INITIAL ASSESSMENT OF HUMANITARIAN DISASTERS

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FUTURE STRATEGIC TRENDS

- Increasing empowerment.

- Increasing access to unregulated information.

- Increasing environmental stress.

- Population changes – more youth in poorer countries, more elderly in richer countries.

- Urbanisation and population moves.

- Crime, extremism and erosion of state sovereignty.
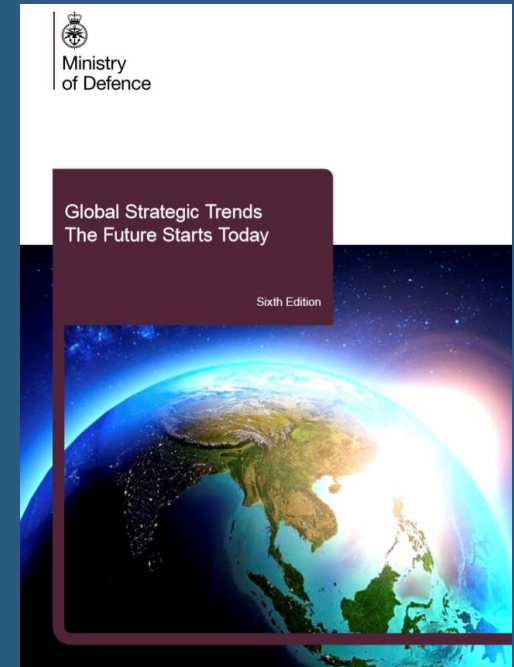
Ministry of Defence

Global Strategic Trends
The Future Starts Today

Sixth Edition

Future Strategic Trends: The Future Starts Today. Sixth Edition. Ministry of Defence. October 2018.

RESPONDING TO ACUTE HUMANITARIAN CRISES

- Humanitarian emergencies may give rise to large populations being affected.

- These need a systematic **needs assessment** and early intervention to prevent a rapid rise in **mortality** and **morbidity**.

- Whatever the initial cause there are a number of common key factors that need looking at.
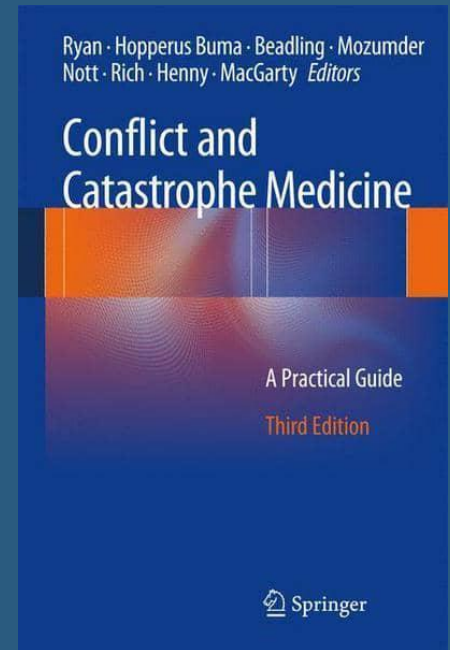
Conflict and Catastrophe Medicine. A Practical Guide. Third Edition. Ryan et al. 2014.

RWANDA - A WATERSHED?

- 1994 Overseas Development Institute stated:

  100,000 avoidable deaths could be attributed to the poor performance of the relief agencies.

- Principle Factors: Lack of standards, weak accountability and poor coordination.

- Led to an increased interest, especially by donors, in: Quality, impact and accountability.

  The perception the 'humanitarian workers were always doing good' was shattered.

DEVELOPMENTS SINCE 1994

- This led to the Red Cross movement and NGOs developing a voluntary Code of Conduct (1994).

- The SPHERE Project of 1998 was brought about by the coordinated activity of a number of established NGOs and the Red Cross movement.

- The role of humanitarian workers remains under the spotlight.
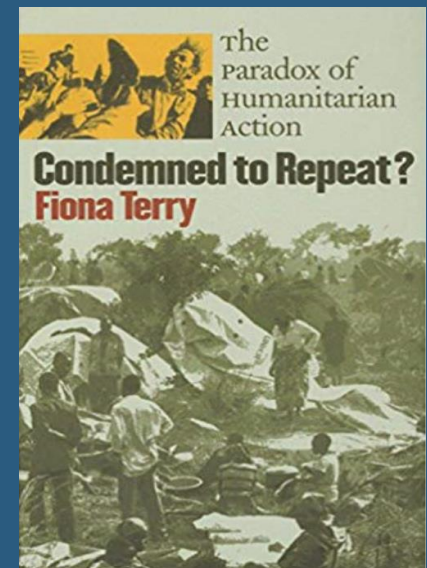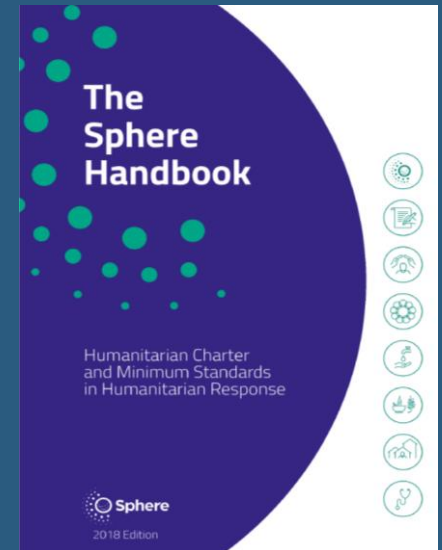
GREAT STRIDES FORWARD ... BUT STILL MORE TO DO?

