



Joint
Intersectoral
Analysis
Framework

JIAF 2

Technical Manual

JULY 2024

JIAF GLOBAL PARTNERSHIP



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Cover photo

Lahij, Yemen, Hayat, 11 years old. An internally displaced child fetching water from the water distribution point in Al Rebat IDPs Camp.

Photo credit: YPN/OCHA

Part 1

JIAF 2 OVERVIEW

This section provides all stakeholders with a general understanding of JIAF 2.
Part 2 guides analysts on how to conduct JIAF 2.

Photo: Northern Aleppo, Syria. Free bread distribution at a displacement camp. Photo credit: Madevi Sun-Suon/UNOCHA



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What is JIAF 2?

The Joint and Intersectoral Analysis Framework (JIAF) version 2 sets global standards for the estimation and analysis of humanitarian needs and protection risks. The JIAF's primary objective is to inform strategic decision-making, response analysis, and response planning through a rigorous, evidence-based, and comprehensive joint and intersectoral analysis framework.

JIAF 2 is the product of a partnership of donors, United Nations agencies, NGOs, global clusters and areas of responsibility, and specialized agencies¹ under the auspices of the Grand Bargain.² The application of JIAF 1 was followed by a two-year process of consultations, (re)design, testing and learning, including academic and applied research, culminating in the development of JIAF 2 and its implementation as part of the 2024 Humanitarian Programme Cycle (HPC). A further in-depth lessons learned exercise prompted additional refinements for the updated JIAF 2.

JIAF 2 provides an IASC-endorsed methodology to generate the estimations of humanitarian needs that inform the Humanitarian Programme Cycle. JIAF 2 relies on quantitative and qualitative methods to generate the evidence base that underpins the needs analysis presented in the Humanitarian Needs and Response Plan (HNRP) and, consequently, the collective humanitarian response. Its outputs inform strategic decision making on humanitarian assistance and protection, including how many people need humanitarian assistance and their characteristics, the nature, drivers and severity of their needs, and how sectoral

needs overlap and co-exist.³ Box 1 outlines the key JIAF 2 outputs.

Box 1: Key outputs of the JIAF

Definition of the crisis and who it is affecting: What is driving the crisis (i.e. conflict, climate shocks etc) and who is affected by it.

Estimation of the overall magnitude of humanitarian need, resulting from the crisis: How many people are in need of humanitarian assistance and protection, irrespective of which sectors the needs originate from.

Identification of the people and places most in need of humanitarian assistance and protection: Which population groups and geographic areas face the most severe needs as a result of the compounding effect of overlapping needs in different sectors.

Assessment of whether an intersectoral catastrophe is unfolding: Based on an analysis of Outcome Indicators, collectively agree whether an intersectoral catastrophe is occurring, and where (i.e. whether the highest severity of need is reached and in which locations).

Estimation of sectoral needs, in an interoperable and commonly understood way: How many people face needs in specific sectors, and how severe their needs are, using a common interoperable reference.

Identification of Intersectoral patterns and linkages: How people's needs overlap, co-exist, and interrelate.

The one-page JIAF 2 snapshot provides a quick overview of the JIAF and can support communication on the process and its importance. The snapshot can be accessed on the JIAF website at www.jiaf.info.

1. JIAF Global Partners include: Acaps, Child Protection AoR, the European Union Civil Protection and Humanitarian Aid Operations department (DG ECHO), FAO, FCDO, Gender-Based Violence AoR, Global Affairs Canada, Global CCCM Cluster, Global Education Cluster, Global Food Security Cluster, Global Health Cluster, Global Nutrition Cluster, Global Protection Cluster, Global Shelter Cluster, Global WASH Cluster, Housing, Land and Property AoR, IOM, IPC, Mine Action AoR, Norwegian Refugee Council, OCHA, REACH Initiative, Save the Children, SIDA, UNFPA, UNHCR, UNICEF, USAID, WFP, WHO.
2. [The Grand Bargain \(Official website\)](#) | IASC (interagencystandingcommittee.org)
3. In JIAF 2, the words 'sectors' and 'sectoral' are used in reference to formally activated IASC clusters and areas of responsibilities, as well as relevant sectoral coordination mechanisms that may be activated at country level. Global guidelines are provided in this manual only for the clusters and areas of responsibilities that have global representation in the JIAF partnership.

Why was the JIAF developed?

The need for a more coherent and transparent approach to analyzing and presenting humanitarian needs was widely recognized at the World Humanitarian Summit in 2016, against the backdrop of a widening gap between ever-growing

global humanitarian needs and the funding available to meet them. This became one of the key Grand Bargain commitments on Needs Assessment and triggered the conceptualization of the JIAF.

What is the added value of JIAF 2?

JIAF 2 strengthens the way sectors work together and fosters greater interoperability and connectivity between sector-specific analyses, enabling a better understanding of how diverse needs interact. The key added value of JIAF 2 includes:

- **Global standards that can be applied in any humanitarian crisis.** While JIAF provides global benchmarks, it allows for the use of context-specific methods, data, and knowledge to ensure relevance across crisis contexts. Country analysts are able to include their own relevant evidence calibrated to the JIAF2 global standards.
- **A people-centered analysis approach.** People affected by crises have multiple humanitarian needs, spanning different sectors. JIAF2 is based on an analytical approach that considers the coexistence and intersection of different needs, and how their combined effects engender different humanitarian conditions.
- **A global framework for sectoral interoperability.** JIAF 2 brings together sectoral analysis in an interoperable, transparent, and rigorous way, while each sector maintains its own processes, methods, and indicators. This alignment is especially important to allow a more coherent intersectoral analysis of overall humanitarian needs.
- **A consistent approach for estimating the number of people in need.** JIAF 2 enables the estimation of a joint overall PiN figure, starting from sector-specific PiNs, in line with the IASC PiN definition,⁴ which are brought together in an interoperable manner by aligning them to the JIAF operational guidance as well as sector-specific global guidance.⁵
- **Standards to estimate intersectoral severity of humanitarian needs.** JIAF 2 provides guidelines for sectors to align their individual methods to a common global severity scale, the results of which are referenced against the severity of outcome indicators for agreed humanitarian standards. As such, while the methods and indicators of sectors are different, the results are aligned to common parameters and are hence interoperable.
- **Insights on Intersectoral patterns and linkages.** JIAF 2 enables analysis of sectoral needs that co-exist across different areas and population groups so that sectors can better coordinate the humanitarian response.
- **Simple, yet rigorous, methods applicable in a wide array of data contexts.** JIAF 2 utilizes both automated statistical analysis as well as structured, participatory, and consensus-building processes. Currently, there are no adequate or reliable models to conduct this type of complex analysis with algorithmic and statistical approaches alone. JIAF 2 uses a mixed approach that includes both quantitative and qualitative methods. This enables transparent and impartial analyses that are replicable and reproducible.

4. People in Need are a sub-set of the affected population whose physical security, basic rights, dignity and living conditions or livelihoods are threatened or have been disrupted, and whose current levels of access to basic services, goods and social protection is inadequate to re-establish normal living conditions with their accustomed means in a timely manner without additional assistance.

5. The full list of sector-specific global operational guidance to estimate PiN and severity can be found in [Annex 3](#).

- **Simple and streamlined processes.** JIAF 2 processes build upon existing country processes and require only three multi-partner working sessions in addition to existing sector-specific analysis processes. Overall, the JIAF 2 process is expected to require four to six days of joint multi-partner working sessions.
- **An online cloud-based digital analysis platform to facilitate analysis.** The JIAF 2 Analysis Platform allows analysts to upload and organize information for exploratory analysis. It provides interactive visualization for interpretative analysis and workspaces to complete the analysis. The platform operates with minimal connectivity and requires basic digital literacy. An offline Microsoft Excel-based set of tools, which mirrors the design of the analysis platform, is also available for situations when the platform cannot be used.
- **Leveraging all available evidence without requiring broad standardized data collection exercises.** JIAF 2 builds on existing sectoral approaches for needs assessment, while emphasizing the importance of coordinated data collection and encouraging it, wherever possible.
- **Comparability of needs across space and time, both within and between countries.**

How does JIAF 2 work?

JIAF 2 provides humanitarian actors with a framework to structure, analyze, and synthesize information to determine the humanitarian and protection needs of affected populations. The JIAF Analysis Framework has three modules: 1. Contributing Factors and Scope, 2. Interoperable Sectoral Needs, and 3. Intersectoral Needs. Diagram 1 provides a simplified visualization of the JIAF 2 analysis Framework, while Part 2 of this manual

JIAF 2 provides comparable results as it includes: a) interoperable sector-specific severity scales, b) interoperable sector-specific PiN estimations, c) a Global Intersectoral Severity Reference Table with standardized outcome indicators, thresholds, and descriptions, and d) a ‘Mosaic Method’ to estimate the Joint Overall PiN which aggregates sectoral needs in a consistent and replicable manner.⁶ Another innovation of JIAF is that it provides a workspace where sectors can share their methodologies. While comparable results are a key value addition of JIAF 2, the results should not be used to prioritize one crisis over another, but rather to inform strategic response planning for all people in need.

DIAGRAM 1: JIAF 2 ANALYSIS FRAMEWORK MODULES



outlines the complete and expanded version of the framework.

A toolkit accompanies each module. Each toolkit includes a set of workspaces and reference tables, along with guidance on how to use them. Diagram 2 outlines the workspaces and reference tables included in each toolkit. Part 2 of this manual provides guidance on how to utilize the toolkits.

6. An explanation of ‘interoperability’ in JIAF 2 can be found in [Box 14](#). An explanation of the Mosaic Method can be found in [Box 21](#).

DIAGRAM 2: ALL TOOLKITS, WORKSPACES, REFERENCE TABLES

MODULE	TOOLKIT #	WORKSPACES	REFERENCE TABLE
MODULE 1 Contributing Factors & Scope	TOOLKIT 1	1A: Context	1: Potential Indicators for Context, Shocks and Impacts
		1B: Shocks & Impacts	
		1C: Scope	
MODULE 2 Interoperable Sectoral Needs	TOOLKIT 2	2A: Sectoral PiN Interoperability	2A: Sectoral PiN Interoperability
		2B: Sectoral Severity Interoperability	2B: Sectoral Severity Interoperability
MODULE 3 Intersectoral Needs	TOOLKIT 3	3A: Joint Overall PiN	3A: Flags for Joint Overall PiN
		3B: Intersectoral Severity	3B1: Flags for Preliminary Intersectoral Severity 3B2: Intersectoral Severity Classification
		3C: Intersectoral Patterns and Linkages	3C: Analysis Prompts

How is JIAF conducted at the country level?

JIAF implementation is embedded into the Humanitarian Programme Cycle timeline and builds on existing collaboration across sectors and stakeholders at the country level. JIAF 2 processes are organized around the three modules of the Analysis Framework (see [Diagram 3 for the country implementation process](#)). JIAF 2 requires two multi-partner working sessions with representatives of all sectors, OCHA, UN agencies, NGOs, and relevant partners. The working sessions are organized to set the stage, discuss, and review sectoral analysis, and to complete intersectoral analysis. The actual country process, including timelines, activities, and participants can be adapted to the country context as needed. For example, some countries may implement sub-national activities while others may only do national level working sessions. Some countries may also include more than two multi-partner working sessions, or distribute JIAF activities differently over time, depending on the country context.

As a general guidance, the JIAF process is as follows:

- **Module 1: Contributing Factors & Scope.** A multi-partner working session to identify the cause and impacts of the crisis (including people affected), define the scope of analysis,

and plan for interoperable sectoral analysis, including identifying vulnerable population groups to be considered during the analysis phase. It is expected that OCHA will prepare the materials for the multi-partner working session and that partners will meet for about one day to make initial conclusions.

- **Module 2: Interoperable Sectoral Analysis.** Sectors conduct their own data collection and analysis considering the jointly agreed scope and guidelines for interoperability. Sectors submit their findings for compilation and a description of the methodology used to estimate preliminary PiN figures and severity, including definitions, indicators and thresholds applied. Sectors and partners come together in a multi-partner working session to share their methodologies, discuss their findings and identify any issues that may need to be resolved before the final module.
- **Module 3: Intersectoral Analysis.** A multi-partner working session to review final sectoral findings (including flagging and resolving any major discrepancies), jointly determine the Joint Overall PiN (with a clear and transparent methodology), intersectoral severity and

characteristics of crisis, and finalize the findings on the context, drivers, vulnerability, and impact from Module 1. This phase includes a dedicated

discussion to consider whether there are any people/places within the crisis who are experiencing an intersectoral catastrophe.

DIAGRAM 3: JIAF 2 COUNTRY IMPLEMENTATION PROCESS



All humanitarian partners and stakeholders have important roles in JIAF 2 processes. Humanitarian Country Teams (or equivalents) are responsible for engaging at strategic moments during the JIAF process to ensure transparent discussion and collective agreement on key findings of the process. National clusters are responsible for conducting sectoral analysis following agreed interoperable standards, for participating in joint and intersectoral

working sessions to discuss sectoral findings and to conduct intersectoral analysis. OCHA is responsible for coordinating JIAF 2 processes and preparing and facilitating multi-partner working sessions. Operational partners and civil society, including UN sector lead agencies, NGOs, and those directly affected, should support analysis by bringing their knowledge into the discussions. Diagram 4 details the specific responsibilities of each partner.

DIAGRAM 4: RESPONSIBILITIES JIAF 2 PARTNERS AT COUNTRY LEVEL

SECTORS	Follow global descriptions and methods for sectoral severity and PiN estimations and coordinate with the global clusters on any country-specific adaptations, which must be transparently documented and reported.
	Share with OCHA the description and methods for severity and PiN estimations and present them during the multi-partner working sessions.
	Ensure successful sectoral analysis at the agreed unit of analysis (area and/or population-based).
	Share preliminary and final results of sectoral analysis ahead of multi-partner working sessions, including sectoral PiN and severity.
	Participate in multi-partner working sessions:
	<ul style="list-style-type: none"> • Agree on the JIAF scope and unit of analysis (areas and/or population group), including identifying common drivers and contributing factors that define the scope of the crisis and people affected. • Share and discuss sectoral analysis, and, when relevant, take the opportunity to revise findings. • Share and discuss the description and methods for sectoral severity and PiN estimations. • Analyze how sectoral needs link, overlap, and have evolved over time, and how interactions vary between areas and population groups. • Review Joint Overall PiN and discuss sectoral estimations, focusing on flagged areas. • Review preliminary intersectoral severity analysis and conduct in-depth analysis for areas flagged.

	Collaborate to identify data needs and, to the extent possible, gather and analyze data in a coordinated, efficient, transparent, and accountable manner.
	Promote and support data collection in line with the agreed scope of analysis for the intersectoral outcome indicators detailed in the Intersectoral Reference Table.
OCHA	Coordinate and organize the whole JIAF process in an inclusive manner, including, but not limited to, training and workshops.
	Ensure that multi-partner working sessions are neutrally facilitated to foster transparent, collaborative and respectful discussions and to promote good collective analysis.
	Prepare the JIAF information management tools including gathering and organizing background and supporting information.
	Consolidate inputs from sectors, conduct a preliminary analysis, and compile information into the JIAF information management tools.
HCT	Maintain engagement with the JIAF process;
	Ensure collective agreement and transparency on key decisions such as scope of analysis and final PiN estimates
	Endorse the final results of the JIAF process

How is JIAF governed at the global level?

The JIAF is an interagency partnership coordinated by OCHA. OCHA is the operational arm of the partnership and provides the secretariat and coordination of all activities. Global partners provide strategic guidance through the Steering Committee, senior technical advice through the JIAF Advisory Group, and support training and analysis at the

country level through the Methodology Working Group. The Methodology Working Group provides recommendations for technical development, which are submitted to the JIAF Advisory Group for decision. Diagram 5 details the JIAF global governance structure.

DIAGRAM 5: JIAF GLOBAL GOVERNANCE STRUCTURE

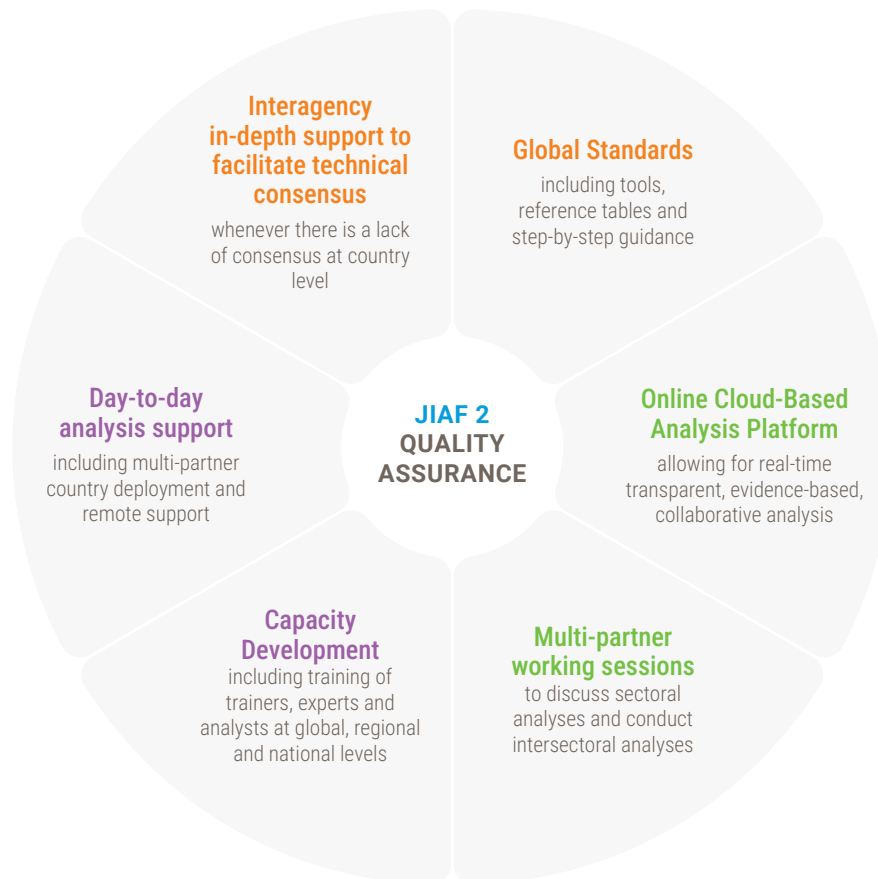


How is JIAF quality assured?

The JIAF partnership is committed to ensuring that JIAF products meet global standards and respond to the needs of decision-makers. The quality of

JIAF 2 analysis is promoted through a combination of six components as detailed in Diagram 6.

DIAGRAM 6: SIX COMPONENTS OF JIAF QUALITY ASSURANCE



The quality assurance mechanism includes multiple channels for the country level to seek day-to-day analysis support during JIAF implementation, as well as interagency in-depth support to facilitate consensus around complex or contentious issues. Channels for country practitioners to connect with global level JIAF support include the JIAF Helpdesk, a focal point system that pairs each HPC operation with a JIAF Global Expert to provide remote support or deploy where needed, as well as dedicated open house sessions with Global Experts.

The JIAF Helpdesk is managed by OCHA and supported by partner representatives that are part of the JIAF Methodology Working Group or those who have been trained as JIAF Global Experts. The Helpdesk is accessible directly through the Analysis Platform or through the email JIAFhelpdesk@gmail.com. Any partner can raise a request for support via the Helpdesk. In case of a break in consensus at country level on the implementation of JIAF 2 methods, process and tools, partners can raise a request for in-depth support. Diagram 7 outlines the inter-agency support mechanism via the JIAF Helpdesk.

DIAGRAM 7: PROCEDURES FOR INTERAGENCY IN-DEPTH SUPPORT TO FACILITATE TECHNICAL CONSENSUS



Membership and Chair

The Helpdesk is composed of technical focal points from the JIAF Methodology Working Group, including all global level clusters, OCHA, UN agencies, and NGOs. OCHA will chair the Helpdesk.



Helpdesk Accountability

The Helpdesk Chair will share quarterly summaries of key issues being raised and how they are being resolved. The Helpdesk team is responsible for updating online FAQs which are accessible to all HPC countries via the jiaf.info website.



Helpdesk tracker

The tracker is accessible in real-time and is open to all members of the JIAF governance bodies, including members of the Joint Advisory Group and the Steering Committee. The Joint Advisory Group will be notified when new interagency in-depth support has been initiated. The Helpdesk will log real-time information on the query, the solution provided by the Helpdesk, and the action taken at the country level following the guidance from the Helpdesk.



Helpdesk activation

Every new request is logged in the JIAF Helpdesk Tracker. OCHA is responsible for logging all information related to requests for in-depth support as soon as received. OCHA is also responsible for calling in the Helpdesk to assess the request and confirm if an inter-agency in-depth support should be activated or if the query can be answered through clarification of technical methodologies. If the interagency in-depth support is activated, the Helpdesk will discuss with the country team and will provide recommendations to the Humanitarian Country Team.

What are the key challenges and limitations of JIAF 2?

JIAF 2 represents a significant advancement in the approach to conducting humanitarian needs analysis. However, challenges and limitations remain, including:

- Two outstanding issues require further technical development.** Two components, namely the distribution of PiN among intersectoral severity phases and the communication of areas that receive significant humanitarian assistance, could not be developed within the timeline of the launch of JIAF 2. The partnership acknowledges the importance of these two issues and is committed to continue working on them in the future, with the distribution of PiN by severity prioritized for implementation as soon as possible and, if feasible, in the 2025 cycle.
- JIAF 2 has made significant progress towards harmonizing sectoral PiN estimates, however, differences may still remain.** JIAF 2 provides operational guidelines for interoperability of PiN figures and sectors are encouraged to align to these. Yet, in some exceptional circumstances sectors may still be unable to fully align to the guidelines. Such cases will be documented in a transparent manner, and attention will be paid for the Joint Overall PiN estimation not to aggregate sectoral PiNs whose misalignments are significant. The partnership commits to continue to work to increase the interoperability of sectoral PiN estimates.
- JIAF 2 analysis reflects current and expected needs for the coming year based on known trends and seasonal patterns.** JIAF 2 does not include scenario building and projections of the situation considering changes in the drivers. Therefore, JIAF analysis should be reviewed and revised throughout the year, and updates provided in case significant changes occur.
- JIAF 2 outputs are only as robust as the evidence used, and how it has been analyzed.** While JIAF 2 has mechanisms for quality assurance, analysis outputs are a direct consequence of the availability and quality of data and the capacity to conduct humanitarian needs analysis at the agreed units of analysis.

As best practice, decision makers should avoid demanding excessive disaggregation that in turn leads to large numbers of units of analysis that lack sufficient evidence and cannot be effectively analyzed. Also, analysts should exercise caution and avoid committing to producing analysis results for an excessive number of units of analysis when there is inadequate evidence or capacity for such detailed analysis.

- **JIAF 2 informs the Global Humanitarian Overview which may have a timeline different from country level dynamics that affect humanitarian needs.** JIAF 2 formation underpins the Global Humanitarian Overview, which is published annually, at the end of each year. This timeline may not be aligned to seasonal trends or other factors that may influence humanitarian needs and their analysis. Therefore, findings from JIAF 2 may be quickly outdated and require updating and revisions.

