



# Guidance on Data Collection and Analysis on Children on the Move in Multi-Sectoral Needs Assessments

November 2025

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### About IMPACT

Founded in 2010 and headquartered in Geneva, IMPACT Initiatives is a leading applied research organization and the largest independent provider of data in crisis-affected contexts. Through our initiatives – REACH, AGORA and PANDA – we enable humanitarian and other aid actors to make better, evidence-based decisions by delivering timely, relevant and methodologically rigorous data and analysis. Our extensive presence across crisis-contexts allows us to collect data directly from crisis-affected people wherever needed, including among the most vulnerable and hard-to-reach.

IMPACT has been a member of the International Data Alliance for the Move (IDAC) since 2020 and is currently the co-chair of its working group on internally displaced children.

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### About the International Data Alliance for Children on the Move

The International Data Alliance for Children on the Move (IDAC) is a cross-sectoral global coalition that aims to improve data and statistics and support evidence-based policymaking for migrant and displaced children. With the European Union as its main donor and jointly led by Eurostat, IOM, OECD, UNHCR and UNICEF (Secretariat Chair), IDAC brings together governments (including experts from national statistical offices and migration- and displacement-related ministries), international and regional organizations, non-governmental organizations, think tanks, academics, civil society and youth.

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# CONTENTS

1. Rationale .....	1
2. What are MSNAs? .....	1
3. Who are children on the move? .....	1
4. Why leverage MSNAs for insights on children on the move? .....	3
5. What are the main challenges when collecting and analysing data on children on the move in MSNAs? ...	3
6. What data on children on the move are collected through MSNAs? .....	6
6.1. Displacement-related indicators at the household level .....	6
6.2. Child-related indicators at household level .....	7
6.3. Child-related indicators at individual level .....	8
6.4. Alignment with indicators on children on the move .....	10
7. Recommendations for children on the move: Data collection and analysis in MSNAs .....	11
7.1. Research design .....	11
7.2. Data collection methodologies .....	13
7.2.1. Household survey .....	13
7.2.2. Children's consultations .....	14
7.2.3. Key informant interviews (KIIs) .....	15
7.3. Risk analysis .....	15
7.4. Referral mechanisms .....	16
7.5. Ethical review .....	18
7.6. Enumerator training .....	18
7.7. Data processing, storage and sharing .....	19
7.8. Data analysis .....	20
7.9. Knowledge and advocacy products .....	21
8. Annex - Summary of key recommendations .....	22
9. Annex - Key resources and references .....	24

## 1. Rationale

This guidance is produced by [IMPACT Initiatives](#) for the [International Data Alliance for Children on the Move \(IDAC\)](#). It provides an overview of Multi-Sectoral Needs Assessments (MSNAs) as a tool for collecting child-specific data in displacement settings, and offers practical recommendations for collecting and analysing such data to support programming and advocacy related to children on the move. The guidance thereby addresses critical gaps left by broader surveys such as [Multiple Indicator Cluster Surveys \(MICS\)](#) and [Demographic and Health Surveys \(DHS\)](#), at the time of this review, which are not designed to capture the specific realities of displacement.<sup>1</sup>

Specifically, this guidance is tailored to meet the needs of two key user groups:

- MSNA implementers: The guidance will support organizations, such as IMPACT Initiatives (through its initiative REACH), directly involved in designing, managing and implementing MSNAs, in improving the availability and quality of data about children on the move.
- Actors working with children on the move and on child protection: The guidance will help child protection actors leverage MSNA data better to design programmes and advocate for addressing the humanitarian needs of children on the move.

## 2. What are MSNAs?

Multi-Sectoral Needs Assessments (MSNAs) are annual, usually response-wide, household surveys<sup>2</sup> collecting data on people's living conditions and basic needs to inform humanitarian planning and prioritization. Initially introduced in 2016 by REACH with funding from the European Civil Protection and Humanitarian Aid Operations, the United States Agency for International Development's Bureau for Humanitarian Assistance, and other donors, MSNAs fulfil the Grand Bargain's commitment to impartial, comprehensive and timely needs assessments.<sup>3</sup> They aim to prioritize humanitarian responses based on evidence and the needs of affected populations. For example, in 2024, REACH conducted or was a partner in 16 MSNAs.

MSNAs are designed and implemented in collaboration with partners at the country level, such as humanitarian clusters, the Inter-Cluster Coordination Groups, and Assessment or Analysis Working Groups (AAWG), to ensure the data can feed into key planning and prioritization processes, particularly into the Humanitarian Programme Cycle.

MSNAs collect data on the demographic composition of households, their displacement profile, and sectoral indicators related to protection, nutrition, food security, health, water, sanitation, and hygiene (WASH), education, livelihoods, and accountability to affected populations (AAP). They commonly apply probabilistic sampling methods, stratified by displacement status and a country's first or second administrative level. Therefore, MSNA data can be disaggregated by displacement status and are statistically representative of the situation and needs of displaced populations.

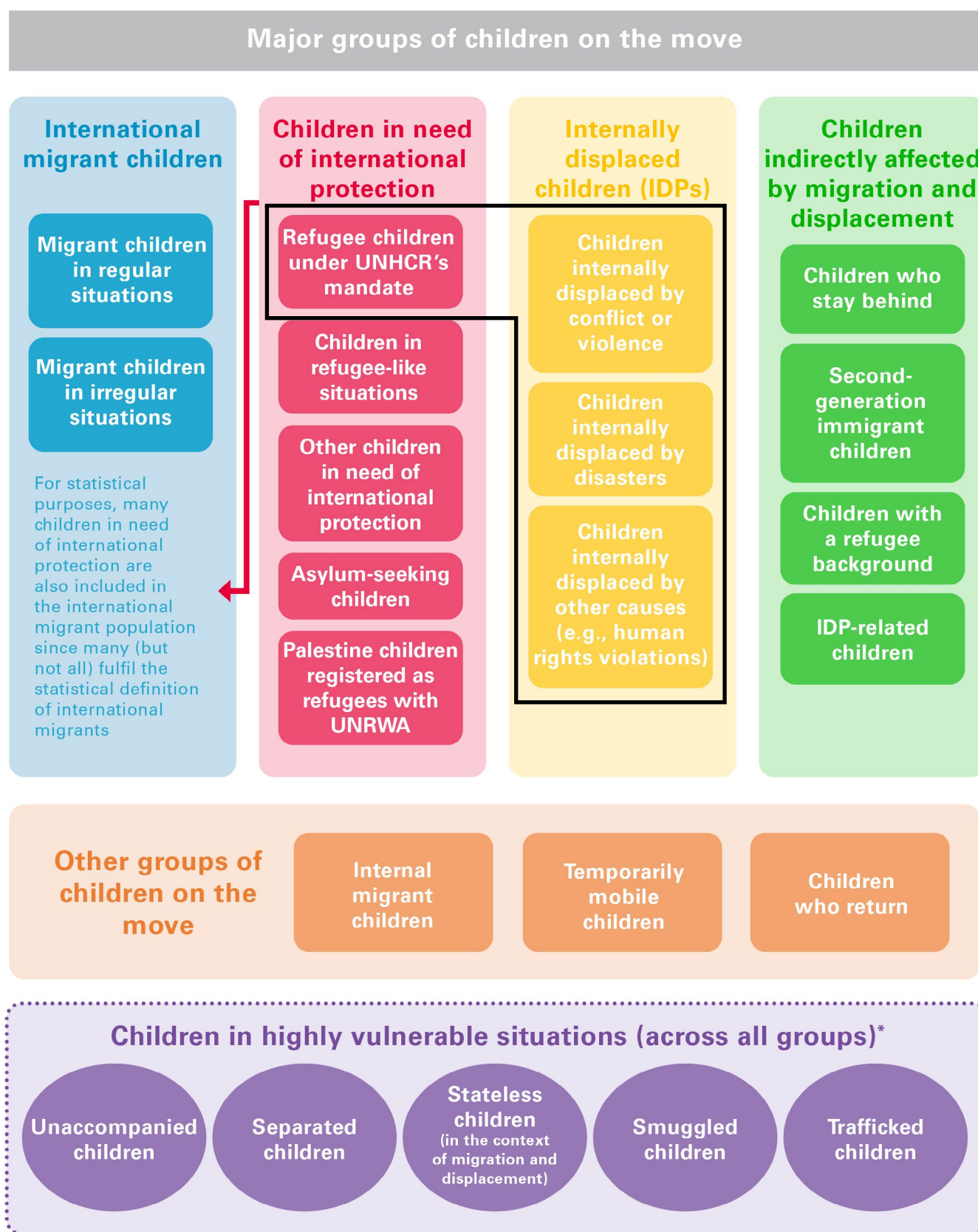
## 3. Who are children on the move?

