LESSONS LEARNED RESEARCH: PROTECTION SECTOR

COVID-19 SITUATIONAL ANALYSIS PROJECT





Main Implementing Partner



DATA FRIENDLY SPACE



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About this project

In July 2020, iMMAP launched the Global COVID-19 Situation Analysis Project, funded by the Bureau of Humanitarian Assistance (BHA) of USAID. Implemented in Cox's Bazar, Bangladesh,1 Burkina Faso, Colombia, Democratic Republic of Congo, Nigeria, and Syria, this project has produced monthly situation analysis reports that provide humanitarian stakeholders with comprehensive information on the spread of COVID-19 and related humanitarian consequences. Data is identified from humanitarian sources and coded using the projects analytical framework, which is closely aligned with the JIAF framework. Data is stored in DEEP where it can be visualized, disaggregated and aggregated to respond to queries about humanitarian situations.

Based on Lessons Learned for the project, iMMAP commissioned a series of sector-specific lessons learned reports to assess data availability and quality, adaptations, challenges, opportunities that emerged in five humanitarian sectors: education, food security, livelihoods, protection, and water, sanitation and hygiene (WASH). Alongside this, seven thematic reports that focus on identified gaps in data were also commissioned.

It should be noted that the number of tagged documents on DEEP is an underestimation of the true value of documents available globally. Firstly, no system of literature identification and review will capture 100% of data sources. Secondly, there is a lag between date of publication of a document and date of processing and finalization into DEEP. This delay leads to an underestimation of the number of documents in recent time periods.

"This report is the result of a combination of primary and secondary data review exercises that crossanalyze a number of information sources. The views expressed herein do not necessarily reflect the views of USAID, the United States Government, the humanitarian clusters or any one of their individual sources."

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List of Acronyms

BHA	Bureau of Humanitarian Assistance
CPIMS+	Child protection information management system
DRC	Democratic Republic of the Congo
GBV	Gender-based violence
HLP	Housing, land, and property
ICT	Information and communications technology
IDPs	Internally displaced persons
INGOs	International non-governmental organizations
KII	Key informant interview
LNGOs	Local non-governmental organizations
NGOs	Non-governmental organizations
RCRC	Red Cross and Red Crescent Movement
UN	United Nations
WASH	Water, Sanitation and Hygiene
WoS	Whole of Syria

Executive Summary

In July 2020, iMMAP launched the Global COVID-19 Situation Analysis Project, funded by the Bureau of Humanitarian Assistance (BHA) of USAID. Implemented in Cox's Bazar, Bangladesh, Burkina Faso, Colombia, DRC, Nigeria, and Syria, this project has produced monthly situation analysis reports that provide humanitarian stakeholders with comprehensive information on the spread of COVID-19 and related humanitarian consequences. In July 2021, iMMAP commissioned a series of sector-specific lessons learned reports to assess data availability and quality, adaptations, challenges, opportunities that emerged in six humanitarian sectors: education, food security, livelihoods, nutrition, protection, and water, sanitation and hygiene (WASH). This report focuses on the protection sector. Three data sources informed the analysis presented in this report: a review of secondary data on the DEEP platform from 01 March to 18 August 2021; a document review of iMMAP's monthly situation analysis reports; and key informant interviews with humanitarian stakeholders from the protection sector.

A total **of 2,492 leads and 365 assessments** were tagged for the protection sector on the DEEP platform. The highest number of leads (700) were reported for Colombia while Burkina Faso accounted for the highest number of protection assessments (130). **International non-governmental organizations (INGOs) and United Nations (UN) agencies were the two types of organizations authoring the highest proportion of protection assessments** – 38.5 per cent and 25.5 per cent of protection assessments respectively. This global trend held true for all countries except for Nigeria, where INGOs and donors were the two main developers of assessments. Overall, **54.2 per cent of protection assessments were uncoordinated** and 43.6 per cent coordinated (joint). Only 2.2. per cent of assessments were coordinated (harmonized). In terms of assessments' type of approach, **38.9 per cent were categorized as rapid assessments**, 29 per cent as monitoring assessments, and 15.9 per cent as in-depth assessments.

On average, **key informant interviews were the most employed type of data collection technique**, followed by household interviews and individual interviews. Satellite imagery was the least employed type of data collection technique. **Protection assessments employed both face-to-face and/or remote methods to varying degrees in each country**. The use of remote methods for data collection surpassed face-to-face in the Democratic Republic of the Congo (DRC) and Nigeria, where 42 per cent and 61.9 per cent of protection assessments respectively employed this method. **The community/site was, by far, the most common unit of analysis with 42.7 per cent of protection assessments employing it**. When breaking down the data by country however, some variations emerged. **Humanitarian conditions was the most covered theme of protection assessments**, followed by displacement and context. Except for Nigeria and to a lesser extent Syria, the focus on COVID-19 containment measures was relatively minimal in the other countries. While most assessments looked at more than one population group, **internally displaced persons (IDPs) were the group with most coverage in all countries except for Bangladesh**, where

refugees were the population with the most coverage in the assessments. In Burkina Faso, DRC, Nigeria, and Syria, a large proportion of assessments were tagged at the department level. In Bangladesh, most assessments were tagged at the municipal level whereas in Colombia, most assessments were tagged at the country level.

Despite the myriad of challenges that emerged during COVID-19, protection-specific information continued to be collected, analyzed, and shared during the pandemic. As highlighted by key informants, COVID-19 exacerbated some of the pre-existing challenges on data availability and quality. It also created additional barriers such as lack of access to affected populations. Among the sub-sectors, it was reported that child protection has particularly suffered from data gaps. Limited or lack of access due to lockdowns and movement restrictions affected the capacity of humanitarian stakeholders to engage in data collection efforts as well as provide essential protection services. In addition, some countries like Nigeria and Burkina Faso have witnessed a deterioration of security concerns which, compounded with COVID-19, have rendered any form of operation and information management activity extremely difficult. In places like Syria, longstanding barriers of access to certain areas have generated severe information gaps. It is only estimated that the pandemic has had detrimental consequences on protection risks in these areas. Challenges have been faced not only in the ability to access data, but also in the capacity to ensure that high-guality data is processed, reported, and disseminated. To curb some of the access barriers during COVID-19, protection actors turned to various adaptations. The use of remote methodologies and data collection methods was an important break from the traditional face-to-face methods typically employed by the sector. This is a promising area, but one which must take into consideration the primacy of safe and do no harm approaches in the ways that data is collected, stored, and shared. As noted by some key informants, remote methodologies can create digital inequities when those who are not connected are not reached. This can create skewed representations of the needs of the most vulnerable populations. In some contexts, remote methodologies must be cautiously introduced as communities may experience mistrust. With regards to data quality, a common challenge across all countries has been limited capacity to collect, manage, and analyze high-quality data. Lastly, key informants noted that the pandemic has highlighted the need for recognizing the essential role of communities and affected populations in information management processes. More community-based approaches are needed to build capacity and empower populations to identify, collect, and manage information about protection issues at the local level. This can not only support wider availability of data, but it can also contribute to generating more quality data.

Five recommendations are presented based on the findings from this report.

- 1. Develop the capacity of humanitarian actors, especially field data workers, to generate and use high-quality protection data. A key lesson learned from the pandemic in all six countries was that incomplete, inaccurate, or insufficient data can have detrimental impact on how responses are designed and implemented. Context-specific limitations and the specific needs and challenges of field data workers must be considered in the planning and implementation of capacity building initiatives.
- **2.** Invest in community-based approaches to information management. The pandemic demonstrated the crucial role that affected populations have in the identification and response to protection issues, especially when access is hindered. Therefore, it is important to

build capacity and empower communities to support and carry out own monitoring and management of data and information about key issues identified by them.

- **3.** Further explore the use of different methods and tools for data collection, including information and communications technology (ICT)-based ones for the protection sector, while ensuring do no harm approaches. The protection sector has traditionally relied on face-to-face methods, but COVID-19 pushed protection actors to test and explore ICT-based data collection methods. The lessons learned from this experience represent an opportunity to further explore the use of online and/or offline methods, as well as the use of alternative channels and platforms to collect information. This must be however conducted in line with do no harm approaches.
- 4. Maximize the use of secondary data and strengthen in-depth analysis to better understand underlying trends in protection. COVID-19 raised challenges about primary data collection in the protection sector with constrained access for many humanitarian stakeholders. Humanitarian actors must responsibly share data with each other. Greater reliance in secondary data can also strengthen in-depth assessments and analysis and be complemented with primary data only and when necessary. This can also help mitigate over researching affected populations.
- 5. Increase inter-sectorial coordination to strengthen the planning and implementation of coordinated assessments. Stronger coordination between protection actors, as well as with humanitarian actors in other sectors increases the capacity to collect, manage, and analyze data effectively and efficiently. Coordination of assessments must take place at the planning phase, to ensure that the priorities of various sectors are aligned and adequately addressed in the assessments.

