

Humanitarian Practice Network

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In brief

- This Network Paper draws on field experience from more than a dozen Common Needs Assessments (CNAs) to identify the opportunities, costs and trade-offs involved in carrying them out.
- At their best, common inter-agency, inter-sectoral needs assessments help to develop a better joint understanding of needs, capabilities, and appropriate response. Yet in trying to meet too many objectives, CNAs have sometimes failed to live up to their promise. Carrying out a CNA takes time and resources; even when funds and experienced assessors are available, results have not always been useful or timely.
- This Network Paper summarises the basic characteristics of a common needs assessment, reviews experience in using assessments in recent years and highlights the problems encountered. We demonstrate what CNAs can achieve, and detail their limitations. We then provide an overview of steps to avert common problems. We hope that this will assist in producing better, more useful and more timely assessments, contributing to improved humanitarian response.

About HPN

The Humanitarian Practice Network at the Overseas Development Institute is an independent forum where field workers, managers and policymakers in the humanitarian sector share information, analysis and experience. *The views and opinions expressed in HPN's publications do not necessarily state or reflect those of the Humanitarian Policy Group or the Overseas Development Institute.*



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Network Paper

Common Needs Assessments and humanitarian action

Commissioned and published by the Humanitarian Practice Network at ODI

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Chapter 1

Introduction

Five years ago, the field of needs assessments resembled a tower of Babel. Each agency had its own unproven survey forms. Agencies each made their own assessments, often based on little field-based information, producing conflicting or repetitive results. At times there was little discussion between agencies, even in the same field, about what constituted the major needs and the best response monitoring approach in a particular emergency.

Funds for emergency humanitarian action have doubled each decade during the last 30 years. Meanwhile, the Good Humanitarian Donorship initiative and humanitarian reform call for greater accountability and effectiveness on the basis of evidence. Without assessing the needs of those affected more accurately, accountability and effectiveness will not be possible. But assessments are often completed far too late, and provide far too little useful information, to guide funding decisions or provide a comparative base for monitoring during recovery. Surveys can be too expensive and try to do too many things, producing results that arrive too late and are too complex to be useful.

The conceptual basis for assessing the conditions of a population has improved over the last 15 years. Vulnerability and Analysis Mapping (VAM) at WFP and the Health and Nutrition Tracking Service (HNHS) at WHO are designed to develop specialised skills in monitoring and assessment, and the Assessment and Classification of Emergencies (ACE) Project at OCHA is intended to improve information coordination. The humanitarian reform process and the development of the cluster approach have made Common Needs Assessments (CNAs) a realistic possibility across clusters. Meanwhile, the Inter-Agency Standing Committee (IASC) Needs Assessment Task Force (NATF), chaired by OCHA, is intended to promote a coordinated approach to assessments, including common assessments, and to that end has developed guidance and tools that are currently being operationalised in humanitarian operations. The NATF has developed a framework for assessments that includes a phased approach.

At its best, a common inter-agency, inter-sectoral needs assessment helps to develop a better joint understanding of needs, capabilities, and appropriate response. The story it tells includes both the collection of new information from affected individuals and communities and the collation of relevant information from sources prior to the disaster. But in trying to meet too many objectives, CNAs have sometimes failed to live up to this promise. Carrying out a CNA takes time and resources; even when funds and experienced assessors are available, results have not always been useful or timely. CNAs, it turns out, sometimes create a need for more coordination, rather than helping to facilitate coordination, as intended.

‘Accurate information about the ground reality in a post-emergency situation should be the foundation on which decision-making for a coordinated and effective response is based.’¹ Donors typically make their first funding decisions within ten days of a sudden-onset emergency, and make major allocations within six weeks. Rapid CNAs have at times been good enough and fast enough to improve allocation decisions during this short window. They have also sometimes helped to mobilise or focus resources and assisted in setting milestones by which progress towards recovery is measured. This Network Paper draws on field experience from more than a dozen CNAs carried out in recent years to better identify the opportunities, costs and trade-offs involved in carrying these assessments out.² We particularly highlight examples from three major assessments – the Post-Nargis Joint Assessment (PONJA) and PM in Myanmar, the Rapid Initial Needs Assessment in Haiti (RINAH) following the earthquake there in January 2010 and the Multi-cluster Rapid Assessment Mechanism (McRAM) in Pakistan.

This Network Paper summarises the basic characteristics of a common needs assessment, reviews experience in using assessments in recent years and highlights the problems encountered. We demonstrate what CNAs can achieve, and detail their limitations. We then provide an overview of steps to address common problems. We hope that this will assist in producing better, more useful and more timely assessments, contributing to improved humanitarian response.³

Chapter 2

The need for needs assessments

What is a Common Needs Assessment?

A Common Needs Assessment is a ‘time-bound, multi-sectoral, multi-stakeholder process of collecting, analyzing and interpreting data to assess needs and inform decisions on humanitarian and early recovery responses’.⁴ A CNA is a joint assessment involving more than one agency, where agencies conduct the assessment together. An agency can conduct its own assessments in coordination with other stakeholders, either through combining the data or by sharing a similar design, common operational data set and joint planning. By combining financial, human and physical resources of multiple stakeholders, as well as their expertise, CNAs may generate more comprehensive and timely information than individual agencies can do on their own. This information can guide relief efforts, focus attention on areas of greatest need and provide a baseline for monitoring of humanitarian needs and recovery. According to the Inter-Agency Standing Committee (IASC): ‘Organizations are expected to have coordination arrangements in place to ensure that their actions are coherent and complementary’.⁵ Working together to design the assessment can foster collaboration, making possible a shared understanding of priorities and improving coordination across agencies.

The quality and speed of any assessment after a disaster depend heavily on the preparations made prior to it, as

Figure 1 shows. The characteristics of a humanitarian emergency change over time; so does the need for information to guide and evaluate the response. The type of assessment depends on the time period, or phase, in question. Figure 2 (over page) demonstrates that the utility of a CNA depends on its goals, and the methods, interpretation and timeliness with which it is implemented. Typically, only general information is needed or available during the first few days (phase 1). A field-based assessment of the magnitude of impact and the major needs and response capacity can be made in the second or third week (phase 2). More in-depth, sector-specific assessments and repeated multi-sector recovery monitoring can be carried out in the subsequent phases. All of these phases are part of the response after a disaster has occurred.

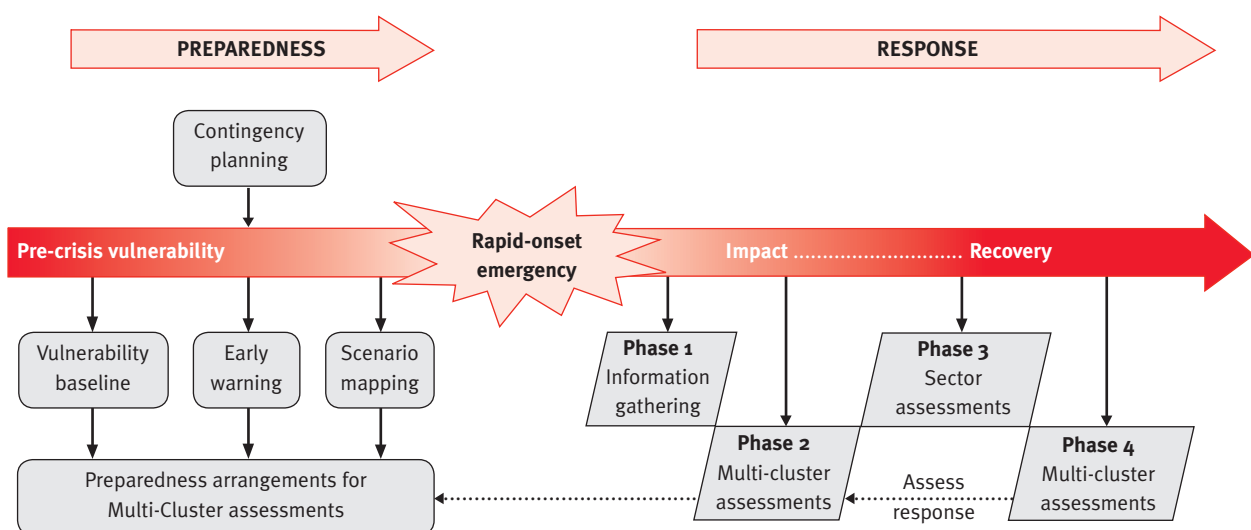
Why carry out a Common Needs Assessment?

At their best, CNAs have important advantages over individual agency assessment efforts.

- Efficiency. A shared assessment by multiple agencies can cost less to produce a given level of information, and require fewer personnel, equipment and supplies than separate assessments. This allows for more efficient use of resources during the initial phases of an emergency, and less duplication of effort.