'Children on the move' is a complex concept that has gained traction at the operational level within the international community. The term describes children who have been directly or indirectly affected by migration or displacement, whether internationally or within the same country.<sup>4</sup> When discussing children on the move, the IDAC definition encompasses child migrants; children requiring international protection, including refugees and asylum seekers; internally displaced children; children indirectly impacted by migration and displacement, such as those remaining behind while parents or caregivers migrate; stateless children; and children who are victims of cross-border trafficking. Therefore, the definition of children on the move includes various groups of children. Figure 1 shows the main groups of children on the move as identified by IDAC.

Child-related MSNA data can commonly be disaggregated by refugee and internally displaced populations, as shown by the groups highlighted in Figure 1. Other groups of children on the move are not widely referenced in MSNAs. Children who are returned and repatriated are also considered children on the move. In some MSNAs, returnees and repatriates are specifically identified, allowing data to be disaggregated for these groups.



Figure 1: Groups of children on the move included in MSNAs (highlighted in black)<sup>5</sup>



Source: International Data Alliance for Children on the Move, 2023.

## 4. Why leverage MSNAs for insights on children on the move?

Significant gaps remain in the production of reliable and disaggregated data on children on the move. In 2024:<sup>6</sup>

- **3 in 10 countries** lack age-disaggregated data on migrants
- **3 in 10 countries** with data on refugees do not provide reliable data on age
- **6 in 10 countries** with conflict-related internally displaced persons do not disaggregate the data by age

These gaps hinder the ability of humanitarian actors to understand and address the specific vulnerabilities and needs of displaced and migrant children. Without comprehensive and timely data, programme design, resource allocation, and policy advocacy efforts often fall short of meeting the unique challenges faced by this vulnerable population.

Accurate and up-to-date data on children on the move is essential for effective humanitarian action. The following points highlight the unique value of data on children on the move generated through MSNAs:

- **Filling data gaps on vulnerabilities and needs:** MSNAs' questions on displacement, demography and children's circumstances provide essential data on the vulnerabilities and needs of children on the move in humanitarian settings, supplementing surveys such as MICS and DHS.
- **Individual-level data on children:** Most MSNA data on children is collected at the individual level (see more details in Section 6.2), with questions asked for each child in a household. These data points and the resulting prevalence calculations are essential for education, nutrition, health, and other child-focused programming.
- **Statistical representativeness and data granularity:** MSNA data are typically statistically representative at the first or second

administrative level and by displacement status. This robust, granular evidence enables assistance and advocacy tailored to the specific situation of children on the move, according to their settlement area.

- **Understanding intersecting vulnerabilities:** MSNAs capture how vulnerabilities of children on the move intersect with key markers, such as displacement status, age, sex, disability, and socio-economic status. This holistic approach enables a more nuanced understanding of their experiences, needs and risk exposures.
- **Supporting planning and prioritization:** By estimating the severity and magnitude of needs across different areas, MSNAs help guide the planning and prioritization of support for children on the move. This ensures that resources are allocated equitably and effectively, targeting areas with the greatest needs.
- **Monitoring trends over time:** With annual data collection, MSNAs enable humanitarian actors to monitor changes in the situation of children on the move. This facilitates informed adjustments to programming and advocacy efforts, ensuring they remain aligned with evolving needs.

By leveraging robust, displacement-focused data generated through MSNAs, humanitarian actors can bridge critical data gaps, improve their interventions, and advocate more effectively for the rights and well-being of children on the move.

## 5. What are the main challenges when collecting and analysing data on children on the move in MSNAs?

Gathering and analysing data about children on the move via MSNAs poses various challenges and risks that must be managed to ensure data reliability and safeguard participants and their communities. The list below highlights some, but not all, of these challenges and risks. More detailed mitigation strategies will be covered in Section 5 (Recommendations).



## Ethical considerations

As with any assessment focusing on the needs and voices of children, researchers working on an MSNA bear the responsibility to ensure that no assessment proceeds unless it adheres to appropriate ethical and safety standards, particularly in crisis contexts. While MSNAs do not directly ask questions to children on sensitive topics such as violence, abuse, or exploitation, any indicator or question involving children should nevertheless be considered potentially sensitive. As described in the following section, despite efforts to minimize them, risks may still arise when collecting information on displaced populations, including children.

Accordingly, appropriate safeguarding protocols must be established to manage potential risks, including the handling of unexpected disclosures or sensitive findings, especially in settings where exposure to violence is known to be prevalent. Mitigation strategies (see Section 5) should be aligned with existing guidance and resources from partners such as the United Nations Children's Fund (UNICEF)<sup>7</sup>, the Nine Basic Requirements for Meaningful and Ethical Child Participation<sup>8</sup>, and the International Charter for Ethical Research Involving Children<sup>9</sup>.

In this regard, the central question is not merely whether such needs assessments can be conducted safely, but rather what level of investment, time and expertise is required to ensure that they are undertaken ethically. Thorough ethical reflection should therefore be integrated at each stage of the research cycle, from the development of research tools and sampling design to enumerator training, data collection, and the analysis of sensitive data.

Robust, ethically collected evidence is essential to inform humanitarian decision-making processes. Conversely, its absence significantly limits the ability to influence policy and practice, and to meaningfully improve outcomes for children, particularly in sectors facing resource constraints.

## Do no harm risks and limitations

- Potential harm to participants:** Gathering data on displaced children can inadvertently expose them and their families to harm, discrimination, or exclusion from services, especially in areas with prevalent anti-refugee/anti-migrant sentiments. Participants may fear repercussions, leading to underreporting, while unmet expectations of aid can foster distrust. Discussing sensitive topics may also retraumatize individuals. To mitigate these risks, it is essential to uphold confidentiality, exercise cultural sensitivity, and clearly communicate the purpose of data collection.
- Potential violation of dignity:** MSNAs' lengthy questioning, accompanied by no compensation, can strain respondents' sense of respect – particularly for displaced households, who are already in vulnerable situations. This time-consuming approach, coupled with a limited understanding of its purpose, may lead participants to feel undervalued and over scrutinized, further eroding their sense of dignity.
- Communication of scope and limitations of data:** With security, logistical and political contexts often in flux, this requires modifications of MSNA methodology and can lead to limitations in the interpretation of findings. Transparency about data scope and limitations is crucial to avoid misleading conclusions that could misinform resource allocation and potentially exclude populations from services.

## Limited representation of marginalized communities

- **Difficulties related to group identification and classification:** Accurately identifying whether a household belongs to categories such as internally displaced persons, refugees, returnees, stateless, or host communities is complex. Misclassification can lead to the disaggregation of irrelevant data, hindering effective assistance to children on the move.
- **Limited coverage of out-of-camp populations:** Many displaced children reside outside formal camps, often in urban settings. Sampling these dispersed populations is challenging due to the lack of precise population statistics, yet it is essential for representative data collection.
- **Limitations in capturing the experiences of unaccompanied and separated children:** A key limitation is that MSNAs typically only include adult respondents. Household surveys, such as the MSNA, are not appropriate for interviewing children and informed consent cannot be obtained from minors. As a result, they do not include unaccompanied and separated children and child-led households. Capturing these children's experiences requires purposive sampling techniques and age-appropriate, qualitative interviewing methodologies that demand specialized training and resources.

## Insufficient information on key topics related to children on the move

- **Challenges in capturing children's voices:** Standard MSNAs are based on a standard household survey approach, in which a household representative responds on behalf of the entire household. Therefore, the accuracy of the child-related data depends on the knowledge that the adult respondent has of the child's situation. Even the individual-level child-related data collected as part of MSNAs (see more details in Section 6.2) does not directly capture the children's views but is told through the 'eyes' of the adult respondent. Gathering children's views can

only be achieved through complementary, qualitative children's consultations that necessitate specialized training, safeguards and tools, which operational or funding limitations may constrain.

