

BOX 1 – UNICEF KAZAKHSTAN

Responsibility for key local development tasks, including provision of communal services and disaster risk management, was recently transferred from the central government to regional governments. Many regional governments, however, lack financial resources and the legal mandate to cover these new responsibilities. Local development plans mostly ignore disaster risks due to a lack of awareness, skills and clear planning guidelines. In 2016, UNICEF rolled out the methodology for disaster risk and vulnerability analysis for children and families living in disaster-prone areas with the Committee on Emergencies and local authorities in three regions (East Kazakhstan, Kyzylorda and Mangistau). The approach builds on the experience and lessons learned from a child-focused disaster risk analysis facilitated by UNICEF in Zyryanovsk district, Eastern Kazakhstan, in 2015.

The overall objective of the engagement is to incorporate and mainstream disaster risk and vulnerability analysis into regional planning practices to enable better identification of disaster risks affecting the most vulnerable children and to help in disaster risk mitigation, response preparation and resilience strengthening. It is also anticipated that the benefits of disaster risk and vulnerability analysis, such as the identification and mapping of vulnerable communities and their needs, will spill over to other sectors. For instance, disaster risk and vulnerability assessment activities in Zyryanovsk district were eventually incorporated into the 2016–2020 Eastern Kazakhstan Regional Territorial development programme.

BOX 2 – UNICEF KYRGYZSTAN

In the aftermath of the 2010 conflict, UNICEF Kyrgyzstan engaged in a partnership with national and local governments, international development organizations and civil society organizations to create a network of youth centres. The youth centres provided a safe space for young people from different backgrounds to come together, learn technical and social skills, and discuss issues and potential remedial and preventive actions. Since 2012, the programme has taken a more systemic approach, by introducing common standards for professional youth work in conflict-affected communities, which include a focus on youth leadership, communication and citizenship skills; career planning; youth participation in local government development planning and budgeting; and monitoring the delivery of local services.

BOX 3 – EASTERN CARIBBEAN: USING HUMANITARIAN CASH TRANSFERS TO STRENGTHEN SHOCK RESPONSIVENESS OF SOCIAL PROTECTION

Following the widespread destruction caused by Hurricane Maria in Dominica in September 2017, UNICEF partnered with the Government and WFP to design a humanitarian cash transfer programme for hurricane affected households. Implemented by the Ministry of Social Services, Family and Gender Affairs, the programme comprises the vertical, as well as the horizontal, expansion of the national Public Assistance Programme (PAP), including the provision of emergency child grants to 1,091 children by Dec 2017. UNICEF plans to leverage this experience to also influence governments of other Caribbean countries, including the British Virgin Islands and Antigua/Barbuda.

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BOX 4 – YEMEN: MAINTAINING SOCIAL PROTECTION SYSTEM THROUGH THE EMERGENCY CASH TRANSFER PROGRAMME

The protracted conflict in Yemen has resulted in the collapse of services. leaving an estimated 70 per cent of the population in need of humanitarian assistance. Against this backdrop, UNICEF – supported by the World Bank – stepped in to provide humanitarian cash transfers to 8,664,630 people previously supported by the currently suspended Social Welfare Fund (SWF). This strategy retains the character and elements of the SWF by using the existing beneficiary list, mirroring the transfer amounts and maintaining the payment cycle. At the same time, UNICEF oversees investments to pilot the future improvement of the SWF.

The following three sections present additional examples of adjusted results frameworks for PF4C, DLG and SP.

A - PUBLIC FINANCE FOR CHILDREN (PF4C)

Public finance for children refers to a collective body of UNICEF programmatic and other activities at country, regional and global levels, to influence the mobilization, allocation and utilization of domestic public financial resources, for greater, more equitable and sustainable results for children. The work in PF4C is applicable in any context, including in high-income countries, least-developed economies, and middle-income countries. **Box 5** summarizes the substantive contents for regular public finance programmes in UNICEF.

Risk-informed public finance for children should support the country to invest in child-sensitive risk management and emergency responses and recovery.

No effective or sustainable risk management or resilience of children and families can be achieved without investment of public resources. The investment needs to support necessary mitigation and adaption measures against risks, and be able to reach down in an agile manner to needed areas and populations once a crisis hits. The needs of the most vulnerable should be captured in the investment at both stages. Table 13 provides an example of an adjusted theory of change results framework for PF4C.

Table 13 – Example of an adjusted results framework – PF4C

Outcome	Indicator	MOV	Output	Indicator	MOV	Activities
Improvements in functioning effectiveness of national risk mitigation, prevention and preparedness as well as emergency response and recovery, so that lives are saved, poverty reduction achievements are secured and girls and boys and women are protected	Well-resourced disaster risk reduction, or emergency preparedness systems in place, supported by strengthened public financial management capacity such as agile disbursement and execution; reaching the most vulnerable	Analysis of the risk management and emergency management systems	Increased country capacity on public finance management for risk prevention, reduction, emergency response and recovery	• Establishment of contingency budget • Budget disbursement agility to respond • Results-based management in public resource utilization for risk management	Analysis of the national and subnational budget systems	Engage with Ministry of Finance or other budgetary bodies on: • Costing and cost-benefit analysis of risk management, to advise budget allocations • Establishing contingency budget/ resourcing disaster risk reduction or risk management plans • Results-based management in risk management financing

BOX 5 – UNICEF PUBLIC FINANCE FOR CHILDREN WORK

1. **Know how much public resources are invested in children and the additional resources needed to ensure that public spending is adequate for implementing child-specific politics, programmes and commitments, by:**

- Measuring and utilizing information on child-focused public expenditure based on existing budget information system in countries
- Progressively eliminating any gap between actual budget allocations and the costed or planned budget amounts
- Making available information on child-focused public expenditure for children to facilitate feedback from citizens including from children.

2. **Know how well public resources are invested in children to ensure that public spending is efficient and effective, by:**

- Assessing and monitoring the results of child-focused-public expenditures, especially budget implementation at sub-national level
- Addressing, institutional, political and other barriers and bottlenecks that impede adequate spending to ensure full implementation of allocated budgets
- Promoting child participation in budget monitoring and feedback to service delivery.

3. **Know how fiscal policy measures and financing decisions impact children to ensure that public spending is equitable, by:**

- Assessing the effects of budget policies and financing decisions on households, livelihoods and access by disadvantaged children and families to essential services
- Improving the equity focus in intergovernmental transfer mechanism
- Prioritizing or safeguarding expenditures aimed at protecting the poorest, most isolated children during fiscal consolidation.

B - DECENTRALIZATION AND LOCAL GOVERNANCE (DLG)

Regular UNICEF DLG work includes support to improve local government capacity to plan consultatively, organize the delivery of essential social services effectively, budget equitably and monitor the impact of what they do on child outcomes.

Risk-informed DLG should support the country's local governments (urban and rural) to prioritize the management of risks (mitigation, preparedness, including for potential conflicts) in its development planning and budgeting, to support their engagement with the children and communities in such processes to make sure their needs are reflected and met, and to effectively deliver emergency response and recovery and sustain service delivery.

As part of this work, UNICEF supports local and national governments to strengthen accountability for its citizens and active community participation in local decision-making. Some representative work initiatives in DLG include strengthened urban governance (such as through the child-friendly city initiative) to support inclusive child rights, strengthening equitable participation in local planning, production and utilization of disaggregated data on the most excluded in local policy-making, and promoting equitable public service delivery for children through work on fiscal decentralization and fiscal transfers.

In the DLG area, UNICEF has supported relevant work in planning and monitoring systems that explicitly address risks, to improve preparedness for disaster prevention and response to shocks at both the national level and sub-national levels, and to keep the most vulnerable visible during emergencies, including through mechanisms facilitating local governments' consultation directly with affected populations. Despite that a large number of countries have identified a national political imperative for risk reduction, its implementation is often challenged by weak local government capacities. **Table 14** provides an example of an adjusted theory of change results framework for DLG.

Table 14 – Example of an adjusted results framework – DLG

Outcome	Indicator	MOV	Output	Indicator	MOV	Activities
Improved participatory and child-sensitive risk management and emergency management at local government level (including in both urban and rural areas), so that lives are saved, poverty reduction achievements are secured and girls and boys and their families are protected	Local risk management policy framework and plans resourced, with participatory mechanisms for children and communities	Analysis of the risk management system at local levels	Increased local governments' capacity to implement effective and participatory risk (including conflict) prevention, reduction, and emergency response and recovery, that address child vulnerabilities.	• Local risk reduction and contingency plan (budgeted) in place • Social accountability mechanisms in place for engaging the public, including children and communities	Analysis of local plans, policies and implementation, as well as the budget systems	Engage with local governments on: • Child participatory disaster risk reduction or risk management • Local contingency plans (budgeted) • Use of disaggregated data on children and communities in policy-making and implementation

C - SOCIAL PROTECTION (SP)

UNICEF's approach to social protection focuses on the need to address social and economic vulnerabilities and translates into supporting four core social protection components: legislation and policies to ensure equity and non-discrimination in children and families' access to services and employment/livelihoods; social transfers both in kind and in cash; programmes to ensure economic and social access to services such as abolition of fee to services, subsidies and vouchers; and social support and care services.

Risk-informed social protection for children should support the country in building and adjusting social protection programmes ex ante so that they are sensitive to various risks for children, including economic shocks, and also to support the development of ex post ones which should be further built into national systems, so as to reduce the impact of emergencies and crises on children and families and to accelerate recovery. It should involve helping prepare national and local social protection systems to respond before an emergency or a crisis, and also set up new ones to contribute to a fast transition from relief to recovery once such events occur.

Social protection essentially helps build resilience for children and their families. It has become more important than ever at the time with great incidence of disasters and climate events, as well as conflicts and wars. Social protection systems can also help communities and families with children cope with and recover from the disasters or crises when they do occur. **Table 15** provides an example of an adjusted theory of change results framework for SP.

Table 15 – Example of an adjusted results framework – Social protection

Outcome	Indicator	MOV	Output	Indicator	MOV	Activities
National social protection system and programmes strengthened to: • Anticipate risk and support households to adapt to the risk • Be prepared to enable a timely response in emergency contexts	Social protection system is informed by potential risks in its design, and the system and programmes are agile to respond to emergencies	Analysis of national social protection systems	Improved capacity (Government or international aid community) on design and implementation of social protection system and programmes that build prior resilience of children and families and protect them at the onsets of emergencies, including during conflicts and in humanitarian situations	• Humanitarian SP programmes' elements built into national system • Early warning and monitoring on child vulnerabilities • Scalability or adjustability of existing SP programmes (e.g., to take in refugees, internally displaced populations) • Contingent social protection for emergency or humanitarian response • Inter-agency coordination	Analysis of national and civil programmes Inter-agency plan	• Inter-agency coordination: with Government (SP authorities with disaster risk reduction, climate change adaptation authorities); United Nations agencies, IFIs, and other players • Partner with Government and others in looking into flexibility and scalability of existing SP programmes, or on setting up contingency SP programmes

With reference to *Section 4 of GRIP Module No. 3*, SIP stakeholders should also consider means to reduce risks to the achievement of specific results – ensuring that programmes are well-designed, agile and responsive to changing situations, gender-sensitive and conflict-sensitive. Conflict sensitivity is particularly important in ensuring that programmes continue to be accessible to all populations regardless of ethnicity, religion, etc. and do not exacerbate violent conflict or cease to operate as a result.

4. ASSESS YOUR PROGRESS

To test the extent to which SIP programmes are risk informed, pose the questions presented in **Table 16**. The table can be used to evaluate team performance and the quality of the child-centred risk analysis at each stage of elaboration. The recommended scale for the evaluation is immediately below.

