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Moira E. Wood Date

Needs Assessments in Emergencies
A Curriculum

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Abstract

Needs Assessments in Emergencies
A Curriculum

Needs Assessments in Emergencies are one of the most crucial components of an Emergency response. It is an assessment that collects baseline data about the needs of communities affected by disaster. That data provide the information necessary to mount an evidenced-based response and cater programs to deliver the life-sustaining assistance that the affected population needs. Currently, there is a gap in the field of humanitarian response personnel trained in Needs Assessments. This curriculum would help to fill this gap by educating students in the Complex Humanitarian Emergencies Certificate program at Rollins School of Public Health at Emory University. As it is, not offering a course in Needs Assessment in Emergencies is a huge hole in the Certificates curriculum, and offering one would provide a more comprehensive program. This Special Studies Project of a Curriculum for a Needs Assessment in Emergencies course hopes to help the Certificate program become more holistic in its offerings, as well as increase the capacity of the humanitarian response work force.

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Table of Contents

List of Acronyms

ACAPS	Assessment Capabilities Projects
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
CDC	Centers for Disease Control and Prevention
CAP	Coordinated Appeals Process
CERF	Central Emergency Response Fund
CNA	Coordinated Needs Assessments Also sometimes referred to as a Common or Multi-Sector Needs Assessments
CHE	Complex Humanitarian Emergency
ERRB	Emergency Response and Recovery Branch of the CDC
FA	Flash Appeal
HESPER	Humanitarian Emergency Settings of Perceived Needs Scale
HPC	Humanitarian Programme Cycle
IRA	Initial Rapid Assessment
IASC	Inter-Agency Standing Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
MIRA	Multi-Sector Initial Rapid Assessment
MSF	Médecins Sans Frontières
NGO	Non-governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
RNA	Rapid Needs Assessment
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNSDIR	United Nations Office for Disaster Risk Reduction
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WFP	World Food Program

Term Definitions

Assessment Capabilities Project (ACAPS)

An NGO with the mission to contribute towards a shared situational awareness within the humanitarian community, thereby enabling effective, evidence-based humanitarian decision making.[1]

Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)

A unique system-wide network dedicated to improving humanitarian performance through increased learning and accountability.[2]

Central Emergency Response Fund (CERF)

A funding mechanism through the United Nations that pools donor funds throughout the year and then disperses them based on need. Organizations apply jointly for funding, and those meeting CERFs criteria of either a rapid response or an underfunded emergency receive funding.[3]

Community Needs Assessments

An assessment to identify the strengths and weaknesses of a community in order to create evidence-based solutions to community-identified challenges, identifying the gaps between the current and desired conditions, and design solutions to bridge that gap.[4]

Complex Humanitarian Emergencies (CHEs)

A Humanitarian Emergency where there is considerable breakdown of local authority and requires the intervention from the international community. Often involves a combination of both natural and man-made disasters.[5]

Consolidated Appeals Process (CAP)

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[1] Assessment Capabilities Project. (2017). *Who we are*. Retrieved from: https://www.acaps.org/who-we-are

[2] Active Learning Network for Accountability and Performance in Humanitarian Action. (2017). *Our Role*. Retrieved from: http://www.alnap.org/who-we-are/our-role

[3] United Nations Central Emergency Response Fund. (2016). *About CERF*. Retrieved from http://www.unocha.org/cerf/sites/default/files/CERF/About%20CERF/AboutCERF_EN_20161111.pdf

[4] Kizlik, Bob. (2017). *Needs Assessment Information*. Retrieved from http://www.adprima.com/needs.htm

[5] International Federation of Red Cross and Red Crescent Societies. (2017). *Complex/ manmade hazards: complex emergencies*. Retrieved from http://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/complex-emergencies/

A tool use by humanitarian organizations to plan, implement, and monitor their activities together, allowing collaboration to produce strategies and related funding appeals, allowing for a more strategic approach to humanitarian aid delivery.[6]

Coordinated Needs Assessments (CNAs)

A time-bound, multi-sectoral, multi-stakeholder process of collecting analyzing and interpreting data to assess needs and inform decisions in humanitarian response. Is often used interchangeably with Common/ Multi-Sector Needs Assessments.[7]
Due to the intense nature of these assessments, they are conducted almost exclusively by the UN. They therefore should not be confused with Rapid Needs Assessments, which are completed in an expedited manner by varying types of organizations.[8]

Flash Appeal (FA)

A planning tool that is used during sudden onset disasters, using coordination of organizations and agencies on the ground, much like CAP, but is an expedited process to procure approximately 6 months of funding to cover the lag time until the normal funding mechanism can be initiated. Only used in countries that do not already have a CAP.[9]

Harmonized Needs Assessment

A type of CNA: different organizations using their own tools and methodologies, but share and compare the results of their individual assessments to conduct a joint analysis. This type of analysis is more useful in the months following the onset of a disaster, or in protracted crises.[10]

Humanitarian Emergencies

An event that poses a critical threat to the health, safety, security, or wellbeing of a community.[11]

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[6] Inter-Agency Standing Committee. (2017). *Consolidated Appeals Process (CAP*). Retrieved from https://interagencystandingcommittee.org/consolidated-appeals-process-cap
[7] Garfield R, Blake C, Chatainger P, Walton-Ellery S. (2011). *Common Needs Assessments and Humanitarian Action*. HPN Network Paper 69. ODI: London.
[8] Humanitarian Response. (2017). *Needs assessment: Overview*. Retrieved from https://www.humanitarianresponse.info/en/programme-cycle/space/page/assessments-overview
[9] Office for the Coordination of Humanitarian Affairs. (2017). Flash Appeals: Frequently Asked Questions. Retrieved from https://docs.unocha.org/sites/dms/cap/fas_what_you_need_to_know.pdf
[10] Assessment Capability Project. (2014). *Humanitarian Needs Assessment: The Good Enough Guide*. Emergency Capacity Building Project and Practical Action Publishing, Rugby, UK
[11] Humanitarian Coalition. (2017). *What is an Humanitarian Emergency?* Retrieved from http://humanitariancoalition.ca/info-portal/factsheets/what-is-a-humanitarian-crisis

Humanitarian Emergency Settings of Perceived Needs Scale (HESPER)

A tool to provide a quick and robust way of assessing the perceived serious needs of people affected by large-scale humanitarian emergencies.[12]

Humanitarian Programme Cycle (HPC)

HPC is the way in which humanitarian actors work together to help people affected by disasters and conflict. It provides guidance, technical tools, templates and background information on various elements which together make up the programme cycle.[13]

Initial Rapid Assessment (IRA)

An assessment to provide a rapid overview of an emergency situation in order to identify immediate impacts of the crisis, make initial estimates needs, of the affected population for assistance, and define priorities for humanization action.[14]

Inter-Agency Standing Committee (IASC)

The primary mechanism for inter-agency coordination of humanitarian assistance, established in 1992 in response to the United Nations General Assembly Resolution to strengthen humanitarian assistance.[15]

International Federation of Red Cross and Red Crescent Societies (IFRC)

A vision to inspire, encourage, facilitate and promote at all times, all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.[16]

Joint Needs Assessment

A type of CNA: different organizations use a single tool and methodology to carry out the assessment with a single set of results. This type of assessment can

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[12] World Health Organization & King's College London. (2011). *The Humanitarian Emergency Settings Perceived Needs Scale (HESPER): Manual with Scale*. Geneva: World Health Organization.

[13] Humanitarian Response. (2015). *Humanitarian Programme Cycle*. Retrieved from https://www.humanitarianresponse.info/programme-cycle

[14] Inter-Agency Standing Committee. (2009). *Initial Rapid Assessment (IRA) Tool*. Retrieved from http://washcluster.net/resources/iasc-initial-rapid-assessment-tool-ira-2009/

[15] Inter-Agency Standing Committee. (2017). *Welcome to the IASC*. Retrieved from https://interagencystandingcommittee.org/

[16] International Federation of Red Cross and Red Crescent Societies. (2017). *Our vision and mission*. Retrieved from http://www.ifrc.org/en/who-we-are/vision-and-mission/

be more useful in the first weeks of a sudden-onset disaster, providing a rapid overview of the situation.[17]

Multi-Sector Initial Rapid Assessment (MIRA)

A joint assessment tool that can be used in sudden onset emergencies, serving as a precursor to sector/ cluster specific needs assessments, and provides a process for collecting and analyzing information on the affected population and their needs in order to inform strategic response planning.[18]

Needs Assessments in Emergencies (NA)

An assessment to identify the urgent needs of a community affected by an emergency (natural disasters or man-made) in order to design and implement appropriate life-sustaining programs.[19]

This is the general term used when not specifying if it is Rapid nor Coordinated.

Office for the Coordination of Humanitarian Affairs (OCHA)

OCHA is part of the United Nations Secretariat responsible for bringing together humanitarian actors to ensure a coherent response for emergencies. OCHA also ensures there is a framework within which each actor can contribute to the overall response effort.[20]

Rapid Needs Assessments (RNAs)

A needs assessment that is conducted immediately following a disaster; ideally within the first 72 hours, but can be anytime within the early phase of the program cycle. [21]

This term is often used confused with Coordinated Needs Assessments, but are distinct in that RNAs serve as the preliminary evaluation of the effects of the disaster and are often completed by all actors on the ground to inform their own programs.[22]

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[17] International Federation of Red Cross and Red Crescent Societies. (2017). *Our vision and mission*. Retrieved from http://www.ifrc.org/en/who-we-are/vision-and-mission/

[18] Inter-Agency Standing Committee. (2015). *Multi-Sector Initial Rapid Assessment Guidance: Revision July 2015*.

[19] International Federation of Red Cross and Red Crescent Societies. (2017). *Emergency Needs Assessment*. Retrieved from http://www.ifrc.org/en/what-we-do/disaster-management/responding/disaster-response-system/emergency-needs-assessment/

[20] Office for the Coordination of Humanitarian Affairs. (2017). *Who we are*. Retrieved from https://www.unocha.org/about-us/who-we-are

[21] Pan American Health Organization. (2017). *Rapid Needs Assessment*. Retrieved from http://www.paho.org/disasters/index.php?option=com_content&view=article&id=744:rapid-needs-assessment&Itemid=800&lang=en

[22] Humanitarian Response. (2017). *Needs assessment: Overview*. Retrieved from https://www.humanitarianresponse.info/en/programme-cycle/space/page/assessments-overview

United Nations High Commissioner for Refugees (UNHCR)

The UN Refugee Agency is the global organization dedicated to saving lives, protecting rights, and building a better future for refugees, forcibly displaced communities and stateless people.[23]

Water, Sanitation, and Hygiene (WASH)

A sector within the Global Cluster system that focuses on issues pertaining to water, sanitation, and hygiene.[24]

World Health Organization (WHO)

Coordinates health within the United Nations' system, with the goal to build a better, healthier, future for people all over the world.[25]

United Nations International Children's Emergency Fund (UNICEF)

A United Nations agency that works to protect the rights of every child and aims to improve the lives of children and their families.[26]

United Nations Office for Disaster Risk Reduction (UNSDIR)

A United Nations agency that serves as the focal point within the UN system to coordinate and ensure collaboration throughout disaster reduction activities within the UN system, as well as regional organizations, and activities in socio-economic and humanitarian fields.[27]

World Food Program (WFP)

A United Nations agency that is the leading humanitarian organization fighting hunger worldwide, delivering food assistance in emergencies and working with communities to improve nutrition and build resilience.[28]

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[23] United Nations High Commissioner for Refugees. (2017). *About us*. Retrieved from http://www.unhcr.org/en-us/about-us.html

[24] Office for the Coordination of Humanitarian Affairs. (2017). *Cluster Coordination*. Retrieved from http://www.unocha.org/what-we-do/coordination-tools/cluster-coordination

[25] World Health Organization. (2017). *About WHO*. Retrieved from http://www.who.int/about/en/

[26] United Nations International Children's Emergency Fund. (2017). About UNICEF. Retrieved from https://www.unicef.org/about-us

[27] United Nations Office for Disaster Risk Reduction. (2017). Our Mandate. Retrieved from http://www.unisdr.org/who-we-are/mandate

[28] World Food Programme. (2017). *Overview*. Retrieved from http://www1.wfp.org/overview

CHAPTER 1: Introduction

Needs Assessments in Emergencies are arguably the single most important aspect of a humanitarian response. In Médecin Sans Frontières' (MSF) premiere book on refugee health in emergencies, they listed Needs Assessment as number one on their top ten list of priorities in the initial phase of the emergency response.[29] Needs Assessments (NA) are used to collect the initial information directly after a crisis. That data then serve as the baseline evidence to inform the response efforts on the ground. Over the decades, the gold standard of assessments has evolved. Originally, most humanitarian organizations worked independently, each conducting their own initial assessments to inform their own response. With the creation of the Inter-Agency Standing Committee (ISAC) in 1992, coordination of assessments became an international priority.[30] In this effort, multiple sectors and organizations collaborate to conduct a single multi-sectoral needs assessment (with the support of data collection tools, such as Multi-Sector Initial Rapid Assessment (MIRA)).[31] Conducting coordinated needs assessments often takes much longer, requiring that sectors compromise priorities, but can also reduce redundancies and allow for a more efficient assessment through its singular execution.[32] This, among other aspects that will be discussed in detail later, illuminate the diverse components and distinct characteristics that make up Needs Assessments in Emergencies.

Rollins School of Public Health attracts a multitude of students with interests in working in Complex Humanitarian Emergencies (CHEs) across all sectors. To meet this need, and to respond to the call for a more educated response force, in 2010 the Hubert Department of Global Health partnered with the Emergency Response and Recovery Branch of the CDC to create the Center for Humanitarian Emergencies. Each year a cohort of ~25 students are selected to complete the technical Certificate in Complex Humanitarian Emergencies. To date, the certificate program has graduated 115 graduate students. There are currently 6 courses that compose this certificate, covering varying aspects of working in CHEs. These courses are Health in Humanitarian Emergencies, Epidemiological Methods in Humanitarian Emergencies, Planning and Preparedness in International Emergencies, Risk Communications for Global Public Health Emergencies, Mental Health in Complex Humanitarian Emergencies, and Food

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[29] Medicine Sans Frontiers. (1997). *Refugee Health: An approach to emergency situations*. Macmillan Press, London.
[30] Inter-Agency Standing Committee. (2017). *Welcome to the IASC*. Retrieved from https://interagencystandingcommittee.org/
[31] Inter-Agency Standing Committee. (2015). *Multi-Sector Initial Rapid Assessment Guidance: Revision July 2015*.
[32] Assessment Capability Project. (2012). *Technical Brief: Coordinated Assessments in emergencies. What we know now: Key lessons from field experience*. Retrieved from https://www.acaps.org/resources/assessment

and Nutrition in Humanitarian Emergencies.[33] While it would be unreasonable to expect one Certificate to cover all possible aspects of Global Health in Humanitarian Response, it would also be imprudent to ignore the large hole in the Certificate's curriculum that should be filled with a Needs Assessment in Humanitarian Emergencies course.

Problem Statement

Irrelevant of sector (health, nutrition, WASH, logistics, etc.), a Needs Assessment is a critical component to inform the programming for all of them. In creating the baseline foundation of needs of the affected population, a NA informs funding and programming across all sectors in the early days of an emergency response. For students in the Certificate, lacking an understanding of NAs is a huge gap in knowledge that must be filled before they can claim a fundamental comprehension of all the relevant components of a humanitarian response.

Additionally, the tools for NAs in Emergencies exist, and while they can continue to be improved and contextualized, the real deficit is in the number of aid workers who are properly educated in their purpose or implementation. This course would help fill this gap by building the capacity of the workforce.

Both the Certificate and the Department aim to educate and prepare students to be leaders in the field of public health, and to be competent practitioners in their chosen specialty. With this major gap in the selection of courses, and the gap in the workforce, this goal is not being fully met. With the implementation of the following curriculum, the school would be one step closer to yielding some of the nation's best public health practitioners armed with a comprehensive knowledge of humanitarian response.

Purpose Statement

The purpose of this Special Studies Project (SSP) is to create a curriculum that can be implemented by the Center for Humanitarian Emergencies as part of the Complex Humanitarian Emergencies Certificate, and offer a more comprehensive education to their students by educating them in Needs Assessments in Emergencies, and therefore contributing to the pool of highly trained humanitarian responders.

[33] Evans D, Martin L. (2016). *2016 CHE@Emroy All-Alumni Survey*. [PowerPoint Presentation].

Objectives

1. To create a curriculum for a Needs Assessment in Humanitarian Emergencies course
    A. Expand the list of courses included in the Complex Humanitarian Emergencies Certificate, offering a more robust course of study to its students
    B. To fill the gap in the current curriculum that does not devote enough time focusing on Needs Assessment, which is a critical component of humanitarian response
    C. To educate students in a more comprehensive manner and better prepare Certificate students to be leaders in the field with a more holistic education

Significance

The design of the curriculum, and its subsequent implementation has the potential to grant Certificate Students a more robust and holistic education, and better prepare them to not only work in the Humanitarian Sector, but to be leaders in the sector. Educating them on the specific topic of Needs Assessments in Emergencies provides a fundamental introduction to a crucial aspect of the humanitarian sector, as well as add to the pool of aid workers that are competent in the area of Needs Assessments in Emergencies.

CHAPTER 2: Review of the Literature

In order to adequately express the importance of Needs Assessments in Emergencies, a thorough literature review was conducted to introduce to topic area, as well as identify the critical sources that will be used in the curricula's own syllabus.

Defining Needs Assessments in Emergencies

The most common association with the term 'needs assessment' is that of community needs assessment, where an investigation is done to identify the strengths and weaknesses of a community in order to create evidence-based solutions to community-identified challenges. The indented outcomes of community-based needs assessments are to bring about change to specific issues that were identified by that community as being the most pressing.[34]

This definition shifts when discussing Needs Assessments within the context of Emergencies. While the major premise of community-identified needs remains the same, the urgency due to the emergency context changes the operational reality of identifying those needs. The target areas also become much more fundamental, falling into categories such as food, shelter, and security. Additionally, there is an increased sense of urgency; the needs are life-sustaining and the affected population cannot afford a delayed response. This is where the term 'rapid' is introduced. Standard procedure recommends from the onset of a disaster and the initial planning of the Needs Assessment to the initial assessment take no longer than 2 weeks, and preferentially within the first 3 days following the onset of a disaster.[35] The purpose of the Initial Rapid Assessment (IRA) report is to provide a swift overview of the emergency situation in order to identify the impacts of the crisis, make initial estimate of needs, and define the priorities for humanitarian action during the first few weeks of the response.[36] This purpose remains intact when discussing Coordinated Needs Assessments (CNAs), but the timeline shifts, and coordination itself takes time. CNAs are defined as cross-sector, cross-cutting, and multi-stakeholder, and they aim to identify macro priorities of the response to enable strategic decision making.[37] Both types of assessments require incredible organization in planning and calm execution to ensure that while the process is greatly expedited compared to a community needs

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[34] Centers for Disease Control and Prevention. *Community Needs Assessment*. Atlanta, GA: CDC, 2013.
[35] Inter-Agency Standing Committee. (2015). *Multi-Sector Initial Rapid Assessment Guidance: Revision July 2015.*
[36] Inter-Agency Standing Committee. (2009). *Initial Rapid Assessment (IRA) Tool*. Retrieved from http://washcluster.net/resources/iasc-initial-rapid-assessment-tool-ira-2009/
[37] Assessment Capability Project. (2012). *Technical Brief: Coordinated Assessments in emergencies. What we know now: Key lessons from field experience*. Retrieved from https://www.acaps.org/resources/assessment

assessment, the assessment teams still do quality work to ensure valid and accurate data is collected.

The importance of the data being valid and accurate cannot be over-stated, because collecting bad data is worse than collecting none at all. Bad data can be misleading and therefore waste funding on non-priority issues, and therefore not respond appropriately to the affected population's needs.[38] Many working in the field argue that Needs Assessments are "the most important component of every disaster response plan. It determines the needs and sets priorities. Therefore, responsible organizations should be equipped, trained, and prepared for performing it".[39]

Clarifying Types of Assessments

Currently, one of the most fundamental challenges of working in this field is understanding the difference between the types of assessments. Across the body of literature that exists on NAs in Emergencies, many use different terms to talk about the same things, while others use the same terms to discuss different things. This confusion makes understanding the field and its relevant terms extremely difficult. This is a challenge that we will explore in greater detail later in the "A Complicated Lexicon" Section, but in the following paragraphs we would like to outline how we will be using the relevant terminology throughout this SSP and throughout the course curriculum.