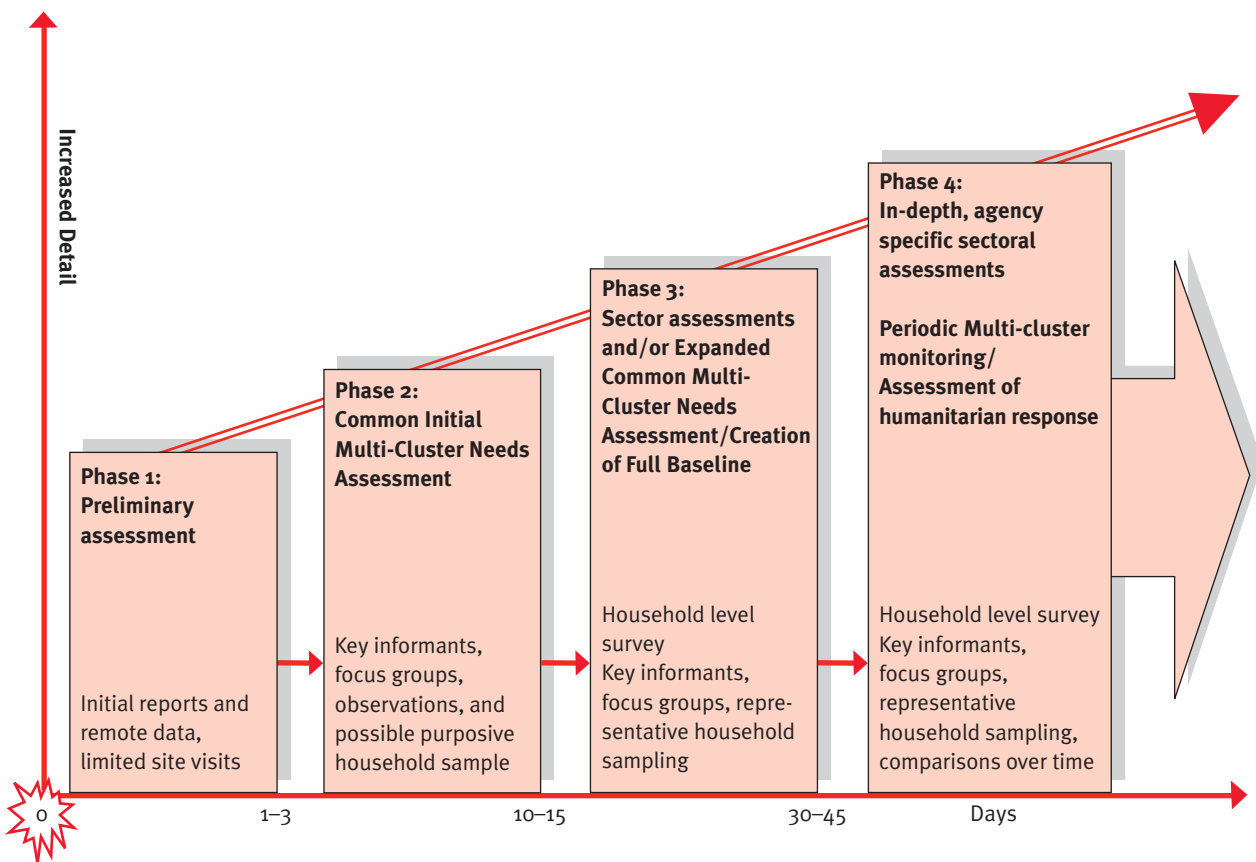
Figure 1

Preparing for a multi-cluster emergency assessment within contingency planning⁶



NB. Phase 4 multi-cluster assessments could be deployed to assess the effectiveness of humanitarian response

Figure 2
Phases of a sudden-onset emergency and assessment needs



Source: HelpAge and Merlin, 2009.

Box 1

Examples from the field

- In Pakistan, a series of short CNAs in the UNICEF-sponsored Multi-cluster Rapid Assessment Mechanism (McRAM) programme provided actionable information on needs arising from six disasters during 2005–2009. This was critically important in carrying out a large-scale McRAM under OCHA following flooding in five provinces during August 2010.
- In Myanmar, the Post-Nargis Joint Assessment (PONJA) and subsequent periodic monitoring surveys showed areas with greater needs, less assistance and slower recovery following Cyclone Nargis in 2008.
- The Rapid Initial Needs Assessment in Haiti (RINAH) following the January 2010 earthquake examined the living conditions of displaced earthquake-affected people and their hosts.

and analyse the CNA, multiple agencies and sectors can develop a shared analysis of humanitarian needs.

- **Coherence.** A balanced inter-sectoral picture can contribute to better targeting of assistance to the social groups, sectors and geographic areas in greatest need.
- **Coordination across agencies.** By working together to gather and analyse information, agencies are more likely to coordinate amongst themselves in programme implementation.
- **Effectiveness.** By defining needs more specifically early in recovery, it is possible to better target resources and monitor recovery.

Perhaps most importantly, common data collection and analysis across clusters means that assessment information can be shared quickly and assist early programme planning. A joint, multi-agency data collection and analysis process can help agencies develop a common understanding of:

- The severity of the current situation.
- The areas where response need is greatest.
- The population groups in greatest need.
- The trends that led to the current situation and likely trends going forward; apart from humanitarian assistance, are conditions likely to improve, deteriorate or remain the same?

- **Timeliness.** Information on multiple issues can be collected simultaneously, allowing for more rapid summarisation of conditions.
- **Shared learning.** By working together to design, conduct

- Gaps in response capacity and programme coverage.
- Background and contextual factors that underlie and influence current needs.
- Coping strategies, resources and abilities within the affected population.

Challenges to carrying out CNAs

Assessments have frequently produced results too late to influence funding decisions. In seeking to be geographically and topically comprehensive, some assessments have been extremely expensive (more than half a million US dollars in some cases). Sometimes the results have been too unclear or too complicated to be useful. Obstacles to coordinating CNAs include:

Planning and preparedness

Too many different goals

A CNA cannot be all things to all people. Should the survey and analysis effort focus on vulnerable groups or seek to present a representative sample of the entire population? Should it provide current information in a rapidly changing situation, or create a comprehensive baseline? Should it provide information of interest to agencies, or information for deciding action priorities? Should it assess need overall, or only the new needs created by the emergency? Should it be disseminated mainly to agencies and funders, or should it focus on informing the local government and people in affected communities? For each CNA, the answers may be different. Failing to clarify this can multiply the cost and worsen the quality of data collection, leaving few interested parties satisfied.

To date, every major CNA effort has been weakened by trying to be too many things to too many people. If INITIAL (first phase), an assessment has to depend on limited and subjective information, drawn from a convenience sample of wherever informants happened to go. If RAPID (second phase), the sample can be purposive and can include both observations and some limited questionnaire responses (e.g. 'Have you received food aid?' or 'What is your most urgent need right now?'). More often CNAs attempt to appear methodologically rigorous by taking a large household sample when stability and training do not exist for drawing a representative sample. In this case, a sample of 50 may provide as good information as a sample of 2500.

Only when people are staying in one place can a representative household sample be drawn. Only with extensive training and supervision can quantitative measurements be taken accurately. Such a survey must build on more subjective and qualitative information, collected during the first days and weeks, to be focused effectively. Failure to recognise such limitations drives up costs and heightens expectations without producing actionable information.

Excessive focus on quantitative, survey-based data

Fielding a household-level survey can help in establishing a robust and comprehensive baseline of information, but such a survey can seldom be carried out in less than six

Box 2

Characteristics of a good assessment

A good assessment tool should have the following key characteristics:

- **Timeliness:** providing information and analysis in time to inform key decisions about the response.
- **Relevance:** providing information and analysis addressing questions which will influence decisions on what is to be done.
- **Coverage:** adequate to develop an understanding of the range of experiences of various groups.
- **Validity:** using methods that can be expected to lead to sound conclusions.
- **Transparency:** being explicit about the assumptions made, methods used and information relied on to reach conclusions, and the limits of the data.
- **Continuity:** providing relevant information throughout the course of a crisis. In case of a reassessment, there should be comparability with the data generated by previous assessments. This will require skill in information management to be able to identify changes and trends.

weeks from the disaster event. Information on the number and distribution of affected people and their urgent needs is however required in the first few weeks. To date far more attention has focused on large-scale surveys than on collecting more timely, observational information from people on the ground. Yet it is precisely this information that is needed to orient an eventual survey effectively.

Needs assessments, then, should be continuous. They can start with a one-page summary of reflections from emergency responders, go on to draw in more systematic information as agencies become active on the ground, leading to a large-scale household and community survey in the first months followed by periodic update surveys throughout the years of recovery. Agency attention, to date, has focused far too much on a one-off survey rather than the evolving continuum of assessment information collection, analysis and dissemination.

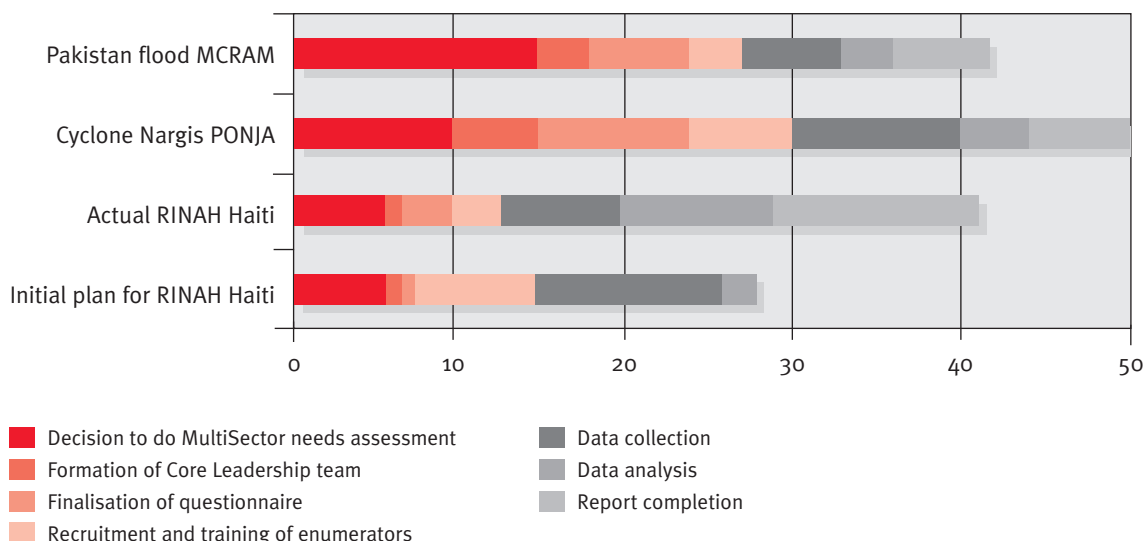
Analysis

There is a lack of timely analysis, and lack of clarity on how to analyse. A summary of the data collected can be produced quickly, but interpretation to 'tell the overall story' requires reflection with subject and area specialists. Clusters are often tasked with carrying out this analysis and interpretation, but without guidance from staff trained in statistics and research methods they often cannot do this alone. Several rounds of discussion for interpretation and report writing can delay results for weeks.

Disaggregated data (by age, gender, location (rural/urban)) is often lacking. The RINAH in Haiti sought gross indicators of coverage (i.e. under 25%, 26%–50%). It thus was not

Figure 3

Timelines in recent CNAs



sensitive enough to differentiate between conditions in affected and unaffected areas, among people in houses versus those in camps and between men and women for some key variables.

Delays in carrying out a CNA

Delays can be due to heavy guidance from headquarters, inadequate skills in the field and rivalry amongst agencies or between agencies and the affected government. From initial planning to the fielding of survey teams usually takes several weeks (see Figure 3). If questions are designed to assess conditions in the first week of a disaster, they may be out of date by the time the team begins to collect information in the field. In practice, assessments have varied a great deal in duration. Launching too rapidly into the field means that more time is needed to analyse the information. The initial plan for the RINAH in Haiti was absurdly optimistic. The more recent McRAM in Pakistan was the most rapid of these assessments once the decision to field a survey was taken, lasting 27 days from start to finish.

Methodology

There are too many assessment forms to choose from. Many tools are available, but field staff are often unfamiliar with them and find them difficult to use. The result in Myanmar, as in many other places, was the creation of an entirely new questionnaire. This process can take weeks, diverts work from more immediate concerns and often results in poor-quality questions unless experienced survey designers are present in the field.