1	No, not at all
2	Not very much
3	Yes, moderately
4	Yes, to a great extent
5	Yes, to an exemplary level

Table 16 – Evaluating the performance in risk-informing SIP programmes

QUALITY CRITERIA	SCALE				
	1	2	3	4	5
To what extent have you analysed how previous shocks or stresses have impacted the local governance, public finance management and the continuity of social protection systems?					
To what extent do national and local resources and social protection mechanisms target the most 'at-risk' areas and communities (areas being both highly exposed to shocks and stresses and showing high rates of vulnerability for children, adolescents and young people and low national or local capacities to mitigate the impact of these shocks or stresses)?					
To what extent does the SIP programme have a clear objective of strengthening the resilience of children, households or local governance, public finance management and social protection systems to absorb and adapt to the impacts of multiple shocks or stresses?					
To what extent do the SIP results (inputs, outputs, outcomes) already factor in (explicitly or implicitly) a commitment to enhancing national and local capacity for risk reduction (through local governance, public finance management or social protection)?					
To what extent does the SIP programme include a strategy that is focused on reducing vulnerability to shocks and stresses and increasing national and local capacities to manage crises (such as shock-responsive social protection, supporting local governments in disaster risk reduction and peacebuilding programming)?					
To what extent does the SIP programme strengthen a link between engagement on local governance, PF4C and social protection to early warning systems and to people and processes that support risk management? (See GRIP Module Nos. 3 and 4.)					
To what extent has the programme design and implementation been analysed for criticality in the event of a shock? Does a plan exist to continue the critical programme elements in the event of a shock? (See ***GRIP Module No. 3***.)					
To what extent have actions – including preparedness actions – for SIP in the *Core Commitments for Children in Humanitarian Action*,[24] the *Minimum Standards for Child Protection in Humanitarian Action*,[25] and the *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*[26] been incorporated into the programme? (See GRIP Module No. 3.)					

[24] United Nations Children's Fund, *Core Commitments for Children in Humanitarian Action*, UNICEF, New York, May 2010, available at <www.unicef.org/publications/files/CCC_042010.pdf>, accessed 28 February 2018.
[25] Child Protection Working Group, *Minimum Standards for Child Protection in Humanitarian Action*, UNICEF, 2012, available at <https://www.unicef.org/iran/Minimum_standards_for_child_protection_in_humanitarian_action.pdf>, accessed 27 October 2018.
[26] Inter-Agency Standing Committee, *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action*.

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Jasmina posing during the Inclusive photo workshop in Modricki Lug (Bosnia and Herzegovina). The Inclusive photo workshops have been supported by UNICEF in Bosnia and Herzegovina as a model of active participation.

MODULE 12

GENDER EQUALITY

HOW TO USE THIS MODULE

PURPOSE

This document is Module 12[1] of the Guidance on Risk-informed Programming (GRIP). It provides additional guidance and resources to ensure that UNICEF staff and partners account for gender, age and disability when analysing risks affecting girls, boys, women and men. The aim is to account for these intersectional factors and to mainstream gender equality outcomes within the design and implementation of risk-informed or peacebuilding programmes.

CONTENTS

This module is divided into the following sections, each aligning to one of the four core GRIP modules:

INTRODUCTION | Aligns to ***GRIP Module No. 1.*** The section provides definitions of key terms and concepts, as well as background on the global programming context.

RISK ANALYSIS | Aligns to ***GRIP Module No. 2.*** The section presents the basic methodology for a multi-hazard risk analysis and demonstrates more specifically how risk is perceived, assessed, experienced and managed variably by different gender identities.

DESIGN AND ADAPTATION OF PROGRAMMES | Aligns to ***GRIP Module No. 3.*** The section elaborates on the gender-sensitive Theory of Change for risk-informed and peacebuilding programmes.

MONITORING RISK AND RISK-INFORMED PROGRAMMES | Aligns to ***GRIP Module No. 4.*** The section provides specific guidance on how to ensure that the monitoring of risk and risk-informed programmes ensures gender equality outcomes are measured.

RESOURCES

This is not a stand-alone module. It should be read together with other GRIP modules. Users of this module are encouraged to reference UNICEF gender plans and guidance, the most critical of which are detailed below:

UNICEF Gender Action Plan (GAP) 2018–2021	UNICEF's roadmap for promoting gender equality in alignment with the organization's Strategic Plan 2018–2021 and in support of its contributions to the Sustainable Development Goals (SDGs).
UNICEF Gender Programmatic Review (GPR)	The GPR process helps UNICEF country offices identify strategic areas for gender-responsive programming, in alignment with the Gender Action Plan. The core GPR documents are the Gender Programmatic Review Toolkit and the GPR Management and Operations Guide.
UNICEF Gender SharePoint Site	UNICEF's Gender Section in the Programme Division serves as the Secretariat for the Gender Action Plan. This SharePoint site brings together other sites (such as the UNICEF Gender in Emergencies SharePoint site), resources, training opportunities and teams.
UNICEF COVID-19 Gender Equality SharePoint Site	UNICEF guidance contains a "how to" checklist for integrating gender considerations into COVID-19 socio-economic impact assessments and response plans. The SharePoint site brings together all relevant technical guidance on gender in relation to COVID-19 and contains links to other sites with resources on the topic, including sites from the United Nations Development Programme (UNDP), UN Women, Plan International and other organizations.

[1] This GRIP Module was drafted by the Climate, Environment, Resilience and Peace and the Gender Equality sections of UNICEF Programme Division, with significant additions from the Adolescent Development and Participation (ADAP), and Disabilities sections and the technical support of DevSmart Group (Stephanie Kleschnitzki, Jessica Koehs, Leisa Perch, Maureen Njoki, Catherine Langevin-Falcon).

1. INTRODUCTION

1.1 GENDER EQUALITY AND RISK: KEY TERMS AND WHY GENDER IS INTEGRAL TO UNDERSTANDING RISK

What is gender?

Gender is a social construct built through cultural, political and social practices that defines the roles of women, girls, men, boys and other gender identities as well as what it means to be masculine and feminine. Gender roles are taught, learned and absorbed; they vary among and even within cultures[2] and according to other aspects of identity (i.e., social definitions of what it means to be a man or woman may vary according to whether individuals have a disability).[3]

The causes of gender inequality are diverse, deep-rooted and complex. Gender often defines the duties and responsibilities that are expected of women, girls, men and boys at any given time of their lives, and sets out some of the barriers they may face or opportunities and privileges they may enjoy throughout their lives.[4] Achieving equality between women and men therefore requires more than understanding their biological differences; it requires an analysis of the society and takes into consideration the manner in which it is structured or shaped.

What is gender-responsive programming?

Gender-responsive programming implies the proactive intent to achieve gender-equitable results by identifying gender-related barriers, developing appropriate responses and establishing strong accountability frameworks for monitoring and review. Since women and girls experience greater levels of discrimination than men and boys, gender responsiveness also means supporting their empowerment by paying specific attention to their unique needs and the developmental differences between females and males as well as valuing and respecting women's and girls' perspectives and experiences. Gender-responsive programming also considers the stages of the life cycle. For example, adolescence is a time when socially constructed gender roles may constrict girls' schooling, networks and agency.

Gender-responsive programming necessitates that gender perspectives be integrated into the preparation, design, implementation, monitoring and evaluation of policies and programmes to further equality between women and men, and between girls and boys, in their full diversity. That includes those whose identities align with socially marginalized groups and those for whom gender intersects with such other dimensions as education, religion, geography, class, income and ability. Gender-responsive programming requires financial resources, institutional capacity, responsive processes, governance frameworks and political will, and is facilitated by the gender expertise of the programmers.

UNICEF is committed to promoting gender equality through all its programming, which is re-emphasized in its Strategic Plan 2018–2021 and Gender Action Plan 2018–2021. All UNICEF programming aspires to be "gender responsive" or "gender transformative" within the Gender Continuum, as explained in **Box 1**.

For further definition of key gender terms, refer to UNICEF Regional Office for South Asia's Gender Toolkit.

[2] Inter-Agency Standing Committee Reference Group on Gender and Humanitarian Action, *The Gender Handbook for Humanitarian Action, Guideline, IASC, 2018, p. 17 available at* <https://interagencystandingcommittee.org/system/files/2020-09/The%20Gender%20Handbook%20for%20Humanitarian%20Action.pdf>, accessed 19 October 2020.

[3] Women and men who deviate from norms that define the dominant expectations of being female and male will face unique, intersecting risks. For example, when disability intersects with sex, women with disabilities in many cultures may not be expected to marry and men with disabilities may not be expected to be the family breadwinners. These norms often establish power dynamics leaving them vulnerable to violence or restricting access to assets that might strengthen their resilience to crisis. Other examples include young females and males who identify with a non-heteronormative sexual identity or are from a marginalized ethnicity; merely being a male in one of these circumstances may not necessarily confer the advantages ascribed to men when gender analysis is undertaken in a binary, non-intersectional perspective.

[4] IASC, Gender Handbook for Humanitarian Action, p. 17.

BOX 1 – THE GENDER CONTINUUM: FROM PROGRAMMES THAT ARE GENDER DISCRIMINATORY OR GENDER BLIND, TO PROGRAMMES THAT ARE GENDER AWARE/SENSITIVE OR GENDER RESPONSIVE, TO PROGRAMMES THAT ARE GENDER TRANSFORMATIVE

UNICEF programming should endeavour to be **gender responsive** or **gender transformative**

Gender discriminatory	Gender blind	Gender aware / sensitive	Gender responsive	Gender transformative
Favours one gender in a manner that leads to a deepening of gender inequities[5]	Ignores gender in programme design; perpetuates status quo or potentially worsens inequalities	Acknowledges inequalities but does not address them in a robust manner	Identifies and addresses the differentiated needs of girls and boys, and of women and men; promotes equal outcomes and responds to practical and strategic gender needs	Explicitly seeks to redress gender inequalities and empower disadvantaged populations
Consider a post-crisis context in which the affected population is living in a refugee camp. Gender-neutral toilet blocks are available but situated far away from the accommodation, putting girls at risk of gender-based violence (GBV). Here, the risk-informed programming has not considered gender-based barriers.	In the same context, separate but identical toilet blocks are available for males and females but situated far away from the accommodation. No sex-specific needs (e.g., urinals, washing facilities) are addressed. Again, the risk-informed programming has not adequately considered gender-based barriers.	Separate toilet blocks were built for boys and girls, with urinals for boys and washing facilities for girls, nearby the accommodation. However, girls and women were not consulted regarding their needs. Here, the risk-informed programming was sensitive to the risk of GBV.	Toilet blocks were built for boys and girls nearby the accommodation. The blocks have urinals for boys; and for girls they have safe, private washing facilities, access to sanitary wear and provisions for disposal. Here, the risk-informed programming has gone a step further, to comprehensively consider gender-based barriers and associated risks.	Sex-separate toilets were built close to the accommodation after consultation with parents, students and teachers. Toilet design reflects boys' and girls' needs, including their safety needs. Training and counselling on menstrual health and sexual health were provided. The risk-informed programming had gone another step further, to comprehensively consider gender-based health risks.

Source: Gender Programmatic Review Toolkit (p. 14)

What is risk?

Risk can be generally defined as "a future uncertainty that matters" or "a situation involving exposure to danger." By this definition, everyone manages a wide variety of risks every day, in every aspect of their lives. When designing and implementing programmes, UNICEF is particularly concerned about the risk that various shocks, stresses or threats in the programming environment might erode development progress, deepen deprivation and/or trigger a humanitarian crisis affecting girls, boys, men and women in different (and generally negative) ways.

When considering such risk to children and vulnerable groups, it helps to think of it as the product of an interaction between different variables, including: a specific **hazard** (such as violent conflict or an earthquake); **exposure** (the extent to which one comes in contact with the hazard); **vulnerability** (the specific characteristics that make one particularly vulnerable to the hazard); and **capacity** (the total of all assets, resources, strengths and skills

[5] It should be remembered that favouring one group over the others in some cases is one of the solutions to recalibrating equity. For work where the inequalities for women or men are deep and structural, the intent is to **focus** and not to exclude.

that could reduce, mitigate or manage the risk). Risk is mitigated when vulnerability is low and capacity is high, which underlines the importance of UNICEF's ability to reduce risk through targeted action. See ***GRIP Module No. 2*** for a visualization of the risk formula.