- Despite reforms, the sector still falls short in the World's most enduring crises.

- The humanitarian system is saving more lives, caring for more wounded and feeding more hungry people in more places.

- In practice, humanitarian principles often sit uneasily with the reality of crisis situations and require trade-offs in their use.

- **Effectively addressing people's needs – not ideology – should dictate operational approaches**.

Time to let go. Remaking humanitarian action for the modern era. Overseas Development Institute. April 2016.

Time to let go
Remaking humanitarian action for the modern era
April 2016

ODI HPG
Humanitarian Policy Group

IMMEDIATE RESPONSE AND NEEDS ASSESSMENT IN HUMANITARIAN CRISES

- By its very nature a disaster:

    - Overwhelms medical services.

    - If aid is to do the most good for the most people, it must be targeted.

    - The application of triage is as relevant and important on a national and regional scale as it is in the emergency department.

- A Rapid Needs Assessment equates to the primary survey of a severely injured patient in the emergency room.

- From this flows everything else.

- The recognition of the importance and need for immediate assessment is now well established.
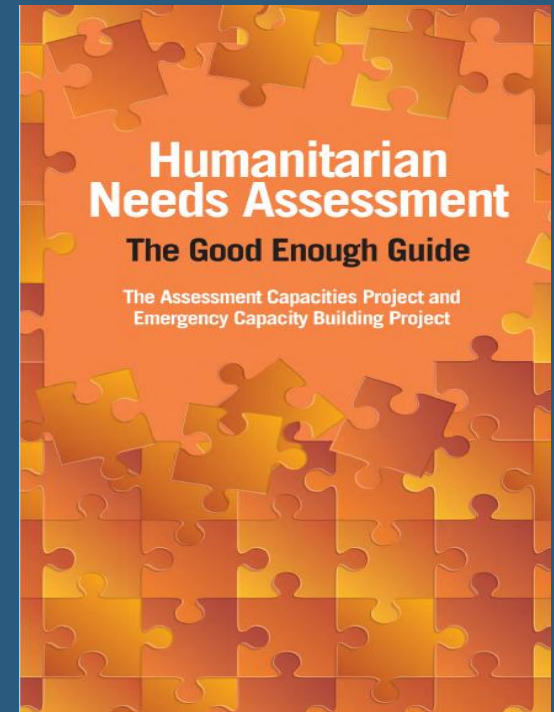
ASSESSMENT AND ANALYSIS

- The Sphere Minimum Standards provide a basis for the needs assessment.

- At the onset of a crisis they help to identify immediate needs and prioritise activities to address these needs.

- The standards also help to improve coordination across organisations and sectors.'

The Core Humanitarian Standard (Figure 2)

The SPHERE Handbook. Fourth Edition. 2018.

OBJECTIVES OF THE NEEDS ASSESSMENT

- Needs assessment is how organizations identify and measure the humanitarian needs of a disaster-affected community. It is the best way to answer the question: **'What assistance do disaster-affected communities need?'**

- Needs assessments enable the organization to make good decisions about how to allocate resources and gather more resources to meet the needs of the disaster-affected community.

Humanitarian Needs Assessment
The Good Enough Guide
The Assessment Capacities Project and Emergency Capacity Building Project

OBJECTIVES OF THE NEEDS ASSESSMENT

Box 1. Why might an organization carry out a needs assessment?

- To work out what the organization's most important goals are.

- To plan technical programmes.

- To prepare proposals for fundraising.

- To develop the right advocacy messages.

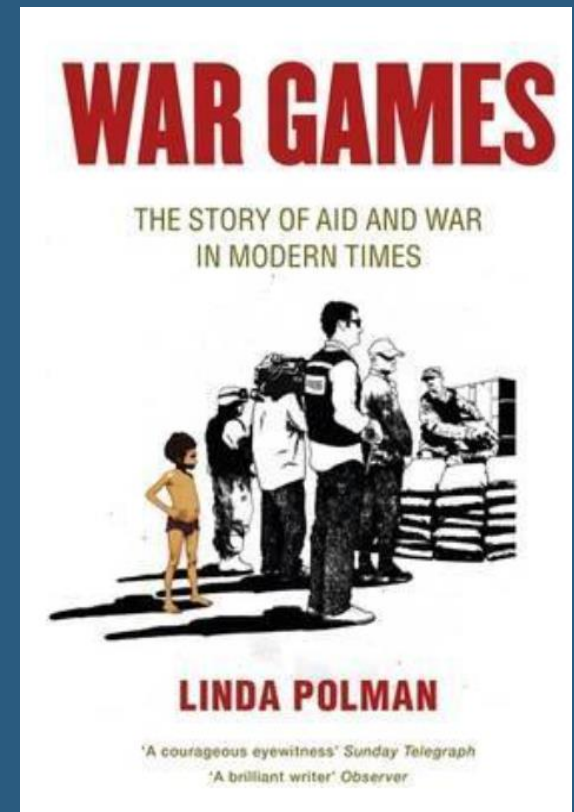- To design later assessments with more detail.