Part 2

JIAF 2 METHODS

This section has been developed to guide analysts on how to conduct JIAF 2 analysis, and should be read in conjunction with Part 1, which provides an overview of JIAF 2

Photo: Azaz, north-west Syria. Aid is distributed to displaced families in after crossing through Bab Al-Salam the previous day. Photo credit: UNOCHA



INTRODUCTION TO METHODS

JIAF 2 Analysis Framework

The JIAF 2 Analysis Framework guides all steps of the analysis and is structured around three sequential modules (Diagram 8). JIAF analysis progresses with iterative feedback and revisions, as

illustrated by the reverse arrows on Diagram 8. As new information emerges, previous modules can be revised until the analysis is finalized. The three modules of the Analysis Framework are:

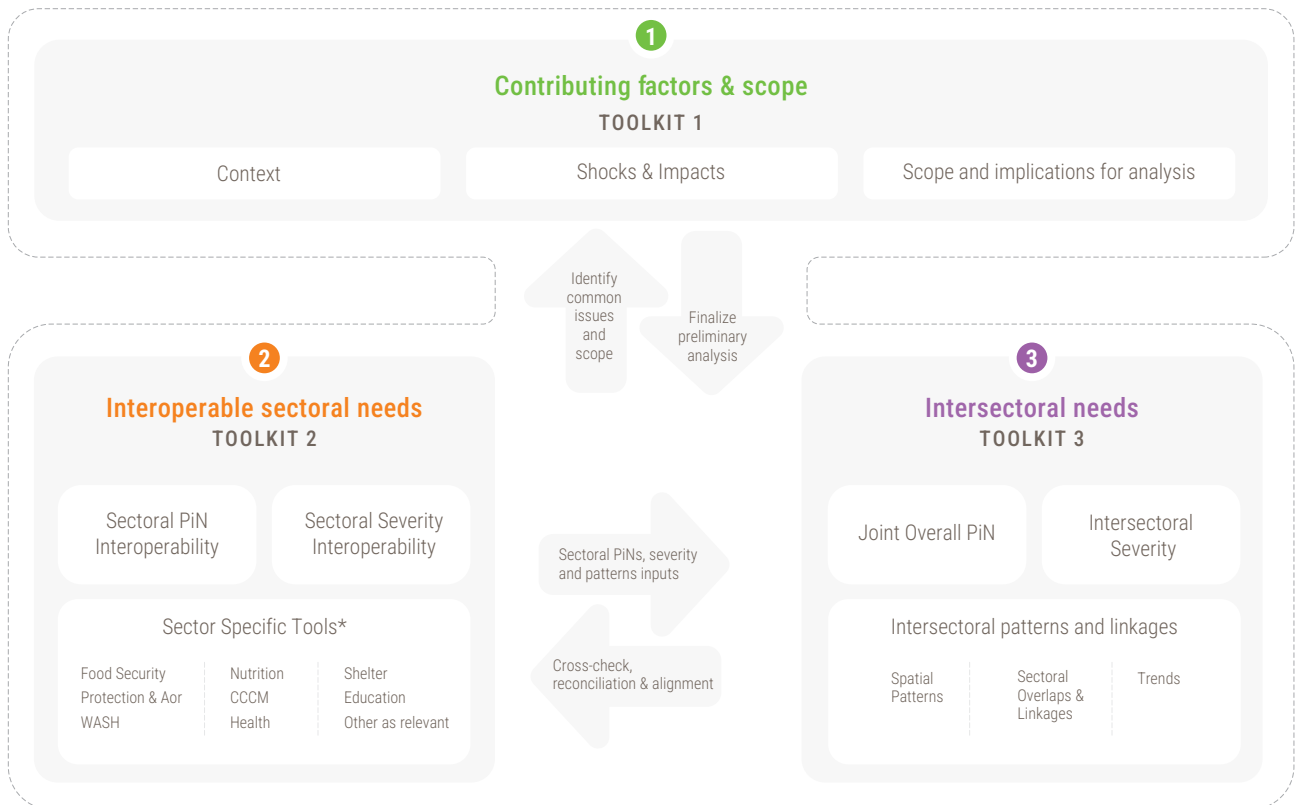
Module 1: Contributing Factors and Scope. The module includes the analysis of the humanitarian context, the definition of the crisis (based on identification of any relevant shocks affecting vulnerable populations), and a description of vulnerability and impact at both the system and population levels. Additionally, in Module 1, analysts decide the scope of the analysis for the upcoming HNRP, including which geographic areas to cover, the administrative units of analysis, and which population groups, if any, will be specifically analyzed. The scope of analysis should be linked to the definition of the crisis.

Module 2: Interoperable Sectoral Needs.⁷ The module encompasses the results of the needs analysis conducted by sectors that adhere to the interoperability standards for JIAF. Interoperable sectoral analyses include the number of people in need and the severity of the needs. The sectors to be included in this component are determined by the Humanitarian Country Team, based on the given country's context, and can include formally activated IASC clusters and areas of responsibilities, as well as relevant sectoral coordination mechanisms.

Module 3: Intersectoral Needs. The module supports the estimation of the joint overall number of people in need, the severity of intersectoral needs at the area level, and key Intersectoral patterns and linkages, including spatial and population group patterns, sectoral overlaps and trends. The module also supports an analysis of whether there are any people/places facing catastrophic needs (the highest level of severity), based on the intersectoral Outcome Indicators.

7. Interoperability in JIAF 2 refers to the ability of different sectors to operate in conjunction with each other, based on shared standards, while maintaining sector specific differences in their analysis methods and approaches. Interoperability refers to the degree to which two entities, programs, ideas, approaches etc. can be used together.

DIAGRAM 8: JIAF ANALYSIS FRAMEWORK



* Sectoral tool are not included as parts of JIAF 2.0 Tools
 * Sector composition to be developed according to local context
 * AoRs include Child Protection, Gender-Based Violence, Housing, Land and Property, Mine Action

JIAF 2 Toolkits

Three toolkits have been developed to support the completion of each module. All toolkits should ideally be completed via the JIAF Analysis Platform and are also available offline in this manual. Each toolkit includes:

- **Workspaces:** These are structured spaces that analysts are asked to fill in to complete

the analysis task at hand. They can consist of tables, text boxes, checkboxes, drop-down selections, or Microsoft Excel worksheets.

- **Reference Tables:** These provide common global benchmarks to guide analysts in completing the workspaces. Each workspace is connected to a reference table.

JIAF 2 Analysis Platform

The JIAF Analysis Platform is the one-stop place for analysts to conduct JIAF analysis. The analysis platform is a web-based online cloud-based system, which does not require any specific software beyond an internet browser and internet connection. All data is automatically backed up and safely secured on OCHA servers. The platform is managed by

the country, specifically the group conducting the analysis, who will assign user rights, such as viewers and editors. The cluster leads and lead analysts can have access to the platform. To obtain the credentials, please contact the OCHA colleagues in your country. OCHA and Global Clusters have viewer rights for all countries on the platform. OCHA

will provide platform maintenance and support through the JIAF Helpdesk, accessible within the platform or through jiafhelpdesk@gmail.com.

The platform is the preferred modality for JIAF 2 analysis as it includes all guidance, toolkits, and visualization tools. In case countries cannot, or prefer not to, use the Analysis Platform, the toolkits are available offline, in this manual and its annexes. **The analysis platform can be accessed at <https://analysis.jiaf.info/>. The test platform can be accessed with the username: student and password 123456.**

The platform has three core functions:

1. Make the Toolkits accessible to the analysts: Through the platform, analysts can access the toolkits to complete each of the modules. Once a toolkit is accessed, analysts can complete the workspace and have direct access to the reference tables and key guidance related to the toolkit. Diagram 2 illustrates how the toolkits are organized within the analysis platform.

Box 2

Analysis Platform Toolkits

1. Contributing Factors & Scope

Context | Shocks & Impacts | Scope

2. Sectoral Needs

PiN Interoperability | Severity Interoperability

3. Intersectoral Needs

PiN & Severity | Intersectoral patterns and linkages

2. **Standardize** information input: Through the platform, analysts can upload sectoral PiN and severity findings using the standardized Microsoft Excel template developed by OCHA in line with the agreed scope of analysis. By using the standard template, OCHA will be able to gather and consolidate inputs into the workspace for further joint and intersectoral needs analysis. In addition, analysts can confirm whether they are aligned or not with the global guidelines on PiN and severity and directly upload PiN definitions as well as cluster severity indicators, thresholds, and definitions in a standardized manner for interoperability verification and analysis.
3. Provide interactive visualization tools: The platform provides analysts with geospatial, graphical, and tabular visualization interfaces to support analysis through visualization dashboards.

Step-By-Step Guidance**How to complete all modules of the Analysis Framework for JIAF 2****Step 1: Contributing Factors and Scope - Workspace 1A, 1B, and 1C****In preparation for the joint multi-partner working session:**

Step 1.1 OCHA prepares the Initial Analysis of Contributing factors (Workspace 1A, 1B, and 1C)

Step 1.2 Sectors review workspaces and add content ahead of the multi-partner working session

During the joint multi-partner working session:

Step 1.3: Jointly agree on the context of the crisis

Step 1.4: Jointly identify major shocks and impacts (i.e. jointly define the crisis)

Step 1.5: Jointly agree on the scope of the analysis and implications for data gathering

Step 2: Analysis of Interoperable Sectoral Needs - Workspaces 2A and 2B

Step 2.1: Assess the sectoral alignment to interoperability criteria and complete Workspaces 2A and 2B

Step 2.2: Design and implement sectoral PiN estimation and severity classification methods

Step 2.3: Submit sectoral findings and documentation on methods

Step 2.4: Submit sectoral PiN and severity methodologies

Step 2.5: Review all sectoral definitions and methods by using the information uploaded onto the platform.

Step 3: Intersectoral Needs analysis - Workspace 3A, 3B, and 3C**In preparation for the joint multi-partner working session(s):**

Step 3.1 OCHA prepares the preliminary PiN and Severity estimates (Workspace 3A, 3B, and 3C)

Step 3.2 Sectors review workspaces and address flags ahead of the working session

During the joint multi-partner working session(s):

Step 3.3: Sectors present preliminary results and discuss areas automatically flagged (optional time for sectors to revise initial findings)

Step 3.4: Jointly agree on joint overall PiN for areas flagged

Step 3.5: Jointly conduct analysis of intersectoral severity for areas flagged, including joint discussion regarding whether there is evidence of intersectoral catastrophe in any location.

Step 3.6: Analyze Intersectoral patterns and linkages (Workspace 3C)

Return to Step 1 and finalize initial findings from Module 1

Module 1: Contributing factors and scope

Objectives and Outputs

To complete Module 1, analysts meet to identify common parameters and the scope of analyses.⁸ Participation should include representatives of the clusters, areas of responsibilities, relevant sectoral coordination mechanisms that may be activated at country level, by sector-leading agencies, OCHA, NGOs, and other relevant partners and civil society. Endorsement of the scope of analysis by the Humanitarian Country Team, or the equivalent decision-making body, is required.

Module 1 has three objectives:

- 1. Identify key contextual information** that relates to people's vulnerabilities to shocks, such as livelihoods, access to goods and services, etc.. Unless there are major contextual shifts from one year to the next, this information can be retained from the previous year's JIAF analyses.
- 2. Define the crisis by identifying major shocks and their impacts** on the humanitarian situation. By pinpointing the relevant information about the shocks, such as location and intensity, analysts can better understand, map out and define the crisis. Assessing the impact of shocks on systems (e.g., infrastructure, movement restrictions, etc.), and on people, including vulnerable population groups, is crucial to define the scope of analysis and establish a shared understanding and definition of the crisis.
- 3. Determine the scope of the JIAF analysis** to be conducted and relevant implications for data collection. This includes defining the geographic scope of analysis, the administrative level, and any specific population groups to be analyzed, which should be informed by the definition of the crisis.

Toolkit 1 Overview

Toolkit 1 consists of three workspaces and one reference table. While each workspace is linked to a specific objective of this Module, they are accompanied by one single Reference Table. Diagram 9 outlines the content of Toolkit

1. The standard layout suggests completing the Workspaces 1 at the national level, noting any of the geographical and population-level variations. However, if relevant, the workspaces can be replicated at the sub-national level.

DIAGRAM 9: MODULE 1 TOOLKIT

MODULE	TOOLKIT #	OBJECTIVE/OUTPUT	WORKSPACES	REFERENCE TABLE
MODULE 1 Contributing Factors & Scope	TOOLKIT 1	Identify key contextual information	1A: Context	Ref table 1: Potential Indicators for Context, Shocks and Impacts
		Identify major shocks & impacts	1B: Shocks & Impacts	
		Specify the scope of the JIAF analysis	1C: Scope	

8. Setting the 'scope of analysis' as part of the JIAF process should not be confused with 'boundary setting' which is a separate process in the response planning stage.

Reference Table 1 (diagram 10)

Reference Table 1 lists potential descriptive indicators that can support the analysis of context, shocks, and impacts. While the list is not exhaustive and including these indicators is not mandatory, the list serves as a valuable reference. Selecting relevant indicators helps analysts to structure core common data to be used from the start of the analysis. Diagram 10 illustrates key indicators of Reference Table 1.

Actual indicators used for any given analysis will depend on the country-specific situation as well as data availability.

Box 4**Common operational datasets**

OCHA will provide the analysis team with the Common Operational Datasets (CODs) including data elements on administrative boundaries and population figures, along with other key intersectoral topics such as access, poverty, proximity to conflict or hazard, etc. The use of CODs is designed to ensure consistency across different organizations and sectors, and to facilitate the sharing and use of data.

In line with the IASC Independent review of the humanitarian response to internal displacement (March 2024) and the forthcoming inter-agency Management Response Plan, at country level and as part of the broader inter-agency effort, IOM—through its Displacement Tracking Matrix (DTM) programme— should predictably and regularly provide the humanitarian community with real-time IDP caseload and flows data.

UNHCR is the authoritative source for refugee population figures and confirms these with host Governments based on international refugee law.

DIAGRAM 10: REFERENCE TABLE 1: EXAMPLE INDICATORS FOR CONTEXT, SHOCKS, AND IMPACTS

DIMENSION	THEME	INDICATOR NAME/LABEL	UNIT OF ANALYSIS
Context	Aid Dependency	Aid Dependency	area
Context	Financial services availability	Financial services availability	area
Context	Humanitarian Access	Humanitarian Access	area
Context	livelihood zones	livelihood zones	area
Context	market functionality	market functionality	area
Context	mobile coverage	mobile coverage	area
Context	population figures	population figures	area
Context	Poverty	Poverty rates, incidence	area
Shock	conflict	conflict intensity, proximity, population exposure	area
Shock	environment	agro-ecological shock intensity, proximity, exposure	area
shock	environment	natural hazard intensity, proximity, exposure	area
shock	financial	currency devaluation	area
Shock	financial	rate of inflation	area
Impact	displacement	IDP #	area
Impact	displacement	Returnee #	area
Impact	displacement	Refugee #	area
Impact	displacement	Host #	area
Impact	displacement	IDP in sites #	area
Impact	displacement	IDP : host ratio	area
Impact	damages to infrastructure	damages to civilian infrastructure (water, power, transportation, other public services)	area
Impact	impact on markets and financial systems	damages or impacts on markets, prices of goods	area

Workspace 1A: Context

Workspace 1A is organized in line with the ‘Sustainable Five Capitals’ framework,⁹ including human, financial, natural, social/political, and manufactured/physical capital. It is used to identify and document contextual information related to the humanitarian situation, such as underlying and/or structural vulnerabilities and key trends that will inform the JIAF analysis.¹⁰

Box 5

Workspace 1A Contents

The workspace 1A includes free text boxes for each of the following components:

- Socio-cultural and demographic
- Economic and livelihoods
- Environment and seasonality
- Political, legal, and policy
- Infrastructure, physical, and technology
- Security and conflict
- Humanitarian Trends
- Timeline of key events
- Humanitarian Assistance

9. “Sustainable Development: Five Capitals Framework” 1996. Jonathan Porritt, Sara Parkin, and Paul Ekins Forum for the Future.

10. NOTE: Much of this information may be retained from one JIAF cycle to the next, provided that there are no major changes.

Workspace 1B: Shocks and Impacts

Workspace 1B is used to identify and document major shocks that have caused disruptions leading to humanitarian needs. It allows analysts to define the crisis by identifying the shocks affecting the country, estimate the population affected and assess their likely impact on systems and populations. Box 6 outlines the content of Workspace 1B.

Box 6

Workspace 1B Contents

Name of shock

Affected locations

Estimate of population affected

Description of shock

Description of impact on systems

Identification of vulnerable population groups (name, population, location, description) and impacts of shocks on them

Workspace 1C: Scope of Analysis

Workspace 1C provides analysts with the space to record agreements on the scope of analysis and the rationale, the unit of analysis, based on context, shocks, and impacts, and determine the implications for data gathering and analysis. Box 7 describes the content of Workspace 1C.

Box 7

Workspace 1C Contents

Decision and rationale on scope setting

Selection of unit of analyses (areas and population groups)

Implications for data gathering and analysis

Box 8

'Initial' and 'Final' Module I

Although Module 1 initiates the country implementation process, the results are considered 'initial findings'. These results can be revised throughout the JIAF analytical process as new information becomes available. In particular, Module 3 includes analytical procedures that require updating information in Module 1. It is only at the end of the JIAF process that the results in Module 1 can be considered 'final'. In the Analysis Platform there is a button to select whether the results from Module 1 are 'initial' or 'final'.

Guidance

Step 1: Contributing Factors and Scope - Workspaces 1A, 1B, and 1C

The following steps should be completed in preparation of the joint working session for Module 1

Step 1.1 OCHA prepares the Initial Analysis of contributing factors (Workspace 1A, 1B, and 1C)

OCHA prepares Workspace 1A and 1B in the analysis platform based on available secondary evidence. Reference Table 1 assists OCHA in identifying potential evidence to include in the analysis. While creating a dataset based on the list of descriptive indicators is not mandatory, it can serve as a useful resource. The essential aspect is to provide evidence, wherever possible, to support statements and/or conclusions throughout the JIAF workspaces. For example, if there are 10,000 displaced people in the country, this can be added to Workspace 1B as a narrative, listing the source, or breaking down the figure by unit of analysis, if data is available and relevant. The workspaces can also include tables and graphs.

Box 9

What information to include in Context

Only include information that is directly related to the humanitarian situation. Be succinct and stay focused on just what matters to understand underlying and/or structural vulnerabilities and key trends that will inform the JIAF analysis.

Step 1.2 Sectors review analysis of contributing factors in workspace 1A and 1B and add content ahead of the multi-partner working session

Box 10

Using information from previous analyses

In a protracted crisis with an ongoing response, the analysis team would already have trends and timeline information from previous JIAF analysis, HNRPs or other appeals. As such, it would require only updating with recent events that have had an impact on the population and/review PiN trends, population movements, price increases/decreases, trends in severity, etc.

Before the working session to complete Module 1, sectors should review Workspace 1A and 1B, focusing on adding further evidence to support the analysis.

The following steps should be completed during the joint working session for Module 1

Step 1.3: Jointly agree on the context of the crisis

In Workspace 1A, discuss, identify, and record key information for each topic. Typically, this involves providing a general overview of the entire country, noting any geographical variations. However, analysis can be replicated at subnational level when the country context requires it. Follow the guidance provided for each topic below:

- **Socio-cultural and demographic:** This refers to the characteristics and traits of a population affected by a crisis, including its cultural beliefs, traditions, values, religion, ethnicity, language, and demographic factors such as age, gender, education, and migration patterns, with a specific focus on understanding how these characteristics increase their vulnerability or influence their capacity to cope.
- **Example indicator:** Percentage of female-headed households, household sizes, education levels
- **Economy and livelihoods:** This includes economic activities, livelihoods, and poverty levels in areas affected by the crises. It

considers factors such as employment rates, income levels, access to resources and markets, and socio-economic vulnerabilities, and how these might increase vulnerability or influence affected people's capacity to cope.

- **Example indicator:** Percentage of the population living below the poverty line, livelihood zones
- **Environment and seasonality:** This includes the natural environment and its effects on a population, such as access to food, water, and land resources. It also considers seasonal changes and their impact on livelihoods and vulnerabilities.
- **Example indicator:** Agroclimatic calendars
- **Political, legal, and policy:** This refers to political and legal frameworks and their impact on the affected population. It considers governance structures, legal frameworks, and policies that may affect people's access to services, resources, and political participation.
- **Example indicator:** presence of legal instrument for the protection of rights (children, women); access to GBV services
- **Infrastructure, physical, and technology:** This refers to physical infrastructure such as roads, buildings, and energy sources, as well as access to technology, including telecommunications and internet connectivity, and should be noted when their presence, or lack thereof, is relevant to the humanitarian context.
- **Example indicator:** Percentage of households with access to electricity; Percentage mobile coverage
- **Security and conflict:** This includes an assessment of the security situation in a particular area or region. It considers the prevalence of conflict, violence, and crime and their impact on the population.
- **Example indicator:** Number of conflict-related deaths (disaggregated by age and gender); areas with limited humanitarian access; Access severity.

- **Humanitarian Trends:** This element focuses on the overall humanitarian situation in a region or area, including natural disasters, conflict, and other crises, aiming to understand if the situation changed over a certain timeframe. If the crisis is not new, the analysis team should note if trends improved or worsened.
- **Example indicator:** Year-on-year number of people requiring humanitarian assistance, # people displaced, conflict intensity, epidemic trends.
- **Timeline of key events:** This element considers major events and their impact on the population. It includes historical and current events, such as political transitions, natural disasters, and conflicts.
- **Example indicator:** Number of people displaced due to a recent conflict, sudden closure of IDP camps, new floods.
- **Humanitarian Assistance:** Under this topic, analysts should capture the provision of humanitarian assistance. It considers the types of assistance provided, the agencies involved, and the effectiveness of the response.
- **Example indicator:** percentage of households who received food assistance in the last month (disaggregated by age and gender; Percentage of areas covered with assistance; Percentage of gaps).

Step 1.4: Identify any major shocks and their impacts

- Identify all shocks that are driving humanitarian needs, considering that shocks may happen within or outside the scope of analysis from the previous JIAF cycle. Shocks may have happened in the past and should be considered if they continue to have lasting impacts. They can be sudden or slow onset, man-made or natural. Refer to Reference Table 1 for some of the potential shocks to be assessed.
- For each shock:
 1. Identify the geographical areas affected, a description of the shock, including intensity (e.g., hurricane/cyclone category level, rainfall millimeters, conflict events) and the ongoing trend (if the intensity of the shock is stable, increasing or decreasing).

2. Provide a description of the impacts on systems, including destruction of infrastructure, and services such as health care, and education.
3. Identify impacts on humanitarian access such as those caused by security reasons, infrastructure collapse, or other factors.
4. Identify vulnerable population groups (e.g., host communities, IDPs, riverine farmers, etc.) and estimate the total number of people residing in affected areas and provide a brief description of their livelihood strategies and assets, including coping mechanisms, and other characteristics defining their vulnerability and how shocks have affected them.

Note that, at this stage, the analysis should focus on the combined impact of the shocks, considering that population groups can be affected by multiple shocks simultaneously. It may not be feasible to differentiate the impacts of different shocks at the population level. The emphasis should be on describing how shocks are affecting people and

generating needs. Analysts should also include relevant population movements resulting from shocks, including the origin, destination, and number of people being displaced.

Box 11

Best Practices for deciding Unit of Analysis

In the past some countries have analyzed hundreds of units. Having reliable data at that level and conducting evidence-based analyses for such a large number of units can be an expensive and time-consuming exercise. Although conducting consensus and evidence-based analysis does not require an extensive amount of data nor specific data collection, it takes longer than statistical models that rely on large datasets. It is important to identify a suitable number of units of analyses that respond to decision-makers' needs that are manageable for data collection and analyses. Grouping of relatively similar areas, extrapolation, and other alternatives should be considered by country teams.

Box 12

Importance of Scope setting

Defining the crisis (through analysis of shocks and impacts) and setting the scope of the analysis in Module 1 is a critical moment in the JIAF process. It is a technical process with strategic implications.

It involves setting the path for how to jointly assess humanitarian needs, and the decisions made here influence all that follows in the Humanitarian Programme Cycle, including during the response planning phase.

Setting the scope involves deciding on what will be analyzed (i.e. the whole country or parts of the country), how the analysis will be broken down and disaggregated (the 'unit of analysis'), based on the crisis context and shocks, and how their impacts disrupt the lives of people and the functioning of communities. It also is used to guide decisions on whether different regions and population groups need to be assessed and analyzed differently.