What is risk-informed programming?

Risk-informed programming is based on a robust analysis of shocks, stresses and the underlying vulnerabilities and capacities of girls, boys, women and men in a given risk-prone, conflict-affected or fragile context. On the basis of the analysis, UNICEF and partners can review, adjust and develop programming that proactively prevents or reduces risk and fosters resilience and peace.

What are the gender dimensions of risk-informed programming?

Men, women and those with other gender identities occupy different spaces and fulfil different roles and expectations throughout the life cycle and depending on the context, their intersectional identities and their societies (see **Box 2**). Therefore, the risks that they face and their experience of a crisis is significantly different with respect to their gender.

Evidence suggests that women and girls are particularly vulnerable in times of stress and crisis. The same evidence also suggests they will experience unequal risk from climate and natural disasters, due to their gender and age.[6]

- According to the Inter-Agency Standing Committee (IASC), pregnancy-related death is the second leading cause of death for women in any context and 60 per cent of such deaths happen in humanitarian settings.[7] Around 12 million young women and girls aged 15–19 and at least 777,000 girls under age 15, both married and unmarried, give birth each year.[8] Especially at this age, early and unintended pregnancies can cause severe complications during pregnancy and childbirth and are a leading cause of death, with unsafe abortion being a major factor. Young women and girls aged 15—24 constitute 61 per cent (2.4 million) of all young people living with HIV globally.[9]

- More women than men die in natural disasters, most likely due to differences in the physical spaces that men and women may occupy during the day, women's role as caregivers, their lack of survival skills and gender barriers in their access to early warning information and emergency response services.[10] For example, women accounted for 61 per cent of fatalities caused by Cyclone Nargis in Myanmar in 2008 and 70–80 per cent of fatalities resulting from the 2004 Indian Ocean Tsunami.11 A recent report found that disasters resulting from climate change are estimated to kill 14 times more females than males. Disasters also increase young girls' chances of being trafficked. Young girls' risk of human trafficking is 20–30 per cent greater following environmental disasters. More than 70 per cent of women in crisis situations have experienced direct violence.[12]

- The broader impacts of climate change affect women disproportionately given that women represent the majority of the world's poor and the areas in which they play a central role (food security, sustainable agriculture, energy, livelihoods, health, natural resource management and use, among others) are those most directly affected by climate change. By magnifying gender inequality, climate change also reinforces a structural root cause of violence against women and girls. Weather-related disasters are increasing girls' risk of dropping out of school, which is particularly harmful because education can increase girls' awareness of climate crises and impacts, thus increasing their resilience and coping capacity.[13] As they drop out of school and as climate disrupts household livelihoods, girls are also increasingly exposed to the prospects of work caring for siblings and of child marriage.[14]

[6] Brown, Sarah, et al., *Gender and Age Inequality of Disaster Risk. UNICEF and UNFPA, New York*, 2019, available at <https://www.preventionweb.net/go/72229>, accessed 19 October 2020.

[7] IASC, Gender Handbook for Humanitarian Action, p. 24.

[8] United Nations Population Fund, *Girlhood, Not Motherhood: Preventing adolescent pregnancy. UNFPA, New York*, 2015, available at < https://www.unfpa.org/sites/default/files/pub-pdf/Girlhood_not_motherhood_final_web.pdf>, accessed 19 October 2020.

[9] UNAIDS, 2017 estimates from the AIDSinfo online database. Additional disaggregations correspond to unpublished estimates for 2016 provided by UNAIDS, obtained from country-specific models of their AIDS epidemics.

[10] Neumayer, Eric, and Thomas Plümper, 'The Gendered Nature of Natural Disasters: The impact of catastrophic events on the gender gap in life expectancy 1981–2002,' *Annals of the Association of American Geographers,* vol. 97, no. 3, 2007, available at http://eprints.lse.ac.uk/3040/, accessed 19 October 2020.

[11] Castañeda, I., and S. Gammage, 'Gender, Global Crises, and Climate Change', *Harvesting feminist knowledge for Public Policy, edited by D. Jain and D. Elson, Sage Publications India, New Delhi, 2011; as cited in Habtezion, Senay, 'Gender and Disaster Risk Reduction',* Gender and Climate Change Asia and the Pacific Policy Brief No. 3, UNDP, New York, 2013, available at <https://www.undp.org/content/dam/undp/library/gender/Gender%20and%20Environment/PB3-AP-Gender-and-disaster-risk-reduction.pdf>, accessed 19 October 2020.

[12] Trocaire, *Women Taking the Lead: Defending human rights and the environment, Trocaire, Maynooth (Ireland) and Belfast (Northern Ireland)*, 2020, available at <https://www.trocaire.org/news/women-taking-lead>, accessed 19 October 2020.

[13] UNICEF, 'The Climate Crisis is a Child Rights Crisis', Fact Sheet, December 2019, available at <https://www.unicef.org/press-releases/fact-sheet-climate-crisis-child-rights-crisis>, accessed 19 October 2020.

[14] For examples of the linkages between persistent drought and gendered impacts/effects including early marriage, see: CARE International in Mozambique, *Hope Dries Up? Women and girls coping with drought and climate change in Mozambique*, CARE, Maputo, 2016, available at < https://careclimatechange.org/wp-content/uploads/2016/11/El_Nino_Mozambique_Report_final.pdf>, accessed 19 October 2020.

- More men than women are killed in armed conflict.[15,16] This may be due to society's association of violence with masculinity and the practice of recruiting men and boys into armed forces or groups, thereby placing them at greater risk of exposure to combat or hostilities. Such perceptions can stigmatize adolescents and youth and lead to policies and programmes that neglect their needs or trivialize their potential contributions, thus further compounding their exclusion and the barriers to their meaningful participation.[17]

Gender differences in the identification, assessment and management of risk extend primarily from specific gender roles and disparities in society. Some examples of gender-based differentials and barriers that can lead to differing experiences of risk are the following:

- Roles of girls and women in society, e.g., the disproportionate burden of care work, including taking care of the sick during outbreaks of disease, and its psychological repercussions. In the case of economic shocks to the household, girls and women are also more likely to sacrifice nutritional intake, at greater risk of child marriage in case of economic shocks to the household and less likely to be engaged in the community.
- Limited access to information and resources, e.g., girls and women may have poorer rates of literacy, lower digital connectivity, different social networks, fewers interactions with the community and less mobility than boys and men. This is especially so for women and girls with disabilities and other marginalized groups.
- Differential ability of girls and women to respond to risks, e.g., limited agency or decision-making powers in the household, limited resources and limited physical mobility. Pregnant women may be physically constrained.
- The special needs of girls and women, e.g., menstrual health and hygiene management facilities, health services for pregnant women, mothers and newborns, etc.
- Additional vulnerabilities experienced by girls and women due to prevailing gender or social norms, e.g., a higher risk of gender-based violence (GBV), child marriage, etc. These vulnerabilities can be further exacerbated due to intersectional identities. For example, women and girls with disabilities are at heightened risk of sexual violence and GBV due to compounding discrimination on the basis of gender and disability.[18]
- Different spaces occupied by women and girls, e.g., girls and women are more likely than men and boys to be located in households, or they may have greater access to health centres and other services, depending on the context.
- Girls and women may also have special abilities in risk mitigation, e.g., they may engage with particular social networks, social capital and social organization (the latter being a critical social dimension of socio-ecological resilience[19]) and have better access to health services.

To be inclusive, credible and coherent for all groups, risk-informed programming must simultaneously pursue larger gender equality outcomes by ensuring gender-sensitive or gender-specific risk analysis and gender-responsive and/or gender-transformative actions and interventions. Similarly, programmes that are designed to directly pursue gender equality outcomes should be recognized as integral to risk reduction and the pursuit of positive peace and resilience, since negative gender norms and violent attitudes and behaviours can erode adaptive capacities, drive conflict and become a serious obstacle to social cohesion. As effective agents of peace and equal partners in the outcomes of conflict resolution processes, girls and women should also be an integral part of peacebuilding efforts at local and national levels.

Operationally, risk-informed programming needs to address both the process of gender mainstreaming and its conduct-oriented aspects.

[15] UN Women, 'Facts and Figures: Humanitarian Action', available at <http://www.unwomen.org/en/what-we-do/humanitarian-action/facts-and-figures>, accessed 19 October 2020.

[16] Also supported by research: Ikeda, K., 'Gender Differences in Human loss and Vulnerability in Natural Disasters: A case study from Bangladesh', *Indian Journal of Gender Studies,* vol. 2, no. 2, 1995, pp. 171– 93; Neumayer, Eric, and Thomas Plümper, 'The Gendered Nature of Natural Disasters'; and OXFAM, 'The Tsunami's Impact on Women', Oxfam Briefing Note, Oxfam International, March 2005; as cited in Habtezion, Senay, 'Gender and Disaster Risk Reduction'.

[17] Graeme, Simpson, *The Missing Peace: Independent progress study on youth, peace and security,* UNFPA and UN Peacebuilding Support Office, New York, 2018, available at <https://www.youth4peace.info/system/files/2018-10/youth-web-english.pdf>, accessed 19 October 2020.

[18] One global study from UNFPA found that girls and women with disabilities face up to 10 times more GBV than those without disabilities. See: *UNFPA, Young Persons with Disabilities: Global study on ending gender-based violence and realizing sexual and reproductive health and rights,* UNFPA, New York, 2018, available at <https://www.unfpa.org/publications/young-persons-disabilities>, accessed 19 October 2020.

[19] For more information on a framework on the social dimensions of socio-ecological resilience, see: Cinner, Joshua E., and Michele L. Barnes, 'Social Dimensions of Resilience in Social-Ecological Systems', *One Earth,* No. 1, 20 September 2019, available at <https://www.cell.com/one-earth/pdf/S2590-3322(19)30007-7.pdf>, accessed 19 October 2020.

BOX 2 – GENDER CONSIDERATIONS DURING AN EPIDEMIC OUTBREAK OF DISEASE[20]

EXAMPLE: Girls and women continue to be disproportionately affected by epidemic outbreaks of disease. Reducing risk and addressing gender inequality in health programming requires more than preparedness to deliver maternal and child services; it requires understanding gender differences, roles and disparities in society – to identify differences in exposure, vulnerability and capacity over time and through the life cycle for girls, boys, women and men.

CONSIDERATIONS FOR GIRLS AND WOMEN

EPIDEMIC OUTBREAK OF DISEASE

SHOCK

CONSIDERATIONS FOR BOYS AND MEN

	CONSIDERATIONS FOR GIRLS AND WOMEN		CONSIDERATIONS FOR BOYS AND MEN
Potentially higher exposure	In most societies, gender roles suggest that women should play the role of caregivers for the sick. They are therefore more likely to be exposed to infectious agents at home than men. In many societies, women care for smaller animals, which could lead to differences in the risk of exposure to zoonotic diseases.	**EXPOSURE** **Gender roles can influence where boys, girls, men and women spend their time and which infectious agents they come into contact with, with the frequency and intensity of exposure.**	Depending on the gender role, men often spend more time away from home then women. This could make them first in contact with infectious agents. In many societies, men are also more likely to be hunters or tenders of livestock, which places them at higher risk of specific diseases.
Potentially more vulnerable to illness	There are important changes in the immune systems of women during pregnancy and lactation, and some diseases can adversely affect the foetus or baby. There can also be gender-specific disparities in relation to nutritional status and access and use of primary health care, which can affect girls and women's immune status.	**ILLNESS** **Who becomes ill depends on many factors. There are biological differences in immune responses between males and females at different ages and gender disparities across the life cycle that could affect overall health status.**	World Health Organization (WHO) notes greater male infant mortality from infectious disease. This may be due to naturally weaker immune systems in infant males. In children and adults, the nutritional status, mortality and morbidity of boys, girls, women and men vary by country and context.
Potentially less capacity to manage illness	Medical research has traditionally focused on males, therefore there is less evidence on results for females. Pregnant women are also excluded from research and many treatments and practices are harmful to pregnant women or to their foetus or infant. In some societies women have less knowledge of treatment methods, poorer access to health care outside the home, and their access can be controlled by men.	**TREATMENT** **There are also important gender differences related to health-seeking behaviour and access to health care that can affect the course and outcome of an illness.**	WHO notes that in some countries boys are more often and more quickly taken for treatment outside the home. This can improve their chances of recovery.
Potentially greater challenges in recovery	Women often have less job security than men, and women's gender role as caregiver can lead to more or longer absences from paid work, placing livelihoods and household incomes at greater risk. In the case of major epidemics, there may be deaths in the family, leading to households headed by women. Women also have different levels of access to assets, resources and influence in society – meaning that their capacity to recover can be different than men. During times of stress they can also be exposed to additional threats such as gender-based violence or early marriage.	**RECOVERY** **Depending on the status of gender equality in society, women and men may have different capacities to recover from illness and the impacts of illness on the family and community may vary.**	In many places, men have a greater level of access to information, resources, assets and influence which makes their chances of reaching a full recovery greater than girls and women.