Introduction

In July 2020, iMMAP launched the <u>Global COVID-19 Situation Analysis Project</u>, funded by the Bureau of Humanitarian Assistance (BHA) of USAID. This project is being implemented by a team of experienced project managers, information management officers, data analysts, thematic experts, and data visualization officers in Bangladesh,1 Burkina Faso, Colombia, the Democratic Republic of the Congo (DRC), Nigeria, and Syria. The **aim** is to strengthen information flow and analysis capacities by addressing challenges in data and information comprehensiveness, consistency, and value. Based on an in-depth collation, review, and synthesis of secondary data via the <u>DEEP</u> platform, this project has been producing **monthly situation analysis reports** and **thematic reports** that provide humanitarian stakeholders with comprehensive information on the spread of COVID-19 and related humanitarian consequences.

In July 2021, iMMAP commissioned **a series of global lessons learned reports** to assess data availability and quality, challenges, opportunities, and adaptations in six humanitarian sectors: **education, food security, livelihoods, protection, and wash, hygiene and sanitation (WASH).**

Research Objectives

The **purpose** of this global lessons learned report is to assess data availability and quality, challenges, opportunities, and adaptations in the **protection sector**. This report is part of a series of six sector-specific global lessons learned reports. The **specific objectives** are:

- 1. Conduct a secondary data review and analysis on data availability and quality during COVID-19.
- 2. Conduct primary data collection through key informant interviews (KIIs) with protection sector/cluster coordinators and/or sub-cluster/sector coordinators in child protection (CP), gender-based violence (GBV), housing, land, and property (HLP), and mine action.
- 3. Analyze and synthesize findings documenting challenges, opportunities, and adaptations in data availability and quality for the protection sector, and lessons learned and recommendations for the way forward.

Methodology

A mixed methods methodology was employed for the development of this report. Primary and secondary data was collected and analyzed. To structure the research and analysis, a preliminary research framework (see *Annex 1*, column A) was developed by the researcher. To unify data collection and analysis, iMMAP provided all researchers with data extracted from the DEEP platform on several variables (see *Annex 1*, column B).

Secondary data

• **The DEEP platform** was reviewed for document leads² and assessments³ tagged under the protection sector. Raw data was extracted from DEEP by iMMAP and shared with the researcher in an Excel Sheet.

¹ The focus of the project has been on Cox's Bazar, Bangladesh. The country name will be employed for the rest of the report.

² Leads corresponds to all the documents referenced in the DEEP platform. It may include various type of sources (articles, assessment etc.).

³ Assessments are one type of leads in DEEP.

- As the DEEP platform is regularly being updated, **the selected timeframe for data extraction was 01 March 2020 to 18 August 2021.** For leads, this meant a tagging on DEEP prior to 18 August 2021. For assessments, this meant the date of publication and not the date they were tagged on DEEP.⁴
- **A document review** was conducted on iMMAP's COVID-19 monthly situation analysis reports for each country, and on the available COVID-19 situational annual review reports for each country. At the time of the writing of this report, these reports were available for Bangladesh, Colombia, and Syria. This review searched for information related to data quality and availability specific to the protection sector. The extracted information was documented in an Excel sheet, organized by country and month.

Primary data

- Key informants were identified in collaboration with each iMMAP country leads. The list of potential contacts was complemented with a search on <u>humanitarianresponse.info</u> for additional contacts. The final list was shared with iMMAP's country lead for validation.
- Key informants were contacted via email, either directly by the researcher or through the country lead and invited to a remote KII.
- KIIs were conducted via Zoom or Microsoft Teams and lasted for one hour. With the verbal consent of the informants, interviews were recorded and transcribed verbatim. The software <u>Otter.ai</u> was used for the three interviews conducted in English, and the software <u>Sonix.ai</u> for the interview conducted in French.
- The interview transcripts were cleaned and coded in the original language by the researcher. Considering the small number of interviews, the researcher opted for coding on Excel. A preliminary codebook based on the interview tool was employed. Inductive coding complemented the process.
- Four Klls were conducted with protection sector leads, co-leads, or sub-sector leads.

Data Analysis

Data collected through the above primary and secondary data methods was analyzed using **descriptive, thematic, and comparative analysis methods.** Information collected through the three data sources employed for this report – secondary data review (DEEP); desk review; and Klls, was triangulated to strengthen the validity of analysis.

⁴ Most assessments are identified and tagged in the DEEP platform as soon as they are published. However, some assessments may be identified at a later stage and tagged retroactively. In this case, assessments that were published during the timeframe of 01 March 2020 to 18 August 2021, but which may have been tagged retroactively, may have been omitted from the analysis.

Research Limitations

The methodology employed for the development of this report has several limitations.

- A very small number of KIIs were conducted in each of the countries. The planned number of KIIs was between six and 12, with at least one KII per country. It was not possible to arrange KIIs with all key informants as initially planned. A challenge faced in most countries was the unavailability of key informants due to the seasonal holiday period of August. There was also a relatively short turnaround for the completion of these interviews, making it difficult for some key informants who may have had competing tasks at the time. Information collected through KIIs was as much as possible triangulated with other sources of information. However, and considering the limited number of KIIs, some of the findings that stem from this data source may be subjective viewpoints and opinions.
- The protection sector is characterized by the presence of at least one specialist sub-sector in each country. It was not possible to arrange KIIs with representatives from all the sub-sectors. This limited the ability to obtain a more in-depth and comparative perspective of the differences and similarities in data availability and quality between the different sub-sectors and the overall protection sector.
- The DEEP platform is updated regularly. Therefore, the number of leads and assessments has likely evolved since the writing of this report. As this report was conducted at the end of the project, it is anticipated that it provides a relative accurate picture of the data availability and quality in the protection sector.

Background

Overview of the Protection Sector

The protection sector in all six countries has one or more specialist areas of protection, i.e., national sub-sectors. The table below (see *Table 1*) lists the active specialist areas of the protection sector in each country. In most countries, the sector also has sub-regional hubs. Most sectors have an updated website on <u>humanitarianresponse.info</u>, with sector dashboards and relevant documents.

Specialist areas of	Cox's Bazar,	Burkina Faso	Colombia	DRC	Nigeria	Syria
protection	Bangladesh					
Child Protection	Х	Х	X	Х	Х	Х
GBV	Х	Х	X	Х	Х	Х
HLP				Х	Х	
Mine Action			Х	Х		Х

Table 1: Protection	sector in six c	ountries. Source:	humanitarianres	ponseinfo.

Protection Needs by Country

Data has highlighted the negative impact of COVID-19 on a range of protection concerns in all locations covered by this report. Pre-existing vulnerabilities have likely been exacerbated by the socio-economic consequences of the pandemic, amplifying the scale of protection issues. Containment measures and the economic pressure that have ensued for many households, have contributed to a rise in GBV and violence against children, including the resort to negative coping mechanisms like child labor or child marriage. Unsafe or forced movements within and across countries and regions have been taking place, with reports of this occurring because of the pandemic. Psychosocial distress and anxiety have been reported due to the fear of catching the virus but also as a result of stressors from the containment measures and economic crisis. While protection concerns have been on the rise, access to affected populations has been a challenge. Containment measures and restrictions on movement have severely limited the ability of humanitarian assistance to reach populations. In some cases, information gaps have rendered the task of identifying and responding to the emerging and evolving protection needs challenging. As part of the situation analysis project, annual reviews of the main issues and evolution of humanitarian needs during COVID-19, including for the protection sector, have been released in Bangladesh,⁵ Burkina Faso,⁶ Colombia,⁷ DRC,⁸ Nigeria,⁹ and Syria.¹⁰

Key Findings

This section summarizes the findings regarding data availability and quality, and the adaptations undertaken by humanitarian stakeholders in the protection sector to mitigate some of the challenges faced during COVID-19.