OBJECTIVES OF THE ASSESSMENT

- **Allows the agency to decide whether to intervene or not.**

- Determine priorities.

- Plan programmes.

- Design systems to monitor progress of programmes.

- Share information.

THE ASSESSMENT

- Also requires an understanding your agency:
  - Mandate and Constraints.
  - Funding.
  - Skills.
  - Capacity.
  - Knowledge of country.
  - Country office already in place?

WAR GAMES

THE STORY OF AID AND WAR IN MODERN TIMES

LINDA POLMAN

'A courageous eyewitness' *Sunday Telegraph*
'A brilliant writer' *Observer*

MANY TYPES OF ASSESSMENT

- **Co-ordinated:** Conducted by a partnership – results shared.

- **Harmonised:** Separate data collection using comparable methods.

- **Joint:** Single process among agencies – single report.

- **Individual agency:** Can or will your organisation help?

- **Multi-sectoral:** Different sectors, common methods.

- **Individual sector** (e.g. Health)

- **Sub-sectoral/cross sectoral:** Assess specific problem.

(After Howard et al: Conflict & Health, 2012)

SPHERE HEALTH ASSESSMENT CHECKLIST

Preparation:

- Available information on the crisis-affected population.

- Available maps, aerial photos or satellite images, and geographic information system (GIS) data of the affected area.

- Demographic, administrative and health data.

- Internet sources.

What can you find out before you go?

SPHERE HEALTH ASSESSMENT CHECKLIST

Security and Access:

- Existence of the ongoing natural or human-made hazards.

- Overall security situation, including the presence of armed forces.

- Access that humanitarian organisations have to the crisis-affected population.

SPHERE HEALTH ASSESSMENT CHECKLIST

Demographics and Social Structure:

- Size of the crisis-affected population, disaggregated by sex, age and disability.

- Groups at increased risk, such as women, children, older people, persons with disabilities, people living with HIV or marginalised groups.

- The average household size and estimates of the number of female- and child-headed households.

- Existing social structure and gender norms, positions of authority/influence in the community and the household.

SPHERE HEALTH ASSESSMENT CHECKLIST

Background Health Information:

- Health problems that existed in area before the emergency.

- Pre-existing health problems in the country of origin for refugees/area of origin for internally displaced persons.

- Existing risks to health, such as potential epidemic diseases.

- Pre-existing barriers to healthcare, social norms and beliefs, including positive and harmful practices.

- Identify previous sources of healthcare and their performance.

SPHERE HEALTH ASSESSMENT CHECKLIST

Mortality Rates:

- Crude mortality rate.

- Age-specific mortality rates (such as CMR, <5yr, Infant, Maternal mortality rates).

Morbidity Rates:

- Incidence rates of major health conditions that have public health importance.

- Age- and sex-specific incidence rates of major health conditions where possible.

SPHERE HEALTH ASSESSMENT CHECKLIST

Available Resources:

- Capacity of the MoH of the country affected by the crisis.

- Status of national health facilities, number by type of care provided, referral systems, degree of infrastructure damage, and access.

- Numbers and skills of available healthcare staff.

- Available health budgets and financing mechanism.

- Existing public health programmes such as immunisation.

- Availability of medicines, medical devices/equipment, logistics.

- Level of IPC standards in health facilities.

SPHERE HEALTH ASSESSMENT CHECKLIST

Data from Other Relevant Sectors:

- Nutritional status.

- Environmental and WASH conditions.

- Food basket and food security.

- Shelter – quality of shelter.

- Education – health and hygiene education.

Plus:

- The response of other organisations e.g. UN, other NGOs.

THE PRACTICALITIES PREPARING FOR THE ASSESSMENT

Time
- Where & when will the assessment take place?
- How long will it take?

Team
- Who will make up the team?
- Skills and numbers?
- Prepared and ready?

Information
- What is required?
- Who will use it?
- How should it be gathered?
- What exists already?
- What analysis will be needed
- What reports will be needed?

Constraints
- Funds?
- Security?
- Health & safety?
- Access?
- Communications?
- Legal?

What equipment is needed?
- For the team?
- For the assessment?

What are the local implications?
- Is team self-sufficient?
- Can any support required be provided?