Setting the scope of analysis should be primarily based on the analysis of the crisis context and shocks, but may be informed by broader considerations, for example, taking into account what has triggered the request for external humanitarian assistance (e.g. to respond to a specific natural disaster).

In this way, the scope of the analysis should match the definition of the crisis, and may be limited to the specific definition of the humanitarian response in that context. The scope of analysis should not be broader than these definitions, unless a strong and well-articulated justification is provided for an expansion in scope. Similarly, setting a scope that is smaller than the definition of the crisis (e.g. excluding geographic areas or population groups that are deemed crisis-affected through the shock/context analysis) would need to be clearly and transparently justified.

Given the strategic implications of defining the crisis and therefore setting the scope for needs analysis, these two elements (definition of the crisis, and associated scope of analysis) should be presented to the Humanitarian Country Team or equivalent decision-making body for endorsement, before work commences on the needs analysis. This is particularly important given that setting a crisis-defined scope of analysis may result in certain "needs" in the country (i.e. those resulting from chronic drivers e.g. poverty, governance etc) not being reflected within the JIAF and it will be important to ensure that those needs are reflected in other frameworks that deal with long-term/chronic issues (e.g. government analyses, Common Country Analysis, World Bank country profiles etc).

Engagement of the HCT is particularly critical at this stage, as the definition of the crisis and associated setting of scope for the needs analysis will have consequences for humanitarian response planning as well as for humanitarian-development collaboration.

Box 13

Scope of Analysis and 'Affected Population' Figures

In contexts where the analysis of context, shocks and their impacts in Module 1 determines that there are specific geographic areas or population groups that have been directly affected by the shocks/drivers of the crisis, the term 'Affected Population' can be used to refer to the crisis-affected population, as a subset of the overall population in the country. Even in protracted crises, it is important to fully analyze shocks/context to determine whether the entire country, or specific parts of the country, are currently crisis-affected. In some instances, the entire country may be considered—in its totality—to be impacted by the shock/combination of shocks. In this case, the entire population would be considered the 'affected population'. This should not, however, be the default conclusion and such a conclusion should be drawn only after full consideration of the analysis of the shocks/crisis.

Step 1.5: Identify the scope of the JIAF analysis

The recommended scope of analysis is to be jointly agreed upon by analysts in the first multi-partner working session, for endorsement by the Humanitarian Country Team or the equivalent decision-making body. It is informed by the analysis of context, shocks and impact that preceded it in Module 1. It will form the basis for setting up data collection, determining units of analysis, and reporting of key information such as PiN and severity.

Determining the scope of analysis includes identifying:

- **What geographical areas will be included in the analysis.** Based on the definition of the crisis (building on the analysis of shocks/drivers), analysts should recommend either: a) a scope of analysis that is geographically limited to crisis-affected areas (and the populations within them); or b) the inclusion of all areas in the country, where the shock/driver analysis determines that the entire country is affected by the crisis, with no ability to delineate which areas are specifically crisis-affected.

- **What administrative units of analysis will be used**, such as administrative level 1 (first level of geographical division) or administrative level 2 (second level of geographical division). While administrative level 2 is the typical unit of analysis, analysts can choose any relevant unit considering the context, shocks, impacts, while balancing the data availability with decision-makers' needs.
- **Which, if any, population groups should be disaggregated in the analysis**, if relevant and evidence allows, meaning that analysis is done for each population group in each geographical unit of analysis. In other words, population groups analyzed add up to 100 per cent of the total population in the areas.^{11 12}
- **Disaggregated data should be collected, analyzed and reported when certain criteria are met**, as follows : 1) the disaggregation is relevant to the actions it aims to inform; 2) the disaggregation is feasible and commensurate with the available resources and timeline, proportional to the data's expected use, and respects ethical standards; 3) there is a clear intention to use the disaggregated data for operational purposes and not just for reporting.¹³
- **Qualitative analysis, which examines vulnerabilities specific to women-headed households, people with disabilities, and other demographic factors, can be included in the analysis**. However, these groups may not necessarily be identified as a distinct 'population group' for which needs estimation (such as PiN and severity) will be conducted. Guidance on Module 3 provides information on how to conduct analysis of Intersectoral patterns and linkages.

Analysts should consider the following parameters with respect to units of analysis and data disaggregation:

- **At a minimum, all sectors should conduct analysis at the agreed administrative unit of analysis and report their findings at this level**. Lower disaggregation is possible in case sectors have reliable data. Analysis aggregated at higher units of analysis is possible, as long as sectors are able to report their findings (PiN and severity) at the jointly agreed unit of analysis.
- **Analysts should avoid an excessive number of units of analysis**, considering the challenges in obtaining evidence and resource requirements to conduct detailed analysis in many units.

Setting the scope of analysis concludes with endorsement by the HCT. Should the HCT not endorse the scope put forward, such as in cases where it is deemed to exceed the mandate of the response, this should be documented transparently, with the final scope of analysis explained based on the definition of the crisis and any other parameters set by the HCT.

11. Alternatively, population group analysis can be conducted only for some groups in some areas. For example, analysis is completed for all administrative units agreed upon in the scope, with "hot spot" analysis conducted for a specific population group (e.g., displaced populations in a certain area).

12. Refer to the HPC Steering Group Statement on data disaggregation.

13. Refer to the HPC Steering Group Statement on data disaggregation.

Step 1.6: Identify implications for data collection and analysis.

JIAF relies on the data and results generated by UN agencies, governments, humanitarian partners, and any other source of information. While JIAF does not prescribe the types of assessment and data collection methodologies to be used, it does emphasize the importance of coordinated data collection. For sectoral analysis, while sectors are responsible for identifying their own data sources and analysis methods, they are encouraged to undertake coordinated approaches, such as the Multi-Sector Needs Assessment (MSNA), whenever possible. Intersectoral analysis calls for evidence

of global indicators related to threats to life and irreversible harm, elements of which can be also collected through MSNAs, or other types of assessments.

Step 1.6 provides opportunities to make recommendations for more strategic and better-coordinated data collection. The recommendations may include sampling frames, methods for data collection (e.g., household surveys or qualitative methods), the timing of data collection, and other key information that may be useful for planning data collection (e.g., estimated resources required including costs, expertise, security implications, and others).

Module 2: Interoperable sectoral needs¹⁴

Objectives and Outputs

Module 2 focuses on sector-specific analysis of humanitarian needs within the agreed scope of analysis. It emphasizes the use of interoperable scales and global operational guidance for consistent presentation of sectoral results, including PiN and severity, in order to enable coherent and meaningful intersectoral analysis.

A key innovation of JIAF 2 is the development of standards to present sectoral analysis (especially PiN and severity) in an interoperable manner. To this end, each global cluster has developed or aligned their severity estimation method to the global jointly agreed JIAF 2 sectoral severity scale, which ranges from one (minor or no needs) to five (sectoral collapse), and clarified how sectoral PiN estimation aligns with the JIAF 2 optional guidance for joint overall PiN.

The alignment of PiN and Severity national cluster definitions with the JIAF standards is the first step towards achieving interoperability in JIAF 2.

Box 14

Meaning of Interoperability in JIAF 2

Interoperability refers to the degree to which two entities, programs, ideas, approaches, etc. can be used together. In JIAF 2, interoperability refers to the ability of different sectors to operate in conjunction with each other, based on acceptance of shared standards, while maintaining differences in their analysis methods and approaches. This translates into three main components of interoperability: 1. vertical alignment of sectoral methods applied in-country with IASC definitions and global JIAF operational guidance; 2. vertical alignment of sectoral methods applied in-country with sectoral operational guidance; 3. lateral alignment among all sectoral methodologies applied in-country.

JIAF promotes alignment on two key levels:

- **Vertical alignment** (i.e. consistency across crises): Through alignment with global JIAF standards, JIAF country analysts can produce an analysis that is transparent, replicable and, to a large extent, comparable across different contexts/crises.
- **Lateral alignment** (i.e. consistency between sectors within a crisis): Through common awareness of the methods and level of vertical alignment applied by each sector, JIAF country analysts can produce an analysis that is robust and consistent across sectors. Whenever it is not possible to maintain full vertical alignment, lateral alignment is maintained by transparently sharing and discussing any adjustments/contextualization applied in the calculation of sectoral PiN and severity and by ensuring that all sectors and partners are aware of them.

The main way to ensure interoperability in JIAF 2 is for the JIAF analysis to have a complete understanding of the methodologies employed by each sector. This is done through OCHA's exercises to collect sector methodologies and it is structured through the requirement of sectors to upload their methodologies onto the JIAF analysis platform.

The following checklist provides an indicative approach to understanding PiN and Severity vertical and lateral interoperability:

- Are the PiN definitions provided by the sectors clearly expressed and readily accessible to all JIAF analysts? Are there any population groups that are not included in some clusters' PiN but included in others?

14. For the purpose of joint overall PiN and Intersectoral severity estimations, the overarching protection severity and PiN will be used, encompassing those specific to Child Protection, Gender-Based Violence, Housing, Land and Property and Mine Action AoRs. For any further analyses, including the description of characteristics of the crisis, linkages, and patterns, the AoRs should be considered individually and as such their PiN and severity should be provided alongside with overarching Protection as these will be displayed in the tables, graphs, and maps in the Analysis Platform Dashboards.

- Are there any deviations from the IASC PiN definition, Joint Overall PiN guidance and Global cluster definition of PiN? If yes, are these deviations clearly explained in the methodology note provided by the sector?
- Are there any deviations from the Global JIAF Sectoral Severity Scale and Global Sectoral definition? If yes, are these deviations clearly explained in the methodology note provided by the sector?

Understanding of these elements will inform discussion in the multi-partner working group session under Module 3, including decisions regarding the final Joint Overall PiN and Intersectoral Severity.

Box 15

Non-Interoperable Sectoral Methodologies

JIAF 2 is designed to be implemented with the use of multiple structured or unstructured data sources. It is expected that the sectoral methodologies are aligned with the global JIAF and global sectoral guidelines. However, in certain contexts, such as where the indicators recommended by global clusters in their PiN and/or severity methods are not available, vertical interoperability might be challenging to achieve. In these cases, lateral interoperability can still be achieved by clearly explaining and justifying the approach taken and the limitations of the methods employed, as well as documenting these in the analysis platform (Workspace 2) as part of the joint review of the sectoral methodologies (Step 2.5). Nevertheless, lack of vertical alignment may introduce analytical challenges, including for the comparison of data across countries. To address this, JIAF analysts may need to manually flag impacted areas. Discussions regarding the findings' reliability and potential mitigation measures should then be initiated in order to determine the overall PiN and Intersectoral Severity.

Module 2 has three main objectives:

1. **Collect and consolidate interoperable sector-specific PiNs** for all administrative areas that are within the scope of the JIAF analysis, disaggregated by population groups, whenever relevant. Sectoral PiNs are to be accompanied by their definition and a description of how they align with the IASC definition and JIAF 2 Operational Guidelines for Interoperable Sectoral PiN.
2. **Collect and consolidate interoperable sector-specific severity of needs** for all units of analysis that are within the scope of the JIAF analysis, disaggregated by population groups, whenever relevant. Sectoral severities are to be accompanied by a description of how they align with the JIAF 2 Sector Severity Interoperability Scale as well as the list of indicators used for the estimate and thresholds applied.
3. **Transparently collect and consolidate the sectoral definitions and methods** applied to estimate sector-specific PiN figures and severities, to ensure vertical alignment with global guidelines and lateral alignment among sectors' methodologies in each context.

Toolkit 2 Overview

Toolkit 2 includes two workspaces and two reference tables, linked to the objectives of this module (Diagram 11). The standard approach is to complete the toolkit at the national level. However,

sub-national reporting is possible if there are variations in sectoral methods within the country. In this case, the toolkit can be replicated for use at the subnational level.

DIAGRAM 11: MODULE 2 TOOLKIT

MODULE	TOOLKIT #	WORKSPACES	REFERENCE TABLE
MODULE 2 Interoperable Sectoral Needs	TOOLKIT 2	2A: Sectoral PiN Interoperability	2A: Sectoral PiN Interoperability
		2B: Sectoral Severity Interoperability	2B: Sectoral Severity Interoperability Scale

Reference Table 2A: Operational Guidelines for Sectoral PiN Interoperability (Diagram 12)

Reference Table 2A enables sector-specific PiN estimates to be generally interoperable and vertically aligned. Reference Table 2A is structured into three parts and is displayed in diagram 12:

Part 1: IASC Definition of Population in Need. At the top, and guiding all the other components of Reference Table 2A, is the definition of population in need, as agreed by the Inter-Agency Standing Committee (IASC, 2016).

Part 2: Joint Overall PiN Operational Guidance. In order to support analysts with practical guidance on how to apply the IASC definition to estimate the joint overall PiN, the reference table also includes the desired application of the IASC definition and the exceptions which may be necessary by sectors at the country level. The global operational guidance for the joint overall PiN is presented as a general guide and is further divided into five aspects.

Part 3: Sectoral PiN Operational Guidance. In line with the IASC definition, and in reference to the Global Operational Guidance for the Joint Overall PiN, each global cluster has developed sector-specific operational guidance. The global sectoral guidance provides an overall reference for country analysts to estimate sectoral PiNs.

DIAGRAM 12: REFERENCE TABLE 2A: JIAF 2 OPERATIONAL GUIDELINES FOR SECTORAL PIN INTEROPERABILITY

PART 1: IASC DEFINITION OF PIN	<p>People in Need (PiN) are a subset of the population affected and include those members: whose physical security, basic rights, dignity, living conditions or livelihoods are threatened or have been disrupted, AND whose current level of access to basic services, goods, and social protection is inadequate to re-establish normal living conditions with their accustomed means in a timely manner without additional assistance. (IASC Humanitarian Population Figure, 2016)</p>				
PART 2: JOINT OVERALL PIN OPERATIONAL GUIDANCE	<p>JIAF 2 Joint Overall PiN refers to the people who are impacted by the crisis and who, as a result, experience or are threatened by disruptions and have elevated, extreme or total deprivations of their basic needs and access to services in any of the sectors.</p>				
1: Linked to agreed scope of analysis	2: Identifies those with deprivations within affected populations	3: Is not masked by humanitarian assistance	4: Includes all humanitarian needs independent of responding actor	5: Includes current and expected needs in the coming year	
Includes populations affected by the crisis as identified in the agreed scope of analysis.	Includes people who are experiencing humanitarian deprivation or protection risk.	Includes those who are already receiving assistance and require continued humanitarian assistance to meet their basic needs.	Includes all people that are in need regardless if response is or will be provided by the national governments, civil society or any other actors.	Reflects current and expected needs based on known trends and seasonal patterns.	
Potential exceptions applied at country level					
In exceptional cases, populations in areas outside of the scope of analysis can be included if these areas experience high levels of deprivation. These cases will be decided by the Humanitarian Coordinator based on inputs and discussions with the sectors including needs outside the scope of analysis. These cases need to be flagged.	In some cases sectors do not provide the number of people experiencing deprivations or protection risks within affected areas or populations and assume that all those living in the affected area/group face needs. This needs to be flagged.	In some cases sectors may provide PiN that does not include those who are receiving assistance and need to continue to receive assistance. In these instances, the overall PiN may be smaller than the total needs. These cases need to be flagged for consideration during the response plans.	In some cases sectors may provide PiN that will only be responded by a sub-set of actors. This needs to be flagged.	In exceptional cases, sectors could base their PiN figures on 'what if' scenarios that drastically deviate from the known trends. In such cases this needs to be flagged.	

PART 3:
**SECTORAL PiN
 OPERATIONAL
 GUIDANCE**

CCCM	Internally Displaced Populations in camp or camp-like settings (, that meet the minimum population size threshold (which is agreed upon per context). A proportion of the host community around the site may also be included in the PiN depending on context.
Education	School-aged children and youths in the areas affected by crisis who do not have access to protective education and acceptable learning conditions, which can negatively impact (i) their physical and psychosocial wellbeing, (ii) cognitive development, and (iii) their ability to meet their future needs. Teachers and other educational staff are included in the PiN when their availability and/or working conditions directly influence children's education needs or learning conditions.
Food Security	Affected population who either have food consumption gaps (below average 2,100 kcal pp/day) OR are unable to meet required food needs without applying crisis coping strategies
Health	Populations who experience or are at imminent risk of experiencing negative health consequences in terms of physical, mental, and psychosocial well-being that result from disruptions to the standard who are in the areas affected by the crisis or in areas where morbidity or mortality are above the emergency level.
Nutrition	Children 0 to 59 months, pregnant and lactating women, and other highly vulnerable groups who are acutely malnourished or at risk of becoming acutely malnourished who are in the areas affected by the crisis or in areas where acute malnutrition rates are above emergency level.
Shelter/NFI	Affected population whose shelter needs severity is classified as "Crisis", "Critical" or "Catastrophic" where shelter needs refers to the gap or discrepancy that the population are experiencing in relation to living with dignity and security of tenure in adequate dwellings, with access to community-level services and infrastructure.
Protection & AoRs (Child Protection, Gender-Based Violence, Housing, Land and Property, Mine Action)	Individuals, across all population groups and considering their age, gender, and diversity, exposed to protection risks in the areas affected: <ol style="list-style-type: none"> 1. whose safety constraints limit their ability to move freely and access public spaces 2. who cannot perform practices that ensure physical, emotional, psychological, and social safety, such as social interaction, educational pursuits, economic engagement, and healthcare, and 3. who are deprived of their rights, including adequate access to essential services and justice, considering their age, gender, and diverse needs.
WASH	Affected population who have insufficient access to water, sanitation and/or hygiene to meet their needs or who have to rely on negative coping strategies to meet their WASH need.

Note: Due to the difficulty of demonstrating that a specific need is directly driven by the crisis, affected populations are operationalized for JIAF as those that are located in areas or are part of population groups that are directly or indirectly affected by the crisis and included in the scope of the Humanitarian Needs Overview analyses.

Reference Table 2B: Sectoral Severity Interoperability (Diagram 13)

Reference Table 2B presents essential information to enable sector-specific severity classifications to be interoperable. Due to its size, Reference Table 2B is located in Annex 2 of this Manual. It is structured into two parts:

- Part 1: Common Interoperable Scale for Sectoral Severity.** To support sectors to align their existing methods and classification schemes, the JIAF partnership, including all global clusters, has jointly agreed on names and general descriptions for each phase of the severity of sectoral
- Part 2: Sectoral Severity Interoperable Scale.** Each global cluster offered its own interpretation of how severe the situation is for a particular sector, based on the agreed-upon descriptions for each phase.

needs. The global scale is an ‘absolute scale’¹⁵ that ranges from one to five. Not all countries will have areas in all five severity phases and any indication of the highest severity (sectoral collapse) should be closely scrutinized to ensure collective agreement. Diagram 13 illustrates part 1 of Reference Table 2B.

DIAGRAM 13: COMMON INTEROPERABLE SCALE FOR SECTORAL SEVERITY



15. An absolute scale provides a fixed reference point for measurement that is determined independent of the value of other areas. This is different from a relative scale, which is based on the comparison between, and in relation to, different areas.

As for sectoral PiN interoperability, sectoral severity classifications should be vertically aligned with global guidelines or accompanied by transparent documentation and explanation of adjustments, to ensure horizontal alignment among sectors. Note: While not finalized at the time of issuance of the revised manual, work is ongoing to re-introduce intersectoral PiN by severity, with the ambition of this being implemented as soon as possible.

Workspace 2A: Sectoral PiN Interoperability (Diagram 14)

Workspace 2A allows sectors at country level to specify if their sectoral PiN methods are aligned with the global operational guidance for the joint overall PiN. While alignment is not mandatory for the

independent sectoral PiNs, JIAF emphasizes clarity and transparency regarding the degree of alignment of sectoral PiN figures with the joint overall PiN guidance. This facilitates the interpretation of JIAF PiN figures by the analysts when determining the overall PiN, and also by decision-makers.

The workspace presents analysts with a choice of 'Yes' and 'No' for the identification of sectoral PiN alignment with the five key global operational guidance as presented in the Reference Table 2A. The workspace also provides a space for analysts to describe the reason for lack of alignment whenever analysts select 'No'. Finally, the workspace requires that sectors specify their PiN definition. Diagram 14 illustrates Workspace 2A.

DIAGRAM 14: WORKSPACE 2A FOR SECTORAL PIN INTEROPERABILITY

	1: Linked to agreed scope of analysis	2: Identifies those with deprivations within affected populations	3: Is not masked by humanitarian assistance	4: Includes all humanitarian needs independent of responding actor	5: Includes current and expected needs in the coming year
	Includes populations affected by the crisis as identified in the agreed scope of analysis.	Includes people who are experiencing humanitarian deprivation or protection risk.	Includes those who are already receiving assistance and require continued humanitarian assistance to meet their basic needs.	Includes all people that are in need regardless if response is or will be provided by the national governments, civil society or any other actors.	Reflects current and expected needs based on known trends and seasonal patterns.
Potential exceptions applied at country level					
	In exceptional cases, populations in areas outside of the scope of analysis can be included if these areas experience high levels of deprivation. These cases will be decided by the Humanitarian Coordinator based on inputs and discussions with the sectors including needs outside the scope of analysis. These cases need to be flagged.	In some cases sectors do not provide the number of people experiencing deprivations or protection risks within affected areas or populations and assume that all those living in the affected area/group face needs. This needs to be flagged.	In some cases sectors may provide PiN that does not include those who are receiving assistance and need to continue to receive assistance. In these instances, the overall PiN may be smaller than the total needs. These cases need to be flagged for consideration during the response plans.	In some cases sectors may provide PiN that will only be responded by a sub-set of actors. This needs to be flagged.	In exceptional cases, sectors could base their PiN figures on 'what if' scenarios that drastically deviate from the known trends. In such cases this needs to be flagged.
SECTOR					
CCCM	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
EDUCATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FOOD SECURITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HEALTH	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
NUTRITION	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
SHELTER/NFI	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PROTECTION & AORS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
WASH	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Workspace 2B: Sectoral Severity Interoperability (Diagram 15)

Similar to Workspace 2A, Workspace 2B allows sectors at country level to specify if their sectoral severity scale is aligned with the global sectoral severity scale as prepared by their global sectoral counterpart. While alignment with the global sectoral guidance is envisioned, country clusters may adapt global cluster guidance to the local context. Workspace 2B presents analysts with a choice of 'Aligned' and 'Not Aligned' for the

identification of alignment with the global cluster guidance. The workspace also provides a space for analysts to describe the reason for the lack of alignment whenever analysts select 'Not Aligned'. Finally, the workspace requires that sectors share the list of indicators used to estimate severity, accompanied by their definitions and the thresholds applied. Diagram 15 illustrates Workspace 2B.

DIAGRAM 15: WORKSPACE 2B FOR SECTOR SEVERITY ALIGNMENT

	1. Minor or no sectoral deprivation	2. Borderline and Stressed sectoral deprivation	3. Elevated Sectoral deprivations	4. Extreme sectoral deprivations	5. Sectoral Collapse
	Essential basic sectoral needs are met in the area	Area has stressed basic services and borderline inability to meet basic sectoral needs	Area has moderate strain on basic services and moderate inability to meet basic sectoral needs	Area has high strain on basic services and/or extreme inability to meet basic sectoral needs	Area has a collapse of basic services and/or total inability to meet basic sectoral needs
SECTOR					
CCCM	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted
EDUCATION	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted
FOOD SECURITY	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted
HEALTH	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted
NUTRITION	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted
SHELTER/NFI	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted
PROTECTION & AORS	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted
WASH	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted	<input type="checkbox"/> Aligned <input type="checkbox"/> Adapted

Guidance

Step 2: Assess Sectoral PiN Interoperability¹⁶ - Workspaces 2A and 2B

Step 2.1: Assess the sectoral alignment to interoperability criteria and Complete Workspace 2A and 2B

Sectors start by reviewing Reference Table 2A, including the global operational guidance for the joint overall PiN, together with sector-specific interoperability guidance for determining PiN. Sectors should aim towards aligning their sectoral PiN methodology with the global operational guidance. Any exception should be recorded transparently and presented to the wider group.