Data Availability

For the purpose of this research, **data availability** was measured with information extracted from three data sources: i) DEEP's variables on data availability; ii) information on data availability gaps from iMMAP's COVID-19 monthly situation analysis reports; and iii) views and perspectives of key informants pertaining to data availability in each of the countries. The DEEP variables used to

assess data availability were the number of document leads by country for the protection sector; the number of assessments covering the protection sector by country; the type of organizations producing the assessments; and the type of coordination employed to produce the assessments.

Leads

The protection sector reported a total of **2,492 leads on the DEEP platform.** In comparison to the number of leads associated to the other five sectors of the global lessons learned research, **the protection sector registered the highest number of leads. This represented 24.2 per cent of the total number of leads identified by all sectors.**

When comparing the number of leads by Figure 1: Leads (no. of documents). Source: DEEP.

country, data showed (see Figure 1) that the highest number of protection leads were tagged for Colombia (700 leads). This represented 28.1 per cent of the total number of protection leads in all six countries. In descending order, Bangladesh reported 437 leads (17.5 per cent); Burkina Faso, 389 leads (15.6 per cent); DRC, 353



leads (14.2 per cent); Nigeria, 336 leads (13.5 per cent); and Syria, 277 leads (11.1 per cent).

Assessments

A total of **365 assessments tagged for protection were identified on DEEP.**⁵ Burkina Faso accounted for the highest number of assessments – 130. This represented 35.6 per cent of the total number of assessments identified across the six countries. Sixty-nine assessments (18.9 per cent) were attributed to DRC; 67 assessments (18.4 per cent) to Colombia; 42 assessments (11.5 per cent) to Nigeria; 38 assessments (10.4 per cent) to Syria; and 19 assessments (5.2 per cent) to Bangladesh.



⁵ N.B. It is important to note that this report refers to protection assessments as those which are protection-specific and those that were multi-sectorial but covered protection sector data. The DEEP platform reported a total number of 365 assessments for the six countries. When searching for the number of assessments by type or organization, the total number of assessments was 580. No further explanation about this discrepancy was found.

It is noteworthy to highlight **the varied correlation between the number of leads and assessments associated with the protection sector by country**. The lowest number of assessments were attributed to Bangladesh, but it reported the second highest number of leads. In other countries such as Syria, the low number of protection leads was proportionate to the low number of protection assessments.

When comparing the number of protection assessments with the number of assessments covering the five other sectors that constituted the global lessons learned reports, 19.3 per cent of the total number of assessments covered protection. It was the second most covered sector, just slightly below food security (20 per cent).

When comparing the number of assessments covering the protection sector with the number of assessments covering the other humanitarian sectors featured in DEEP,⁶ mixed results emerged. In Burkina Faso and Colombia,⁷ protection remained the most covered sector. In Bangladesh, Nigeria, and Syria, the health sector was the one with the highest number of assessments, and the protection sector featured less prominently. In DRC, food security was the sector with the most related information. For further information and visuals on the coverage of the protection sector vis-à-vis the other sectors by country, see Annex.

In terms of stakeholders, i.e., the type of organizations that produced the assessments, 39.5 per cent of the tagged assessments were attributed to international non-governmental organizations (INGOs), followed by 25.5 per cent of protection assessments attributed to United Nations (UN) agencies; 14.5 per cent of protection assessments assigned to government bodies; 10.5 per cent attributed to donors; and 4.1 per cent assigned to local non-governmental organization (LNGOs). Finally, the proportion of protection assessments attributed to the Red Cross and Red Crescent Movement (RCRC) was very low, only 0.7 per cent. It is important to note that the same protection assessment may be attributed to one or more type of organizations. **Overall, INGOs and UN agencies were the main stakeholders producing assessments**. The specific humanitarian stakeholders accountable for the development of these assessments varied by country.

Data regarding the number of assessments produced by type of organization was also extracted by country (see *Figure 4*). In line with the overall trend, INGOs and UN agencies accounted for most assessments identified on DEEP, except for Nigeria. In this case, INGOs and donors were the two main stakeholders. In Syria, the only two identified stakeholders of assessments were INGOs and UN agencies.⁸

⁶ Education, food security, health, livelihoods, nutrition, protection, shelter, and WASH. Child protection and GBV feature separately on DEEP, but these assessments are counted under protection.

⁷ Both protection and livelihoods displayed a similar number of assessments with sector-specific information.

⁸ As noted, before, these calculations were based on a total number of assessments of 580.



Figure 4: % of assessments by type of organization and by country. Source: DEEP.

When looking at the number of assessments per quarter (see *Figure 5*), it is important to interpret this data with caution as changes in the number of assessments per month may be due to a delay in their identification on the DEEP platform. While most assessments are identified and tagged on the DEEP platform in real-time, some assessments may be identified and tagged at a later stage. One plausible explanation for the variation in the number of assessments is a correlation with the tightening and easing of COVID-19 related movement restrictions and lockdowns. As noted by key informants, access to primary data was severely restricted at the outset of the pandemic, impacting the ability to collect and produce assessments. As time went by, key informants reported increased access to data, but also accumulated experience with alternative methods for data collection. Finally, in some countries, there were major data backlogs in the course of 2020 as much of the resources were directed towards the humanitarian response.

Data showed that between the second and third quarters of 2020, there were considerable increases in the number of protection assessments in Burkina Faso, Colombia, and Nigeria. No change was reported for Bangladesh and Syria, and there was a decrease in the number of protection assessments in DRC. Between the third and fourth quarters of 2020, there was a steep increase in the number of assessments tagged for Burkina Faso, Colombia, and DRC; a decrease in the number of assessments tagged for Nigeria; and no significant change for the number of assessments tagged for Nigeria; and no significant change for the number of assessments tagged for Burkina Faso, Colombia, all countries reported an

increase in the number of assessments, especially Burkina Faso. In the second quarter of 2021, there was no variation in the number of assessments tagged for Colombia; decreases in the number of assessments tagged for Burkina Faso, DRC, and Syria; and slight increases in the number of assessments assigned to Nigeria and Bangladesh. Finally, the third quarter of 2021 shows a sharp decrease in the number of assessments for all countries. This may however not be an accurate reflection of the total number of assessments released in this quarter as this report was developed during the third quarter of 2021.



Figure 5: No. of assessments (protection) by quarter (2020-21) and country. Source: DEEP.

The protection assessments take into consideration both general protection and specialized areas of protection including as child protection and GBV. When focusing on two specialized areas of protection that DEEP tracks – child protection and GBV – the number of assessments tagged for these is much lower than the number of assessments for protection in general (see *Table 2*).

No. of assessments (protection) by area of specialization ⁹							
Country	Child protection	GBV	Total no. protection				
Bangladesh	9	9	19				
Burkina Faso	46	44	130				
Colombia	10	9	67				
DRC	18	15	69				
Nigeria	11	3	42				
Syria	2	1	38				
Total	96	81	365				

Table 2: No. of assessments (protection) by area of specialization. Source: DEEP.

Overall, **54.2 per cent of protection assessments were uncoordinated and 43.6 per cent were joint coordinated assessments**. This trend held true for Colombia, DRC, and Syria, where 86.6 per cent, 78.3 per cent, and 92.1 per cent of protection assessments respectively were uncoordinated.

⁹ N.B. The number of child protection and GBV assessments represent the number of assessments that either included child protection or GBV data or were entirely consecrated to either of these.

In the other three countries – Bangladesh, Burkina Faso, and Nigeria – 68.4 per cent, 66.2 per cent, and 90.5 per cent respectively were coordinated (joint) assessments. Finally, the proportion of coordinated (harmonized) assessments was marginal in all six countries (see *Table 3*).

% of protection assessments by coordination type								
	Bangladesh Burkina Colombia DRC Nigeria Syria ⁻							
		Faso						
Coordinated	0.0%	1.5%	1.5%	2.9%	2.4%	5.3%	2.2%	
(Harmonized)								
Coordinated (Joint)	68.4%	66.2%	11.9%	18.8%	90.5%	2.6%	43.6%	
Uncoordinated	31.6%	32.3%	86.6%	78.3%	7.1%	92.1%	54.2%	

Table 3: % of protection assessments by coordination type. Source: DEEP.

Data Quality

For the purpose of this research, **data quality** was measured with information extracted from three data sources: i) DEEP's variables on data quality;¹⁰ ii) information on data quality gaps in the monthly situation analysis reports; iii) and views and perspectives on data quality obtained through the KIIs. The DEEP variables employed to examine data quality were the quality score (see *Annex 4*); the methodology; assessments by focus, affected groups; and location (see *Annex 5* for the list of indicators constituting each of these variables).