- **Risks in collecting sensitive protection data:** MSNAs collect data on protection, including child protection. However, inquiring about sensitive issues like child protection incidents or psychosocial needs can pose risks to respondents, affected children in the household, and enumerators. Such topics require careful questionnaire design and, in some cases, may be better suited for dedicated protection assessments.
- **Challenges in measuring nutritional status:** Collecting measurements like mid-upper arm circumference (MUAC) demands specialized training and equipment, which are generally not part of most MSNAs' methodologies. While MSNAs gather nutrition and health data, incorporating anthropometric measurements could enhance data robustness but poses logistical challenges.

## Unexplored opportunities for in-depth analysis and advocacy

- **Limited use of MSNA data for intersectoral analysis:** While MSNAs are designed as multi-sectoral assessments, in practice, their findings are often used in a sector-specific manner, primarily to inform individual cluster or working group planning. This limits the potential for intersectoral analysis, especially regarding children on the move. Greater collaboration among organizations working on children on the move could yield integrated insights that connect sectors such as protection, education and WASH. For example, an intersectoral analysis could examine how a lack of civil documentation (protection) affects school attendance (education) and access to public services (e.g., health) for displaced children.

Addressing these challenges requires standardized data collection and analysis methods tailored to displacement contexts, ensuring that the unique needs of children on the move are accurately captured and addressed in humanitarian responses.



## 6. What data on children on the move are collected through MSNAs?

### 6.1. Displacement-related indicators at the household level

In 2024, IMPACT harmonized its displacement and durable solutions-related questions with the International Recommendations on Internally Displaced Persons Statistics from the Expert Group on Refugee, IDP and Statelessness Statistics (EGRIS).<sup>10</sup> Additionally, in 2025, IMPACT integrated the set of questions into the REACH MSNA Global Question Bank (GQB), which serves as a template and guidance for REACH teams implementing MSNAs at the country level. The displacement module aims to collect household-level data on displacement history, causes and impacts. It covers whether households have been forcibly displaced, the primary and secondary causes (e.g., conflict, natural disasters, lack of services), the timing and origin of displacement, and whether movements were direct or involved cross-border relocation. It also explores the frequency of displacements,

reasons for recent movements, and factors influencing the choice of current settlements (e.g., employment, safety, family proximity). Additional questions focus on reasons for returning to places of origin, duration of stay in the current location, registration as internally displaced persons, and whether households are hosting displaced persons.

Table 1 contains the harmonized displacement indicators developed as global standards for REACH. These questions are used to categorize a household into a specific displacement status (e.g., refugee or internally displaced person). Any of the child-related data outlined below can then be disaggregated by the original sampling strata – usually displacement status and admin 1 or 2 unit. If the sampling was probabilistic and sample sizes within strata are sufficient, these disaggregated results can be considered statistically representative within each stratum. In addition, the data can be disaggregated by other displacement characteristics, such as households' reasons for displacement or location of origin. While the resulting data are not statistically representative (as disaggregation was not included in the sampling frame), they can still provide indications of potential patterns that merit further research.

**Table 1: Displacement indicators piloted by IMPACT in 2024**

Indicator
% of forcibly displaced households
% of displaced households by main cause(s) of displacement
% of displaced households by secondary cause(s) of displacement
% of households who have been forcibly displaced by date of initial displacement
% of displaced households by displacement origin
% of displaced households in location of first displacement
% of internally displaced households that have crossed a border and returned
% of displaced households by number of displacements inclusive of first displacement
% of displaced households by main reason for last secondary displacement
% of displaced households by the main reason to choose current place of settlement
% of displaced households by average time spent in current location
% of internally displaced households registered by authorities as internally displaced persons – if relevant to context
% of non-displaced households hosting displaced persons

## 6.2. Child-related indicators at household level

MSNAs also collect household-level data on children on the move through questions across several sectoral sections. Table 2 shows those indicators included in the 2024 REACH MSNA GQB. Because the data are collected at the household level, they pertain only to the children in the household, and no prevalences for the entire child population can be calculated. Food security questions focus on coping strategies to prioritize children's nutrition during shortages. Education questions explore suggestions for improvement of education in the community, such as infrastructure, teacher training and financial support. Health questions assess vaccination coverage and the barriers to vaccination, including distance, cost and availability. Child protection questions examine reasons for

child separation and the hosting of separated children. Gender and inclusion questions evaluate women's involvement in household decisions on healthcare, education and family planning. Finally, AAP addresses challenges in access to education, caregiving and community support for vulnerable children, unaccompanied individuals and others who require care. These questions collectively provide a comprehensive view of issues affecting children at the household level.

Like the individual-level indicators, most of the household-level indicators below are not mandatory but are recommended for inclusion in MSNA questionnaires. Therefore, their application is dependent on context. Additional child-related indicators might be included in the respective MSNA.

**Table 2: Child-related household indicators in 2024 REACH MSNA GQB and their correspondence with SDG indicators<sup>11</sup>**

Theme	Indicator	SDG indicator
<b>Food security</b>	<b>Mandatory indicator</b> - % of households that had to restrict food consumption by adults in the past 7 days for small children to eat to cope with a lack of food or money to buy it (part of Reduced Coping Strategies Index)	
<b>Education</b>	% households with children aged 5–17 years, by best way to improve education in the community	
<b>Health</b>	<b>Recommended by IDAC</b> - % of households by self-reported barriers to accessing child vaccinations	3.b.1
<b>Child protection</b>	<b>Mandatory indicator/recommended by IDAC</b> - % of households with at least one child (<18) not residing in the household, by reason, and average number of separated girls and boys	16.2.2
	% of households hosting at least one non-biological child (<18)	
<b>AAP</b>	<b>Recommended by IDAC</b> - % of households reporting serious problems related to children not attending school or receiving insufficient education	4.1.4
	% of households reporting difficulty in caring for family members, including young children or those who are elderly, physically, mentally ill, or have disabilities	
	<b>Recommended by IDAC</b> - % of households reporting lack of care for individuals who are on their own, including unaccompanied children, widows, older adults, or those with physical or mental illness or disability	



### 6.3. Child-related indicators at individual level

MSNAs are household surveys that primarily collect household-level data, with most child-specific information gathered from the caregiver or head of household for each child. This means that, where relevant, these questions are asked for each child. For example, most education-related questions would be asked for each school-aged child. Individual-level child-related questions are featured in different sectoral modules in the MSNA questionnaires. The 2024 MSNA GQB includes individual-level, child-specific indicators covering diverse aspects of children's demographics, education, nutrition, health and protection (see Table 2).

Demographics questions focus on gender, age and disabilities (assessing difficulties in seeing, hearing, walking and communicating, aligned with the Washington Group Short Set on Functioning).<sup>12</sup> Education questions investigate school attendance, disruptions, access to alternative education, and barriers such as costs or safety concerns. Nutrition questions explore breastfeeding practices, dietary diversity, vitamin A supplementation, and treatment-seeking behaviour for illnesses. Health questions address vaccination coverage, caregivers' availability, and mental health issues impacting caregiving. Protection questions highlight child labour, domestic chores, and their impact on

education and well-being. Together, these questions provide a detailed understanding of individual children's experiences and vulnerabilities across multiple sectors.

Most of these individual-level indicators are not mandatory but are recommended for inclusion in questionnaires for REACH-led MSNAs to enable holistic analysis and align with sectoral best practice. The inclusion of these indicators depends on the context of each MSNA and is decided by the implementing organizations and clusters.

One key advantage of using individual-level data for children on the move in MSNAs is that the results constitute prevalences, i.e., they represent the child population. Prevalence is commonly expressed as a proportion of the total population that meets a specific condition, typically multiplied by 100 to present it as a percentage (e.g., 10 per cent of individuals). Depending on the context, it can also be reported per 10,000 or 100,000 people.

However, prevalences from MSNAs are most appropriate when census and registration data, or surveys specifically designed to estimate such prevalences, are not available. When such data are available, the usefulness of collecting the respective individual-level indicators as part of the MSNA should be carefully weighed against ethical and operational concerns, especially the additional burden on the respondent and the enumerator.