Box 16

Alignment and adaptation to local context

In any given country situation, it is possible that a particular cluster will have valid reasons for deriving PiN figures that are not fully aligned with the global operational guidance for joint overall PiN or adapt global cluster guidance on classification of severity based on local context. The Workspace makes these decisions more transparent and thus enables a more meaningful interpretation of the PiN and severity results by HNRP users. Furthermore, the clear presentation of cluster PiN and severity alignment and methods applied informs Module 3 of JIAF whereby the Overall PiN and Intersectoral Severity are determined.

Before conducting sectoral analysis, and preferably while completing module 1, sectors should complete Workspace 2A and 2B. Sectors complete this as a self-assessment of the degree to which their analysis methods may require adaptation to align to the JIAF operational guidance. The assessment of their alignment is confirmed or updated when the sectoral analysis is completed, as methods may change. Self-reporting involves

indicating alignment (YES) or non-alignment (NO) of country sectoral PiN approaches with the five guiding principles of the global operational guidance for the joint overall PiN. For severity, it requires indicating 'Aligned' or 'Adapted' to explain if sectoral severity approaches are aligned to the severity phases defined by the relevant global clusters. For both the PiN and severity, if sectors select 'No' or 'Adapted', they must provide an explanation of what has been proposed instead. In addition, for both PiN and severity, sectors must provide definitions, indicators and thresholds applied.

Step 2.2: Design and implement sector PiN estimation and severity classification methods.

The analysis and estimation of needs within each sector are the responsibility of that sector and may differ based on the sector-specific conceptual frameworks, methods, and best practices. JIAF 2 does not include guidance for sector-specific methods. Clusters will provide PiN and severity figures based on the jointly agreed JIAF scope of analysis from Module 1 (including the geographic areas to be included in the analysis at the agreed upon administrative level and any population groups included in the analysis), and will report in case of misalignment with the operational guidance.

Step 2.3: Submit sector PiN and severity estimates using the standard Microsoft Excel file, along with any relevant reports on methods and findings.

When using the analysis platform, each sector will download a spreadsheet made available by OCHA. If a country is not using the platform, the template will be shared by the OCHA country office. The spreadsheet will be designed to include columns corresponding to the unit of analysis as defined in Workspace 1C Scope of Analysis, along with empty cells to enter the sector-specific PiN and severity estimates. Sectors are required to fill in the sector PiN and severity columns for each unit of analysis and upload them back onto the analysis platform.

16. The step count continues from Module 1 which identified 3 steps to be completed

In cases where a country is not using the platform, sectors will share the completed spreadsheet with OCHA.

For the protection sector, the overarching protection severity and PiN will be used for the joint overall PiN and intersectoral severity. However, each of the AoRs will provide their specific PiN and severity alongside with the overarching protection to inform any further analyses, including the description of characteristics of the crisis, linkages, and patterns. As such, the AoR PiN and severity will be displayed in the tables, graphs, and maps in the Analysis Platform Dashboards.

Step 2.4: Submit sector PiN and severity methodologies. Sectors are asked to upload to the platform the methodology used along with any relevant reports produced.

Step 2.5: Review all sectoral definitions and methods by using the information uploaded onto the platform. All sectors present their methods, definitions, indicators, and thresholds to ensure common awareness and understanding of the same among all sectors and partners. By reviewing sectoral methods, analysts confirm the level of vertical alignment and ensure lateral alignment.

Module 3: Intersectoral needs

Objectives and Outputs

Module 3 is where analysts conduct intersectoral humanitarian needs analysis, bringing together sector-specific findings in multi-partner working sessions. Module 3 is performed collaboratively with members representing the clusters and areas of responsibilities, as well as relevant sectoral coordination mechanisms that may be activated at country level, sector-leading agencies, OCHA, NGOs, and other relevant partners and civil society. The objectives of Module 3 are to:

- **Determine the Joint Overall PiN** for all administrative units and population groups within the scope of the analysis. The joint overall PiN refers to the total estimated number of people in need of humanitarian assistance in any sector. The joint overall PiN in JIAF refers to people who are affected by the crisis and who, as a result, experience or are threatened by disruptions and have elevated, extreme, or total deprivations of their basic needs and access to services in any of the sectors. PiN figures identify people who need humanitarian assistance to save and protect lives, livelihoods, and dignity, as well as to restore normal living conditions.
- **Determine the Intersectoral Severity** for all units of analysis within the scope. Intersectoral severity brings together all of the sectoral data in order to identify the depth of overall need facing people impacted by the crisis. NOTE: This analysis should give careful consideration to whether any people/places are facing Catastrophic intersectoral needs and ensure that any such conclusion is backed by solid evidence, including utilizing the Outcome Indicators.
- **Identify Intersectoral patterns and linkages** including: 1) spatial and population group patterns, 2) sectoral overlaps and linkages, and 3) trends.
- **Finalize the preliminary information from Module 1.** Revisit the information generated in Module 1 and add, update, or revise as necessary based on insights gained throughout the JIAF process.

Toolkit 3 Overview

The toolkit for Module 3 includes three workspaces and four reference tables ([see Diagram 16](#)). Each

workspace is associated with a specific objective and guiding reference table(s).

Box 17

Understanding Flags in JIAF 2

Flags are a tool used within the JIAF 2 analysis process to indicate analysis units that require further investigation due to potential data inconsistencies or errors. Flags are generated automatically by the analysis tool following data input if predefined criteria or thresholds are not met. Analysts can (and should) also manually raise flags during their review if they identify issues that warrant further examination.

While flags serve as alerts that prompt analysts to take a closer look at specific findings, they do not necessarily mean that data is incorrect. Flagged units require review, verification and explanation of the data, or revision/correction where necessary.

Detailed explanations of the application of flags are provided at relevant points in this section.

DIAGRAM 16: MODULE 3 TOOLKIT

MODULE	TOOLKIT #	OBJECTIVES/OUTPUTS	WORKSPACES	REFERENCE TABLE
Module 3: Intersectoral Needs	Toolkit 3	Determine the joints overall PiN	Worksheet 3A: Joint Overall PiN worksheet	Ref Table 3A: Flags for Joint Overall PiN
		Determine the intersectoral severity	Worksheet 3B: Joint & Intersectoral severity worksheet	Ref Table 3B1: Flags for Preliminary Intersectoral Severity 3B2: Intersectoral Severity Classification
		Identify Characteristics of humanitarian needs	Worksheet 3C: Needs Patterns and Sectoral Linkages	Ref Table 3C: Analysis Prompts

Reference Table 3A: Flags for Joint Overall PiN. (Diagram 17)

Reference Table 3A presents the flagging system to identify PiN estimations that require review. Six automated flags are built into the workspace and have each a recommended threshold. Furthermore,

there is the possibility to manually add flags that can be defined based on concerns related to data collection, neutrality of analysis or assessments, lack of adherence to JIAF operational guidance, or any other reason.

Box 18

Understanding the use of flags for the Joint Overall PiN

The flagging system is used to highlight areas or population groups that require further scrutiny to ensure the data is valid. Flags do not necessarily imply that the data is erroneous, just that it needs to be verified and explained, or, if necessary, revised/corrected. A discussion is required for all areas flagged and sectors with flagged figures are requested to explain and justify their results. If the explanation is not satisfactory to the JIAF partners, then the cluster is requested to make further analyses and assess the need to revise findings. If adjustments are not done, the JIAF analysis group may decide to use the second highest PiN for the concerned unit of analysis. This is because clusters may decide not to change their own figures because their context calls for estimations that are not aligned to the global operational guidance for the joint overall PiN.

While countries should start with the globally recommended flag thresholds, these should be revised if the threshold or flag is not appropriate for a particular country context. In case the thresholds are adapted the rationale for these changes shall be documented in the Thresholds workspace of the PiN and Severity tool, column 'Explanation for proposing another threshold'.

While flags can detect outliers and inconsistencies in sectoral PiN estimates, they do not necessarily mean that there are mistakes. Flags have the ultimate objective of filtering units of analysis that require further investigation and the country should assess and identify what are the most appropriate flags for their context. The recommended flags are detailed in Diagram 17.

DIAGRAM 17: REFERENCE TABLE 3A - FLAGS FOR JOINT OVERALL PiN

FLAG NUMBER	FLAG DESCRIPTION	RECOMMENDED THRESHOLD
1	# Sectors with missing or zero PiN	1 or 2
2	% difference between 1st and 2nd highest PiN	30%
3	% difference between 1st and 3rd highest PiN	50%
4	Highest sector PiN targets sub-population group(s)	50%
5	PiN greater than 90% of total population	90%
6	Change from last year	100%
7	Manual Flag	Explanation to be provided at country level

Reference Table 3B1: Flags for preliminary intersectoral severity.

Similar to Reference Table 3A, Reference Table 3B1 presents the system to flag areas that require further review. There are four automated flags that are included in Reference Table 3B1. Two of the automated flags are mandatory (Number 1 and 2), two are optional (Number 3 and 4), and manual flags can be added, as per the Reference Table 3B1 below.

Unlike the flags for PiN, these flags should not be changed at the country level. However, countries have the possibility to manually add other flags. The flags have the ultimate objective of identifying units of analysis that require in-depth intersectoral severity analysis. Flags do not necessarily imply that the data is erroneous, just that it needs to be verified, and if necessary revised/corrected. The recommended flags are detailed in Diagram 18.

DIAGRAM 18: REFERENCE TABLE 3B1 - FLAGS FOR PRELIMINARY INTERSECTORAL SEVERITY

FLAG NUMBER	FLAG DESCRIPTION
1	Any sector is in Severity Phase 5
2	One outcome indicator is +2 / -2 compared to preliminary classification
3	Two or more outcome indicators are +1 / -1 compared to preliminary classification
4	More than 4 sectors are in Phase 4 and preliminary intersectoral severity is Phase 4
5	Manual Flag (description to be provided at country level)

Reference Table 3B2: Intersectoral Severity Classification (Diagram 19 - Page:46).

Reference Table 3B2 provides the key description and thresholds for determining the intersectoral severity of any given administrative area or population group within the scope of the analysis. While this reference table is only to be used to

guide the classification of intersectoral severities where flagged, the final severity classification must match the area – based descriptions in the table, particularly, to review any results that indicate Severity Phase 5.

The Intersectoral Severity Reference Table provides high-level and general descriptions for each of the

five phases of Intersectoral Severity: 1) Minimal, 2) Stressed, 3) Severe, 4) Extreme, and 5) Catastrophic. These phases are not the same as the sectoral severity phases as they relate to the complex severity of the humanitarian needs. The reference table is designed to incorporate the broad range of dynamics that can lead to humanitarian needs. It is designed to be the 'big picture' of intersectoral severity and is meant to complement the sector-specific severity classifications.

Box 19

The use of global comparable humanitarian outcome indicators to measure severity & highlight catastrophic situations

The Intersectoral Severity Reference Table includes indicators and descriptions that aim to measure humanitarian needs in terms of threats to people's lives or irreversible consequences (regardless of sectors). Intersectoral severity is based on universal humanitarian needs that are manifested in terms of 1) life-threatening (death, acute malnutrition, epidemics), and 2) irreversible harm (loss of livelihood coping strategies, human rights violations).

One of the most critical aspects of the intersectoral severity review is the consideration of whether or not there are any areas that should be classified as Phase 5 (Catastrophe) on the basis of these objective indicators. This exercise should be carried out with intense scrutiny, to ensure a common understanding as to whether Phase 5 is present. If Phase 5 is found to be present, this should be flagged immediately to the HCT.

For each Phase, a list of outcome indicators is provided to guide JIAF analysts in determining severity classifications. The indicators are organized into two main groups: 1) Life-threatening Conditions and 2) Irreversible Harm.

Below is a description of the outcome indicators for each of the groups of outcomes:

1. **Life-threatening** conditions indicators include actual death or risk of death, measured as follows:
 - **Death rates** indicators include Crude Death Rate (CDR) and Under 5 Years Death Rate (U5DR). For JIAF 2, the CDR is an indicator that accounts for all deaths that have occurred per day per 10,000 people over a given recall period (often 90 days) in an area or in a community. The U5DR refers to all deaths of children under five (up to 59 months) per 10,000 children under five per day over a given recall period (often 90 days) in an area or in a community. The U5DR is typically around twice that of the crude death rate.
 - **Global Acute Malnutrition** indicators include Weight-for-Height Z-Score (WHZ) and Mid-Upper Arm Circumference (MUAC). WHZ is defined as the percentage of children under five who are below -2 standard deviations of the median of weight for height (<-2 WHZ) or the presence of oedema (swollen face, feet, and limbs). MUAC is defined as the percentage of children under five who have mid-upper arm circumference readings below 125 mm or the presence of oedema.
 - **Disease Epidemic** indicators include confirmed outbreaks and contagion levels as compared to the average historical trend. While the actual disease to be assessed depends on the context and often includes severe acute respiratory infections, influenza, cholera, ebola, arboviruses and meningitis, the relevant disease should be identified at the country level as any disease that has outbreak potential should be monitored and included in intersectoral analysis. While thresholds for epidemics are not presented in the reference table, JIAF 2 partners are continuously working to develop globally applicable cut-offs with the World Health Organization.
2. **Irreversible Harm** indicator includes any irreparable loss or injury to physical well-being, mental well-being, dignity, and livelihoods, including:
 - **Livelihood Coping Strategies** include the actions and mechanisms employed by individuals or households to manage and adapt to various shocks or stressors that affect their

overall well-being and livelihoods. Livelihood coping strategies can encompass a wide range of activities that are employed to meet any essential needs, such as diversifying income sources, seeking off-farm employment, selling assets, or engaging in informal economic activities. Livelihood coping strategies can encompass a range of severities, from strategies that are 'sustainable', to 'stressed', to 'crisis', to 'emergency', to 'complete collapse of abilities to cope'. Importantly, the JIAF 2 intersectoral severity reference table uses the broader concept of 'livelihood coping strategies' to meet basic needs rather than the more specific 'food security coping strategies', which may include reducing portion sizes, skipping meals, relying on cheaper or less nutritious food options, and others.

The intersectoral indicator in JIAF 2 reference table refers to the Livelihood Coping Strategy Index (LCSI), preferably in its essential needs module, though the food module can also be used in absence of the former. In most contexts, the two indicators would be aligned. The LCSI indicator can be collected by a variety of actors, and is always present among the key quantitative food security / IPC outcome indicators. The questionnaire module can and should be adapted to the country context, and hence inclusion of e.g., protection -related coping questions - can be done when relevant.

- **Violations of Human Rights and International Humanitarian Law** include any one or a combination of internationally recognized violations of Human Rights and International Humanitarian Law (HR/IHL). For the JIAF Intersectoral Severity Reference Table, the severity of violations is delineated by a description of the pattern and depth of the violations. For Phase 1 there are no violations. For Phase 2, there are sporadic (i.e., ad hoc, and not regular) actions that create a threatening environment. For Phase 3, there

are repeated or regular actions that create a threatening environment. For Phase 4, there are widespread violations of HR/IHL. For Phase 5, there are widespread and systematic violations of HR/IHL (i.e., the violations are planned and/or part of an organized structure that violates people's human rights). [See Annex 4](#) for a list of potential violations and the more specific phase descriptions.

If data is not available for all indicators, it is recommended to agree on at least one life-threatening and one irreversible harm indicator to conduct the analysis, recognizing that confidence in the analyses may decrease with fewer indicators. The more variety and reliability of data available, the better the expected analyses.

Proxy indicators may also be used if the indicators in the reference table are not available. Proxy indicators need to be in line with the phase descriptions and thresholds included in the Intersectoral Severity Reference table and need to be identified through discussions with the JIAF analysis group (see 'Use of Proxy Outcome Indicators' below).

In situations where coverage of outcome indicators and any potential proxies is uneven (such as cases of missing or outdated data at the unit of analysis), The use of expert judgement elicitation techniques may be possible.

Expert judgement here refers to a specialized form of consensus building, where knowledge, experience, and insights of subject matter experts are used in a structured and transparent way to estimate values, or assess uncertainties when direct data is insufficient or unavailable.

While there is no single method developed for JIAF, there are methods that can be adapted from other sectors, and from processes facilitated by OCHA in many HPC contexts. The best path of action in these cases is to reach out to the Global Experts Group for support in developing a tailored approach to meet the needs.

Box 20

Reconciling Sectoral Severity and Intersectoral Indicators at different administrative levels

If intersectoral indicators are not available at the same administrative level as sectoral severity, this can be done through:

- Using proxy indicators with thresholds aligned to the global definitions of intersectoral severity found in [reference table 3B2](#).
- “Calibrating” data from a different administrative unit. A qualitative calibration of data from different units of analyses or areas can help analysts when data is not available for the target unit of analyses.

Although these analyses are mainly based on qualitative extrapolations, they can be useful for flagging and classification.

Although the Intersectoral Severity Reference Table is not designed as a response planning tool, it may inform the response planning phase, both with respect to boundary-setting (i.e. which people and places should be targeted) and the strategic design of interventions. Furthermore, in certain circumstances, it is possible for the overall intersectoral severity classification to be lower than the severity classification of a particular sector. This should also be taken into consideration when planning the response.

The general strategic response objectives for each Severity Phase include:

- Phase 1: Build resilience and social justice.
- Phase 2: Disaster risk reduction strategies.
- Phase 3: Protect people from physical and mental harm, loss of dignity, and support livelihood recovery.
- Phase 4: Save lives and livelihoods. Protect highly vulnerable people and restore dignity.
- Phase 5: Prevent widespread death, irreversible harm, and collapse of services.

How to use the Intersectoral Severity Reference Table

The Intersectoral Severity Reference Table is a guide for analysts to assess the available outcome indicators and proxy indicators for a specific unit of analysis, comparing it with the indicator cutoffs described in the reference table. The process is based on ‘convergence of evidence’ and consensus building, and requires analysts to critically engage with the evidence and the reference table, and collaborate to determine the most appropriate severity classification that can be justified with the available evidence. Diagram 19 outlines [Reference Table 3B2](#).

DIAGRAM 19: REFERENCE 3B2 FOR INTERSECTORAL SEVERITY CLASSIFICATION

	1 - MINIMAL	2 - STRESSED	3 - SEVERE	4 - EXTREME	5 - CATASTROPHIC
Area Level Description	Area has essential basic services and ability to meet basic needs for survival, protection, and dignity	Area has: Deterioration of physical or mental wellbeing Sporadic threats to human rights and/or use of stress coping strategy Stressed basic services and borderline inability to meet basic sectoral needs	Area has: Elevated and increasing deterioration of physical or mental wellbeing and human rights, AND Regular threats to human rights and/or accelerated erosion of strategies and/or assets, AND Moderate strain on basic services and moderate inability to meet basic needs for survival, protection, and dignity.	Area has: Elevated mortality or risk of death AND Widespread violations of human rights and/or unsustainable reliance on negative coping strategies, AND High strain on basic services and/or extreme inability to meet basic needs for survival, protection, and dignity.	Area has: Widespread mortality or risk of death, AND Widespread and systemic violations of human rights and/or exhaustion of coping options and mechanisms, AND Collapse of basic services and/or total inability to meet basic needs for survival, protection, and dignity.
Life-threatening conditions (actual or risk of death)	Death 1) Crude Death Rate (CDR): <0.5/10,000/day or 2) Under-Five Death Rate (U5DR): <1/10,000/day	Death CDR <0.5/10,000/day OR U5DR: <1/10,000/day	Death CDR: 0.5-0.99/10,000/day OR U5DR: 1-2/10,000/day OR > than baseline	Death CDR: 1.0-1.99/10,000/day OR U5DR: 2-3.99/10,000/day OR > than 2x baseline	Death CDR: ≥2/10,000/day OR U5DR ≥4/10,000/day OR much > than 2x baseline
	Global Acute Malnutrition: Weight for height z-score (WHZ) <5% OR Middle Upper Arm Circumference (MUAC): <5%	Global Acute Malnutrition WHZ: 5-9.9% OR MUAC:<5% OR slight elevation	Global Acute Malnutrition WHZ: 10-14.9% OR MUAC:5-15% OR > than baseline	Global Acute Malnutrition WHZ: 15-29.9% OR OR MUAC: >10% OR > 2x than baseline	Global Acute Malnutrition WHZ: 30% or higher OR MUAC: >15% OR much > than 2x baseline
	Epidemic-prone diseases Normal level of contagion or there is a confirmed outbreak that can be covered by existing capacity	Epidemic-prone diseases Confirmed outbreak or increased levels of contagion stress the existing capacity, or an outbreak under investigation has the potential to strain response capacity	Epidemic-prone diseases Confirmed outbreak or high level of contagion above the historical mean straining response capacity and service provisions	Epidemic-prone diseases Confirmed outbreak or extreme levels of contagion above the historical mean highly exceeding response capacity and service provision	Epidemic-prone diseases Confirmed outbreak or massive contagion levels that obstruct service provision.
Irreversible Harm (physical or mental wellbeing, dignity, livelihoods)	Livelihood Coping Strategies: At least 80% of households have sustainable livelihood strategies and assets Human Rights/ International Human Law Violations (HR/ IHL) No actions causing threatening environment or HR/IHL violations causing irreversible harm to people and property.	Livelihood Coping Strategies: At least 20% of households engage in stress strategies HR/IHL Violations Sporadic actions that create a threatening environment to peoples HRs, wellbeing, and dignity.	Livelihood Coping Strategies: At least 20% of households engage in crisis strategies HR/IHL Violations Repeated or regular actions that create a threatening environment to peoples HRs, wellbeing, and dignity	Livelihood Coping Strategies: At least 20% of households engage in emergency strategies HR/IHL Violations Widespread HR/IHL violations causing irreversible harm to people and property	Livelihood Coping Strategies: At least 20% of households face near or complete collapse of exhaustion of coping capacity, strategy and assets HR/IHL Violations Widespread and Systematic HR/IHL violations causing irreversible harm to people and property

Use of Proxy outcome indicators

In case the indicators presented in Reference 3B2 for Intersectoral Severity Classification are not available, the following list of proxy indicators is suggested as alternative.

Mortality

- Consult health authorities to understand if death rates are abnormal.
- Admissions in hospitals/in patient centers
- Deaths in hospitals
- Context-specific data on key causes of deaths (e.g., explosions, armed conflict incidents, areas under military control);
- Number of graveyards, verbal feedback on deaths

Malnutrition

- Proxy GAM/SAM from MUAC screening
- Trend of Admissions to treatment centers (if relevant) compared to previous years.

Epidemics

- Surveillance data (epidemics)
- Key Informant interviews – medical staff

Coping Strategies:

- Food security Livelihood Coping Strategies
- Protection Analysis Coping Strategy Indicators
- Key Informant interviews (mostly focused group discussion) RNA
- “List of common livelihood strategies” included in WFP’s CARI Technical Manual.

- Recruitment of teenagers and/or adults by armed groups and armed forces in exchange of money
- Reports of early/child marriage among children as a consequence of conflict, violence, natural hazards, outbreak or any other shock
- Reports of child labor
- Reports of family separation for economic reasons (sending children to live with other families or to work with other families)

Human Rights Violations:

- To measure HR violations, it is recommended to use the reference table presented in [Annex 4](#) which presents the alignment with Protection Analytical Framework related protection risks indicators and HR violations.

Reference Table 3C: Analysis Prompts for identification of Intersectoral patterns and linkages (Diagram 20)

Reference Table 3C provides a list of prompts - visual aid and analysis outputs - for analysts to use to explain the linkages, overlaps and trends of sectoral and intersectoral needs. The visual aids and analysis outputs correspond to each of the ten questions included in Workspace 3C. These prompts are grouped around six aspects that help explain the characteristics of needs: (i) Population in need, (ii) severity of needs, (iii) overlap of PiN and severity, (iv) sectoral needs overlaps, and (v) current trend as compared to the previous year, and (vi) vulnerable groups. The list of visual aids and prompts included in Reference Table 3C is outlined in Diagram 21.