Methodology

Overall, 38.9 per cent of protection assessments were categorized as rapid; 29 per cent of them as monitoring, and 15.9 per cent as in-depth assessments. Assessments categorized as other represented 14.2 per cent while initial assessments accounted for 1.4 per cent of the total number of assessments. Finally, registration accounted for 0.5 per cent of protection assessments.

When disaggregating the data by country, 42.1 per cent of assessments in Bangladesh; 54.6 per cent of assessments in Burkina Faso; and 63.2 per cent of assessments were tagged as rapid assessments on DEEP. In DRC, the largest proportion of protection assessments, 50.7 per cent, were classified as monitoring ones. In Nigeria, 66.7 per cent of assessments were categorized as other. In Colombia, 41.8 per cent of assessments covering protection were in-depth assessments (see *Figure 6*).

¹⁰ N.B. The percentages are calculated on the total number of assessments (n=365).





When considering the data from the protection assessments from all six countries, key informant interviews were, by far, the most employed type of data collection technique in four countries - Burkina Faso, DRC, Nigeria, and Syria. They remained an important data collection technique in Bangladesh and Colombia. The least employed data collection technique in all six countries was satellite imagery. The reliance on key informant interviews can be associated with the limitations posed by the COVID-19 context in conducting other forms of data collection techniques. Figure 7 presents a detailed breakdown of the type of data collection techniques by country. In Bangladesh, 36.8 per cent of assessments employed secondary data review and 31.6 per cent of them individual interviews. Klls were the third most used type of data collection technique, with 26.3 per cent of assessments using it. On a similar trend, 31.3 per cent and 26.9 per cent of assessments in Colombia employed secondary data review and individual interviews. This was followed by 20.9 per cent of assessments employing KIIs. As for Burkina Faso, 53.8 per cent and 47.7 per cent of assessments employed KIIs and focus group discussions (FGDs) respectively. It is noteworthy that FGDs were only employed to this high extent in Burkina Faso, whereas their use was minimal in the other countries and not used at all in Syria. In DRC, 58 per cent of protection assessments employed KIIs. This was by far, the main type of data collection technique as the second most common data collection technique, household interview, was only used by 4.3 per cent of assessments. In Nigeria, 71.4 per cent of assessments employed KIIs, and 28.6 per cent household interviews. Finally in Syria, the assessments relied primarily on KIIs - 76.3 per cent of them, and in direct observation - 10.5 per cent of protection assessments. Individual and

household interviews were data collection techniques employed to a very small extent – 2.6 per cent of assessments respectively (see *Figure 7*).¹¹



Figure 7: Type of data collection technique by country. Source: DEEP.

Two countries stand out for the significant use of remote methods in the protection assessments, surpassing face-to-face. In DRC, 42 per cent of assessments relied on remote methods, and only 17.4 per cent of them used face-to-face. In Nigeria, 61.9 per cent of assessments employed remote methods, and 28.6 per cent face-to-face. By contrast, data collection in Burkina Faso remained largely face-to-face, as 50 per cent of assessments employed this method, and only 10 per cent used remote methods. In both Bangladesh and Colombia, the percentage of assessments employing face-to-face and remote methods was relatively similar – 21.1 per cent for face-to-face and 26.3 per cent for remote in Bangladesh – and 28.4 per cent for remote and 29.9 per cent for face-to-face in Colombia. The proportion of assessments that employed mixed methods was minimal across all countries, except for Bangladesh, where 21.1 per cent of the assessments employed mixed methods (see *Figure 8*).

¹¹ N.B. One or more data collection techniques may be employed in each assessment and therefore, the numbers presented do not add up to 100 per cent.



Figure 8: Type of proximity, by country. Source: DEEP.

The community/site was the most common units of analysis considering all protection assessments in six countries and was used by 42.7 per cent of them. However, when breaking down the data by country, some variations emerged (see *Figure 9*). The most common unit of analysis in Bangladesh was the household – 26.3 per cent of assessments – closely followed by the community/site and the individual. In Colombia, the affected group was the most common unit of analysis – 29.9 per cent of assessments, followed by the household and individual. Sixty-nine per cent of protection assessments in Nigeria; 63.2 per cent of assessments in Syria; 62.3 per cent of assessments in Burkina Faso; and 29.9 per cent of assessments in DRC employed the community/site as the unit of analysis.



Figure 9: % of protection assessments by unit of analysis and country. Source: DEEP.

No specific trend for the most common unit of reporting was identified across the six countries as each country displayed different results (see *Figure 10*). The community/site was the most common unit of reporting in Bangladesh and Syria – 21.1 per cent and 44.7 per cent of protection assessments respectively. In Nigeria, 57.1 per cent of assessments employed the department/district unit of reporting. In DRC, 26.1 per cent of protection assessments employed the province/governorate/prefecture unit of reporting. In Burkina Faso, 30 per cent of assessments employed region as the most common unit of reporting, while in Colombia, 25.4 per cent employed the country unit of reporting.



Figure 10: % of protection assessments by unit of reporting and country. Source: DEEP.

Some discrepancies between the unit of analysis and unit of reporting in several countries must be noted. As highlighted in the monthly situation analysis reports,¹² data collected at the level of affected groups in Colombia has been extrapolated to report at the country level. In a similar trend, data collected at the community/site level in DRC and Nigeria has been used to report at the province level and department/district levels respectively. This risks skewing the accuracy of data.

Focus and Affected Groups

When considering the focus of assessments, humanitarian conditions was the most covered theme, followed by displacement and context. When breaking down the data by country, humanitarian conditions was the focus of assessments in all five countries except for Colombia, where displacement got more coverage. In Bangladesh, 63.2 per cent of assessments covered

¹² iMMAP, 2021e.

humanitarian conditions; 91.5 per cent of assessments in Burkina Faso; 65.2 per cent of assessments in DRC; 95.2 per cent of assessments in Nigeria; and 84.2 of assessments in Syria covered humanitarian conditions. **Displacement** was the primary focus of assessments in Colombia, with 40.3 per cent of assessments featuring this theme. However, humanitarian conditions remained a central theme, covered by 35.8 per cent of assessments. Impact (scope & scale) was relatively well covered in Nigeria, with 76.2 per cent of assessments addressing it, and in Bangladesh, where 63.2 per cent of assessments covered it. In the other countries, the coverage of this theme was less significant. **Except for Nigeria, the focus on COVID-19 containment measures was relatively marginal in the other countries.** Only 0.8 per cent of assessments in DRC addressed this. The coverage of COVID-19 containment measures was slightly less ample in Bangladesh – 5.3 per cent of assessments – and more abundant in Syria – 15.8 per cent of assessments. Nigeria had the most important coverage of COVID-19 containment measures with 52.4 per cent of assessments addressing this theme. *Figure 11* shows the percentage of assessments coverage of assessments.



Figure 11: % of assessments by focus and by country. Source: DEEP.

While most assessments looked at more than one population group, internally displaced persons (IDPs) were the group with most coverage in protection assessments in five countries. IDPs were covered in 76.3 per cent of protection assessments in Syria and 76.2 per cent of protection assessments in Burkina Faso. Ample coverage of IDPs was also found in Nigeria, with 73.8 per cent of assessments covering this population. In Colombia, 43.3 per cent of assessments

covered IDPs, closely followed by the coverage of others of concern – 40.3 per cent. In DRC, 37.7 per cent of assessments covered IDPs, but this was closely followed by the coverage of affected groups – 36.2 per cent. **In Bangladesh, refugees were by far, the group with the most coverage as 84.2 per cent of protection assessments covered this group** (see *Figure 12*).



Figure 12: % assessments by affected groups and by country. Source: DEEP.

Location

In four countries, a large proportion of assessments were tagged at the department/district level,13 such as 85.7 per cent of assessments in Nigeria; 84.2 per cent of assessments in Syria; 72.5 per cent of assessments in DRC; and 50 per cent of assessments in Burkina Faso displaying

¹³ The department/district level unit refers to the unit of reporting employed in the DEEP platform.

this. In Bangladesh, 84.2 per cent of assessments were tagged at the municipal level whereas in Colombia, 71.6 per cent of assessments were tagged at the country level.

Challenges and Opportunities in Data Availability and Quality

Key informants reported that COVID-19 exacerbated pre-existing concerns on data availability and quality gaps for the protection sector, especially for child protection.¹⁴ As shown in Table 1, the number of protection assessments covering child protection are relatively low compared to the total number of protection assessments identified through DEEP.