OBTAINING INFORMATION IN THE FIELD

- Visits to affected areas.

- Involve the affected communities.

- Interviews with key individuals.

- Surveys.

- Useful tools:
    - Questionnaires – useful for interviews with individuals or groups.
    - Checklists (see Sphere Handbook and SPHERE unpacked, IFRC training manual).
    - MIRA, HESPER.
    - WHO assessment documents.
    - Gap identification charts – a method of organising data to highlight gaps between needs and resources.
    - Log Frames.

THE MULTI-CLUSTER/SECTOR INITIAL RAPID ASSESSMENT (MIRA)

- Designed to identify strategic humanitarian priorities during the first weeks following an emergency.

- Main benefit is production, from onset of crisis, of a concerted operational picture based on the best information available from 1° and 2° sources.

- Co-ordinated by UN OCHA or representative of another agency on behalf of Resident Humanitarian Coordinator.

MI RA

MULTI-SECTOR INITIAL RAPID ASSESSMENT

GUIDANCE

REVISION JULY 2015

IASC
Inter-Agency Standing Committee
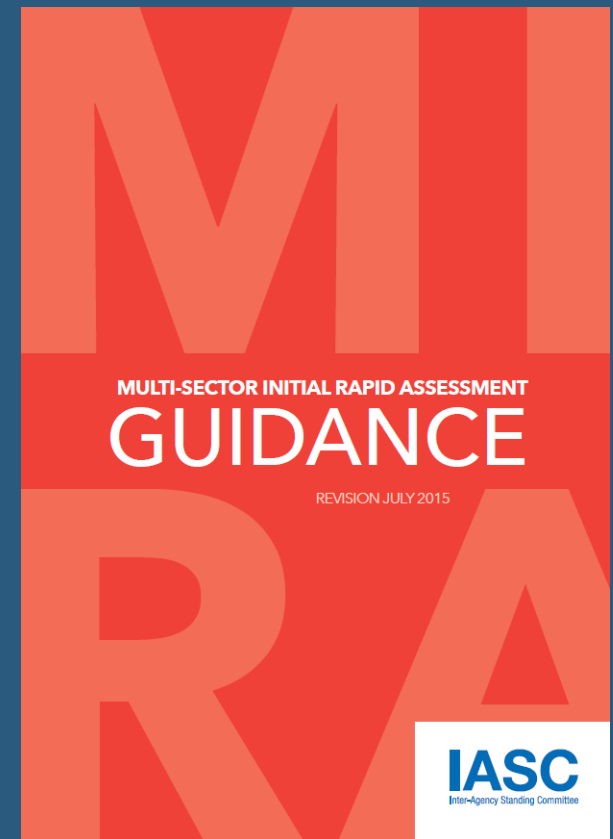
WHAT THE MIRA CAN DELIVER

- **2 key products:**
  - Preliminary Scenario Definition/Situation Analysis - issued 72 hours after the disaster's onset.
  - MIRA Report/Joint Assessment - released after 2 weeks.

- The MIRA is the first step in the humanitarian country team's response to an emergency:
 - An initial common understanding of the most pressing needs.
  - A voice for the affected population.
  - An evidence base for response planning.

WHAT THE MIRA DOES NOT GIVE

- Information to directly inform the design of specific and localized humanitarian interventions.

- Statistically representative primary data for quantitative analysis on humanitarian needs.

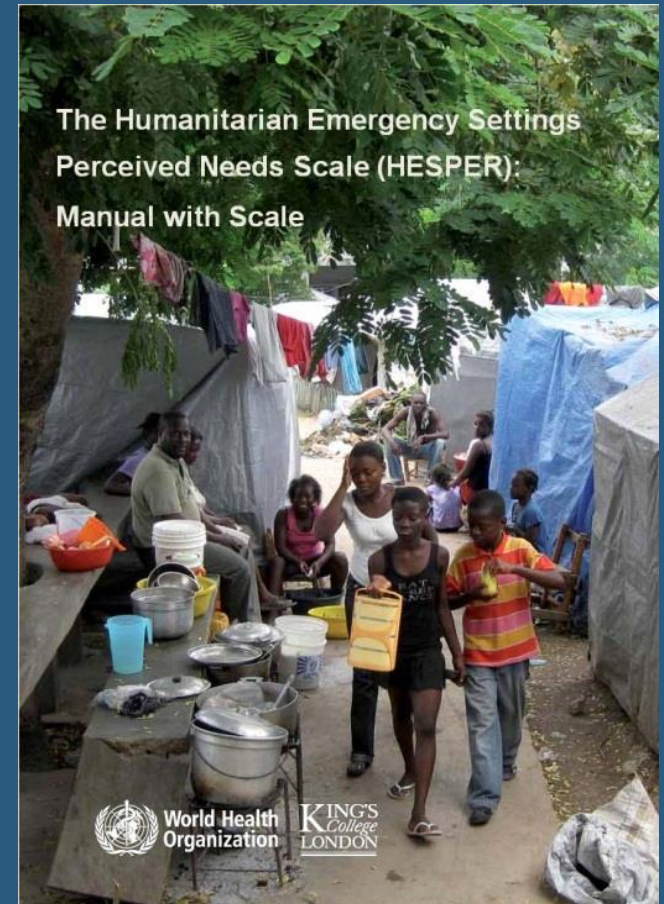- A substitute for detailed or in-depth sectoral assessments.