Coordinated Needs Assessments

Coordinated Needs Assessments (also referred to as Common, Multi-Sectoral, Multi-Cluster, or Multi-Stakeholder Needs Assessments) are understood as the "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".[40] The goal of coordination is to reduce redundancies- preventing each organization in the field from duplicating efforts and collecting identical information. Coordination requires that organizations work together to collect data via a singular needs assessment tool. The comprehensive information that CNAs provide guides

[38] Assessment Capabilities Project. (2013). *Technical Brief: Compared to what? Analytical thinking and needs assessment*. Retrieved from https://www.acaps.org/resources/assessment
[39] Babaie J, Moslehi S, Ardalan A. (2013). *Rapid Health Needs Assessment Experience in 11 August 2012 East Azerbaijan Earthquakes: A Qualitative Study*. PLOS Currents Disasters.
[40] Garfield R, Blake C, Chatainger P, Walton-Ellery S. (2011). *Common Needs Assessments and Humanitarian Action*. HPN Network Paper 69. ODI: London.

relief efforts, focuses attention on areas of greatest need, and provides a baseline for monitoring humanitarian needs and recovery.[41]

A CNA aims to provide big-picture, macro-level data and analysis about the impact of the crisis. They are not intended to provide detailed nor precise information, which is why they are not indented to replace cluster or sector specific assessments, but should instead complement them, and inform their design.[42]

"The Good Enough Guide", created by ACAPS in 2014, separates Coordinated Needs Assessments into 2 distinct branches: joint assessments and harmonized assessments. They provide additional depth by stating that large-scale CNAs are most commonly coordinated by branches of the UN. That is to say that other organizations are not the leading bodies, but participate in CNAs alongside all other organizations involved. In a Joint Assessment, different organizations use a single tool and methodology to carry out the assessment with a single set of results, and this type of assessment can be more useful in the first weeks of a sudden-onset disaster, providing a rapid overview of the situation. In compassion, harmonized assessment involves different organizations using their own tools and methodologies, but share and compare the results of their individual assessments in order to conduct a joint analysis. This type of analysis is more useful in the months following the onset of a disaster, or in protracted crises.[43]

While incredibly important, coordination is also an extremely difficult and often time-consuming. As mentioned earlier, completing these assessments as quickly as possible is paramount to their success. The logistics of trying to organize multiple actors on the ground, each with their own objectives is daunting, and cited as the major reason why coordination fails.[44] When done correctly, however the execution of a coordinated needs assessment can yield better data, as the coordination of assessments is crucial to ensuring solid inter-sectoral analysis during humanitarian crises, and therefore directly informs better decision-making, planning, and response.[45]

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[41] Garfield R, Blake C, Chatainger P, Walton-Ellery S. (2011). *Common Needs Assessments and Humanitarian Action*. HPN Network Paper 69. ODI: London.
[42] Assessment Capability Project. (2012). *Technical Brief: Coordinated Assessments in emergencies. What we know now: Key lessons from field experience*. Retrieved from https://www.acaps.org/resources/assessment
[43] Assessment Capability Project. (2014). *Humanitarian Needs Assessment: The Good Enough Guide*. Emergency Capacity Building Project and Practical Action Publishing, Rugby, UK.
[44] Knox Clarke P, Campbell, L. (2016). *Improving Humanitarian Coordination: Themes and recommendation from the ALNAP meeting 'Working together to improve humanitarian coordination', July 2016*. ALANP Working Paper. London, 2016.
[45] Inter-Agency Standing Committee. (2012). *Operational Guidance on Coordinated Assessments in Humanitarian Crises: Provisional Version March 2012.*

A common criticism is that even if all the organizations were willing to discuss information needs, they would not be able to compromise to create a single succinct needs assessment tool.[46] In response to this, those at IASC aptly clarify that "[MIRA] is a precursor to cluster/ sectoral needs assessments and provides a process for collecting and analyzing information on affected people and their needs to inform strategic response planning."[47] This allows room for not one or the other, but a preliminary MIRA to precede cluster/ sector specific needs assessments.

In theory, during the time-sensitive period following the rapid onset of a crisis, collaboration via a CNA could streamline data collection and in turn expedite life-saving response. Far too often in reality, however, coordination between all relevant actors can take weeks if not months, and therefore delaying the implementation of the CNA more than the affected population can afford.[48] CNAs generate more comprehensive information than individual agencies can on their own, but they also require an immense amount of resources to execute. This is one reason why they are often only conducted by UN agencies.[49]

Rapid Needs Assessments

Because RNAs do not need to incorporate coordination into their time-line, as they are conducted by individual organizations focusing on their own personal data needs, RNAs serve as the "quick n dirty" assessments in emergencies. Their objective is not to yield a robust dataset, nor a comprehensive report, but to use a combination of quantitative and qualitative methods to gain a preliminary look at what the needs are of the affected population as quickly as possible.[50]

RNAs are usually conducted by single agencies or organizations, but can be done by a couple in tandem. Having few partners allows them to cater their assessment to their sector and only ask for information that they want to collect. This focus informs their own funding requests and shape their own response programs. This allows RNA tools to be much shorter, and the data

[46] Knox Clarke P, Campbell, L. (2015). *Exploring Coordination in Humanitarian Clusters*. ANLAP Study Paper. London, 2015.
[47] Inter-Agency Standing Committee. (2015). *Multi-Sector Initial Rapid Assessment Guidance: Revision July 2015.*
[48] World Health Organization & King's College London (2011). *The Humanitarian Emergency Settings Perceived Needs Scale (HESPER): Manual with Scale*. Geneva: World Health Organization.
[49] International Federation of Red Cross and Red Crescent Societies. (2008). *Guidelines for assessment in emergencies*. ICRC: Geneva, Switzerland.
[50] Pan American Health Organization. (2017). *Rapid Needs Assessment*. Retrieved from http://www.paho.org/disasters/index.php?option=com_content&view=article&id=744:rapid-needs-assessment&Itemid=800&lang=en

itself more concise.[51] Commonly, irrelevant of sector, RNAs focus on the three following areas: the quality of life of the affected population, the scope of the damage, and the secondary health hazards.[52] These three themes are fundamental to all needs assessments, as they are the core information needed to form a response, but with RNAs, it cuts down to these fundamentals, without spending time on any other indicators that are not absolutely necessary for this provisional, initial assessment.

Informing Decisions

One of the most imperative outcomes of conducting a Needs Assessment in Emergencies is that the data collected informs funding and programmatic decisions. As stated earlier, the objective of conducting Needs Assessments in Emergencies is not merely to collect data, but to collect valid data that will inform humanitarian response. Put simply, "it is important that the evidence is available be of the highest quality, but it is equally important that this evidence should be used by decision-makers".[53] Evidence needs to be concrete, clear, and actionable, as the reports written and disseminated after each NA will be used to inform decisions internally, to influence others actors and agencies on the ground, to justify response decisions, and to obtain funding.[54]

Funding

The Humanitarian Programme Cycle (HPC) is made up of 5 elements, the first being needs assessment and analysis, the second being strategic response planning, and the third being resource mobilization. This succession of steps highlights the importance that needs assessments have in in informing response, and soliciting the funds to support that response. For direct funding, the top humanitarian donors make their major funding decisions within 72 hours of sudden-onset emergencies. This rapid decision making emphasizes the importance of collecting quality data as quickly as possible.[55]

Funding during humanitarian response often quickly devolves into an incredibly politicized process. There is always a need for more financial recourses during a response than funding

[51] International Federation of Red Cross and Red Crescent Societies. (2008). *Guidelines for assessment in emergencies*. ICRC: Geneva, Switzerland.
[52] Pan American Health Organization. (2017). *Rapid Needs Assessment*. Retrieved from http://www.paho.org/disasters/index.php?option=com_content&view=article&id=744:rapid-needs-assessment&Itemid=800&lang=en
[53] Knox Clarke P, Darcy J. (2014) *Insufficient evidence? The quality and use of evidence in humanitarian action*. ALNAP Study. London: ALNAP/ODI.
[54] Gerdin M, Chataigner P, Tax L, con Schreeb J. (2014). *Does need matter? Needs assessments and decision-making among major humanitarian health agencies*. Disasters 38(3): 451-464.
[55] Humanitarian Response. (2015). *Humanitarian Programme Cycle*. Retrieved from https://www.humanitarianresponse.info/en/programme-cycle/space

mechanisms are prepared to give, and that is why the prioritization of needs remains so crucial. Funding proportional to severity of need is the most ethical way to finance an emergency response. "Funding according to need lies at the heart of humanitarian response and is a cardinal principle for both donor and implementing agencies, for needs and needs alone should shape the size, priority and type of humanitarian response in the event of a disaster."[56] There are two main funding mechanisms that are used in the immediate wake of a disaster, to support a response as fast as possible, and to buy time until the formal funding mechanism are able to mobilize their resources. These two mechanisms are the Coordinated Appeal Process (CAP) and Flash Appeals (FA).

CAP is a tool used by the humanitarian sector to plan, implement, and monitor their activities together, allowing for a more strategic approach to humanitarian delivery through collaboration in drafting a coordinated funding appeal.[57] Much like how single-organization and sector needs assessment lead to a redundancy in efforts and multiple organizations petitioning for similar funding as compared to a CNA that incorporates all sectors and stakeholders into a single assessment; the CAP coordinates all needs and funding requests into a single appeal. It streamlines the appeal process and tries to get all initial needs met through a single funding request.

When an affected country does not have a CAP in place, they rely on FAs. While CAPs are like CNAs, FAs are comparable to RNAs, as it is one organization applying for emergent funds to be delivered as quickly as possible in order to address the immediate needs of the affected population. FAs often bridge the gap between the onset of a disaster and when normal funding mechanism are able to mobilize their resources.[58]

One of the biggest contributors to the immediate funding of emergency response is the United Nations Central Emergency Response Fund (CERF). While many organizations begin fundraising to respond for a specific crisis, which causes a major delay in response funding, CERF receives donations throughout the fiscal year, and therefore has a large bank of money (the goal being to raise $450 million annually) to pull from. Intended to compliment other

[56] Stoianova V. (2010). *Donor funding in Haiti: Assessing humanitarian needs after the 2010 Haiti earthquake*. Global Humanitarian Assistance: Scale of needs.
[57] Inter-Agency Standing Committee. (2017). *Consolidated Appeals Process (CAP*). Retrieved from https://interagencystandingcommittee.org/consolidated-appeals-process-cap
[58] Office for the Coordination of Humanitarian Affairs. (2017). Flash Appeals: Frequently Asked Questions. Retrieved from https://docs.unocha.org/sites/dms/cap/fas_what_you_need_to_know.pdf

mechanisms such as national pooled-funding or bilateral funding, CERF fills the gap to provide aid to rapid response activities and to underfunded emergencies.[59]

CERF, in conjunction with Country-based Pooled Funds (CBPFs), which is similar to CERF but on the national level, pooling funds earmarked for a specific humanitarian effort, play an important role in humanitarian financing.[60] Financing experts in the field are always working to develop funding mechanisms that are able to streamline money flows from donor to recipient, allow for better financial tracking and accountability, increasing transparency, and make humanitarian financing as efficient and effective as possible. This can only be done with good information, in order to make evidenced-based decisions and channel funding to where it is most needed.[61]

Severity

In the humanitarian setting, severity tools help to identify priorities and therefore more objectively funnel resources and inform programming. Some NA data collection tools do this informally by including a point system to their questionnaire, and tally responses to identify the biggest needs.[62] Others do this through qualitative approaches, simple asking members of the affected population "what are your most crucial and immediate needs?"[63] Using a quantitative severity measure can help make important decisions faster, but without an agreed upon tool, they can also offer misleading results if not applied appropriately. Much like the different types of NAs must be applied at strategic times, the use of a severity tool will depend on purpose, time, resources, and existing, available data.[64]

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[59] United Nations Central Emergency Response Fund. (2016). *About CERF*. Retrieved from http://www.unocha.org/cerf/sites/default/files/CERF/About%20CERF/AboutCERF_EN_20161111.pdf

[60] Office for the Coordination of Humanitarian Affairs. (2017). *Humanitarian Financing-Overview*. Retrieved from http://www.unocha.org/what-we-do/humanitarian-financing/overview

[61] Development Initiatives. (2016). *Global Humanitarian Assistance Report 2016*. Bristol, UK.

[62] World Health Organization & King's College London (2011). *The Humanitarian Emergency Settings Perceived Needs Scale (HESPER): Manual with Scale*. Geneva: World Health Organization.

[63] Inter-Agency Standing Committee. (2015). *Multi-Sector Initial Rapid Assessment Guidance: Revision July 2015*.

[64] Benini, A. (2016). *Severity Measures in Humanitarian Needs Assessments: Purpose, measurement, integration.* Technical Note. Retrieved from https://www.acaps.org/resources/assessment

Programming

Funding and programming are inherently intertwined as one informs the other. In many cases, the teams conducting assessments and designing response programs do not have much interest in the funding mechanisms that bankroll their projects. Their sole focus in on the collecting the evidence and then acting upon it. "Good assessment practice is about having enough relevant information on which to base sound analysis and judgment about response".[65] Implementing a program based on bad data is not one that will effectively meet the needs of the affected population, and therefore will not met the ultimate goal of humanitarian aid- save lives, eliminate suffering, and maintain dignity.[66]

Best Practice

As discussed previously, conducting a Rapid Needs Assessment in Emergencies is at its core an exercise in data collection. While that data must be then analyzed, properly disseminated to inform programmatic decisions, and solicit funding to finally provide life-sustaining assistance, it is data first and foremost. That is why the quality and use of it has been emphasized repeatedly as of paramount importance. An important footnote to this process is that beyond the practices that ensure quality data is collected and used to inform action, the fact remains that no formalized, 'technical' approach can substitute for common sense, a solid cultural understanding of the given context, nor the field experience and familiarity with the issues at stake in an unstable environment.[67]

This final point is emphasized through the integration of both qualitative and quantitative methods. Because the situation can be highly volatile in the immediate aftermath of a disaster, when agencies and organizations are attempting to conduct NAs and collect quality information- relying solely on quantitate information from surveys and questionnaires is extremely limiting. Despite the best instruments and intentions, the situation is far too hectic to only use one method and expect that to accurately and reliably capture a full picture of the extent of the crisis or the needs of the affected population.[68]

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[65] Darcy J, Hofmann CA. (2013). *According to need? Needs assessment and decision-making in the humanitarian sector*. London, England: Overseas Development Institute. Humanitarian Policy Group Report 15.
[66] Global Humanitarian Assistance. (2017). *Defining humanitarian assistance*. Retrieved from http://www.globalhumanitarianassistance.org/data-guides/defining-humanitarian-aid/
[67] Pavignani E, Colombo S. *Analyzing disrupted health sectors: a modular manual*. World Health Organization: Geneva, 2009.
[68] Assessment Capability Project. (2012). *Qualitative and Quantitative Research Techniques for Humanitarian Needs Assessment: An Introductory Brief*. Retrieved from https://www.acaps.org/resources/assessment

Quantitative and Qualitative data complement each other, as they use different approaches to assess different indicators and collect different types of information. Quantitative data helps gage magnitude and scale of a humanitarian crisis, providing numbers to demonstrate impact and need. Quantitative data answers questions like "how many" and "how much" and are gathered through surveys, questionnaires, and during the early phases of response, largely from secondary data sources. Qualitative data, by comparison, focus on assertaining what impact the disaster has had on the affected population, answering questions like "how" and "why". Qualitative data is gathered though interviews, focus group discussions, and observations.[69]

One critical component to the execution of a successful NA is community engagement and participation. This applies on all levels of interaction- if it is in interviewing an affected person in the community, or collaborating with community leaders, needs assessment teams must engage on the community level. This helps functionally, building rapport and trust and therefore getting more access and better data, but beyond that is the fundamental respect that should be offered to the affected community and country. While the 2010 Haiti Earthquake response was plagued with its own challenges, some of the organizations on the ground exemplified the principles of community engagement that are the ultimate standards of conduct.[70]

Building off the rapport built through community engagement in turn allows for a more focused response, targeted to the needs of the people. With the example of Typhoon Haiyan/ Yolanda in 2013, the rapid self-recovery of the Filipino people was far beyond what aid workers had previously seen. Due to this, workers needed to modify their approach and adapt their NA and their response plan in order to account for the given context on the ground and support early recovery.[71]

Beyond the Epidemiologic methods needed to execute a scientifically rigorous needs assessment, flexibility remains one of the single most important characteristics necessary to be successful when working in crisis situations. "There is no 'one size fits all' approach to the application of the humanitarian programme cycle. Tools should be applied flexibly and in a 'light touch'

[69] Assessment Capability Project. (2012). *Qualitative and Quantitative Research Techniques for Humanitarian Needs Assessment: An Introductory Brief*. Retrieved from https://www.acaps.org/resources/assessment

[70] Rencoret N, Stoddard A, Haver K, Taylor G, Harvey P. *Haiti Earthquake Response: Context Analysis, July 2010*. ALNAP: London, 2010.

[71] Hanley T, Vinas R, Murray J, Tribunalo B. (2014). *IASC Inter-agency humanitarian evaluation of the Typhoon Haiyan response*. Inter-Agency Humanitarian Evaluation Steering Group. New York: UNOCHA.

manner to ensure evidence-based, prioritized responses and periodic reporting on results in support of the *delivery* of humanitarian protection and assistance".[72]

A Complicated Lexicon

One of the most challenging aspects of working in or being introduced to the field of Needs Assessments in Emergencies is the fundamental fact that there is no standardization of terms. Each agency and organization involved in NAs each have their own term to describe the given type of assessment (rapid vs provisional vs initial, coordinated vs common vs multi-sectoral, and so on.) Having so many terms associated with the same thing is not a unique problem in the world of humanitarian emergencies, so veterans in the field can often translate if provided with enough context. But for those who are just being introduced to the field, not being able to define different terms is a fundamental challenge.

For the purpose of this course, instructors will operate under the terms as clarified in the preface of this SSP, and consistently apply them throughout the course of the class. Students will be confronted with this challenge throughout their readings, and will have to maintain a critical perspective when others uses of the many terms applied to NAs.

A strong example of this is seen in the IFRC's 2008 "Guidelines for assessments in emergencies" which describes assessments in three distinct ways: rapid, detailed, and continual. They describe a rapid assessment as one that is undertaken after a major upheaval, such as a sudden-onset disaster, gathering information on the needs and existing capacities of the affected population, possible areas of programmatic intervention, and the resource requirements to do so. They specify that a rapid assessment should take less than one week, and should be followed with a detailed assessment. A detailed assessment should be conducted in order to inform a new intervention, identify changes in need, and to build on the provisional information gained in a rapid assessment; and they should take approximately one month. Following a detailed assessment, a continual assessment serves more like a monitoring and evaluation plan, to evaluate the long-term impacts of projects and identify when adjustments in programming need to be made in order to continue to match the needs of the affected population.[73] These definitions are extremely clear and easily applied within context, but IFRC is also one of the only actors that speaks in these terms, so instead of providing clarity to the field it just further bewilders an already complicated lexicon.

[72] Inter-Agency Standing Committee. (2015). *IASC reference module for the implementation of the Humanitarian Programme Cycle*. IASC, July 2015. Version 2.0.
[73] International Federation of Red Cross and Red Crescent Societies. (2008). *Guidelines for assessment in emergencies*. ICRC: Geneva, Switzerland.

Confusion over terms is due to each organization having their own ways of describing things, but even when a coordinating body comes together, as it did with the IASC, there are still discrepancies that continue to add confusion. The IRA was a first attempt at promoting coordinated assessments, but it did not emphasizes the aspect of coordination enough, which is why the revision and update to the 2015 MIRA was a critical step forward in offering a more concrete tool that could be better used in the field. In updating the tool and laying a heavier emphasis on coordination, however, they also changed the name of the tool and guidelines from the Initial Rapid Assessment (IRA)[74] to the Multi-Sector Initial Rapid Assessment (MIRA)[75]. This lent many people to believe that they were different approaches, methodologies and tools, when in fact MIRA is merely the updated version of the IRA.

Major Challenges and Potential Solutions

Over the decades, the process of conducting Needs Assessments in Emergencies has evolved. Originally each organization was focusing on their own information needs, and so the Inter-Agency Standing committee was formed in 1992 with the goal of coordinating both UN and non-UN agencies working in the humanitarian sector. This committee has promoted and encouraged collaboration across all actors in the field.[76] This is seen through concrete tools for Needs Assessments such as IRA, and its later revisions to yield the MIRA, with continued stress on coordination.

While this trend towards increased coordination has many benefits, it is far from a perfect system, and leaves the field with many gaps that the Humanitarian Emergency Settings of Perceived Needs Scale (HESPER) tries to fill. Based on the objectives of the MIRA focusing on primary data collection, as well as the common constraints of inter-sectoral questionnaires, using the HESPER Scale as a backbone for MIRA primary data collection could be the right combination of Needs Assessment tools moving forward.[77]

Some of the major gaps and current challenges identified are issues in conducting population-based psychological needs assessments, a lack of understanding surrounding the sources and causes mental distress, a need to identify perceived needs and use them as indicators in program

[74] Inter-Agency Standing Committee. (2009). *Initial Rapid Assessment (IRA) Tool*. Retrieved from http://washcluster.net/resources/iasc-initial-rapid-assessment-tool-ira-2009/
[75] Inter-Agency Standing Committee. (2015). *Multi-Sector Initial Rapid Assessment Guidance: Revision July 2015*
[76] Inter-Agency Standing Committee. (2017). *Welcome to the IASC*. Retrieved from: https://interagencystandingcommittee.org/
[77] Semrau M, Petragallo S, Griekspoor A, de Radigues X, van Ommeren M. *The HESPER Scale: a tool to assess perceived needs in humanitarian emergencies.* Using the HESPER Scale in rapid assessments.

design and evaluation, and finally the need for a tool that ensures and higher level of validity.[78] These are four challenges that the HESPER scale attempts to address through its rapid, valid, and reliable tool.