Use of a standard, off-the-shelf tool can be problematic as well. The RINAH in Haiti used the generic Initial Rapid Assessment (IRA) form developed by the health, nutrition and wash clusters, with input from the shelter, non-food items, camps and early recovery clusters. The tool was

developed over three years, with field-testing in six chronic emergencies and then attempts at implementation in five sudden-onset emergencies – the Bangladesh cyclone, an earthquake in Indonesia, Kenyan post-election violence, the Myanmar cyclone, violence against immigrants in South Africa, the Georgian conflict and floods in Liberia. At the same time, a joint UN initiative in Pakistan developed multi-cluster rapid assessments over a series of emergencies. As initial tools, many were designed to collect qualitative information in an open-ended manner, focusing mainly on community-wide impressions. But a systematic large-scale sample covering the whole country, seeking closed-ended answers, was in fact carried out; the tool met the needs of that approach poorly, resulting in information that was too general or poorly collected.

Pre-crisis information

Information on conditions prior to the emergency is often available but seldom sought or integrated into analysis. Such background is essential for understanding the context of the current situation and existing coping strategies. Notable in this regard were retrospective evaluations of recovery following the Indian Ocean tsunami of 2004. The major recovery issues had been key themes prior to the disaster. Recovery could have been made more effective if this had been recognised, instead of acting as if issues only emerged after the tsunami hit.

Indicators

There is as yet no agreement on a common set of indicators to inform assessment design and subsequent monitoring and evaluation efforts. Indicators for monitoring overtime should be comparable to the first baseline data collected. Yet ‘improvements’ to subsequent surveys in Myanmar changed nearly every question, making direct comparisons impossible.

No short- or medium-term data collection plan beyond the initial assessment

No monitoring system is funded when a first post-disaster assessment is carried out. In Haiti, a large-scale household assessment was created following the RINAH project with funding from the US Department of Defense. Funding was generous, but lasted only eight weeks.

Limited dissemination of findings

Producing a document does not mean it will be used, or even understood. In Myanmar, interviews with leading national staff revealed that most did not know how to interpret the graphical information that was the heart of the document.

Organisational relations

Relations with affected states

Following the Pakistan earthquake in 2005, the government activated the cluster approach and undertook survey work. In a subsequent disaster, a new national emergency director did not permit the activation of the cluster system and the humanitarian community was constrained in carrying out assessments. In Myanmar, the PONJA and

Village Tract Assessment (VTA) processes were designed to provide independent assessments in a context where the government was treated with suspicion by the international community.⁷ Results, when they did not fit with preconceptions, nonetheless generated rumours that interviewers had been ‘compromised’ by government influence.

Personnel and logistics

Lack of trained staff

Many Humanitarian Country Teams⁸ do not have trained and experienced staff to organise and lead the survey or the analysis effort required of an assessment.

Access to affected areas

If the areas in need of assessment cannot be reached, agencies often repeatedly assess more accessible but lower-need areas instead. On the heels of the 2003 invasion of Iraq, agencies repeatedly assessed the conditions of an Iraqi hospital on the route from Kuwait. These assessments led to little change for that institution since agencies were really interested in other areas. Some gave the hospital the nickname ‘Our Lady of the Perpetual Assessment’.

Chapter 3

Designing Common Needs Assessments

Effective planning prior to the crisis helps prepare assessment teams to mobilise within a week of the onset of an emergency.⁹ Establishing a ‘multi-cluster assessment mechanism’ involves taking a multi-cluster (inter-agency, cross-sector, multi-organisational) approach to address all aspects of a Common Needs Assessment. This includes the design of assessment tools and questionnaires, data collection, data processing and reporting formats. This chapter and the chapter that follows consider the main issues that need to be taken into account in designing and implementing a Common Needs Assessment.

Management and coordination

The first step should be establishing the coordination body that will lead the CNA process. This will be done best if planning for the assessment has been carried out as part of preparedness before the disaster occurs.

The group that leads a CNA may include governmental representatives, UN cluster leads, OCHA, other UN agencies active in the country, the Red Cross/Red Crescent and active and interested local and international NGOs. This group is responsible for:

- Coordinating logistics and other operational arrangements.
- Managing security and the deployment of materials.
- Overseeing the scheduling of the assessment, information management and appeals processes.
- Linking CNAs with other assessment processes.

Practical issues, if not identified and addressed early in the planning process, can become significant impediments to the successful outcome of the assessment process. Common questions include:

- What entity employs team members and accepts duty of care for them?
- Who is responsible for assessing and managing security for the team?
- Should the team be able to deploy as a stand-alone unit, with tents, communications equipment, safety and security equipment, computers and peripherals?
- Who will manage, monitor and maintain transport, housing and survey equipment?
- Who pays for the assessment?
- What personnel (local/international, men/women, skill levels) will be used to gather data?
- Who will provide transport?
- What other forms of technology will be utilised?
- Who has final ownership of the data, and decides when and how to release it?

A technical group has to determine the methods to be

employed for data collection. The technical coordination group is responsible for:

- Selecting the data collection form and adapting standard forms as needed.
- Deciding on sampling procedures and finalising related guidance for field teams.
- Assisting in the selection and briefing of team leaders and team members.
- Undertaking, or supervising, the analysis of data and the formulation of recommendations.

Partnership across agencies is essential. Without partnership, the assessment will not be multi-sectoral in design or use. Other benefits of a partnership approach include:

- Ensuring that many perspectives are taken into account.
- Collaboration in defining assessment objectives helps ensure dissemination.
- Broadening the range of skills within the assessment team.
- Reducing the risk of assessment fatigue among affected communities by subjecting them to questioning by just one team, rather than several.

Participation also has costs:

- It takes longer to coordinate all the various stakeholders, at a juncture when time is precious.
- The incorporation of too many perspectives may compromise the methodology; if too many issues are included, the assessment may lose focus or quality in data collection.
- Particularly in conflicts, the inclusion of certain partners may compromise the neutrality of the assessment team and make informants less willing to talk openly.
- Transparency is a prerequisite of participation. Ensuring transparency, however, can be tedious and time-consuming.

With strong communication and management among the core assessment team leadership, the benefits of partnership far outweigh the drawbacks.

The umbrella under which the team functions will influence what it can achieve. Under a UN organisation’s structure, contracting and security rules may be so restrictive as to make it impossible to collect information from key groups. Alternatives via NGOs or other international organisations involved with the cluster system should be explored.

Selecting variables

In the context of a humanitarian emergency, variables are the summary data of measures, or indicators, of the condition

of the affected population, their access to available services and progress towards recovery. A good indicator can be measured in a consistent and comparable manner, has a close relationship to the essential characteristic of interest and is sensitive enough to change over time, but not so sensitive that it changes rapidly and in unpredictable ways. Finally, a good indicator is useful for making decisions on what to do in response. For example, if it is determined that a measles immunisation campaign is needed, there is little value in finding out whether 20% or 40% of under-fives are already immunised, as either way a large-scale immunisation programme should be mobilised. If unreliable, unstable or insensitive indicators are used, operational decisions will be based on ad hoc or poor information, and improvements from the baseline state cannot be measured. Indicators require choices, and the most effective measure of many characteristics of interest will vary from one place to the next.

An indicator is ‘a characteristic of a population or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of a humanitarian emergency’.¹⁰ Indicators should reflect current and near-term information needs, and should be combined with other data from original and secondary sources. Clusters sometimes want to use a survey to collect comprehensive information, but for most crisis interventions a small set of indicators, recorded well, are sufficient to guide decisions on what interventions are most needed, who most needs them and how they are changing over time.¹¹

Different information and indicators are needed at different time points as an emergency evolves. In the first 72 hours (Phase 1) information on the magnitude and major areas of need are used to inform early response decisions. In the first ten to 15 days (Phase 2), a limited set of basic indicators may be needed, together with specific items of information to identify response priorities and groups in greatest need of assistance. More information and indicators are needed in phases 3 and 4. Some, but not necessarily all, of the indicators used in phase 2 may still be useful to identify trends and continue monitoring trends.

There is no widely agreed standard set of indicators for use during a crisis, and data on relevant pre-crisis indicators are often far from perfect. A number of initiatives are in place to address this, but it is far easier to be comprehensive than strategic in selecting the best few indicators for a particular situation. The Needs Assessment Framework developed by the Interagency Standing Committee (IASC) attempted to establish a comprehensive format for indicators through a large inter-agency process, but the result was a wish list that could not be operationalised in the field. Sphere-based indicators are quite useful but only a few exist. An OCHA project on sanctions assessments in 2005, which tried to capture key domains, found that there were as many as 30 different ways that a key variable such as mortality or food security was measured.

We do, however, largely agree on the key domains to be included. Across emergencies there are major common

Box 2

The ideal indicator:

- Is valid: it measures the condition or event it is intended to measure and, where they exist, reflects vulnerability status according to established Sphere thresholds.
- Is reliable: produces the same results when used more than once to measure the same condition or event, all things being equal (e.g. using the same methods, tools, instruments or different enumerators).
- Is specific: measures only the intended condition or event and is not composed of several variables.
- Is sensitive: reflects changes in the condition or event under observation.
- Is operational: is measured with definitions that are developed and tested at the field level and with reference standards.
- Is affordable: does not take a great deal of time or equipment to measure well.
- Is feasible: data on it can be collected rapidly without high levels of skill.
- Is comparable over time, across geographical lines or between groups.
- Is intuitive: can be communicated readily to non-specialists.

concerns, and the absence of any one of them from the assessment process is widely perceived as an oversight. These domains largely follow the cluster system established by the humanitarian reform process. Negative results are useful too. Even if something is not of concern in a particular context, it is still important to document this for those assuming that action in that area is needed. As it may emerge later as a need, monitoring from a baseline to identify the magnitude of changes over time is important.

It is often best to take a lead from clusters about the main sources of concern in their area and effective ways to measure them in a given situation. In-country cluster leads should be in close consultation with their global cluster leads, where knowledge of previous survey results may be stronger.