**Table 3: Child-related indicators at the individual level in the 2024 REACH MSNA GQB and their correspondence with SDG indicators<sup>13</sup>**

Theme	Indicator	SDG indicator
<b>Demographics</b>	<b>Mandatory indicator</b> - % of individuals by gender	
	<b>Mandatory indicator</b> - % of individuals by age	
	% of individuals aged 5 years or more with a domain and level of difficulty of functioning (WGQ)	
	% of persons with disability reporting challenges in accessing services and assistance due to their impairment	
<b>Education</b>	<b>Mandatory indicator/recommended by IDAC</b> - % children aged 5–17 years who attended school or any early childhood education programme at any time during the 2023–2024 school year	4.1.2
	<b>Mandatory indicator/recommended by IDAC</b> - % of children in the relevant age group (one year before the official primary school entry age) who are attending an early childhood education programme or primary school	4.1.2
	<b>Mandatory indicator/recommended by IDAC</b> - % of children in the relevant age group (one year before the official primary school entry age) who are attending primary school	4.1.2
	<b>Mandatory indicator/recommended by IDAC</b> - % of school-aged children attending school, by level	4.1.2
	<b>Mandatory indicator</b> - % of school-aged children attending school who are at least 2 years above the intended age for grade, by level	
	<b>Mandatory indicator/recommended by IDAC</b> - % children aged 5–17 years whose education was disrupted by type of event	4.1.4
	<b>Mandatory indicator/recommended by IDAC</b> - % children aged 5–17 years not attending school or any early childhood education programme at any time during the 2023–2024 school year, by main reason	4.1.4
	% children aged 5–17 years accessing education outside of formal schools during the 2023–2024 school year	
<b>Education</b>	% children aged 5–17 years accessing education outside of formal schools during the 2023–2024 school year, by type of programme attended	
	<b>Recommended by IDAC</b> - % of children aged 5–17 years not attending school or any early childhood education programme at any time during the 2023–2024 school year, by main reason	4.1.4
<b>Nutrition</b>	% of children aged 5–17 years accessing education outside of formal schools during the 2023–2024 school year	
	<b>Recommended by IDAC</b> - % of children under 2 years of age ever breastfed	
	<b>Recommended by IDAC</b> - % of children under 2 years of age breastfed yesterday (during the day or night)	
	% of children under 2 years of age by food groups consumed yesterday during the day or night	
	% of infants 0–5 months who are currently bottle fed	
	% of infants 0–5 months who are currently using infant formula, and why	



Theme	Indicator	SDG indicator
	<b>Mandatory indicator</b> - % of children under 5 years of age sick in the last two weeks as reported by primary caregiver	
	<b>Recommended by IDAC</b> - % of sick children under 5 years of age by location, healthcare was sought	3.8.1
	<b>Recommended by IDAC</b> - % of children 6–59 months of age who received vitamin A supplementation in the last 6 months	3.8.1
	<b>Recommended by IDAC</b> - % of children 9–59 months of age who received deworming treatment in the last 6 months	3.8.1
	% of children under 2 years of age by feeding practices	
<b>Health</b>	<b>Recommended by IDAC</b> - % of children aged 12–23 months received BCG vaccine (age group to be contextually defined)	3.b.1
	<b>Recommended by IDAC</b> - % of children 12–23 months received full coverage of DTC3 (DPT3 / PENTA3), card confirmed, by number of doses (age group to be contextually defined)	3.b.1
	<b>Recommended by IDAC</b> - % of children 9–59 months received measles vaccination, card confirmed, by number of doses (age group to be contextually defined)	3.b.1
	% of parents who stopped caring properly for children they are responsible for during the last 2 weeks, because they are feeling distressed/disturbed /upset	
	% of children 2–12 years of age who urinated at least two times in their bed during sleep during the last 2 weeks	
	# of deaths per 10,000 people per day	
	<b>Recommended by IDAC</b> - of under-five deaths per 10,000 under-five children per day	3.2.1
<b>Child protection</b>	<b>Mandatory indicator/recommended by IDAC</b> - % of households with at least one child (<18) not residing in the household, by reason, and average number of separated girls and boys	16.2.2
	<b>Recommended by IDAC</b> - % of boys/girls aged 5–17 years engaged in child labour	8.7.1
	<b>Recommended by IDAC</b> - % of boys/girls in early marriage, at the time of data collection	5.3.1

## 6.4. Alignment with IDAC indicators on children on the move

In 2025, IDAC published Guidelines on Child-Specific Indicators, recommending a set of core displacement and migration statistics and indicators to monitor the vulnerabilities and needs of children on the move.<sup>14</sup> As part of the 2024 tool, MSNAs capture under-five mortality from the IDAC

priority indicators, as well as several additional indicators – such as vaccination coverage, exclusive breastfeeding, out-of-school children, child labour, and early marriage. By collecting these data, MSNAs help track progress towards meeting the United Nations Sustainable Development Goals<sup>15</sup> and inform efforts under the Global Compact for Safe, Orderly and Regular Migration<sup>16</sup> and the Global Compact on Refugees<sup>17</sup>.

## 7. Recommendations for children on the move: Data collection and analysis in MSNAs

Collecting accurate and comprehensive data on children on the move through MSNAs requires high methodological standards during research design, data collection, analysis and dissemination. This section outlines key considerations and practical recommendations to enhance MSNAs' effectiveness in capturing the needs of children on the move during these assessment stages.

### 7.1. Research design<sup>18</sup>

Ideally, a comprehensive SDR is conducted at the outset of the MSNA research cycle to collate existing data on displaced, returned, and host community children. This review should identify gaps, inconsistencies and trends in the available information, thereby directly informing the questionnaire's structure, scope and focus. By

utilizing existing evidence, the SDR ensures alignment with contextual realities and avoids redundancy.

Implementing teams and sectoral clusters should collaboratively identify priority indicators related to child displacement, returns, and integration within host communities. Discussions must focus on addressing critical information gaps, such as access to services, protection risks, and socio-economic vulnerabilities. Clear alignment with humanitarian response objectives ensures the questionnaire captures data that directly informs programming and policy decisions.

Stakeholders should evaluate for each indicator related to children on the move whether the MSNA is the most suitable tool for obtaining the desired information. For each proposed indicator, consider if alternative methods (e.g., qualitative interviews), sector-specific surveys, and censuses could yield more robust results. The MSNA should only be used when deemed the sole or most effective means of gathering the required data within time and resource constraints.

### Key recommendations

- Include children on the move data in Secondary Data Review (SDR).
- Define priority indicators related to children's displacement and returns.
- Assess the appropriateness of MSNA as a data collection method for each indicator.
- Phrase questions based on ethical considerations.
- Use standardized child protection questions from the MSNA GQB.
- Ensure accurate classification of displacement status and household composition.
- Design questionnaire for granular disaggregation by displacement status, settlement area, age, sex, and disabilities (for individual-level data).
- Align definitions of child displacement with United Nations High Commissioner for Refugees (UNHCR) and International Organization for Migration (IOM) frameworks at country-level.
- Conduct rigorous translation reviews to maintain accuracy in child-related questions.
- Capture risks specific to children on the move in the research tools.
- Pilot the data collection tools before starting regular data collection to ensure appropriateness (e.g., duration, phrasing).



Questions must be phrased to minimize harm, stigmatization, or risks of retaliation, particularly in politically sensitive environments. Language that could marginalize respondents, jeopardize humanitarian access, or inadvertently expose vulnerabilities should be avoided. When addressing sensitive topics (e.g., protection concerns, health status, or displacement history), it is important to ensure that question phrasing accounts for socio-political dynamics and cultural norms. Local translations must undergo rigorous review to preserve intent and nuance. Where possible, standardized questions from the MSNA GQB, which reflect the best sectoral practices and ethical guidelines, should be leveraged.

One of the main reasons for the low availability and visibility of data on children on the move – especially in humanitarian crises – is the lack of standardization of questions and indicators.<sup>19</sup> The MSNA GQB is based on decades of global best practices and standardization efforts within humanitarian clusters. Therefore, MSNA implementing teams should only change the phrasing of questions and response options when necessary for country-level humanitarian planning and prioritization, following consultation with sectoral specialists.

The questionnaire design should enable granular data disaggregation by displacement status

(internally displaced persons, refugees, returnees, repatriates, host communities), age, sex, disability status, geographic location, and other relevant diversity dimensions. Standardized question sequences from the MSNA GQB should be used to reliably identify sub-groups (e.g., disability categories, displacement status). Even if the sampling frame does not include strata specific to migrants, incorporating questions to flag households with migrant members outside formal displacement classifications (e.g., migrant workers) can be helpful for further analysis. Additionally, the definitions of displacement status used in the survey should be harmonized with country-specific UNHCR and IOM frameworks to ensure coherence with broader humanitarian data systems, while incorporating recommendations from EGRISS on the development of analytical frameworks to assess the needs of displaced populations. This approach ensures nuanced analysis of the experiences of children on the move and supports equitable, context-relevant, targeted interventions.