An increased availability of quality data and appropriate analysis will in itself result in better informed, more evidence-based decisions in a response.[79] And because the Scale focusses on perceived needs, if conducted over the course of the emergency, the results of the HESPER Scale could provide a useful measure of the efficiency of the humanitarian response in the eyes of affected communities.[80] Additionally, the cross-sectoral breakdown of the HESPER Scale prevents discussions being driven by sectoral components of the questionnaire and provides efficient answers to the challenges inherent to the design of multi-sectoral questionnaires in the early phase of an emergency.[81]

One important aspect of NAs in Emergencies that it is critical not to lose sight of is the fact that these assessments are being conducted within an emergency context, which is inherently a challenge. This sort of acknowledgment is rarely made, but always assumed. But it is critical to bring attention back to the reality on the ground: it is not merely a needs assessment, but one that is being conducted in extremity chaotic situation, with the programmatic results of which directly affecting lives and livelihoods.

A few examples of this stark reality can be seen in recent crisis such as the Conflict in Syria and the Ebola Outbreak in West Africa. These are two examples of humanitarian emergencies, with their own constraints, added to the cultural nuances of the situation. In Syria, the emergency, and therefore everything associate with it, is incredibly politicized, which limits the capacity of the response. Access to the field is extremely limited, and the use of any data collected is monitored. With Ebola in West Africa, because the outbreak of Ebola Virus Disease (EVD) was the biggest concern, it was difficult to get anyone to address the needs of the other humanitarian

[78] World Health Organization & King's College London (2011). *The Humanitarian Emergency Settings Perceived Needs Scale (HESPER): Manual with Scale*. Geneva: World Health Organization.
[79] Darcy J, Stobaugh H, Walker P, Maxwell D. (2013). *The use of evidence in humanitarian decision making*. ACAPS Operational Learning Paper. Feinstein International Center, Tufts University. Somerville, MA, USA.
[80] Semrau M, Petragallo S, Griekspoor A, de Radigues X, van Ommeren M. *The HESPER Scale: a tool to assess perceived needs in humanitarian emergencies*. Using the HESPER Scale in rapid assessments.
[81] Semrau M, Petragallo S, Griekspoor A, de Radigues X, van Ommeren M. *The HESPER Scale: a tool to assess perceived needs in humanitarian emergencies*. Using the HESPER Scale in rapid assessments.

sectors, which were also in dire need of assistance.[82] These are just two examples of crisis situations where the fact that it was an emergency was merely one layer of the challenges faced by those trying to inform and mount an appropriate response.

Some other examples of common challenges that occur in the field of NAs in emergencies are logistics, a lack of understanding of assessment tools and how to use them, a lack of preparedness, and a lack of coordination between organizations.[83] While these issues have been mentioned before, they cannot be overstated due to their pervasive nature. The underlying issue with all of these challenges, however, is a lack of preparedness. With increased preparedness, the agencies would be able to smooth out logistical challenges, and have a better understanding of the tools they can use in the field after increase training and capacity building.[84] Some of these issues can be worked out through strategic planning, but the unfortunate reality is that preparedness is often the last concern due to human and financial resource constraints.

Additionally, while touched on earlier, it deserves to be re-stated that while many in the field recognize the importance of mixed-methods, the field of NAs would do well to prioritize the use of mixed-methods in the field. Much of the emphasis in the last 10 years has been on coordination; and while coordination can be extremely effective, it also requires more time than is available in the early phases of emergency response. Those obsessed with big data often disregard the use of qualitative methods, but in NAs, and especially in RNAs, a mixed-methods approach provides valuable information that would have taken a solely quantitative approach much longer to conclude. Additionally, qualitative information is often the only way to get at the most important indicator for any needs assessment: the prioritization of needs.[85]

One possible way to emphasize the mixed-methods approach would be to harmonize the different tools that are currently used during NAs. Experts in the field could create a single, concise data collection tool that featured 1 relevant question for each sector, collecting both qualitative and quantitative information in order to get a quick baseline of needs. The data would be easily interpreted and quickly disseminated to any organization that needed that baseline information. This would redefine a Rapid Needs Assessment in Emergencies, and foster a culture of information sharing and collaboration.

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[82] Benini A, Chataigner P, Noumri N, Tax L, Wilkins M. (2016). *Information gaps in multiple needs assessments in disaster and conflict areas*. A note for ACAPS.

[83] Babaie J, Moslehi S, Ardalan A. (2013). *Rapid Health Needs Assessment Experience in 11 August 2012 East Azerbaijan Earthquakes: A Qualitative Study*. PLOS Currents Disasters.

[84] Centers for Disease Control and Prevention. (2011). Public Health Preparedness Capabilities: National Standards for State and Local Planning, March 2011. Available online: https://www.cdc.gov/phpr/capabilities/DSLR_capabilities_July.pdf

[85] Benini A, Chataigner P, Noumri N, Tax L, Wilkins M. (2016). *Information gaps in multiple needs assessments in disaster and conflict areas*. A note for ACAPS.

One final, major challenge, is one that is not particularly unique to the field of NAs, but to the humanitarian sector in general. The humanitarian system is extremely splintered, and this issue by default has tremendous impact on NAs in the field. This is a challenge that the goal of coordination tries to address, but it remains to be a tremendous problem. Response efforts happen in siloes of organizations, sectors, and clusters, with very little communication or collaboration amongst these different actors.[86] In the field of NAs in Emergencies, this siloed operation happens on an even more minute scale in that there is a distinct separation in understanding and underlying objectives from those managing its implementation from headquarters, those conducting the evaluation on the ground, and those that will translate that evaluation into program implementation. The technical experts on the ground end up frustrated by those conducting NAs not collecting the information that they require to create an appropriate program, and those at HQ are focused on media campaigns, communication, and funding.[87] All of these components of NAs in Emergencies feed into each other and are necessary for the successful execution of an NA, but they rarely coordinate in a productive fashion. If the disconnect between these teams could be bridged, the field of NAs in Emergencies, and the humanitarian sector as a whole, would be much closer to the aspiration of international coordination.

Real World Implications

When discussing capacity, much of the literature around Needs Assessments in Emergencies focusses around the capacity of the affected community, and how that lack of resources or ability will affect the team trying to conduct a needs assessment. This is a critical consideration to take account when planning your needs assessment. Before one can worry about the capacity of the affected community, however, one must first consider the capacity of the needs assessment team and how capable that team is of implementing a sound needs assessment.[88]

There are a few resources that recognize the importance of this and frame their objective around education on how to conduct NAs in Emergencies. The explicit purpose of "The Good Enough

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[86] Active Learning Network for Accountability and Performance in Humanitarian Action. (2016). *How can we improve humanitarian coordination across a response?* Coordination Workshop: Briefing Paper. Retrieved from http://reliefweb.int/sites/reliefweb.int/files/resources/coord-meeting-2016-bp-across-a-response.pdf

[87] Miliband D. (2016). *From sector to system: reform and renewal in humanitarian aid*. IRC Press Release. Retrieved from https://www.rescue.org/press-release/sector-system-reform-and-renewal-humanitarian-aid

[88] Knox Clarke P, Campbell, L. (2016). *Improving Humanitarian Coordination: Themes and recommendation from the ALNAP meeting 'Working together to improve humanitarian coordination', July 2016*. ALANP Working Paper. London, 2016.

Guide" is to provide a practical recourse that offers a guideline that compliments the more technical tools available.[89] These resources are critical to those working in the field. For example, even though the MSF Book is 20 years outdated, it is still used with SPHERE and other critical publications.[90,91] For a new scholar, however, unfamiliar with the ubiquitousness of these sources, a more introductory understanding is needed to establish a solid foundation. That is what this foundational course in NAs in Emergencies can offer them- an introduction to this topic area, and help to build the capacity of a new generation of humanitarian workers. While NA tools should continue to be refined and streamlined, currently the bigger issue is the lack of trained personnel to use them. A course in Needs Assessments in Emergencies is one step in the right direction to fill this gap and meet this need.

Limitations

While the full body of resources related to NAs was referenced in this literature review, there remain a number of limitations to this body of work, and therefore the thoroughness of its review. The majority of resources are produced by NGOs and UN Agencies: reports informing the field of NAs in emergencies based on their success and failures working in the field. This yields a reference list distinct from many other literature reviews, that build mostly on relevant scholarly articles. In this particular instance, the organization reports are more relevant and informative, because they build on real-life examples, as well as the reality is that the scholarly literature on NAs in Emergencies is not robust.

Additionally, working closely with the instructors of the course, they have advised me on the significant literature from the field that needs to be featured heavily throughout the course. These documents are included in the Syllabus, and all significant documents are outlined in the Annotated Bibliography. All referenced sources are listed in the footnotes.

Gaps in the Literature

In addition to this potential limitation of somewhat unorthodox literature, there is the added complication that across all of these sources, none of them apply terms that correspond to the terms used by other actors. Organizations tend to pick one definition and use that same definition reliably, and that consistency is helpful with this diverse pool of terms. However, across sources that use distinct terms, it is difficult to reconcile exactly what type of NA they are discussing. This is a major challenge to new scholars in the field, and also a major gap in the

[89] Assessment Capability Project. (2014). *Humanitarian Needs Assessment: The Good Enough Guide*. Emergency Capacity Building Project and Practical Action Publishing, Rugby, UK.
[90] Medicine Sans Frontiers. (1997). *Refugee Health: An approach to emergency situations*. Macmillan Press, London.
[91] The Sphere Project. (2011). *The Sphere Handbook*.

literature. Over decades of implementing NAs in Emergencies, main actors have yet to decide upon universally agreed upon terms.

To add to the depth of terms, there is also a sub-class of Needs Assessments that exists in disaster risk reduction. This type of NA tends to remain rather separate from all others, as it is only implemented through United Nations Office for Disaster Risk Reduction (UNISDR) and a few implementing NGOs. This specific type of NA is most often referred to as Post-Disaster Needs Assessments (PDNA). PDNAs have very similar objectives as the other types of NAs discussed, attempting to identify the needs of an affected community post-disaster and garner a response plan accordingly. Where they differ, however is that they incorporate more long-term development goals, focusing on recovery and resiliency. Instead of identifying the immediate life-sustaining needs of the affected community, the Disaster Risk Reduction (DRR) approach tries to identify gaps in community capacity.[92] Recently, UNISDR has begun incorporating preparedness assessments into their prevue, similar to IFRCs implementation of Vulnerability and Capacity Assessments.[93] While 'best practice' has yet to be established by UNISDR, it is an emerging tool that will likely gain traction in the coming years. It is because of this differentiation, that they are not heavily featured in this review, nor will they be in the curriculum. The scope of the course will focus on Needs Assessments in Emergencies conducted directly after the onset of an emergency to inform life-saving interventions.

A topic that will be included in the curriculum, but has an extremely weak literature around it is the topic of severity. While most in the field agree that measurements of severity can be extremely helpful in prioritizing the needs of an affected community, and targeting those needs to those are most dire.[94] Despite this consensus, no sound severity tool exists, and so each NA continues to use its own tool to create their own severity measures. In some CNAs and longer-term monitoring and evaluation plans, each technical sector (health, nutrition, WASH, logistics, etc.) uses indicators and proxy indicators that help them gauge severity. This is done uniquely by each sector each assessment in lieu of a formalized severity tool. A lack of a uniform tool has led to a lack of literature on this topic, so while a few critical sources have been highlighted on this topic, there are very few others to contribute to the body of literature on the subject.

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[92] The Global Facility for Disaster Risk Reduction. (2010). Disaster Risk Reduction: Cross Cutting Sector. Retrieved from http://www.recoveryplatform.org/assets/projects/PDNA/PDNAVolumeB/WB_UNDP_PDNA_DRR_SP_FINAL.pdf

[93] International Federation of Red Cross and Red Crescent Societies. (2017). *Vulnerability and Capacity Assessment (VCA)*. Retrieved from http://www.ifrc.org/vca

[94] Benini, A. (2016). *Severity Measures in Humanitarian Needs Assessments: Purpose, measurement, integration.* Technical Note. Retrieved from https://www.acaps.org/resources/assessment

Conclusion

Leaders in the field of Needs Assessment in Emergencies are constantly collaborating, and thinking strategically about how they improve the field. They are actively trying to make RNAs and CNAs faster, more coordinated, yield better information, and more effectively yield an appropriate funding and programmatic response. Every emergency is different due to the unique impact it has on the affected population, and beyond the creation and implementation of the perfect tool, is the flexibility in which to apply it. With the creation of a common approach to Needs Assessment at the IASC level, it is extremely important to not become data obsessed, and to remember that without proper understanding of the situational context that comes from communicating with the affected population, an abundance of information and tools does not automatically yield a more effective humanitarian response.[95]

Most importantly, the tools need to be implemented by competent and capable public health practitioners. While many aspects of humanitarian response are best learned by doing and 'getting your hands dirty', Needs Assessments require a fundamental understanding before they can be implemented. Self-learning of this material is unlikely due to the obscurity of the literature and the confusion of the vernacular. Offering a content rich course in Needs Assessments in Emergencies is an excellent way to build the capacity of the work force. The thorough review of the relevant literature has informed the curriculum developing process to create a course that can help prepare the next generation to better execute Needs Assessment in humanitarian response.

[95] Stoianova V. (2010). *Donor funding in Haiti: Assessing humanitarian needs after the 2010 Haiti earthquake*. Global Humanitarian Assistance: Scale of needs.

METHODS

Much of the literature around Rapid Needs Assessments in Emergencies is yielded through the experiences, documents, and reports created by the organizations that conduct needs assessments in the field of Emergencies. Other sectors of humanitarian response and other fields of needs assessments are more prominently featured in research and academic literature. The scope of literature about CNAs in Emergencies is almost exclusively informed by experts in the field personal experiences implementing them, their recommendations, and gold standard tools developed through their failures. The sources referenced in the Literature Review and the reports that will be included in the course come from these leading organizations, and personal recommendations from advisors and instructors.

Pedagogy

To inform the structure and organization of the course, the curriculum builds upon principles of both Socratic and Didactic models of learning. The curriculum will include a mixture of both Didactic and Socratic components in order to account for the majority of information being new to the students, but also to recognize the educational needs of the adult student.

Lesser known than the traditional didactic model is andragogy, the theory behind adult learning is the theory of education focusses on learning that is much more Socratic, collaborative and analytic model.[96] Malcom Knowles pioneered the field of andragogy, defining it as "the art and science of helping adults learn" and is composed of Six Principles that emphasize that adult learners are: motivated and self- directed, they bring experience and knowledge, goal oriented, relevancy oriented, practical, and demand respect.[97]

In order to employ these principles in the classroom, instructors will embody them through their interactions with the students, and they will be foundational in the creation of the curriculum. Through a two-day, 16-hour intensive course, the first day will emphasize the didactic model, introducing the students to the topic area and sharing experiences from the field. After that foundation has been built, the second day will employ andragogy, allowing students to collaborate with instructors and work through examples from the field.

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[96] eLearning Industry. (2017). *The Adult Learning Theory – Andragogy – of Malcolm Knowles*. Retrieved from https://elearningindustry.com/the-adult-learning-theory-andragogy-of-malcolm-knowles

[97] Australian Catholic University. (2017). *Knowles' Six Principles of Adult Learning*. Retrieved from http://www.acu.edu.au/staff/our_university/faculties/faculty_of_health_sciences/professional_practice_resources_for_supervisors/interprofessional_resource_library/Facilitating_Learning/knowles_principles

Building on didactic leaning, the students will be expected to complete readings outside of class, and then be tested on them each morning. All lectures will be casual and interactive, allowing space for the sharing of knowledge and experience, keeping students and lecturers at a more equitable level. Students will participate in a Case Study during the second day, and then continue this analytic thinking when completing their take- home final exam to culminate their learning in the course.

Cognizant of the dynamics in educating adults, but also lecturing on a topic area that will be new to most, a delicate balance will be struck to incorporate both teaching models, and therefore create a course that caters to the leaning needs of the students.

CHAPTER 4: Curriculum

This chapter outlines the course itself; including the syllabus, course content, tests, and case studies. The previous sections were imperative to inform this section: the curriculum. With a firm understanding of the topic area, and implementation of pedagogy that lends itself to this audience and subject matter, the curriculum that follows is one that will educate CHE students and increase the capacity humanitarian responders.

Syllabus

On the following pages, the Syllabus for the course is included.

ROLLINS SCHOOL OF PUBLIC HEALTH EMORY

DEPARTMENT: Global Health

COURSE NUMBER: GH 544 **CREDIT HOURS: 1**

COURSE TITLE: Needs Assessments in Humanitarian Emergencies

DATES: **LOCATION:**

INSTRUCTORS

Name 1	EMAIL:	PHONE:
Name 2	EMAIL:	PHONE:

TEACHING ASSISTANTS

Name 1	EMAIL:	PHONE:
Name 2	EMAIL:	PHONE:

OFFICE HOURS: By appointment only

BRIEF COURSE DESCRIPTION

This course covers essential principles necessary to understand and conduct rapid needs assessments in complex humanitarian emergencies. Using both sector-specific and multi-sectoral approaches, the course will highlight the importance of Needs Assessments; proper data collection methods; best practices and how to advocate for evidence-based interventions for beneficiary populations; providing an introductory preparation and training for emergency responders and aid workers.

LIST SCHOOL, DEPARTMENT, AND CERTIFICATE COMPETENCIES

School of Public Health Competencies

1. Use analytic reasoning and quantitative methods to address questions in public health and population-based research
2. Describe behavioral, social and cultural factors that contribute to the health and wellbeing of individuals, communities and populations
3. Assess global forces that influence the health of culturally diverse populations around the world

Department of Global Health Competencies

1. Assess the major forces that influence the health of populations around the world
2. Design programs, policies, and/or interventions intended to improve health services and the health status of individuals, communities, and populations

CHE Certificate Competencies

1. Develop public health programs and strategies responsive to the diverse cultural values and traditions of the community being served
2. Identify internal and external problems that may affect the delivery of essential public health services in a CHE

LIST LEARNING OBJECTIVES ASSOCIATED WITH THE COMPETENCIES

Students will be able to:

1. Describe best practices and processes for Needs Assessments in Emergencies for beneficiary populations.
2. Describe the pitfalls and challenges conducting Needs Assessments in Emergencies.
3. Be familiar with the evolution of tools and be able to explain the current best practices
4. Consider the role of cultural, social, and behavioral factors have in designing and conducting CNAs in CHE.

COURSE STRUCTURE

Students are expected to read all assigned reading prior to arriving at class, and both days of the course will begin with a quiz on the reading. The day will be broken down with a series of lectures and the final day will conclude with a case study, to reinforce the content covered in the course. The course hours are 9:00am to 5:00 pm both days. There will be a one hour lunch break and two 15 minute breaks each day.

EVALUATION

Students will be evaluated based on:
1) In-class quiz on pre-requisite readings on Day 1
2) In-class quiz on pre-requisite readings on Day 2
3) Engagement and completion of the Case Study on Day 2
4) Attendance and participation on both Day 1 and Day 2
5) Take-home Final Exam

All quizzes and final exam will be open book and open note.
All late assignments, quizzes, and exams will receive a grade of 0.

Final course grades will be calculated as follows:
15% Day 1 Quiz
15% Day 2 Quiz
10% Case Study
20% Class Attendance and Participation
40% Final Exam

Overall scoring: A 93-100; A- 90-92
B+ 87-89; B 83-86; B- 80-82;
C+ 77-79; C 73-76; C- 70-72;
D+ 67-69; D 60-66; F <60

ACADEMIC HONOR CODE

The RSPH requires that all material submitted by a student in fulfilling his or her academic course of study must be the original work of the student.

DAY 1: Saturday
Schedule

Time	Topic / Activity	Facilitator(s)
09:00	Introductions Course Announcements Day 1 Quiz	Richard Garfield
09:30	Introduction to Needs Assessments in Emergencies	Lara Martin
10:45	Break	
11:00	Defining different types of Needs Assessments in Emergencies	Lara Martin
12:00	Lunch	
13:00	Data Sources and Current Tools	Richard Garfield
14:15	Break	
14:30	Tool Development and Implementation	Lara Martin
15:30	Example from the Field: Zoonotic Outbreak	Lara Martin
16:30	Wrap Up	Richard Garfield

DAY 1: Saturday
Reading

Required reading: *(These are the readings you will be tested on)*

1. Assessment Capability Project. (2012). *Technical Brief: Coordinated Assessments in emergencies. What we know now: Key lessons from field experience*. Retrieved from https://www.acaps.org/resources/assessment.