THE MIRA ANALYTICAL FRAMEWORK
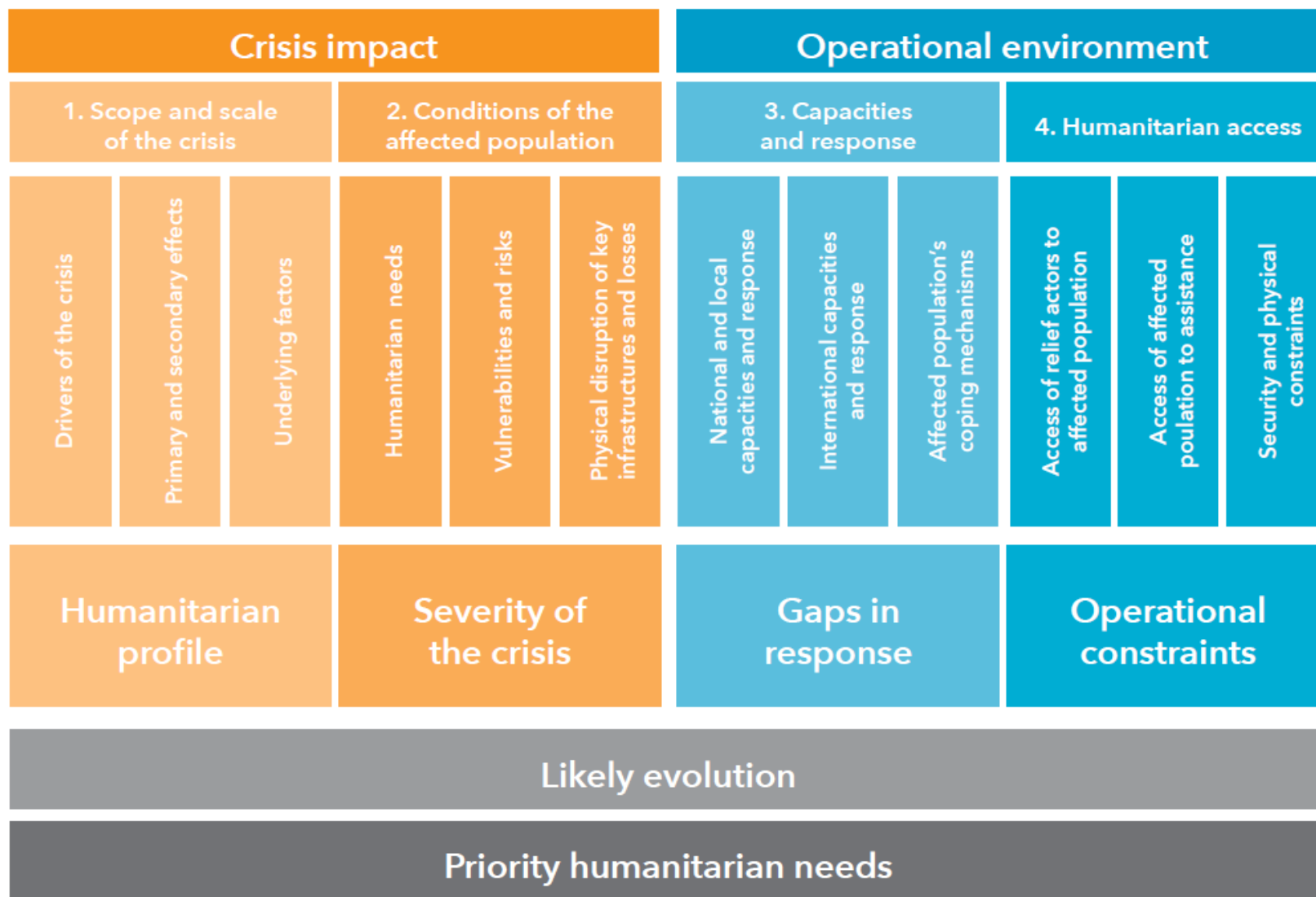
HESPER
HUMANITARIAN EMERGENCY SETTINGS PERCEIVED NEEDS SCALE

- Asks members of affected populations to rank needs important to them

- Includes questions in 26 domains
  - Drinking water.
  - Food.
  - Place to live in.
  - Toilets.
  - Keeping clean.
  - etc.

