



Step 4: Joint Implementation and Monitoring, and Evaluation of Collaboration

Annexes to facilitate taking the collaboration “steps”

<u>Annex 11</u>	Differentiation and delivery of complementary and common activities under each sector
<u>Annex 12</u>	Sector’s minimum mainstreaming / integrated activities
<u>Annex 13</u>	Reporting guidance for common and complementary activities
<u>Annex 14</u>	Evaluating the extent and quality of CP-EiE collaboration
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Annex 11: Example of differentiation of activities under each sector, & guidance on the delivery of complementary & common activities

N.B.: This guidance focusses on collaboration for the coordination of activities. For technical guidance on CP-EiE collaboration, INEE and CP Alliance are developing a *CPHA-EiE Collaboration Framework*, forthcoming December 2020

The examples below are based on:

1. Iraq’s Child Protection and Integration Concept Note on pg. 6-7 of the [CP Minimum Service Package for Urban Retaken Areas](#)
2. Cox’s Bazaar’s [Guidance on Multi-Purpose Child and Adolescent Centres](#)

Key elements of these guidance include:

1. *Shared vision: What is the common objective? What is the benefit of an integrated approach?*
2. *Approach: of multi-purpose space and integrated package of services*
3. *Responsibilities of each sector: “within Education interventions, CP service providers will provide..., within CP interventions, Education service providers will provide...” (including training, activities, monitoring, etc.)*
4. *Operational considerations: e.g. access, duration, and cost considerations*
5. *Ways of working, for example based on the following scenarios:*

Scenario	Example activity	Guidance
Single agency delivering integrated Education & CP services	Multi-purpose centres (such as Makani in Jordan or Cox’ Bazaar’s centres) or community centres ¹	<ul style="list-style-type: none"> • Ensure clear targeting per activity, with criteria explained to beneficiaries • Ensure staff are specialised in their fields of activity, and provide appropriate training (i.e. a social worker isn’t a specialist on non-formal education) • Discuss with both sectors on reporting agreements, in order to avoid double reporting (see Annex 8 for more information) • If needed, reach out to other specialised agencies to share space and/or increase targeting capacity/quality of services
Education & CP providing services in the same location	Multi-purpose centres/ community centres	<ul style="list-style-type: none"> • To ensure safety, quality and minimum standards, it is recommended that one organisation is in-charge of the management and/or supervision of a centre • Ensure clear targeting per activity, with criteria explained to beneficiaries • Ensure staff are specialised in their fields of activity, and provide appropriate training (i.e. a social worker isn’t a specialist on NFE): specialised services can only be provided by teams with specific expertise • Discuss with both sectors on reporting agreements, in order to avoid double reporting (see Annex 8 for more information) • Ensure staff salaries and terms of work are similar between sectors

¹ Multi-Purpose Community-Based Centres are nurturing, safe environments where affected communities, including children and their families can access free and multiple protection, information and specialized services (definition from the [Iraq example](#))

		<ul style="list-style-type: none"> • Ensure good coordination between agencies and teams: coherent approach to activities and outreach, discussions on beneficiaries of each activity, avoid overlapping activity (especially MHPSS activities), specific working hours and mandate • Capacity building agreement and referral pathways in place • Regular on-site planning and operational meetings between the CP and EiE agencies for communication of issues, potential re-adaptations, and lessons learned
CP delivering CP services in Education sites	Specialised psychosocial support & Counselling Case Management Family Tracing & Reunification	<ul style="list-style-type: none"> • Ensure staff salaries and terms of work are similar between sectors • Ensure good coordination between agencies and teams: coherent approach to activities and outreach, discussions on beneficiaries of each activity, avoid overlapping activity (especially MHPSS activities), specific working hours and mandate • Capacity building agreement and referral pathways in place • Regular on-site planning and operational meetings between the CP and EiE agencies for communication of issues, potential re-adaptations, and lessons learned
Education delivering Education services in CP sites	NFE Programs for school reintegration	<ul style="list-style-type: none"> • Ensure staff salaries and terms of work are similar between sectors • Ensure good coordination between agencies and teams: coherent approach to activities and outreach, discussions on beneficiaries of each activity, avoid overlapping activity (especially MHPSS activities), specific working hours and mandate • Capacity building agreement and referral pathways in place • Regular on-site planning and operational meetings between the CP and EiE agencies for communication of issues, potential adaptations, and lessons learned
CP delivering Education services	NFE in CFS	<ul style="list-style-type: none"> • Clear agreement on who is providing what to ensure no child is left behind or targeted twice • Capacity building agreement and referral pathways in place • Ensure approach has clear objective and aims to enable transition to formal education or for youth, safe livelihood opportunities.
Education delivering CP services	MHPSS activities	<ul style="list-style-type: none"> • Clear agreement on who is providing what to ensure no child is left behind (e.g. out of school children) or targeted twice (e.g. at school/during school time and in the community after school) • Capacity building agreement and referral pathways in place • Ensure specialised services are provided by a dedicated CP agency (for example case management or structured PSS)

