Inter-Agency Standing Committee (IASC)

INITIAL RAPID ASSESSMENT (IRA): GUIDANCE NOTES

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ACRONYMS

HC	Humanitarian Coordinator
IASC	Inter-Agency Standing Committee
INGO	International non-governmental organization
IRA	Initial Rapid Assessment
NGO	Non-governmental organization
UN	United Nations
UNCT	United Nations Country Team
WASH	Water, sanitation and hygiene promotion

Purpose and Structure of these Guidance Notes

These Guidance Notes are intended to help people involved with an IRA prepare for, organize and carry out an IRA, and analyse the data collected to make essential decisions on immediate response, funding and/or follow on assessments. These notes are one component of the IRA "Tool"; the other components are the IRA data collection Form, an associated aide mémoire, and an Excel-based IRA data entry and analysis software.

Section 1 provides the background, explains the purpose and timing of an IRA and defines roles and responsibilities. Section 2 outlines what needs to be done at the "coordination" level while section 3 provides similar guidance for the field level. The sub-sections most relevant for different actors involved in an IRA are shown in Table 1. Staff carrying out an IRA in the field should refer to the step-by-step guidance on data collection and recording in ANNEX B, the pre-crisis secondary data and information checklist in ANNEX C, and the Aide Mémoire for IRA methodology.

When sufficient time is available, everyone involved in an IRA at all levels should read all sections. However, if time is short, team members should be briefed by the team leader, and should at least be familiar with the Aide Memoire and the specific data collection guidance in ANNEX B.

All Individuals participating in an IRA are also encouraged to refer to existing comprehensive emergency assessment guidelines of IFRC, SPHERE, UNICEF and others (see reference list in
ANNEX A)

Table 1 Key roles and responsibilities in IRA implementation

Actors responsible / IRA steps	Coordination Level		Field Level		Guidance Notes Section(s)
	Administrative and operational coordination	Technical coordination and oversight	Team leaders	Team members	
Development of IRA Form country edition		●			**2.2**
Secondary data analysis/review, mapping	●	●	●	●	**2.3, 3.2**
Formation of IRA field teams	●	●	●		**2.4**
Administrative/operational coordination of IRA	●				**2.5, 2.6**
Briefing and management of IRA Team Members			●		**3.1**
Primary data collection, compilation and analysis at field level			●	●	**3.3 - 3.5**
Overall analysis at coordination level		●	●		**2.7**
Dissemination / reporting / decision making	●				**2.8**

1   INTRODUCTION

1.1   Background

The Multi-sectoral Initial Rapid Assessment (IRA) Tool was developed by the Inter-Agency Standing Committee (IASC) global Health, Nutrition and WASH Clusters in 2006-2009. It aims to enable faster and better multi-sector rapid assessment in the first few days of a sudden-onset crisis in order to guide the initial planning of urgent humanitarian interventions, identify needs for follow up assessments, and inform initial funding decisions. The IRA is designed to be used in the field by team members with relevant general knowledge and experience but without specialized technical expertise in particular sectors (e.g. in health or water programmes). It should enable essential data to be collected and reported for each site visited within 24-48 hours of arrival at the location to be assessed. The approach – secondary data review followed by very focused primary data collection – provides for both speed and the level of data quality necessary for initial decision-making.[1]

The IRA Form should be used to describe the situation and to identify priority needs for initial response at each site visited. Assessment team members may also use the form as a checklist for data collection and as a worksheet for taking notes during interviews and visits. These Guidance Notes provide instructions and suggestions on how to prepare for and implement an IRA. The aide mémoire, intended for individual IRA field team members, provides additional practical guidance on methodology.

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[1] The word 'data' is used in these Guidance Notes to mean simple bits of information: data may be quantitative or qualitative. This information will then be analysed within the local context to produce the knowledge needed to make recommendations and decisions. A distinction is made between primary and secondary data. Primary data are gathered directly by observation or interviews with people directly affected by or working in the crisis. Secondary data come indirectly in the form of written or verbal reports, maps and images (e.g. existing reports, satellite imagery). Both are required to complete an IRA.

1.2 Purpose and objectives of an IRA

The purpose of an IRA is to provide a rapid overview of the emergency situation in order to identify the immediate impacts of the crisis, make initial estimates of the needs of the affected population for assistance, and define the priorities for humanitarian action (and funding for that action) in the early weeks. It should also identify aspects on which more detailed follow-on assessments should focus.