The Humanitarian Emergency Settings Perceived Needs Scale (HESPER): Manual with Scale

World Health Organization   King's College London

ADVANTAGES OF THE HESPER SCALE

- Rapid use (15 - 30 mins).
- Easy for local staff use.
- Culturally applicable in low- and middle-income countries.
- Can use throughout emergencies - track needs over time.
- Consistent with the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.
- Valid (measures what it was intended to measure).
- Reliable (provides consistent results with different raters and at different times).
- Can add locally developed items to account for locally relevant needs.
- Promotes increased accountability towards and participation of the affected population.
- Assesses perceived needs over many problem areas.
- Freely available and easy to use.

HESPER

Appendix 1 - Humanitarian Emergency Settings Perceived Needs Scale (HESPER)

Date:	Interviewer name:	Participant number:
Location (name of city, village or camp):	Gender:	Age:

Rating:
0 = no serious problem   1 = serious problem
9 = does not know / not applicable / declines to answer

Ratings

I am going to ask you about the **serious problems** that you may **currently** be experiencing. We are interested in finding out what you think – a serious problem is a problem that **you** consider serious. There are no right or wrong answers. I am going to ask you about your own serious problems first.

1. Drinking water
Do you have a serious problem because you do not have enough water that is safe for drinking or cooking?

2. Food
Do you have a serious problem with food? For example, because you do not have enough food, or good enough food, or because you are not able to cook food.

3. Place to live in
Do you have a serious problem because you do not have a suitable place to live in?

4. Toilets
Do you have a serious problem because you do not have easy and safe access to a clean toilet?

5. Keeping clean
For men: Do you have a serious problem because in your situation it is difficult to keep clean? For example, because you do not have enough soap, water or a suitable place to wash.
For women: Do you have a serious problem because in your situation it is difficult to keep clean? For example, because you do not have enough soap, sanitary materials, water or a suitable place to wash.

6. Clothes, shoes, bedding or blankets
Do you have a serious problem because you do not have enough, or good enough, clothes, shoes, bedding or blankets?

7. Income or livelihood
Do you have a serious problem because you do not have enough income, money or resources to live?

8. Physical health
Do you have a serious problem with your physical health? For example, because you have a physical illness, injury or disability.

9. Health care
For men: Do you have a serious problem because you are not able to get adequate health care for yourself? For example, treatment or medicines.
For women: Do you have a serious problem because you are not able to get adequate health care for yourself? For example, treatment or medicines, or health care during pregnancy or childbirth.

10. Distress
Do you have a serious problem because you feel very distressed? For example, very upset, sad, worried, scared, or angry.

11. Safety
Do you have a serious problem because you or your family are not safe or protected where you live now? For example, because of conflict, violence or crime in your community, city or village.

12. Education for your children
Do you have a serious problem because your children are not in school, or are not getting a good enough education?

13. Care for family members
Do you have a serious problem because in your situation it is difficult to care for family members who live with you? For example, young children in your family, or family members who are elderly, physically or mentally ill, or disabled.

14. Support from others
Do you have a serious problem because you are not getting enough support from people in your community? For example, emotional support or practical help.

15. Separation from family members
Do you have a serious problem because you are separated from family members?

16. Being displaced from home
Do you have a serious problem because you have been displaced from your home country, city or village?

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17. Information
For displaced people: Do you have a serious problem because you do not have enough information? For example, because you do not have enough information about the aid that is available; or because you do not have enough information about what is happening in your home country or home town.
For non-displaced people: Do you have a serious problem because you do not have enough information? For example, because you do not have enough information about the aid that is available.

18. The way aid is provided
Do you have a serious problem because of inadequate aid? For example, because you do not have fair access to the aid that is available, or because aid agencies are working on their own without involvement from people in your community.

19. Respect
Do you have a serious problem because you do not feel respected or you feel humiliated? For example, because of the situation you are living in, or because of the way people treat you.

20. Moving between places
Do you have a serious problem because you are not able to move between places? For example, going to another village or town.

21. Too much free time
Do you have a serious problem because you have too much free time in the day?

The last few questions refer to people in your community*, so please think about members of your community when answering these questions.

22. Law and justice in your community
Is there a serious problem in your community because of an inadequate system for law and justice, or because people do not know enough about their legal rights?

23. Safety or protection from violence for women in your community
Is there a serious problem for women in your community because of physical or sexual violence towards them, either in the community or in their homes?

24. Alcohol or drug use in your community
Is there a serious problem in your community because people drink a lot of alcohol, or use harmful drugs?

25. Mental illness in your community
Is there a serious problem in your community because people have a mental illness?

26. Care for people in your community who are on their own
Is there a serious problem in your community because there is not enough care for people who are on their own? For example, care for unaccompanied children, widows or elderly people, or unaccompanied people who have a physical or mental illness, or disability.

Other serious problems:

Do you have any other serious problems that I have not yet asked you about?
Write down the person's answers.
27.

28.

29.

Priority ratings for serious problems:

Read out the titles of all questions you have rated as '1', as well as any other serious problems listed above. Write down the person's answers (write down the number and title of the questions).