[20] This graphic was designed by DevSmart Group for UNICEF CERP using assumptions and statements informed by WHO 2007: Addressing sex and gender in epidemic-prone infectious diseases, available at <https://www.who.int/csr/resources/publications/SexGenderInfectDis.pdfm>, accessed March 2020.

Gender equality and the COVID-19 pandemic

The recent COVID-19 crisis represents an unprecedented global emergency,[21] and while the full impact of the pandemic has not yet been fully realized, its immediate effects is being felt across sectors. Recent studies have shown that while the disease seems to be deadlier in men, girls and women are affected disproportionately: they are at the forefront of all public health crises as nurses, midwives and community health workers, and at home as family caregivers, which makes them more exposed to contagion and other risks.[22] For example, confinement measures in some settings have kept girls and women at home, where the majority of domestic violence incidents take place. Globally, a dramatic increase is observed in GBV and domestic violence cases against children, women and LGBTQIA, including physical, verbal, psychological, economic and sexual violence.[23] At the same time, there has been significant burden on womens' time for their multiple care responsibilities. School closures have had a direct impact on the women's time availability for paid work, and for some women they have led to a loss of employment. COVID-19 will likely have longer-term and gendered impacts, as previous evidence from similar pandemics has indicated an increase in learning losses, a risk of dropout due to increase risks of teenage pregnancy and a higher prevalence of child marriage and child labour, all linked to school closure. [24] Furthermore, life-saving care and support to GBV survivors (i.e., clinical management of rape, and the provision of mental health and psycho-social support) may be disrupted as service providers are overburdened and preoccupied with handling COVID-19 cases,[25] thus increasing the vulnerability of women and girls, preventing the mitigation of these risks and exacerbating their negative impacts.

[21] World Health Organization, COVID-19 Public Health Emergency of International Concern (PHEIC) Global Research and Innovation Forum, Towards a research roadmap, WHO, Geneva, 12 February 2020, available at <https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-(pheic)-global-research-and-innovation-forum>, accessed 19 October 2020.

[22] World Bank Group, *Gender Dimensions of the COVID-19 Pandemic*, Policy Note, World Bank Group, Washington, D.C., 26 April 2020, available at <https://openknowledge.worldbank.org/bitstream/handle/10986/33622/Gender-Dimensions-of-the-COVID-19-Pandemic.pdf> accessed 19 October 2020.

[23] UN Women, *COVID-19 and Ending Violence Against Women and Girls*, available at <https://reliefweb.int/sites/reliefweb.int/files/resources/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf>, accessed 19 October 2020.

[24] Save the Children, UNICEF, Plan International and World Vision, Children's Ebola Recovery Assessment: Sierra Leone, available at <https://www.savethechildren.org/content/dam/global/reports/emergency-humanitarian-response/ebola-rec-sierraleone.pdf>, accessed 19 October 2020.

[25] UNICEF, *Five Actions for Gender Equality in COVID-19 Response*, Technical Note, 2020, available at <https://www.unicef.org/documents/five-actions-gender-equality-coronavirus-disease-covid-19-response-technical-note>, accessed 19 October 2020.

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2. SUPPLEMENTAL INFORMATION FOR MODULE NO. 2: RISK ANALYSIS

In accordance with the UNICEF Procedure on Linking Humanitarian and Development Programming, all country offices irrespective of the country's risk rating must develop a multi-hazard, child-centred risk analysis at least once per planning cycle. Where conflict, fragility or major challenges to social cohesion drive risks for children, UNICEF programming must also be informed by a robust conflict analysis. This next section provides tips for how the multi-hazard risk analysis can be more gender sensitive, at each of the following stages:

1 - PREPARATION: Designing the process with participation of key stakeholders

2 - ASSESSMENT: Updating key statistics or data on the situation

3 - ANALYSIS: Asking why trends are occurring

4 - VALIDATION: Ensuring key stakeholders support the analysis.

2.1 PREPARATION PHASE

GRIP suggests that before conducting any kind of analysis, one should determine the strategic purpose and the intended users. The following table describes some considerations that UNICEF staff and partners across sectors can keep in mind to ensure a gender lens is applied from the outset. It also includes useful resources that clarify the principles of gender-responsive analysis and describe the approaches.

Confirming the strategic purpose

There are many potential uses for a gender-sensitive risk analysis. For example, it could help to ensure that:

- National risk reduction, peacebuilding or climate change adaptation plans and policies mainstream gender, meaning they include outcomes or specific targets to further gender equality. Gender mainstreaming in that regard emphasizes the importance of gender-responsive or gender-transformative programming while preventing unintended negative or discriminatory outcomes of gender-blind programming.
- National or local risk-assessment methodologies are gender sensitive and consider the different and intersecting vulnerabilities and capacities of boys, girls, women and men in their local contexts.
- National or local preparedness and contingency plans explicitly incorporate the different needs and abilities of girls, boys, women and men at various levels of crisis management.
- Humanitarian needs assessments or multi-sector initial rapid assessments consider how specific risks, impacts, needs and interests vary based on the intersection of gender, age, disabilities and other social and economic identities of the affected individuals
- National peace, reconciliation or resilience-oriented processes proactively include the participation of all girls and women and leverage their abilities as agents of change.
- All programmes are designed with a conscious understanding of the risks facing all genders, with adequate inclusion of the full diversity of women, men, boys and girls in planning and programming, including the most vulnerable and at risk.

Teams are advised to articulate relevant gender equality outcomes within national development plans and frameworks (and in relation to the 13 gender results in the Gender Action Plan and those priorities within the country programme) and to consider how best to further these outcomes with the additional evidence gleaned from risk analysis.

Determining the overall risk rating of the country

According to GRIP, the overall risk rating of the country should determine how comprehensive the multi-hazard risk analysis should be. Countries with a high-risk rating on the INFORM Index should consider a more in-depth analysis and potentially a spatial analysis to determine the distribution of risk within the country and to identify the geographic and resource-based interlinkages, in support of implementing area-based programmes.

To enrich the process, UNICEF staff and partners should review key gender equality indices to consider how existing gender disparities could contribute to the country's overall risk rating. Generally, higher levels of gender inequality are understood to lead to higher levels of vulnerability and lower levels of capacity (e.g., the capacity to offer gender-responsive services, among others). The INFORM Index uses UNDP's Gender Inequality Index as one indicator contributing to socio-economic vulnerability, along with other indicators related to inequality, deprivation and aid dependency. Staff and partners should also assess socio-environmental vulnerability indicators, as some of the effects of such vulnerabilities and their acute nature arise from the persistent loss of ecosystems and ecosystem services to which climate change or disaster is an additional stressor.

UNICEF recommends consulting the following indices to consider how the country's overall risk rating may be impacted by gender disparities. National and local data, quantitative or qualitative can complement these indices:

Gender Inequality Index (GII), managed by UNDP	Considers gender disparities in education, economic and political participation and reproductive health (used by INFORM)
Gender Gap Index (GGI), managed by World Economic Forum	Considers the relative gaps between women and men in health, education, the economy and politics
Social Institutions and Gender Index (SIGI), managed by the Organisation for Economic Co-Operation and Development (OECD)	Considers discrimination against women in social institutions (formal and informal), laws, social norms and practices

Risk assessments can be conducted at different scales (national, sub-national or local). The multi-hazard risk assessment promoted by GRIP is primarily a national-level analysis informed by a desk review of secondary sources. Depending on the scope, teams might consult additional resources to deepen the analysis in terms of its gender-related aspects, including:

- National, regional or local policies and plans for gender equality and the empowerment of women and girls, and/or national development or sectoral frameworks and plans
- National, regional or local surveys, assessments and reports that provide updates on the status of girls, boys, women and men using data disaggregated by age, sex, disability and other determinants of inequity (it is important to note that the most vulnerable are usually affected by multiple and overlapping deprivations or determinants of inequity)
- Studies that describe gendered patterns of assets and education as well as perceptions of risk (the goals of risk-informed programming should be to address motivational risk – the need to act – including the need for agency, flexibility and learning)
- Studies on gender and equity for the country or relevant regions and communities (communities can be defined by a variety of determinants including ethnicity, language, physical location, livelihood and or resource use)
- Findings from the Gender Programmatic Review, the gender-sensitive Situation Analysis for women and children, relevant country studies commissioned by UNICEF and other relevant documents available on the UNICEF Gender SharePoint site.
- Common country analyses containing analyses of gender equality and of girls' and women's empowerment.

Scope, scale and participants of the analysis

GRIP Module No. 2 section 2.4 provides a table that can be used to determine the roles of various participants in developing and validating the analysis. **In addition to consultation with the counterparts listed in *Table 2 of section 2.4*, it is also recommended to consult with national ministries for family or social welfare or social action, community development and women's empowerment; national youth agencies**; and prominent civil society organizations that promote gender equality and women's and girls' empowerment.

If a risk analysis is conducted at the local level using a participatory approach with community members (such as the example below in **Box 3**), UNICEF and partners should ensure adequate representation and meaningful participation of: (1) local officials promoting community development (with consideration of gender parity); (2) a range of service providers in consideration of gender-responsive social services and women's and girls' organizations; and (3) community members themselves – adults and young people – with adequate representation of men and women across key age cohorts and livelihoods. It is important to engage both the empowered and the unempowered; talking to leaders alone does not always lead to useful data about the lack of empowerment in a community. Adequate representation is key.

Attention should be given to assessment and interview techniques (e.g., having interviewers of the same gender as participants; involving women in risk assessment teams; organizing separate focus groups with women, men, girls and boys and then in mixed groups; using participative methods) and ensuring the use of appropriate local language terms to describe gender and equality.[26] Conducting training (readiness sessions) with interviewers and field workers beforehand, particularly on the "why" of the assessment, is recommended; this is also an opportunity for the gender experts to renew their skills and to address any elements of unconscious bias. Techniques should include racial- and ethnicity-sensitivity activities, particularly where racial and ethnic tensions pre-exist.[27] See **Box 4** for useful tools for participatory risk assessments.

[26] Many local and indigenous languages do not have a word or expression for gender and/or inequality. It is important to get the language right for the interviews and focus group discussions.

[27] It is important in these interactions to check the bias of the managers and to avoid connotations that development workers are there to "save beneficiaries from themselves."

Useful resources also include UNICEF Programme Guidance for the Second Decade. UNICEF's Adolescent Participation Guidelines and Guidelines for Working with and for Young People in Humanitarian Emergencies and Protracted Crises are also critical references.