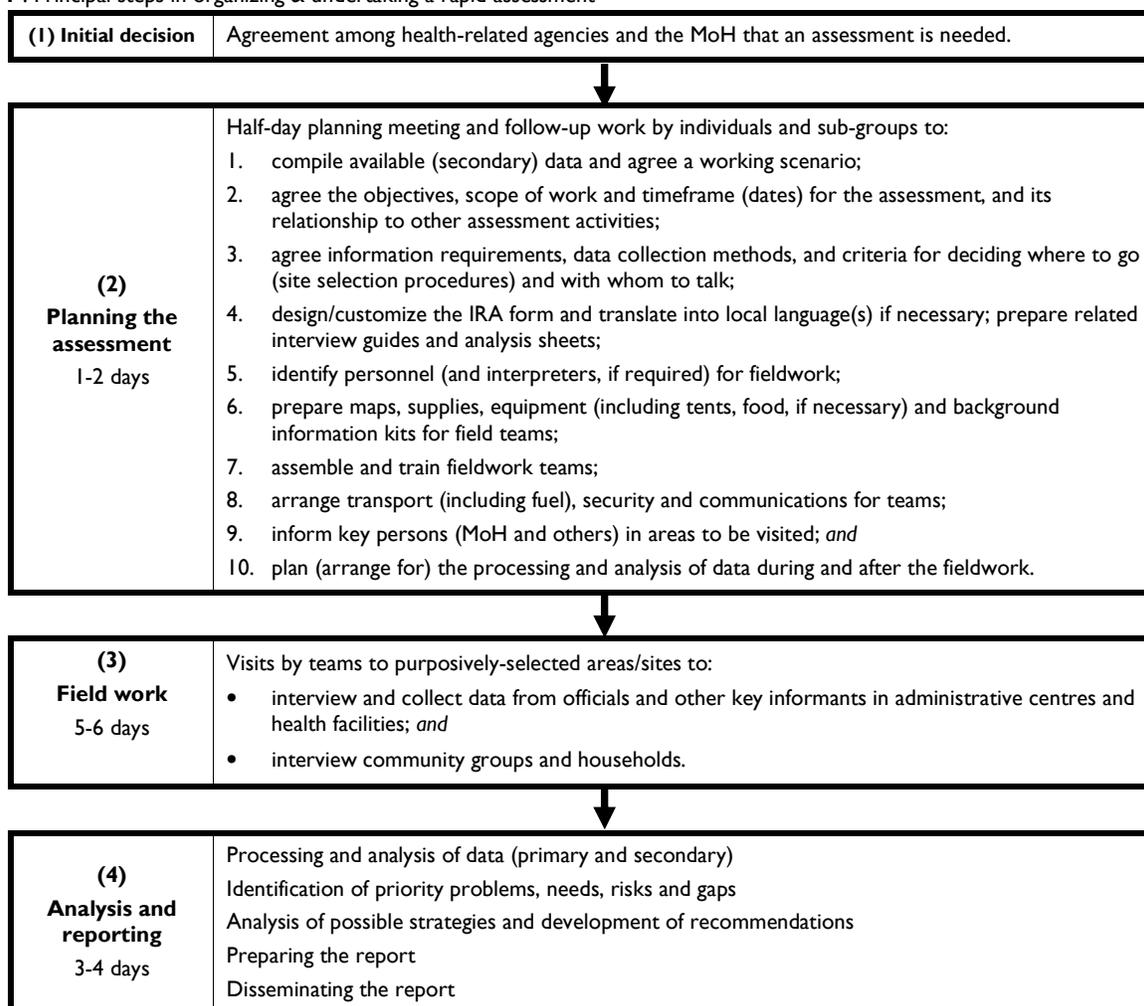The objective is to answer the following core questions:
1. What has happened? Is there an emergency situation and, if so, what are its key features?
2. How has the population been affected by the emergency? Who is likely to be most vulnerable and why? How many people were affected, and where are they?
3. Are interventions required to prevent further harm or loss of life? If so, what are top priorities?
4. What are continuing or emerging threats that may escalate the emergency?
5. What resources and capacities are already present (e.g., infrastructure and institutions) that could contribute to the response, and what are the immediate capacity gaps?
6. What are the key information gaps that should be addressed in follow-up assessments?

Data provided by an IRA are preliminary, and the quality of the data depends on the skills of the assessment teams. The IRA should identify what types of more detailed sector-specific assessments should be conducted, which would then provide more statistically rigorous or qualitatively nuanced details for programme planning.

1.3 Timing of the IRA

The IRA should be launched as soon as possible after the onset of an acute crisis, normally within 1 to 3 days. It can also be used in a protracted emergency situation that becomes more acute and when access becomes available to areas that were previously inaccessible due to insecurity, weather conditions or other obstacles. Whenever possible, the IRA data collection and reporting should be completed in time to inform the Flash Appeal if the scale of the crisis, security conditions, the number of assessors available, and travel times allow. After about 10 to 15 days, there is likely to be a need, and the capacity, to undertake more in-depth, sector-specific assessments. The key elements of planning, undertaking and reporting on an assessment are indicated in Figure 1. In most cases, planning steps 3 to 10 will be undertaken more-or-less concurrently. Guidance on analysis is provided in section 2.7.

Figure 1 : Principal steps in organizing & undertaking a rapid assessment

(1) Initial decision	Agreement among health-related agencies and the MoH that an assessment is needed.
(2) **Planning the assessment** 1-2 days	Half-day planning meeting and follow-up work by individuals and sub-groups to: 1. compile available (secondary) data and agree a working scenario; 2. agree the objectives, scope of work and timeframe (dates) for the assessment, and its relationship to other assessment activities; 3. agree information requirements, data collection methods, and criteria for deciding where to go (site selection procedures) and with whom to talk; 4. design/customize the IRA form and translate into local language(s) if necessary; prepare related interview guides and analysis sheets; 5. identify personnel (and interpreters, if required) for fieldwork; 6. prepare maps, supplies, equipment (including tents, food, if necessary) and background information kits for field teams; 7. assemble and train fieldwork teams; 8. arrange transport (including fuel), security and communications for teams; 9. inform key persons (MoH and others) in areas to be visited; *and* 10. plan (arrange for) the processing and analysis of data during and after the fieldwork.
(3) **Field work** 5-6 days	Visits by teams to purposively-selected areas/sites to: • interview and collect data from officials and other key informants in administrative centres and health facilities; *and* • interview community groups and households.
(4) **Analysis and reporting** 3-4 days	Processing and analysis of data (primary and secondary) Identification of priority problems, needs, risks and gaps Analysis of possible strategies and development of recommendations Preparing the report Disseminating the report

Some preparatory steps for an IRA are best done in advance, as part of a national/inter-agency disaster preparedness effort. These are discussed in Section 2.1.

1.4   Roles and responsibilities

The Humanitarian Country Team, led by the Humanitarian Coordinator (or the UN Resident Coordinator), assures overall coordination (by sector or cluster) of an IRA among concerned UN agencies and NGOs and, wherever feasible, with national government partners.