Proxy indicators may be needed. A proxy is not the variable of interest, but it may be collected more accurately and effectively, and in a way that reflects the topic of interest. For example, collecting data on maternal mortality rates will rarely be feasible, but data on the number of attended Caesarian sections or the number of prenatal visits during the last pregnancy may be accessible. Food insecurity cannot be measured directly, but by asking which households have low food consumption or variety, destructive coping practices and unreliable sources of food and income we can get a good overall picture. In the early stages of an emergency, even simpler proxies may be needed. In

Table 1: Examples of indicators to measure input, output and outcomes

	Input indicators describe	Output indicators describe	Outcome indicators describe
Health	The human/material resources available for the provision of health services <i>e.g. number of health facilities</i>	The level of health services provided to the population <i>e.g. number of consultations</i>	Health status of the population <i>e.g. prevalence of a disease</i>
Nutrition	The human/material resources available for the prevention and/or correction of malnutrition	The services provided for the prevention and/or correction of malnutrition <i>e.g. number of children enrolled in therapeutic feeding programmes</i>	The nutritional status of the population <i>e.g. prevalence of severe acute malnutrition (SAM)</i>
Food security	Production, distribution and availability of food <i>e.g. availability of food on the local markets</i>	The level of commodities and services provided to improve people's access to food <i>e.g. quantity of food distributed</i>	The population's access to food <i>e.g. % of households by duration of staple foods</i>
Water, sanitation and hygiene	The infrastructure, facilities and services available <i>e.g. number of handpumps for water</i>	The quantities delivered <i>e.g. number of litres/person/day</i>	The population's access to water and to sanitation facilities <i>e.g. % of households by time to collect water</i>

Source: NATF, *Operational Guidance on Coordinated Assessments in Emergencies*, 23 July 2009, p. 18.

the Pakistan earthquake of 2005, the number of houses destroyed served as a proxy for food assistance need. This proved even more effective in the Haitian earthquake of 2010, when satellite photos permitted detailed block-by-block analysis.

When designing the survey tool, five to ten questions per subject heading tend to provide most of the useful information. Determining which questions are useful can only be assessed by a good pre-test. Multi-cluster questionnaires are possible and advantageous, but clusters have to be limited in the number of questions each provides and the timeframe in which they are provided. The best questions are no good if generating them takes so long that the information is not available in time for programmatic decision-making.

In most countries there is a great desire to modify existing survey tools, like the IRA. This may be necessary to make survey information relevant, but often results in extensive delays in fielding a survey. Adaptations to make content culturally relevant are most efficient if they have been considered for a country prior to an emergency. Perhaps more important than the question itself is how it is asked. This is where standardised training is critical.

The best wording of a question will vary from place to place. Agency headquarters teams should be consulted, as they are more likely to be familiar with standard language for a key question. Inevitably, some questions that are good in one location will not work in another. Back translation and pre-tests can identify most of these.

What to do, what to avoid doing

- Clusters must be strictly limited in the number of questions they can include. If they provide too many questions and fail to prioritise among them, the buy-in process has not been adequate. A smaller number of questions asked well provides more useful information than a large number of questions asked poorly. (It is better to be approximately right than precisely wrong.)
- Include only those questions that are relevant at that particular stage. If people are in the midst of rapid movement just after a disaster, questions on the quality of shelter buildings may not be useful. Questions about desired or scarce building materials, however, might be. Many possible questions on education and recovery must be tailored well or they will not be relevant.
- Indicators should capture 'quality of life' and 'coping strategies', as well as more standard measures of wellbeing (e.g. health status).
- Indicators that monitor wellbeing and access to services by sub-groups enable us to assess inequalities in programmes.
- New, locally developed measures may be needed. If so, avoid poorly or ambiguously defined measures by testing them extensively. For example, the question 'How many times a week do you eat Vitamin A-rich foods?' may be what you want to know, but asking 'How many times did you eat a yellow fruit or vegetable' will probably tell you more.
- Field-test any new questions with a critical eye. That an interviewer gets an answer rather than a curious look is not sufficient to be sure that the question generated valid and comparable information.

- Don't collect data that might 'someday, somehow' be of interest. If you don't already have a plan for how that data can be useful, one is not likely to emerge in the future. Almost all questionnaires are burdened by at least twice as many questions as turn out to be useful. The extra effort involved in collecting and processing unused information slows down what should be a rapid process.
 - Consider providing incomplete data to interested parties on an ongoing basis, with an update at least weekly online, after 'cleaning' and with identifiers removed, rather than waiting until full data collection and reporting is complete. In this way interest in and interpretation of the information can begin before final data collection is done.
 - Consider using cellphone-related technologies to collect information where phones are widely accessible to beneficiaries. This can include repeat surveys in cellphone-enabled sentinel sites in affected areas, random cellphone surveys and passive collection of user-generated cellphone data.
 - Create purposive samples to identify the conditions of key groups, rather than attempting to create population-representative samples among rapidly moving populations.
 - Consider using snowball or other qualitative sampling methods to develop a qualitative survey content.¹² In this technique, interviewees are asked to help identify subsequent people to interview with characteristics of interest. For example, if unaccompanied female heads of households are believed to be a vulnerable group, one household interview can be used to seek out such a person. Several rounds of snowballing can be used to rapidly identify key groups that would only be included randomly if the sample were prohibitively large.
- affected populations, informed by pre-crisis information and access constraints, including logistics and security.
- The information and analysis is needed for decision-makers to determine the level of response needed and for advocacy purposes, including towards donors and the media.
 - Information should be gathered and reviewed by an experienced central team.
 - A common approach in this first phase can help reduce confusion in the messages and figures generated, increase confidence in the information available and help to ensure full partnership and support for further assessment and monitoring efforts.
 - Phase 1 assessments serve to guide the initial response and lay the groundwork for the CNA in phase 2. The full scale of a disaster may not yet be apparent. It is important not to be satisfied with first figures; they should be refined on an ongoing basis. Confidence is reinforced by being transparent about what is and is not known.

Too often early, 'rapid' assessments attempt to address medium-term issues, such as livelihoods, that may be better addressed in later phases.

Phase 2 (4–10 days)

Information for a flash appeal is needed within two weeks of a crisis. Many funding decisions made at this stage are informed by very little field-based information. The focus in a phase 2 assessment is on gaining an understanding of the impact of the event, specifying short-term needs and defining priorities, including: How immediate would be the impact of providing services in affected areas? Life-saving or not? Few or many people affected? Urgent or can be done later?

Surveys and phases

We used to think that a standard survey form – the IRA – would serve most areas. Content, however, proved too weak without adaptation to the stage and particular conditions of an emergency's context. The process of choosing and adapting a survey can be improved by creating a bank of questions that have proven useful. Questions can be tagged per type of emergency and stage of response to speed up the process of compiling a new survey. Such a bank can make it easy to select several different ways to collect desired information.

Each of the four phases of an emergency is best served with methods, content and reporting approaches specific to that stage. The main assessment-related activities during each phase of a humanitarian emergency are outlined here.

Phase 1 (0–3 days)

Phase 1 is an opportunity to summarise pre-disaster information and collect initial impressions.

- The focus is on gathering existing information and identifying the requirements to sustain and save lives and estimate the magnitude of harm and the size of
- A phase 2 assessment should begin with a review of pre-crisis data and the phase 1 assessment report and develop a focus on a limited range of indicators and core questions.
- The objective in phase 2 is to generate the basic information needed for decisions to be made about the response in all critical sectors.
- Some sectors may not be a priority at this stage, but plans should be developed for conducting more detailed assessments in phase 3, as required.
- The process should be led by generalists with good inter-personal skills, supported by technical specialists in the relevant fields.
- Data collection and analysis methods that are suitable for short timeframes should be used – generally key-informant interviews, focus groups and other community-level discussions.
- Time may not be available for a household survey; if conditions are still changing rapidly such a survey would not in any case be definitive.
- Preparedness is essential if primary data are to be collected and analysed in this short timeframe. Some simple surveys go from data collection to presentation within five days, though more complex or comprehensive ones may take a month.

Phase 3 (10–30 days)

Follow-on CNAs, such as those in phase 3, will provide more detailed data. A CNA may complement the in-depth sectoral assessments that are needed to plan responses beyond the initial, acute life-saving/life-sustaining phase.

- The assessment should provide a baseline on current conditions for ongoing monitoring and evaluation.
- Representative sampling should be used, to the extent possible.
- Data collection should be through household surveys and key informant interviews, as well as focus group discussions.

Phase 4 (30 days-plus)

- The assessment provides analysis of information from both primary data and monitoring data, including service statistics from institutional systems (e.g. health clinics, relief distributions and programme documents).
- Specialised, detailed, sector-specific questionnaires can be used.
- For comparison with baseline data, more household interviews are carried out; for better understanding of the conditions of particular groups, more specialised subpopulation groups are sampled.
- The volume of data gathered in phase 4 is likely to be larger, demanding more extensive database management.
- In an ongoing protracted complex emergency, continuing and expanded CNAs may be carried out.
- Relations with the affected government become more important in monitoring, and authorities may limit access to vulnerable populations or require that data be withheld from dissemination (the fourth annual mortality survey in Darfur camps was seen as sensitive by the government in Khartoum, which had recently been indicted for genocide. Similarly, a mortality survey in camps in northern Uganda became an electoral issue, which put the existing leadership on the defensive. In both cases, governments refused to give permission to publish and the reports were never openly distributed).
- Geographical areas assessed may expand or contract compared to those in prior phases, depending on whether the situation improves or worsens.

If the population is moving towards recovery, the focus of the assessment should shift from humanitarian needs to recovery, and to building local capacities for early livelihoods work, community planning and skills development among vulnerable groups.

Secondary data and context analysis

Information collected from other sources is secondary information. Large-scale surveys, such as Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS), provide reference points against

which the current situation can be compared. In Haiti, for example, it was known from three DHS surveys over the previous 15 years that acute malnutrition among under-fives had declined, while chronic malnutrition remained high. Identifying at-risk groups from secondary data is key to determine if and what type of stratification should be used in collecting the sample.

The main sources for pre-crisis data include the national statistics office, other government offices, multilateral and bilateral donor organisations, universities, research centres, UN agencies, NGOs and global and regional databases. Data relevant to the pre-crisis situation is available at national level for nearly all countries.

To understand the context of data collected in a CNA, wherever possible the team should also make enquiries at the district level to find out how services are normally organised and the extent to which they have been affected; the most affected locations; and any relief activities that are under way or planned. Team members should try to interview local government and line ministries, referral facilities and local businesses. They should also ask to see any relevant documents and maps.

Sampling and site selection

In any assessment process, there will be a trade-off between the representativeness of the sample and the efficiency and timeliness with which data can be collected. Assessments in the initial stages do not need to be as representative as much as they need to be rapid. In fact, if the population is moving en masse a household sample will provide an illusion of representativeness while missing much of the affected population. The sampling and site selection will depend greatly on the phase and characteristics of the particular emergency, the sectors and issues of interest, the methods and tools chosen for data collection and the resources available.

Only random sampling provides information that can be directly generalised to represent an entire population. Even this 'gold standard' approach generally misses people who are institutionalised or homeless, groups which might have the greatest needs. It is often not possible to select communities and individuals to interview using random sampling methods, because census data is missing, relevant areas are inaccessible or recent population movements make such data obsolete. In this case a blend of convenience and purposive sampling may be used. With such a sample, group differences can be compared (for example between disaster-affected areas and others) and a range of experiences can be summarised (for example highest and lowest malnutrition rates for communities in the sample). A purposive sample cannot be generalised statistically, but can nonetheless provide critical information on areas and groups in greater or lesser need. Later surveys can then collect a representative population-based sample while ensuring a sufficiently large sample to include identified vulnerable groups.