Following training, the implementing team should pilot all data collection tools (i.e., questionnaires) before starting regular data collection. This will help ensure the appropriateness of question phrasing, question duration, the overall tools, and the enumerators' familiarity with the tools.

## 7.2. Data collection methodologies

### 7.2.1. Household survey

#### Key recommendations

- Classify household displacement status using the QQB standard question sequence.
- Record household composition precisely, specifying the number of children by age and sex.
- Identify unaccompanied and separated children in the child protection module, not in household composition data.
- Be sensitive to child-headed households and ensure follow-up questions address caregiving and income-generating responsibilities.
- Ask child health and nutrition questions to mothers while asking the main respondent to verify other child-related data with a knowledgeable household member, if necessary.
- When collecting MUAC data from children, use standardized MUAC measuring tapes and enter the results into the Kobo data collection tool.
- Use alternative data collection methods (phone interviews or interviews with recently displaced households) where security or logistics prevent in-person surveys.

MSNAs are household surveys; therefore, most questions refer to the household. These surveys provide critical insights into the context of children on the move, such as their access to clean water, shelter, and household income. To ensure accurate cross-tabulation of this contextual data with child- and displacement-related data during the analysis phase, it is essential to: (1) classify the displacement status of a household correctly using the standard question sequence outlined in the QQB (versus context-specific characteristics, such as the respondent being located in an internally displaced persons site); and to (2) accurately record household composition, specifying the number of children by age and gender. Enumerators should verify that respondents have precise knowledge of each child's age and, if necessary, ask them to consult another household member.

In displaced households, some children may have been separated before or during displacement. Unaccompanied and separated children outside the household should be identified in the child protection module, rather than included in household composition data. The same is true for unaccompanied and separated children hosted by the household.

Displacement often results in one parent staying behind, living elsewhere, or passing away, sometimes leaving children as de facto heads of households. These children may take on caregiving responsibilities for siblings, elders, or individuals with disabilities, and may also engage in income-generating activities. Enumerators should be

sensitive to such situations, ask appropriate follow-up questions, and be prepared to provide psychological first aid if respondents experience distress (during a household survey, this would be an adult respondent).

As mentioned above, most child-related questions in the survey are asked at the individual level (see Table 2). Enumerators should be aware of gender biases in responses. Any questions about a child's health and nutrition should always be asked of the child's mother, while other questions may require verification with another household member.

In rare instances when MSNAs collect anthropomorphic data from children, such as MUAC, enumerators should be familiar with standardized methods, including MUAC-measuring tapes. These data should then be entered into a digital data collection tool, such as Kobo Toolbox, to ensure proper data storage.

In some areas, security or logistical constraints prevent on-site household surveys. In such cases, phone interviews with households still residing in those areas can serve as an alternative method for collecting household-level data. While other approaches may exist to collect information on the needs of affected populations in hard-to-reach areas, these were not tested as part of the MSNA methodology. Further research is needed to assess the feasibility of implementing innovative data collection approaches at the household or individual level.



## 7.2.2. Children's consultations

### Key recommendations

- Assess feasibility of integrating children's consultations alongside household surveys.
- Use purposive sampling stratified by age, gender, location, and displacement status, segmenting age groups into two- to three-year intervals.
- Conduct consultations in collaboration with child protection organizations.
- Employ child-friendly participatory methods such as storytelling, drawings and group discussions.
- Ensure adherence to the Nine Basic Requirements for Child Participation.
- Obtain informed consent from caregivers and assent from children before participation.

Direct consultations with children and adolescents provide firsthand insights into their experiences and improve their agency in shaping humanitarian assistance. In collaboration with child protection organisations, MSNA teams should assess whether direct consultations with children can be integrated into the MSNA alongside the household survey. These consultations allow children to share their perspectives on their needs, risks and access to services in a structured and ethical manner.

To ensure meaningful participation, consultations should use purposive sampling stratified by age, gender, location, and displacement status. It is recommended to segment age groups into two- to three-year intervals to capture experiences unique to different developmental stages. The 2024 MSNA in Uganda serves as an example of how consultations with displaced and host-community children can be effectively implemented.<sup>20</sup>

Children's consultations are group activities involving six to eight children who engage in age-appropriate, interactive games and conversations during which they express their views on the discussion topics. Consultations can take between 30 and 90 minutes, depending on the children's age, discussion topics and specific context. When conducting children's consultations, the methodology should be developed in collaboration with child protection organizations that have the expertise and resources to ensure child-friendly approaches that align with best practices.

The composition of the data collection team will need to be adapted to the children's consultations. While a household survey would usually include one enumerator going to a specific household, children's consultations require a team of two to four enumerators (for more information, please refer to Save the Children's Guidance on Children's

Consultations in Humanitarian Contexts<sup>21</sup>):

- Ideally, to ensure high data quality: Two facilitators and two note takers (four total).
- In-between solution: One facilitator and one note taker, and one person who can rotate between both roles (three total).
- Bare minimum, but with risks to data quality: One facilitator and one note taker (two total).
- Extra facilitators may be needed to support the participation of children with disabilities.
- Gender balance is also an important factor to consider when designing child-centred data collection methods.

Enumerators should employ age-appropriate and participatory methods, such as storytelling, drawings, group discussions or role-playing exercises, depending on the context. Data collection processes must comply with the Nine Basic Requirements for Meaningful and Ethical Children's Participation<sup>22</sup>, ensuring consultations are transparent, voluntary, respectful, relevant, child-friendly, inclusive, supported by training, safe and accountable.

Additionally, informed consent from caregivers and assent from children must be obtained before participation. Enumerators should be trained in child safeguarding principles and equipped to respond to distress or disclosures of harm, referring children to support services when necessary.

By integrating children's consultations into the MSNA, response efforts can be better tailored to address the specific needs and priorities of displaced and host-community children, fostering more inclusive and child-centred humanitarian interventions.

### 7.2.3. Key informant interviews (KIIs)

#### Key recommendations

- Use KIIs to supplement children on the move data where direct surveys and child consultations are not possible.
- Prioritize informants who understand the humanitarian situation of displaced children to ensure data reliability.

When direct household surveys and children’s consultations are not feasible, KIIs provide area-level data to fill gaps. Typically, the consensus from at least three KIIs is used to inform about an area. To collect accurate data on children on the move, key informants (KIs) should have recently visited the area, maintained contact with people there, and been knowledgeable about the humanitarian situation, particularly regarding displaced populations and children. However, using a KI approach to assess the needs of children on the move has significant limitations, as these informants may not have direct contact with children or may have limited knowledge of marginalized groups such as children on the move. Therefore, this method should be viewed with caution and supplemented with further research.

### 7.3. Risk analysis

Risk assessments must be conducted for all assessments, but those involving children’s consultations require extra attention due to their vulnerabilities. A comprehensive risk analysis is essential to identify and mitigate potential harms associated with data collection, ensuring the research design fully adheres to the principle of ‘do no harm’. This approach protects all stakeholders, including enumerators, key informants, communities and organizations. When

MSNA enumerators interact directly with children and adolescents, whether during consultations or during household survey anthropometric data collection, a thorough risk analysis is crucial to minimizing potential harm.

A risk assessment should cover all stages of the MSNA process, including sampling, training, data collection, data storage and dissemination, data analysis, and report writing.

When assessing the risks, a risk matrix responding to the following questions should be included:

1. Who might be at risk during this activity?
2. What types of risk might they face?
3. What is the likelihood that the event/situation will happen?
4. How much harm would be caused if the event/situation happened?

Table 4 presents a risk matrix template outlining the key information considered in the risk assessment, which applies to assessments with both adults and children. For each affected actor, the matrix would include a dedicated line specifying the risks and mitigation strategies.

#### Key recommendations

- Conduct a comprehensive risk analysis to identify and mitigate potential harms, especially when including consultations with children.
- Assess risks to all stakeholders, including enumerators, key informants, communities and organizations.
- Develop a risk matrix addressing who is at risk, the types of risks, likelihood and severity.