Planning and conducting an IRA takes place at two levels: coordination and field.
- At Coordination Level, two main types of coordination are required: administrative/operational coordination (or "overall coordination"), and technical coordination and oversight. The functions and activities at coordination level are dealt with in Section 2 of these Guidance Notes. (The coordination level may be the national level …%%
- At Field Level, two types of actors are involved: Team Leaders and Team Members. The functions and activities at field level are dealt with in Section 3 of these Guidance Notes.

Table 1 lists the various activities involved in preparing for and carrying out an IRA and suggests which actors would normally take responsibility for each activity. While the cluster approach is not essential, strong intra-sectoral and inter-sectoral coordination mechanisms should be in place.

2   THE IRA AT COORDINATION LEVEL

2.1   IRA coordination and preparedness

An IRA can be conducted in an acute-onset crisis without advance preparation. However, the implementation of an IRA will be facilitated and the validity and utility of findings increased by preparedness actions taken in advance. These in-country actions fall into two categories:
1.   Administrative and operational coordination: defining roles and responsibilities; agreeing on procedures to launch an IRA; sensitizing key humanitarian stakeholders; identifying and training potential team leaders; and other planning considerations.
2.   Technical coordination and oversight: developing the country edition of the IRA Form and Guidance Notes and any other country-specific documents; compiling basic, pre-crisis data; agreeing on arrangements and systems for information management (including the transmission of field teams' reports).

An IRA involves many actors and sectors, and centralized coordination is essential. If a strong, engaged national focal point institution exists, it may assume the role of *administrative and operational coordination*, but equally it may be filled by OCHA or another entity that has the capacity and is not closely identified with one particular sector. This is primarily a management function that involves some or all of the following:
1.   Launching the IRA based on decisions by the Humanitarian Coordinator/Country Team
2.   Coordinating administrative, logistic and other operational arrangements
3.   Security management
4.   Overseeing the scheduling of the assessment, information management and reporting processes
5.   Linking IRA with other assessment processes
6.   Ensuring adequate participation of relevant actors in the IRA

The administrative and operational coordination group that organises an IRA should generally include: main governmental stakeholders, country-level cluster leads, OCHA, other UN agencies involved in providing humanitarian assistance, the Red Cross/Red Crescent, and key international and national NGOs active and interested with capability to participate. For efficiency, the group should normally be limited to ten members representing all categories of stakeholders. The Humanitarian Country Team should agree on the membership of the group and designate as leader whomever is best placed to assure the function in the particular situation.

The *technical coordination and oversight* group should comprise individuals with advanced technical expertise and assessment experience from a range of organizations. The technical coordination/oversight role involves some or all of the following:
1.   Advising on whether an IRA should be launched based on information available about the crisis
2.   Finalizing the data collection form – adapting the standard IRA form and the data entry and analysis software as needed
3.   Deciding on sampling procedures and finalizing related guidance for field teams
4.   Assisting in the selection and briefing of Team Leaders
5.   Assisting in the selection and/or briefing of Team Members
6.   Providing supervision and back-stopping advice and guidance to field teams, as needed
7.   Undertaking, or supervising, the analysis and interpretation of data and the formulation of recommendations

2.2   Development of IRA Tool country edition

Although the global IRA Tool was prepared to be as universally applicable as possible, some adaptation may still be required for country use, particularly for the IRA form. Where possible, a country edition of the IRA Tool should be produced as a preparedness measure so that an appropriate tool is ready to be taken off the shelf and used immediately in the event of a crisis. When preparing a country edition of the IRA Tool, technical inputs should be sought from a range of stakeholders across sectors but adaptations must finally be agreed by the technical coordination and oversight group – and approved by country-level cluster lead agencies. Care must be taken to ensure that all the data to be collected are essential for decisions at this initial stage, taking account of the information already available.

Changes to the IRA form should be kept to a minimum to keep a common identity across countries and ensure that the information is provided in a predictable and comparable way. Box 1 provides some guidance. Note that a modifiable Word version of the form is available in addition to the PDF version. This Word version does not include the suggested sources of information beside each question as in the PDF version, because these should not be seen as prescriptive, but instead are suggestions to be accepted or revised to suit the local context.

Whether or not a country edition of the IRA Tool has been produced before a crisis, the IRA Forms should always be reviewed in advance of fieldwork to ensure that it is appropriate and feasible in the current situation. Any adaptations of the IRA Tool made <u>after</u> the onset of a crisis

must be made *before* field work starts, in order to ensure consistency and comparability of the data collected by different teams, and should be agreed by the administrative and operational coordination group.

Box 1 Parameters of IRA Tool adaptation

Where changes to the IRA Forms are most likely to be required:
1. If the population is highly urbanized
2. Specific, locally-relevant options may be inserted for shelter types (Section 2.2), cooking fuels (Section 2.4.2), problems with infant and young child feeding (Section 4.8), endemic diseases (section 5.2.1).
3. Local units may be inserted alongside international/metric units for distance, volume or weight.

Changes to the following elements of the IRA Form are discouraged:
1. The ranking system for ranking needs (in the Summary)
2. Identification information (in the Summary)
3. Population description (Section 2). Although acquiring this information may be difficult, estimates of the population and various subgroups are important for humanitarian programming.

In other sections, any modifications should focus on clarification, removing items that are clearly inappropriate or highly sensitive, or adding content that is essential to the local context.

2.3   Secondary data

The checklist in ANNEX C suggests the secondary data that, ideally, should be collected and reviewed.