BOX 3 – TWO EXAMPLES OF PARTICIPATORY RISK ASSESSMENTS

UNICEF Indonesia: In 2013. UNICEF embarked on a pilot project with Indonesia's Ministry of Women's Empowerment and Child Protection (MWECP), World Vision Indonesia and the Mayor of Surabaya City, who was committed to making the city more inclusive, safe and resilient. In line with the MWECP's results framework on child-friendly cities, the partners implemented a child-centred climate risk assessment at the city level, with participation of local officials and adolescent and youth groups, and on the basis of the assessment implemented a series of interventions to foster resilience. For example, World Vision built capacity with school teachers in terms of their disaster preparedness, supported schools to develop lesson plans related to disaster risk reduction and initiated disaster simulations at the school level.

In 2015, an inter-ministerial committee reviewed the risk assessment methodology. The review led to the inclusion of additional child-sensitive indicators in the Ministry of Environment and Forestry's national climate vulnerability assessment system and in the National Agency for Disaster Management's hazard information database (DIBI). The child-friendly cities results framework was revised to include indicators for monitoring the impact of climate change and disasters on children. The success of disaster risk reduction interventions at the community level led to national commitments to scaling up interventions at 250,000 schools across the country.[28]

UNICEF and Participatory Action Research with Syrian refugees: Young refugees and internally displaced persons (IDPs) living in host communities in Jordan, Lebanon and Syria researched problems affecting themselves and their communities using participatory action research (PAR) methods. Th young people learned how to conduct interviews and focus group discussions; they then drafted and implemented a research plan, which included the collection of field data in groups of 10 to 20 peers, and used a Problem Tree Analysis[29] to reflect on solutions to the problems identified. UNICEF supported the young researchers in their work of data validation and analysis. After collecting the data, they received basic communication and advocacy training and began to implement advocacy plans. During workshops they interacted directly with key stakeholders, shared their findings and presented their recommendations. The effort has resulted in a programme designed on the basis of on reliable and accurate data collected by young people themselves.[30] The programme also strengthened the capacity of UN and NGO partners to support, guide and mentor young researchers.

BOX 4 – ADOLESCENT KIT FOR INNOVATION AND EXPRESSION

The Adolescent Kit was designed for UNICEF staff working with adolescents and youth, especially those affected by humanitarian crises. It aids the use of art, creativity and innovation in support of building young people's skills so they can identify risk in their communities and be empowered to participate and solve the issues they may face before, during and after emergencies. In Indonesia, adolescents from three villages in the East Nusa Tenggara province used activity cards from the kit to map out the risks in their environment and recognize the issues they face in disaster contexts. From the risk analysis, they came up with ideas and proposed solutions to village officials implementing a long-term development strategy to strengthen the provision of safe water in the area. More information on the kit and how to use it can be found here: www.adolescentkit.org.

[28] UNICEF Indonesia, Case Study for lessons learned in child-centred risk analysis, developed with UNICEF EAPRO, 2016.

[29] There are also gender problem trees that can be used specifically to address gender-responsive programming, e.g.: <https://www.dropbox.com/s/uxgsri4l590bj85/12043868.ppt.pptx?dl=0 and https://umusama2015.wordpress.com/2015/04/18/gender-friendly-public-transportation-case-study-of-jakarta-indonesia/>, accessed 19 October 2020.

[30] UNICEF, Adolescent and Youth Engagement in Syria, 2017.

Define management structures

Analysis should not be conducted without a specific gender review of terms of references (TOR) and products. Those conducting the analysis should invite UNICEF gender staff and partners working on gender to be a part of the project management structures established to steer or coordinate the work. Some UNICEF country offices may establish a gender task force made up of gender focal points for purposes of reviewing the plans and products emerging from the risk analysis. External experts may also be recruited for their participation in the process.

Consult good resources

The following resources can assist in clarifying approaches to gender-sensitive analysis:

- UNICEF Quality Assessment for Gender Integration in Sitans
- UNICEF Sitan Gender Toolkit
- UNICEF ROSA Toolkit on Integrating Gender into UNICEF Programmes
- UNICEF ROSA Enhancing Gender in Humanitarian Response
- IASC Gender in Humanitarian Action Handbook
- CARE Rapid Gender Analysis
- CARE Gender in Emergencies
- CARE Gender-Sensitive Climate Vulnerability and Capacity Analysis

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2.2 ASSESSMENT PHASE

The multi-hazard risk analysis promoted by GRIP starts with an assessment of the situation; the various shocks and stresses present in the environment are ranked according to the relative risks they pose to children and vulnerable groups. The risk formula in ***GRIP Module No. 2, section 3***, describes three steps in the assessment phase: (1) estimating the likelihood of hazard; (2) estimating the potential impacts; and (3) ranking the risks, which can take the form of critical, medium and low-level risks. The following table provides tips to apply the gender lens at each step.

1. HAZARDS AND THEIR LIKELIHOOD	
Identifying relevant shocks and stresses	Men, women, girls and boys may have different perceptions of what phenomena are hazardous in their environments and what risks they will may face. These perceptions can vary according to their gender, age and intersectional identities, such as disability, ethnicity and legal status. For this reason, when identifying the shocks and stresses to be assessed, it is critical to separately consider the specific risks posed to women, men, boys and girls. If the risk analysis is conducted at the local level with a participatory approach, then girls, boys, men and women (including those from more marginalized groups) should be actively engaged, working in gender-balanced teams. Varying perspectives can enrich the analysis and strengthen an understanding of the significance of particular events and their gender-specific impacts. Gender-specific risk analyses (for men, women and other gender identities) could be conducted when possible.
2. POTENTIAL IMPACTS	
Reviewing historical impacts and losses	Before considering potential future losses associated with shocks and stresses, past events should be reviewed, keeping in mind that the impacts of natural disaster, conflict and insecurity are different for women, girls, men and boys in their diversity. Where possible, the review of disaster impacts and losses should consider these data disaggregated by sex, age, disability and other gender-related dimensions. Following are some examples: • Mortality, morbidity and injury figures associated with previous disasters should be disaggregated by age, sex and disability to consider the differential impacts on the genders. • The structure of families and households can change due to death, disability or displacement during crisis. Women often find themselves acting as heads of household due to the separation or loss of male family members. This suggests that an analysis of previous disaster impacts and losses should consider the demographic profile and any changes to family structure that may have deepened deprivation and increased the need for financial, legal or specialized social service support. • Displacement also disproportionately affects women and children. According to the United Nations Refugee Agency (UNCHR), one in four of all Syrian refugee families in Egypt, Iraq, Jordan and Lebanon are headed by women. In Mali, more than half of displaced families are headed by women.[31] Any analysis of displacement should consider gender disparities. • Infrastructure and systems damage associated with shocks should consider interruptions in the continuity of gender-responsive services (such as maternal and newborn care, adolescent health services, education, child-friendly spaces, girls-only safe spaces, etc.). • Women's frequent role as family caregiver should be considered, because during periods of stress or crisis women may be the first in the family to be absent or resign from work. An analysis of the continuity of social services and the impacts of stress on both genders should be conducted.

[31] United Nations Refugee Agency (UNHCR), 'Syrian refugee women fight for survival as they head families alone', July 2014, available at <https://www.unhcr.org/53bb77049.html>, accessed 19 October 2020.

- Tracking negative coping mechanisms (such as not sending children to school during periods of drought or insecurity) should examine disparities between girls and boys, with consideration of different intersectional identities (e.g., disabilities) and coping strategies varying by gender identity.

Gender-based violence

Importantly, the review of disaster impacts and losses should also consider gender-specific "effects" that either emerge or are likely to become exacerbated during stress and crisis. According to IASC, gender-based violence (GBV) is an umbrella term for "any harmful act that is perpetrated against a person's will and that is based on power imbalances and socially ascribed (i.e., gender) differences between women, girls, men and boys. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty".[32] Insecurity, natural disaster and conflict are known to exacerbate or give rise to various forms of GBV, and often there is a lack of psychosocial support and trauma counselling to female and male survivors of violence. It is therefore critical that the review of risks include an underlying analysis of GBV in society as well as consider incidents and trends in terms of:

- Sexual violence, rape and assault before and during times of stress or crisis, which is often heightened in cases where water or firewood collection points or toilets are located far away from camps. The United Nations documented more than 800 cases of conflict-related sexual violence in 2017, a 56 per cent increase since 2016.[33]
- Sexual exploitation and abuse, including transactional sex
- Physical violence, including mutilation
- Trafficking
- Early marriage and child marriage
- Domestic abuse or intimate partner violence
- Emotional or economic abuse
- Female infanticide and foeticide
- Forced recruitment into armed forces and group
- Vulnerability of single, female-headed households to abuse of various forms
- Vulnerability of sub-populations at heightened risk because of compounding factors, e.g., adolescent girls with disabilities from minority ethnic groups living in low-resource areas
- Other forms of violence, exploitation or abuse.

A study by the United Nations Population Fund (UNFPA)[34] found that women and girls with disabilities are 10 times more likely to experience GBV than those without disabilities. Risks are heightened due to a number of factors, including physical and communication barriers to accessing prevention and response services (including sexual and reproductive health services); reliance on caregivers for communication, mobility and basic needs, including personal care; attitudes surrounding disability (e.g., women with disabilities are thought to be not sexual or are not believed when they report sexual violence); and the existence in many societies of targeted violence against women and girls with disabilities (such as forced sterilization).

Sexual and gender minorities may also experience an increase in discrimination, prejudice or stigma during periods of stress and crisis; they may be targeted for violence, be overlooked when humanitarian and protection needs are identified, or have difficulty accessing humanitarian services. Specific analysis may be required to integrate consideration of these trends in the risk review.

[32] IASC, *Gender Handbook for Humanitarian Action.*

[33] 'More Must Be Done in Support of Women's Contributions to Peace, Secretary-General Tells Security Council, Outlining Gender-Parity Initiatives', SG/SM/19316-SC/13555-WOM/2160, 25 October 2018, available at <https://www.un.org/press/en/2018/sgsm19316.doc.htm>, accessed 19 October 2020.

[34] United Nations Popularion Fund, Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities, UNFPA, New York, 2018, available at <https://www.unfpa.org/featured-publication/women-and-young-persons-disabilities>, accessed 19 October 2020.

Exposure

Some hazards are indiscriminate; but others (such as violent conflict) can pose a targeted threat to men, women, girls and boys. **Even when a hazard strikes indiscriminately, men and women could potentially occupy different physical spaces at different times of the day due to their assigned gender roles**. In many places, for example, child care and domestic responsibilities may keep more women within their homes or residential areas while men may typically occupy markets and places of work during business hours. Thus the timing of a tsunami, storm surge or earthquake could lead to disproportionate levels of exposure for either men and women, as illustrated in **Box 5**. Exposure to such location-specific hazards as mines or unexploded ordinance could also vary between the genders, as women, girls, men and boys may have different patterns of mobility in a location and varying levels of access to information regarding the location of explosive remnants of war. It is therefore useful to consider if there are any gender differences in exposure to various shocks and stresses.

BOX 5 – DIFFERENT EXPOSURE OF WOMEN AND MEN TO THE SAME HAZARD

In Indonesia, Aceh was one of the worst affected provinces by the tsunami in 2004. A survey conducted by Oxfam showed that two thirds of those who died in the tsunami were female;[35] and a Tufts University study found that those killed were primarily young children aged 9 years and younger and adults aged 60 years and older.[36] Subsequent gender analyses found that one of the reasons for these disparities related to exposure; men were out fishing, working in the fields or taking produce to the markets when the wave hit the shore, while women, children and the elderly were at home.

Vulnerabilities and capacities

A **vulnerability** analysis considers the specific characteristics that make girls, boys, men and women particularly susceptible to the impacts of a specific shock or stress. Human vulnerability is influenced by a range of factors, including the person's income-level, health status, disability, social class, level of education, race or ethnic background, religious affiliation, language, level of education and displacement situation. Gender is a key factor.