2. Garfield R, Blake C, Chatainger P, Walton-Ellery S. *Common Needs Assessments and Humanitarian Action*. HPN Network Paper 69. ODI: London: 2011. Available online: http://odihpn.org/wp-content/uploads/2011/04/networkpaper069.pdf.

3. Knox Clarke P, Campbell, L. (2015). *Exploring Coordination in Humanitarian Clusters*. ANLAP Study Paper. London, 2015. Available online: http://www.alnap.org/resource/20360. Pages 6-35.

4. Knox Clarke P, Darcy J. (2014) *Insufficient evidence? The quality and use of evidence in humanitarian action*. ALNAP Study. London: ALNAP/ODI. Available online: http://www.alnap.org/resource/10441. Pages 5-8, 46-72

Optional reading:

1. Assessment Capability Project. (2014). *Humanitarian Needs Assessment: The Good Enough Guide*. Emergency Capacity Building Project and Practical Action Publishing, Rugby, UK.

2. The Sphere Project. (2011). *The Sphere Handbook.* Available online: http://www.ifrc.org/PageFiles/95530/The-Sphere-Project-Handbook-20111.pdf

3. Inter-Agency Standing Committee. (2015). *Multi-Sector Initial Rapid Assessment Guidance: Revision July 2015*. Available online: https://interagencystandingcommittee.org/system/files/mira_2015_final.pdf

4. Humanitarian Response. (2015). *Humanitarian Programme Cycle*. Retrieved from https://www.humanitarianresponse.info/en/programme-cycle/space

5. World Health Organization & King's College London (2011). *The Humanitarian Emergency Settings Perceived Needs Scale (HESPER): Manual with Scale*. Geneva: World Health Organization.

DAY 2: Sunday
Schedule

Time	Topic / Activity	Facilitator(s)
9:00	Course Announcements Day 2 Quiz	Richard Garfield
9:30	Qualitative Approches	Karen Andes & Amy Webb Girard
10:45	Break	
11:00	Severity	Patrice Chatainger
12:00	Lunch	
13:00	Example from the Field: Humanitarian Funding	Lara Martin
13:45	Break	
14:00	Case Study: Rapid Needs Assessment- Flooding in Peru	Staff
16:30	Wrap Up	Richard Garfield

DAY 2: Sunday
Reading

Required reading:

1. ACAPS. (2012). *Qualitative and Quantitative Research Techniques for Humanitarian Needs Assessment: An Introductory Brief*. Retrieved from http://reliefweb.int/sites/reliefweb.int/files/resources/qualitative_and_quantitative_research_techniques.pdf

2. Benini, A. (2016). *Severity Measures in Humanitarian Needs Assessments: Purpose, measurement, integration.* Technical Note. Retrieved from https://www.acaps.org/resources/assessment

3. Darcy J, Hofmann CA. (2013). *According to need? Needs assessment and decision-making in the humanitarian sector*. London, England: Overseas Development Institute. Humanitarian Policy Group Report 15. Available online: https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/285.pdf

4. Darcy J, Stobaugh H, Walker P, Maxwell D. (2013). *The use of evidence in humanitarian decision making*. ACAPS Operational Learning Paper. Feinstein International Center, Tufts University. Somerville, MA, USA. Available online: http://fic.tufts.edu/assets/TUFTS_1306_ACAPS_3_online.pdf

Optional reading:

1. ACAPS. (2015). *Meeting information needs? A review of 10 years of multisector coordinated needs assessment reports*. Retrieved from https://www.acaps.org/resources/assessment

2. Benini A, Chataigner P, Noumri N, Tax L, Wilkins M. (2016). *Information gaps in multiple needs assessments in disaster and conflict areas*. A note for ACAPS. Available online: http://aldo-benini.org/Level2/HumanitData/Benini_EtAl_Information_%20Gaps_in_Needs_Assessments_160216.pdf

3. Development Initiatives. (2016). *Global Humanitarian Assistance Report 2016*. Bristol, UK. Available online: http://www.globalhumanitarianassistance.org/wp-content/uploads/2016/07/GHA-report-2016-full-report.pdf

Examples of Reports for Reference:

1. CARE. (2017). *Rapid Needs Assessment- Ribat and Khashabi Farms*. Available online: http://reliefweb.int/sites/reliefweb.int/files/resources/rapid_needs_assessment_-_daraa_farms_26_2_17-1.pdf

2. CRS. (2017). *Rapid Needs Assessment in Ayod County, Jonglei*. Available online: http://reliefweb.int/sites/reliefweb.int/files/resources/wfp290519.pdf

3. OCHA. (2014). *Central African Republic Multi-Cluster/Sector Initial Rapid Assessment*. Available online: http://reliefweb.int/sites/reliefweb.int/files/resources/Multi%20cluster%20sector%20rapid%20assessment.pdf

4. OCHA. (2014). *MSNA- Syria Multi –Sectoral Needs Assessment.* Available online: http://reliefweb.int/sites/reliefweb.int/files/resources/141028_Syria_MSNA_Report_FINAL.pdf

5. OCHA. (2016). *Mosul Flash Appeal*. Available online: http://reliefweb.int/sites/reliefweb.int/files/resources/mosul_flash_appeal_final_web.pdf

6. UNDG & World Bank Group. (2003). *Joint Iraq Needs Assessment.* Available online: http://siteresources.worldbank.org/IRFFI/Resources/Joint+Needs+Assessment.pdf

Course Content

The following outline builds on the topics included in the schedule in the syllabus, and will be used as the foundation to create the finalized presentations for the course.

Day 1

900-930
Introductions, Course Announcements, Day 1 Quiz

- Introduce the course and expectations
    - Review syllabus
- Hand out Day 1 Quiz
    - Collect once everyone has completed it

930-1045
Introduction to Needs Assessments

- General introduction to the topic, and it's significance
    - Define 'Needs Assessment'
    - Explore function within the humanitarian sector
- Briefly introduce the associated topics that will be covered in the course

1045-1100
Break

- Allow students a 15-minute stretch/ bathroom break

1100-1200
Defining different types of Needs Assessments in Emergencies

- Going through the many different terms that used in the field of Needs Assessments
    - Clarifying and defining those terms, creating a foundational vocabulary to be applied throughout consistently throughout the rest of the course

1200-1300
Lunch

- Allow students 1-hour for lunch

1300-1415
Data Sources and Current Tools

- Discuss primary and secondary data collection
    - Including appropriate sources
- Introduce the different data collection tools that are used in the field

1415-1430
Break

- Allow students a 15-minute stretch/ bathroom break

1430-1530
Tool Development and Implementation

- Building off of the previous lectures' introduction to data collection tools, this lecture delves deeper into the individual tools, how and why they were developed, and the overall evolution of needs assessment tools
- Discuss the implementation of each in the field, their strengths and weakness and how to use

1530-1630
Example from the Field: Zoonotic Outbreak

- A case study example of using Needs Assessment during a zoonotic outbreak

1630-1700
Wrap Up

- Conclude the day with any final remarks and announcements regarding Day 2

Day 2

900-930
Course Announcements, and Day 2 Quiz

- Make any necessary course announcements
    - Review the day's schedule
- Hand out Day 1 Quiz
    - Collect once everyone has completed it

930-1045
Qualitative Approaches

- Introduction to the methods and tools of qualitative research
    - The importance of Qualitative data during NAs
    - The utility of a mixed-method approaches in NAs

1045-1100
Break

- Allow students a 15-minute stretch/ bathroom break

1100-1200
Severity

- Introduction to Severity measurers and their importance during NAs
    - How severity tools can prioritize funding and programing needs
    - Discussion of the non-standardized approach to assessing severity

1200-1300
Lunch

- Allow students 1-hour for lunch

1300-1345
Example from the Field: Humanitarian Funding

- A case study from the field, focusing on the funding mechanisms informed by NAs

1345-1400
Break

- Allow students a 15-minute stretch/ bathroom break

1400-1630
Case Study: Rapid Needs Assessments- Flooding in Peru

- Students will break up into small discussion groups of 5-8 students with 1 facilitator
    - As a group, they will work through the case study document with facilitators guiding the discussion
- Serves as hands-on practice and opportunity for small group discussion, going through the components of a needs assessment, gaining a practical understanding of the process

1630-1700
Wrap Up

- Conclude the course with any final remarks and announcements regarding the Final Exam

ANNEXES

The following Annexes include more course material, including an Introduction to Needs Assessment Presentation, Tests, Case Study, and the Annotated Bibliography of Key Sources.

Annex I: Presentation

On the following pages, the images of an Introduction to Needs Assessments presentation have been included for reference.

INTRODUCTION TO

NEEDS ASSESSMENTS IN EMERGENCIES

EMORY
ROLLINS SCHOOL OF PUBLIC HEALTH

Center for Humanitarian Emergencies

Moira Wood
Draft Presentation

DEFINING NEEDS ASSESSMENTS

- The IFRC states that: "The first step in any emergency response is to assess the extent and impact of the damage caused by the disaster (the needs) and the capacity of the affected population to meet its immediate survival needs (degree of vulnerability)" – IFRC

- Objectives
  - Assess present and potential needs of the affected community
    - Food & Nutrition, WASH, Shelter, Health, Protection
  - Investigate adequacy of current response (if any), and where additional needs exist and gaps can be filled
  - Make recommendations for immediate programmatic interventions based on needs of the affected community

INTRODUCING DIFFERENT DERIVATIONS

- Rapid
- Detailed
- Continual
- Joint
- Harmonized
- Coordinated
- Common
- Multi-Sector
- Multi-Cluster

RAPID VERSUS COORDINATED

Rapid

- A needs assessment that is conducted immediately following a disaster; ideally within the first 72 hours, but can be anytime within the early phase of the program cycle.
- Serve as the preliminary evaluation of the effects of the disaster and are often completed by all actors on the ground to inform their own programs (ie uncoordinated)

Coordinated

- A time-bound, multi-sectoral, multi-stakeholder process of collecting analyzing and interpreting data to assess needs and inform decisions in humanitarian response
- Due to the intense nature of these assessments, they are conducted almost exclusively by the UN.

IMPORTANCE OF NA IN EMERGENCIES

- Informs Programming
  - Agencies and Organizations use the information collected during a Needs Assessment to plan their relief effort
  - Allows for evidence-based programing, informed by the needs identified in the NA
- Informs Funding
  - NAs are crucial for directing funds to where they are most needed
  - Offering hard numbers and stories collected from the field are compelling and can prompt increased and targeted funding
- MAKE BETTER DECISIONS

DATA COLLECTION AND TOOLS

- Pre-Disaster Secondary Data
  - General background about the national/ regional context
    - Demographic data, basic health statistics
- Post-Disaster Secondary Data
  - Summary information on the crisis
    - Situation Reports, Country Factsheets
- Post-Disaster Primary Data
  - From IRA to MIRA
    - The Initial Rapid Assessment (IRA) tool, which was created by the Inter-Agency Standing Committee (ISAC) in 2009, was updated to the Multi-Sector Initial Rapid Assessment (2012), and then updated to the most recent version in 2015
  - HESPER

MIXED METHODS

Quantitative

- Quantitative data helps gage magnitude and scale of a humanitarian crisis, providing numbers to demonstrate impact and need.
- Quantitative data answers questions like "how many" and "how much" and are gathered through surveys, questionnaires, and during the early phases of response, largely from secondary data sources.

Qualitative

- Qualitative data, by comparison, focuses on sussing out what impact the disaster has had on the affected population.
- Qualitative data answers questions like "how" and "why" and are gathered through interviews, focus group discussions, and observations.

SEVERITY

- Measuring severity can help to identify priorities and therefore more objectively funnel resources and inform programming.
- Despite consensus from the humanitarian sector that severity is a wonderful measure to prioritize needs, no sound severity tool exists, and so each NA continues to use its own tool to create their own severity measures.
  - A lack of a uniform tool has also fueled a lack of literature on this topic, so while a few critical sources have been highlighted on this topic, there are very few to contribute to the body of literature on the subject

CHALLENGES IN EMERGENCIES

- No time
  - NAs are done to identify the emergent needs to the affected population and design a response plan to offer life-sustaining assistance. Due to this urgency, NAs need to be done as quickly as possible
- No money
  - Funding for humanitarian response is always stretched thin, as the needs are numerous. The complete lack of funding is most dire in the early days of the response because without knowledge of the extent of the effects of the crisis, it is difficult to mobilize funding, and impossible to solicit donations from the donors
- No Staff
  - Agencies and organizations implementing NAs in the field are are often understaffed, with more staff focused on the technical teams
- No Access
  - Depending on the crisis, it can be difficult to access the affected population due to conflict and lack of security, bad weather and road conditions, and a myriad other complications that are inherent to emergencies

QUESTIONS?

Thank you!

Annex II: Tests

On the following pages, the following Tests have been included:

Day 1 Quiz: Questions
Day 1 Quiz: Key
Day 2 Quiz: Questions
Day 2 Quiz: Key
Final Exam: Questions
Final Exam: Key

GH 544: Needs Assessments in Emergencies

Day 1 Quiz
10 points

1. What is the primary function of a CA? (1 point)

2. True or False: (1 point)
It is more important for CAs to be rapid than detailed.

3. Fill in the Blank: (1 point)

A common Needs Assessment is _____, _____, _____process of collecting, analyzing, and interpreting data to _____ and _____ on humanitarian and early recovery responses.

4. What are the 5 suggested ways to improve the use of evidence in humanitarian decision-making? (1 point)

5. What are the 3 biggest costs of coordination? (1 point)

6. List at least 3 major benefits of coordination? (2 points)

7. Fill in the Blanks: (1 point)

While much of the guidance for humanitarian evaluation points to the benefits of using _____methods approaches, most evaluations are conducted using only _____methods.

8. What are the primary objectives during each phase of the emergency? (2 points)

Phase 1: _____
Phase 2: _____
Phase 3: _____
Phase 4: _____

GH 544: Needs Assessments in Emergencies

Day 1 Quiz Key
10 points

1. What is the primary function of a CA? (1 point)

To provide information and inform decision making (prompt funding for evidence-based interventions). NOT intended to provide detailed or precise information, but provide a macro level information

Source: Assessment Capability Project. (2012). *Technical Brief: Coordinated Assessments in emergencies. What we know now: Key lessons from field experience*. Retrieved from https://www.acaps.org/resources/assessment. Page 4-5.

2. True or False: (1 point)

It is more important for CAs to be rapid than detailed.

TRUE

Source: Assessment Capability Project. (2012). *Technical Brief: Coordinated Assessments in emergencies. What we know now: Key lessons from field experience*. Retrieved from https://www.acaps.org/resources/assessment. Page 7.

3. Fill in the Blank: (1 point)

A common Needs Assessment is *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.

Source: Garfield R, Blake C, Chatainger P, Walton-Ellery S. *Common Needs Assessments and Humanitarian Action*. HPN Network Paper 69. ODI: London: 2011. Available online: http://odihpn.org/wp-content/uploads/2011/04/networkpaper069.pdf. Page 3.

4. What are the 5 suggested ways to improve the use of evidence in humanitarian decision-making? (1 point)

Accessibility
Timeliness

Broad circulation through a variety of media
Establish a clear Decision-making process
Ensure that there are incentives for the use of evidence

Source: Knox Clarke P, Darcy J. (2014) *Insufficient evidence? The quality and use of evidence in humanitarian action*. ALNAP Study. London: ALNAP/ODI. Available online: http://www.alnap.org/resource/10441. Pages 69-72.

5. What are the 3 biggest costs of coordination? (1 point)

Time
Loss of Competitive Advantage
Loss of Autonomy

Source: Knox Clarke P, Campbell, L. (2015). *Exploring Coordination in Humanitarian Clusters*. ANLAP Study Paper. London, 2015. Available online: http://www.alnap.org/resource/20360. Page 31.

6. List at least 3 major benefits of coordination? (2 points)

One stop chop for information (saving time in information collection and decision making)
See the big picture of the crisis (allows for better planning and program design)
Access to technical guidance and good practice
Increase legitimacy for activities
Prevent duplications and overlaps (wastes time and resources)
Build relationships and trust with other actors

Source: Knox Clarke P, Campbell, L. (2015). *Exploring Coordination in Humanitarian Clusters*. ANLAP Study Paper. London, 2015. Available online: http://www.alnap.org/resource/20360. Page 32.

7. Fill in the Blanks: (1 point)

While much of the guidance for humanitarian evaluation points to the benefits of using *MIXED* methods approaches, most evaluations are conducted using only *QUALITATIVE* methods.

Source: Knox Clarke P, Darcy J. (2014) *Insufficient evidence? The quality and use of evidence in humanitarian action*. ALNAP Study. London: ALNAP/ODI. Available online: http://www.alnap.org/resource/10441. Page 44.

8. What are the primary objectives during each phase of the emergency? (2 points)

Phase 1: *INFORMATION GATHERING*
Phase 2: *MULTI-CLUSTER ASSESSMENTS*
Phase 3: *SECTOR ASSESSMENTS*
Phase 4: *MULTI-CLISTER ASSESSMENT (to assess the response since phase 2)*

Source: Garfield R, Blake C, Chatainger P, Walton-Ellery S. *Common Needs Assessments and Humanitarian Action*. HPN Network Paper 69. ODI: London: 2011. Available online: http://odihpn.org/wp-content/uploads/2011/04/networkpaper069.pdf. Page 3.

GH 544: Needs Assessments in Emergencies

Day 2 Quiz
10 points

1. During the Phase 1 of an emergency assessment, what type will the majority of the data be? Why? (2 points)

2. Describe how Qualitative and Quantitative data are different. Why do we want to include both in emergency assessments? (2 points)

3. What are the 3 types of sources of information and evidence that are used by humanitarian decision makers? (2 points)

4. While improvements to CAP have been made, there continues to be a disconnect between the analytical/ strategic component and the related portfolio of the agency projects. What is one way to overcome these weaknesses? (2 points)

5. What are the two types of severity measures? (2 points)

GH 544: Needs Assessments in Emergencies

Day 2 Quiz Key
10 points

1. During the Phase 1 of an emergency assessment, what type will the majority of the data be? Why? (2 points)

During Phase 1 of an emergency assessment, the majority of data used to build a shared picture of the disaster affected area and populations comes from secondary sources. This is largely because time constraints during the first few days following a sudden onset disaster prohibit a large scale field data collection exercise.

Source: ACAPS. (2012). *Qualitative and Quantitative Research Techniques for Humanitarian Needs Assessment: An Introductory Brief*. Retrieved from http://reliefweb.int/sites/reliefweb.int/files/resources/qualitative_and_quantitative_research_techniques.pdf. Page 3.

2. Describe how Qualitative and Quantitative data are different. Why do we want to include both in emergency assessments? (2 points)

Quantitative data guides in understanding the magnitude and scale of a humanitarian crisis by providing a numeric picture of its impact upon affected communities. It addresses the questions: how many and how much. Qualitative data, on the other hand, focuses on determining the nature of the impact of a disaster upon affected populations. Qualitative data answers questions of how and why coping strategies have adapted, or failed to adapt, to the changed circumstance.

Source: ACAPS. (2012). *Qualitative and Quantitative Research Techniques for Humanitarian Needs Assessment: An Introductory Brief*. Retrieved from http://reliefweb.int/sites/reliefweb.int/files/resources/qualitative_and_quantitative_research_techniques.pdf. Page 3.

3. What are the 3 types of sources of information and evidence that are used by humanitarian decision makers? (2 points)

Pre-Crisis contextual information (about capabilities and vulnerabilities
Information concerning the nature of an evolving crisis (eg from early warning and assessment data) and the impact of the response to it (monitoring, evaluation)
Evidence about 'what works' in response to particular kinds of crisis, including best practice, standards, protocols, etc

Source: Darcy J, Stobaugh H, Walker P, Maxwell D. (2013). *The use of evidence in humanitarian decision making*. ACAPS Operational Learning Paper. Feinstein International Center, Tufts University. Somerville, MA, USA. Available online: http://fic.tufts.edu/assets/TUFTS_1306_ACAPS_3_online.pdf. Page 19.

4. While improvements to CAP have been made, there continues to be a disconnect between the analytical/ strategic component and the related portfolio of the agency projects. What is one way to overcome these weaknesses? (2 points)

Developing the role of sectoral working groups would strengthen its ability to establish priorities for response.

Source: Darcy J, Hofmann CA. (2013). *According to need? Needs assessment and decision-making in the humanitarian sector*. London, England: Overseas Development Institute. Humanitarian Policy Group Report 15. Available online: https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/285.pdf. Page 8.

5. What are the two types of severity measures? (2 points)

Measures directly related to humanitarian sectors (food, security, WASH, protection, etc) mostly are in rating scales and persons-in- need estimates

Measure not defined in terms of sectors result from the combination of indicators that cover several dimension of the crisis (such as vulnerability, intensity, and exposure)

Source: Benini, A. (2016). *Severity Measures in Humanitarian Needs Assessments: Purpose, measurement, integration.* Technical Note. Retrieved from https://www.acaps.org/resources/assessment. Page 7.