2.3.1   Pre-crisis secondary data:

Where possible, the following categories of secondary data should be collected, assessed, and consolidated in a national database as an integral part of a national preparedness strategy:
1.   Baselines for health and population statistics, livelihoods and access to services, including normal seasonal variations (necessary to permit comparison of in-crisis conditions with the pre-crisis norm);
2.   Topography, climate, water resources, infrastructure and land use patterns (important for understanding vulnerabilities, available resources and constraints on a possible response);
3.   Vulnerabilities of specific population groups and the factors that create these vulnerabilities;
4.   In-country capacities for emergency response as well as critical gaps therein; and
5.   Enabling and limiting institutional factors that could influence the humanitarian response (including national policies and guidelines, e.g. code on breast milk substitutes, protocols for feeding programmes)

The main sources for pre-crisis data include the national statistics office, other government offices, multilateral and bilateral donor organizations, universities, research centres and think tanks, UN agencies including OCHA (the humanitarian information centre if present), NGOs, and global or regional databases.

2.3.2   In-crisis secondary data:

After the onset of the crisis, secondary data can be collected at both coordination and field levels. Secondary data should be gathered at coordination level to:

1. Characterize the nature, scope and extent of the emergency;
2. Identify the most affected regions, populations and vulnerable groups and those less affected (to then choose sites to be visited for field IRA data collection);
3. Assess changes to national and local capacities due to the crisis;
4. Identify changes in the international capacity for assistance; and
5. Identify security and logistical considerations that affect possibilities for IRA implementation and the delivery of humanitarian assistance.

Table 2 provides a checklist of in-crisis secondary data to be sought by the individual/organisation(s) coordinating the assessment at the coordination level as soon as the decision is taken to launch an IRA. Shaded questions are those for which it is important to have the best possible data and information *before* field teams start their work. Sources of data will include institutions with people on the ground in the affected areas, including government ministries, civil society organisations, national and international NGOs at national and sub-national levels and much can be collected by phone. All data and information collected must be carefully referenced, including who provided, what their source was, when it dates from (day and time are relevant at this stage), what methods were used for primary data collection, and reported any limitations of the data.

For both pre-crisis and in-crisis secondary data, a key function of the assessment coordination unit is to establish and maintain up-to-date maps showing essential information such as population settlements and movements, the locations of humanitarian personnel, equipment and materials, water supplies, and any areas of insecurity.

Table 2 Priority secondary data needs at coordination level during crisis [2]	
What are the basic features of the crisis?	• What is the nature of the cause of the emergency? • What is the geographic extent of the affected area? • Is this a national crisis or does it affect more than one country? • To what degree are key structures and services still functioning?

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[2] Adapted from: UNICEF. Cross-Sectoral Rapid Assessment: Rapid Onset Emergencies, The First 72 Hours (DRAFT). New York, 2006.

	• Are military-civilian relations a feature of the context?
What are the security and access considerations?	• What are the security threats on the roads/rivers/flight paths to reach vulnerable people, as well as at the site of the emergency? • Has the UN done a risk and threat assessment? What security phase? • Is access to the affected population restricted and if so how? • Are non-state actors involved? Are they recognized by the government?
How are the situation and needs likely to evolve?	• If natural disaster, what is the expected evolution over the coming weeks? • What is the political context and how is it likely to evolve?
What is the human scale of emergency and the response required?	• How many people are affected, where are they and what are the short/ medium term trends expected? • What are the reported numbers of dead, injured, missing?[3]

What factors to consider in focusing on specific vulnerable population groups?	• If there is a displaced population,
	  - What are the immediate/expected trends in terms of numbers and any shifts in locations?
	  - What are the relations with the host community? Are they willing / able to assist the displaced or are there tensions between the two?
	• How are marginalised people within the affected population (including among displaced) expected to be affected? How are there needs different from the rest of the affected population?
	• How might gender roles put specific groups at risk immediately, and as the emergency evolves.
	• How might the disaster affect caring practices for the more vulnerable?

What is the potential for national response? (see also below on supplies)	• How has government been affected – nationally/ locally – and what is its expected capacity to respond?
	  - Institutional arrangements for coordinating emergency response
	  - Leadership
	  - Human resources
	  - Systems, logistical
	• How have national/sub-national private sector, non-governmental and civil society capacities been affected?

What is the international response?	• What agencies/organizations are in the area – what have they been doing and what are they likely to do in response to the situation?
What supplies exist in country that can be mobilised for response locally and nationally?	• What stocks of important materials and equipment are available immediately and in the next three weeks? • How have suppliers of key materials and equipment been affected and how capable are they of responding to likely demands? • What means of transport will be available -- trucks, aircraft, animals, boats? • What is available/accessible locally/nationally and what are partners planning?
What are the logistical considerations in terms of effects of the emergency and options for response?	• How is the affected area best accessed? What are the road conditions to and in the affected area? How will they change over the short and medium terms? • Are telecommunications systems functioning? • Are banking and financial systems functioning in the local area? Are they functioning nationally

2.4 Formation of field assessment teams

Assessment teams should comprise from 3 to 5 people each, depending on the number and size of locations to be visited and the number and skills of team members available. A small team is often easier to manage and can work faster on site than a large one. If sufficient personnel are available it is more effective to have a larger number of smaller teams to cover a broader area in a given time. Teams composed of people who have already worked together are likely to be more effective and faster than teams who have to get to know each other at the same time as carrying out their work.

As far as possible, each assessment team should include the following characteristics: generalists or specialists with participatory rapid appraisal experience; gender balance; local knowledge; objectivity and neutrality; international and national team members; multi-agency representation; and previous disaster experience. The main priority is getting a team of people with core skills to the crisis-affected site as quickly as possible. Box 2 presents those core skills in the form of recommended minimum profiles for assessment team leaders and team members. As noted above, potential team leaders should ideally be identified and oriented before the crisis, as part of a broader preparedness effort.