Limited or lack of access due to lockdowns and movement restrictions during the pandemic affected data availability in the protection sector. At the onset of the pandemic, access to Cox's Bazar was promptly restricted by the government. This affected overall data collection efforts due to restricted engagement with the communities in the camps, reduced number of camp-based volunteers and workers, and the restrictions for camp-based volunteers to use telephones or other Information and Communication Technologies (ICT).¹⁵ For child protection, case workers were only allowed to continue operating at 50 per cent capacity, which meant the presence of 137 case workers to cover a population of around one million. All other child protection activities were undertaken by camp-based volunteers. In addition, cases identified as high-risk could only be dealt with by case workers. During the lockdowns where case workers' access was restricted, it was not possible to adequately follow up on these cases. As a result, these children were not provided with the needed services and information about the incidence and severity of cases was not collected, as reported in a KII. Limited human resources and lack of equipment such as tablets or even telephones, coupled with increased workload made service delivery and information management increasingly challenging. A KII pointed out that the challenges pertaining to information management due to the restricted humanitarian presence in the camp during the pandemic affected the protection sector as well as other sectors. 16 In addition to COVID-19, a worsening of the security situation in Burkina Faso and Nigeria limited the possibility of collecting primary data collection.¹⁷ Consequently, this has affected the ability to accurately identify evolving protection needs. In Syria, iMMAP's COVID-19 situation analysis annual review report highlighted that continued lack of access to certain areas, such as central and southern Syria have created substantial data gaps. Most protection data stem from areas with regular access. When assessments are not available, there is a tendency to extrapolate findings to the entire governorate. This becomes problematic as it may erase disparities between urban and rural areas.18

Limited or lack of access to affected populations jeopardized data availability and quality. Inability to collect and analyze data on the impact of COVID-19 on protection risks meant that there were inaccurate reflections of the actual impact of the pandemic. Key informants in Bangladesh and Burkina Faso, mentioned that despite substantial anecdotal evidence on the detrimental effect of the pandemic, it was difficult to share evidence collected through more formal means

¹⁴ It must be noted that it was not possible to arrange KIIs with representatives from all the protection sub-sectors in all countries.

¹⁵ iMMAP, 2020.

¹⁶ iMMAP, 2021a. 17 iMMAP, 2021j.

¹⁸ iMMAP, 2021b.

such as assessments. In the case of Bangladesh, there was a reliance on anecdotal evidence collected through camp-based focal points to draw the overall picture of the protection environment. 19 In Burkina Faso, the number of assessments covering protection was relatively high. However, child protection data was more limited, and was addressed in 35 per cent of the protection assessments. This affected advocacy and awareness around the worsening of child protection risk factors, ultimately impacting funding and programmatic decision-making.

Another important challenge regarding data availability and guality has been the ability to process, report, and disseminate primary data, especially on sensitive protection issues. For instance, in Cox's Bazar, Bangladesh, data being collected by camp-based volunteers for child protection was not being uploaded in real-time to the Child Protection Information Management Systems (CPIMS+)²⁰ due to limited human capacity and lack of access to equipment. This created a significant backlog in the systems. At the end of 2020, a coordinated effort was made to consolidate all data that had been collected, primarily offline, and to update the system. As a result, a much more comprehensive picture of the impact of COVID-19 on child protection concerns emerged. This data is not yet available for wide dissemination in the present landscape where concerns about the sharing of data without informed consent of populations in Bangladesh has precluded actors from sharing data as a precautionary measure. In addition, child protection sensitive data is often not possible to share among humanitarian actors, therefore limiting the availability of information that can be employed for advocacy efforts on child protection as lifesaving interventions. Instead, humanitarian actors may rely on anecdotal evidence and aggregate trends analysis to identify the impact of COVID-19 and containment measures on child protection. This may however provide a partial image of the situation.

In Nigeria, the monthly situation analysis reports highlighted that although increased protection risk factors have been highlighted, quantitative data on caseload numbers is not available.²¹ It is highlighted that protection data can be sensitive and difficult to collect, especially if it is deemed culturally inappropriate to share. Another challenge has been the potential harmful effects that collecting sensitive data without due ethical guidelines and processes represent.²²

The specific ethical considerations that accompany the collection of sensitive protection data intensified during COVID-19. Key informants rightly noted that the protection sector has primarily relied on face-to-face data collection, considered more appropriate and accepted due to the sensitivity of data related to protection risks. The pandemic abruptly affected the ability of access to populations, while significantly amplifying protection risks. Adaptations to remote data collection methods were employed in all countries to various extents. While this enabled the collection of some data, it also posed limitations. Key informants pointed that it was **challenging to accurately collect sensitive data remotely, especially on issues such as violence against children, domestic violence, and GBV.** With the use of remote data collection methods, it is challenging to ensure that the questions are understood accurately, and that the information reported reflects the situation on the ground. Sensitive data collected remotely may also be

¹⁹ iMMAP, 2020.

²⁰ CPIMS+ is an open-source software platform that supports social services, humanitarian and development workers manage protection-related data in the child protection sector. 21 iMMAP, 2021i.

²² iMMAP, 2021k.

difficult to share and disseminate. Remote data collection requires additional structured and thorough checks and balances to ensure do no harm, which can emerge from the dissemination of data or from the participation of populations in the process. While collecting sensitive data, remote modalities also impact the ability to build trust and rapport, which can negatively affect the trustworthiness of reported data. A certain level of mistrust may also be experienced when there is a use of remote data collection methods, thus discouraging populations from disclosing protection concerns. Some data collection techniques are particularly difficult to employ, especially on a remote modality. In Nigeria, KIIs suggested that the type of data collection techniques such as key informants and heads of household interviews are not the best suited to obtain reliable information from those facing protection issues.²³

Remote data collection methods may also exclude some of the most vulnerable groups. The exclusion of these groups in data collection efforts can affect the accurate reflection of needs on the ground. In the child protection sub-sector, there is an additional barrier of accessing children. In cases where parents or family members are perpetrators of violence, children may not have the means to report such violence remotely. With lack of access to schools and other safe spaces, children may have no possibility of reporting protection concerns.

Another challenge identified through KIIs in some contexts is the limited number of stakeholders conducting assessments. The relative high concentration of the development of assessments into a handful of stakeholders may become problematic when these actors have limited access, affecting the data flow for other organizations relying on this.

While limited information was collected on sampling approaches, key informants noted the limitations that have emerged, especially during COVID-19, with reduced sampling and at times, not sufficiently representative.

Limited capacities of local data collectors or local partner organizations obtruded with the quality of protection data collected during the pandemic in some contexts. In Cox's Bazar, Bangladesh, camp-based volunteers were suddenly burdened with data collection and service delivery, without the regular on-site support that they would typically receive. Limited capacity in identifying, collecting data, and reporting on different child protection concerns impacted the type of data being collected was reported by key informants. In Burkina Faso, most local NGOs lack focal points for data collection. This has affected the ability of building capacity as there is constant rotation of people being trained. Ultimately, as highlighted by key informants, this has impacted the quality of data. In a similar way in Nigeria, increased capacities have not necessarily trickled down to enumerators, thus minimizing the effectiveness of efforts.

Information gaps have been identified on several specific protection risks. In all countries, a limited number of protection assessments covered the impact of COVID-19 containment measures. In Colombia, few information is available on the impact of COVID-19 on populations, especially on children and adolescents. Protection data that has been collected tends to focus on GBV and service provision. ²⁴ In Burkina Faso, it appeared in a KII that there are data gaps on the impact of COVID-19 in the incidence of negative coping mechanisms such as child labor, and early

23 iMMAP, 2021i. 24 iMMAP, 2021d. marriage.²⁵ In addition, **there is a need for more in-depth assessments**, especially to gain a better understanding of the protection risk factors and coping mechanisms of populations as COVID-19 restrictions have progressively eased. In Syria, a key informant highlighted that substantial data gaps have been highlighted with regards to family separation, whether as a direct result of the pandemic such as death or illness of caregivers. Information gaps also concern sensitive issues such as domestic violence or mental health and well-being, including suicide among young people.²⁶ In DRC, iMMAP's situation analysis reports have highlighted an overall lack of qualitative data for the protection sector. Child protection and GBV are relatively better documented in comparison to other protection concerns such as documentation, human rights abuses and mine action.²⁷ Specifically, there is lack of disaggregated data at the administrative, national, and government levels.²⁸

Geographically, the limited or absence of data in some regions in several countries is a challenge. In Colombia, very limited data is collected in rural areas. Data collection concentrates in the capitals of the departments. While data is presented at the city level, a trend of extrapolating this data to the country level is observed. This is problematic as it may lead to a skewed representation of protection concerns that may be specific to rural areas.²⁹ In particular, official statistics are lacking from the Amazonas department. Instead, data from the Amazonic and Orinoquía regions are aggregated, thus providing limited specificity at the departmental level. The limited regional data published by the National Department of Statistics (DANE) concentrates in the capitals of Meta and Caquetá. Limited ethnic disaggregation is provided. For instance, only 238 of the more than 1,000 pieces of information reviewed for the Amazonia region contained information about indigenous populations, which nonetheless represent a significant share of the population in that region.30

In Syria, protection-related information is relatively well covered in the northern areas of the country, especially in comparison with the southern areas. A tendency to draw conclusions from data obtained from main cities and extrapolate findings to the entire governorate is also observed in Syria when there is limited data. This may erase some of the disparities between urban and rural areas.³¹

COVID-19 has undeniably posed a myriad of challenges for data availability and quality in the protection sector. At the same time, it is important to mention **some opportunities**.