GH 544: Needs Assessments in Emergencies

Final Exam
50 points

1. Please define Needs Assessment in Emergencies. (5 points)

2. Please identify 3 key differences between a Coordinated Needs Assessments (CNA) and a Rapid Needs Assessment (RNA). (5 points)

3. Describe the difference between primary and secondary data. (5 points)

4. List 3 key sources to use when collecting secondary data. (3 points)
What kinds of indicators can you find at each? (2 points)

5. List 3 primary data collection tools or methods. (2 points)
What is the strength of each? (3 points)

6. What are some specific sectors/ concerns you might want to consider when implementing a NA on the following types of disasters? (5 points)

Severe Weather/ Flood

War/ Conflict

Drought/ Famine

Zoonotic

Diarrheal Diseases

7. Describe the difference between quantitative and qualitative data. (3 points)
Why is each important in NAs? (2 points)

8. How can severity measures be useful in NAs? (3 points)
What are the most common challenges in measuring severity? (2 points)

9. What are the common funding mechanisms used during humanitarian response? (5 points)

10. You have been tasked to conduct a Rapid Needs Assessment in Yemen. Please list in chronological order the steps you would take to prepare for departure. (5 points)

GH 544: Needs Assessments in Emergencies

Final Exam Key
50 points

1. Please define Needs Assessment in Emergencies. (5 points)

An assessment to identify the urgent needs of a community affected by an emergency (natural disasters or man-made) in order to design and implement appropriate life-sustaining programs.

Source: International Federation of Red Cross and Red Crescent Societies. (2017). *Emergency Needs Assessment*. Retrieved from http://www.ifrc.org/en/what-we-do/disaster-management/responding/disaster-response-system/emergency-needs-assessment/

2. Please identify 3 key differences between a Coordinated Needs Assessments (CNA) and a Rapid Needs Assessment (RNA). (5 points)

CNAs are 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

Source: Garfield R, Blake C, Chatainger P, Walton-Ellery S. *Common Needs Assessments and Humanitarian Action*. HPN Network Paper 69. ODI: London: 2011. Available online: http://odihpn.org/wp-content/uploads/2011/04/networkpaper069.pdf. Page 3.

A needs assessment that is conducted immediately following a disaster; ideally within the first 72 hours, but can be anytime within the early phase of the program cycle. This term is often used confused with Coordinated Needs Assessments, but are distinct in that RNAs serve as the preliminary evaluation of the effects of the disaster and are often completed by all actors on the ground to inform their own programs.

Source: Pan American Health Organization. (2017). *Rapid Needs Assessment*. Retrieved from http://www.paho.org/disasters/index.php?option=com_content&view=article&id=744:rapid-needs-assessment&Itemid=800&lang=en

Source: Humanitarian Response. (2017). *Needs assessment: Overview*. Retrieved from https://www.humanitarianresponse.info/en/programme-cycle/space/page/assessments-overview

3. Describe the difference between primary and secondary data. (5 points)

Primary data is most generally understood as data gathered from the information source and which has not undergone analysis before being included in the needs assessment. Primary data is collected directly from the affected population by the assessment team through field work. Primary data is most often collected through face to face interviews or discussions with members of the affected community, but can also be gathered through phone interviews, radio communication, email exchange, and direct observation.

Secondary data is information which has typically been collected by researchers not involved in the current assessment and has undergone at least one layer of analysis prior to inclusion in the needs assessment. Secondary data can comprise published research, internet materials, media reports, and data which has been cleaned, analysed and collected for a purpose other than the needs assessment, such as academic research or an agency or sector specific monitoring reports.

Source: ACAPS. (2012). *Qualitative and Quantitative Research Techniques for Humanitarian Needs Assessment: An Introductory Brief*. Retrieved from http://reliefweb.int/sites/reliefweb.int/files/resources/qualitative_and_quantitative_research_techniques.pdf

4. List 3 key sources to use when collecting secondary data. (3 points)
What kinds of indicators can you find at each? (2 points)

Demographic Health Surveys (DHS) – primarily provide public health / technical context
Multi-indicator cluster surveys (MICS) – primarily provide public health / technical context
WHO Country Epidemiological Profiles – primarily provide public health / technical context
CDC Travelers Health Website– primarily provide public health / technical context
***National Bureau of Statistics Website** – primarily provide general country*
World Bank Country Profiles – primarily provide general country and logistical context
UN Statistics Bureau – primarily provides general country context
Wikipedia – primarily provides general country context
CIA Factbook – primarily provide general country

Source: Biluka O, Liedman E. (2017). Principles of Rapid Assessments in Emergencies. [PowerPoint Presentation].

5. List 3 primary data collection tools or methods. (2 points)
What is the strength of each? (3 points)

MIRA: A joint assessment tool that can be used in sudden onset emergencies, serving as a precursor to sector/ cluster specific needs assessments, and provides a process for collecting and

analyzing information on the affected population and their needs in order to inform strategic response planning.

Can be more time and financially efficient than individual sector assessments, reduces redundancy and can expedite response.

Source: Inter-Agency Standing Committee. (2015). *Multi-Sector Initial Rapid Assessment Guidance: Revision July 2015*.

Sector-Specific NA Tool: as opposed to a MIRA or other multi-sector tool, this would be a single tool, used by one organization/sector to collect specific data they are interested in.

Not requiring coordination/ collaboration can save time, allows the organization to collect only the information that they want.

HESPER: A tool to provide a quick and robust way of assessing the perceived serious needs of people affected by large-scale humanitarian emergencies.

Very quick and efficient data collection tool, focuses on perceived needs and incorporates issues pertaining to mental health.

Source: World Health Organization & King's College London. (2011). *The Humanitarian Emergency Settings Perceived Needs Scale (HESPER): Manual with Scale*. Geneva: World Health Organization.

Interviews: Interviews are the backbone of a field assessment. Each piece of information sought should be looked at from three perspectives: Who is (are) the best person(s) to talk to regarding this particular information? Is it better to talk to the person(s) individually or in a group? Which type and technique of interview should be used?

Going beyond dichotomous questions, interviews can add additional depth, explore narratives, and dig deeper into feelings from community members.

Sources: International Federation of Red Cross and Red Crescent Societies. (2008). *Guidelines for assessment in emergencies*. ICRC: Geneva, Switzerland.

Observations: provide an enormous amount of information very quickly through observation. Crucially, it gives a "feel" for the situation – sounds, smells and visual impressions.

Going beyond answers offered from those surveyed and interviews, observations can offer additional depth into the situation.

Source: International Federation of Red Cross and Red Crescent Societies. (2008). *Guidelines for assessment in emergencies*. ICRC: Geneva, Switzerland

6. What are some specific sectors/ concerns you might want to consider when implementing a NA on the following types of disasters? (5 points)

Severe Weather/ Flood
- *Shelter*
- *Food and Nutrition*
- *WASH*
- *Water borne diseases*

War/ Conflict
- *Security and Protection*
- *Shelter*
- *Food and Nutrition*
- *WASH*

Drought/ Famine
- *Food and Nutrition*
- *WASH*

Zoonotic
- *WASH*
- *Environment*

Diarrheal Diseases
- *WASH*
- *Food and Nutrition*

7. Describe the difference between quantitative and qualitative data. (3 points)
Why is each important in NAs? (2 points)

Quantitative data guides in understanding the magnitude and scale of a humanitarian crisis by providing a numeric picture of its impact upon affected communities. It addresses the questions: how many and how much.

This information is imperative in epidemiologic data, identifying the number of people affects and how much aid is required.

Qualitative data, on the other hand, focuses on determining the nature of the impact of a disaster upon affected populations. Qualitative data answers questions of how and why coping strategies

have adapted, or failed to adapt, to the changed circumstance.

This allows for more depth into investigating the issues, and gaining insight into the affected communities biggest concerns.

Source: ACAPS. (2012). *Qualitative and Quantitative Research Techniques for Humanitarian Needs Assessment: An Introductory Brief*. Retrieved from http://reliefweb.int/sites/reliefweb.int/files/resources/qualitative_and_quantitative_research_techniques.pdf.

8. How can severity measures be useful in NAs? (3 points)

What are the most common challenges in measuring severity? (2 points)

Measuring severity can help to identify priorities and therefore more objectively funnel resources and inform programming. Using a quantitative severity measure can help make important decisions faster, but without an agreed upon tool, they can also offer misleading results if not applied appropriately. Much like the different types of NAs must be applied at strategic times, the use of a severity tool will depend on purpose, time, resources, and existing data.

While most in the field agree that measurements of severity can be extremely helpful in prioritizing the needs of an affected community, and targeting those needs to those are most dire. Despite this consensus, no sound severity tool exists, and so each NA continues to use its own tool to create their own severity measures. A lack of a uniform tool has also fueled a lack of literature on this topic, so while a few critical sources have been highlighted on this topic, there are very few others to contribute to the body of literature on the subject.

Source: Benini, A. (2016). *Severity Measures in Humanitarian Needs Assessments: Purpose, measurement, integration.* Technical Note. Retrieved from https://www.acaps.org/resources/assessment

9. What are the common funding mechanisms used during humanitarian response? (5 points)

CAP is a tool use by the humanitarian sector to plan, implement, and monitor their activities together, allowing for a more strategic approach to humanitarian delivery through collaboration in drafting a coordinated funding appeal. Much like how single-organization and sector needs assessment lead to a redundancy in efforts and multiple organizations petitioning for similar funding as compared to a CNA that incorporates all sectors and stakeholders into a single assessment; the CAP coordinates all needs and funding requests into a single appeal. It

streamlines the appeal process and tries to get all initial needs met through a single funding request.

Source: Inter-Agency Standing Committee. (2017). *Consolidated Appeals Process (CAP*). Retrieved from https://interagencystandingcommittee.org/consolidated-appeals-process-cap

When an affected country does not have a CAP in place, they rely on Flash Appeals. FAs are the equivalent to a RNA, as it is one organization applying for emergent funds to be delivered as quickly as possible in order to address the immediate needs of the affected population. FAs often bridge the gap between the onset of a disaster and when normal funding mechanism are able to mobilize their resources.

Source: Office for the Coordination of Humanitarian Affairs. (2017). Flash Appeals: Frequently Asked Questions. Retrieved from https://docs.unocha.org/sites/dms/cap/fas_what_you_need_to_know.pdf

One of the biggest contributors to the immediate funding of emergency response is the United Nations Central Emergency Response Fund (CERF). While many organizations begin fundraising to respond for a specific crisis, which causes a major delay in response funding, CERF receives donations throughout the fiscal year, and therefore has a large store of money (the goals being $450 million raised annually) to pull from. Intended to compliment other mechanisms such as national pooled-funding or bilateral funding, CERF fills the gap to provide aid to rapid response activities and to underfunded emergencies.

Source: United Nations Central Emergency Response Fund. (2016). *About CERF*. Retrieved from http://www.unocha.org/cerf/sites/default/files/CERF/About%20CERF/AboutCERF_EN_20161111.pdf

CERF, in conjunction with Country-based Pooled Funds (CBPFs), which is similar to CERF but on the national level, pooling funds earmarked for a specific humanitarian effort, play an important role in humanitarian financing.

Source: Office for the Coordination of Humanitarian Affairs. (2017). *Humanitarian Financing-Overview*. Retrieved from http://www.unocha.org/what-we-do/humanitarian-financing/overview

10. You have been tasked to conduct a Rapid Needs Assessment in Yemen. Please list in chronological order the steps you would take to prepare for departure. (5 points)

Assemble a team
Collect pre-disaster secondary data
    General country context
    Logistical information
    Public health/ technical context
Investigate post-disaster secondary data (where available)
Primary data collection
    Qualitative and quantitative data
Data analysis, report and dissemination

Annex III: Case Study

On the following pages, both the Student and Facilitator Version of the Case Study have been included.

GH 544: Needs Assessments in Emergencies
Rapid Needs Assessment: Flooding in Peru
Case Study

Student Version
120 minutes

On February 1st and 2nd, 2017, there was heavy rainfall (115 liters per meters squared) for approximately 14 consecutive hours in the Province of Chiclayo, which produced a total of 510,000 cubic meters of rainfall. The magnitude of the rainfall can only be compared to that caused by the El Niño phenomenon on 14 February 1998. The intense rains have affected a total of 32 districts in the provinces of Lambayeque, Ferreñafe and Chiclayo, causing outages in electrical service and the water system and many sections of the sewer system to collapse; moreover, the collection of solid waste has been halted, causing contamination and the appearance of vectors in the areas most affected by the flooding.

Through the Joint Command, Ministry of Transportation and Communications, Ministry of Health and Ministry of Defense staff at the emergency operations centers (EOCs) are currently coordinating the sub-regional offices with the goal of carrying out response actions

February 10th, 2017:
You are working in CDC's Global Rapid Response Team (GRRT) and have been contacted to deploy in response for this emergency. Your team will be responsible for conducting a rapid needs assessment to assist personnel in determining the health status and basic needs in a community affected by this flooding. This information will assist in making informed response decisions.

1. Which technical specialists and what other personnel would you need for your assessment coordination team? What background competencies would you be looking for in these people?

Before deploying, your team works to gather existing information on Peru. There are different types of secondary data – (1) information collected routinely before the emergency and (2) post-disaster reports available in the hours or days since the earthquake.

PRE-DISASTER
Secondary Data

2. What pre-disaster secondary data would your need to understand the general country context, logistical requirements and public health context that you will be tasked to assess?

3. What sources do you use to find pre-disaster secondary data from the internet, before deploying to the country? Which pre-disaster data may not be available on the internet and can be found only in-country?

4. Who would you contact in-country to find pre-disaster information that you could not find online?

Your team is together to plan. Take some time to review pre-deployment secondary data available online.

5. Find the following general country information about Peru, and interpret it in terms of what the information suggests you will find on the ground:

> **GDP and GDP per capita, Gini Index, urbanization, ethnic composition, most common religions, population, administrative divisions structure, life expectancy by sex, under five mortality, languages spoken, average temperatures and climate in January-April.**

Look at how country ranks in the world on some of these indicators to interpret them in context.
Keep track of which websites you found the information. You have 10 minutes, find as much as you can. GO!

Now that you have looked up country demographics, your group will be searching for sector specific pre-disaster secondary data that would be useful for your emergency assessment.

6. **Now, you will need to find the following pieces of pre-disaster public health data from several different sectors. Again, you have 10 minutes.**

Health Indicators:
- Measles immunization coverage, polio immunization coverage
- # of doctors and nurses per capita
- Most important endemic and epidemic infectious diseases

Nutrition Indicators:
- National prevalence of wasting in children under-5
- National prevalence of stunting in children under-5
- National prevalence of exclusive breastfeeding in children under 6 months of age

WASH Indicators:
- Percentage of people using improved drinking water sources
- Percentage of people that use no sanitation facility or bush or field

If you still have time, pick two additional public health indicators that you think would be useful for your pre-disaster secondary data. Make sure to document which websites you used to find these data.

As the rain continues and the flooding becomes more severe, information on the post-disaster starts to become available. Many of the global networks have footage of the crisis on network TV. Peru News and Information provides live reporting. Twitter and Facebook are active with updates of the situation and check-ins from affected persons. Humanitarian agencies that were already working in the most affected areas as well as those that have recently arrived are reporting on the situation, describing a disaster 'Of biblical proportions'. Reliefweb has updates from OCHA, other UN agencies and NGOs. ACAPS is collating these and has posted the first report. The Peruvian government has also released an official statement asking for international support.

POST DISASTER DATA COLLECTION

7. What post-disaster data would you like to know? These should be broad categories.

Using that actual flooding that took place in Peru in February 2017, please use this context to complete the following questions.

8. List 5 key websites that you would go to first in the first 2-3 days after emergency to look for fresh information. Access these sites, look at the structure and what information is available on each site.

9. When reviewing this post-disaster secondary information it is important to assess the validity of the data. What should you and your team be cautious about?

PRIMARY DATA COLLECTION

You are now ready to head to Peru. You've set up a meeting to discuss logistics of traveling to the country and coordinating the field assessment on the ground.

10. What logistics do you need to consider for this trip and conducting this needs assessment?

11. You have successfully arrived to that affected area with your assessment team. Review critically the information that the agencies on the ground wish to collect through visits to affected areas and interviews with the affected communities (use the draft questionnaire in the Appendix).

Comment on general format and style of the instrument, length (and time to administer), relevance of included questions, any missing topics that need to be included, etc. Is this instrument best suited to collecting quantitative or qualitative information? Who would be the best person(s) in the community to administer this questionnaire to?

Take into consideration what information would most likely be already available from your review of secondary data.

12. In rapid assessments during emergency stage 2, we primarily use qualitative methods (community questionnaires, observations, key informants) to collect data rather than household surveys. Why?

13. How many sites would you want to visit to conduct this needs assessment? Explain your reasoning. How would you choose which sites to visit?

14. How do you plan to analyze the data collected from the needs assessment?

Now that you have finished the rapid assessment and have analyzed the data, it's time to use the data to inform immediate interventions, longer term planning, and the humanitarian appeal. Good luck!

Annex 2: Questionnaire

Questionnaire ID:		Governorate:		Place code: (District)	
Date (dd/mm/yy):		District:		Distance to confrontation line: (km):	
Team name/code:		Sub-district:		Setting:	☐Rural ☐Peri-urban ☐ Urban

A. Damages by Conflict

A1. Due to conflict number of persons:*

	Total	Male	Female	Of whom Children < 5 years old
Dead:				
Injured:				
Missing:				
Arrested:				

A2. Due to conflict damages of physical infrastructure *(enter in %) Total for each column should be 100%*

Description	Private Buildings (houses, apartment buildings, etc.)	Public Infrastructure (schools, health centres, etc.)
No damages		
Slight damages: light repairs required (windows, doors)		
Moderate damages: Under 30% roof damage, severe fire damage, can be repaired		
Heavy damage: Over 30% roof damage, severe fire damage, can be repaired		
Destruction: Unusable, houses levelled, can't be repaired		

A3. Electricity

☐ Fully functional ☐ Intermittent ☐ Not functional

If intermittent, how many hours per day? ☐ 0-6 hrs ☐ 6-12 hrs ☐ 12-18 hrs ☐ 18-24 hrs

A4. Education

Number of functional schools in this sub-district before the conflict	Number of functional schools today in this sub-district

B. Demography*

B1. Estimated # of population in sub-district:	Total	% Female	Source Reliability**
Total # of pre-conflict population (2011)			
Of whom # who have fled the sub-district			
Current total # of population (resident population + new arrivals at this moment)			
- Of whom total # of displaced population			
- # Displaced people living in collective accommodation			
- # Displaced people hosted by local families			

** '0'=not present ; 'DNK'=Don't know ; otherwise provide point estimate*
***(Rating: 1=reliable, 2=fairly reliable, 3= unreliable)*

B2. Have the displaced / crisis-affected people been registered in this sub-district?

☐ Yes (completed)	☐ No
☐ Yes (under way)	☐ Not yet, but scheduled
If yes, which organization has conducted the registration in this sub-district?	

B3. Is the population increasing, decreasing, or staying about the same in this sub-district? *Ask this question to more than one person – LCC/Local authorities, IDPs, neutral party (i.e. NGO)*

☐ Increasing ☐ Decreasing ☐ About the same ☐ DNK

How is the relationship between the displaced and the host community in this sub-district? *Select only one*

☐ Host community willing to assist for as long as necessary
☐ Host community willing to assist, but for limited time
☐ Tensions already exist
☐ Other (specify _____)
☐ Not applicable

C. Information

C1. In this sub-district, are people generally: *Select only one*

☐ Well informed about humanitarian assistance
☐ Poorly informed about humanitarian assistance
☐ Not at all informed about humanitarian assistance

D. Health

D1. Health Status: Is there a serious problem regarding physical health in this sub-district?

☐ Yes ☐ No ☐ Do not know

If yes, I am reading a list of possible problems: *Select only the three most serious problems*

☐ Numerous cases of psychological trauma (anxiety, depression, phobia, etc.)
☐ Incidents of communicable diseases (measles, tetanus, scabies, cholera, etc.)
☐ Numerous cases of chronic diseases (HTN, DM, arthritis, dialysis, etc.)
☐ Numerous cases of children with nutrition problems
☐ Numerous cases of diarrhoea
☐ Numerous cases of fever
☐ Numerous cases of respiratory diseases
☐ Numerous cases of pregnancy related diseases
☐ Numerous injured
☐ Numerous disabled
☐ Other: _____

D2. Health Care: Is there a serious problem because people are not able to get adequate health care for themselves in this sub-district?