**Table 4: Risk matrix template (adopted from Save the Children guidance<sup>23</sup>)**

Who might be at risk during this activity?	What types of risk might they face?	When assessing risks, consider:
<ul style="list-style-type: none"> <li>• Any research participants (respondents and their families)</li> <li>• Any children on the move</li> <li>• Children on the move sub-groups (different displacement status, ages, genders, disabilities, minority groups, etc.)</li> <li>• Communities</li> <li>• Staff</li> <li>• Organization/s</li> </ul>	<ul style="list-style-type: none"> <li>• Risks to immediate physical safety (for example, accidents on the way to/from interview, unsafe locations, contracting diseases, etc.)</li> <li>• Risks to psychological health and wellbeing (for example, re-traumatization)</li> <li>• Risks of retribution or retaliatory violence (for example, would a child be at risk if people, including possibly perpetrators, knew that they had been talking about violence against children?)</li> <li>• Social harm (for example, stigmatization if it becomes known by a community that a participant has experienced something that is 'taboo', such as sexual violence)</li> <li>• Child safeguarding risks, including sexual abuse and exploitation</li> <li>• Harm because of unfair exclusion</li> <li>• Economic harm (for example, could the participant or a community lose income as a result of participating in the study?)</li> <li>• Legal harm (for example, could participating in the study affect a participant's ability to make a legal claim, such as those related to refugee law?)</li> <li>• Reputational harm (linked to misuse of power, authority, incompetence, lack of accountability, etc.)</li> <li>• Financial harm (fraud, misuse of resources)</li> </ul>	<ul style="list-style-type: none"> <li>• Likelihood: how likely is it that the event/situation will happen?               <ul style="list-style-type: none"> <li>◦ For example, it's very likely that I will get a cold, but very unlikely that I'll be hit by lightning</li> </ul> </li> <li>• Severity: how much harm would be caused if the event/situation happened?               <ul style="list-style-type: none"> <li>◦ For example, a child being abused by a staff member would be a very severe risk, but the enumerator losing their wallet would be low severity.</li> </ul> </li> </ul>

## 7.4. Referral mechanisms

### Key recommendations

- Ahead of any data collection, create a clear referral protocol for safeguarding concerns.
- Identify potential risks, define warning signs, and specify support needs.
- Develop response timelines based on urgency levels.
- Map service providers and establish agreements to ensure timely assistance.
- Assign clear responsibilities within data collection teams for handling referrals.
- Monitor the effectiveness of referrals and follow up where necessary.

Research with participants affected by humanitarian crises – especially displaced people and children – should avoid collecting data on highly sensitive topics or asking individuals to share personal experiences of abuse or neglect. Participants must receive clear information about the research purpose, scope, and available feedback and reporting channels. However, sensitive topics may naturally arise (e.g., when a respondent initiates telling the enumerator about traumatic experiences), and urgent safeguarding concerns may emerge. MSNAs – including those with child respondents and those solely with adult respondents – should therefore have clear referral protocols in place before data collection to ensure researchers know how to respond appropriately and provide necessary support.

Support may be required for:

- Protection concerns, including unaccompanied or separated children in need of care.
- Gender-based violence (GBV) disclosures (research should not actively seek these to prevent re-traumatization).
- Psychosocial support for individuals experiencing distress or disclosing traumatic events.
- Health support for those who are unwell, injured, or recent survivors of sexual violence.
- Urgent needs such as food, shelter, or legal assistance.
- Participants may disclose harm or safety concerns, or researchers may suspect risk. This requires an immediate, sensitive response and referral to appropriate services.

For non-sensitive needs (e.g., basic assistance), it should be explained that the purpose of the interview is to help humanitarian organizations to support communities in need of assistance, but that the data collection team cannot provide any support themselves. For sensitive concerns (e.g., protection risks), it would be necessary to follow up in a safe, confidential manner, ensuring the participant is not put at further risk (e.g., by avoiding discussions in unsafe environments, such as a home where violence is suspected). Only the minimum number of questions necessary to gain a

clear understanding of what is being said should be asked (i.e., what, who, where, when).

Steps to develop a referral protocol for research with children on the move:

**Before starting data collection:**

1. Coordinate with child protection and safeguarding teams and partner organizations specialized in Child Protection (e.g., UNICEF, Save the Children, Plan International): existing referral protocols and adapt them as needed. Different protocols may be required for different locations.
2. Identify potential risks: Determine possible harm or safety concerns that may arise during consultations.
3. Define warning signs: List indicators that should trigger a referral (e.g., untreated injuries, distress, signs of neglect).
4. Specify support needs: Identify necessary interventions (e.g., medical care, psychosocial support, legal aid, or basic needs assistance).
5. Determine urgency levels: Set response timelines (e.g., within 24 hours, 48 hours, or one week).
6. Map service providers: Identify relevant organizations, including NGOs, local services, and law enforcement.
7. Establish agreements: Coordinate with support providers to ensure timely assistance.
8. Assign responsibilities: Clarify roles within data collection teams for handling referrals.

**During and after data collection:**

9. Monitor effectiveness: Track identified issues and assess whether participants receive appropriate support, with possible oversight from child protection specialists.

For more information on migrant-specific referral mechanisms, you can refer to IOM's *Guidance on Referral Mechanisms*.<sup>24</sup> For more information on referral protocols specific to children's consultations, please refer to *Save the Children's Guidance on Children's Consultations in Humanitarian Contexts*.<sup>25</sup>



## 7.5. Ethical review

### Key recommendations

- Seek independent ethical review for MSNA activities involving children's consultations.
- Submit essential documents, including the Terms of Reference (ToR), informed consent/assent processes, risk assessments, and safeguarding measures.

If children's consultations are part of the MSNA, then the implementation team should seek an independent ethical review to validate the MSNA's adherence to ethical standards and to protect the rights and well-being of all participants. The ethical review can be facilitated by organizations specializing in child protection, such as UNICEF and Save the Children.

The processes and documents required for the review will vary depending on the organization, but usually the ToR, data collection tools (including informed consent and assent processes), and risk assessment should be submitted, as well as information about how the data collection team will ensure safeguarding policies are adhered to and the Nine Basic Requirements for Meaningful and Ethical Child Participation will be met.<sup>26</sup>

## 7.6. Enumerator training

### Key recommendations

- Provide training on data collection ethics, confidentiality and child safeguarding.
- Equip enumerators with knowledge on interacting with displaced populations and children.
- Review and practice all research tools, including the phrasing of questions and possible probes.

Data collection teams should receive training related to displaced populations, child-related data, and data collection with children. The list below covers key topics and considerations to include in training for MSNAs to ensure data on children on the move are collected appropriately. The list is not exhaustive, but complementary to IMPACT's minimum standards for REACH MSNA field teams' training agenda:

- Data collection ethics and confidentiality
  - Explanation of how to obtain informed consent from adults and assent from children (if children are interviewed).
- Training on ensuring respondent anonymity and data protection, particularly for displaced populations at risk.
- Ethical considerations and risks specific to displaced households, including vulnerabilities such as family separation, trauma and legal risks (e.g., related to migration status or persecution). This includes an explanation of risk mitigation measures.
- Techniques for handling sensitive topics, recognizing signs of distress, and referring individuals to appropriate support services

- (i.e., referral mechanism). This should also cover basic training on how to provide psychosocial first aid.
- Understanding of the Nine Basic Requirements for Meaningful and Ethical Child Participation<sup>27</sup>, when interviewing children.
- Survey methodology and questionnaire design
  - Explanation of data disaggregation requirements covering, as a minimum, displacement status, age, sex, and disability category. This includes understanding what criteria define each displacement status, what the relevant age groups are (e.g., for nutrition and education), and what disability categories exist.
  - Understanding the structure of the different data collection tools (e.g., household survey, KI tool, children’s consultations) and how they complement each other.
- Understanding which data are collected at the household level, which at the individual level, and which at the area level.
- For children’s consultations, enumerators should be trained in facilitation and note-taking techniques.
- Practical sessions
  - Detailed review of all questions and possible probes in the various tools used.
  - Practicing conducting interviews using all types of methods.
  - For children’s consultations, enumerators should practice facilitation and note-taking, including how to ask probing questions to ensure sufficient detail in the notes. This also includes practicing ‘tagging’ participants with numbers and attributing notes to each number to anonymously track data by individual participant.

## 7.7. Data processing, storage and sharing

### Key recommendations

- Store sensitive data securely on a central server with access limited to authorized personnel.
- Anonymize personal data before analysis and sharing.
- If deemed safe, cleaned micro datasets should be published via the United Nations Office for the Coordination of Humanitarian Affairs’ (OCHA) Humanitarian Data Exchange (HDX) and be shared with IDAC.