DIAGRAM 20: WORKSPACE 3C - QUESTIONS

1. Where is the highest concentration of population in need in the country?
2. Which areas have a large number of sectors with a large population in need?
3. Which sectors have the highest PiN? (i.e., which sectors are driving the needs in a given area?)
4. What is the PiN Trend as compared to the previous year?
5. What is the PiN disaggregated by age, gender, and other diversity characteristics?
6. Where are the areas with the highest severity?
7. Which areas have a large number of sectors with high severity of needs?
8. Which sectors have the highest severity? (i.e., which sectors are driving the needs in a given area?)
9. Which areas and sectors have the coexistence of high percentage of PiN and high Severity?
10. To what extent do sectoral PiNs correlate?

DIAGRAM 21: REFERENCE TABLE 3C ANALYSIS PROMPTS FOR IDENTIFICATION OF INTERSECTORAL PATTERNS AND LINKAGES

PROMPT #	VISUAL AIDS	ANALYSIS OUTPUTS
POPULATION IN NEED		
1	Map displaying Joint Overall PiN by admin unit (absolute number and percentage over total population)	List of admin units that have high absolute PiN and high %. The threshold can be set at country level
2	Map displaying # of sectors that have more than 40% of the administrative population in need of assistance	List of admin units that have a high number of sectors with more than 40% of the administrative population in need of assistance. The threshold can be set at country level
3	Maps displaying sectoral PiN by admin unit (absolute number and percentage over total population)	List of sectors with highest PiN at the national level and sub-national level as relevant. The default is set for the three highest sectors. The thresholds can be set at the country level
	Bar graph of PiN (% or #) by sector for the whole country and at the sub-national level as relevant	
	Bar graph by number of units where sectors has highest PiN	
4	Map displaying changes (increase or decrease) of joint overall PiN compared to the previous year	List of areas where the situation has largely deteriorated or improved as compared to previous year.
	Graph comparing joint overall PiN between the previous year and the current year, showcasing the comparison at both national and subnational levels, as applicable.	
	Graph comparing sectoral PiN between the previous year and the current year (as per same categories as PiN) at national and subnational levels as relevant.	
5	Table and graphs with demographics of the areas analyzed.	PiN figures disaggregated by vulnerable groups (based on the occurrence of vulnerable groups)

SEVERITY OF NEEDS

PROMPT #	VISUAL AIDS	ANALYSIS OUTPUTS
6	Map displaying Intersectoral Severity by admin unit	List of admin units that have high intersectoral severity. The default is Phases 4 and 5 in the country. The threshold can be set at the country level.
7	Map displaying # of sectors that are in Phase 4 or 5 (this is the default, but it can be changed at country level).	List of admin units with 5 or more sectors in Phase 4 or 5. The threshold can be changed at the country level.
8	Maps displaying sectoral severity by admin unit	List of the top 3 sectors with the highest number of areas in Phase 4 or 5. The default threshold can be changed at the country level.
	Bar graph of sectors by the number of units under each severity Phase at National and sub-national as relevant	
9	Map displaying overlap of high intersectoral severity and high overall PiN.	List of admin units that fall within high PiN and high severity. The default thresholds can be changed at the country level.
	Graph displaying sectors based on the count of units with high PiN and high severity in each sector.	List of the top 3 sectors with the largest number of areas with high PiN and high severity. The default threshold can be changed at the country level.
10	Correlation coefficient for PiN between sectors	List of sector combinations that have coefficients greater than 0.7. The default threshold can be changed at the country level.

Note: Administrative population refers to the total people living in the area, including inhabitants/residents/host and other population such as returnees, refugees, migrants, IDPs in line with the scope of analysis

Workspace 3A & 3B: Analysis worksheet of joint overall PiN and Intersectoral Severity.

Workspaces 3A and 3B are built in a single Microsoft Excel spreadsheet with one sheet for workspace 3A and one sheet for workspace 3B. These workspaces include:

- **All sectoral PiN and severity inputs** provided by the sectors in Module 2 using the standard file prepared by OCHA.
- **Automatically calculated joint overall PiN** based on the Mosaic Method as described in [Box 21](#).
- **Automated preliminary intersectoral severity** based on the overlap of sectoral needs as described in Box 22.
- **Intersectoral outcome indicators data** from the [reference table 3B2](#) are as available.

- **Automated flags for preliminary joint overall PiN and preliminary intersectoral severity** are also included as described in reference tables 3A and 3B1.
- **Empty columns to include revised joint overall PiN and intersectoral findings** as relevant and based on further analysis conducted for the flagged areas.

Both the automatically calculated joint overall PiN and automatically calculated preliminary intersectoral severity are generated based on sectoral data at the lowest agreed unit of analysis. The joint overall PiN is estimated by taking the highest sectoral PiN among all sectors at each unit of analysis ([see box 21](#)). The preliminary intersectoral severity is estimated based on the overlap of sectoral severities. Intersectoral 'humanitarian outcome indicators' ([see box 19](#)) are then assessed to cross-check the preliminary severity.

Box 21

The Mosaic Method

The JIAF 'Joint Overall PiN' is estimated using the Mosaic Method, which consists of the following steps:

- The PiN is determined at the lowest administrative or population group level, based on the highest sectoral PiNs.
- The sum of all subnational PiNs is used to generate the preliminary Joint Overall PiN.
- The analysis team then addresses any flags raised automatically by the JIAF online platform, deciding for each flagged unit of analysis which sectoral PiN can be used for the Joint Overall PiN (as detailed in the Step 3.4 below).
- Once all PiN flags are resolved, the sum of all subnational PiNs generates the Final Joint Overall PiN.

Workspace 3C: Identification of Intersectoral patterns and linkages (Diagram 21)

Workspace 3C includes ten questions and a space for analysts to respond to each question. Analysts can add text and/or images in the workspace. Each of the ten questions is linked to specific analysis prompts and outputs as included in Reference Table 3C. A list of 10 questions included in the workspace is provided in Diagram 21.

When completing Workspace 3C, analysts should engage in a robust and interactive discussion for each question, using the visual aids in the Workspace 3C in the analysis platform to provide key information to support the discussions and generate the specified analysis outputs for each question. In addition to the lists of requested outputs, analysts should strive to provide qualitative explanations and insights on the linkages and patterns they observe. This can include explaining why a pattern or linkage is happening, what is surprising or not about a pattern or linkage, and other explanatory insights.

Box 22

Preliminary Intersectoral Severity

JIAF 2 uses sectoral severity classification to generate a preliminary intersectoral severity and a check-system to assess if the preliminary classification is aligned with intersectoral outcomes. Areas that are misaligned are flagged for an in-depth assessment of intersectoral severity. The severity is estimated based on the following steps:

- Utilizing sectoral severity phases as a starting point, each analysis unit is automatically assigned a preliminary severity using predefined criteria outlined in the table below.
- Severity phases for each outcome indicator are determined based on the thresholds for life-threatening conditions and irreversible harm as presented in Diagram 19.
- Automated formulas compare the preliminary severity results with the severity of the outcome indicators, raising flags in areas with discrepancies. Additional formulas are employed to identify potential flags.
- In the absence of flags, the preliminary severity based on sectoral severity phases becomes the final severity score.
- When flags are present, the final severity is determined through an inter-agency facilitated discussion. This discussion involves examining available evidence and expert knowledge, referencing intersectoral severity phases and indicators outlined in the Reference Table.

Phase 1: Less than 4 sectors in stressed or worse

Phase 2: At least 4 sectors in Phase 2 or worse

Phase 3: At least 4 sectors in Phase 3 or worse

Phase 4: At least 4 sectors in Phase 4 or worse

Phase 5: At least 2 sectors in Phase 5 and at least 2 other sectors in Phase 4 or worse

Guidance

Step 3: Intersectoral needs analysis - Workspace 3A, 3B and 3C

In preparation for the multi-partner working session

Step 3.1 OCHA prepares the preliminary PiN and Severity estimates (workspaces 3A, 3B and 3C)

OCHA will prepare the Microsoft Excel-based Workspace 3A and 3B according to the guidelines outlined in Reference Tables 3A and 3B, also enabling the visuals in 3C. Workspace 3A, 3B and 3C will be available in the analysis platform or, if not using the platform, shared by OCHA ahead of the multi-partner working session(s). OCHA will ensure that all sectoral inputs, both including sectoral PiNs and sectoral severity, are included in workspaces 3A and 3B. Furthermore, OCHA will input available data on the outcome indicators included in the Intersectoral Severity reference table in workspace 3B. Each data should then be aligned to the indicative phase they reflect. This will be used to assess the alignment between preliminary intersectoral severity and the intersectoral outcome indicators.

Step 3.2 Sectors to review workspace 3A, 3B, and 3C and address flags as necessary

Ahead of the joint working session, sectors should review the workspace with a focus on units of analysis that have been flagged. It is important to remember that a flag is a tool to indicate possible issues in the data and to support joint analysis and convergence of evidence. Flags do not necessarily imply that the data is erroneous, therefore sectors are not required to change their PiN and Severity estimates only because they have been flagged.

In case the sectors identify issues in the sectoral PiN and severity inputs that have been flagged, they should correct them ahead of the multi-partner working session (group to decide at country level how revisions should be documented - i.e. as a new column in the existing workspace 3A and 3B, as a replacement of the existing column in the workspace 3A and 3B, as a new file being uploaded

as individual sectoral input files). However, if there are reasons for the flagged PiN or severity to be kept as is, sectors should prepare themselves to provide a justification to explain the flag during the multi-partner working session. Read Annex 5 for more information on flags that should be reviewed ahead of the multi-partner working session.

During Multi-Partner Working Session

Step 3.3: Sectors present preliminary results and discuss areas automatically flagged

At the start of the multi-partner working session, sectors should provide an overview of their severity and PiN results in plenary to all partners. The presentation can be based on the dashboards automatically produced in the analysis platform (see Workspace 3C) or, if the country is not using the platform, based on maps and analysis outputs conducted by OCHA based on the standard Microsoft Excel file completed by the sectors. This will allow for a collective understanding of humanitarian needs and a first insight into the patterns of the crisis. During this presentation, sectors should focus on the key issues and present their rationale for their PiN and severity, especially those that have been flagged. Partners from all sectors should contribute to the discussion and examine how other sectors' PiN and severity estimates (especially if flagged) relate to their own sector's estimates.

Box 23

Optional Process between Step 3.3 and step 3.4

Additional time between Steps 3.3 and 3.4 can be allocated for sectors to work independently to conduct further analysis to confirm or revise their findings. This can be pre-planned as part of the JIAF process or may be called for after the initial sharing of sectoral findings in Step 5.3 based on insights gained from other sectors' findings. This decision is to be made at the country level.

Step 3.4: Decide on PiN to use for joint overall PiN, including for flagged areas

Box 24

Finalization of Overall PiN

This step is absolutely critical in the JIAF process, as it culminates in the estimation of the overall Final PiN figure that will be used for humanitarian planning and advocacy. The conclusions and actions taken to reach a decision on the 'Final PiN' must be fully and transparently documented in the column 'Evidence & Comments' in the Workspace 3.1. It is recommended that the Final PiN estimation be presented—including methodology and any critical decisions taken throughout—as soon as possible to the Humanitarian Country Team for discussion and adoption. If the HCT requests any changes to the Final PiN, technical colleagues should hold a working session to discuss and agree on the way forward, and any changes implemented should be fully and transparently documented.

All flags of preliminary joint overall PiN will be discussed and reviewed in the joint multi-partner working session with the aim of deciding whether the highest sectoral PiN for each unit of analysis can be used for the joint overall PiN figure or whether an alternative approach should be adopted.

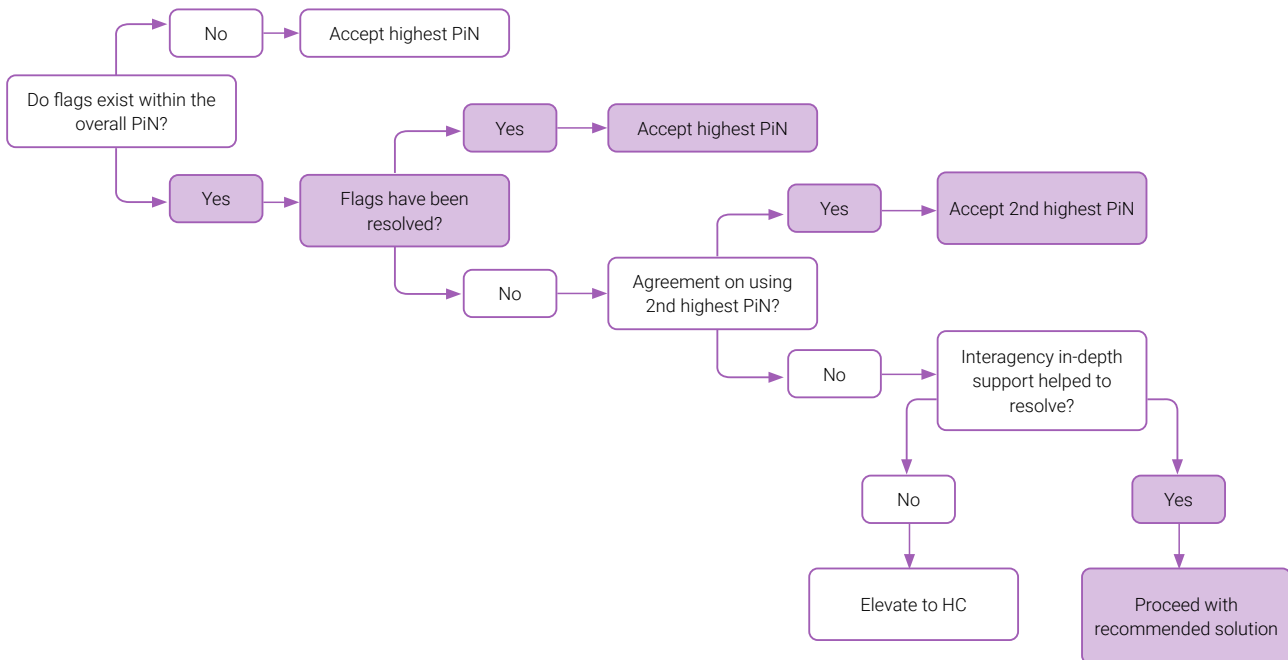
Partners from all sectors should actively participate in the discussion and aim to reach a technical consensus on key decisions. Facilitated by an impartial partner, the session should focus on evidence-based discussion and constructive exchange to achieve broad agreement among partners. For each flagged area, analysts should decide:

- **EITHER** to utilize the highest sectoral PiN as the Joint Overall PiN even though it was flagged, provided that the flagged issue has been adequately resolved and the rationale for the sectoral PiN is accepted as aligned to the operational guidance for the Joint Overall PiN.
- **OR** to incorporate the second highest sectoral PiN for the Joint Overall PiN if it is accepted after discussions and agreement from the multi-partner analysts.

Specific reference must be made to the interoperability criteria for PiN (Reference Table 2A) and the self-assessment done by sectors on their alignment to the global operational guidance on interoperability (completed Workspace 2A). As a reminder, optimally, all PiNs used to estimate the joint overall PiN are aligned to the five PiN interoperability criteria set out in Reference Table 2A. For example, if the highest PiN for a given analysis unit has been flagged and the methodology of the cluster generating that PiN figure is not aligned to the PiN interoperability criteria, this would be a strong reason for using the second highest PiN for that given unit of analysis, if the misalignment is suspected to lead to a higher PiN. In case the number of units of analysis flagged for revision is too high to cover all of them during the multi-partner working session, it is recommended that analysts prioritize most relevant cases or solve flags in bulk using the Flag analysis dashboard (read Annexes 5 and 6 for more information).

If analysts cannot reach a consensus, they can request in-depth support from the JIAF Helpdesk. Diagram 22 details the recommended decision tree to support technical decision-making.

DIAGRAM 22: SUGGESTED DECISION TREE FOR DECIDING WHAT SECTORAL PiN TO TAKE FOR THE JOINT OVERALL PiN



Once the decisions are made on which sectoral PiNs will be included in the Joint Overall PiN, they will be recorded in a column labeled 'Final PiN' in Workspace 3.1. The joint overall PiN, is generated by summing up all the PiNs included in the 'Final PiN' at the lowest unit of analysis.

Step 3.5: Jointly conduct analysis of intersectoral severity for flagged areas

Box 25

Intersectoral Severity is determined for each unit of analysis

Intersectoral severity is determined at the administrative or population group level only. There is no national or country-wide severity aggregation or classification, nor can the overall PiN be distributed by severity in JIAF 2. It is an area-based classification.

To finalize the intersectoral severity classifications, the following steps are applied (dependent on whether the unit of analysis was flagged):

- **For units of analysis that were not flagged:** The preliminary intersectoral severity phase classification is accepted as per Reference Table 3B1, as this means that the available evidence converged.
- **For units of analysis that were flagged (including any/all preliminary Phase 5 classifications):** All areas that were flagged require analysts to jointly conduct an analysis of the convergence of evidence using [Reference Table 3B2](#) as a guide.

The classification of intersectoral severity for flagged areas should be done in a multi-partner working session. Analysts will utilize a convergence of evidence and a consensus-building approach to determine the intersectoral severity for flagged areas. This requires analysts to review Reference Table 3B2 and consider common global standards:

- The convergence of evidence can utilize both outcome indicators provided in Reference Table 3B2, and proxy outcome indicators. For example, for nutrition, GAM from a comprehensive survey is the recommended outcome indicator. And

a ‘dramatic spike in attendance at nutrition clinics’ would be a proxy outcome indicator to measure life threatening conditions. While using the outcome indicators listed in [Reference Table 3B2](#) provides a stronger evidence base, it is often the case that the necessary data are not available for a given country or admin unit. In such cases, analysts are encouraged to identify proxy outcome indicators that may inform the classification process. Additionally, when considering the convergence of evidence, analysts need to consider the data quality and reliability.

- The consensus-building process requires analysts to share and openly discuss all available evidence in a joint working session and reach an agreement on the ‘best fit’ classification for a given area based on the evidence and the standards provided in [Reference Table 3B2](#).
- Final severity classifications are determined and documented in Workspace 3B.

Engagement of subnational level and documenting proposed changes as a manual flag: In contexts where it is appropriate and feasible, preliminary severity data may be shared with colleagues working in the relevant subnational location for their cross-check and feedback as part of the convergence of evidence process. In cases where

there are any suggested changes to the preliminary severity during subnational consultations, these should be documented as manual flags. The objective of this approach is to document in Workspace 3B all the suggested modifications for consideration by the national level. The diagram 23 below presents an example of the use of the manual flag in this case.

Box 26

Convergence of Evidence and Consensus-building

“Convergence of evidence” is a commonly used analytical technique to support decision-making processes in uncertain and complex environments. This method is not new and is used in many fields in and outside of the humanitarian sector (including medicine, military, climate science, and more). It is a joint analysis process used to strengthen the reliability and validity of findings by cross-checking information from multiple sources and ensuring that they point to the same conclusion. This ‘convergence’ reduces uncertainty and builds consensus and confidence in the results. This approach is used notably in the food security sector, as part of the IPC and Cadre Harmonisé to arrive at final estimates of food insecurity levels. In JIAF 2, the main joint processes of consensus building – such as agreeing on the scope of analysis, estimating final intersectoral severity and overall PiN, are also forms of convergence of evidence methods.

DIAGRAM 23: EXAMPLE- APPLICATION OF MANUAL FLAG IN THIS SCENARIO

Location		Sectoral Severity									Preliminary Severity	Manual Flag			Final Results	
Admin 2	Admin 2 P.	Education	Nutrition	Food Security	Health	Overarching Protection	Shelter	WASH			Manual Flag	Explanation for Manual Flag	New Severity classification suggested	Final Severity	Evidence & Comments	
Darwaz-e-Balla	AF1727	3	2	3	3	4	4	4		3				3		
Darwaz-e-Payin	AF1722	3	2	3	3	4	4	3		3	Flagged	Revision by subnational coordination team	4	4	Subnational revisions accepted	
Eshkashem	AF1723	4	2	3	3	4	4	3		3				3		

In case the number of units of analysis flagged for revision is too high to cover all of them during the multi-partner working session, it is recommended to

solve flags in bulk using the Flag analysis dashboard (read Annex 5 and 6 for more information).

Step 3.6: Analyze Intersectoral patterns and linkages & finalize joint analysis (Workspace 3C)

In order to identify key trends that emerge from the intersectoral analysis, visual aids are generated and presented in the analysis platform if the platform is being used at the country level. If the platform is not being used, OCHA will develop the visual aids and analysis outputs as per Reference Table 3C. Each aid is linked to the questions that analysts need to complete in Workspace 3C. Analysts may also create additional visual aids or variations of the visual aids provided, if helpful to answer the key questions. OCHA may also draft answers to all the questions included in Workspace 3C. It is recommended that OCHA nominates a staff to do a preliminary analysis of the dashboard and start drafting the answers to the questions ahead of the multi-partner working session.

In the multi-partner working session, either in small groups or in plenary, analysts should review the visual aids and have an open and facilitated discussion to best answer the questions included in Workspace 3C. The group discussions should also seek to understand the patterns, focusing on the interplay between the sectors and drivers, in particular any observations that are unexpected or surprising. Box 26 discusses how the pattern of needs can be determined for different vulnerability groups. If OCHA has drafted these answers, partners may review and revise them, as necessary.

Please note that the primary objective of this module is to support the development of a common narrative that explains the situation and main findings, based on the joint analysis, which should ultimately inform response planning and decisions. Through the process of reviewing and discussing the Intersectoral patterns and linkages, analysts should develop a shared understanding and draw conclusions about the situation while answering the guiding questions. The outputs of this step should be summarized and presented in section 1.2 Analysis of Humanitarian Needs of the HNRP. For more insights on how to read and analyze the visuals in the workspace 3C, [see Annex 7](#).

Box 27

Analysis disaggregated by age, gender, and other diversity characteristics

Humanitarian needs can vary widely for various social and vulnerable groups, and it is important to be able to communicate the findings by:

- Number of girls and boys in need
- Number of people with disabilities in need
- Number of women in need
- Number of IDPs & host community in need
- And other social groups as relevant in a given context.

With JIAF 2 it is possible to disaggregate PiN figures by social groups using two techniques: 1) as a core unit of analysis that would be identified during the scope of analysis, and/or 2) as a post-analysis estimate done by extrapolating overall findings for a particular social group.

With the first option—as part of the core units of analysis—it would be necessary for analysts to identify a particular social group as a unit of analysis and then ensure data and evidence is collected and analyzed with that specificity. While this may be desirable, it does mean that it is likely to increase the number of analytical units and thus the overall complexity of data collection and analysis. This level of precision may be desirable, but it may have some practical limitations for data collection and analysis.

In case analysts cannot estimate needs for each demographic group individually using option 1, it is also possible to estimate disaggregated needs using the second option—via post-analysis extrapolation. Using this technique, the humanitarian needs of these groups can be approximately estimated by multiplying the percentage of the total population in each social group by the total needs as follows:

Overall Joint Population in Need X Percentage of Population in the different social groups

For example, if there are 10,000 people in need and 30 percent of the population are girls, it will be assumed that there are 3,000 girls in need. If this approximation is being used, analysts should state that the estimation of needs among the different demographic groups has been calculated based on the percentage of the total population in each group, and not by the difference of the needs of the groups.

For further guidance on if and when to use data disaggregation, please refer to the Statement by the Humanitarian Programme Cycle Steering Group on the limitations of mandatory population data disaggregation (Endorsed - 24 April 2024), available online [here](#).

Return to Step 1 and Finalize Initial Findings from Module 1

In the final stage of the JIAF analysis, analysts are required to revisit the findings from Module 1 and make any necessary additions, updates, or revisions based on the insights gained throughout the JIAF process, or to record any changes in the humanitarian situation, including the context, shocks, and their impacts. Should this entail any

revisions impacting the scope of analysis, these should be clearly documented and justified.