Box 2 Minimum profiles for team leaders and members

Team Leader:

Key skills: Experience in assessment; emergency assessment experience is preferred but not essential.
Leadership and human relations skills.
Broad public health skills and experience in multi-sectoral operations are preferred.
High level of familiarity with IRA Tool.
Familiarity with the crisis-affected areas and populations is an advantage.
Community research experience and operational management skills are advantageous.

Example posts: Programme manager with M&E experience, public health manager with inter-personal skills,

Team Member:

Key skills: Professional experience, either sector-specific or in support areas (e.g. logistician). Community-level research experience is preferred.

Example posts: Project Manager, project technical staff or project support staff.

The team leader's role is to facilitate the team's work, manage logistics and security, and provide a contact point for country-level colleagues, other field teams and local authorities. The team leader (or another nominated person) should also ensure that the data outlined in the IRA forms are adequately collected, checked, synthesized, and promptly transmitted to the coordination level. Roles of other team members should be clearly defined at the outset.

It may be quickest and most effective to constitute teams of people already working in or near the affected area(s). In this case, team leader(s) may come from the coordination level and join team members in the field for briefing and then fieldwork, or come from the affected area(s) and lead briefings and fieldwork there. The data collection teams should be organized quickly once the crisis has occurred, drawing from the pool of qualified personnel in close proximity to the site. Whether the teams are recruited centrally or at field level, Team Leaders should be involved in recruiting members of the team as much as possible.

2.5 Selection of sites for data collection

Depending on the scale of the crisis, it may not be possible to visit all of the affected sites. In this case a sample of sites must be chosen, based on whatever data are available at the time. Choices must be made to include sites that will enable you to understand the situation in the affected area as a whole including but not limited to the worst-affected sites and population groups. Selecting priority areas for assessment entails some form of sampling. In crisis and unstable contexts, formal sampling is often made impossible by access/mobility issues and/or absence of good population data for a sampling frame. (Internally displaced populations and the deterioration of regular information systems often make population figures very uneven.) At least initially in a crisis, some form of non-probabilistic sampling is often necessary. The best choice is often 'purposive sampling' - selection according to specified criteria to represent a certain case, i.e. the extremes or the norm. The criteria to select sites will generally be the following:

Practical criteria
- Urgent need: At the height of the crisis, data collection will be limited to a first fast exercise. Very practical criteria clearly linked to programme response will guide site selection. First priority will be to assess areas in greatest need. Consider factors of vulnerability, including population size, density and influx, availability of water and food, reported epidemics or malnutrition.
- Accessibility: Where overall needs are urgent, widespread and unmet, it is justifiable to focus on accessible areas. However, where inaccessibility is a widespread problem or coincides with very urgent needs, the extreme rapid assessment — a two-hour visit — may be necessary to fill information gaps.
- Gaps in existing knowledge: Cover locations about which little is known or where key information is lacking, especially where no relief agencies are yet working.

Worst-/best-case scenarios
- Worst-/best-case scenarios are often used to provide some reference for interpreting data. Even if, based on the practical criteria above, sites selected are those most urgently in need of assistance, you may need some reference of comparison — the best and worse cases in areas heavily affected and in comparable unaffected areas.

Given time and other constraints, it may be useful to stratify possible localities according to socio-economic or demographic criteria and visit diverse areas in order to capture the variations in impacts of the crisis. It may be useful to select sites in different livelihood or agro-ecological zones, in both urban and rural areas, and with both residents and non-residents (third-country nationals, refugees or internally displaced persons). Additional criteria for stratifying and selecting sites could include sites with more/less access to services, sites with higher/lower levels of poverty, sites with higher/lower prevalence of chronic malnutrition, and sites in both urban and rural areas.

2.6 Planning and coordinating fieldwork

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

These planning decisions will be based on what is known about factors such as distances to travel, means of transport available, road conditions, size of locations, damage to infrastructure, security conditions and trends in the emergency situation. During implementation, field team leaders and office-based coordinators should contact each other daily to review progress and decide on any modifications to the plan. Changes may be needed to ensure that the focus of the IRA remains appropriate and teams' time in the field is used effectively as understanding of the humanitarian situation develops and the operational context (security conditions, access etc.) evolves.

It is likely that there will be very limited equipment and supplies available in the field, or that it will not be possible to know what is available, so field teams should be as self-sufficient as possible. Each team should carry the most necessary items for work, subsistence and accommodation with them.

During the few days that it takes to carry out the IRA in the field, the coordination team should carry out the following tasks:
- Monitor the humanitarian situation based on information from secondary sources;

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[3] At less than 72 hours into the crisis, it will be too early to calculate crude mortality rates, under five mortality rates or disease specific mortality rates. Early on, estimates on total numbers of people dead will be more appropriate.

- Collate reports from the field teams;
- Help direct the teams to sites requiring most urgent attention;
- Provide sector-specific and general technical support for data collection; and
- Provide preliminary data to help established and incoming humanitarian actors decide where to focus their own assessments.

At the same time, IRA forms from field teams should be completed (one per site) and sent to coordination level as each site visit is completed (see Section 2.8)

It should be the responsibility of those at the coordination level who have both technical expertise and familiarity with field conditions to provide direct technical oversight to the data collection teams in each sector. This will not necessarily follow agency lines of supervision: for example, specialists from any participating institution may provide technical support and guidance to field team members from a range of organizations and government personnel who are collecting data. The point is that they do this as members of a multi-agency coordination group.

2.7   Data entry & analysis

Information collected by the field assessment teams should be collated and analysed at country level by appropriate sector specialists, including staff of government departments concerned, as well as the national early warning network, where it exists, as its contribution of vulnerability analysis and historical knowledge of the area will improve the analysis. Continued participation by assessment team members is vital, to ensure that their knowledge about the area is not lost to the analysis. If possible, the Team Leaders should participate in analysis at coordination level.