In most contexts, because of gender roles, men and boys hold more social, economic and political influence or power than women and girls, and they therefore exercise more power and autonomy over their lives and decision making, including decisions about the allocation of resources.[37] Consider the following examples of vulnerabilities that have gender variations (see ***GRIP Annex 1, Table 2***, for potential data sources):

- Difference in access to information, e.g., girls and women are often excluded from access to the internet, mobile phones and warning systems; they may be semi-literate or simply have no knowledge of these technologies, which may limit their capacity to use them and may entail delays in critical communications and rescue.
- Difference in mobilities, e.g., in several contexts women and girls are restricted from going out by themselves (in some cases they may be required to go out only in the presence of a man) or they may not have resources or modes of transport that allow them mobility.
- Lack of agency and decision-making, e.g., prevailing gender and social norms may prevent girls and women from taking leadership positions, exercising influence, speaking in public, and or making certain types of household decisions.
- Lack of access to resources, e.g., girls and women often lack the financial resources that may be required for rapid response to emergencies

[35] Oxfam, *The Tsunami's Impact on Women*, Oxfam Briefing Note 30. March 2005, available at < https://oxfamilibrary.openrepository.com/bitstream/handle/10546/115038/bn-tsunami-impact-on-women-250305-en.pdf;jsessionid=2F300F2AA7C16722E85EB0E3F7471BFC?sequence=1>, accessed 19 October 2020.

[36] Mazurama, Dyan, et al., *Sex and Age Matter,* Feinstein International Center, Tufts University, Boston, 2011, pp. 18-19, available at <https://fic.tufts.edu/wp-content/uploads/sex-and-age-matter.pdf>, accessed 19 October 2020.

[37] This statement holds in most contexts. Even in patriarchal societies, however, intersectional factors matter. For example, men and boys with disabilities may not hold influence or power as they are seen as 'not real men' and unable to fulfill roles assigned to men.

- Vulnerability to exploitation and GBV, e.g., female-headed households may often face increased discrimination, exploitation and violence in emergency contexts.
- Differences in the ways in which economic shocks are absorbed in the household, e.g., adolescent girls may decrease their nutritional intake in favour of boys in the household, which makes them susceptible to malnutrition.
- Different needs of members of indigenous communities, religious and ethnic minorities and other, traditionally or historically marginalized groups, e.g., female members or members of the LGBTQIA community may often be at heightened risk.
- Gender-blind or gender-discriminatory emergency response processes and infrastructure, e.g., when toilets, water and firewood collection points are distant from the camp sites. Girls and women who are primarily responsible for these household chores and require the use of these facilities may face an increased threat and risk of physical and sexual violence.
- Differences in decision-making power on such environmental issues as water resource management. It is important to include women and girls in decisions on resource management issues, beyond just water collection, as well as to ensure that the social/reproductive uses of water (as well as sanitation and hygiene needs) receive as much attention and priority as other demands. A key issue to consider is the consequent effects of inadequate or poor-quality resources and the rationing of supplies on women's and girls' health and their burden of care.

Gender-based violence

According to GRIP, the review of **capacities** should consider all the strengths, attributes and resources available within a household or community that can be used to absorb impact of a shock or stress, adapt to it and/or transform positively after it occurs. Such resources may include relative social networks and/or social organizations, sectors of employment, practical experience and levels of influence. The review should take into consideration local, regional or national governance capacities to offer gender-responsive social services as well as specific capacities to reduce risk, prepare for emergencies, manage crises when they strike (i.e., withstand/survive the crisis while limiting loss and or damage) and implement timely recovery in a gender-responsive manner. The importance of this analysis is made clear in **Box 6**.

BOX 6 – DIFFERENT IMPACTS OF SHOCKS AND STRESSES ON MEN AND WOMEN

In the 1991 cyclone and flood in Bangladesh, the death rate for women was almost five times that of men. A gender analysis found that one of the most critical factors related to the high mortality of women was that early warning information was transmitted by men to men in public spaces – but was rarely communicated to the rest of the family. Often, many women in Bangladesh are permitted to leave the home only in the company of a male relative, and many women perished waiting for their menfolk to return home and take them to a safe place.[38] A contributing factor was that many women could not swim; swimming was seen as a skill women didn't need, and they were often prohibited from learning how to swim. Applying a gender lens to risk analysis can help avoid such catastrophes in the future. UNICEF can play a critical role in working with national authorities (e.g., national statistics offices and technical line ministries) and development partners (UNDP and UN Women) to ensure that sampling frameworks, data collection processes and risk analysis are designed with an understanding of social networks, power relationships and gender roles in order to answer the most pertinent questions regarding the vulnerability of girls, boys, women and men.

[38] Röhr, U., 'Gender and Climate Change', Tiempo, no. 59, 2006, cited in Habtezion, Senay, 'Gender and disaster risk reduction.'

Ranking the risks

This final stage of risk assessment brings together estimations of the **likelihood** of experiencing a shock or stress and the **impact** of the different shocks and stresses ranked by the relative risks they pose. ***Section 3.2.4 of GRIP Module No. 2*** provides detailed instructions on the process of ranking risks. In deciding on a hierarchy of risks, it is useful to consider whether the risks are critical, medium-level or low-level.

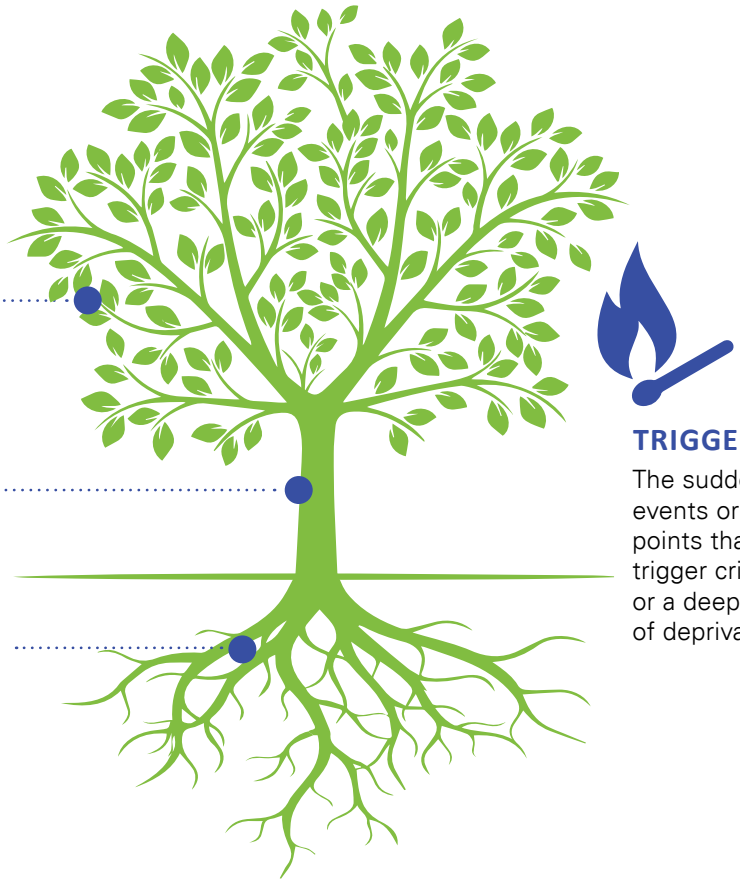
From a gender perspective, the varied and gender-specific impacts of crises on girls, women, men and boys should be a key factor in determining the severity rank of the risk. Particularly if the risk analysis has been conducted at the community level, it could be useful to have gender-specific rankings of the various risks presented for discussion.

GRIP distinguishes between short-term risk of humanitarian crises, which may manifest in the next year (to ensure national emergency preparedness, and UNICEF and partner preparedness), and slower-onset stresses or situations that could deepen deprivations over the medium or long term (to inform the larger country programme). It is critical that both be considered from a gender perspective, with an understanding of the roles, responsibilities and burdens of women and men in the context, for emergency preparedness and response. There are clear gender inequalities of disaster and climate risk that cannot be ignored, particularly when recovery is protracted.

2.3 ANALYSIS PHASE

Section 4.1 of GRIP Module No. 2 describes how to conduct a simple causal analysis. More than updating the statistics and data, **this analysis asks why risks are occurring with such frequency and severity, and why they result in deepening deprivation for boys, girls, women and men**. A gender-responsive, risk-informed causal analysis examines both the gender-specific effects (or consequences) related to the impact of a particular shock or stress and the root causes (drivers) for gender disparities in terms of child rights outcomes, as well as the conditions (immediate causes) that allow these effects and causes to persist, as illustrated in the Problem Tree graphic below (**Box 7**).

BOX 7 – CAUSAL ANALYSIS CONSIDERING EFFECTS AND ROOT CAUSES



A causal analysis with a strong gender and risk lens has several premises:

1. There is no single cause of gender inequality. Rather, there are a variety of interconnected and interdependent factors that require a multi-pronged approach.
2. To realize sustainable or transformative change, UNICEF staff and partners must work not only on the **effects** of shocks and stresses (e.g., displacement for boys and girls, deprivation, GBV) but also the **underlying and root causes** contributing to fragility or a lack of resilience, evidenced in part by gender disparities and gendered risk.
3. Even when or where no visible gender disparities in child outcomes are identified, there is always a variety of critical gender barriers that affect the realization of children's rights and protection. For example, although there may be gender parity in school enrolment rates, schools must continue to provide adequate, gender-responsive toilet and menstrual hygiene management facilities, especially in emergencies, to maintain parity.

The table below, adapted from the Sitan Gender Toolkit (March 2019), provides some indicative questions that could deepen the analysis of immediate, underlying and root causes.

Legislation and policy: Formal rules related to gender equality	• What kind of policies and legal frameworks exist to prevent, enforce and address key issues affecting the capacity of boys, girls, women and men to cope with the impacts of shocks and stresses (**e.g., GBV laws, inheritance laws, land/asset ownership laws**)? • Is there commitment from the government and civil society to ensure that risk reduction, climate change adaptation and humanitarian assessments and responses at national and provincial levels are gender responsive and inclusive in nature? Are there gender-specific goals and targets in national plans? • Are women and girls recognized as potential leaders and change agents in fostering social cohesion and furthering conflict resolution and recovery? Are women's organizations included in efforts to sustain peace or further reconciliation? • Are women's groups identified as a key constituency?
Budget and expenditure: Allocation and disbursement of resources	• Is there adequate prioritization and allocation of resources to support gender-specific goals and targets in national budgets and humanitarian responses? Is the funding optimal to achieve results? (For example, there is often a lack of human resource funding for provision of psychosocial support by social workers for survivors of GBV, particularly in humanitarian settings.) • Are resources reaching those most in need? Are they directed towards addressing gender inequality of risk and effects? These distinctions are particularly important in the context of gender-responsive budgeting and in distinguising between those allocations that create gender co-benefits and those targeting gender directly and specifically.
Management and coordination: For gender-specific goals	• Are there clearly defined strategies and objectives to achieve gender-specific outcomes related to risk reduction and humanitarian response? • Is there adequate gender expertise or efforts to build gender capacity in the government and service delivery systems, including in systems that support crisis response? • What national-level coordination barriers hinder the enforcement of gender-specific goals in humanitarian and development contexts? (For example, there is often a failure of coordination between law enforcement, social services and providers to adequately respond to GBV.)
Financial and physical access: Direct and indirect costs for services and practices	• Do girls, women, boys and men have physical access to services or opportunities (e.g., cash transfers, essential commodities during emergencies, specialized health services) that could help them manage the risks or impacts of shocks and stresses in a gender-sensitive manner? Do some groups of girls, women, men and boys face specific physical barriers (e.g., due to disability) or other social and cultural barriers due to religion or traditional practice?

- Do girls, boys, women and men have equal access to critical information that could help reduce or manage the risk of crisis? (For example, early warning mechanisms may target people in the workplace or public spaces rather than at home.) Are messages gender sensitive and in accessible formats (including with consideration for language and disability)? Are the different perceptions of risk considered? (There is anecdotal evidence of differentiated perceptions of risks, including responses to early warnings to act or to evacuate).[39]
- Do girls and women have access to and control over financial assets to enable them to reach services, maximize opportunities or make independent choices about how to prioritize spending? How might their access to and control over financial assets change during an emergency?
- Does the access to or utilization of services raise any gender-specific risks for boys, girls, women or men? How can these be mitigated? (For example, could the distribution or prioritization of cash assistance to women raise the risk of domestic abuse/intimate partner violence? How will these risks be managed?)