Table 2: A framework for assessments following a sudden-onset crisis

Goal	Prior to the disaster	Phase 1	Phase 2	Phase 3	Phase 4
	Preparedness	Saving lives	Sustaining lives	Stabilising lives	Restoring livelihoods
Indicative timing (subject to considerable variation in practice)	Day < 0	Days 1–3	Days 4–10/15	Days 11/16–30/45	Day 31/46+
Assessment purpose	Establish procedures and responsibilities for assessments Prepare tools	Estimate scale and severity of the impact of the event and locate affected populations to inform initial response decisions and focus of Phase 2 assessment	Initial assessment to inform planning of humanitarian response and define focus for follow-on assessments	Detailed situation and trend analyses to adjust ongoing response, inform detailed planning for humanitarian relief and early recovery and establish baseline for operational and strategic monitoring	Annual programming for recovery Rate the magnitude of the crisis on a standard scale
Appeal and funding	Preparedness and contingency funding plans	Decisions on preliminary emergency funding allocations, if needed	First emergency response proposals Flash Appeal	Revised emergency response proposals Revised Flash Appeals	Action plans and Consolidated Appeals
Methodology	Joint contingency planning process (secondary data)	Define preliminary scenario with pre-crisis information, initial reports from the field, media reports, overflights and satellite imagery. Quick visits, if possible	Create joint multi-sector rapid assessment using community- level discussions, purposive sampling and key informants	Expand and make more systematic assessment with community- and/or household- level survey with representative sampling, focus group discussions and monitoring systems	More in-depth assessments and follow-ups with community- and/or household- level surveys, FGDs and monitoring systems, individual-level data including personally identifiable data and triangulation
Responsibility	Government, Humanitarian Country Team	Government, experts on hand, UNDAC mission (if present), Humanitarian Country Team	Government, Humanitarian Country Team, UNDAC mission	Government, Humanitarian Country Team	Government, Humanitarian Country Team
Data and indicators	Baseline data, common p-codes, contingency plan for assessments	Preliminary working scenarios with minimal core data set, p-codes for new sites	Initial report/ situation analysis and planning scenario with expanded core data set	Refined situation analysis and planning scenarios with more comprehensive data set	Periodic updated information, periodic revised situation analyses, most comprehensive data set
Available tools			McRAM, IRA		

Source: OCHA ACE project (modified).

In Myanmar, a grid was laid over the entire cyclone-affected zone and samples were taken within each grid box to ensure a geographically disbursed sample. In Haiti the same was done in the RINAH. Neither project sampled on the basis of population distribution and densities, although

satellites and other sources provide data for this. In the first post-cyclone field survey in Myanmar, everything had to be decided within 36 hours. As a result, the questionnaire was not tested or revised, and the translation and training of enumerators was rushed. Although stratifying by severity

of impact was considered, spatial sampling was adopted to ensure full geographic coverage.

The target population should be defined according to the objectives of the assessment. The entire population in affected areas may be of interest, or people in the most affected areas could instead be chosen. People in identified camps provide a smaller, better-defined target group. Comparisons between people in camps and those in stable settlements nearby can illuminate variations in need.

Stratifying the sample can help ensure diversity and systematic comparisons among relevant groups. Sites with different livelihood or agro-ecological zones, in urban and rural areas, and with residents and displaced persons, could thus be included. Additional criteria for stratifying and selecting sites could include sites with more/less access to services, sites with higher/lower levels of poverty, sites with different ethnic groups, or sites with higher/lower prevalence of chronic malnutrition.

Sites to visit should not be limited to the worst-affected localities or areas that are easiest to reach. If the impact seems uniform across the affected area, it is best to randomly select a small number of areas to survey. If not, map out the areas where impacts are believed to be different and establish travel itineraries that take in different affected areas and population groups.

GPS can help define catchment areas, create representative samples in villages, supervise interviewer movements and reconcile stated sites with actual ones. GPS-tagging alone is not sufficient to create a geo-spatial analysis, however. GPS has been used to show that multiple survey teams visit the same village. Villagers answered questions from both teams without mentioning the other. At other times, having GPS information helped a second team visit a sub-village nearby which had not been included in previous samples and had notably worse conditions.

A rapid or a representative survey?

The decision to seek information from a population-representative sample covering a defined geographic area demands logistical, transportation and sampling expertise which is often lacking. Frequently it fails to reach many of the intended sample, compromising the generalisability of the information collected at what can be a very high cost in time and transport. And if the population is moving or otherwise not in stable residential sites, a random sample

may miss large sections of the target population, making the sample far from representative.

A more modest sampling approach is often more appropriate to seek operative answers more rapidly. Such a purposive sampling approach facilitates the rapid choice of the identified sample. Other innovative options aside from a representative face-to-face sample could include data collection via survey monkey or epi surveyor to collect user-generated information, grouped by community, to summarise impressions of the level of destruction and the degree of emergent need. This is especially appropriate for expatriate NGO workers or nationals in other countries with ready access to the internet.

Other innovative approaches are becoming possible. In a country like Haiti, where 90% of households in urban Port-au-Prince and 60% of families in the country overall have a cellphone, far more rapid data collection using cellphones could be performed. A purposive sample could have been made by seeking 50–100 people for a weekly telephone interview using an evolving series of questions of greatest interest that week. This would have required some days using snowball methods to identify people in the main geographic target areas, and their demographic characteristics (age, sex, employment status, location of residence, status of residence). Additional interviewees could be identified in other communities in the weeks that follow. Each week a main theme could be addressed with several closed and open-ended questions. The most important question would be something like ‘at this moment how good or bad is your situation (your family’s situation, your community’s situation) with regard to food, water, security, etc.)? If questions were asked and responses accumulated Monday–Thursday, data could be released by the following Monday on relevant breakdowns from several such questions. Each respondent could be thanked by putting a small amount of credit on his or her phone.

Qualitative methods create a rich set of options, but these have seldom been explored in rapid emergency assessments. These include:

- developing multiple rapid survey methods, including passively collected user-generated online data collection;
- creating purposive samples to identify the conditions of key groups rather than a population-representative sample;
- using snowball sampling methods to develop a qualitative survey;
- utilising context-specific information that existed prior to the emergency to design survey questions.

Chapter 4

Implementing a Common Needs Assessment

No questionnaire or sampling plan, regardless of the design, can substitute for strong management of the assessment process, both in its design and its implementation. This includes building a sense of partnership and shared ownership amongst stakeholders; mobilising funds and staffing; training field survey teams; managing and coordinating the survey team's logistics and movements; and processing, analysing and reporting on the information collected.

Planning and coordinating fieldwork

The fieldwork plan should include the following:

- Number, size and make-up of the assessment teams.
- Allocation of assessment teams to specific locations.
- Proposed itinerary of visits to specific locations.
- Frequency of interim reporting from field teams.
- Time to allow for fieldwork at each location.
- How teams will travel.
- Time to allow for travel.
- Where teams will eat and sleep.

These planning decisions should be based on what is known about factors such as distances to travel, means of transport available, road conditions and size of locations, damage to infrastructure, security conditions and trends in the emergency situation. It is important that people with local knowledge of the region and the situation are involved in the overall planning and coordination process.

Limited equipment and supplies may be available in the field, or it may not be possible to know what is available, so field teams should be as self-sufficient as possible.

The time required for data collection depends upon:

- The number of assessment locations, the sampling plan and the data collection methods/techniques to be used.
- Travel time between assessment locations.
- The number and size of assessment teams.
- Half a day in each regional or district headquarters. (A full day if it is a slow-onset crisis.)
- 1½ to two hours for group interviews.
- Maximum three to four group interviews per day per pair of interviewers. (Two to three for household economic data collection.)
- 20 to 45 minutes per household for a questionnaire-based household survey.
- 15 minutes to an hour for key informant interviews.
- Minimum three to four hours in each selected village/urban locality/camp for a team of four (more if the community is not homogeneous or a household survey is to be undertaken).

- It is usually possible for a survey team to reach and cover two communities per day.

Most CNAs take 4–6 weeks; the most rapid have taken 2–3 weeks.

As a rule of thumb, allow one-fifth as many person-hours for data processing as for data collection, and add on three or four days for writing and finalising the report after the analysis is completed. Data processing can go on while interviewers are still in the field. This process should be planned in detail in advance. If the time and resources necessary to properly manage the analysis process are not available, consider revising the assessment plan and cutting data collection to the essentials in order to keep to the timetable. The alternative (producing a more extensive report too late to be of use) is usually a poorer choice.

If electronic data entry is used, the data processing time can be considerably reduced and errors reduced. Personal Digital Assistants (PDAs) and other electronic tools are not panaceas, however. Direct entry to PDAs can impede the relationship needed for eliciting qualitative information, and glitches in their use can go undetected, complicating the correction of errors.

During implementation, field team leaders and office-based coordinators should be in contact daily. Electronic tools can assist in this, including GPS, which helps clarify how many households have been surveyed and where.