For all types of centres, remember that they must be regularly monitored. Monitoring is key to:

- Ensure quality of service delivery
- Ensure provision of indiscriminate, safe, equitable, inclusive confidential and dignified treatment and access
- Track developments, identify gaps and take corrective measures to address them, including governorate and national level advocacy
- Evaluate impact, ensure accountability and promote meaningful participation

Annex 12: Examples for Sector's minimum mainstreaming / integrated activities

To strengthen the integration of implementation, CP and Education sectors can set minimum requirements for mainstreaming/integrated activities in each sector. This means when one sector implements its own activities, they include required complementary activities from the other sector to strengthen collective objectives.

Example minimum requirements in CP:

- All referral intake and case planning forms to include questions on education status and re-integration into education
- CP interventions to consider and support school reintegration or alternative education option
- Information on out of school children should regularly be shared with education partners and sector
- Informal education activities implemented by CP actors including basic literacy and numeracy activities should always aim at (re)integration into formal education and in consultation with Education
- Advocacy on school's importance should be part of activities awareness raising

Example minimum requirements in Education:

- School-based referral pathways
- All teachers trained on basic CP and GBV issues, psychological first aid and safe identification and referral
- All schools to conduct monthly meetings between teachers, PTAs and CP staff
- Schools to have CP-focal points and CP practitioners to be placed in schools and/or regularly visiting

At a programmatic level, the following example checklists support and monitor partners' integration/ mainstreaming of the minimum CP and PSS requirements into education programs: ([South Sudan](#), [Zimbabwe](#) & [general](#) examples):

1	SCHOOL SAFETY & CHILDREN'S BASIC NEEDS			ACTIONS TO IMPROVE SAFETY
1.1	The school is fenced, the compound is clean and there is no major risk for the children in it and in the immediate surroundings (such as armed soldiers, deep ditches, etc.).	YES	NO	
1.2	Classrooms' space is enough to accommodate the pupils as desks and seats used are not dangerous for the pupils.	YES	NO	
1.3	There are sex segregated latrines with clear marks, functioning and well maintained.	YES	NO	
1.4	Hand-wash facilities and clean-water source are available.	YES	NO	
1.5	Food is provided in school.	YES	NO	
1.6	Sanitary kits with reusable disposals are provided to all adolescent girls.	YES	NO	
2	POSITIVE LEARNING ENVIRONMENT			ACTIONS TO IMPROVE POSITIVE LEARNING ENVIRONMENT
2.1	The school personnel signed a code of conduct (either the South Sudan Governmental one or an equivalent).	YES	NO	
2.2	The school management endorsed a zero tolerance approach for corporal punishment and no sticks are allowed and used by teachers.	YES	NO	
2.3	There is safe reporting mechanisms all students and teachers are aware of, in case of any child abuse or violation happens.	YES	NO	
2.4	Teachers/PTAs has been trained in child rights, inclusive education, positive discipline methodologies and life skills.	YES	NO	
3	PARTICIPATORY APPROACH			ACTIONS TO IMPROVE PARTICIPATORY APPROACH
3.1	The school has at least 1 functioning practice of students participation to school management and decision making process (i. e. Child's rights club, there is a suggestion box available, pupils' representatives are part of the school management team, etc.)	YES	NO	
3.2	Girls' education (enrolment and drop-outs rates) is monitored across all grades.	YES	NO	
3.3	There is a sufficient number of female teachers in the school to respond to the needs of the female-pupils.	YES	NO	
3.4	Children with disabilities are benefiting from education activities.	YES	NO	
3.5	Teachers/PTAs have organized (or is planning to organize) at least 1 public event on relevant CP/GBV/EDU topics in the last (or next) 3 months, engaging the community.	YES	NO	
4	COMMITMENT TO THE STUDENTS' PSYCHOSOCIAL WELLBEING			ACTIONS TO INCREASE COMMITMENT TO STUDENTS' PSYCHOSOCIAL WELLBEING
4.1	There is an outdoor playground for the students and it is equipped with sport facilities (volleyball court, etc.).	YES	NO	
4.2	There is a dedicated indoor space for children to play or a covered outdoor area to protect them from sunlight and rain.	YES	NO	
4.3	Teachers and PTAs has been trained in PSS and PFA.	YES	NO	
4.4	Teachers and PTAs take active role in organizing PSS activities addressing students and caregivers.	YES	NO	
4.5	There is at least one CP actor running PSS activities in school.	YES	NO	
5	INTEGRATION OF CHILD PROTECTION & EDUCATION			ACTIONS TO ENHANCE INTEGRATION OF CP & EDUCATION
5.1	Teachers and PTAs have been trained in basic child protection and GBV, and in using the check-list of signs of PSS distress and on how referring children.	YES	NO	
5.2	Teachers/PTAs use the check-list to identify signs of distress among children and the PSS referral form.	YES	NO	
5.3	Teachers/PTAs refer cases to CP Actors/ service providers with supportive documentation (check-list and referral form for psychosocial distress).	YES	NO	
5.4	Regular meeting (biweekly/monthly) take place in schools, between teachers, PTAs and CP Staff.	YES	NO	
5.5	Teachers, PTAs and CP Staff have joint discussions/meetings/sensitization with students and caregivers.	YES	NO	