Social and gender norms: Widely followed, informal rules of behaviour

- What are the widely followed, informal gender norms, roles and expectations that underlie the behaviours of girls, boys, women and men in the specific context? How do these norms contribute to or exacerbate gender-specific risks when a shock or stress is experienced? (For example, during times of stress, conflict or insecurity, rates of girls' early marriage are known to rise; meanwhile, associating violence with masculinity puts large numbers of boys at risk of exploitation and harm.)
- How is gender discrimination in society compounded during crisis conditions? [For example, during periods of conflict, do women face more severe discrimination in entering the labour force or taking on management positions? Or in accessing the most viable and well-paying opportunities (e.g., construction or debris removal) in a post-disaster context? Do girls face greater pressure to remain at home (e.g., to care for young siblings, older family members or persons with disabilities) rather than go to school?]
- Are men and women equally vulnerable to the loss of employment or unable to seek work and/or benefits, leading to worrying implications for female-headed households with children?[40] (An issue emerging in the context of COVID-19 is that more women than men seem to be permanently losing their jobs in some sectors.)
- How do gender norms differ for specific groups of girls, women, boys and men (e.g., for people with disabilities, adolescents or the different social classes)?

Supply/ commodities

- What are the differential needs of girls, boys, women and men in humanitarian and development contexts?
- Is there adequate planning and prioritization of gender-specific commodities to support emergency/humanitarian responses? Do they both adhere to quality standards (including gender-specific standards in the Core Commitments to Children in Humanitarian Action and SPHERE)?
- Is the procurement and distribution mechanism for essential commodities or services during emergencies responsive to gender-specific needs?

Human resources

- Is there adequate staffing to ensure consideration of the needs of girls, boys, women and men?
- Will women and men working in social services be impacted differently by shocks and stresses in their community? Could gender-specific roles and responsibilities affect the attendance or motivation of civil servants and service providers, thereby affecting the continuity and quality of services? (For example, women are often expected to fulfil the role of caregiver for family members during illness or injury. During epidemics or crises, could this expectation affect women's attendance on the job more severely than men's?)

[39] World Meteorological Organization, Gender Perspectives - Strengthening People-Centered, Multi-Hazard, Early Warning Systems, available at <https://public.wmo.int/en/events/events-of-interest/gender-perspectives-strengthening-people-centered-multi-hazard-early>, accessed 19 October 2020.

40 Ewing-Nelson, Claire, 'Four Times More Women Than Men Dropped Out of the Labor Force in September', Fact Sheet, Oct. 2020, available at <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2020/10/september-jobs-fs1.pdf> accessed 19 October 2020.

- How are support and supervision mechanisms affected by shocks and stresses? (For example, could gender-specific risks including the threat of GBV prevent women more than men from travelling to remote, rural and insecure areas for supervision? Can these risks be managed in a gender-responsive manner?)

Social, cultural practices and beliefs: Individual or community beliefs, behaviours, attitudes and practices

- How are the decisions made that directly impact the lives of girls, boys, women and men? Is there consideration of gender-differentiated needs and gender-specific vulnerabilities and capacities in service provision?
- What social norms, practices, roles and behaviours prevent girls and boys from accessing or demanding access to services or continuing to use services?
- What is the distribution of responsibilities inside and outside the household for girls, boys, women and men? Will this raise risks during emergencies or create insecure conditions or situations that put children and vulnerable groups at physical risk? (For example, women and girls in underdeveloped, rural areas may be responsible for water or fuel collection. The practice can put them at greater risk of harm, even outside of situations of conflict and insecurity.

2.4 VALIDATION PHASE

Depending on the depth and scope of the risk analysis, it must be reviewed at the validation phase by gender focal points within the UNICEF country office at a minimum; ideally, it should also be reviewed by partners and the relevant national ministries. Additionally, teams can consult external experts on gender (including experts from national ministries or academic institutions) as a part of a peer review process. If a participatory approach is used, then the analysis should be validated by women's groups and groups of children, adolescents or youth, using focus group discussions and child-friendly communication methods where possible. Finally, it is important to disseminate the analysis through channels that reach all gender identities and to encourage all stakeholders using it to make sure their messages are gender sensitive.

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3. SUPPLEMENTAL INFORMATION FOR MODULE NO. 3: DESIGN AND ADAPTATION OF PROGRAMMES

3.1 GENDER-RESPONSIVE OR GENDER-TRANSFORMATIVE RISK-INFORMED AND PEACEBUILDING PROGRAMMES

As the gender-specific nature of risk is better understood through analysis, it becomes clear that all risk-informed programming should aspire to be gender responsive or gender transformative, considering the special needs, vulnerabilities and capacities of boys, girls, women, men and other gender identities.

To ensure that all genders have equal opportunity to benefit from risk and vulnerability reduction and sustainable development, clear gender-specific strategies should be articulated for programmes, with associated or disaggregated implementation plans, budgets, resources and indicators for measurement, ensuring a focus on equity.

Gender-responsive risk-informed programmes should not only address the acute and immediate gender-specific needs that emerge during stress or crisis (the "effects"), but the root causes of deep-seated gender disparities in vulnerability and adaptive capacity to manage shocks and stresses. In other words, the work of UNICEF and partners should not only help men, women, boys and girls to recover or adapt positively to the impact of a shock but it should also focus on reducing risk, preventing crisis before it manifests and building resilience. This focus should include building assets, strengthening the capacity for flexibility, fostering agency, boosting learning, promoting social organization and addressing the socio-cognitive responses to risk and stress.[41] It requires lasting, transformational change in systems, structures and behaviours for the achievement of sustainable, resilient development with gender equality.

[41] Cinner, Joshua E., and Michele L. Barnes, 'Social Dimensions of Resilience in Social-Ecological Systems.'

The focus on both immediate needs and lasting change in vulnerabilities and capacities can be captured in a Theory of Change. **Box 8** provides questions that can be posed during the creative process of programme design. To be successful, risk-informed and peacebuilding programmes should recognize and actively foster women's and girls' strengths and capacities to act as agents of risk reduction, mitigation and recovery. In many societies, the disruptive effects of crisis have offered opportunities to challenge harmful gender roles and power dynamics and achieve transformational change.

BOX 8 – QUESTIONS FOR A RISK-INFORMED, GENDER SENSITIVE THEORY OF CHANGE

UNICEF's Results-Based Management (RBM) Handbook, GRIP and Gender Programmatic Review all provide detailed instructions on developing a child rights–focused Theory of Change (TOC). Combining all guidance, the table below provides some pertinent questions that can help in applying a strong gender lens to a risk-informed TOC.

Impact	• Is there a clear commitment to furthering gender equality expressed in the impact statement? Is it gender specific? Are the impact-level results equally shared by both girls and boys, by female and male adolescents, or by women and men? • Does this TOC acknowledge the need to address the root causes of gender-specific vulnerability and risk, such as gender differences and disparities related to social norms, roles and expectations?
Outcomes	• Is a commitment to gender equality recognized in the preconditions to achieving the impact-level results above? Are the changes necessary for all gender identities to achieve equity in outcomes made explicit? • Is it clear that boys, girls, women and men may require different services, products, commodities and/or assistance to achieve equal outcomes? • Is it clear that boys, girls, women and men may have different capacities, vulnerabilities, responsibilities and perceptions that may influence the achievement of outcomes? • What assumptions are being made about the gender division of resources, responsibilities, influence and/or decision-making power? How do these assumptions differ according to intersectional identities (e.g., for girls, women, boys and men with disabilities, or for adolescents)? How do these assumptions affect the use and importance of environmental resources, including issues such as clean air and clean water? • Is it clear which national capacities are required to ensure the continuity of gender-responsive services in times of stability, stress and crisis? Is there a commitment to strengthening these capacities? • Is there a commitment to better preventing and managing cases of gender discrimination and GBV in times of stability, stress and crisis?
Output-level changes	• Whose needs are being addressed through the proposed intervention? Are these the most urgent needs to be addressed? • Who identified and prioritized the needs, and who was consulted in designing implementation strategies? • Who is being targeted by the proposed interventions? Is the targeted group defined in gender-specific or gender-inclusive terms? • Is the proposed intervention gender responsive or gender transformative? • What resources are being made available through this intervention? Who is likely to have access to these resources, who is likely to manage them, and who is likely to control them?

- What benefits or gains flow from this intervention? Again, who is likely to have access to them, who is likely to manage them, and who is likely to control them? Who (i.e., which men and which women) are likely to lose from this intervention? Is any resistance being factored in?
- Is there a commitment to establishing and maintaining more gender-responsive means of communication with affected communities, ensuring the participation of girls, boys, women and men in planning, monitoring and giving feedback on the quality of programmes and services?

Current situation

- Is the logic of the TOC informed by a gender analysis? When describing the current situation, does the TOC recognize gender-specific impacts of shocks and stresses and how they could impact the realization of specific outcomes for child rights and gender equality? For example, does it consider the special needs of girls and women and the differential vulnerabilities and capacities for different gender identities?

When developing risk-informed theories of change and programmes, staff should self-evaluate their commitment to gender equality, considering the Gender Continuum (and other institutional tools such as the Gender Marker, Gender Programmatic Review Toolkit and the GPR Management and Operations Guide). UNICEF and inter-agency guidelines such as UNICEF Programme Guidance for the Second Decade; UNICEF Adolescent Participation Guidelines and Guidelines for Working with and for Young People in Humanitarian Emergencies and Protracted Crises are also critical references. **Box 9** provides a three examples – from Bangladesh, Lebanon and Liberia – of how an impact pathway can be modified to ensure that interventions progressively move from gender blind towards gender-sensitive, gender-responsive and gender-transformative action.

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BOX 9 – GOOD PRACTICE IN GENDER-RESPONSIVE RISK-INFORMED PROGRAMMING

There is a wealth of experience in gender-responsive and gender-transformative action that can be reviewed to provide inspiration for risk-informed programming. Following are three examples of good practice in mainstreaming risk and gender in programmes.

Lebanon's National Plan to Safeguard Women and Children

In 2014, Lebanon prioritized the building of government capacity as part of its broad-based response and prevention services in the context of the Syrian refugee crisis and supported the Ministry of Social Affairs in drawing up a national plan to build resilience and promote development, which later became the National Plan to Safeguard Women and Children.The plan aims to provide the best possible protection to girls, boys, women and service providers in the fields of child protection, GBV and health. It also aims to support the Ministry in better structuring the child and women protection sectors at both local and national levels in order to build the capacity of national protection systems.

The UNICEF GRIP Child Protection Module provides guidance on how to conduct a gender-sensitive risk analysis considering the threat of GBV. See UNICEF's GBViE Resource Pack for information and resources on conducting interventions for survivors of sexual violence in emergencies, building girls' and women's safety and reducing their risk. The IASC Gender Handbook for Humanitarian Action is also a useful resource.

Life skills–based education for violence prevention and peacebuilding

UNICEF works with a broad range of community-based partners to develop the knowledge, skills, attitudes and values that will bring about behavioural change enabling boys, girls and adolescents to prevent conflict and violence and create conditions conducive to peace and gender equality. In Liberia, for example, a conflict analysis found that national reconciliation had been slow after the country's civil conflict ended in 2003 and the Ebola crisis (2013-2016) revived and exacerbated a deeply rooted mistrust in society. Recommendations were made to integrate peacebuilding competencies (motivating girls and boys to promote social cohesion) into existing education responses. UNICEF Liberia, in collaboration with the NGO Search for Common Ground and the Ministry of Education, launched an initiative to develop a gender-sensitive peacebuilding curriculum, providing practical lessons on peacebuilding and conflict resolution in everyday situations at school and in the community.