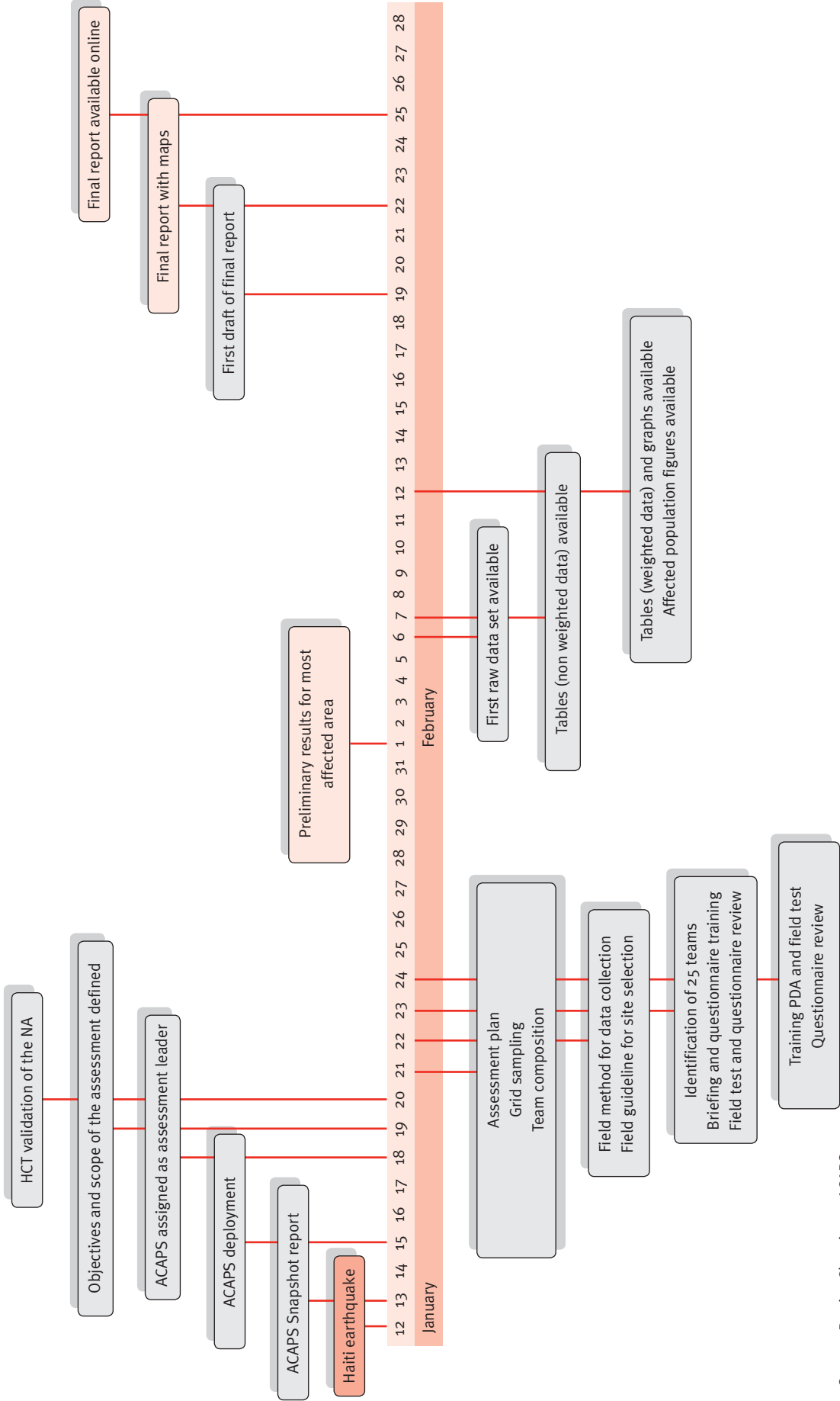
During the assessment process, the coordination team should continue to monitor the humanitarian situation, collate reports from field teams and help focus attention on follow-on assessments. Members of the coordination team need to oversee data collection and entry. This will not follow agency lines of supervision: for example, specialists from any participating institution may provide technical support and guidance to field team members.

Finance

The budget for a CNA is based on the planned data collection methods, the sample methodology, the number of assessment staff and the vehicles and other equipment required during the assessment schedule. These in turn depend on the assessment's objectives and terms of reference. A CNA can cost anything from \$30,000 to \$500,000 depending on the geographic extent and topography of the area and the variety of livelihood zones and socio-economic groups affected. When budgeting consider:

- Per diem salary and travel costs for government officials and other participants (if these costs cannot be borne by their own organisations).

Figure 4
Steps involved in the needs assessment carried out by ACAPS in Haiti



Source: Patrice Chataigner, ACAPS

- Transport costs (fares, rental and/or fuel and maintenance costs for vehicles, boats, helicopters or aircraft, as required, plus salaries for drivers).
- Security costs (in case it is necessary to hire guards or escorts).
- Training costs (rental of premises/accommodation, transport, materials, honoraria for trainers; DSA for trainees, etc.).
- Telecommunications expenses (telephone bills, including sat-phones if needed, acquisition of radios, etc.).
- Incidental costs for teams while in the field.
- Equipment, including camping gear if necessary (buy or rent if borrowing is not possible).
- Photocopying costs for briefing kits, data collection instruments and the final report.

If the budget is tight, it may only be possible to use a few experienced staff members, which limits the scope of the assessment and the methodology used. Budget considerations will also dictate the amount and type of equipment available and the logistics arrangements for field activities.

The assessment team

Team size

In general, the core assessment leadership team should comprise from three to five people, and include a manager, a survey methods specialist, a database and GIS specialist and an analysis officer. A small team is often easier to manage and can work faster on site than a large one. The team should be considered core staff, either employed or seconded, who will remain together for at least three weeks to develop, collect and analyse the data generated. Few skilled people are usually available in the field, and many who appear to be trained and experienced in survey methods and data analysis may in fact not be adequately skilled. Most UN staff, for example, have more experience in interpreting information than collecting it. Inevitably, the required skill sets will be in short supply for the many things that must be done urgently. The survey manager should optimise the team by bringing in relevant personnel and drawing on available expertise at headquarters for activities such as map-making, data summary and report writing.

For field data collection it is often more effective to have a larger number of small enumerator teams to cover a broader area in a given time. These decisions depend on the logistics of sampling. If communities are spread out and transport to them is the limiting factor, a larger sample in a single community per day may be optimal. More often, a survey team of 3–5 people can visit two nearby communities per day. If transport is by helicopter many transport barriers are overcome, but at enormous cost. Helicopter fuel has consumed 90% of some survey budgets. In practice, most areas can be reached more economically by vehicle or boat, especially if teams can stay overnight and go on to the next site the following day.

If repeated cycles of interviews are to be carried out, it may be more effective to have a single expert team

travel from place to place. Such a team will not collect all information at one point in time, but will be more efficient and will produce better results. With much lower logistical demands, such a team may also cost half as much as a larger cross-sectional team. Other models should also be considered. Remote monitoring based on periodic phone calls to a key informant, satellite monitoring and scannable data forms open up possibilities for more rapid and efficient data collection.

Selecting survey team members

The team leader's most important activity is to check the team's work daily to be sure that forms are adequately collected, checked and synthesised, and promptly transmitted and secured. Without this, nearly all field surveys end up with poor data. The team leader must also keep an eye on security and logistics to keep the team working efficiently. The team leader should have:

- Broad experience in operations across multiple sectors.
- Experience in assessments, ideally emergency assessments.
- Experience with questionnaire research.
- Familiarity with the crisis-affected population.
- Community research experience and operational management skills.

It may be most rapid and effective to constitute teams of people already working in or near the affected area. Gender balance is often essential to generate high-quality information. It may be possible to recruit additional team members from among university students, graduates of relevant technical schools or former DHS and census survey enumerators.

Team orientation and training

Assessment begins with orientation and training. This will ensure that all team members have a shared understanding of the organisation, logistics arrangements, technical context and methodologies and the ethical standards expected from team members. Individuals who are unfamiliar with specific data collection techniques may need training and practice sessions. Obvious though this is, the process is often rushed or neglected due to time constraints and the perceived urgency of the mission. Failure to train and practice can result in the collection of large amounts of data that cannot be used. Training should include:

- Organisation and logistics.
- Allocation of the team to geographic areas and/or data collection methods.
- Assessment schedule.
- Security conditions and procedures.
- Travel, accommodation and food arrangements.
- Personal costs, and payment and expenses policies and procedures.
- Roles and responsibilities of team members.
- Technical content and data collection methodologies.
- Assessment objectives.
- Structure and content of data collection forms.

- Data collection methodologies (optional, depending on the skills of the team).
- Sampling strategy.
- Allocation of team members by sector and/or data collection method.
- Ethics.
- Code of conduct.
- Policies and protocols for responding to urgent needs identified in the field.
- Survey content.

Practice administering the questionnaire and filling in answers, first among team members then with others who are not among the population to be surveyed. No one can get it right on the first try. Perfecting a questionnaire is an iterative process, with repeated rounds of translation and back translation and revision of content questions on the basis of feedback from pilot testing. Many field surveyors think they are collecting data ‘for real’ when, in retrospect, additional days of perfecting the questionnaire and the team are needed before data is included in the final sample.

All of these processes depend on good supervision of survey enumerators. Without daily reviews of collected information by someone experienced both in surveys and in the country in question the quality of the data collected is questionable at the start and deteriorates over time. Good training, to be sure, limits the need for reinforcement by supervisors. But even expert interviewers need to be reminded of the context and meaning of survey elements; what probably seems clear to the head of the team can in practice be interpreted in many ways. Without hands-on supervision, these variations will not be identified and the data collected cannot be summarised well.

Data collection and presentation

The main data collection methods for an initial assessment (phase 1–2) are key informant interviews, group discussions and direct observation. Mapping the affected area and estimating the size of the target population may also be performed. The quality of the data gathered using different techniques will depend on who the key informants are and which households are visited. This is closely connected to bias in sampling. In conflict areas like Darfur, surveys in recent years have been able to reach only about half of the targeted sample population, with coverage changing each year. In remote rural areas, supervision is less frequent and data checks become more important.

Key informant interviews

Meeting with local authorities and/or traditional leaders at the start of the site visit usually provides for the selection of the first key informants. At the same time, initial contacts with people in the street or in and around the administrative centre, and then with the authorities, can be used to identify ‘experts’ on the community situation or context.

Key informants must be selected to cover key population groups and topical areas, including protection, water,

environment and sanitation, food security/nutrition, shelter and health. Livelihoods and education may also be included. If for example only men were interviewed, important information on the conditions of women’s lives would probably be missing. The perspectives of children, the elderly, ethnic minorities and migrants may also not be represented adequately without face-to-face interviews. It is best to seek out and discuss key issues with these groups.

Group discussions

Who participates in group discussions is based on the issue to be discussed, and assessors should look for convenient ways to get specific groups together. For instance, many questions about water access and use can be discussed at a queue by a water point; questions about infant and child feeding can be discussed with mothers at an ante-natal clinic or around a communal cook stove. Assessors should be aware of possible bias created by the situation in which groups are found (for instance, people waiting to see a doctor are not representative of the whole population in terms of health issues). Often people will gather around to look and listen to a discussion with local authorities. This presents an opportunity to pull them into the discussion and ask them if they have other perspectives.

Observation

It is important to observe conditions and particular features from a range of viewpoints and places. This is the simplest and most overlooked source of information. If there is a high point, such as a hill or a tall building, or if the interview team arrives by air, the site should be observed from above. Walking across the site along a transect that does not follow existing lines such as roads or paths will provide a cross-section of points for observation and a wider view of conditions. Where a small number of features are to be observed (water points for example), enough should be visited to identify recurrent major themes.

If there is more than one assessment team, the teams should aim to meet up at least once during the fieldwork, to review progress and decide which issues and gaps most need to be addressed. After each site visit, there should be a team meeting to review progress and ensure that the most effective use is made of precious time in the field. The team leader has a catalytic role to play here.

Checking data entry and reducing data entry error is very important. Different teams may use different guides; one in every ten entries is often used as a minimum to be checked, although one in four is obviously more rigorous. Start with that for each data inputter, and then reduce the frequency if performance is good.