This step is essential because over the course of the JIAF process, the humanitarian situation may have evolved, or analysts may have gained new insights.

The final findings from Module 1 revised in this step should be summarized and presented in section 1.1. Crisis Overview of the HNRP.

Part 3

ANNEXES

This section includes the files corresponding to all the JIAF workspaces that can be used offline, as well as other relevant guidance materials required for the analysis.

Photo: Zaporizhzhia, Ukraine, October airstrikes and shelling of Zaporizhzhia left many civilians dead and injured, led to large-scale destructions of residential buildings and civilian infrastructure. Credit: UNOCHA/Dmytro Smolienko



Annex 1: All Workspaces

MODULE 1: CONTRIBUTING FACTORS & SCOPE

 Initial

 Final

WORKSPACE 1A - CONTEXT

Socio-cultural and demographic	
Economic and livelihoods	
Environment and seasonality	
Political, legal, and policy	
Infrastructure, physical, and technology	
Security and conflict	
Humanitarian Trend	
Timeline of key events	
Humanitarian Assistance	

WORKSPACE 1B - SHOCKS AND IMPACTS

Shock 1	Locations	Estimated Population Affected	Impact on Systems	Impact on Access

IMPACT ON POPULATION GROUPS

Population Group 1	Locations	Estimated Population in this group	Description	Impact on Population

WORKSPACE 1C - SCOPE

Unit of Analysis	Locations	Implications for Data Collection
<ul style="list-style-type: none"> • Admin 1 • Admin 2 • Population Groups 		

MODULE 2: INTEROPERABLE SECTORAL NEEDS

WORKSPACE 2A - SECTORAL PIN INTEROPERABILITY

	1: Linked to agreed scope of analyses	2: Identifies those with deprivations within affected populations	3: Is not masked by humanitarian assistance	4: Includes all humanitarian needs independent of responding actor	5: Includes current and expected needs in the coming year
	Includes only populations affected by the crisis as identified in the scope of analysis .	Includes only people who are experiencing humanitarian deprivation or protection risk.	Typically also including those who are already receiving assistance and require continued humanitarian assistance to meet their basic needs.	Includes all people that are in need regardless if response is or will be provided by the national governments, civil society or any other actors.	Include current needs and expected based on known trends and seasonal patterns.

POTENTIAL EXCEPTIONS APPLIED AT COUNTRY LEVEL

Sector	In exceptional cases, populations in areas outside the scope of HNO analyses can be included if these areas experience high-level of deprivations These cases will be decided by the Humanitarian Coordinator based on inputs and discussions with the sectors including needs outside the scope of analysis These cases need to be flagged.	In some cases sectors do not provide the number of people experiencing deprivations or protection risks within affected areas or populations and assume that all those living in the affected area,group face needs This needs to be flagged.	In some cases sectors may provide PiN that does not include those who are receiving assistance and need to continue to receive assistance. In these instances, the overall PiN may be smaller than the total needed These cases need to be flagged for consideration during the response plans.	In some cases sectors may provide PiN that will only be responded to by a sub set of actors. This needs to be flagged.	In exceptional cases, sectors could base their PiN figures on 'what if' scenarios that drastically deviate from the known trends In such cases this needs to be flagged.
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YES OR NO (IN CASE OF 'NO' PLEASE PROVIDE THE DETAILS)

CCCM					
Education					
Food Security					
Health					
Nutrition					

Protection & AoRs (Child Protection, Gender-Based Violence, Housing, Land and Property, Mine Action)					
Shelter/NFI					
WASH					

WORKSPACE 2B: SECTORAL SEVERITY INTEROPERABILITY

	1. Minor or no sectoral deprivation	2. Borderline and Stressed sectoral deprivation	3. Elevated Sectoral deprivations	4. Extreme sectoral deprivations	5. Sectoral Collapse
Sector	Essential basic sectoral needs are met in the area	Area has stressed basic services and borderline inability to meet basic sectoral needs	Area has moderate strain on basic services and moderate inability to meet basic sectoral needs	Area has high strain on basic services and/or extreme inability to meet basic sectoral needs	Area has a collapse of basic services and/or total inability to meet basic sectoral needs

YES OR NO (IN CASE OF 'NO' PLEASE PROVIDE THE DETAILS.)

CCCM					
Education					
Food Security					
Health					
Nutrition					
Protection & AoRs (Child Protection, Gender-Based Violence, Housing, Land and Property, Mine Action)					
Shelter/NFI					
WASH					

MODULE 3: INTERSECTORAL PATTERNS AND LINKAGES

Workspace 3A & 3B - Overall PiN and Joint Intersectoral Severity[PiN Reference Table](#)[Severity Reference Table](#)[Overall PiN and Joint Intersectoral Severity worksheet](#)**Workspace 3C - Characteristics of Needs**

Q1. Where is the highest concentration of the population in need in the country?

Q2. Which areas have many sectors with a large population in need?

Q3. What sectors have the highest PiN? (i.e., what sectors are driving the needs in a given area?)

Q4. What is the PiN Trend as compared to the previous year?

Q5. What is the PiN disaggregated by age, gender, and other diversity characteristics?

Q6. Where are the areas with the highest severity?

Q7. Which areas have a large number of sectors with high severity of needs?

Q8. Which sectors have the highest severity? (i.e., which sectors are driving the needs in a given area?)

Q9. Which areas and sectors have the coexistence of high % PiN and high Severity?

Q10. To what extent do sectoral PiNs correlate?

Annex 2: Reference Table 2B: Interoperable Sectoral Severity

Phases for area-based classification	1. Minor or no sectoral deprivation	2. Borderline and Stressed sectoral deprivation	3. Elevated Sectoral deprivations	4. Extreme sectoral deprivations	5. Sectoral Collapse
General description	Essential basic sectoral needs are met in the area	Area has stressed basic services and borderline inability to meet basic sectoral needs	Area has moderate strain on basic services and moderate inability to meet basic sectoral needs	Area has high strain on basic services and/or extreme inability to meet basic sectoral needs	Area has a collapse of basic services and/or total inability to meet basic sectoral needs
CCCM Cluster	<p>Outside a camp or camp-like setting</p> <p>+</p> <p>Access to sustainable rented/subsidized/ owned housing or accommodation in host community with low risk of near-term displacement secondary displacement to camp or camp-like settings.</p>	<p>Outside a camp or camp-like setting</p> <p>+</p> <p>Access to rented/ subsidized/ owned housing or accommodation in host community with medium risk of near-term displacement to camp or camp-like settings.</p>	<p>In a camp or camp-like setting that meets the minimum population threshold.</p> <p>+</p> <p>One of the following:</p> <ul style="list-style-type: none"> - Limitations to the availability of or access to non-humanitarian life-saving services. - Limitations to systems and services for participation, complaints and feedback, information sharing and coordination of services. - Risks due to physically, socially, culturally inappropriateness of site. 	<p>In a camp or camp-like setting that meets the minimum population threshold.</p> <p>+</p> <p>Two or more of the following:</p> <ul style="list-style-type: none"> - Restrictions to freedom of movement. - Very limited availability of or access to non-humanitarian life-saving services. - Risks to safety and security. High risks due to physically, socially, culturally inappropriateness of site. - Low probability of near-term safe, orderly, dignified, voluntary returns. - Very limited or absence of systems and services for participation, complaints and feedback, information sharing and coordination of services. - Site demographics contain higher-proportion of vulnerable populations (elderly, children, disabilities, ethnic minorities). - High risks due to site susceptibility to hazards (fire, landslide, flooding, cyclone, etc.) 	<p>In a camp or camp-like setting that meets the minimum population threshold.</p> <p>+</p> <p>Two or more of the following:</p> <ul style="list-style-type: none"> - Extremely limited to no freedom of movement outside of the site. - No availability of or access to non-humanitarian life-saving services. - Widespread life-threatening risks to safety and security. - Widespread life-threatening risks due to physically, socially, culturally inappropriateness of site. - No probability of near-term safe, orderly, dignified, voluntary returns. - Site demographics contain extremely high proportion of vulnerable populations (elderly, children, disabilities, ethnic minorities etc.) - Widespread imminent life-threatening risks due to site susceptibility to hazards (fire, landslide, flooding, cyclone, etc.)
Education Cluster	School-aged children and youth are accessing formal education ¹ in a protected environment offering acceptable learning conditions ² .	School-aged children are accessing education in non-formal schools, but in a protected environment offering acceptable learning conditions.	<p>School-aged children are accessing formal education or education in non-formal schools, in a protected environment but offering poor learning conditions³.</p> <p>and/or</p> <p>School-aged children are not accessing education</p>	<p>School-aged children are accessing formal education or education in non-formal schools, in an unprotected environment⁴.</p> <p>and/or</p> <p>School-aged children are enduring aggravating circumstances⁵ and are not accessing education and related essential services, impeding their physical, psychosocial, and emotional well-being.</p>	<p>School-aged children are enduring exceptional aggravating circumstances and are not accessing education and related essential services, impeding their physical, psychosocial, and emotional well-being.</p> <p>and/or</p> <p>Population groups are systemically denied access to education based on their ethnic, gender, religious and language characteristics.</p>

Food Security Cluster

Households in the area can meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress coping strategies.	Households either: Have food consumption gaps that are reflected by high or above-usual acute Malnutrition (GAM 10-14.9% or > than usual); OR Are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: Have large food consumption gaps which are reflected in very high acute malnutrition (GAM 15-29.9%; or > much greater than usual) and excess mortality (CDR: 1 -1.99 / 10,000 / day or >2x reference) OR Are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation (Extreme depletion)	Households have : An extreme lack of food and/or other basic needs even after full employment of coping strategies (near collapse of strategies and assets). OR Starvation, death, destitution (CDR: >2 / 10,000 / day) and extremely critical acute malnutrition levels ($\geq 30\%$) are evident. (For Famine Classification, an area needs to have extreme critical levels of acute malnutrition and mortality.
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Area is classified according to the worst-off phase experienced by at least 20% of households (based on IPC/CH – above)

Households are able to meet food needs without engaging in reduced and livelihood coping strategies for food security	Households have minimally inadequate food consumption, rely on reduced coping and apply stress coping strategies to secure food needs	Households have food consumption gaps AND unable to meet required food needs without applying crisis coping strategies	Households either: Have extreme food consumption gaps OR have extreme loss of livelihood assets will lead to food consumption gaps, or worse	
Acceptable consumption (FCS) and reduced Coping Index below 4 (rCSI)	Acceptable consumption (FCS) and reduced Coping Index 4 or above (rCSI)	Borderline consumption (FCS)	Poor Consumption (FCS)	
FES <50% or ECMEN: Total expenditure > MEB	FES = 50-65%	FES = 65-75% or ECMEN: SMEB > Total Exp < MEB	FES $\geq 75\%$ or ECMEN: Total Exp < SMEB	
LCSI: No coping strategies applied	LCSI: Applied stress strategies	LCSI: Applied crisis strategies	LCSI: Applied emergency strategies	

Area is classified according to the worst-off phase experienced by at least 25% of households (based on CARl – above)

Health Cluster

Health Resources

Health Facilities can adequately meet the essential health needs of over than 90% of the population.	Health facilities' service provision is under stress, impacting at least 10% of the population who are unable to access essential health services.	Health facilities are experiencing moderate strain in service provision, which is affecting at least 20% of the population who cannot access necessary health services.	Health facilities are facing high strain in service provision, resulting in at least 30% of the population being unable to access necessary health services.	There has been a collapse of health facilities or a significant gap in service provision, impacting at least 40% of the population who are unable to access necessary health services.
Percent of population that can access primary healthcare within one hour's walk from dwellings $\geq 90\%$	$\geq 80\%$	$\geq 70\%$	$\geq 60\%$	$< 60\%$
Number of inpatient beds (IP) per 1.000 people IP ≥ 18	IP ≥ 16	IP ≥ 12	IP ≥ 6	IP < 6
Number of health facilities with basic Emergency Obstetric Care per 500.000 people (BeMOC) BeMOC ≥ 4	BeMOC ≥ 4	BeMOC ≥ 3	BeMOC ≥ 2	BeMOC < 2
Number of skilled birth attendant personnel per 10.000 people (SBAP) SBAP ≥ 23	SBAP ≥ 22	SBAP ≥ 20	SBAP ≥ 17	SBAP ≥ 14

Health Cluster Health Status

There is low number of deaths and illnesses, as well as a maintenance in the population's overall health, which is evidenced by:	There is a borderline number of deaths and illnesses, as well as a deterioration in the population's overall health, which is evidenced by:	There is moderate number of deaths and illnesses, as well as a decline in the population's overall health, which is evidenced by:	There is high number of deaths and illnesses, as well as a decline in the population's overall health, which is evidenced by:	There is high number of deaths and illnesses, as well as a decline in the population's overall health, which is evidenced by:
Immunization Coverage (DPT3/PENTA3) IC >=90% rural >=95% urban or,	IC >=90% rural >=95% urban or,	IC <90% rural <95% urban or,	IC <85% rural <90% urban or,	IC <75% rural <85% urban or,
Percent of the population identified as having disabilities All "domains" are no difficulties	No "domain" is a lot of difficulties or cannot do at all, 1, 2, or 3 domains are some difficulties	No "domain" is cannot do at all, 1, 2, or 3 domains are a lot of difficulties OR no domain is a lot of difficulties or cannot do at all; at least 4 domains are some difficulties	No "domain" is cannot do at all, 1, 2, or 3 domains are a lot of difficulties OR no domain is a lot of difficulties or cannot do at all; at least 4 domains are some difficulties	At least 4 "domains" are cannot do all
Under 5 Mortality Rate (U5M) U5M <1/10,000/day or	U5M <1/10,000/day	U5M 1-2/10,000/day	U5M 2-3.99/10,000/day	U5M ≥4/10,000/day or
Incidence of meningitis: No cases	Area Population < 30,000 1 suspected case in one week Area Population > 30 000 less than 3 suspected cases / 100,000 inhabitants / week (minimum of 2 cases in one week)	Area Population < 30,000 2 or more suspected cases in one week or an increased incidence compared to previous non-epidemic years Area Population > 30 000 More than 3 suspected cases / 100,000 inhabitants/week (minimum of 2 cases in one week)	Area Population < 30,000 5 or more suspected cases in one week or Doubling of the number of cases in a three-week period Area Population > 30 000 More than 10 suspected cases / 100,000 inhabitants / week	Agreed according to the context and severity phase definition
Epidemic-prone diseases: Normal level of epidemic-prone diseases or a confirmed outbreak that can be managed with existing healthcare service capacity.	Increased levels of epidemic-prone diseases that stress existing capacity	High level of epidemic-prone diseases straining response capacity and service provisions.	Extreme levels of epidemic-prone diseases highly exceeding response capacity and service provision.	Massive epidemic-prone diseases levels that restrict service provision.
Case Fatality Ratio CFR < 0.02 or	CFR > 0.02	CFR > 0.05	CFR > 0.1	CHR >= 0.5
Case Hospitalization Ratio CHR < 0.05	CHR > 0.05	CHR > 0.8	CHR > 1.5	CHR >= 5

Contextual factors

IPC Phase 1	IPC Phase 2	IPC Phase 3	IPC Phase 4	IPC Phase 5
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Protection severity

Nutrition severity

WASH severity

Housing conditions and risk factors

Nutrition Cluster	Minimal level acute malnutrition among children under five (< 5% of children are acutely malnourished),	Poor level of acute malnutrition among children under five (5-9.9% children are acutely malnourished),	Severe level of acute malnutrition among children under five (10-14.9% of children are acutely malnourished),	Critical level acute malnutrition among children under five (15-29.9% children are acutely malnourished)	Extremely Critical level of acute malnutrition among children under five (30% or more children are acutely malnourished),
	Minimal risk of mortality(<1 child deaths/10000)	Minimal risk of mortality (<1 child death/10000),	Worsening child mortality (1-1.9 child deaths/10000,	Above emergency level child mortality(2-3.9 child deaths/10000),	Extremely critical risk of mortality(>4 child deaths/10000),
	AND/OR	AND/OR	AND/OR	AND/OR	AND/OR
	Optimal level infant and child feeding practices among children 0-23 months.	Suboptimal level infant and child feeding practices among children 0-23 months.	Worsening Sub optimal level infant and child feeding practices among children 0-23 months.	Poor infant and child feeding practices among children 0-23 months.	Extremely poor infant and child feeding practices among children 0-23 months.
	≥70% of infants 0-5 months are exclusively breastfed	50-70% of infants 0-5 months are exclusively breastfed.	30-50% of infants 0-5 months are exclusively breastfed.	11-30% of infants 0-5 months are exclusively breastfed.	<11% of infants 0-5 months are exclusively breastfed.
	≥70% Minimum Dietary Diversity in children 6 to 23 months.	40-70% Minimum Dietary Diversity in children 6 to 23 months.	20-39% Minimum Dietary Diversity in children 6 to 23 months.	10-19% Minimum Dietary Diversity in children 6 to 23 months.	<10% Minimum Dietary Diversity in children 6 to 23 months.
Protection Cluster (including AoRs)	More than 90% of the population (disaggregated by age and gender) in the area are living in safety, dignity and can enjoy their rights without either physical or psychological threat, violence, deprivation, denial of access, or discrimination.	Between 10-20% of the population (disaggregated by age and gender) in the area are not living in safety, dignity and cannot enjoy their rights without either physical or psychological threat, violence, deprivation, denial of access, or discrimination.	Between 21-40% of the population (disaggregated by age and gender) in the area are not living in safety, dignity and cannot enjoy their rights without either physical or psychological threat, violence, deprivation, denial of access, or discrimination.	Between 41 - 50% of the population (disaggregated by age and gender) in the area are not living in safety, dignity and cannot enjoy their rights without either physical or psychological threat, violence, deprivation, denial of access, or discrimination.	More than 50% of the population (disaggregated by age and gender) in the area are not living in safety, dignity and cannot enjoy their rights without either physical or psychological threat, violence, deprivation, denial of access, or discrimination.
		or Between 21-40% of the population (disaggregated by age and gender) in the area are not living in safety, dignity and cannot enjoy their rights without either physical or psychological threat, violence, deprivation, denial of access, or discrimination. But the conditions for Phase 3 are not fully met.	AND Either National services to claim population's rights are established and granted access without discrimination. Humanitarian assistance is limited to support the existing structures to accomplish their mandates and objectives. or Access to the area is granted or mostly granted, allowing assistance to reach the population based on needs and without discrimination.	AND Either National services to claim population's rights are established but deficient/non-functional Humanitarian assistance needs to play an active role in the area and is granted access without discrimination. or Access to the area is granted in some areas, allowing assistance to reach the population based on needs and without discrimination.	AND Either National services to claim population's rights are not established/non-functional/carrying out discrimination policies. Humanitarian assistance has limited/no presence and impact and cannot be granted access without discrimination. or Access is extremely or completely limited to the area and access to the population based on needs and without discrimination is extremely limited or unfeasible.

Four Protection Principles apply to all humanitarian action and all humanitarian actors.

1. Enhance the safety, dignity and rights of people, and avoid exposing them to harm.
2. Ensure people's access to assistance according to need and without discrimination.
3. Assist people to recover from the physical and psychological effects of threatened or actual violence, coercion or deliberate deprivation.
4. Help people claim their rights.

Shelter

Household level: Household lives in adequate dwellings*, can perform all typical, core domestic functions, and has appropriate access to all community-level services and infrastructure Area-level: at least 80% of households are living in shelter conditions described above	Household level: Household lives in adequate dwellings* (with minor issues), can perform most typical, core domestic functions, and has appropriate access to most community-level services and infrastructure Area-level: up to 20% of households are living in shelter conditions described in phases 2+3+4+5 (less than 20% are in conditions described in phases 3+4+5)	Household level: Household lives in inadequate dwellings* (with significant issues), is unable to perform many typical, core domestic functions, and has limited access to community-level services and infrastructure Area-level: at least 20% of households are living in shelter conditions described in phases 3+4+5 (less than 20% are in conditions described in phase 4+5)	Household level: Household lives in inadequate dwellings* (with severe issues), is unable to perform most typical, core domestic functions, and has very limited access to community-level services and infrastructure Area-level: at least 20% of households are living in shelter conditions described in phases 4+5 (less than 20% are in condition described in phase 5)	Household level: Household has no or is living in severely damaged dwelling*, is unable to perform all typical, core domestic function, and has no access to community-level services and infrastructure Area-level: At least 20% of households are living in shelter conditions described above
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The methodology is based on 3 main dimensions:

- People have an enclosure (The shelter itself)
- People are able to live properly and with dignity in their home (SNFI conditions inside the shelter)
- People have access to services in their community (SNFI conditions outside the shelter)

*Adequate dwelling: safe and secure structure that protects against external threats, health problems, thermal discomfort, natural elements."

WASH Cluster

75% or more of Households are living in areas where WASH standards are met in accordance with relevant standards	25% of Households are living in areas with borderline inability to meet relevant WASH standards	25% of Households are living in areas with elevated deprivation of inability to meet relevant WASH standards in accordance with relevant standards OR where the WASH situation has deteriorated AND/OR where incident rates for water and sanitation-related disease outbreaks exceed health sector standards: Incidence rate or number of cases of selected diseases (IRCSD) >= mean	25% of Households are living in areas where there is an extreme deprivation a collapse of ability to meet relevant WASH standards AND/OR where incident rates for water and sanitation related disease outbreaks exceed health sector standards: Incidence rate or number of cases of selected diseases (IRCSD) >= mean + 1 standard deviation	25% or more Households are living in areas where there is a total collapse of ability to meet relevant WASH standards, AND/OR where attack incident rates for water and sanitation related disease outbreaks exceed health sector standards: Incidence rate or number of cases of selected diseases (IRCSD) >= mean + 3 standard deviation
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Relevant standards are aligned with the Joint Monitoring Program definitions for access to safe water, hygienic sanitation, and handwashing facilities. The standards also encompass issues such as safety, e.g. distance to water points or toilets, whether toilets are shared or household toilets. These may be adapted according to the context, e.g., WASH Cluster standards for community versus camp based populations.

Annex 3: Sectoral Global Methodologies for PiN and severity estimates

Global Cluster Methodologies can be found online at the referenced websites

The websites are updated as of 17 May 2024.

CLUSTER	WEBSITE
CCCM	https://www.cccmcluster.org/resources/cccm-cluster-pin-and-severity-calculation-methodology
EDUCATION	https://educationcluster.app.box.com/s/2hw9aad497hgh2uysyg6e4rvh04bel5e
FOOD SECURITY	https://fscluster.org/page/humanitarian-programme-cycle-guidance
HEALTH	https://healthcluster.who.int/resources/2023-humanitarian-programme-cycle-implementation-package
NUTRITION	Nutrition Humanitarian Needs Analysis Guidance - ENG/FR/ES Global Nutrition Cluster
PROTECTION	https://www.globalprotectioncluster.org/publications/1494/policy-and-guidance/guidelines/methodology-calculating-protection-severity-and
SHELTER	https://sheltercluster.org/toolkit/shelter-severity-classification-system
WASH	https://washcluster.atlassian.net/wiki/spaces/CTK/pages/10789972/People+in+Need+PIN

Annex 4: List of Potential Violations to Human Rights and/or International Humanitarian Law

	PHASE 2: Sporadic actions that create a threatening environment to peoples HRs, wellbeing, and dignity	PHASE 3: Repeated or regular actions that create a threatening environment to peoples HRs, wellbeing, and dignity	PHASE 4: Widespread HR/IHL violations causing irreversible harm to people and property.	PHASE 5: Widespread and Systematic HR/IHL violations causing irreversible harm to people and property.
Threshold of occurrence (frequency, coverage, consistency, and organization)	These are isolated or single events or incidents or merely sporadic and do not occur on a regular basis.	Repeated means that a violation takes place many times or happens frequently. Regular means they happen in a constant pattern.	Widespread means that the violations are: Committed on a significant scale in terms of <i>the size of the population or geographical area</i> <i>AND/OR</i> With a significant degree of frequency with a consistent pattern, time, or duration; (that is, they are more than isolated or merely sporadic phenomena).	Widespread and Systematic means that the violations are: Same as Widespread as defined in Phase 4 AND Carried out in an organized and deliberate way. An element of planning or of sustained will on the part of the perpetrator' must be present.
Threshold of Character (type and gravity)	A threatening environment to people's HRs, wellbeing, and dignity means that violations are: Events may entail abuse and disregard for human dignity but do reach a level of gravity.		Causing irreversible harm to people and property means that violations are: Of a certain threshold of the character of cruel, inhuman, or degrading character and their range, i.e., and pattern of violations.	
Context	<i>Human rights are generally protected. National mechanisms are partially functioning with some challenges to access justice and remedies.</i>		<i>No guarantee of rights due to breakdown of rule of law, protracted impunity and/or systematic failure to ensure accountability, remedy/redress, prevent and protect</i>	

The severity of potential violations of International Humanitarian Law (IHL) and human rights in humanitarian crises should be assessed through a collective proxy analysis. To initiate this process, it is valuable to consider the severity of protection risks within the country, informed by a well-defined approach that incorporates evidence convergence and the judgment of multiple stakeholders.