Data recorded on the IRA forms are to be entered into the 'IRA data-entry and analysis tool'. In order to enter data, open the file (ensure your computer has Excel installed) and click on 'Enter Data' on the tab 'Data entry'. Enter the data sheet by sheet, clicking 'Next' once each sheet has been completely entered. At times, it may not be possible to enter all the data from a form at one time, for instance if one sector was assessed at a different time from the other sectors. In this case, one can update the data and add this information by selecting 'Update dataset' after clicking the 'Enter data' button. For each sheet, it is important to select the correct identification information (Admin levels 1-3 & p-code) that relates to the information being entered.

This tool is able to perform automated analyses of the data entered, and produce reports (either for individual or multiple sites) based on these. The reports present the data in a standard template that provides space for assessment teams and sector specialists to add their own comments and interpretation. If the data collection form is modified to meet country needs, any additional items inserted are not included automatically in the standard data entry form or in the automated analysis and standard report output. Additional data have to be input, analysed and inserted in the report separately, unless the input and analysis templates are also customized, which requires considerable expertise.

The automated reports should be reviewed by sector specialists and used to draft an overall report for the affected district/province/country, as per requirements (see section 2.8). It is important to note that the IRA is able to summarise information in useful ways, but that this must then be reviewed by knowledgeable individuals who can interpret the information appropriately. There is no substitute for human knowledge and experience, and the aim of the IRA is not to replace these. Two stages of analysis are possible:

2.7.1   Analysis of data collected in an individual site:

although the field teams should have made their own judgments about the problems and appropriate solutions witnessed at each particular site, a more complete analysis at coordination level requires consideration of normal conditions for the affected area and national and/or international benchmarks for crisis situations. The ranking system in Figure 2 should be used to describe the severity of each sector needs at each site. In order to view the automated report for each site, select the 'Site report' tab, and select the p-code which relates to the site of interest from the drop-down list in cell E2. When printing, make sure that the options are set to colour (if available).

Figure 2 Severity ranking criteria for analysis

Red	Severe situation: urgent intervention required
Orange	Situation of concern: surveillance required
Yellow	Lack of/unreliable data: further assessment required
Green	Relatively normal situation or local population able to cope with crisis; no further action required

2.7.2   Analysis of needs and priorities for multiple sites:

if the IRA identifies humanitarian needs at a number of sites then analysis at coordination level is required, including a review of comparable data from a number of assessed sites, to estimate global needs for humanitarian intervention for the affected area and decide which sites and which sectors should be given priority for intervention. Aggregated reports are possible for each administrative level. Select the 'Aggregate report' tab, and then select the admin level of interest from the drop-down list in cell X2, then the relevant name from cell AA2. Finally, click the 'calculate' button, and the automated report will appear.

In both site and aggregated reports, there are spaces to add 'Interpretation of results and other comments', which should be filled, either within the tool or by hand after printing, by knowledgeable 'experts' in the relevant fields. These additional comments are aimed at translating the findings in the report into actions to be taken as a result.

2.8   Reporting

Principles underlying IRA reporting include speed, brevity, transparency and focus on concrete recommendations. Reporting in the IRA is not just a one-off process, but includes the following outputs (see Table 3).

Table 3 Typical information products using rapid assessment information

Report	Purpose	Responsibility
Daily briefings to the national cluster team during fieldwork (and briefings among assessment teams working at different sites)	Keep cluster team updated on progress, constraints and initial findings, report on exceptional situations, and allow initial decisions to be made	IRA field assessment Team Leaders
Submission of the completed IRA Forms by each field site assessment team to the national cluster team at the end of fieldwork at each site	Provide cluster teams with site-by-site data to allow an overview of problems and priorities	IRA field assessment Team Leaders
A very brief (1-2 page) summary report, & an extended report, by cluster coordination teams within several (2-3) days after IRA Forms are submitted	Provide decision makers (including operational humanitarian agencies) and donors with essential information (and information gaps) on the crisis at national level and concerning specific sites and sectors, such as through Flash Appeal.	Country cluster teams with support from IRA field assessment Team Leaders
A more detailed report for a larger audience within several weeks	Needs Analysis Framework (NAF), Consolidated Appeal Process (CAP) and Consolidated Humanitarian Action Plan for country	Cluster coordination teams, OCHA

Transparency is essential for avoiding drawing mistaken conclusions from the available information. Attention should be given to transparency regarding: discrepancies in information between different sources (unless highly politically sensitive), primary information gaps, limitations in assessment techniques (due to lack of time, insecurity security, etc.) and lack of secondary information. Box 3 provides a format that can be adapted to write a rapid summary report of IRA findings and recommendations at country level. It should be started on the basis of secondary data and built up and revised as IRA data and information is received from the field.

In addition to the assessment report for aggregated data, the reporting must include a chapter containing the main conclusions (per sector and overall) based on the interpretation of the automated analyses presented.