Data analysis

Most survey programmes put 90% of their effort into data collection. A more effective approach would be to put at least a third of the effort into data summary, analysis and dissemination. Unless data are understood enough to ‘tell a people’s story’, the data will be quickly forgotten, no

matter how well they are summarised. An analysis plan is essential at the outset, when the data collection instrument is being designed, to ensure timely results.

Local NGOs or government personnel might make most use of the information. They will seldom read a long document prepared for international funding organisations. Material tailored to such local audiences should be briefer, and special attention should be paid to making figures simple and well-described, as many local authorities have little experience of interpreting computer-generated business tables. Results may be ‘marketed’ to target audiences with community meetings, government ministry briefings, one-page fact sheets in local languages and via radio and TV broadcasts.

For the analysis of data collected using rapid appraisal techniques, the plan should specify: (i) the basic analyses (cross-tabulations) to be made at the first stage of the analysis, on a team-by-team basis; (ii) whether an independent analyst will work with each field assessment team without unduly delaying the analysis process; and (iii) how and by whom the final overall analysis will be undertaken and validated. For the analysis of household survey data, the plan should envisage initial cross-tabulations and specify who will undertake the detailed analysis and interpretation of the data, and then combine the household survey data with data from community group and key informant interviews.

An information manager can help organise data processing (including data cleaning) and analysis, validate results and help the government and cluster/sector specialists interpret and report the data. An analyst who did not participate in the data collection brings a fresh mind and an unbiased perspective to the analysis of the recorded data. This can help to identify relationships suggested by the data and issues that may benefit from discussion within the team, while avoiding bias arising from team members’ impressions, for which actual evidence may be limited. The team and the analyst can then discuss the findings to better determine the story that the data tells. Members of the field assessment teams should contribute to the analysis, along with cluster members in their particular areas of expertise. For example, after the first survey in Myanmar a workshop was held among enumerators to determine which questions to drop and which to explore further in subsequent survey rounds.

A more complete analysis requires consideration of normal conditions for the affected area, as well as national and international benchmarks for crisis situations. In the area of nutrition and food security, some thresholds are established internationally and are universally applicable:

- Wasting: a weight-for-height ratio of minus 2 z-scores of the median of reference is used as a threshold to define global acute malnutrition in children from 6 to 59 months.
- Crude mortality rate: a threshold of one death per 10,000 people per day denotes an alert; two deaths per 10,000 people per day indicates a critical emergency.

Other indicators and thresholds are context-specific and must be defined for each situation. For example, the ways in which people obtain access to food vary widely; indicators and thresholds for food access can be defined only when the local context is understood. Coping strategies are also highly context-specific; for example, the collection of wild plants for food might be a normal activity in one society, but indicates an extreme level of crisis in another. Context-specific thresholds are defined through value judgements; much depends on the experience and knowledge of the people making the judgement.

Thresholds can be established in one or a combination of the following ways:

- Using pre-crisis data, when knowledge of normal conditions forms the basis for comparison.
- Using surveys carried out by other agencies in the same area and during the current crisis.
- Based on the judgement of local key informants and/or experts; a group discussion with several informants facilitates consensus.
- Based on Sphere or similar standards.

When establishing thresholds in any of these ways, transparency and consultation are needed.

Triangulation – the comparing and contrasting of responses by different individuals or groups – is key to interpretation. Are the responses of people in one place generalisable to other places? Triangulation can help us determine if they are. Do different informants, different methods or surveys in different locales generate very different results? Comparisons between them will tell us something about the range and magnitude of these differences.

In addition to analysis and interpretation, presentation is important. Appropriate, imaginative use must be made of tables, charts, maps, timelines and the combination of data from different data sets. An assessment generally provides a snap-shot; it is important to find ways of visually presenting changes and trends. Even imperfect data can be useful, if the nature and magnitude of the imperfections are understood; meta-data labels are essential – for all data, the source and the date and method of collection must be recorded; all data must be interpreted in context and quantitative data tells its story best when complemented by qualitative data. In addition:

- Separate estimates are needed for the total population of the affected area, the numbers affected and numbers displaced (in camps).
- Baseline risk estimates can be made on the basis of previous disasters.
- Different information may be obtained when the same question is put to groups and to individuals. It is important to understand the social context and how the society in question works.
- People can be asked about their own priorities. Such questions cannot be either completely open-ended or

closed. Semi-open questions can be devised after data is collected and closed categories are made. For example, probably only three or four major coping strategies will commonly be described. These can be given categories after open-ended information is collected, with the 10% of other responses left open in an ‘other’ category.

While the analysis plan is being developed, it may become clear that the assessment cannot be carried out as originally intended. This may be because:

- There is insufficient time to collect all the information required.
- Access constraints affect the intended sampling approach.
- Too few personnel are available, or personnel do not have the requisite skills.
- Logistics or budgetary constraints dictate modifications.

Reporting formats

Simple, initial or rapid exercises may do little more than sum data, make cross-tabulations and present tables and graphs from those data. Early partial results can be shared as raw data, but care must be taken to always show that such information is provisional, partial and subject to correction. Clusters can help clean the data by seeing it at this stage, but any summary data (7% of children are underweight, for instance) can take on a life of its own and lead to misunderstandings. Thus, analysis and reporting should only be done on complete data sets.

One person in the core team should be responsible for coordinating the editing, translation and dissemination of reports. Clusters often plan to do their own analysis, but seldom have the requisite skills or time. The ability

to interpret graphical and statistical information may be lacking. Simple reporting is usually the best as it is more readily understood and less often misinterpreted.

More extensive reports will do more than simply present data. Interpreting the information gathered adds value for users, especially when sector specialists take part in the interpretation and writing. Such a consensus-building process takes time and can only be done after data is entered and cleaned.

Analysts often think that the job is done once reports are written and released. This is especially true with the kind of instantaneous electronic reporting common in the humanitarian community today. If agency headquarters and funders are the main intended audience, this can be sufficient. But if the assessment is intended to assist workers on the ground or national authorities, other means of dissemination are needed. Ministry meetings should be held, paper copies of the whole report should be distributed and targeted short reports should be produced for particular interested groups, such as camp administrators, education authorities and NGOs providing health services.

Reports should be stored in electronic format, and accessible to any interested users. But while many may ask for the data, few will process it or produce summary information from it unless a central team has led this effort. Transparency is essential to avoid drawing mistaken conclusions from the available information. Attention should be given to discrepancies in information between different sources, gaps in primary information, limitations in the reliability or generalisability of the data and gaps in secondary information. Bear in mind that transparency can harm local participants in some charged political situations. Even when local participants are brave

Table 3: Model reporting timeline

Report	Timeframe	Purpose
Briefings to the national cluster teams during fieldwork analysis	Daily to weekly	Keep cluster team updated on progress, constraints and initial findings, report on exceptional situations and allow initial decisions to be made
Partial initial CNA data summaries	Weekly	Provide ongoing information in near real-time to stimulate interest and analysis
Complete initial CNA report	3 weeks after CNA process initiated	Guide funders and early humanitarian response planning
A more detailed CNA report for a larger audience	4–7 weeks after CNA process initiated	Consolidated Appeal Process (CAP) and Consolidated Humanitarian Action Plan for country; fundraising
Specialised sector reports, materials for NGO newsletters, newspapers and governmental publications in-country	Starting 1 month after CNA process initiated	Provide decision-makers and donors with essential information and information gaps concerning specific sites and sectors, such as through Flash Appeal
Repeat CNAs	2–3 months after initial CNA report	To monitor recovery, identify further gaps and assess coverage and impact of humanitarian action

and ready to sacrifice their safety for the sake of the programme, survey leaders have an ethical responsibility to protect them from repercussions, even if doing so limits access to results.

Who owns the data?

New technologies for data transmission and automated analysis create the possibility of near real-time summaries of field-based information as it is collected, similar to the way partial electoral returns are presented in some elections. This has opened up new opportunities to speed up data presentation and engage more people in data cleaning, analysis and interpretation.

Information produced in a rapid needs assessment can be made available almost immediately to potential users and,

once unique identifiers are removed from the data, should be widely and easily available to interested parties for their summarisation, interpretation and use.

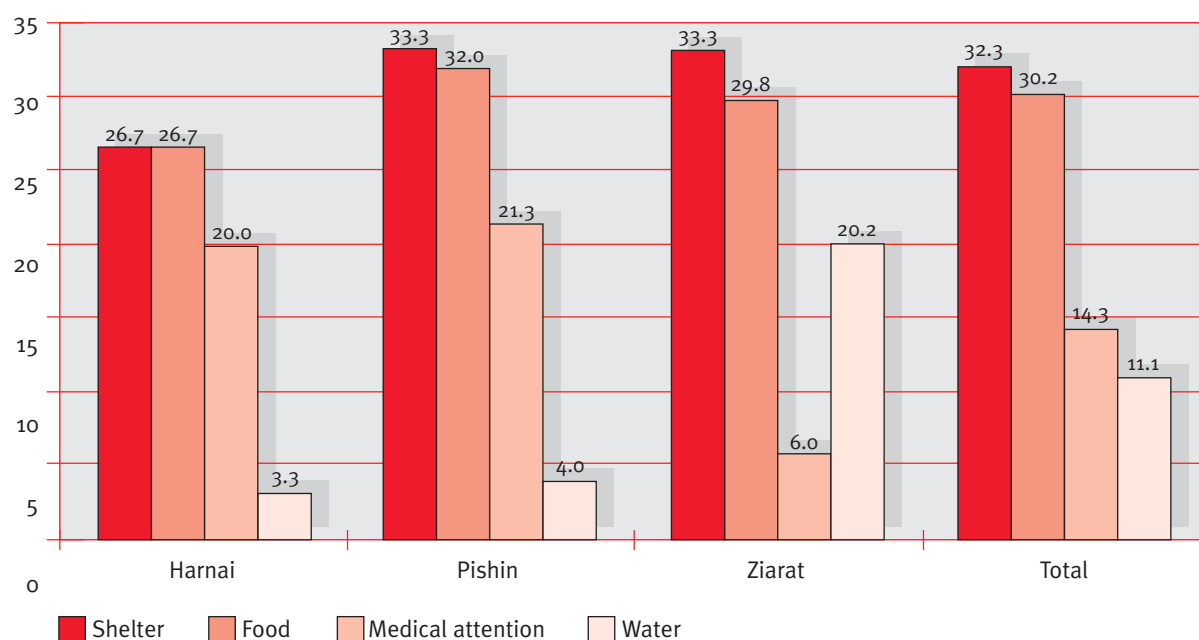
While data is still being collected, partial results can be shared (once data is cleaned and individual identifiers are removed). In this way, engagement with the process can be fostered rather than discouraged, early results can contribute to an evolving shared interpretation and errors in the data or in the way questions are asked can be fixed. Such an approach anticipates dynamic results, in an evolving stream of information, rather than the static characterisation of the population in a rapidly changing situation at only one point in time.