This assessment provides an initial insight on how protection threats impact affected population differently, and helps tracing back evidence to identify underlying factors contributing to structural violations. The reference table below outlines suggested correlations between protection risks and violations, offering a starting point of non-exhaustive suggested proxy indicators that can be potentially used to assess the related outcome indicator.

The proxy analysis must be an iterative process that may require adjustments based on evolving contexts and emerging information. By using the protection risks as starting point, the analysis can leverage the ongoing protection analysis of 15 protection risks conducted by the Protection Cluster. This should not be used as an exclusive measure of the outcome but as an evidence-informed trigger for the identification of the most relevant proxy indicators. As an example, high-risk areas or most severe protection risks can provide an initial illustration of the areas of IHL and HR violations requiring the utmost attention.

This approach facilitates anticipation and collective discussions to refine existing indicators or identify new ones based on available data and information systems.

RELEVANT PROTECTION RISKS	HUMAN RIGHTS VIOLATION GROUP	TYPES OF VIOLATIONS	DIMENSIONS AND INDICATOR FOR PROXY ANALYSIS OF HUMAN RIGHTS AND/OR INTERNATIONAL HUMANITARIAN LAW VIOLATIONS	POTENTIAL SECTOR/CLUSTER OR SOURCE
Abduction, kidnapping, enforced disappearance, arbitrary or unlawful arrest and/or detention	RIGHT TO LIBERTY AND SECURITY	Enforced disappearance, arbitrary arrest and/or detention	# of people abducted, kidnapped, disappeared, arbitrary/unlawful arrested consequence of conflict, violence, or any other shock (disaggregated by gender, age, disability) and by key affiliation (community, language, religion, ethnicity, etc.)	UN HRs presence, NHRI, Ombudsman Office, HRs groups, MRM
			Reports of children abducted, kidnapped, disappeared, arbitrary/unlawful arrested as a consequence of conflict, violence or any other shock.	
Attacks on civilians and other unlawful killings, and attacks on civilian objects	RIGHT TO LIFE & PHYSICAL AND MENTAL INTEGRITY	Killing and injury of civilians	Reports of children killed or maimed as result of armed conflict	MRM, Child Protection
			Number /or Percentage of civilian population killed or injured due to conflict, violence, attacks to civilians or civilian objects during the last [specific time period, e.g., "12 months"], disaggregated by gender, age, disability, and key affiliations such as community, language, religion, and ethnicity.	UN HRs presence,
		Attack against civilian objects	Public buildings damaged / destroyed by conflict, violence, or other attacks to civilian objects during the last [specific time period, e.g., "12 months"], disaggregated by perpetrator	Shelter Cluster/ Actors, Line Ministry
	MULTIPLE HUMAN RIGHTS VIOLATION GROUPS		Attacks on health, water and sanitation or education facilities disaggregated by perpetrators	Health Cluster/Actors
Discrimination and stigmatization, denial of equal opportunity, including access to resources and services, and denial of humanitarian access	MULTIPLE HUMAN RIGHTS VIOLATION GROUPS	Stigmatization	Occurrence of xenophobia, stigmatization, or discrimination against refugees, IDPs or stateless persons disaggregated by perpetrator which reduces or denies them access to assistance and legal entitlements	Hotline, NHRI, AAP mechanisms, protection monitoring
		Denial of equal opportunity, including access to resources, and/or services	Populations in specific groups excluded or with limited access to services (i.e., UASC, persons with disabilities, older persons, minority groups, etc.)	Hotline, sectoral AAP mechanisms
			Complaints/incidents of discrimination, stigmatization, denial of resources, opportunities, services submitted to the executive or justice authorities that have been investigated and addressed by the government and/or duty bearer; and corrective actions taken, or remedies granted.	Court System; Line ministry

			Persons affected by attacks on civilians without access to assistance services by community	Monitoring mechanisms/ Household Survey
			Areas with prevalence of denial of humanitarian access for children	
			Security incidents affecting humanitarian workers or assets disaggregated by perpetrator	Access Coordination Group/OCHA/UNDSS
		Denial of humanitarian assistance	Security incidents or measures affecting humanitarian workers or assets brought before the executive and judicial authorities out of the total number of incidents; as appropriate, SDR and analysis of measures and practices implemented to ensure/restrict full, safe, and unhindered humanitarian access	National Executive and Judicial Bodies,
			Prevalence of areas with limited humanitarian access (disaggregated by gender, age, disability) and/or by key affiliation (community, language, religion, ethnicity, etc.) from the area of analysis	Access Coordination Group/OCHA/UNDSS
Disinformation and denial of access to information	MULTIPLE HUMAN RIGHTS VIOLATION GROUPS	Hate Speech, disinformation, Incitement	Existence of reports focusing on disinformation disseminated intentionally to cause serious social harm based on views of society (gender, age, disability, sexuality, race, political, philosophical, and religious) in the area of analysis	
Forced recruitment and association of children in armed forces and groups	MULTIPLE HUMAN RIGHTS VIOLATION GROUPS	Forced recruitment and association of children in armed forces and groups	# of areas with prevalence of girls/boys associated with NSAG	CAAC/MRM, UN HRS presence
			Reports of recruitment and use of children by armed groups and armed forces	MRM, Child Protection
Impediments and/or Restrictions to Access to Legal Identity, Remedies and Justice	MULTIPLE HUMAN RIGHTS VIOLATION GROUPS	Denial to access to legal identity	Number of people denied access to legal identity	HLP AoR/WG
		Denial to access to effective remedies or justice	Number of people denied access to justice or effective remedies	HLP AoR/WG

Gender-based violence	MULTIPLE HUMAN RIGHTS VIOLATION GROUPS	Rape and other forms of Sexual violence	Reports of sexual violence (SADD) as a consequence of conflict, violence, natural hazards, outbreak or any other shock	GBV AOR
			Prevalence of sexual violence against children as a consequence of conflict, violence, natural hazards, outbreak or any other shock	
		Sexual exploitation	HHs reporting protection issues e.g., exploitation, when accessing humanitarian assistance in the last 3 months disaggregated by key affiliation (community, language, religion, gender, age, and disability ethnicity, etc.)	
Psychological/emotional abuse or inflicted distress		Domestic violence	Reports of domestic violence, including psychological and emotional abuse as a consequence of conflict, violence, natural hazards, outbreak or any other shock	GBV AOR
		Child abuse	Reports of violence, physical, psychological, and emotional, or neglect child against children as a consequence of conflict, violence, natural hazards, outbreak or any other shock	CP AOR
Child, early or forced marriage		Child or early marriage	Reports of early/child marriage among children as a consequence of conflict, violence, natural hazards, outbreak or any other shock	GBV AOR, Child Protection
Impediments and/or Restrictions to Access to Legal Identity, Remedies and Justice	MULTIPLE HUMAN RIGHTS VIOLATION GROUPS	Denial to access to justice	HHs without access to official law enforcement authorities and/or judiciary system disaggregated by key affiliation (community, language, religion, ethnicity, etc.)	National Executive and Judicial Bodies, NHRI, Ombudsman
		Denial to access to justice	Compliance of legal framework and practices relating to access to justice, due process, substantive and procedural guarantees, existing complaints, and compensation mechanisms, with international law frameworks	
		Denial to access to justice	Crimes/attacks against civilians or civilian objects brought to and investigated by executive or judicial authorities out of total number of crimes; as appropriate analyze decisions and remedies granted	
		Denial to access to justice	Complaints/incidents submitted to the domestic executive or justice system that have been investigated and/or adjudicated. Proportion of complaint found in favor of the complainant and the proportion of the latter that have been complied with by the government and/or duty bearer, each disaggregated by kind of mechanism, area of law/ type of procedure (civil, criminal, etc.), substantive rights involved, and remedies granted.	

Presence of Mine and other explosive ordnance	RIGHT TO LIFE & Physical and Mental Integrity	Threats to life and physical and mental integrity	% of areas suspected and confirmed to be contaminated with hazardous explosive ordnance	Mine Action AOR
			Incidents of explosive ordnance	Mine Action AOR
			People injured or killed by explosive ordnance (SADD)	
Torture or cruel, inhuman, degrading treatment or punishment	MULTIPLE HUMAN RIGHTS VIOLATION GROUPS	Torture, inhuman, degrading treatment	Presence of acts of torture or cruel treatment, with systematic patterns of abuse, causing substantial harm to individuals, both physically and mentally.	UN HRs presence, NHRI, Ombudsman Office, HRs groups
Trafficking in persons, forced labor or slavery-like practices	MULTIPLE HUMAN RIGHTS VIOLATION GROUPS	Trafficking, slavery, and servitude	Trafficking in persons presence/prevalence in the area of analysis	IOM, ILO
		Forced Labor	Prevalence of Child Labor	ILO, TDH, CP AOR, Education Cluster/Actors
Unlawful impediments or restrictions to freedom of movement, siege and forced displacement	RIGHT TO LIBERTY AND SECURITY	Siege	People/population estimated living in besieged/confined sites (disaggregated by rural and urban sites) in the area of analysis.	
			Besieged/confined sites (disaggregated by rural and urban sites) in the area of analysis.	
			Areas with limited humanitarian access	Access Coordination Group/OCHA/UNDSS
		Restrictions to freedom of movement	HHs that have experienced movement restrictions in the last 3 months disaggregated by key affiliation (community, language, religion, ethnicity, etc.) which disrupts their access to basic services and needs	
			Prevalence of law, policies and practice implemented that restricts movement of people including blockade, siege, and other forms of closure regime that infringes upon the rights of crisis affected populations	
Child and forced family separation	RIGHT TO FAMILY LIFE & UNITY	Forced family or child separation	Prevalence of policies and practices by conflict parties in the conduct of warfare or practices by state or non-state actors that increases risk of family and child separation or prevents family unity.	CP AOR

Theft, extortion, forced eviction or destruction of personal property	MULTIPLE HUMAN RIGHTS VIOLATION GROUPS	Extortion	HHs or persons reporting extortion when accessing humanitarian assistance or claiming rights to entitlements in the last 3 months disaggregated by key affiliation (community, language, religion, gender, age, and disability ethnicity, etc.)	Hotline, NHRI, AAP mechanisms, protection monitoring
		Theft	People/population estimated living in areas affected by theft and looting (disaggregated by rural and urban sites) in the area of analysis.	Access Coordination Group/OCHA/UNDSS
		Forced Eviction	People/population estimated living in areas affected by or under the threat of forced eviction (disaggregated by rural and urban sites) in the area of analysis.	Shelter Cluster/Actors, Food Security Sector/Actors, Line Ministry
		Appropriation and Destruction of personal property	People/population estimated living in areas affected by appropriation or destruction of personal property (disaggregated by rural and urban sites) in the area of analysis.	Shelter Cluster/Actors, Food Security Sector/Actors, Line Ministry

Annex 5: Addressing large numbers of PiN flags - Steps to rank and prioritize flags

At the multi-partner working session, JIAF analysts are encouraged to review and address all flags both for PiN and Severity. However, in cases where the number of flags is too high for individual resolution,

analysts may follow the recommended steps below to prioritize flags to be addressed by the participants.

FLAG NUMBER	FLAG DESCRIPTION	RECOMMENDED THRESHOLD
1	# Sectors with missing or zero PiN	1 or 2
2	% difference between 1st and 2nd highest PiN	30%
3	% difference between 1st and 3rd highest PiN	50%
4	Highest sector PiN targets sub-population group(s)	50%
5	PiN greater than 90% of total population	90%
6	Change from last year	100%
7	Manual Flag	Explanation to be provided at country level

Before the multi-partner working session (Step 3.2)

First, the OCHA team responsible for JIAF data will work with clusters to address likely errors, denoted by Flags 1, 5 and 6 ([see Reference Table 3A](#)), ahead of the multi-partner working session.

- Flag number 1: Due to their nature, flags related to Missing PiN (or PiN equal to 0) should not require discussions during the multi-partner working session. Instead, before the event, the OCHA team can analyze if the gaps in PiN from different clusters make sense in relation to the types of shocks and population groups covered by the needs analysis. For example, in cases where a cluster did not provide a PiN in an area within the scope of analysis, the cluster should be contacted. If there is a reasonable explanation for the lack of PiN in that unit of analysis, the flag will be considered resolved. Otherwise, the cluster must provide a figure.
- Flag number 5: cases where the Highest PiN corresponds to more than 100 percent of the estimated population group of the admin unit

must be addressed before the multi-partner working session as they represent errors in the data. The OCHA team should contact the concerned clusters and ask them to review the data. Note that for clusters that use a subset of the population for PiN estimates, the comparison should be made against the subset of population (e.g., Nutrition PiN would be compared to the total number of children under 5 years of age and Pregnant and Lactating women).

- Flag number 4: cases where the Highest PiN comes from a sector that targets a sub-population group (e.g., children or IDPs) should start being addressed before the multi-partner working session. The OCHA team should contact the concerned clusters and ask them to review the data and make sure there are no errors in their estimates, and they are using the correct population baseline figures.
- Flag number 6: Extreme outliers should be verified before the multi-partner working session. If the cluster presenting the highest

PiN reports a high increase (recommended at least 200 percent) on the previous year, the cluster should provide a reasonable explanation for the dramatic increase. This check should be done only for the host population (or entire population) of a given area, and preferably only for PiN figures above one thousand, since smaller population groups (IDP, refugee, returnees, etc.) might change dramatically from one year to another in the crisis context.

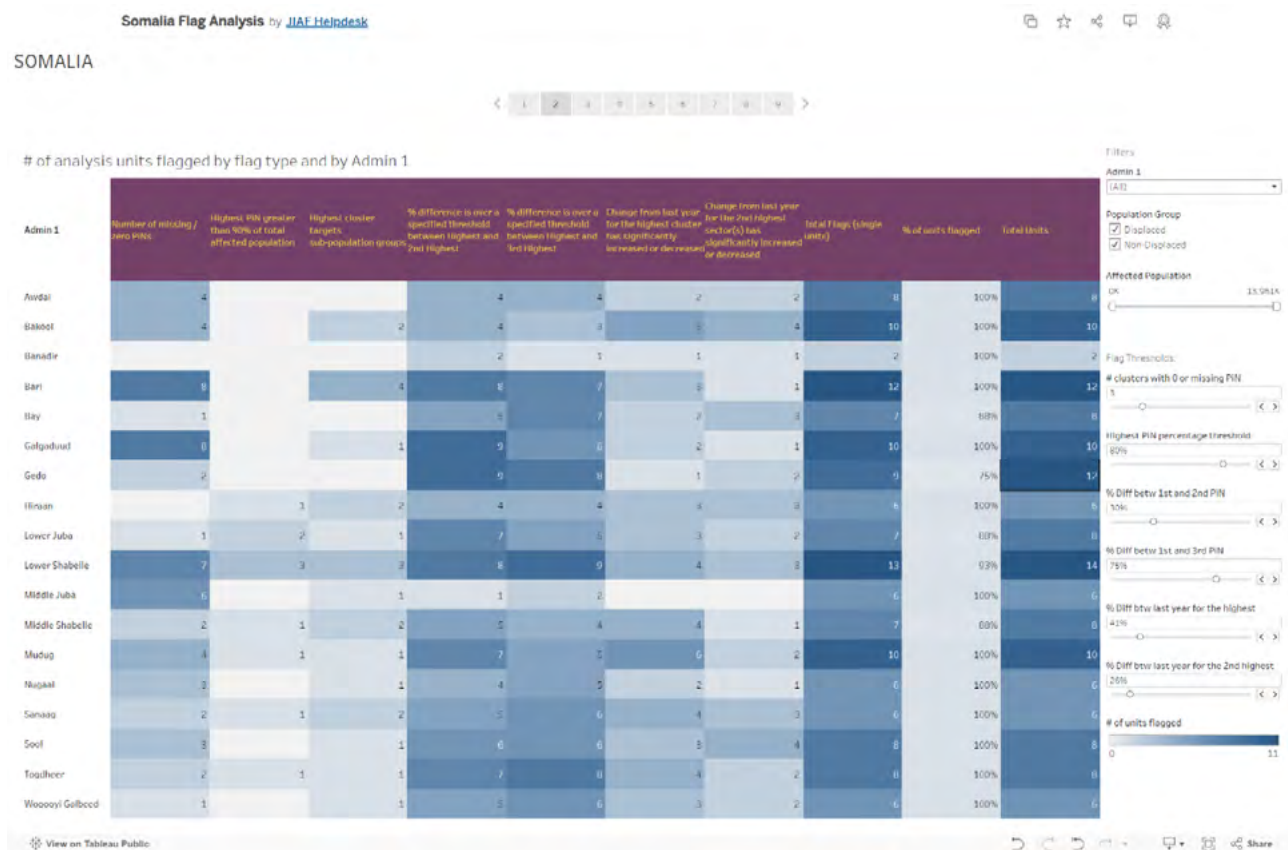
During the multi-partner working session (Step 3.4)

- In case the number of remaining Flags is still too high to review individually, it is recommended to jointly prioritize flags to be reviewed. Suggested criteria for prioritization are the following:
 - Population above a certain threshold: prioritize revising the flags in analysis units where the Population is relatively high. This will help the partners to focus on discussing flags that will have major impact in the final PiN figures.
 - Prioritize resolving Flags number two and remaining Flags number 6 or 4 that were not addressed ahead of the multi-partner working session.
- PiN from a cluster whose methodology is not fully aligned to interoperability criteria: select flagged locations where the cluster with highest PiN figure used a methodology that is not fully aligned with interoperability criteria. Based on a collective understanding of the cluster methods, discuss whether or not the figures provided by the cluster is adequate to be used as the final PiN.
- Combinations of flags with high percentage differences:
 - If a given unit of analysis has a combination of both flags two and six with extreme proportions, meaning >200 percent for both on flags, it is also recommended to discuss what could be the reason for these high needs and dramatic change in PiN for a cluster.
- Extreme percentage differences: When the highest PiN presents some flags with Extreme proportions it is recommended to discuss during the multi-partner working session why there are such high needs and/or dramatic change in PiN:
 - There is more than 200 percent increase in PiN figures from last year (flag 5) or
 - There is more than 200 percent difference between 1st and second PiN (flag 2)

Annex 6: Addressing large numbers of PiN flags - Flag analysis dashboard

At the multi-partner working session, JIAF analysts are encouraged to review and address all flags both for PiN and Severity. For this task, they should incorporate additional tools, data sources, and expertise to enhance the flag review and analysis process. One such tool available to JIAF practitioners is the JIAF Flags dashboard.

This dashboard provides a consolidated and comprehensive view of the number of flags, encompassing both PiN and Severity. It offers visual aids, customizable tools, and support features, empowering analysts to gain deeper insights into the flag dynamics.



Step-by-Step Guidance to use the Flag analysis dashboard

This section provides step-by-step guidance on how to use the JIAF Flags dashboard. All steps are detailed below:

Step 1: Prepare the Flag analysis dashboard using PiN and Severity analysis data from the clusters:

- As part of the JIAF process and using the consolidated data on PiN and Severity, OCHA uploads the data into the Flag analysis dashboard.

Step 2: Jointly agree and record on flags thresholds and adapt the thresholds, if necessary:

- Brainstorm and agree on sectoral specificities leading to potential flags (e.g., service-based sectors or those that serve specific population groups are more likely to have higher PiN numbers)
- Jointly discuss and agree among the JIAF country partners on the applicability of the PiN recommended thresholds. If necessary, modify the thresholds and record the reasoning. Among the reasons why certain thresholds might be subject to change could be:
 - **Availability of data or extent of coverage of data relevant for PiN and Severity methodologies:** in certain circumstances related to lack of humanitarian access or resources available, certain areas might lack enough data to inform the cluster methodologies. As a result, these areas might show missing or zero PiN or no severity. If this scenario is widespread, this can impact the analysis and overrepresent flags.
 - **Other manual flags:** JIAF analysts have the possibility to add additional flags, depending on subjective reasons in the area of operations such as recent change in the humanitarian situation, quality of the coverage and data, new developments, etc.
- Is there any additional information you can rely on to provide an aid to the discussions of flags? Feel free to rely on cluster methodologies submitted as part of JIAF 2, other sources of data and assessments or even expert knowledge to identify patterns and support the resolution of flags.
- Is the geographical or cluster distribution of flags coherent with what the analysis team would have expected, based on the shocks that have affected the country?
- For Severity flags:
 - Can the areas with a high number of severity flags be classified based on some common characteristics?
 - Look at the areas with severity 4. Which are the clusters that drive this severity? Is there an improvement or a deterioration of the situation in the area, compared to the previous year? Have these changes impacted any of the flags?
 - Which are the outcome indicators that drove the highest number of flags? Are these outcome indicators relevant for Severity analysis and overall intersectoral references.

Step 3: Jointly review the JIAF Flags dashboard. Browse through the different PiN and Severity pages and identify relevant patterns that could aid the process. If you see any common patterns such as areas or clusters that group around common characteristics, investigate further.

- For PiN flags:
 - Which is the flag that is the most represented? What could be the reason(s) of the magnitude of this flag?
 - Is there any connection between certain areas and specific flags? What about population groups?

Step 4: Decide about treatment of flags: once you identify common patterns, you can streamline the method of flags treatment. For instance, the absence of camps in one area might lead to a zero or missing PiN flag. If this situation is overspread, then these flags can be brought up in a package, discussed and closed immediately. Otherwise, if no common characteristics could be identified, then further discussions on a case-by-case basis might be needed. Briefly record the decision about treatment of the flags in the meeting and assign one person to detail the changes in the analysis platform. Provide feedback to the Clusters with flags and you contacted for explanations.

Annex 7: Using and interpreting the Intersectoral patterns and linkages (Workspace 3C)

The analysis of Intersectoral patterns and linkages correspond to workspace 3C, and it provides a list of questions with a Dashboard with visual aids. These tools should be used by analysts to explain the linkages, overlaps and trends of sectoral and intersectoral needs. These questions should be discussed in a multi-partner working session, focusing on key patterns identified through the visual aids. The outcome of the discussions should inform section 1.2 Analysis of Humanitarian Needs of the Humanitarian Needs and Response Plan (HNRP).

The Intersectoral patterns and linkages dashboard for Venezuela in 2023 is being used here to provide some examples on how dashboard can support the analysis: Venezuela - [JIAF 2024 | Tableau Public](#).

1. Where is the highest concentration of population in need in the country?(PiN 1)

When you look at the map on the first page of the dashboard, visualizing the overall PiN figures (as absolute value and percentage of the total population), you will identify some areas or regions within the country that have a higher PiN or percentage. It might be easy in some cases to explain the reason behind the geographic distribution of PiN, or it could be the exact opposite.