It is critical that responsibility for reporting is identified and that sufficient resources are made available. Even while the IRA is being conducted, planning for more detailed, often sector specific assessments will be underway, and the findings of the IRA may affect which assessments will be conducted, what they will focus on and where they will be done. Highlighting information gaps and urgent issues for further research in the IRA reporting is thus highly important. Reports should be stored in electronic format, accessible to institutions interested in using them for programming

Box 3   Outline of summary IRA report at country level

Summary of context at country level
- The effects of the emergency: description of magnitude and nature of the emergency, impact on national and local capacities, expected evolution
- Pre-crisis situation, including seasonal, inter-annual and long-term trends
- Description of most vulnerable populations and factors/mechanisms creating vulnerabilities

Most urgent issues for response
- Overview of key risks
- Key response gaps in the affected area by sector
- Key response gaps nationally

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

Overall summary of assessment data, using Red, Orange, Yellow & Green ranking system on IRA Form

Location and geographic identification

Population affected

Summary of risks and needs broken down by: emergency shelter, essential non-food items, water supply, sanitation, hygiene, food security, nutrition, health status, health services

Priority among geographic areas (e.g. in terms of magnitude, severity, expected duration, types of impacts)

Types of humanitarian assistance urgently required

Sites/sectors where more in-depth assessment is required

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

3   THE IRA AT FIELD LEVEL

3.1   Briefing of assessment team

IRA Team leaders should be familiar with the fieldwork plan, the IRA Tool (IRA Forms and Guidance Notes) and the procedures for carrying out the IRA in the field.

The assessment team members should be briefed on the assessment tool and methods. They should be taken through the IRA Form, the 'Aide Memoire' of the core IRA data collection methodology, and ANNEX B (accompanying notes for data collection and recording), to ensure that it is all understood. It is recommended that team leaders provide this briefing.

Box 4 Checklist for assessment team briefing

Organisation and logistics:
- Allocation of assessment teams to specific locations, and sequence and timing of field visits
- Security conditions and security procedures
- Travel, food and accommodation arrangements
- Personal costs, per diems, etc.

IRA Tool methodology:
- Objective of IRA
- Structure and content of IRA Forms
- Uses of the IRA Forms (especially to guide data collection and assist in data recording)
- Data collection methods and sampling to be used
- Allocation of team members by sector and/or data collection methods (based on data collection strategy developed)
- Content of Guidance Notes (especially Section 3)
- IRA Aide Memoire

Box 4 provides a checklist that may be used to prepare the briefing. Any individuals who are unfamiliar with specific data collection techniques such as key informant interviews may need a short and intensive training session. The Aide Memoire is a stand-alone document, a copy of which should be printed and plastinated (if possible) before taking to the field for rapid and regular review by field team members.

3.2   Secondary data collection in the affected area

Data on the pre-crisis situation and the effects of the crisis will often be available at national level. However, it will usually be necessary to gather more recent and/or detailed secondary data in the affected area before doing field assessments at specific locations in order to:
- finalize the choice of locations for field assessment;
- fill gaps in information on pre-crisis conditions; and
- form a clearer, more detailed and up-to-date analysis of the situation at local level once primary data has been gathered.

Wherever possible, the team should make enquiries at district level to find out more about conditions before the crisis, the way in which services are normally organized and the extent to which those services have been affected, the most affected locations, the main impact of the crisis and any relief activities that are already underway or planned. Team members should try to interview local government and line ministries, referral health-care facilities, national and international organizations already in the area, local businesses etc. They should also ask to see any relevant documents and maps. If there has been displacement from outlying settlements then displaced people may provide very important information on conditions in the affected areas.

In cases where many scattered settlements have been affected it may be necessary to choose a small number to visit in the time available. It does not matter at this point if not all affected sites can be assessed during the IRA process, as long as it is possible to identify affected areas and the sort of problems faced.

The checklist in ANNEX C suggests the minimum secondary data that should be collected.

3.3   Primary data collection at affected sites

Data collection at the community level is required to do the following:
- Identify priority sites and sectors for humanitarian response;
- Provide a qualitative picture about the range of impacts of the emergency and influencing factors;
- Validate or modify the assessment provided by secondary data;
- Ensure that affected populations participate in identifying priorities for the immediate response.

The main primary data collection techniques recommended for the IRA are key informant interviews, group discussions, and observations. Mapping, measurement and counting may also be useful for answering specific questions and cross-checking answers. Field assessment teams should separate and collect information according to the appropriate methodologies and sources of information for gathering data associated with each of the IRA Forms.

The quality of the data gathered using different techniques will depend very much on sampling, in other words, who the key informants are, which households are visited etc. This is closely connected to the problem of bias (see Section 3.4). The following paragraphs provide guidance on sampling related to different assessment methods likely to be used in the IRA.

Primary data collection techniques:
Next to each question in the IRA form, there is a code which provides guidance on source of information/data collection methodology. Note that, for some questions, there is more than one code, indicating that this information should be gathered from several sources, and the data triangulated to account for possible biases and other sources of error (see section 3.4). Data for sections 5 & 6 of the form will necessarily be collected during visits to health facilities, using key informant (KI) interviews & observation techniques. N.B. Health facility staff can be important KIs for other sectors. The codes correspond to the following:

3.3.1   Key informant interviews (KI)
Meeting with local authorities and/or traditional leaders at the start of the site visit usually provides the automatic selection of the first key informant(s). At the same time, the first contacts with people in the street or in/around the administrative centre, and then with authorities, can be used to identify the 'experts' on the community situation or context with regard to each theme in the IRA Tool.

The number of key informants selected per site will depend on the range of issues about which each one has expertise/perspective. As indicated in the data collection strategy table, key informants must be selected to cover population profiles and figures/trends, security/access issues, protection issues, as well as water, environment and sanitation, food security/nutrition, shelter, health, protection including child protection and education. IRA team members have to exercise judgment when an interview is clearly not yielding the kind of overview perspective needed and another key informant must be identified.

Where a site includes a host population and a displaced population, key informants may be able to provide a perspective on both groups for some issues – e.g. major health issues. However, careful attention must be given to potential bias and some key informants must be selected from each population wherever possible.

3.3.2   Group discussions (GD)
Selection of participants for group discussions is based on the issue to be discussed and assessors should look for convenient ways to get specific groups together. For instance, many questions about water access and use can be discussed at a queue at a water point; questions about infant and young child feeding can be discussed with mothers at an ante-natal clinic. Assessors should be aware of possible bias created by the situation in which groups are found (for instance, people waiting to see a doctor are not representative of the whole population in terms of health issues) and take this into account.