☐ Yes ☐ No ☐ Do not know

If yes, I am reading a list of possible problems: *Select only the three most serious problems*

☐ Lack of ambulance services
☐ Lack of medicines
☐ Lack of medical staff
☐ Not enough health facilities available
☐ Not enough access to health services due to physical/logistical constraints
☐ Not enough access to health services due to security constraints
☐ Not enough access to health services due to limited economic resources (lack of money)
☐ Other :_____

D3. Which specific health interventions are most urgently required in this sub-district? *enter short description* ☐ Do not know

First rank:

Second rank:

Third rank:

D4. Overall, which of the following statements describes best the general status of public health in this sub-district? *circle right answer*

0. DNK
1. No concern – situation under control
2. Situation of concern that requires monitoring
3. Many people will suffer if no health assistance is provided soon
4. Many people will die if no health assistance is provided soon
5. Many people are known to be dying right now because of insufficient health services

D5. Which group faces the biggest health risks in this sub-district? *rank top three: 1=first rank, 2=second rank, 3=third rank*

___ Displaced people in host families
___ Displaced people in collective accommodation (schools, camps, etc.)
___ Resident population hosting displaced persons
___ Resident population not hosting displaced persons

D6. Which organisations have been providing regular health care services in this sub-district over the **past 30 days**?

Type (INGO, Local Org, Self-help group, other)	Organisation responsible	Type of regular support (excluding one-offs)

E. Food

E1. Is there a serious problem regarding food in this sub-district?

☐ Yes ☐ No ☐ Do not know

If yes, I am reading a list of possible problems: *Select only the three most serious problems*

☐ Not enough food available (including in markets, etc.)
☐ Not enough diversity in food
☐ Not enough access to food sources (i.e. markets) due to physical/logistical constraints (transport)
☐ Not enough access to food sources (i.e. markets) due to security constraints
☐ Not enough access to food sources (i.e. markets) due to limited economic resources (income)
☐ Price increase of basic food items
☐ Agricultural production is disrupted
☐ There are not enough cooking facilities or utensils not enough cooking fuel
☐ Loss of economic assets due by conflict (livestock, machinery, seeds, etc.)

☐ Other : _____

E2. Which specific food security interventions are most urgently required in this sub-district? ☐ Do not know

First rank:

Second rank:

Third rank:

E3. Overall, which of the following statements describes best the general status of food security in this sub-district?

0. DNK
1. No concern – situation under control
2. Situation of concern that requires monitoring
3. Many people will suffer if no food assistance is provided soon
4. Many people will die if no food assistance is provided soon
5. Many people are known to be dying right now due to lack of food

E4. Which group is most at risk of having not enough food to survive in this sub-district? *rank top three: 1=first rank, 2=second rank, 3=third rank*

___ Displaced people in host families
___ Displaced people in collective accommodation (schools, camps, etc.)
___ Resident population hosting displaced persons
___ Resident population not hosting displaced persons

E5. Which organizations have been providing regular food support in this sub-district over **the past 30 days**?

Type (INGO, Local Org, Self-help group, other)	Organisation responsible	Type of regular support (excluding one-offs)

F. Places to live in and non-food items (NFI)

F1. Is there a serious problem in your sub-district regarding shelter and non-food items?

☐ Yes ☐ No ☐ Do not know

If yes, I am reading a list of possible problems: *Select only the three most serious problems*

☐ Not enough shelter space available
☐ Not enough protection against cold (snow, wind, rain)
☐ Not enough access to privately rented shelter space
☐ Not enough access to collective shelter space (lack of facilities/overcrowded)
☐ Not enough access to building materials due to physical/logistical constraints
☐ Not enough access to building materials due to security constraints
☐ Not enough access to building materials due to limited economic resources (income)
☐ Lack of basic household items in shelters
☐ Not enough access to heating fuel due to physical/logistical constraints
☐ Not enough access to heating fuel due to security constraints
☐ Not enough access to heating fuel due to limited economic resources (income)

☐ Others : _____

F2. Which specific shelter or NFI interventions are most urgently required in this sub-district? ☐ Do not know

First rank:

Second rank:

Third rank:

F3. Overall, which of the following statements describes best the general status of shelter?

0. DNK
1. No concern – situation under control
2. Situation of concern that requires monitoring
3. Many people will suffer if no shelter/winterization assistance is provided soon
4. Many people will die if no shelter/winterization is provided soon
5. Many people are known to be dying right now due to lack of shelter/winterization

F4. Which group is most at risk due to lack of shelter and NFIs? *rank top three: 1=first rank, 2=second rank, 3=third rank*

___ Displaced people in host families
___ Displaced people in collective accommodation (schools, camps, etc.)
___ Resident population hosting displaced persons

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___ Resident population not hosting displaced persons

F5. Which organizations have been providing regular shelter support in this sub-district over **the past 30 days**?

Type (INGO, Local Org, Self-help group, other)	Organisation responsible	Type of regular support (excluding one-offs)

G. Water, Sanitation and Hygiene

G1. Is there a serious problem regarding water in this sub-district?
☐ Yes ☐ No ☐ Do not know

If yes, I am reading a list of possible problems: *Select only the three most serious problems*

☐ Lack of jerry cans
☐ The water available is not safe for drinking or cooking
☐ Not enough water/wells available
☐ There are not enough recipients (jerry cans, buckets) - not enough water storage capacity
☐ Not enough access to water due to physical/logistical constraints
☐ Not enough access to water due to security constraints
☐ Not enough access to water due to limited economic resources (paying for water tankering)

☐ Others : _____

G2. Is there a serious problem regarding sanitation and hygiene in this sub-district?
☐ Yes ☐ No ☐ Do not know

If yes, I am reading a list of possible problems: *Select only the three most serious problems*

☐ Not enough places to wash
☐ Not enough access to water, soap or places to wash due to security constraints
☐ Not enough access to water, soap or places to wash available on the market
☐ Not enough access to water or soap due to limited economic resources
☐ Not enough toilets available
☐ Not enough access to toilets due to security constraints

☐ Others:

G3. Which specific water, sanitation, and hygiene interventions are most urgently required? ☐ Do not know

First rank:

Second rank:

Third rank:

G4. Overall, which of the following statements describes best the general status of water supply? *circle right answer*

0. DNK
1. No concern – situation under control
2. Situation of concern that requires monitoring
3. Many people will suffer due to lack of water
4. Many people will die if insufficient water remains available
5. Many people are known to be dying right now due to lack of water

G5. Regarding the lack of safe water, which group is most at risk? *(rank top three: 1=first rank, 2=second rank, 3=third rank)*

___ Displaced people in host families
___ Displaced people in collective accommodation (schools, camps, etc.)
___ Resident population hosting displaced persons
___ Resident population not hosting displaced persons

G6. Which organizations have been providing regular water, sanitation or hygiene support in this sub-district **over the past 30 days?**

Type (INGO, Local Org, Self-help group, other)	Organisation responsible	Regular support (excluding one-offs)

H. Sector prioritization

After these specific questions, we want to recapitulate. In terms of which sector poses the most serious problems, can you say which is the most serious, second most, third most serious? I read you a list of 4 sectors.

H1. **Priority Level.** *Rank top three: 1=first rank, 2=second rank, 3=third rank. Leave one blank*

Health	
Food Security	
Water, Sanitation, Hygiene	
Places to live and Non-Food Items	

H2. Are there any other urgent problems in this sub-district, which I have not yet asked you about? **(Please write down bullet points only)**

H3. Any further observations from the assessment team on the difficulty to collect information or the situation in the sub-district **(Please elaborate as required)**

Reference of Reports

- Central African Republic - Conflict - 2014
  - http://reliefweb.int/sites/reliefweb.int/files/resources/Multi%20cluster%20sector%20rapid%20assessment.pdf
- Haiti - Earthquake - 2010
  - http://documents.worldbank.org/curated/en/355571468251125062/pdf/701020ESW0P1190R0Haiti0PDNA020100EN.pdf
- Haiti - Hurricane Matthew - 2016
  - https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/integral_alliance_haiti_multisectoral_assessment_report_fv.pdf
- Mali - 2013
  - http://internationalmedicalcorps.org/document.doc?id=278
- Myanmar - Floods and Cyclone - 2015
  - http://reliefweb.int/sites/reliefweb.int/files/resources/MIRA%20report_FINAL.pdf
- Pakistan - Floods - 2012
  - http://pakresponse.info/LinkClick.aspx?fileticket=QSijWXr5nOg%3D&tabid=148&mid=915
- Philippines - Typhoon Haiyan - 2016
  - http://reliefweb.int/sites/reliefweb.int/files/resources/MIRA_Report_-_Philippines_Haiyan_FINAL.pdf
- Philippines- Typhoon Yolanda – 2013
  - https://www.acaps.org/search?search_query=typhoon+yolanda
- Philippines- Typhoons Ondoy and Pepeng- 2009
  - https://www.gfdrr.org/sites/default/files/PDNA_Philippines_2009_Main_Report.pdf
- Syria – 2014
  - https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/141028_Syria_MSNA_Report_FINAL_0.pdf
- Tajikistan - Floods and Mudflow - 2016
  - http://reliefweb.int/sites/reliefweb.int/files/resources/Tajikistan_REACT_rapid_response_team-assessment_report-May_2016.pdf
- Yemen - Displacement - 2015
  - http://reliefweb.int/sites/reliefweb.int/files/resources/ihuk_mira_assessment_taiz_governorate-yemen_30-oct-2015_0.pdf

GH 544: Needs Assessments in Emergencies
Rapid Needs Assessment: Flooding in Peru
Case Study

Facilitator Guide
120 minutes

On February 1st and 2nd, 2017, there was heavy rainfall (115 liters per meters squared) for approximately 14 consecutive hours in the Province of Chiclayo, which produced a total of 510,000 cubic meters of rainfall. The magnitude of the rainfall can only be compared to that caused by the El Niño phenomenon on 14 February 1998. The intense rains have affected a total of 32 districts in the provinces of Lambayeque, Ferreñafe and Chiclayo, causing outages in electrical service and the water system and many sections of the sewer system to collapse; moreover, the collection of solid waste has been halted, causing contamination and the appearance of vectors in the areas most affected by the flooding.

Through the Joint Command, Ministry of Transportation and Communications, Ministry of Health and Ministry of Defense staff at the emergency operations centers (EOCs) are currently coordinating the sub-regional offices with the goal of carrying out response actions

February 10th, 2017:
You are working in CDC's Global Rapid Response Team (GRRT) and have been contacted to deploy in response for this emergency. Your team will be responsible for conducting a rapid needs assessment to assist personnel in determining the health status and basic needs in a community affected by this flooding. This information will assist in making informed response decisions.

1. Which technical specialists and what other personnel would you need for your assessment coordination team? What background competencies would you be looking for in these people?

(5 minutes)
Generally teams are multi-disciplinary with technical expertise from several key sectors likely affected by the emergency such as health, nutrition, shelter/infrastructure, and WASH. These individuals should have the expertise to assess the context and make recommendations about priority interventions related to their subject matter. In addition, teams generally include an individual from the local community who know the local language, geography and culture and can support the technical team. As needed, teams may also have drivers, logistician, and security personnel.

The number of teams hired to conduct the assessment generally ranges from 1 to 10. Teams are usually around 3-6 people each. In many cultures, it is necessary to have at least one women on the team (who is permitted to enter the households). Logistics, such as whether teams are traveling by car, helicopter or public transit, often influences the size of the team.

Controlling quality and flow of information can be a challenge if too many individuals are involved in the assessment, as was the case in the assessment following the 2010 earthquake in Haiti (8 teams of 25 people each).

Before deploying, your team works to gather existing information on Peru. There are different types of secondary data – (1) information collected routinely before the emergency and (2) post-disaster reports available in the hours or days since the earthquake.

PRE-DISASTER
Secondary Data

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2. What pre-disaster secondary data would your need to understand the general country context, logistical requirements and public health context that you will be tasked to assess?

(10 minutes)
Assessing what information already exists can help focus primary data collection. Have students brainstorm what information might be available for each of these three main categories:

1. ***General country contexts*** *– Overall, response will require different inputs in countries that are middle/upper income pre-disaster than in lower-income countries. Therefore information on the economy (GDP, poverty, urbanicity, life expectancy) can be valuable. Information on governance (e.g., role of different agencies, existing government response structures, decentralization of power) can help ensure proper coordination between humanitarian actors and the local government. Similarly, information on local administrative divisions and population estimates are generally necessary. Ethnic composition, religious affiliation, and other cultural information can ensure a culturally appropriate response.*

2. ***Specific, logistics relevant information*** *– In terms of logistics students should consider the need for information on infrastructure (water, sanitation, roads), security situation, availability of cars and fuel, visa requirements, airports and ports, importation regulations, vaccination requirements, and tele-communication networks.*

3. ***Public health / technical context*** *– For each technical sector, there is key information that is available pre-disaster that can be gathered to inform the response. For example, for health consider information on baseline immunization rates, number of doctors, nurses and community health workers per capita, prevalence of chronic diseases, seasonality of common infectious diseases (e.g., malaria, dengue, yellow fever). For WASH consider information on sanitation infrastructure, current hygiene practices. For nutrition and food security consider information on prevalence of malnutrition, infant and young child feeding practices, local diets, livelihood zones. For all sectors, it will be necessary to understand information such as the structure of the health system, existing surveillance activities, and humanitarian agencies (UN, NGOs) with existing activities in the country.*

3. What <u>sources</u> do you use to find pre-disaster secondary data from the internet, before deploying to the country? Which pre-disaster data may not be available on the internet and can be found only in-country?

(10 minutes)
The following are publically available, online sources of pre-disaster information:

- Demographic Health Surveys (DHS) – *primarily provide public health / technical context*
- Multi-indicator cluster surveys (MICS) – *primarily provide public health / technical context*
- WHO Country Epidemiological Profiles – *primarily provide public health / technical context*
- CDC Travelers Health Website– *primarily provide public health / technical context*
- ***National Bureau of Statistics Website*** *– primarily provide general country*
- World Bank Country Profiles – *primarily provide general country and logistical context*
- UN Statistics Bureau – *primarily provides general country context*
- Wikipedia – *primarily provides general country context*
- CIA Factbook – *primarily provide general country*

Many sources of information will not be online. You will need to reach out to partners in country (e.g., national or local government, NGOs, UN agencies) to gather the information. This information may be more recent (e.g., not yet published online) or just not intended for a public audience. For example, most program data collected by INGOs is shared only with donors and the local government.

The following are examples of sources of pre-disaster information generally found only in-country (not online):

- ***Expanded program on immunization surveys (EPI)***
- ***Microplans (population data used for immunization campaigns)***
- ***Information on NGOs registered in country and areas they're working***
- ***Facility-based surveillance/ Health Information System data***

If students mention sources that primarily have post-disaster information (e.g., reliefweb, ACAPS), highlight the distinction between pre and post-disaster information.
In listing sources, also discuss their reliability and relevance.

4. Who would you contact in-country to find pre-disaster information that you could not find online?

(5 minutes)
In many countries, particularly those that experience chronic emergencies, there are coordination bodies that already gather information for each sector (similar to cluster coordinators, post-emergency). This can be a good first in-country contact.

In addition, contact:

- ***National Government:*** *Technical agencies (e.g., Ministry of Health) may have relevant public health information. Ministries of planning may have lists of registered information. Statistics Bureaus often have population information, and repositories of recent surveys.*
- ***UN agencies:*** *often play a coordination role and may have information on UN activities as well as activities of other humanitarian actors.*
- ***NGOs (that were operating in country pre-disaster)****: Generally have information on their own programs / activities.*

Your team is together to plan. Take some time to review pre-deployment secondary data available online.

5. Find the following general country information about Peru, and interpret it in terms of what the information suggests you will find on the ground:

GDP and GDP per capita, Gini Index, urbanization, ethnic composition, most common religions, population, administrative divisions structure, life expectancy by sex, under five mortality, languages spoken, average temperatures and climate in January-April.

Look at how country ranks in the world on some of these indicators to interpret them in context.
Keep track of which websites you found the information. You have 10 minutes, find as much as you can. GO!

(15 minutes) Give students about 10 minutes to use their laptops and see what information they can gather regarding the population of Peru.

Bring the group back together to discuss. For each of the above figures, discuss the figure that they found as well as the following:

1. ***What is the most reliable source of the information?***
2. ***Why the information is relevant / important for the response?***
   For example, average temperatures have implications for shelter needs, seasonality of many diseases, and food production (harvests).
3. ***Whether the statistics is stable or is likely to be outdated?***
   For example, the capital of a country (generally) does not change, population structures (e.g., percent under five) shift slowly, but populations in the affected zone may change quickly.

Below list includes estimate from reliable source. Students may find other sources/statistics. If different source used, discuss difference, explanations, reliability of source.

- **GDP and GDP per capita:**
  - From CIA Factbook 2016: $409.9 billion, $13,000
  - From World Bank 2015: $ 189.111 billion
  - "Upper Middle Income" World Bank
- **Gini Index**
  - From CIA Factbook 2012, 45.3
  - Ranked 42nd in the world
- **Urbanization:**
  - From CIA Factbook 2015: 78.6% live in urban areas
  - Major urban areas: Lima (capital), Arequipa, Trujillo
- **Ethnic composition:**
  - CIA Factbook 2015: Amerindian 45%, Mestizo 37%, White 15%, Other 3% (includes Black, Chinese, and Japanese)
- **Most common religions:**
  - CIA Factbook 2007: Roman Catholic 81.3%, Evangelical 12.5%, Other 3.3%, None 2.9%
- **Population:**
  - CIA Factbook 2016: 30,741,062
  - The World Bank 2015: 31,376,670
- **Administrative divisions:**

    - Wikipedia: The capital Lima is in Lima Province, and the rest of the country is made up of 25 regions
- **Life expectancy by sex**
    - CIA Factbook 2016: 73.7 years (overall), 71.7 years (male), 75.9 (female)
    - World rank of 129
    - World Bank 2014: 74.526 years
- **Infant mortality**
    - CIA World Factbook 2016: 19 deaths/1,000 live births (overall), 21.1 deaths/1,000 live births (male), 16.7 deaths/1,000 live births (female)
- **Languages spoken:**
    - CIA World Factbook 2007: Spanish (official) 84.1%, Quechua (official) 13%, Aymara (official) 1.7%, Ashaninka 0.3%, other native languages 0.7%, other 0.2%
- **Average temperatures and climate in February-April.**
    - Wikipedia: subtropical climate on the coast with very little rainfall, Andes mountains are cool-to-cold climate with rainy summers and very dry winter, and the eastern lowlands present an Equatorial climate with hot weather and rain distributed throughout the year. January-April are the wettest months of the rainy season, which ranges from November-April.

Now that you have looked up country demographics, your group will be searching for sector specific pre-disaster secondary data that would be useful for your emergency assessment.

6. **Now, you will need to find the following pieces of pre-disaster public health data from several different sectors. Again, you have 10 minutes.**

Health Indicators:
- Measles immunization coverage, polio immunization coverage
- # of doctors and nurses per capita
- Most important endemic and epidemic infectious diseases

Nutrition Indicators:
- National prevalence of wasting in children under-5
- National prevalence of stunting in children under-5
- National prevalence of exclusive breastfeeding in children under 6 months of age

WASH Indicators:
- Percentage of people using improved drinking water sources
- Percentage of people that use no sanitation facility or bush or field

If you still have time, pick two additional public health indicators that you think would be useful for your pre-disaster secondary data. Make sure to document which websites you used to find these data.

(15 minutes)
Just as for question 5, give students about 10 minutes to use their laptops and see what information they can gather regarding the above public health information related to Peru. Bring the group back together to discuss. For each of the above figures, discuss the same three questions:

1. ***What is the most reliable source of the information?***
2. ***Why the information is relevant / important for the response?***
3. ***Whether the statistics is stable or is likely to be outdated?***

You may also discuss how the information can be used in designing a rapid assessment. For

example, low baseline measles immunization coverage may suggest need for additional focus on immunizations during the rapid assessment.

Health Indicators:

- *Measles immunization rates*
  - World Bank 2015*: 92% of children aged 12-23 months*
- *Physicians per 1,000 people*
  - World Bank 2012*: 1.132 physicians per 1,000 people*
- Most important endemic and epidemic infectious diseases
  - CIS World Factbook 2016*: common food and waterborne diseases are bacterial diarrhea, hepatitis A, and typhoid fever, common vectorborne diseases are dengue fever, malaria, ad bartonellosis. As of August 2016, there has been active local transmission of Zika virus*

Nutrition Indicators:

- National rate of wasting in children under-5:
  - UNICEF 2008-2012: 0.4%
- National prevalence of stunting in children under-5:
  - World Bank 2014: 14.6%
- National prevalence of exclusive breastfeeding in children under 6 months of age
  - World Bank 2014: 68.4%

WASH Indicators:

- *Percentage of people using improved drinking water sources*
  - CIA World Factbook 2015*: 91.4% of urban population, 69.2% of rural population, 86.7% of total population*
- *Percentage of people with improved sanitation facility access*
  - CIA World Factbook 2015*: 82.5% of urban population, 53.2% of rural population, 76.2% of total population*

Additional Indicators:

- *Ensure that indicators identified would be available pre-disaster.*

As the rain continues and the flooding becomes more severe, information on the post-disaster starts to become available. Many of the global networks have footage of the crisis on network TV. Peru News and Information provides live reporting. Twitter and Facebook are active with updates of the situation and check-ins from affected persons. Humanitarian agencies that were already working in the most affected areas as well as those that have recently arrived are reporting on the situation, describing a disaster 'Of biblical proportions'. Reliefweb has updates from OCHA, other UN agencies and NGOs. ACAPS is collating these and has posted the first report. The Peruvian government has also released an official statement asking for international support.