CASE STUDY

For example, it is known that certain parts of Venezuela were hit by a given shock (an outbreak or a natural disaster, for example), yet the PiN figures are lower in the affected areas than in those not affected by the same shocks.

In this case, it is recommended that the participants of the multi-partner working session discuss if the figures correspond to reality and develop an explanation for the results that are visualized on the map. If the results do not seem aligned with reality, this also could trigger updates/changes of figures.

In addition, in case the JIAF 2 in-country analysis is conducted by population groups, it is recommended to look at each group separately.

2. Which areas have a large number of sectors with a large population in need?(PiN 2)

This second page of the dashboard looks at how many sectors have PiN figures above a certain percentage of the population, set as threshold, within a unit of analysis. The darker the color, the higher the number of sectors above the percentage threshold. After agreeing on a specific country threshold for defining what should be considered a 'high' percentage of PiN, the users can look at which units or regions have the highest number of clusters with PiN above that threshold. The users can also check which sectors have crossed the threshold for the percentage of PiN in relation to the total population.

The objective for the participants of the working session is to discuss and agree on the reason why certain areas have a high number of sectors with a high proportion of PiN, as well as why this is happening and whether the resulting picture makes sense with reference to the shocks that have hit those areas and their expected impacts.

CASE STUDY

In the case of Venezuela, it is possible to note how by establishing a 25 percent threshold on PiN, a specific Admin unit, Delta Amacuro, shows as the only one where 5 or more sectors reach that PiN level. This hints at the fact that compounded needs are present in that area and will need to be addressed accordingly.

3. Which sectors have the highest PiN? (i.e., which sectors are driving the needs in a given area?) (PiN 3.1 & 3.2)

This question has two pages in the dashboard. The first page (Q3.1) contains a map with the PiN figures at admin level for each sector and shows patterns on the distribution of sectoral PiNs. During a joint analysis working session, sectors could explain geographic patterns in their data and what the drivers for their figures are, to explain the observed patterns.

The second page (Q3.2) contains 3 visual aids showing which sectors have the highest PiN at an admin level, as well as the total PiN figure by sector, and the total number of admin units where a sector has the highest or second highest PiN figure. This dashboard helps to show which clusters are the drivers of the overall PiN. Discussions among the working sessions participants could provide an understanding of the reasons why certain sectors are driving the PiN figures.

CASE STUDY

Analyzing Venezuela, it would be possible to focus the analysis on the Delta Amacuro region, which was pointed as problematic in the previous question. Selecting this admin level, in Q3.1 it will be possible to visually note how WASH, health and Shelter & NFI (AEE) seem to be the main drivers of absolute PiN figures, which can then be confirmed with the table in Q3.2. Looking at Q3.2, it is possible to see how Health ranks as the highest PiN figure in most analysis units, which could hint at the importance of supporting that sector, or an overestimation of PiN. In this case it would be relevant to check the alignment of the Health Cluster methodology with interoperability standards.

4. What is the PiN Trend as compared to the previous year?(PiN 4)

This page shows how sectors' data and overall PiN data have changed since the previous year's needs analysis process. The analysis team can discuss explanations when there is a significant increase or decrease in the figures.

5. What is the PiN disaggregated by age, gender, and other diversity characteristics? (PiN 5)

The charts on this page present the total PiN disaggregated by age, gender, presence of a disability and any other groups that might have been affected by the shocks more severely compared to the others, allowing for analysis of the distribution of specific potential vulnerabilities in the population to ultimately enable more targeted and effective response planning.

6. Where are the areas with the highest severity? (Severity 1)

This page shows where severities are the highest. During the multi-partner working sessions, it can be used by the analysis team to discuss the reasons or explanations for the observed patterns. It can also help to identify areas where intersectoral severities should have been classified differently, according to participants' observations. The participants can also discuss if there is a trend in a region for higher severity, and what might be driving that trend.

CASE STUDY

Looking at the Venezuela severity map, it can be said how most of the country is in severity 3, while some regions are almost completely in severity 4, as Apure, Amazonas, the eastern area of Bolivar, while severity 5 is recorded only in limited areas, in Amazonas (Autonomo Maroa) and Delta Amacuro (Antonio Diaz).

Using this in the HNRP

If the severity classification is considered correct according to the experts' knowledge and understanding of the situation, this map can provide an indication of areas to be prioritized for response.

7. Which areas have a large number of sectors with high severity of needs? (Severity 2)

For this question, the map shows how many sectors are presenting a severity higher than a set threshold, which participants can agree and adjust on the platform. Patterns on the map or trends in certain regions of the country that have a high number of sectors presenting severities above the agreed threshold could be areas of interest to discuss among participants

CASE STUDY

In Venezuela, it is possible to note, for example, that the Amazonas region is one of the most concerning, as almost all admin units present an Extremely High concentration of sectors in Severity level 4 or 5, followed by Apure or Delta Amacuro. However, in other regions, it is possible to note how despite the

preliminary intersectoral severity being low, some sectoral severities are high. For instance, in Miranda, in the Falcon region, three clusters are in severity level 4. However, the intersectoral severity was at level 2. Such diverging figures suggest that the analysis team should discuss if it is necessary to review the preliminary Severity result.

8. Which sectors have the highest severity? (i.e., which sectors are driving the needs in a given area?) (Severity 3.1 & 3.2)

Similar to question 3, this question has two pages to help participants understand how each sector contributes to the intersectoral severity. The first page has a map that shows the patterns of the distribution of severity classification of each sector for each unit of analysis. In a workshop setting, sectors could discuss the geographic patterns in their data, and what the reasons/explanations behind the observed patterns might be. The second page shows which sectors for each admin unit have high severities and the distribution of the number of admin units classified in each severity level per sector. Sectors with uniquely imbalanced severity phase distribution or sectors with specific regions in high severities could be potential discussion points.

CASE STUDY

Considering the severity levels in the Amazonas region, the analyst can find different interesting insights from Q6.1. For instance, the admin area “Autonomo Rio Negro”, has Health in severity two and WASH in severity five, a difference that would be relevant to discuss it with participants of the multi-partner working session. Something similar can be noticed in the “Autonomo Maroa” area, which has severity 5 in Shelter & NFI (AEE) and WASH, but severity 3 in Child Protection and Food Security (SEGAL).

9. Which areas and sectors have the coexistence of high PiN and high Severity? (Linkages 1)

For this question, after setting the threshold for Overall PiN percentage and Intersectoral severity, you will see which areas show both high overall PiN and a high intersectoral severity phase, and which only have one of the two above the

defined threshold. Alignment and non-alignment of high overall PiN and high intersectoral severity could provide further questions for participants to consider, and clarifications from sectors could help understand the reasons behind such cases. This could also help maintain a balance between overall PiN and intersectoral severity. Finally, the participants could compare the trends around PiN figures and severity phases. Here are two examples: a) If a unit or a region suffered minor effects from the shocks included in the scope of analysis, but has high PiN and high severity, the analysis team can analyze if there are other drivers of those needs. b) On the other hand, if a region which is significantly affected by one of the shocks is not showing up as high PiN and high severity, the analysis team should discuss what is the cause for the small numbers. Moreover, in this page, after setting the threshold we get sectors that have high PiN and high Severity, which could maintain the in-house balance between sectoral PiN and sectoral severity.

CASE STUDY

Considering the different areas, putting a high threshold for PiN (45 percent), some of the areas that pop up were already recorded through previous questions, showing the relevance of addressing needs in those zones. For instance, in Apure, in the south of Amazonas and in the East of Delta Amacuro. Then, looking at sectors, it becomes clear that WASH is the main driver of needs, followed by Protection. Filtering for an “high PiN” of 45 percent of higher, WASH is the only sector where both high PiN and high severity are recorded.

Using this in the HNRP

If the severity classification and PiN figures are considered correct according to the experts’ knowledge and understanding of the situation, this map can provide indication of areas that could be prioritized for response.

10. To what extent do sectoral PiNs correlate? (Linkages 2)

This question looks at the correlation coefficient

between sectoral PiN figures at admin unit. When we have a coefficient close to one between two sectors, it means that the two sectors' figures tend to change linearly for most units of analysis. Consequently, if one cluster figure is high in one unit of analysis, it tends to be high in the other as well. On the contrary, a coefficient closer to 0 means sectors' figures have no correlation. In case, according to the context of the country, there is an assumption that two or more sectors are closely related but the data does not confirm that expectation, it means that there is a problem with either the assumption or the data of one or more of the sectors does not reflect the reality. In this case, it would be appropriate to verify if the methodologies or the datasets used by the clusters to estimate PiN does not reflect reality. When sectors have no close relation with any other sectors, there could also be a higher chance of randomness of the data of those sectors. If such case is identified, the analysis team could investigate if the randomness is related

to the quality of the data used by the cluster, to methodology used by the cluster to estimate PiN or if the impact of a given shock is only reflected in one of the sectors and not in the others. It is possible of course, that after revising the figures, the analysis team would conclude that the lack of correlation among figures is not a problem.

CASE STUDY

In Venezuela, a highly significant correlation (0.99) is found between Health and Food Security (SEGAL) sectors. Health, Food Security and Protection are also highly correlated among them, with a correlation higher than 0.9, this is probably an expected pattern. However, Child Protection versus Education, Nutrition and WASH seem to have much lower correlation. This could spark discussions about the factors causing the lack of significant correlation between sectors that target similar population groups. Should they be correlated in the first place? Are they focusing on completely different issues?

Annex 8: Acknowledgements

The JIAF 2 Technical Manual is the result of a highly collaborative process that brought together partners from across the humanitarian community, including United Nations agencies, nongovernmental organizations, humanitarian clusters, specialized agencies, and donors.

The development of JIAF 2 has been coordinated by the JIAF Project Management Unit, with the full engagement of the JIAF Advisory Group and the JIAF Methodology Working Group. Since the end of the PMU in 2023, the OCHA NARAS team has taken the lead over this project, and will continue to do so in the future.

The JIAF Partnership comprises the following partners (in alphabetical order): Acaps, Child Protection Area of Responsibility (AoR), the European Union Civil Protection and Humanitarian Aid Operations Department (DG ECHO), FAO, FCDO, Gender-Based Violence AoR, Global Affairs Canada, Global CCCM Cluster, Global Education Cluster, Global Food Security Cluster, Global Health Cluster, Global Nutrition Cluster, Global Protection Cluster, Global Shelter Cluster, Global WASH Cluster, Housing, Land and Property AoR, IOM, IPC, Mine Action AoR, Norwegian Refugee Council, OCHA, REACH Initiative, Save the Children, SIDA, UNFPA, UNHCR, UNICEF, USAID, WFP, WHO.

JIAF 2 has been developed through the hard work of the following members of the Methodology Working Group: Abdoul Karim Sow, Alberto Castillo Aroca, Alexandra Lazau-Ratz, Alin Luchian, Alisa Ananbeh, Ana Maria Pereira, Anne Marie Turmine, Anthea Moore, Anteneh Dobamo, Boris Aristin, Brian McDonald, Cara Kielwein, Cassandra Walker, Chiara Rizzi, Chris Desjardins, Cristina Majorano, Dana Cristescu, Emanuel Souvairan, Emily Siu, Emmi Antinoja, Erik Kastlander, Fawad Hussein Syed, Francoise Ghorayeb, Francesco Michele, Francesca Giovinazzo, Gabriel Jean Frederic Mathieu, Herbert Tatham, Hussein Ahmad, Hussien Ahmad, Ivan Cardona, Joe Read, Juliet Lang, Kaija Korpi-Salmela, Karuna Herrmann, Kashif Nadeem,

Kashif Rehman, Katelyn Rogers, Leila Oliveira, Leith Baker, Lilian Kastner, Luis Hernando Aguilar Ramirez, Marie-Amandine Grand, Michele Citton, Mohamed Salem, Neil Bauman, Nicholas Archdeacon, Nicolas Servas, Oriane Turot, Rebecka Rydberg, Robert Trigwell, Rofand Khalaf, Rawa Mohammed, Ryan Arias Delafosse, Seth Caldwell, Tamara Low, Tresor Luvale, Vincenza Lofino, William Woodward.

Colleagues based in country offices provided substantial contributions to the technical development process by providing their time and expertise for feedback, technical insights, and recommendations through focus group discussions, the JIAF 2 simulation in Cairo, remote testing events. In particular, we would like to specially acknowledge those who went above and beyond to organize piloting activities in Somalia and Colombia, participate in multiple technical development events, and/or provide substantial inputs to this Manual: Barbara Batista, Gordon Dudi, Isaack Manyama, Ismail Mohamed, James Steel, Jean-Noel Melotte, Justin Brady, Justus Vundi, Kumudu Sanjeewa Warapitiya Acharige, Reem Nashashibi, Sandeep Bashyal, Shannon O'Hara, Sylvia Echeverry Vargas, Umar Daraz, Willem Muhren, Yakoubou Mounkara Oumarou, Yonny Serrano, Zully Tellez.

The JIAF Advisory Group provided oversight and guidance throughout the development process: Abdul Majid, Alex Beattie, Anette Dahlström, Angel Pascual, Angeliki Nika, Ashley McLaughlin, Astrid Haaland, Boris Aristin, Brent Carbno, Brett Moore, Caelin Briggs, Caroline Teyssier, Cecilia Roselli, Dher Hayo, Elisabetta Basile, Elisabeth Vikman, Elizabeth Lock, Emanuel Souvairan, Emma Fitzpatrick, Emily Siu, Eric Branckaert, Francoise Ghorayeb, Friedrich Affolter, Gerard Van Driessche, Helene Kyprianou, Herbert Tatham, Isabelle de Schrijver, Jamie Thorlin, Jennifer Chase, Jim Robinson, Jonathan Polonsky, Josselin Gauny, Joyce Mutiso, Kaija Korpi-Salmela, Kamau Wanjohi, Karuna Herrmann, Kashif Nadeem, Katharina Thote, Katie Rickard, Kristina Dimitrova, Liam Murphy, Lilian Kastner, Linda Doull, Lisa

Peterson, Marie-Hélène Kyprianou, Michelle Brown, Mohamed Salem, Monica Ramos, Muhammad Rizki, Naouar Labidi, Nayana Das, Neil Bauman, Neil Marsland, Nisar Syed, Noah Taylor, Oriane Turot, Philip Gregory Smith, Rachel Lozano, Robert Trigwell, Ron Pouwels, Ross Tomlinson, Samuel Cheung, Sarah Collman, Stefano Fedele, Tamara Low, Thorodd Ommundsen, Wan Sophonpanich, Zola Dowell.

The JIAF Steering Committee provided strategic direction and guidance: the current Co-Chairs Gemma Connell and Jeanette Camarillo, and the previous Co-Chairs Ramesh Rajasingham, Jeanette Camarillo, Andrew Wyllie, Jeffrey Labovitz and Tristan Burnett, and the past and current members AAbdul Majid, Alex Beattie, Alice Soukupova, Altaf Musani, Andre Griekspoor, Annick Villarosa, Annika Sandlund, Ashley McLaughlin, Begona Birath-Barientos, Caelin Briggs, Camille Pabalan, Casey Harrity, Cecilia Roselli, Charles Pirotte, Chris Desjardins, Dylan Winder, Elizabeth Lock, Elisabeth Vikman, Emma Fitzpatrick, Eric Branckaert, Francoise Ghorayeb, Gavin Nickerson, Giancarlo Cirri, Hazel De Wet, Ingo Piegeler, Jakob Wernerman, Katie Rickard, Lars Peter Nissen, Laura Nistri, Liam Murphy, Lisa Peterson, Marina Skuric-Prodanovic, Meritxell Relano, Michelle Brown, Monica Ramos, Natalie Eisenbarth, Nathalie Herlemont, Neil Marsland, Nisar Syed, Robert Hurt, Tariq Riebl, Zola Dowell.

From the JIAF Project Management Unit, we would like to acknowledge Leila Oliveira for her leadership as senior project manager and Alexandra Lazau-Ratz's contribution as the co-chair of the technical working groups in the second part of the JIAF 2 development process. Our thanks also go to Nicholas Haan, who provided strategic and technical guidance during the second part of the JIAF 2 development. We would like to recognize Muhammad Kashif Nadeem and Rawa Mohammed who developed the JIAF Analysis Platform and provided information management expertise. A special thanks goes to Elena Imberti who provided endless project management, strategic, and planning support. Finally, we would like to express

our sincere appreciation to Esther Waters-Crane and Benedetta Cordaro for their strategic and technical leadership in the first pivotal phase of the development of JIAF 2.

From the OCHA NARAS Team that has led JIAF since the end of the PMU, we would like to acknowledge the dedication of Herbert Tatham, Ana Maria Pereira, Tamara Pulita, Karuna Herrmann for the technical direction and strategic steer, Rawa Mohammed for continuous effort in ameliorating and managing the Analysis Platform, Meena Mehta and Teresa Rasella for the project management and admin support.

To the field participants to the Strategic Moment of Reflection, focus group discussions, JIAF 2 simulation, remote testing events, consultations (2021-23) go our most sincere thanks: Abdelrahman Jaber, Abdikhalid Issack, Abdirahman Muse, Abdoul-Razak Koroney, Abdulrahman Al-Serouri, Ahmed Mohamed Isse, Alam Khan, Albert Abou Hamra, Alex Koclejda, Alex Koton, Alexandra Karkouli, Alexandra Lazau-Ratz, Ali Al Eryani, Ali Al-Eryani, Ali Madwa, Alimata Sidibe, Alistair Short, Allan Gogo, Alois Ndambuki, Alycan Mushayabasa, Amani Bwami Passy, Amin Mohamed, Ana Garcia, Andres Orjuela Trujillo, Andrew Welch, Anne Flake, Anne Kathrin Landherr, Anne-Sophie Le Beux, Austin Luki Mueke, Awat Salih, Bello Danlami, Bernard Mrewa, Bruno Salomon Ngandu, Carlota Tarazona Lizarraga, Carmen Garcia, Catalina Velasquez, Daniel Kuria, Daniela Cetares, Daniela Sánchez, Danielle Parry, David Carden, Diana Moreno, Diana Sarria, Diego Ballén Monastoque, Diva Moreno, Ebrahim Anaam, Edom Hailu, Erna van Goor Roelofje, Faysal Barau, Firas Qaimary, Fitz William Neba Lovala Shu, Frederic Patigny, Frederick Atenaga, Gabriel Nicolás González, George Rock, Gordon Dudi, Hanad Karie, Hashim Jelle, Hassan Abdi, Hassan Yarrow, Hasssan Abdi, Hermela Wossenyeleh Abebe, Hind Omer, Hind Omer Abuelhassan, Ibrahim A I Haddad, Iga Denis Marko Espico, Ingrid Paola Hurtado Sánchez, Isaac Macha, Isaack Manyama, Ismail Mohamed, Jamal Abdullah, James Macharia, James Steel, Jan Guerrero, Jennifer Vettel, Juan Pablo

Tribin Rivera, Jules Firmin Douam, Justus Vundi, Kadjo Modeste Kouassi, Kais Aldairi, Katarzyna Kot-Majewska, Kumlachew Mengistu, Kumudu Sanjeewa Warapitiya Acharige, Las Rashid, Laura De la Cruz, Laura Tatiana Osorio, Laura Tatiana Osorio Rubiano, Laure Anque, Laurent Gimenez, Leidy Mariana Caballero, Lida Acosta, Lida Alejandra Acosta Bulla, Lina Camperos, Lucien Simba, Luis Alcaraz Pardo, Luisa Paola Sanabria, Luisa Paola Sanabria, Mabel Andrea Aguirre Lora, Maja Munk, Majed Abuqubu, Marco Ciapparelli, Maria Elena Gutierrez Manco, Marie-Amandine Grand, Maryam Alasan, Matho Nianga Dore, Mattia Rizzi, Mekiya Feki, Michael Bally, Michael Gonzalez Vasquez, Mohamed Biely, Mohamed Habib Ouederni, Mohamed Mowlid, Mohamed Shukri, Muditha Sampath Henadeera Pathirage, Muhammad Imran Khan, Mulugeta Gutu, Nabil Shiltagh, Nancy Zuhair Zoqash, Nasra Hussein, Ndirima Zacchaeus, NK

Shrestha, Olivia Pearson, Omar Ahmad Hasan Al Daher, Onur Mavi, Onur Mavi, Oscar Gitonga, Pablo Rodriguez, Padmore Ochieng Okal, Paola Circa, Patrick Mutai, Paula Bravo Sánchez, Paula Crespo, Phidel Hazel Arunga, Philip Bato, Ramsey Bryant, Ramon Shinkfield, Raul Mauricio, Giraldo Riofrio, Reem Nashashibi, Reham Al-Majdobebeh, Richard Evans, Risto Ihalainen, Robert Burume, Sameer Al Rubaye, Sameer Saran, Sandeep Bashyal, Sandra Otero Pineda, Sebastian Diaz Parra, Sekou Traore, Shannon O'Hara, Shantosh Karki, Shezane Kirubi, Simon Karanja, Sinan Sinnokrot, Sylvia Milena Echeverry Vargas, Temisaren Odeka, Thomas Elter, Umar Daraz, Umar Daraz, Virginia Santoro, Willem Muhren, Wondayferam Gameda, Woubishet Ameha, Yakoubou Mounkara Oumarou, Yewondwossen Assefa, Yir Be Hore Medard Some, Zandra Estupinan, Zandra Estupiñan, Zully Tellez.

Abbreviations

1. AoR - Area of Responsibility
2. CCCM - Camp Coordination and Camp Management
3. CDR - Crude Death Rate
4. COD - Common Operational Dataset
5. GHO - Global Humanitarian Overview
6. HCT - Humanitarian Country Team
7. HPC - Humanitarian Programme Cycle
8. HR/IHL - Human Rights/International Humanitarian Law
9. HNRP - Humanitarian Needs and Response Plan
10. IASC - Inter-Agency Standing Committee
11. IDP - Internally Displaced Person
12. JAG - JIAF Advisory Group
13. JIAF - Joint Intersectoral Analysis Framework
14. JMWG - Joint Monitoring Working Group
15. LCSi - Livelihood Coping Strategies Index
16. MSNA - Multi-Sector Needs Assessment
17. MUAC - Mid-Upper Arm Circumference
18. PiN - People in Need
19. U5DR - Under-5 Death Rate
20. WHZ - Weight-for-Height Z-Score
21. IPC - Integrated Food Security Phase Classification

NGO/Partners

1. ACAPS - Assessment Capacities Project
2. CP AoR - Child Protection Area of Responsibility (AoR),
3. DG ECHO - Directorate-General for European Civil Protection and Humanitarian Aid Operations
4. FAO - Food and Agriculture Organization
5. FCDO - Foreign, Commonwealth & Development Office
6. Gender-Based Violence AoR - Gender-Based Violence Area of Responsibility
7. GAC - Global Affairs Canada
8. Global CCCM Cluster - Global Camp Coordination and Camp Management Cluster
9. GEC - Global Education Cluster -
10. GFSC - Global Food Security Cluster
11. GHC - Global Health Cluster -
12. GNC - Global Nutrition Cluster -
13. GPC- Global Protection Cluster
14. GSC- Global Shelter Cluster
15. Global WASH Cluster - Global Water, Sanitation, and Hygiene Cluster
16. HLP AoR- Housing, Land and Property Area of Responsibility
17. IOM - International Organization for Migration
18. IPC - Integrated Food Security Phase Classification
19. Mine Action AoR - Mine Action Area of Responsibility
20. NRC - Norwegian Refugee Council
21. OCHA - Office for the Coordination of Humanitarian Affairs
22. REACH - REACH Initiative
23. SC- Save the Children
24. SIDA - Swedish International Development Cooperation Agency
25. UNFPA - United Nations Population Fund
26. UNHCR - United Nations High Commissioner for Refugees
27. UNICEF - United Nations Children's Fund
28. USAID - United States Agency for International Development
29. WFP - World Food Programme
30. WHO - World Health Organization



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