Annex 13: Example of reporting guidance for common & complementary activities (clarifying how implementing partners should report to improve reporting accuracy & reduce double counting)

There are country-based examples of separating reporting by activity, age of child, location of activity, and funding source. A variety of monitoring and reporting arrangements are possible, and sectors should choose the arrangement that make most sense for their sectors and partners; the important thing is to communicate responsibilities clearly to partners. Some options for criteria are laid out below:

1. **Location:** e.g. School based activities report to education, community-based activities report to CP (example from MHPSS activities in Iraq)
2. **Activity:** e.g. teachers trained on MHPSS report to education, children benefitting from MHPSS report to CP (example from Ukraine)
3. **Age:** e.g. 3-14 years to education, 15-18 years to CP, (example from MHPSS activities in multi-purpose spaces in CXB)
4. **Funding source:** Activities funded through one sector report to this sector (multiple country examples)

Activity	Conducted in...	For children aged...	Funded by...	Report to*:
E.g.	School	6-14	Education	Education
After-school	School	6-14	C.P.	Education
structured	School	6-14	C.P.	C.P.
PSS sessions	School	15-18	C.P.	C.P.

**This is an example only. Country sectors are best placed to determine the monitoring and reporting mechanisms that works best for the sector and partners. Important is to communicate to partners, e.g.:*

Top Tip in 4Ws reporting: Encourage both sectors should use common location codes in 4Ws, such as EMIS codes to identify and monitor cross-sector activities being delivered in the same schools.

Annex 9a: In Sector HRP Indicator Guidance, specify when to report to the other sector, e.g. “reporting tips”. Two examples adapted from country Indicator Guidance:

Activity Category	Activity Description	Activity Indicator	Indicator Definition & Rationale for use
PSS <i>Implemented through CP</i>	Provide psychosocial support activities to boys and girls	Number of girls / boys benefiting from psychosocial activities	<p>Record the number of girls / boys that have been registered for attendance of Child Friendly Spaces and Youth Centres / or other open spaces in the community and are participating in structured and sustained psychosocial and child protection programmes.</p> <p>Note:</p> <ul style="list-style-type: none"> • <i>Structured</i> programmes include a curriculum and/or session activity plans. • <i>Sustained</i> programmes refer to a) ongoing programmes and b) a child's regular attendance over a specific period of time, e.g. 2 times per week over 3 months. Minimum requirements should be clarified by country CPWGs. • <i>Psychosocial support programmes</i> should include all interventions that consider 3 domains of child wellbeing: skills and knowledge; emotional wellbeing and social wellbeing (as per IASC Guidelines) <p>Reporting Tip: For psychosocial support activities conducted at school, please do not report here and report these activities to Education Sector</p>
Awareness raising and advocacy on CP issues <i>Implemented through CP</i>	Conduct awareness raising activities on CP issues	Number of girls/boys/ women/men participating in awareness raising activities on CP issues	<p>Record the number of girls / boys / women / men that your organization has reached through Child Protection awareness raising activities (including community events related with CP, face to face awareness sessions).</p> <p>Reporting Tip: For CP awareness raising activities conducted at school, please do not report here and report these activities to Education Sector</p>

Annex 14: Evaluating the extent & quality of CP-EiE collaboration

Review and Evaluation is a critical step of the HPC. OCHA Inter-agency Humanitarian Evaluations assess “the results of the collective humanitarian response by member organizations of the IASC, [measuring] the extent to which planned collective results have been achieved and how humanitarian reform efforts have contributed to that achievement”².

Through CP and Education sectors’ collaboration, you are contributing to enhanced relevance, effectiveness and coordination, to achieve greater collective impact for affected children.

Measuring and reflecting on the collaboration facilitates sectors to reflect on lessons learned and the extent to which the impact and quality of both sectors’ responses were enhanced as a result of collaborative approaches. **This is an opportunity for joint learning**, assessment of progress in collaboration, and focussed planning through the next HPC.