POST DISASTER DATA COLLECTION

7. What post-disaster data would you like to know? These should be broad categories.

(10 minutes)

The focus of post-disaster data collection should be on assessing the impact of the disaster. As a results of the disaster, how has the situation changed from the baseline (you have learned about through the secondary data review)?

- ***Estimate the population affected:*** *What is the total area of the region affected by the floods? What is the estimated population living in the flooded area? How many people are estimated dead, injured, and affected?*

- ***How is the impact of the disaster on public and private infrastructure?*** *What services are no longer functioning? What damage was there to water and sanitation infrastructure? Are telecommunication systems functioning? How many houses were damaged/destroyed?*

- ***What is the likely acute impact of the disaster on public health services?***
  - ***Acute injuries:*** *Estimated number of people injured? What are the common traumas? Where are injured individuals being treated? Is there need for additional search and rescue support?*
  - ***Primary health care:*** *What damage was there to hospitals and clinics? Damage to laboratories? Disproportionate deaths among clinical staff?*
  - ***Outbreak potential:*** *What was the damage to water and sanitation infrastructure? Potential for a vector-borne disease outbreak?*

- ***Describe population movement:*** *How many people have been displaced? Where were they displaced from and where are they resettling? What is the condition of the sites they are resettling to?*

Using that actual flooding that took place in Peru in February 2017, please use this context to complete the following questions.

8. List 5 key websites that you would go to first in the first 2-3 days after emergency to look for fresh information. Access these sites, look at the structure and what information is available on each site.

(10 minutes)
The following are key websites. While it is not a comprehensive list, these sources aggregate the majority of reliable, post-disaster data:

- Relief Web *(aggregator of many situation reports)*
- ACAPS *(aggregates and synthesizes primary data from many agencies)*
- Humanitarian Response
- *Individual websites of major first-responder NGOs (e.g., MSF, ICRC, Red Cross/Crescent, IMC)*
- OCHA *websites (UN mandate for coordination in emergencies)*
- *Media /news websites (CNN, NYTimes, local news, Alertnet, IRINnews)*

9. When reviewing this post-disaster secondary information it is important to assess the validity of the data. What should you and your team be cautious about?

(10 minutes)
This is a major challenge in emergencies today. There is a flood of information post-disaster. Sorting through the noise can be a challenge. Discuss the importance of triangulating multiple sources. Discuss the potential dangers of using inaccurate information to inform the initial response.

- ***General accuracy of sources:*** *What do you know about the methods and source of the information being provided? From where and how are they collecting the information.*
- ***Outdated information****: In an acute emergency some conditions change quickly. The local situation may have changed since last point of data collection.*
- ***Generalizability:*** *A lot of information is based on an assessment of one village/one town/one program site. It can be difficult to determine how generalizable the information is to other affected populations, particularly inaccessible populations.*
- ***Biases –***
  - ***Due to inaccurate reports by communities:*** *People may be inclined to give you information that they believe will ensure they receive humanitarian assistance (whether or not it is accurate).*
  - ***Due to funding/donor pressures:*** *Organizations may have an incentive to report the worst possible conditions as a fund raising strategy.*
  - ***Due to technical expertise of agency collecting information:*** *Agencies providing primarily WASH services often find that access to water is the major need whereas agencies providing medical assistance may report that need for first aid is greatest.*

PRIMARY DATA COLLECTION

You are now ready to head to Peru. You've set up a meeting to discuss logistics of traveling to the country and coordinating the field assessment on the ground.

10. What logistics do you need to consider for this trip and conducting this needs assessment?

(5 minutes)
Have teams think through:

- ***Transportation to Peru and arrival*** *– is the airport still operating? Are there commercial flights? What local transportation is available on arrival? Where will you stay? Are there available/operational hotels? A flood of first responders often overwhelms local hotels, car services, airports, etc.*
  (E.g., In response to conflict in the Central African Republic in 2014, there were fuel shortages in several regions which, along with damage to road infrastructure, limited transportation by car)
- ***Transportation to sites -*** *How will you access sites? Consider road infrastructure, need*

for flights/helicopters, road conditions. These conditions may change by season and in the aftermath of an emergency.
(E.g., in response to Tyhoon Haiyan transportation between islands was a challenge. A lot of the assessment required helicopters for fly-overs and sea-faring flotilla to reach remote areas).

- ***Security*** *(particularly for complex humanitarian emergencies) during the assessment-lodging, military escorts, procedures for safe evacuation of teams if necessary, communication/telecom infrastructure (e.g., provision of satellite phones, radios)*

- ***Other logistics*** *- printing of assessment tools? Hiring staff (drivers, local guides)? Availability of other supplies?*

11. You have successfully arrived to that affected area with your assessment team. Review critically the information that the agencies on the ground wish to collect through visits to affected areas and interviews with the affected communities (use the draft questionnaire in the Appendix).

Comment on general format and style of the instrument, length (and time to administer), relevance of included questions, any missing topics that need to be included, etc. Is this instrument best suited to collecting quantitative or qualitative information? Who would be the best person(s) in the community to administer this questionnaire to?

Take into consideration what information would most likely be already available from your review of secondary data.

(15 minutes)
Note this is the questionnaire used in the MIRA for Syria. However, there are several serious issues that should be discussed, including:

1. ***The questionnaire includes too many close-ended questions.*** *This makes analysis easier but leaves little room for teams to document what they actually observed and "tell the story" of what they observed. Leave room for qualitative, open ended answers.*

2. ***Questionnaire provides no place for documentation of observation.*** *Similar to the above, a lot of information can be gathered from observation. This tool does not allow for documentation of these observations (explicitly).*

3. ***Different questions should be addressed to different types of respondents, but tool gives no guidance on the appropriate respondent for each.*** *For example, community members may be unable to answer questions about needed interventions.*

4. ***There are some key subject areas that are not assessed.*** *For example, the questionnaire asks about infrastructure but does not collect any information on road access or network/phone service.*

5. ***This questionnaire is very long.*** *Teams generally have only a few hours at a site to conduct the assessment. Completing this questionnaire completely and properly may be a challenge. Longer questionnaires can also negatively affect standardization, training, and ultimately the usefulness of information obtained.*

➔ *Facilitate a discussion on how to negotiate with stakeholders to keep the questions to a necessary minimum and how to decide what to include (and what not to include). As can be seen in the Annex (Syria example) these questionnaires can become very long when multiple actors are involved in drafting. The questionnaire for the MIRA post Haiyan was similarly long (50 questions / 14 modules). The process should be transparent but also needs to be efficient.*

12. In rapid assessments during emergency stage 2, we primarily use qualitative methods (community questionnaires, observations, key informants) to collect data rather than household surveys. Why?

(5 minutes)
We aim to gather information on the general conditions of the site. Qualitative information is generally more useful in achieving this aim. These methods generally provide richer information in terms of helping us understand the context.

Additionally, rapid assessments collect information at the community level rather than at the level of the household. Precise estimates (with point estimates and confidence intervals) are generally not needed and likely become outdated quickly. Additionally, during the acute phase of an emergency, we do not have the resources (time, financial, or human resources) to conduct a representative, household level quantitative assessment.

13. How many sites would you want to visit to conduct this needs assessment? Explain your reasoning. How would you choose which sites to visit?

(10 minutes)
There is no "correct" answer but trade-offs are involved. Below are examples from the Philippines, CAR, and Myanmar as a frame of reference. Peru has 25 regions, with population ranging from 100-10,000 people in each.

1. ***Start by determining what information you still need to know.*** *What information gaps remain following our review of secondary, post-disaster data?*

2. ***Consider how similar or different you expect sites to be (heterogeneity).*** *Is the impacted area similarly affected? Greater heterogeneity of impact will require a greater number of sites be included in the assessment. Consider how sites can be reasonably categorized so that there is little heterogeneity within each category. For example, in the case of the Guyana, we may want to consider sites that were flooded/near epicenter separately from sites people were fleeing to.*

3. ***Consider logistics/time constraints.*** *How far apart are sites? How easy to access are sites? How quickly do you need to complete the assessment?*
For example, In the case of a disaster affected an urban center (e.g., Haiti earthquake) sites may be closer together making it easier to include many sites relative to other disasters (e.g., a conflict causing displacement over affected widespread territory.)

4. ***Taking into consideration the above, determine the number of sites to visit.*** *Visiting fewer sites allows for more time at each site and ensures better data quality. However, two few sites may not give you a full picture of the situation. The number of sites will*

have implications for the number of staff, resources, and logistics.

5. ***Determine how you will select sites. Sites will likely be selected purposefully but there are different selection criteria to consider.***
   - *Worst affected? Combination of worst/average/least affected?*
   - *Most people? Combination of smaller/larger sites?*
   - *Nearest the epicenter? Combination of sites throughout affected areas?*
   - *Representative of disadvantaged minority populations?*

A few examples below to help give context for the discussion. However, note that these are not "model" answers as these assessments happened weeks after the disasters. Rapid assessment that take place days after the event have to rely on fewer sites and fewer teams, and be more qualitative in design:

- ***Philippines - Typhoon Haiyan – 2013:*** *A total of 283 barangays were assessed from 92 municipalities from 9 provinces lying within the direct path of the typhoon. Within each selected municipality, three barangays were then selected from among those accessible with priority on the most affected barangays. If applicable, one urban, one rural inland and one rural coastal barangay were included. Municipalities were chosen based on the proportion of affected people as per the Disaster Response Operations Monitoring and Information Center (DROMIC) report No.20 which was issued at 6am on 15 November 2013.*
- ***Central African Republic – Conflict – 2014:*** *A total of 86 communities were assessed from 18 sub-prefectures, in 5 prefectures outside Bangui, and 6 arrondissements plus suburban areas of Bangui. Survey areas were pre-selected in discussion with humanitarian partners according to information available concerning severity of impact of the crisis, based on the Humanitarian needs overview vulnerability assessment conducted in September 2013 and recent field reports of areas with significant displacement. Three types of survey areas were evaluated: areas within Bangui, urban areas outside Bangui, and rural areas.*
- ***Myanmar - Flooding – 2015:*** *310 locations were assessed in 6 districts*

14. How do you plan to analyze the data collected from the needs assessment?

(5 minutes)
Students (and many responders) may have less experience with analysis of qualitative data. Analysis should focus on describing clearly impacts on each sector of interest, post-disaster coping strategies of the population, gaps, needs expressed by the community, and most feasible, practical and culturally appropriate ways to respond.

Having a clear plan for analysis (including who is responsible), approval and dissemination outlined before data collection concludes can help minimize time between the assessment and sharing of results.

Now that you have finished the rapid assessment and have analyzed the data, it's time to use the data to inform immediate interventions, longer term planning, and the humanitarian appeal. Good luck!

Annex 2: Questionnaire

Questionnaire ID:		Governorate:		Place code: (District)	
Date (dd/mm/yy):		District:		Distance to confrontation line: (km):	
Team name/code:		Sub-district:		Setting:	☐Rural ☐Peri-urban ☐ Urban

A. Damages by Conflict

A1. Due to conflict number of persons:*	Total	Male	Female	Of whom Children < 5 years old
Dead:				
Injured:				
Missing:				
Arrested:				

A2. Due to conflict damages of physical infrastructure *(enter in %) Total for each column should be 100%*		
Description	Private Buildings (houses, apartment buildings, etc.)	Public Infrastructure (schools, health centres, etc.)
No damages		
Slight damages: light repairs required (windows, doors)		
Moderate damages: Under 30% roof damage, severe fire damage, can be repaired		
Heavy damage: Over 30% roof damage, severe fire damage, can be repaired		
Destruction: Unusable, houses levelled, can't be repaired		

A3. Electricity			
☐ Fully functional	☐ Intermittent	☐ Not functional	
If intermittent, how many hours per day?	☐ 0-6 hrs	☐ 6-12 hrs	☐ 12-18 hrs ☐ 18-24 hrs

A4. Education	
Number of functional schools in this sub-district before the conflict	Number of functional schools today in this sub-district

B. Demography*

B1. Estimated # of population in sub-district:	Total	% Female	Source Reliability**
Total # of pre-conflict population (2011)			
Of whom # who have fled the sub-district			
Current total # of population (resident population + new arrivals at this moment)			
- Of whom total # of displaced population			
- # Displaced people living in collective accommodation			
- # Displaced people hosted by local families			

** '0'=not present ; 'DNK'=Don't know ; otherwise provide point estimate*
***(Rating: 1=reliable, 2=fairly reliable, 3= unreliable)*

B2. Have the displaced / crisis-affected people been registered in this sub-district?	
☐ Yes (completed)	☐ No
☐ Yes (under way)	☐ Not yet, but scheduled
If yes, which organization has conducted the registration in this sub-district?	

B3. Is the population increasing, decreasing, or staying about the same in this sub-district? *Ask this question to more than one person – LCC/Local authorities, IDPs, neutral party (i.e. NGO)*			
☐ Increasing	☐ Decreasing	☐ About the same	☐ DNK

How is the relationship between the displaced and the host community in this sub-district? *Select only one*
☐ Host community willing to assist for as long as necessary
☐ Host community willing to assist, but for limited time
☐ Tensions already exist
☐ Other (specify _____)
☐ Not applicable

C. Information

C1. In this sub-district, are people generally: *Select only one*
☐ Well informed about humanitarian assistance
☐ Poorly informed about humanitarian assistance
☐ Not at all informed about humanitarian assistance

D. Health

D1. Health Status: Is there a serious problem regarding physical health in this sub-district?		
☐ Yes	☐ No	☐ Do not know

If yes, I am reading a list of possible problems: *Select only the three most serious problems*

- ☐ Numerous cases of psychological trauma (anxiety, depression, phobia, etc.)
- ☐ Incidents of communicable diseases (measles, tetanus, scabies, cholera, etc.)
- ☐ Numerous cases of chronic diseases (HTN, DM, arthritis, dialysis, etc.)
- ☐ Numerous cases of children with nutrition problems
- ☐ Numerous cases of diarrhoea
- ☐ Numerous cases of fever
- ☐ Numerous cases of respiratory diseases
- ☐ Numerous cases of pregnancy related diseases
- ☐ Numerous injured
- ☐ Numerous disabled
- ☐ Other: _____

D2. Health Care: Is there a serious problem because people are not able to get adequate health care for themselves in this sub-district?		
☐ Yes	☐ No	☐ Do not know

If yes, I am reading a list of possible problems: *Select only the three most serious problems*

- ☐ Lack of ambulance services
- ☐ Lack of medicines
- ☐ Lack of medical staff
- ☐ Not enough health facilities available
- ☐ Not enough access to health services due to physical/logistical constraints
- ☐ Not enough access to health services due to security constraints
- ☐ Not enough access to health services due to limited economic resources (lack of money)
- ☐ Other :_____

D3. Which specific health interventions are most urgently required in this sub-district? *enter short description* ☐ Do not know
First rank:

Second rank:

Third rank:

D4. Overall, which of the following statements describes best the general status of public health in this sub-district? *circle right answer*

0. DNK
1. No concern – situation under control
2. Situation of concern that requires monitoring
3. Many people will suffer if no health assistance is provided soon
4. Many people will die if no health assistance is provided soon
5. Many people are known to be dying right now because of insufficient health services

D5. Which group faces the biggest health risks in this sub-district? *rank top three: 1=first rank, 2=second rank, 3=third rank*

___ Displaced people in host families
___ Displaced people in collective accommodation (schools, camps, etc.)
___ Resident population hosting displaced persons
___ Resident population not hosting displaced persons

D6. Which organisations have been providing regular health care services in this sub-district over the **past 30 days**?

Type (INGO, Local Org, Self-help group, other)	Organisation responsible	Type of regular support (excluding one-offs)

E. Food

E1. Is there a serious problem regarding food in this sub-district?

☐ Yes ☐ No ☐ Do not know

If yes, I am reading a list of possible problems: *Select only the three most serious problems*

☐ Not enough food available (including in markets, etc.)
☐ Not enough diversity in food
☐ Not enough access to food sources (i.e. markets) due to physical/logistical constraints (transport)
☐ Not enough access to food sources (i.e. markets) due to security constraints
☐ Not enough access to food sources (i.e. markets) due to limited economic resources (income)
☐ Price increase of basic food items
☐ Agricultural production is disrupted
☐ There are not enough cooking facilities or utensils not enough cooking fuel
☐ Loss of economic assets due by conflict (livestock, machinery, seeds, etc.)

☐ Other : _____

E2. Which specific food security interventions are most urgently required in this sub-district? ☐ Do not know

First rank:

Second rank:

Third rank:

E3. Overall, which of the following statements describes best the general status of food security in this sub-district?

0. DNK
1. No concern – situation under control
2. Situation of concern that requires monitoring
3. Many people will suffer if no food assistance is provided soon
4. Many people will die if no food assistance is provided soon
5. Many people are known to be dying right now due to lack of food

E4. Which group is most at risk of having not enough food to survive in this sub-district? *rank top three: 1=first rank, 2=second rank, 3=third rank*

___ Displaced people in host families
___ Displaced people in collective accommodation (schools, camps, etc.)
___ Resident population hosting displaced persons
___ Resident population not hosting displaced persons

E5. Which organizations have been providing regular food support in this sub-district over **the past 30 days**?

Type (INGO, Local Org, Self-help group, other)	Organisation responsible	Type of regular support (excluding one-offs)

F. Places to live in and non-food items (NFI)

F1. Is there a serious problem in your sub-district regarding shelter and non-food items?

☐ Yes ☐ No ☐ Do not know

If yes, I am reading a list of possible problems: *Select only the three most serious problems*

☐ Not enough shelter space available
☐ Not enough protection against cold (snow, wind, rain)
☐ Not enough access to privately rented shelter space
☐ Not enough access to collective shelter space (lack of facilities/overcrowded)
☐ Not enough access to building materials due to physical/logistical constraints
☐ Not enough access to building materials due to security constraints
☐ Not enough access to building materials due to limited economic resources (income)
☐ Lack of basic household items in shelters
☐ Not enough access to heating fuel due to physical/logistical constraints
☐ Not enough access to heating fuel due to security constraints
☐ Not enough access to heating fuel due to limited economic resources (income)

☐ Others : _____

F2. Which specific shelter or NFI interventions are most urgently required in this sub-district? ☐ Do not know

First rank:

Second rank:

Third rank:

F3. Overall, which of the following statements describes best the general status of shelter?

0. DNK
1. No concern – situation under control
2. Situation of concern that requires monitoring
3. Many people will suffer if no shelter/winterization assistance is provided soon
4. Many people will die if no shelter/winterization is provided soon
5. Many people are known to be dying right now due to lack of shelter/winterization

F4. Which group is most at risk due to lack of shelter and NFIs? *rank top three: 1=first rank, 2=second rank, 3=third rank*

___ Displaced people in host families
___ Displaced people in collective accommodation (schools, camps, etc.)
___ Resident population hosting displaced persons

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___ Resident population not hosting displaced persons

F5. Which organizations have been providing regular shelter support in this sub-district over **the past 30 days**?

Type (INGO, Local Org, Self-help group, other)	Organisation responsible	Type of regular support (excluding one-offs)

G. Water, Sanitation and Hygiene

G1. Is there a serious problem regarding water in this sub-district?
☐ Yes ☐ No ☐ Do not know

If yes, I am reading a list of possible problems: *Select only the three most serious problems*

☐ Lack of jerry cans
☐ The water available is not safe for drinking or cooking
☐ Not enough water/wells available
☐ There are not enough recipients (jerry cans, buckets) - not enough water storage capacity
☐ Not enough access to water due to physical/logistical constraints
☐ Not enough access to water due to security constraints
☐ Not enough access to water due to limited economic resources (paying for water tankering)

☐ Others : _____

G2. Is there a serious problem regarding sanitation and hygiene in this sub-district?
☐ Yes ☐ No ☐ Do not know

If yes, I am reading a list of possible problems: *Select only the three most serious problems*

☐ Not enough places to wash
☐ Not enough access to water, soap or places to wash due to security constraints
☐ Not enough access to water, soap or places to wash available on the market
☐ Not enough access to water or soap due to limited economic resources
☐ Not enough toilets available
☐ Not enough access to toilets due to security constraints

☐ Others:

G3. Which specific water, sanitation, and hygiene interventions are most urgently required? ☐ Do not know

First rank:

Second rank:

Third rank:

G4. Overall, which of the following statements describes best the general status of water supply? *circle right answer*

0. DNK
1. No concern – situation under control
2. Situation of concern that requires monitoring
3. Many people will suffer due to lack of water
4. Many people will die if insufficient water remains available
5. Many people are known to be dying right now due to lack of water

G5. Regarding the lack of safe water, which group is most at risk? *(rank top three: 1=first rank, 2=second rank, 3=third rank)*

___ Displaced people in host families
___ Displaced people in collective accommodation (schools, camps, etc.)
___ Resident population hosting displaced persons
___ Resident population not hosting displaced persons

G6. Which organizations have been providing regular water, sanitation or hygiene support in this sub-district **over the past 30 days?**

Type (INGO, Local Org, Self-help group, other)	Organisation responsible	Regular support (excluding one-offs)

H. Sector prioritization

After these specific questions, we want to recapitulate. In terms of which sector poses the most serious problems, can you say which is the most serious, second most, third most serious? I read you a list of 4 sectors.