1. Out of these problems, which one is the most serious problem?

2. Which one is the second most serious problem?

3. Which one is the third most serious problem?

* Throughout the HESPER form, the term 'community' should be replaced with the term that is most suitable to the local geographical area (for example village, town, neighbourhood, camp and so on).

HESPER

Date:	Interviewer name:		Participant number:
Location (name of city, village or camp):		Gender:	Age:

Rating: 0 = no serious problem 1 = serious problem 9 = does not know / not applicable / declines to answer	Ratings

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1. **Drinking water** Do you have a serious problem because you do not have enough water that is safe for drinking or cooking?	

UNHCR : NEEDS ASSESSMENT FOR REFUGEE EMERGENCIES (NARE)

- Rapid use.
- UNHCR often lead coordinator in displaced person crises.
- NARE is a customisable multi-sectoral needs assessment tool.
- NARE – Protection checklists:
  - Water and Sanitation Checklist.
  - Camp management and communal living checklist'.
  - Settlement development and shelter checklist.
  - Food Security and nutrition checklist.
  - Public Health and Nutrition checklist.
  - Education checklist.

EXAMPLE OF A GAP IDENTIFICATION CHART
A) POTENTIAL ABILITY TO MEET NEEDS
B) ACTUAL ABILITY TO MEET NEEDS

Needs	National Govt	Local govt	Population	NGOs
Medical	Y/Y	N/N	N/N	Y/Y
Shelter	N/N	Y/N	Y/Y	Y/Y
Food	Y/Y	Y/Y	N/N	N/N
Water	Y/Y	Y/Y	N/N	Y/Y
Sanitation	Y/N	Y/N	N/N	N/N

LOG FRAME

- **Logical Framework Analysis** (LFA) - management tool used for project design, monitoring and evaluation (also known as Goal Oriented Project Planning (GOPP) or Objectives Oriented Project Planning (OOPP)}.

	Narrative Description	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
Activities				
Outputs				
Purpose				
Goal				

BEWARE: SOURCES OF BIAS

- **Investigator** – unwillingness to "get the hands dirty" or concentrating on data/contacts fulfilling preconceived notions:
  - Ease of obtaining data – only visiting sites where data can be obtained easily.
  - Speciality bias – only getting data on the speciality of the assessor.
  - Cultural – making assumptions based on the assessors cultural norms.

- **Contacts** – failure to assess whether informants are biased due to position, class, politics or ethnic group.

- **Sample** – respondents are not representative of the population:
  - Gender – only speaking to members of one sex or failing to use appropriate interviewers for particular groups.
  - Time – conducting assessment at a time when a key group may be unavailable or under/over represented.

- **Season** – missing problems due to assessing only in good weather or failing to take seasonal activities into account.

AVOIDING BIAS

- **Awareness** of possibility and sources of bias.

- **Triangulation** – obtaining information on a topic from more than one source or by different methods.

- **Team assessment** – use of multiple assessors.

- **Use of questionnaires/checklists** – clarify the questions, remove ambiguity.

- **Team meetings.**

- **Contact with HQ.**

ASSESSMENT TEAM

- **Who** do you include? Generalists / specialists?

- **Experience** of assessment in disasters in the country or region involved is critical.

- **Team leader** must be carefully selected.

- **Gender** balanced.

- Include **logistic/admin** support - must be **as self sufficient as possible** in food, water, shelter, medical supplies, transport, and communications.

- **Clear TORs** & team members must be **properly briefed**.

- Must be **aware of social, political or religious factors** that may affect the operation of the team.

- Ensure team members have up to date **vaccinations etc.**

- A practical **team size is often 2 – 6 people**.

- One assessor does the talking, another listens, observes, takes notes - less risk that items are missed or misinterpreted.

BEFORE DEPARTURE

- **Review existing information:**
  - Agency's own archives and databases.
  - Embassies/consulates of affected countries.
  - External sources - e.g:
    - Press reports
    - IRIN (Integrated Regional Information Networks - UN OCHA) (www.irinnews.org)
    - Other UN websites.
    - Subject specific websites - e.g. BBC Country profiles, CIA World Factbook (www.cia.gov/cia/publications/factbook), Wikipedia, other agencies.

- **Contact embassy/consulate of affected country:**
  - Is assessment appropriate/acceptable?
  - Any legal items to be addressed?
  - Ensure that visas have been obtained.

- **Any known risks to the team members?**

- **Have appropriate letters of introduction available.**

- **List persons to be contacted on arrival.**

- **Test equipment.**

ARRIVAL IN COUNTRY

- A **suitable base** for the team must be identified immediately:
    - This must be secure.
    - Access and communications should be as good as possible.
    - Power supplies must be assured.

- Arrange **transport** (including drivers).
- Employ **interpreters**.
- **Who to contact?**
    - Relevant ministries.
    - Relevant security agencies/ military.
    - Other aid agencies and donor reps.