Some example indicators to monitor and evaluate the **extent and quality of collaboration** between CP and Education sectors are:

- Indicators measuring **Integration** or **Mainstreaming** of CP & Education to strengthen collaboration/ integration efforts, e.g.:
 - Against integrated/joint strategy results, e.g. in Somalia Education HRP: “*Number of school children and youth (M/F) reached with protection activities as per the Integrated Education-Child Protection Response Framework*”
 - Qualitative assessment of “how *strong* was collaboration?” , “to what extent were objectives/impact furthered as a result of collaboration?”
 - Options of “cross-sector tagging” in 3/4/5Ws to quantitatively track the *extent* and *prevalence* of integrated programming
- Example Quantitative Indicators for sector-level collaboration
 - Needs Assessment: Y/N were assessments done jointly/included participation from the other sector?
 - Needs Analysis: Y/N did needs analysis use data from the other sector and have participation/ validation from the other sector?
 - Planning: Y/N or number of activity standards in the Education Strategy that were jointly defined
 - Resource Mobilisation: Y/N were resources budgeted for under Education for CP activities that have been included in the Education strategy? (or vice versa)
 - Implementation: Number of activities jointly implemented
 - Monitoring: Number of joint indicators to monitor
 - Coordination: Number of times coordinators attended other sector’s meetings

² OCHA inter-agency humanitarian evaluations address the following core questions:

1. **Relevance:** To what extent have the objectives set out in the Humanitarian Response Plan (HRP) or similar plan been based on identified needs of the most vulnerable groups affected by the crisis?
2. **Effectiveness:** To what extent were the results (in terms of assistance delivery as articulated in the HRP) achieved and to what extent were they effective in meeting the needs of the most vulnerable?
3. **Sustainability:** What were the positive and negative, intended and unintended effects of the IASC humanitarian system’s assistance for people affected by the crisis?
4. **Partnerships:** To what extent have adequate partnerships been established (with international, national and/or local stakeholders) to deliver assistance to affected people?
5. **Localization:** Have national and local stakeholders been involved in the response design and have their capacities and systems to respond in the future been strengthened through the response?
6. **Coordination:** Was the assistance well-coordinated, successful and, as much as possible, equitable, reaching all affected populations and avoiding duplication of assistance and gaps

Annex 15: Child Participation resources

Both CP and Education focus on children as their primary target group. To be accountable to children, both sectors should incorporate child participation at every stage of the Humanitarian Programme Cycle, and encourage facilitation through partners. Where possible, both sectors can create joint systems to maximise technical expertise and efforts from both sectors in reaching children (*for example, setting up one hotline that children can access for both sectors, instead of setting up two hotlines*).

Needs Assessment and Analysis – ensure children’s own perspective of their protection and education needs and perceived risks are fed into sector needs analysis through their involvement in the design of assessments or through KIIs/FGDs

- [Guidelines for Children’s Participation in Humanitarian Programming](#) (Save the Children) pp 22-28 includes considerations and tools for child participation in needs assessments
- Somalia example of Child Participation in Needs Assessments

Strategic Response Planning – children can participate in response design by identifying what actions are needed, for example through this [Spider Tool](#) exercise (Save the Children)

Implementation – consulting with children through the implementation period provides critical inputs on what is working and how to make improvements. [Guidelines for Children’s Participation in Humanitarian Programming](#) pp 29-34 includes considerations and tools

Monitoring and Evaluation: establish child-friendly feedback and accountability mechanisms, and even work together to establish joint mechanisms, to hear children’s perspectives on the services received and their ideas for what can be done differently. Consider not only qualitative monitoring, but quantitative monitoring, for example by adding a question in the 4Ws.

- [Guidelines for Children’s Participation in Humanitarian Programming](#) (Save the Children) pp 22-29 includes considerations and tools for child participation in monitoring and pp 35-38 for evaluation
- Children can participate in response monitoring by identifying if what is being done is really working for them, for example through this Save the Children [Spider Tool](#) exercise
- This [Toolkit for Monitoring and Evaluation of Children’s Participation](#) (inter-agency) has step by step guidance on many different Monitoring and Evaluation activities that involve children’s participation and measure the scope, quality and outcomes of child participation

Always jointly consider and mitigate the risks in child participation. The following table is taken from [Guidelines for Children’s Participation in Humanitarian Programming](#) (Save the Children) p 18 and could be a first step to joint planning:

POTENTIAL BENEFITS AND RISKS/THREATS INHERENT IN SUPPORTING DIFFERENT TYPES OF CHILDREN’S PARTICIPATION, AND ACTIONS THAT HAVE BEEN OR COULD BE TAKEN TO REDUCE RISKS

Type of children's participation	Key identified benefits associated with no participation or different types of child participation	Key identified risks/threats associated with no participation or different types of child participation	Likelihood of risk (high, medium, low)	Severity of risk (high, medium, low)	Risk mitigation – what actions have been taken to reduce risks?	Further action needed to ensure best interests and 'do no harm'
1. Children are not involved						
2. Consultation						
3. Collaborative participation						
4. Child-led participation						