The use of remote data collection methods in the protection sector, which has traditionally employed face-to-face methods only, is an opportunity to expand reach. This also represents an opportunity to adapt and innovate. Over time, **humanitarian stakeholders have become increasingly comfortable with the use of information and communications technology (ICT)based data collection tools** and remote working modalities. At the same time, digital inequities may preclude access to the most vulnerable and least connected populations. It is important to

- 26 iMMAP, 2021b.
- 27 iMMAP, 2021g.
- 28 iMMAP, 2021h.
- 29 iMMAP, 2021d. 30 iMMAP, 2021f.
- 31 iMMAP, 2021b.

²⁵ iMMAP, 2021c.

highlight that beyond ICT-based remote data collection tools, there are other offline alternatives that may prove to be useful. For instance, in Nigeria, sound boxes where affected populations can anonymously record messages, were used for data collection purposes. The collected information through this channel was then analyzed and used to complement other data collection efforts. This type of low-tech solutions can be effective in cases where populations may not benefit from connectivity and are in hard-to-reach locations.

The abrupt loss of access to populations has highlighted **the importance of community-based approaches in information management.** In many contexts, community-based volunteers or workers were the only ones able to access populations and collect data. This developed their capacity and demonstrated the importance of continue investing in this as it is both a more sustainable approach and enables for more quality data that is also contextualized. **It has also highlighted the need to invest in capacity development to improve data quality.** As noted in Burkina Faso, the limited availability of quality data can have detrimental consequences for programming as well as funding. In Bangladesh, the lack of access to the camp meant that campbased volunteers were the only ones able to collect data along with the provision of services. Their capacities were increased with support from local partner organizations, and this in the long term is an opportunity to improve data quality and build community-based information management systems.

Adaptations

To circumvent challenges of physical access to populations, the protection sector turned to **remote data collection and information management methods.** As shown above (see the *Methodology section*), remote data collection was more employed than face-to-face in DRC and Nigeria, while other countries also displayed an important use of this. In Burkina Faso, KII highlighted that several assessments employed Kobo-based questionnaires to collect data.

Case management, defined as a way of organizing and carrying out work to help address populations' needs in an appropriate, systematic, and timely manner is one of the essential services that must not be suddenly stopped.³² During emergencies, case management is often more complex to carry out; yet it is precisely during these periods that case management is one of the ways in which quality care and services can be ensured. Heavily relying on in-person and paper-based systems, case management was severely constrained during COVID-19. **The digitalization of case management, especially in child protection,** has been an important adaptation to enhance efficiency of data management. In Bangladesh, KIIs pointed out that the child protection subsector employs CPIMS+, and the updating of the platform with accumulated data from 2020 provided a more comprehensive picture of the protection situation in the camp. The existence of remote reporting systems such as child helplines has enabled in many contexts the reporting of cases.

The transition to remote coordination was another important adaptation to ensure continuity. In Bangladesh, child protection case management workers continued supporting camp-based

³² Global Child Protection Working Group, 2014.

volunteers over the telephone. In Burkina Faso, the protection sector shifted all its coordination activities remotely.

The data and information management adaptations that took place during COVID-19 have allowed the protection sector to test new ways of working. Some of these adaptations such as the use of CPIMS+ in child protection are helping strengthen systems and capacities, with potential long-term benefits. The use of remote data collection techniques may become a preferred method in some contexts, while a return to face-to-face may take place in other places. Regardless, the experience and lessons learned from COVID-19 have expanded possibilities for the sector.

Lessons Learned

A fundamental lesson learned, highlighted across the KIIS in all six countries has been **the need to invest in the capacity building of humanitarian protection actors, especially at field level, to improve data quality.** It is important that capacity building efforts are geared directly towards data collectors. In some instances, trainings are provided to management level, and the learnings dilute when they reach data workers in the field. Along increased capacity building, there is a need to **consider infrastructural and financing gaps of data workers** such as the availability of ICT tools (telephones, tablets, laptops) and access to Internet. The capacity building should ensure that those collecting data have a unified understanding of data collection tools and indicators. This helps ensure that the information accurately reflects protection issues affecting populations.

The use of ICT technologies for data collection, processing, storage, and sharing is a relatively new field for the protection sector. COVID-19 accelerated the adoption of some of these technologies when face-to-face access to populations was abruptly interrupted. For the protection sector, expanding into the use of these type of technologies can amplify reach. It can also support a more rapid gathering of information and expedite responses based on identified needs. However, it will be important for protection actors to assess the level of access by various populations in need, and to consider data protection challenges when employing technologies for the handling of sensitive data.

In some contexts, such as Burkina Faso, the absence of information management dedicated staff among local partner organizations has affected data availability and quality. It is therefore important **to mainstream the availability of information management focal points across organizations,** including supporting local partner organizations with this. This ultimately requires adequate allocation of financial resources.

In the child protection sector and as exemplified by the case of Bangladesh, there is **increased recognition of the vital role of volunteers and community level child protection mechanisms.** As noted in previous sections, the humanitarian footprint in the camps was significantly reduced during COVID-19, along with camp-based staff-led child protection activities and data collection efforts. More broadly, it is vital to **invest in community-based approaches to increase quality of protection data.** Such approach may also increase community buy-in of information and subsequent interventions and provide opportunities to contextualize the information with qualitative and local knowledge on context-specific drivers as well as support mechanisms. Beyond data collection, there is a need to **further develop routine and systematic analysis of trends in the protection sector to guide decision-making.**

Strengthening coordinated assessments and increasing inter-sectorial coordination in the undertaking of assessments is critical to mitigate data availability gaps. This approach prevents duplication of efforts and can help provide greater access to protection data in spaces where the presence of protection actors is weak or severely limited due to security or movement restrictions.

Conclusion and Recommendations

This report, part of a series of six-sector specific global lessons research reports on the BHAsupported Global COVID-19 Situation Analysis Project, explored data availability and quality, the challenges, opportunities, adaptations, and lessons learned in the protection sector in six countries - Bangladesh, Burkina Faso, Colombia, DRC, Nigeria, and Syria. Through a review of secondary data on the DEEP platform, a desk review, and Klls, this report showed that protectionspecific information continued to be collected and shared during COVID-19. In total, 2,492 leads and 365 assessments were identified for the protection sector between 01 March 2020 and 18 August 2021. It is important to note however that the availability of sub-sector specific data varied. For instance, while a relative high number of protection assessments were found, the number of assessments addressing child protection was significantly lower. To enable the continuity of information flow, adaptations such as the use of remote data collection methods were implemented in several countries. However, pre-existing challenges and limitations concerning data availability and quality in the protection sector were exacerbated by the pandemic. Collecting data on protection issues requires following specific ethical guidelines and procedures to ensure that sensitive information is protected and that do no harm approaches guide the information flow and management. During COVID-19, capturing anecdotal evidence on the rise of protection concerns was a challenge in most countries. Consequently, limitations in data availability and quality impacted the capacity to identify and respond to specific protection needs, not the least when access to affected populations was severely constrained by movement restrictions. At the same time, the pandemic has brought some important opportunities for the improvement of information management in the protection sector. It allowed for the testing of remote data collection methods, which can help expand reach, albeit while considering limitations of context and specific characteristics of populations. The pandemic also highlighted the need to invest in capacity building at the field level to improve data quality, and to further explore community-based approaches in information management for the protection sector.