MEETINGS AND TELECONFERENCES

- Team meetings:
    - Evening – to **assess** day's activities and **plan** next day's activities.
    - Morning – **brief** - to assess any **new information** that has come in overnight and **modify the plan** for the day's activities if required.

- Teleconference with **HQ** – daily if required – depending on time differences can follow evening meeting or combine with morning meeting.

- **NB. These are designed to support the team and facilitate collection, analysis and transmission of data. They should not interfere with team activities – do not drag team members back to base simply to take part (unless essential).**

THE REPORT

- **Timely.**

- **Format** and content should allow agency to identify priorities and design an appropriate programme.

- **Include all relevant information.**

- **If information is not available** (e.g. could not be obtained from a particular group) **say so.**

- **Identify** if external assistance is needed and **recommend** appropriate responses that can be made by the agency.

- **Highlight special concerns.**

- Identify **areas where more detailed assessments are needed.**

- Make assessment findings available to other sectors, national & local authorities and affected population … but:

- Internal communications must remain internal!

RECOMMENDATIONS

- Identify the level and type of assistance required.

- Give a timescale.

- Clarify whether the need is for people or materials.

- Keep it simple.

- Support the local economic structure.

- Ensure sustainability.

OTHER DOCUMENTS

- WHO toolkits and specialised documents.

- There is a lot of information out there.

- Your organisation will often determine what to use.
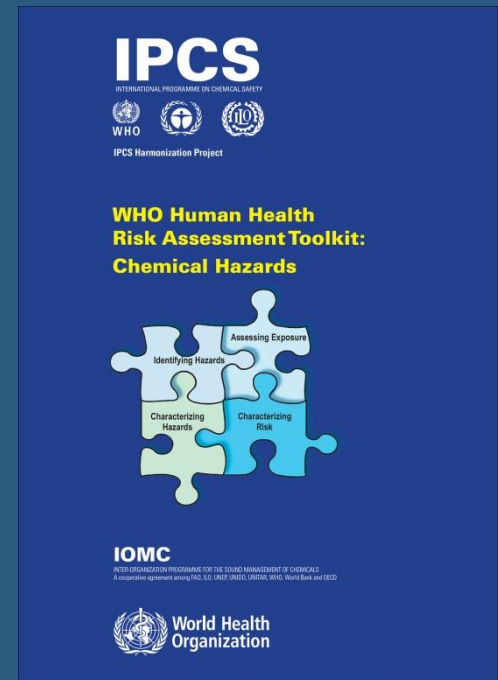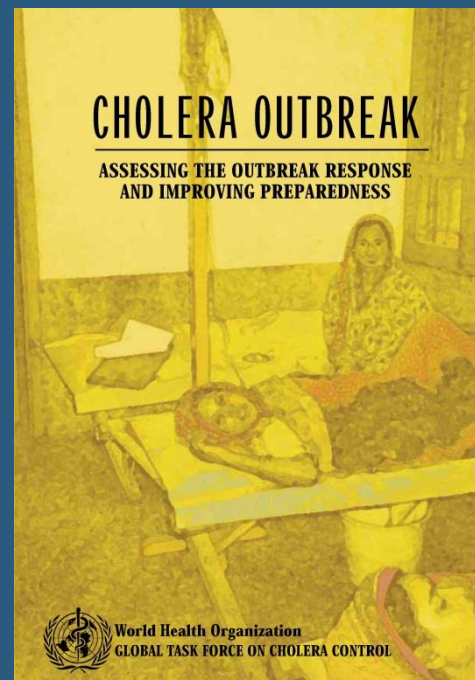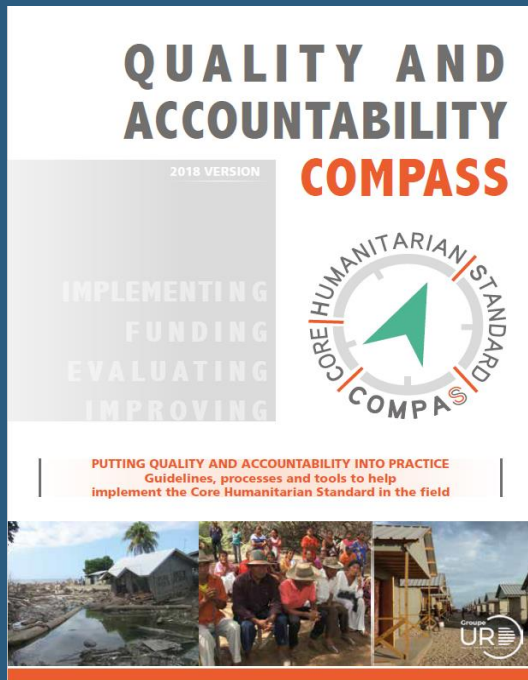
SUMMARY

Needs assessment is essential in setting priorities for action but must be well coordinated and in the interests of the affected population.

Always be mindful of own organizational constraints.

Be culturally sensitive.

SOME USEFUL REFERENCES

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