Communication of partial results requires careful caveats to avoid misperceptions about the comprehensiveness and representativeness of the data.

Annex 1

Examples from CNA survey reports

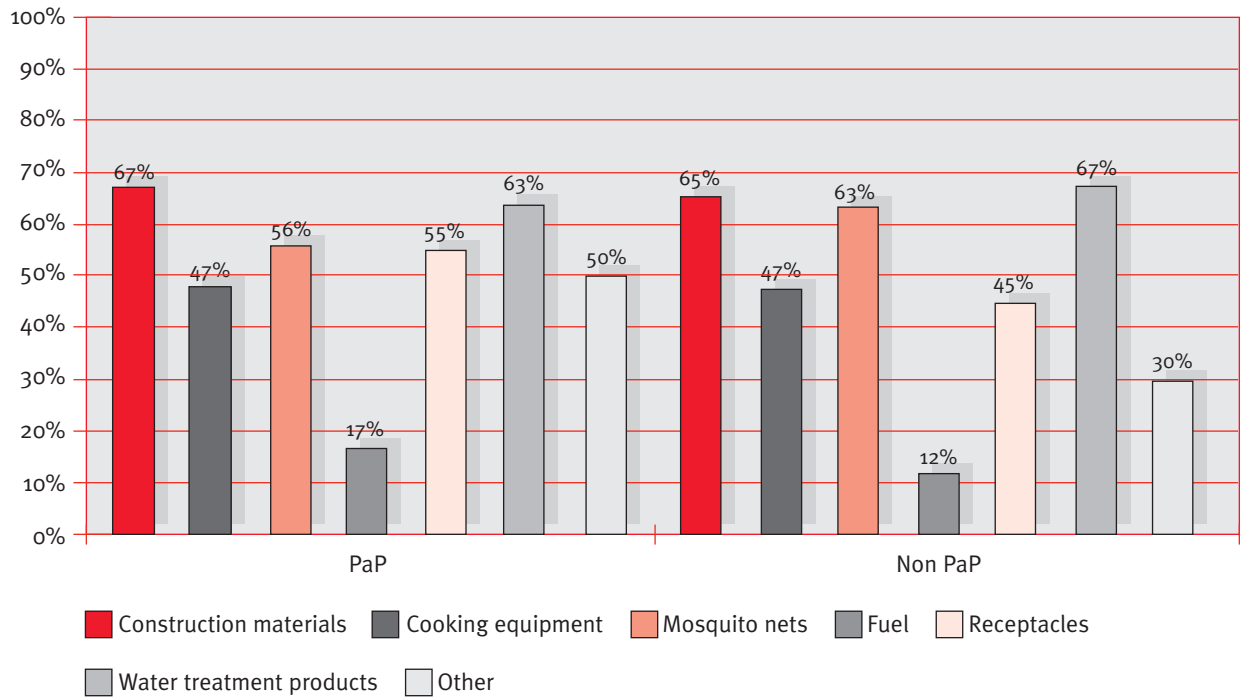
McRam survey results of highest priorities of the affected communities from the Balochistan earthquake in Pakistan in 2008



McRam assessment of IDPs in Pakistan

Places males and females defecate, by camp								
Camp	Latrines		Open field (away from shelter)		Near to shelter (excrement removed)		Near to shelter (excrement left)	
	Male	Female	Male	Female	Male	Female	Male	Female
Kacha Garhi, Peshawar (n = 26,27)	88.5	100.0	50.0	7.4	0.0	0.0	3.8	0.0
Sheikh Yasin, Mardan (n =14,14)	100.0	100.0	71.4	0.0	0.0	0.0	0.0	0.0
Palosa, Charsadda (n = 14,14)	100.0	78.6	14.3	7.1	7.1	21.4	35.7	0.0
Benazir, Nowshera (n= 12,12)	91.7	100.0	66.7	16.7	0.0	0.0	0.0	0.0
Samar Bagh, Lower Dir (n = 16,16)	75.0	100.0	37.5	0.0	6.3	0.0	0.0	0.0
Khungay, Lower Dir (n = 30,30)	100.0	70.0	30.0	33.3	0.0	0.0	0.0	0.0
Degree College Timergara, Lower Dir (n = 12,12)	100.0	100.0	0.0	0.0	0.0	0.0	0.0	8.3
Sadbar Kalay, Lower Dir (n = 6,6)	66.7	83.3	50.0	50.0	0.0	0.0	0.0	0.0
Overall percentage for all camps (n = 130,131)	92.3	90.1	39.2	13.7	1.5	2.3	4.6	0.8

Extract from the ACAPs RINAH Haiti Report People's priorities in terms of shelter and non-food items



Extract from the CDC RINAH Report

Percentage of sites reporting people injured due to the crisis								
	PAP camps n=71	PAP non-camps n=45	Outside camps n=35	Outside non-camps n=61	PAP n=116	Outside PAP n=96	In camp n=106	Non-camp n=106
Yes	73.2%	73.3%	54.3%	41.0%	73.3%	45.8%	67.0%	54.7%
No	0.0%	4.4%	37.1%	49.2%	1.7%	44.8%	12.3%	30.2%
Don't know	16.9%	20.0%	5.7	8.2%	18.1%	7.3%	13.2%	13.2%
Missing	9.9%	2.2%	2.9%	1.6%	6.9%	2.1%	7.6%	1.9%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Annex 2

Outline of an assessment summary report

Summary of context

- The effects of the emergency: description of magnitude and nature of the emergency, impact on national and local capacities, expected evolution.
- Pre-crisis situation, including seasonal, inter-annual and long-term trends.
- Description of most vulnerable groups and factors/mechanisms creating or mitigating vulnerability.

Most urgent issues for response

- Overview of major harm.
- Key response gaps in the affected area by sector.

Overall summary assessment

- Location and geographic identification.
- Population affected.
- Summary of conditions in: emergency shelter, essential non-food items, water supply, sanitation, hygiene, food security, nutrition, health status, health services.
- Variation in conditions by geographic area (e.g., magnitude, severity, expected duration, types of impacts).
- Types of humanitarian assistance urgently required.
- Sites/sectors where more in-depth assessment is required

Maps

- Affected area and population distribution/concentrations.
- Physical hazards/security risks.
- Forthcoming seasonal risks.
- General access and supply routes.

Critical questions for further data collection

- Key areas not yet assessed.
- In-depth assessments required.
- Recommendations for monitoring key indicators (e.g. monitoring vulnerability of specific groups, disease surveillance, monitoring water resources).

Annex 3

Who does what in a needs assessment?

Key activities relating to coordinated assessment	RC/HC	HCT	OCHA	Intercluster Coordination	Cluster Coordination	Cluster members mechanism	National government/ local authorities	Other national actors: NGOs, etc.
Phase 0: Contingency and preparedness planning for coordinated assessments								
Joint preparedness planning for assessments	A	S	R	S	R	S	R	S
Phase 1: 72 hours								
Preliminary scenario definition	A	S	R	S	S	S	C	S
Information management and communication	S	S	A (Intercluster)	S	A (Cluster)	S	R	S
Phase 2: First two weeks								
Activation of pre-agreed assessment process	A	S	R	S	R	S	S	I
Multi-cluster rapid assessment design and roll-out	A	S	R	R	R	S	S	S
Information management/ analysis	S	S	A (Intercluster)	R	A (Cluster)	S	C	S
Information dissemination	S	S	A	S	A	S	R	S
Phase 3 and 4: Second two weeks and beyond								
Assessment coordination	S	S	A (Intercluster)	S	A (Cluster)	S	S	S
Cluster-specific assessment design and roll-out	S	S	S	S	A	R	S	S
Information management/ analysis	S	S	A (Intercluster)	R	A (Cluster)	S	R	R
Information dissemination	S	S	A (Intercluster)	R	A (Cluster)	S	R	R

NATE, *Operational Guidance on Coordinated Assessments in Emergencies*, 23 July 2009, p. 14.

Legend: Five levels of engagement

A – ACCOUNTABLE The individual function that is ultimately answerable for follow-up and completion of the task

R – RESPONSIBLE Those who do the work to achieve the task. There can be more than one individual who is responsible.

S – SUPPORT Those who may help with the task

C – CONSULTED Those whose views are sought and considered (two-way communication)

I – INFORMED Those who are updated on progress (one-way communication)

Notes

1 IASC Needs Assessment Task Force, *Operational Guidance for Coordinated Assessments in Humanitarian Crises*, draft version For Needs Assessment Task Force, Geneva, 23 July 2009.

2 Developments in needs assessment have occurred alongside organisational development at many UN agencies and NGOs. OCHA has developed coordinating mechanisms and the IASC Needs Assessment Task Force (NATF) is developing normative documents. This Network Paper examines issues involved in carrying out multi-agency assessments and does not detail the many issues involved in this evolving organisational environment.

3 Definition agreed upon by participants in the Myanmar CNA workshop, Bangkok, January 2009. The term 'joint' is sometimes used in place of 'common' to denote that the assessment is both inter-agency and inter-sectoral. 'Assessment' implies that analysis is done, but a CNA is more than the collection and reporting of data from a field survey. A CNA may contribute information to a Post-Disaster Needs Assessment, but these focus mainly on losses, whereas a CNA is concerned mainly with needs.

4 From the joint Myanmar/Pakistan workshop held in Bangkok in January 2009.

5 IASC, *Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance*, November 2007, p. 7.

6 Based on a WFP scenario modified by Sandie Walton-Ellery.

7 See <http://aseanhtf.org/periodicreview.html>.

8 IASC Country Teams are also known as Humanitarian Country Teams.

9 *Links between Assessments and Contingency Planning*, Emergency Directors Meeting, 17 June 2008, Geneva. Discussion Paper prepared by IFRC, OCHA and WHO.

10 NATF, *Operational Guidance on Coordinated Assessments in Emergencies*, 23 July 2009, p. 18.

11 An assessment of shelter needs in Kosovo prior to the onset of winter was given as an example. Five data fields on the questionnaire – simple illustrations of different degrees of damage plus GPS coordinates to provide data on altitude and accessibility – provided sufficient information for shelter interventions to be planned by all agencies.

12 See, for example, W. Weiss and P. Bolton, *Training in Qualitative Research Methods for PVOs and NGOs*, http://www.jhsph.edu/refugee/publications_tools/publications/qualresearch.html.