UNICEF's Conflict Sensitivity and Peacebuilding Programme Guide provides more information on how gender-transformative strategies that combat exclusion, discrimination, harmful gender norms and GBV are critical to achieving lasting positive change.

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Participation of staff, students, parents and community in risk reduction

In Bangladesh in 2011, boy and girl students took part in a participatory vulnerability analysis, in which they drew maps to highlight risks around their schools. Girls suggested it was difficult to attend school because there were no tube wells or latrines and because schools were often more than 1 km away from home, which contributed to a drop-off in school attendance, particularly for older girls. The participatory process benefited nearly 10,300 students and 405 teachers and led to improved infrastructure, including separate latrines for girls and boys and efforts to ensure menstrual health management in school. These and other risk-reduction efforts have enabled education to continue during and after seasonal floods and in other crises.[42]

Quality education that is relevant, equitable and conflict-sensitive can strengthen the resilience both of children exposed to crisis and of education systems. See UNICEF's Education in Emergencies teamsite for resources that can support education officials in efforts contributing to sustainable peace.

[42] For further information see United Nations Children's Fund, Education in Emergencies and Post-crisis Transition, UNICEF, New York, June 2012, available at <https://reliefweb.int/sites/reliefweb.int/files/resources/Full_Report_4257.pdf>, accessed 19 October 2020.

3.2 RESULT CHAINS

Result statements for risk-informed programmes should be strategic, measurable, aligned, realistic, transformative, empowering and reportable, as described in UNICEF's RBM Handbook and GAP Monitoring and Reporting Guidance. They also should align with gender equality impacts and outcomes at national, inter-agency and organizational levels, recognizing that all development and humanitarian results have an opportunity to further gender equality.

UNICEF's Gender Action Plan, available on the Gender Data and Indicators Sharepoint site, describes 13 transformational gender result areas that are relevant in development and humanitarian contexts. Selected indicators should be directly relevant, nationally owned, aligned to larger planning frameworks and incorporated as standard indicators in programme results assessment modules.

Box 10 presents some areas of change that may further gender equality outcomes and a set of potential indicators. It gives an example of a programme designed to strengthen resilience in five high-risk districts of a country prone to seasonal natural disaster.

BOX 10 – INDICATIVE OUTCOME AND OUTPUT INDICATORS FOR A PROGRAMME DESIGNED TO STRENGTHEN RESILIENCE IN HIGH-RISK DISTRICTS

Impact statement

The resilience of men, women, boys and girls to the impact of contextual shocks or stresses (such as climate stress, natural hazards or violent conflict) within the five most at-risk districts is strengthened over the next four years.

Impact indicators

- Notable decrease in levels of human vulnerability, as defined through measures of multi-dimensional child poverty
- Notable decrease in levels of mortality, morbidity and displacement for girls/boys and women/men associated with seasonal natural hazards
- Notable reduction in reported cases of GBV experienced by adolescent girls and boys during periods of emergency and response

Indicative outcome statements	Outcome Indicators	Output indicators
District authorities demonstrate improved performance in the collection, analysis and use of sex-disaggregated data and gender analysis to inform risk-reduction programming	• Number of district development plans that include an analysis of gender differences and disparities • Number of district risk analyses that present an analysis of gender differences and disparities	• National or sector-specific guidelines produced for gender-sensitive risk analysis, with the involvement of women's organizations in their design • Number of national monitoring systems that disaggregate key indicators by sex • Number of disaster impact and loss databases that disaggregate key indicators/data by sex • Number of women, men, girls and boys who participate in district-level risk analyses
District-level climate adaptation, risk reduction or crisis management plans allocate funding for gender-specific priorities	• % increase in funds allocated to gender-specific priorities within district development plans • % of funds allocated for gender training of local authorities	• Public finance management study measuring gender-responsive allocations and expenditures in risk reduction and management completed with UNICEF support • Number of local/community risk-mitigation plans with specific actions to prevent and respond to GBV

	• % of funds allocated to specific actions to prevent and respond to GBV	• Number of local authorities (women/men) trained in gender-responsive disaster risk reduction and climate change adaptation planning and budgeting with UNICEF support • Number of women's organizations that participate in local planning processes
Development of inclusive early warning messaging services using mobile technology, complemented by distribution of mobile phones, gender-responsive training programmes and community participation	• % of mobile coverage with early warning messaging services among men/women in the target population • % of men/women out of total population in each district who report receiving early warning messages or information • % of men/women who provide feedback or reporting to community messaging services	• Number of mobile phones distributed to girls and women/female-headed households who lacked access to mobile technology • Number of women and men trained and actively using early warning systems • Number of women reporting active receipt and use of early warning messaging services • Number of gender-sensitive early warning messaging services developed • Number of women/men participating in community-level feedback mechanisms (developed to support reporting in emergencies and adjustment of services) • Number of women's organizations that validate the design of early warning systems
Gender-responsive health services including easy access to food distribution, access to sexual and reproductive health services, availability of skilled female staff and equipment for deliveries, and access to health services for pregnant or lactating women	• Number of mobile clinics providing sexual and reproductive health services • Number of trained medical staff (women/men) for deliveries, antenatal and post-natal care • % of live births attended by skilled medical staff • Number of interruptions in the continuity of health services for adolescent girls	• Number of risk reduction, preparedness and contingency plans that feature actions to ensure continuity of nutritional supplies, particularly for adolescent girls and pregnant and lactating women, who are most susceptible to malnutrition • Number of nutritional facilities placed next to women-, adolescent- and child-friendly spaces or health facilities • Number of gender-sensitive protocols for emergency preparedness and response developed for pregnant and lactating women and adolescent girls • Number of pregnant and lactating women and adolescent girls trained in preparedness and response • Number of staff (women/men) with gender-responsive training and number of skilled female staff for deliveries • Number of mobile clinics with sexual and reproductive health services and trained staff
Comprehensive programme for prevention and response for survivors of GBV, complemented by provisions for psychosocial support, safe spaces and gender-responsive training for health workers	• Number of female/male frontline workers with training in gender-sensitive GBV prevention and response • Percentage decrease in cases of GBV in target population • Percentage of coverage of reported cases with speedy and good-quality response • Increased knowledge of target population of GBV and available services	• Percentage of targeted girls and boys provided with psychosocial support, including access to child-friendly spaces with intersectoral programming interventions, e.g., skills development, empowerment workshops, etc. • Number of child-friendly spaces and safe spaces constructed for girls and women • Number of gender trainings held for frontline workers/ number of certified frontline workers • Development and availability of GBV training material for frontline workers • Number of awareness-raising campaigns held reaching girls and boys

3.3 DO NO HARM

Not only does UNICEF have an obligation to identify the risks to boys, girls and vulnerable groups that are posed by contextual shocks and stresses, but it is also obliged to identify the risks that could be posed by the country programme itself. Anticipating the unintended consequences of both internal and external practices, interventions and partnerships is a critical aspect of the larger effort to "do no harm" – an overarching principle in humanitarian work.

Conflict sensitivity

Conflict sensitivity is a central aspect of UNICEF's risk-informed programming approach in conflict-affected and fragile contexts. Given the potential unintended consequences and harms of programming, conflict sensitivity is a minimum requirement in all interventions. Structural violence against certain groups, based on gender, identity, ideology or geography, is often perpetuated through the inequitable access to social services. Therefore, there is an acute risk that UNICEF-supported interventions may unintentionally lead to aggravated conflict dynamics that affect girls and boys. According to UNICEF's Conflict Sensitivity and Peacebuilding in UNICEF technical note, at a minimum all countries where there continues to be a serious threat to social cohesion must have a gender-sensitive conflict analysis and conflict-sensitive programmes.

Preventing sexual exploitation and abuse

Sexual exploitation and abuse of community members by anyone associated with the provision of aid constitutes one of the most serious breaches of accountability. It is a protection concern for boys, girls and women and erodes the trust and confidence of communities and the host country in all those providing assistance. A critical part of "do no harm" is the implementation of UNICEF's policies and standards to ensure the prevention of sexual exploitation and abuse (PSEA), available on the PSEA Sharepoint site. Staff should also be aware of the UN Secretary General's Report on Special Measures for Protection from Sexual Exploitation and Abuse; consult the IASC task force on the issue and take the Prevention of Sexual Exploitation and Abuse e-course (mandatory for all UN personnel, volunteers and contractors).

Child safeguarding

Understanding that protecting children from risks goes beyond PSEA, UNICEF's Programme Division and country offices are also required to identify and mitigate particular situational and personal risks facing individual boys and girls and to consider how to identify and address needs for immediate protection. UNICEF's Procedure on Child Safeguarding and Policy on Conduct Promoting the Protection and Safeguarding of Children provide additional guidance.

Accountability to affected communities

Accountability to affected populations (AAP) or communities refers to a commitment to take account of, give account to and be held to account by the communities that are supported with humanitarian assistance. But the accountability for active participation of communities extends also into the development context. AAP works to ensure that that boys, girls, women and men of all ages have equitable access to:

- Information that is timely and relevant to their needs and preferences
- Communication channels that are two-way and meaningfully facilitate feedback
- Opportunities to participate in decisions that affect their lives.

Building from the AAP Framework, UNICEF and its partners will prioritize its AAP efforts in three critical areas: (1) information sharing; (2) participation (and community engagement); and (3) feedback and complaint mechanisms. See the AAP SharePoint site maintained by UNICEF's Office of Emergency Programmes (EMOPS) and the APP Community of Practice for more information, including the Business Case and Roadmap.

4. SUPPLEMENTAL INFORMATION FOR MODULE NO. 4: MONITORING RISK AND RISK-INFORMED PROGRAMMES

For UNICEF, there are two different types of monitoring: **situation monitoring**, which measures the change in the situation of boys, girls, women and the wider environment; and **programme monitoring**, which can provide valuable information about the extent to which progress is being made against programme results.

Situation monitoring

UNICEF and partners play a key role in strengthening national monitoring systems (including administrative systems and survey methods) and ensuring that the data collected can support gender analysis. For example, as the custodian or co-custodian of 17 SDG indicators, UNICEF supports countries to develop international standards and methodologies for measurement and data collection; compile and verify national data; maintain global databases; and generate, analyse and use data related to key child rights indicators. **This powerful role means that UNICEF is also a key advocate to ensure that data and information are disaggregated by age, gender, disability, location (geography) and a variety of other social and environmental determinants of inequality in national monitoring systems**. This can deepen an understanding of gender difference and disparities and how this influences risk.

UNICEF and partners should therefore work with national and local authorities to ensure that disaster impact and loss data are adequately disaggregated by sex and age, and to increase the frequency of monitoring during times of stress and crisis, making it possible to understand how shocks and stresses impact directly and indirectly on child rights and gender-related outcomes.

For UNICEF staff only: Information on risks that could trigger a humanitarian crisis within the coming year are integrated into UNICEF's Emergency Preparedness Platform. As per the UNICEF Procedure on Preparedness for Emergency Response, "Country offices should monitor the risks regularly, at least every six months, to identify changes in the risk profile – a light process using external information sources and collaborating with inter-agency and government as feasible." The monitoring of risks that affect boys, girls, women and men should therefore be a systematic process. It can be linked to both risk monitoring as part of project management and the increasing need to monitor and safeguard against environmental and social risks in programme and project implementation.

Programme monitoring

Gender-sensitive monitoring of programme progress depends on the extent to which gender equality objectives, results and gender-specific or gender-disaggregated indicators have been integrated at the planning stage. Refer to the Gender Action Plan, GAP Monitoring and Reporting Guidance and the Gender Data and Indicators SharePoint site for further information. As with any monitoring plan, UNICEF and partners should identify specific indicators that might require more frequent updates in times of stress and crisis, to meet commitments to children in humanitarian action and requirements for humanitarian performance monitoring, and to rapidly adjust programmes in response to a dynamic environment.

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