Displaced, returned and repatriated populations – especially children – are at heightened risk of trafficking, exploitation and abuse. Improper handling of data could expose them to further harm. For example, sensitive data of refugees in the wrong hands could expose them and their family members staying back to risks of reprisals, as they fled violence and persecution in their home country.

Therefore, datasets should be safeguarded at all stages, including collection, storage and sharing. Data from household surveys and KIIs should be directly submitted to a secure ODK Kobo server with limited access. Phones and computers with digital records should be password protected. When notes are in paper format, such as for children’s consultations, field teams should transcribe them as quickly as possible into digital files that are password protected and destroy the



paper files thereafter, to avoid any harm to research participants.

Personally identifiable information, such as names of respondents and telephone numbers, must be excluded from any raw datasets shared outside the team implementing the MSNA, as it may, for instance, be needed for data quality controls within the organizations.

For each cleaned dataset, it should be assessed whether publication or data sharing could lead to any harm for research participants, their communities, or any other actors.<sup>28</sup> If deemed

safe, cleaned micro datasets should be published via HDX and shared with IDAC to ensure wide dissemination and enable any actors to perform their own analysis on the microdata.

When microdata cannot be published for legal, safety, or political reasons, the implementing organization should assess whether it can sign a data sharing agreement (DSA) with relevant actors that provide assistance to children on the move or engage in advocacy. The DSA should prioritize the safety and rights of survey respondents and local communities.

## 7.8. Data analysis

### Key recommendations

- Ensure analysis results are disaggregated by geography (country, admin 1, admin 2), displacement status (refugees, internally displaced persons, returnees, etc.), age groups, and disability categories to support assistance and advocacy for children on the move.
- Make analysis reproducible, using R/Python scripts or Excel macros.
- Clearly document methodology, sampling frame and representativeness, and include key details in analysis tables (indicator, unit of analysis, response categories, confidence intervals).
- Publish results in Excel sheets or interactive dashboards with download functions, and share them with relevant stakeholders (e.g., AWGs, humanitarian clusters, IDAC).
- For qualitative analysis, triangulate results with those of other components of the MSNA.

During the data analysis phase, the implementing team should aggregate the micro data to levels that are relevant for assistance to and advocacy for children on the move. These include, but are not limited to:

- Administrative levels: Country; admin 1; admin 2.
- Displacement status: Refugees; internally displaced persons; repatriates; returnees; host communities.
- Age: All age groups combined; different age groups.
- Disability: All children; severity; category.

Please refer to Tables 1, 2 and 3 for the harmonized children-on-the-move-related indicators included in MSNAs.

Errors and misunderstandings of the results can lead to loss of assistance for some children on the move populations. Therefore, data analysis should prioritize clarity and avoid misinterpretation. Data analysis results should be easily accessible through Excel sheets, dashboards and databases with download functions. Globally, if publication of results is deemed safe, they should be published on the implementing organization's website and shared with global humanitarian clusters and IDAC. At the country level, based on a DSA, they should be shared with the AAWG and relevant clusters to ensure that actors working on children on the move have access to the analysis results. The data analysis should be reproducible by anyone using free, open-source tools (e.g., R, Python). The implementing team should provide sufficient documentation so that anyone can reproduce the analysis results. Documentation should also provide

information on the sampling frame, data collection methodology, and level of representativeness of the findings.

For each analysis result, the analysis tables should provide complete information on:

- Indicator (including whether the analysis unit is a household or an individual).
- Disaggregation level.

- Question asked to the respondents.
- Response categories to choose from.
- Confidence interval.

Qualitative data analysis should be guided by research questions and results triangulated with those of other components of the MSNA, such as the household survey and the SDR, for gaining a comprehensive understanding of the main needs of children on the move.

## 7.9. Knowledge and advocacy products

### Key recommendations

- In knowledge products presenting MSNA findings, ensure that children on the move-related findings are visible by disaggregating findings by geographic location, displacement status, age group, and disability status.
- Ideally, develop child-friendly briefs to share findings with affected children on the move.
- For any data collected from children, validate findings with children through consultations when feasible.
- Disseminate MSNA knowledge products widely to humanitarian clusters and actors supporting children on the move at the country and global level, including IDAC.

Finally, the implementing team and other actors can use the data analysis findings to create information products that support assistance to and advocacy for children on the move in humanitarian crises. Such products can present child- and displacement-related results as cross-cutting dimensions alongside other population groups. For instance, a child protection brief can present data disaggregated by displacement status, age group and disability category.

Actors supporting children on the move can also use the data analysis result tables and dashboards to create publications that focus on children on the move only, or on specific sub-groups, such as refugee children, shedding more light on the situation and needs of children on the move across different sectors (protection, education, nutrition etc.).

Briefs for children and youth, tailored to present the child-specific findings of the MSNA in an

age-appropriate way to children affected by the humanitarian crisis and to those participating in children's consultations, ensure 'closing the loop' of the research cycle.

If feasible, the key findings from MSNA data specific to children (e.g., child protection or education) should be reviewed and validated with children through consultations. Ideally, children should have the opportunity to review these findings as part of child-friendly briefs presented during appropriate age consultations with children. Having affected children validate child-related data enhances the accuracy of the findings, especially when children did not participate in data collection. It also boosts the accountability of the implementing organization to the affected community. Validation workshops are suitable for confirming findings from children's consultations, as they help verify the interpretation of children's views and facilitate 'closing the loop' by sharing results with the research participants, thus maintaining their dignity and respect.



## 8. Annex - Summary of key recommendations

<p><b>Research design</b></p>	<ul style="list-style-type: none"> <li>• Conduct a comprehensive SDR analysing gaps, inconsistencies and trends in available information on children on the move.</li> <li>• Implementing teams should consult with humanitarian partners to define priority indicators related to children's displacement and returns.</li> <li>• For each child on the move's priority indicator, it should be assessed whether the MSNA is the sole or most effective means of gathering the required data within time and resource constraints.</li> <li>• Phrase questions ethically to avoid harm, stigma, or risks, especially in politically sensitive contexts.</li> <li>• Use standardized child protection questions from the MSNA GQB to ensure consistency.</li> <li>• Ensure accurate classification of displacement status and household composition, particularly for unaccompanied and separated children.</li> <li>• Design for granular disaggregation by displacement status, age, sex, disability and geographic location.</li> <li>• Align definitions of child displacement with UNHCR and IOM frameworks for data consistency.</li> <li>• Conduct rigorous translation reviews to maintain accuracy in child-related questions.</li> <li>• Capture risks specific to children on the move, such as family separation, child-headed households, and barriers to accessing services.</li> <li>• Pilot the data collection tools before starting regular data collection to ensure appropriateness (e.g., duration, phrasing).</li> </ul>
<p><b>Data collection methodologies</b></p>	<p><b><u>Household surveys:</u></b></p> <ul style="list-style-type: none"> <li>• Classify household displacement status accurately using the GQB standard question sequence.</li> <li>• Record household composition precisely, specifying the number of children by age and gender.</li> <li>• Identify unaccompanied and separated children in the child protection module, not in household composition data.</li> <li>• Be sensitive to child-headed households and ensure follow-up questions address caregiving and income-generating responsibilities.</li> <li>• Ask child health and nutrition questions to mothers while asking the primary respondent to verify other child-related data with a knowledgeable household member, if necessary.</li> <li>• When collecting MUAC data from children, use standardized MUAC measuring tapes and enter the results into the Kobo data collection tool, based on existing MUAC protocols and guidelines.</li> <li>• Use alternative data collection methods (phone interviews or interviews with recently displaced households) where security or logistics prevent in-person surveys.</li> </ul> <p><b><u>Children's consultations:</u></b></p> <ul style="list-style-type: none"> <li>• Assess the feasibility of integrating child consultations alongside household surveys.</li> <li>• Use purposive sampling stratified by age, gender, location, and displacement status, segmenting age groups into two- to three-year intervals.</li> <li>• Conduct consultations in collaboration with child protection organizations (e.g., UNICEF, Save the Children, Plan International).</li> <li>• Employ child-friendly participatory methods such as storytelling, drawings and group discussions.</li> <li>• Ensure adherence to the Nine Basic Requirements for Child Participation<sup>29</sup>, maintaining ethical and child-safe approaches.</li> <li>• Obtain informed consent from caregivers and assent from children before participation.</li> </ul> <p><b><u>Key informant interviews (KIIs):</u></b></p> <ul style="list-style-type: none"> <li>• Use KIIs to supplement children on the move data where direct surveys and child consultations are not possible.</li> <li>• Prioritize informants who understand the humanitarian situation of displaced children to ensure data reliability.</li> </ul>