Considering the findings of this report, the below **five recommendations** are presented:

- 1. Develop the capacity of humanitarian actors, especially field data workers, to generate and use high-quality protection data. A key lesson learned from the pandemic in all six countries was that incomplete, inaccurate, or insufficient data can have detrimental impact on how responses are designed and implemented. It is therefore important that field data workers are adequately trained, supported, and provided with tools on how to collect, compile and report quality data. They must also be guided on how to troubleshoot when quality issues emerge. Context-specific limitations and the specific needs and challenges of field data workers must be considered in the planning and implementation of capacity building initiatives.
- 2. Invest in community-based approaches to information management. The pandemic demonstrated the crucial role that affected populations have in the identification and response to protection issues, especially when access is hindered. Therefore, it is important to empower communities and build their capacity to support and carry out own monitoring and management of data and information about key issues identified by them. This serves to not only strengthen data availability but also quality.
- 3. Further explore the use of different methods and tools for data collection, including ICTbased ones for the protection sector, while ensuring do no harm approaches. The protection

sector has traditionally relied on face-to-face methods, but COVID-19 pushed protection actors to test and explore ICT-based data collection methods. The lessons learned from this experience represent an opportunity to further explore the use of online and/or offline methods, as well as the use of alternative channels and platforms to collect information. This must be however conducted in line with do no harm approaches. To this end, it is important to consider contextual limitations with regards to access and connectivity; the safety of methods being employed; and the appropriateness of methods with the groups of individuals from which data is being collected. It must be highlighted that not all settings will require or be suitable to 'high tech'; instead, 'low tech' solutions may be more effective and appropriate.

- 4. Maximize the use of secondary data and strengthen in-depth analysis to better understand underlying trends in protection. COVID-19 raised challenges about primary data collection in the protection sector with constrained access for many humanitarian actors. At the same time, it also made a strong case for maximizing the use and circulation of available data. To this end, humanitarian actors must responsibly share data with each other. Greater reliance in secondary data can also strengthen in-depth assessments and analysis and be complemented with primary data only and when necessary. This also helps mitigate the 'survey fatigue' phenomenon that can quickly spread among affected populations who are constantly being researched and surveyed by different actors, all too often on similar issues.
- 5. Increase inter-sectorial coordination to strengthen the planning and implementation of coordinated assessments. For the protection sector in particular, access may be significantly hampered during crises and pandemics such as COVID-19. Stronger coordination between protection actors, as well as with humanitarian actors in other sectors increases the capacity to collect, manage, and analyze data effectively and efficiently. One example of opportunities for greater coordination have emerged between child protection and social protection, where for instance the capacity strengthening of a multisectoral and integrated social service workforce that operates across child and social protection can be more beneficial and cost effective. Between sectors, coordination of assessments must take place at the planning phase, to ensure that the priorities of various sectors are aligned and adequately addressed in the assessments. This also contributes to the maximization of human and financial resources and helps mitigate the 'survey fatigue' phenomenon among affected populations. In child protection for instance, greater coordination between child protection and social protection.

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Annexes

Annexe 1: Research Framework

Column A				Column B
Preliminary Resea	rch Framework (de	veloped by researcher)		iMMAP's data extraction (provided to the researcher)
Context	What is the <u>operational</u> <u>context?</u>	overview of the operational context - barriers and limitations to the Protection sector	DEEP; SitAns	
CONTEXT	What is the positioning of the Protection sector?			
Availability	What has been the <u>availability of</u> <u>data</u> to the Sector/ Cluster and how has this	<pre># assessments Protection # assessments Protection relative to # assessments total evolution of # assessments Protection (by month) # coordinated assessments Protection # uncoordinated assessments Protection</pre>	DEEP	<pre># leads (# of documents), by country # assessments, by country # assessments (by date of publication), by country, by quarter (Q1-Q4 for 2020 and Q1-Q3 for 2021)</pre>
	to pre-COVID-19?	# and type of stakeholders leading/collaborating on Protection assessments		# leads, by type of organization, by country# assessments, by type of organization, by country
		Perspectives on data availability before COVID- 19: strengths and limitations(Q1 - KII tool)	KII	

	- Data sources		
	- Data collection		
	- Data analysis and		
	disaggregation		
	- Data dissemination and		
	use		
	Perspectives on data		
	availability during COVID-		
	19: strengths and		
	limitations (Q2 - KII tool)		
	- Data sources		
	- Data collection		
	- Data disaggregation		
	- Data dissemination and		
	use		
	- Evolution over time		
	during the pandemic		
	Perspectives on positive		
	impact of COVID-19 on data		
	availability (Q3a- KII tool)		
	Perspectives on negative		
	impact of COVID-19 on data		
	availability (Q3b - KII tool)		
	Availability of protection		
	data	Monthly	
	Information on data	reports	
	availability/gaps		
		Cluster/sect	
	Availability of	or	
	cluster/sector	website/pag	
	website/page	е	

		Data availability/gaps	Sector/clust er meeting minutes (if publicly available)	
Quality	What has been the <u>quality of</u> <u>data</u> available to the Sector/ Cluster and how has this changed relative to pre- COVID-19?	Quality scores (average) Type of approaches Data collection techniques Unit of analysis Unit of reporting Sampling approaches (size; approach; proximity)	DEEP	Quality score for fit for purpose, trustworthiness, analytical writing, and analytical rigor. Calculation of the min., max., standard deviation, and median were also provided. Quality score (calculated on average of 10) Type of data collection techniques (number and percentage as denominator of total assessments) Unit of analysis (number and percentage as denominator of total assessments) Unit of reporting (number and percentage as denominator of total assessments) N.B. Type of sampling was not available through the export. The researcher consulted the DEEP platform. Values and percentage (denominator total of assessments for:) - Focuses - Affected groups - Disaggregation per location
		Perspectives on data quality before COVID-19 for Protection: strengths and limitations(Q4 - KII tool) - fit for purpose - trustworthiness Perspectives on data quality during COVID-19:	KII	

strengths and		
opportunities (Q5 - KII tool)		
- fit for purpose		
- trustworthiness		
Evolution over time during		
the pandemic		
COVID-19 attributes		
	Cluster/sect	
Functionality of	or	
cluster/sector	website/pag	
website/page(if available)	е	
Perspectives on the impact		
of data availability and		
quality on continuity of		
service provision and		
support		
Type of adaptations during		
COVID-19 (Q6 from KII tool)		
Limitations from		
adaptations (Q/a from KII		
Opportunities from	KII	
adaptations (U/D from Kil		
Drotaction eluctor/conter		
what worked from		
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Protection cluster/sector -		
what did not work so well		
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Lessons learned	What <u>lessons</u> <u>learned</u> are available to the sector/cluster and how does COVID-19 affect ways of working moving forward?	Key lessons learned for Protection (description) Best practices/examples (description) Key lessons learned for Protection (what works and can be maintained) Key lessons learned for Protection (what did not work so well and can be phased out) Perspectives on ensuring and sustaining data availability and quality	KII	
		and sustaining data availability and quality Perspectives on improving data availability and quality		

Annexe 2: Key Informant Interview Tool

Global Lessons Learned Research - Protection

Key Informant Interview Tool

Introduction

Hello, thank you for speaking with me today! My name is XXXX, and I am speaking to you on behalf of *iMMAP* as researcher of the Global COVID-19 Situational Analysis project being implemented by iMMAP. This project collects and analyses secondary data from humanitarian and other relevant stakeholders to provide timely information and analysis to support a better understanding of the humanitarian impact of COVID-19 and support response operations. The project is being implemented in six countries (Bangladesh, Burkina Faso, Colombia, DRC, Nigeria, and Syria).

The project has been producing monthly situation analysis reports for the last 11 months and is now well placed to dive into the lessons learned so far. iMMAP has therefore launched a sector-based research on lessons learned regarding data quality and availability. The purpose of this interview is to gather your views and perspectives on data quality and availability in the protection sector before and during the COVID-19 pandemic. We are also interested in learning more about challenges your sector faced, how you have adapted and, any lessons learned in the process.

The information that you share with me will help us put together a report on lessons learned and recommendations for the Protection sector. This report will be available to the Protection sector upon completion. I will also be diving into the wide literature that has been published to complement the analysis.

Please note that we will not share your name or any other identifying information with anyone. We will collect answers from you and analyze them collectively, not individually. You are free to refuse to participate in this interview or to withdraw at any time during the interview. This interview will last approximately 60 minutes.