H1. **Priority Level.** *Rank top three: 1=first rank, 2=second rank, 3=third rank. Leave one blank*

Health	
Food Security	
Water, Sanitation, Hygiene	
Places to live and Non-Food Items	

H2. Are there any other urgent problems in this sub-district, which I have not yet asked you about? **(Please write down bullet points only)**

H3. Any further observations from the assessment team on the difficulty to collect information or the situation in the sub-district **(Please elaborate as required)**

Reference of Reports

- Central African Republic - Conflict - 2014
  - http://reliefweb.int/sites/reliefweb.int/files/resources/Multi%20cluster%20sector%20rapid%20assessment.pdf
- Haiti - Earthquake - 2010
  - http://documents.worldbank.org/curated/en/355571468251125062/pdf/701020ESW0P1190R0Haiti0PDNA020100EN.pdf
- Haiti - Hurricane Matthew - 2016
  - https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/integral_alliance_haiti_multisectoral_assessment_report_fv.pdf
- Mali - 2013
  - http://internationalmedicalcorps.org/document.doc?id=278
- Myanmar - Floods and Cyclone - 2015
  - http://reliefweb.int/sites/reliefweb.int/files/resources/MIRA%20report_FINAL.pdf
- Pakistan - Floods - 2012
  - http://pakresponse.info/LinkClick.aspx?fileticket=QSijWXr5nOg%3D&tabid=148&mid=915
- Philippines - Typhoon Haiyan - 2016
  - http://reliefweb.int/sites/reliefweb.int/files/resources/MIRA_Report_-_Philippines_Haiyan_FINAL.pdf
- Philippines- Typhoon Yolanda – 2013
  - https://www.acaps.org/search?search_query=typhoon+yolanda
- Philippines- Typhoons Ondoy and Pepeng- 2009
  - https://www.gfdrr.org/sites/default/files/PDNA_Philippines_2009_Main_Report.pdf
- Syria – 2014
  - https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/141028_Syria_MSNA_Report_FINAL_0.pdf
- Tajikistan - Floods and Mudflow - 2016
  - http://reliefweb.int/sites/reliefweb.int/files/resources/Tajikistan_REACT_rapid_response_team-assessment_report-May_2016.pdf
- Yemen - Displacement - 2015
  - http://reliefweb.int/sites/reliefweb.int/files/resources/ihuk_mira_assessment_taiz_governorate-yemen_30-oct-2015_0.pdf

Annex IV: Annotated Bibliography of Key Sources

Assessment Capability Project. (2012). *Technical Brief: Coordinated Assessments in emergencies. What we know now: Key lessons from field experience*. Retrieved from https://www.acaps.org/resources/assessment

A brief report that outlines key lessons learned from carrying out coordinated needs assessments in the field. Outlining common pitfalls to avoid, and critical advise to follow, it also provides a clear definition of CNAs, their purpose, and the importance of conducting them efficiently and effectively in the wake of an emergency.

Assessment Capability Project. (2014). *Humanitarian Needs Assessment: The Good Enough Guide*. Emergency Capacity Building Project and Practical Action Publishing, Rugby, UK.

With the intention of being a pocket-book manual to accompany the MIRA when conducting needs assessment in Emergencies. While the MIRA serves as the technical tool, the "good enough" philosophy emphasizes an approach that is practical and efficient at collecting the necessary information to inform an appropriate response, without over extending resources beyond what is necessary or productive.

Available online: http://reliefweb.int/sites/reliefweb.int/files/resources/h-humanitarian-needs-assessment-the-good-enough-guide.pdf

Assessment Capability Project. (2015). *Meeting information needs? A review of 10 years of multisector coordinated needs assessment reports*. Retrieved from https://www.acaps.org/resources/assessment

Evaluation of 109 needs assessment reports (55 of these undertaken for sudden onset disasters and 54 for other types of crises such as conflict, displacement, or food insecurity) retrieved from public domain sources. Creates evaluation factors and criteria, determines that major existing challenges include lack of preparedness, including a lack of secondary data review, as well as not seeking support from assessment experts. Provides an investigation of how CNAs have evolved, stating that the amount of useful information collected has increased, while identifying progress that still needs to be made in addressing stated challenges.

Assessment Capability Project. (2012). *Qualitative and Quantitative Research Techniques for Humanitarian Needs Assessment: An Introductory Brief*. Retrieved from https://www.acaps.org/resources/assessment

Defines primary and secondary data and provides examples of data sources, then delving into types of data: quantitative and qualitative: This paper defines each type, provides pros and cons for each, and explains how both can be used during a needs assessment.

Alexander, J. (2014). *Improving accuracy in humanitarian evaluations*. ANLAP Discussion Series. Method Note 2.

Alexander touches on multiple methods, such as triangulation, measuring against a constant, neighborhood method, and aggregation of answer, as possible ways to reduce bias and therefore improve accuracy of data collected in humanitarian evaluations.

Available online: http://www.alnap.org/resource/12636

Babaie J, Moslehi S, Ardalan A. (2013). ***Rapid Health Needs Assessment Experience in 11 August 2012 East Azerbaijan Earthquakes: A Qualitative Study*****. PLOS Currents Disasters.**

In a qualitative study of semi-structured interviews, this paper explores the challenges seen in conducting a Rapid Health Needs Assessment (RHNA) in the wake of the East Azerbaijan Earthquakes in August 2012. The study found that there were logistical challenges, a lack of RHNA tools, difficulty of conducting the RHNA in a disaster situation, general lack of preparedness, and a lack of coordination between organizations.

Available online: http://currents.plos.org/disasters/article/rapid-health-needs-assessment-experience-in-11-august-2012-east-azerbaijan-earthquakes-a-qualitative-study/

Benini, A. (2016). ***Severity Measures in Humanitarian Needs Assessments: Purpose, measurement, integration.*** **Technical Note. Retrieved from https://www.acaps.org/resources/assessment**

This technical report offers models and modes of assessing severity in emergency settings, discussing the challenges faced in sector-specific severity measures, and emphasizing that each approach must be employed to each specific situation, as there is no one-size-fits-all.

Benini A, Chataigner P, Noumri N, Tax L, Wilkins M. (2016). ***Information gaps in multiple needs assessments in disaster and conflict areas*****. A note for ACAPS.**

Discusses information value and gaps as well as key lessons learned from analyzing collections of assessment reports in four recent crises (2014 Syria, 2014 West Africa, 2014 Nigeria, and 2015 Nepal) in reviewing disaster registries.

Available online: http://aldo-benini.org/Level2/HumanitData/Benini_EtAl_Information_%20Gaps_in_Needs_Assessments_160216.pdf

Cecchi F, Gayer M, Freeman Grais R, Mills E. (2007). ***Public health in crisis- affected populations: A practical guide for decision- makers*****. HPN Network Paper 61. ODI: London.**

This paper provides a broad introduction into epidemiology of disease, the effect crisis have on population health, how best to evaluate those effects, and subsequently address those needs through informed response efforts.

***Available online: http://www.atha.se/sites/default/files/public_health_in_crisis-affected_populations-_a_practical_guide_for_decision-makers.pdf ***

Darcy J, Hofmann CA. (2013). ***According to need? Needs assessment and decision-making in the humanitarian sector*****. London, England: Overseas Development Institute. Humanitarian Policy Group Report 15.**

Provides broad investigation into the link between needs assessment and decision making during international humanitarian emergencies. Outlines current challenges in the field, such as most programmatic decisions being based on informal data sources, and formal needs assessments are not used to inform response, but justify spending. The report also outlines an agenda of possible improvements that could be made, such as trying to establish universal standards and thresholds of evaluation. A fundamental introduction into the idea of "good enough" actionable data.

Available online: https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/285.pdf

Darcy J, Stobaugh H, Walker P, Maxwell D. (2013). ***The use of evidence in humanitarian decision making*****. ACAPS Operational Learning Paper. Feinstein International Center, Tufts University. Somerville, MA, USA.**

Building on previous ACAPS projects exploring needs assessment strengthening, this report uses literature, interviews and case studies to investigate how decision makers in the humanitarian sector currently use information, what other factors influence their decision making, and what could help them in yielding a better-informed response.

Available online: http://fic.tufts.edu/assets/TUFTS_1306_ACAPS_3_online.pdf

Development Initiatives. (2016). ***Global Humanitarian Assistance Report 2016*****. Bristol, UK.**

This annual report offers a comprehensive assessment of the international financing of emergencies, looking at funding mechanisms, how much is given to what types of crises, and who are the biggest donors. It offers a holistic insight into the humanitarian emergency financing system, and identifies ways as to how it can be improved.

Available online: http://www.globalhumanitarianassistance.org/wp-content/uploads/2016/07/GHA-report-2016-full-report.pdf

Garfield R, Blake C, Chatainger P, Walton-Ellery S. (2011). ***Common Needs Assessments and Humanitarian Action*****. HPN Network Paper 69. ODI: London.**

Provides an excellent summary of the basic characteristics of a common needs assessment, and complements this by highlighting challenges seen in recent uses of needs assessments in the field. In exploring the potential NAs have, they outline not only their usefulness, but also critical steps to designing and conducting a Common Needs Assessment. In looking at limitations, they detail results are produced too late to influence funding and programmatic decisions, and that they are too expensive to undergo, or too complicated to be useful, but offer potential solutions including building off existing data, compiling a solid team to work with, and most importantly- coordinating and collaborating across all sectors.

Available online: http://reliefweb.int/sites/reliefweb.int/files/resources/0DDCB9446E0A25CF85257841006523C9-Full_Report.pdf

Gerdin M, Chataigner P, Tax L, con Schreeb J. (2014). *Does need matter? Needs assessments and decision-making among major humanitarian health agencies*. Disasters 38(3): 451-464.

This research paper explores the quality of needs assessments that are used in practical applications by analyzes the views of humanitarian decision-makers in major health-related agencies on their use and perception of needs assessments.

Available online: https://www.ncbi.nlm.nih.gov/pubmed/24905705

Hanley T, Vinas R, Murray J, Tribunalo B. (2014). *IASC Inter-agency humanitarian evaluation of the Typhoon Haiyan response*. Inter-Agency Humanitarian Evaluation Steering Group. New York: UNOCHA.

This report provides and evaluation of international humanitarian response to the devastating Typhoon Haiyan (Yolanda), and found that it was overwhelmingly successful. While there were challenges, with supply chain bottle-necks, and a limited engagement between international responders, and the national and local civil society; there were amazing achievements due to the rapid self-recovery of the Filipino people, a tailored and targeted response to restore livelihoods, and coordination mechanisms were funded and established quickly, allowing the cluster system to function as it should.

Available online: https://docs.unocha.org/sites/dms/Documents/Report%20-%20Inter-Agency%20Humanitarian%20Evaluation%20of%20the%20Response%20to%20Typhoon%20Haiyan%20in%20the%20Philippines%20(1).pdf

Hoving, J. K. (2016). *How negotiations within the humanitarian arena shape the effectiveness of the coordination of disaster response: A literature review of the Indian Ocean earthquake of 2004 in Indonesia and the Haitian earthquake of 2010 in Haiti*. Negotiation of the Coordination of Disaster Response.

Using the 2004 earthquake in Indonesia and the 2010 earthquake in Haiti as two examples, Hoving explores the literature to conclude that international organizations commandeered the response from local stakeholders, poor coordination limited humanitarian efforts, and that the power dynamics on the field greatly impacted the success of each response.

Available online: http://edepot.wur.nl/393342

Humanitarian Response. (2015). *Humanitarian Programme Cycle*. Retrieved from https://www.humanitarianresponse.info/en/programme-cycle/space

Provides an overview to the Humanitarian Programme Cycle, highlighting the first component, Needs Assessment and Analysis, and the third, providing an overview of Recourse

mobilization. Most notably, that major funding decisions are made within the first 72 hours of an emergency, highlighting the importance of and actionable and accurate needs assessment.

International Federation of Red Cross and Red Crescent Societies. (2008). *Guidelines for assessment in emergencies*. ICRC: Geneva, Switzerland.

Released one year before the IRA in 2009, this document serves as a broad introduction into needs assessments in emergencies, offering definitions and advice as to how best carry out assessments in the wake of an emergency. More narrative than the other more technical guidelines on needs assessment, it offers a good introduction to the field.

*Available online:
http://www.ifrc.org/Global/Publications/disasters/guidelines/guidelines-emergency.pdf *

Inter-Agency Standing Committee. (2009). *Initial Rapid Assessment (IRA) Tool*. Retrieved from http://washcluster.net/resources/iasc-initial-rapid-assessment-tool-ira-2009/

This package contains guidance notes, assisting in the implementation of an IRA, team specific guiding questions, to aid each sector cluster (Health, Nutrition, WASH) in conducting an IRA, as well as a field assessment from, and a data entry form. This package is useful, not only as an introduction to IRAs, but also provides many of the tools needed to conduct an IRA in the field.

Inter-Agency Standing Committee. (2012). *Multi-Cluster/ Sector Initial Rapid Assessment (MIRA), Provisional Version March 2012*.

Building off of the IRA Tool created in 2009, IASC identified the need of coordination, and used that need as the foundation in creating this 2012 report. It provides a detailed manual of how to initiate the use of MIRA in a post-disaster setting, coordinate multiple humanitarian actors, and create a final report of needs to inform humanitarian action.

*Available online:
https://docs.unocha.org/sites/dms/Documents/mira_final_version2012.pdf*

Inter-Agency Standing Committee. (2012). *Operational Guidance on Coordinated Assessments in Humanitarian Crises: Provisional Version March 2012*.

This report speaks to the importance of coordination in assessments- explain why coordination is so critical, as well as the technical approaches to coordinated needs assessments, including roles and responsibilities of key actions to be taken, common principles of implementation, different types of coordinated assessments suitable for each phase of an emergency, and proposes a standard operating procedure for all of this.

*Available online:
https://docs.unocha.org/sites/dms/CAP/ops_guidance_finalversion2012.pdf*

Inter-Agency Standing Committee. (2015). *IASC reference module for the implementation of the Humanitarian Programme Cycle*. IASC, July 2015. Version 2.0.

A module to accompany the use and aid the understanding of the Humanitarian Programme Cycle, it clearly outlines the roles and responsibilities of international humanitarian actors and mechanisms of coordinated collaboration amongst all actors responding to and those affected by the crisis.

Available online: https://interagencystandingcommittee.org/system/files/hpc_reference_module_2015_final_.pdf

Inter-Agency Standing Committee. (2015). *Multi-Sector Initial Rapid Assessment Guidance: Revision July 2015*.

An update from the 2012 version, MIRA is a joint needs assessment tool that can be used in sudden onset emergencies. This guidance report serves as tool to help those navigate MIRA, and highlight the importance coordinating with other sectors in the field when conducting a joint needs assessment.

Available online: https://interagencystandingcommittee.org/system/files/mira_2015_final.pdf

Knox Clarke P, Campbell, L. (2015). *Exploring Coordination in Humanitarian Clusters*. ANLAP Study Paper. London, 2015.

Hoping to identify the optimum level of cluster coordination, and the conditions required to achieve successful coordination, this report concludes that most collaboration occurs after each organization identifies its own strategy, and that the few joint assessments that are produced rarely inform programs.

Available online: http://www.alnap.org/resource/20360

Knox Clarke P, Campbell, L. (2016). *Improving Humanitarian Coordination: Themes and recommendations from the ALNAP meeting 'Working together to improve humanitarian coordination', July 2016*. ALANP Working Paper. London, 2016.

Summarizing topics discussed from the previous meeting, this report concludes that the coordination system is fairly effective at supporting good practice on the ground (preventing gaps and overlaps in information and enhancing ordination and communication among actors) but fails at addressing strategic, response-wide issues.

Available online: http://www.alnap.org/resource/23656

Knox Clarke P, Darcy J. (2014) *Insufficient evidence? The quality and use of evidence in humanitarian action*. ALNAP Study. London: ALNAP/ODI.

This report reviews and evaluates the quality of evidence that is currently available to support humanitarian action, and it concludes that despite progress in the field, there is still a lot more work that needs to be done to improve the quality and use of evidence in humanitarian

response. It also emphasizes that high quality information improves both effectiveness and accountability, and can inform a broader discussion of evidence used in public policy.

Available online: http://www.alnap.org/resource/10441

Lovon M, Austin L. (2016). ***OCHA Coordinated Assessment Support Section Review of Coordinated Assessment and Joint Analysis Processes and Outputs, September 2016*****. United Nations Office for the Coordination of Humanitarian Affairs.**

This document reviews the use and implementation of needs assessments that were done internationally between 2013 2015, directly after the adaptation of the 2012 MIRA. Through the review of key documents, field visits, and interviews of stakeholders, it concludes that the buy-in and use of global policies and guidance (such as MIRA) enabled local and global coordination, while low technical and resource capacity hindered an effective, coordinated response.

*Available online:
http://reliefweb.int/sites/reliefweb.int/files/resources/coordassesstreviewreport-final.pdf*

Olin E, von Schreeb J. (2011). ***Funding Based on Needs? A Study on the Use of Needs Assessment Data by a Major Humanitarian Health Assistance Donor in its Decisions to Allocate Funds*****. PLOS Currents Disasters.**

After reviewing funding documents and interviews with the decision makers, the authors found that needs assessments date was not systematically used in funding decisions, and at times seldom considered at all. It concludes that policies and frameworks allowing for funding decisions to be informed by needs assessments need to be created to ensure that donations are evidence-based on need.

Available online: http://currents.plos.org/disasters/article/funding-based-on-needs-a-study-on-the-use-of-needs-assessment-data-by-a-major-humanitarian-health-assistance-donor-in-its-decisions-to-allocate-funds/

Pavignani E, Colombo S. ***Analyzing disrupted health sectors: a modular manual*****. World Health Organization: Geneva, 2009.**

A practical manual for those working in the field, to aid them in the analysis of health sectors of countries in crisis. While it provides guidance well beyond the realm of needs assessments, it also shares pivotal insights to the realities faced when attempting to collect data about a disrupted health sector and/or during a crisis.

*Available online:
http://www.who.int/hac/techguidance/tools/disrupted_sectors/adhsm_en.pdf*

Rencoret N, Stoddard A, Haver K, Taylor G, Harvey P. ***Haiti Earthquake Response: Context Analysis, July 2010*****. ALNAP: London, 2010.**

In the wake of the evaluation overload seen in many responses, but particularly the 2010 hurricane response in Haiti, this paper brings to light the operational context that helped create

that sense of information exhaustion, was well create a joint evaluation framework for the Haitian context that may alleviate these types of challenges in the future.

Available online: http://www.alnap.org/pool/files/haiti-context-analysis-final.pdf

Semrau M, Petragallo S, Griekspoor A, de Radigues X, van Ommeren M. *The HESPER Scale: a tool to assess perceived needs in humanitarian emergencies*. Using the HESPER Scale in rapid assessments.

Discusses the many advantages of using the Humanitarian Emergency Setting Perceived Needs (HESPER) Scale, introducing how it was developed, how it can be used in the field, and how it could be a beneficial to the MIRA in conducting emergency needs assessments.

Available online: http://www.odihpn.org/the-humanitarian-space/news/announcements/blog-articles/the-hesper-scale-a-tool-to-assess-perceived-needs-in-humanitarian-emergencies

The Sphere Project. (2011). *The Sphere Handbook*.

An internationally recognized handbook that provides a set of common principles and universal minimum standards to ensure a certain caliber of emergency response. It provides an outline for the creation of the Humanitarian Charter, Protection Principles and Core Standards. It also provides technical guidelines for WASH, Nutrition, Shelter/NFIs, and Health.

Available online: http://www.sphereproject.org/handbook/

Stoianova V. (2010). *Donor funding in Haiti: Assessing humanitarian needs after the 2010 Haiti earthquake*. Global Humanitarian Assistance: Scale of needs.

This report focuses on how needs assessment data on scale and severity of the 2010 earthquake in Haiti were used to spark aid and donations from the international community. The author emphasizes that context, beyond methodology, is critical to conducting a sound needs assessment, and therefore mounting an appropriate and adequately funded response.

Available online: http://www.globalhumanitarianassistance.org/wp-content/uploads/2010/11/Haiti_BriefingPaper_HiRes.pdf

World Health Organization & King's College London (2011). *The Humanitarian Emergency Settings Perceived Needs Scale (HESPER): Manual with Scale*. Geneva: World Health Organization.

This manual provides the background of how and why the HESPER was developed, what gaps it fills in the humanitarian sector, and how to use the scale itself (including the tool with step-by-step implementation steps).

Available online: http://apps.who.int/iris/bitstream/10665/44643/1/9789241548236_eng.pdf