<b>Risk analysis</b>	<ul style="list-style-type: none"> <li>• Conduct a comprehensive risk analysis to identify and mitigate potential harms, especially when including consultations with children.</li> <li>• Assess risks to all stakeholders, including enumerators, key informants, communities and organizations.</li> <li>• Develop a risk matrix addressing who is at risk, the types of risks, likelihood, and severity.</li> </ul>
<b>Referral mechanism</b>	<ul style="list-style-type: none"> <li>• In coordination with child protection and safeguarding teams and partnering with child protection-focused organizations, create a clear referral protocol for safeguarding concerns, aligned with existing processes and collective referral mechanisms.</li> <li>• Identify potential risks, define warning signs, and specify support needs.</li> <li>• Develop response timelines based on urgency levels.</li> <li>• Map service providers and establish agreements to ensure timely assistance.</li> <li>• Assign clear responsibilities within data collection teams for handling referrals.</li> <li>• Monitor the effectiveness of referrals and follow up where necessary.</li> </ul>
<b>Ethical review</b>	<ul style="list-style-type: none"> <li>• Seek independent ethical review for MSNA activities involving children's consultations.</li> <li>• Submit essential documents, including the ToR, informed consent/assent processes, risk assessments, and safeguarding measures, prior to the beginning of the data collection phase.</li> </ul>
<b>Enumerator training</b>	<ul style="list-style-type: none"> <li>• Provide training on data collection ethics, confidentiality and child safeguarding.</li> <li>• Equip enumerators with knowledge on interacting with displaced populations and children.</li> <li>• Review and practice all research tools, including the phrasing of questions and possible probes.</li> </ul>
<b>Data processing, storage, and sharing</b>	<ul style="list-style-type: none"> <li>• Store sensitive data securely on a central server with access limited to authorized personnel.</li> <li>• Anonymize personal data before analysis and sharing.</li> <li>• If deemed safe, cleaned micro datasets should be published via HDX and shared with IDAC.</li> <li>• Consider data sharing agreements with partners when publication is not possible</li> </ul>
<b>Data analysis</b>	<ul style="list-style-type: none"> <li>• Ensure analysis results are disaggregated by geography (country, admin 1, admin 2), displacement status (refugees, internally displaced persons, returnees, etc.), age groups, and disability categories to support assistance and advocacy for children on the move.</li> <li>• Make analysis reproducible, using R/Python scripts or Excel macros.</li> <li>• Clearly document methodology, sampling frame and representativeness, and include key details in analysis tables (indicator, unit of analysis, response categories, confidence intervals).</li> <li>• Publish results in Excel sheets or interactive dashboards with download functions, and share them with relevant stakeholders (e.g., AWGs, humanitarian clusters, IDAC).</li> <li>• For qualitative analysis, triangulate results with those of other components of the MSNA.</li> </ul>
<b>Knowledge and advocacy products</b>	<ul style="list-style-type: none"> <li>• In publications presenting the findings of the MSNA (i.e., presentations, briefs, reports, dashboards), ensure that children on the move-related findings are visible by disaggregating findings by geographic location, displacement status, age group, and disability status.</li> <li>• Ideally, develop child-friendly briefs to share findings with affected children on the move.</li> <li>• For any data collected from children, validate findings with children through consultations when feasible.</li> <li>• Disseminate MSNA publications widely to humanitarian clusters and actors supporting children on the move at the country and global level, including IDAC.</li> </ul>



## 9. Annex - Key resources and references

Title	Organization	Year	Focus	Scope
<a href="#">Global Food Security Cluster Indicator Handbook</a>	Global Food Security Cluster	NA	Technical	Data on food security
<a href="#">The UNICEF-WHO-World Bank Joint Child Malnutrition Estimates (JME) standard methodology</a>	UNICEF, World Health Organization (WHO), World Bank	2024	Technical	Child nutrition programming in humanitarian contexts
<a href="#">The State of the World's Children 2024 Statistical Compendium: The Future of Childhood in a Changing World – Statistical Compendium and Data Tables</a>	UNICEF	2024	Technical	Data on children
<a href="#">IDAC Indicators for Children on the Move</a>	IDAC	2024	Technical	Data on children on the move
<a href="#">Reasons for movement: Operational definitions for analysis – DTM April 2024</a>	IOM-DTM	2024	Technical	Data on displacement
<a href="#">Population Groups: Operational definitions for analysis – DTM March 2024</a>	IOM-DTM	2024	Technical	Data on displacement
<a href="#">International Classification of Violence against Children (ICVAC)</a>	UNICEF	2023	Technical	Data on violence against children
<a href="#">Collecting Data on Early Childhood Development in Household Surveys</a>	UNICEF	2024	Technical	Household surveys on children
<a href="#">Core Humanitarian Standard on Quality and Accountability (CHS)</a>	CHS Alliance	2024	Ethical	Humanitarian responses
<a href="#">IASC Operational Guidance on Data Responsibility in Humanitarian Action</a>	Inter-Agency Standing Committee	2023	Ethical	Data management in humanitarian contexts
<a href="#">Manual on Child-Specific Data Capacity Strengthening on Children on the Move</a>	IDAC	2023	Technical	Data on children on the move
<a href="#">Data and children on the Move: Unpacking key terminology, concepts and data sources</a>	IDAC	2023	Technical	Data on children on the move
<a href="#">Conceptual framework for education in emergencies data</a>	United Nations Educational, Scientific and Cultural Organization (UNESCO)	2023	Technical	Data on education in humanitarian contexts
<a href="#">Responsible Disaggregation of Data on Refugee Children</a>	UNICEF-UNHCR	2023	Technical/Ethical	Data on refugee children
<a href="#">Joint and Intersectoral Analysis Framework (JIAF) 2.0 Technical Manual</a>	Humanitarian Programme Cycle Steering Group	2023	Technical	Estimation and analysis of humanitarian needs and protection risks
<a href="#">The Washington Group Short Set on Functioning (WG-SS)</a>	Washington Group on Disability Statistics	2022	Technical	Disability data
<a href="#">How can we Do No Harm when collecting, storing, sharing, and analysing data?</a>	IOM-DTM	2022	Ethical	Do no harm principles
<a href="#">Nutrition Humanitarian Needs Analysis Guidance</a>	Global Nutrition Cluster	2021	Technical	Child nutrition programming in humanitarian contexts

Title	Organization	Year	Focus	Scope
<a href="#">The Nine Basic Requirements for Meaningful and Ethical Children's Participation</a>	Save the Children	2021	Ethical	Data on children
<a href="#">Final Report on Conceptual Frameworks and Concepts and Definitions on International Migration</a>	UN Expert Group on Migration Statistics	2021	Technical	Data on international migration
<a href="#">RD4C Data Ecosystem Mapping Tool</a>	Responsible Data for Children Initiative (UNICEF, NYU GovLab)	2020	Ethical	Data on children
<a href="#">The Washington Group / UNICEF Child Functioning Module (CFM)</a>	Washington Group on Disability Statistics, UNICEF	2020	Technical	Disability data
<a href="#">Global Health Cluster List of Indicators</a>	Global Health Cluster	2020	Technical	Health programming in humanitarian contexts
<a href="#">International Recommendations on Internally Displaced Persons Statistics (IRIS)</a>	Expert Group on Refugee, IDP and Statelessness Statistics	2020	Technical	IDP data
<a href="#">IOM-DTM Child Protection AoR Analysis Framework</a>	IOM-DTM	2019	Technical	Analysis of child protection data
<a href="#">Minimum Standards for Child Protection in Humanitarian Action (CPMS)</a>	Alliance for Child Protection in Humanitarian Action	2019	Technical/Ethical	Child Protection Programming in humanitarian contexts
<a href="#">Responsible Data for Children – Synthesis Report</a>	Responsible Data for Children Initiative (UNICEF, NYU GovLab)	2019	Ethical	Data on children
<a href="#">The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response</a>	Sphere Association	2018	Technical/Ethical	Humanitarian responses
<a href="#">General Comment No.12 (2009): The right of the child to be heard. UNCRC (CRC/C/GC/12)</a>	United Nations Committee on the Rights of the Child	2009	Ethical	Data on children

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