Before we begin, I would like to ask if I have your permission to audio record our discussion. The recording will only be used by me for note-taking purposes and will be destroyed once the report is finalized. The recording can be stopped at any time you wish. I will also be taking some notes as a backup.

Thank you for agreeing to participate in this interview, I appreciate you sharing information with me. Do you have any questions? If you have no questions for me now, I will begin the interview.

Introduction

To get us started, I would like to begin with a quick exercise. Can you think of one word that comes to mind when you think about **data availability and quality** before COVID-19? What about after COVID-19?

Section 1: Availability

- 1. How would you describe <u>data availability</u> in the Protection sector **before COVID-19?**
 - a. What were the biggest challenges in data availability before COVID-19? (probe on: availability of, and access to data sources; feasibility of data collection, including sampling approaches capacity for data analysis and disaggregation; data dissemination and use)
 - b. What were some of the biggest improvements with regards to data availability before COVID-19?
 - c. What have been the main drivers hindering data availability?
 - d. What have been the main drivers improving the availability of data?
- 2. To what extent and how have **COVID-19 and containment measures** affected <u>data availability</u> in the Protection sector?
 - a. What have been the biggest challenges in data availability?
 - b. How have these challenges evolved over time during the pandemic?
 - c. What are some of the opportunities if any that COVID-19 brought with regards to data availability for the Protection sector?
- 3. What do you think has had the **greatest positive and negative impact** on <u>data availability</u> during COVID-19 and why?
 - a. Positive impact:
 - b. Negative impact:

Section 2: Quality

- 4. What do you think were the <u>biggest challenges in data quality</u> **before COVID-19?** (probe on: fit for purpose (relevance, timeliness, comprehensiveness); trustworthiness (reliability, inclusiveness); analytical rigor).
- 5. How would you describe the <u>quality of data</u> that was available to the Protection sector **before COVID-19?**
 - a. What were some of the biggest improvements with regards to data quality before COVID-19?
 - b. What have been the main drivers hindering data quality?
 - c. What have been the main drivers improving data quality?
- What do you think are the <u>biggest challenges in data quality</u> after COVID-19? (probe on: fit for purpose (relevance, timeliness, comprehensiveness); trustworthiness (reliability, inclusiveness); analytical rigor).
 - a. How have these challenges evolved over time during the pandemic?

- 7. How have **COVID-19 and containment measures** affected <u>data quality</u> in the Protection sector?
 - a. What are some of the data quality challenges that can be specifically attributed to COVID-19 and containment measures?
 - b. What are some of the opportunities if any that COVID-19 brought with regards to data quality for the Protection sector?

Section 3: Adaptations

Considering the challenges that the Protection sector has faced regarding <u>data availability and</u> <u>quality</u>. I would like us to discuss mitigating actions and adaptations that may have taken place to continue providing services and support during COVID-19.

- 8. How and to what extent has <u>data availability and quality</u> impacted the continuity of service provision and support during COVID-19 in the Protection sector?
 - a. In what ways is it different from before COVID-19?
- 9. In what ways (if any) has the Protection sector <u>adapted</u> to mitigate some of <u>challenges</u> posed by **data availability and quality?**
 - a. What do you think have been the greatest limitations of these adaptations?
 - b. What do you think have been the greatest opportunities of these adaptations?
- 10. What <u>actions</u> has the Protection cluster undertook to mitigate the impact of COVID-19 on data availability and quality?
 - a. What has worked well and why?
 - b. What has not worked so well and why?

Section 4: Lessons Learned and Recommendations

- 11. What do you think are the <u>key lessons learned</u> for the Protection sector?
- 12. Can you share with me some <u>best practices and examples</u> that have emerged during the pandemic to uphold data availability and quality? [Probe for: planning and coordination, data capture systems, data sharing, inter-sector data sets]
- 13. How do you think the Protection sector can <u>ensure and sustain data availability and quality</u> during and beyond COVID-19?
- 14. What actions do you think the Protection sector can undertake <u>to improve data availability and</u> <u>quality</u> during and beyond COVID-19?

Closing Remarks

As we approach the end of this interview, I would like to know if you have any final remarks or questions for me.

Thank you so much again for speaking with me today and sharing these insights. As mentioned at the start of this interview, the information that you shared with me today is anonymized and will be presented in a collective manner in the report. We expect for a first draft of this report to be available by end August, and we will keep you abreast.

Annexes 3: DEEP Scoring Methodology Criteria to assess quality/usability

Quality score

Fit for purpose	Trustworthiness	Analytical density	Analytical rigor	Analytical writing
The extent to which the analysis is delivered on time and covers units of knowledge important to decision making in humanitarian setting, e.g. areas, groups and sectors	Extent to which the body of evidence used to develop the claims is relevant, sufficient and credible	The extent to which results fill critical information needs that are essential for strategic and programmatic decision making and usable for response analysis	Amount of critical thinking applied throughout, as to reduce the effect of cognitive biases and enhance the quality and credibility of the conclusions	Extent to which conclusions and messages are conveyed with clarity, precision and brevity in order to get decision maker's attention, interest and trust

Scoring methodology

1) Each pillar is composed of five indicators, e.g.:

Fit For Purpose	
Relevance	
Timeliness	
Comprehensiveness	
Granularity	
Comparability	
Trustworthiness	
Source reliability	
Methods	
Triangulation	
Plausibility	
Inclusiveness	

2) Each indicators is rated from one to five, e.g.:

Qualitative assessment	Very poor	Poor	Fair	Good	Very good
Numeric score	1	2	3	4	5

3) Each rating for each indicator has scale descriptions available in the master spreadsheet, e.g.:

Very poor	Poor	Fair	Good	Very good
No clear objectives are ava	There are proposed objective but the assessment results of not fit any of them illable	es, do Results fit at least one proposed objectives	Results fit at least half proposed objectives of the	of the Assessment's results fit more the 75% of the proposed objectives
4) Ea	ch pillar score	e is summe	d up	
15 Fit for purpose	15 Trustworthiness	15 Analytical rigor	15 Analytical writing	5 Analytical Density
5) Fin	al score is th	e mean		

Annexe 4: DEEP Variables

Methodology

Type of collection technique
Community Group Discussion
Direct Observation
Focus Group Discussion
Household Interview
Individual Interview
Key Informant Interview
Satellite Imagery
Secondary Data Review

Type of proximity
Face-to-face
Remote
Mixed

Unit of reporting
Affected Group
Community/ Site
Country
Department/ District
Household
Municipality
Neighborhood/ Quartier
Province/ Governorate/ Prefecture
Region
Sub-District/ Country
Unit of analysis

I

Affected Group
Community/Site
Country
Department/ District
Household
Individual
Municipality
Neighborhood/ Quartier
Province/ Governorate/ Prefecture
Region
Sub-District/Country

Assessments

Assessments by focus
Context
Covid 19 Containment Measures
Current And Forecasted Priorities
Displacement
Humanitarian Access
Humanitarian Conditions
Impact (Scope & Scale)
Response & Capacities
Shock/Event

Affected groups

Affected groups

In transit

Migrants
Refugees
Returnees
Asylum seeker
Displaced
Host
IDPs
Not affected
Not displaced
Not host
Other of concerns

Annexe 5: DEEP assessments

The below images were extracted from the DEEP platform. Please note that the whole numbers represent the total number of assessments tagged for each sector and the percentage in parenthesis represents the proportion of coverage with regards to the total number of assessments produced in each country.



Colombia

DRC

ASSESSMENTS BY SECTOR AND ANALYITICAL SCORE



ASSESSMENTS BY SECTOR AND ANALYITICAL SCORE



Nigeria

Syria



ASSESSMENTS BY SECTOR AND ANALYITICAL SCORE



The outbreak of disease caused by the virus known as Severe Acute Respiratory Syndrome (SARS-CoV-2) or COVID-19 started in China in December 2019. The virus quickly spread across the world, with the WHO Director-General declaring it as a pandemic on March 11th, 2020.

The virus' impact has been felt most acutely by countries facing humanitariancrises due to conflict and natural disasters. As humanitarian access to vulnerable communities has been restricted to basic movements only, monitoring and assessments have been interrupted.

To overcome these constraints and provide the wider humanitarian community with timely and comprehensive information on the spread of the COVID-19 pandemic, iMMAP initiated the COVID-19 Situational Analysis project with the support of the USAID Bureau of Humanitarian Assistance (USAID BHA), aiming to provide timely solutions to the growing global needs for assessment and analysis among humanitarian stakeholders.



BETTER DATA | BETTER DECISIONS | BETTER OUTCOMES

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