3.3.2   Observation (O)
It is important to observe conditions and particular features from a range of viewpoints and places in order to get a representative view of the site. If there is a high point, such as a hill or a tall building, or if the IRA team arrives at a site by air, the site should be observed from above. Walking across the site along a transect that does not follow existing lines such as roads or paths will provide a cross section of points for observation and provide a balanced view of conditions. Where a small number of features are to be observed (water points for example), then all should be visited if possible.

The assessment team should aim to meet up at least once during the fieldwork at each site, to review progress and decide which parts of the IRA Forms or which sources of information still need attention before leaving the site, so as to avoid gaps in essential data or avoidable uncertainty about important points.

The assessment team will probably not be completely effective during the first site visit. There are likely to be a number of problems such as the way time at the site is organised, roles and responsibilities within the team, assessment methods and checklists used etc. that should be addressed before moving on to the next location. After every successive site visit, there should always be a rapid team meeting to review progress and ensure that the most effective use is made of precious time in the field. The team leader has an important role to play here.

Box 1 in the Aide Memoire provides some methodological 'do's and don'ts' to bear in mind when doing fieldwork.

3.4   Bias and triangulation

In the majority of situations in which an IRA will be conducted, disorganised sites and time constraints will make it impossible to employ randomised sampling techniques. In most cases, a blend of convenience and purposive sampling will need to be used, which carry inherent potential for problems such as bias.

All informants will have some sort of bias, due to their particular experience, perspective or personal interests. The potential for bias due to individual, group or organizational interests is very high in crisis situations and may be hard to detect. There is potential for bias due to sampling methods used, particularly when time is short and assessors are obliged to rely on a small number of more easily accessible informants and observation points which may not be at all representative of the population or situation as a whole.

However, it is essential to identify and deal with bias when conducting the IRA in the field in order to provide reliable data. A reliable method for reducing bias in data reporting is triangulation, which involves using different approaches to gathering data in order to be able to cross-check and identify inconsistencies. This means triangulating data from different informants, groups, and the teams own observations. When analysing and interpreting data, take into account variations in activities within the community depending on the time of day of the visit.

The coding of questions described in section 3.3 serves as a reminder of, and guidance for, these techniques. When triangulation shows inconsistencies in the data the issues should be verified and explored further.

3.5   Completing the IRA Form

The field teams should wrap-up each visit by collectively discussing and consolidating data gathered at that location for each sector. One IRA Form per site should be completed (for submission to coordination level) as far as possible with the data collected and inconsistencies

between data collected by different Team Members or using different methods should be reconciled or highlighted at the end of each section. Refer to ANNEX B for notes on data recording for specific points in the IRA Form.

The first two pages of the IRA Form should be used to sum up major findings, including categorisation of the situation, by sector, according to the same system used for analysis at coordination level – see Figure 2 in Section 2.7). For each sector, a maximum of 3 key issues should be listed and colour coded according to the severity ranking key.

N.B. It is of great importance that a unique P-code is allocated for each site, and recorded on the IRA form, as this code links all the data collected with the specific site in the analysis tool and automated reports. If the site already has a P-code established, record this code. In the event that a P-code has not been established prior to the site visit, the format 'ABC1-2' should be used in devising one, where 'A' is the first letter of the admin level 1 name, 'B' is the first letter of the admin level 2 name, 'C' is the first letter of the admin level 3 name, 'I' is the team identifier, and '2' represents the site being assessed. So, if the site is the 8th to be visited by team 3, in District X (admin level 3) in Province Y (admin level 2) in the country Utopia (admin level 1), the P-code would be UYX3-8.

Field teams should be aware that in most cases this analysis will be reviewed at coordination level in the light of comparable data from other sites, comparison with normal conditions for the affected area and national and/or international benchmarks for crisis situations.

ANNEX A : Recommended further reading

Category	Reference	Link
Assessment (General)	IFRC (2005). Guidelines for Emergency Assessment. International Federation of Red Cross and Red Crescent Societies, Geneva.	http://tinyurl.com/6c2lr9
	Smillie I, Minear L (2003). The Quality of Money: Donor behaviour in humanitarian financing. TuftsUniversity.	http://tinyurl.com/5maam8
	Sphere Project (2004). Humanitarian charter and minimum standards in disaster response.	http://tinyurl.com/4mqqmc
	UNHCR (2006). The UNHCR Tool for Participatory Assessment in Operations.	http://tinyurl.com/6c7kq6
	Darcy J, Hofmann CA (2003). According to Need? Needs Assessment and Decision-Making in the Humanitarian Sector. HPG Report no. 15. ODI, London.	http://tinyurl.com/5lnvk9
Population and Demography	Burnham G, Hill, K et al. (2003). Demographic Methods in Emergency Assessment. A Guide for Practitioners. Center for International Emergency, Disaster and Refugee Studies and the Hopkins Population Center.	http://tinyurl.com/6l63fq
	Grais RF, Coulombier D, Ampuero J, Lucas MES, Barretto AT, Jacquier G, Dias F, Balandine S, Mahoudeau C, Brown V (2006). Are rapid population estimates accurate? A field trial of two different assessment methods. Disasters 30 (3): 364-376	http://tinyurl.com/6xbz37
	Noji E K (2005). Estimating population size in emergencies. Bull World Health Organ.83 (3): 164-164.	http://tinyurl.com/6ymbv6
	Telford J, Gibbons L, Van Brabant K (1997). Counting and Identification of Beneficiary Populations in Emergencies: registration and its alternatives. Good Practice Review 5. ODI, London	http://tinyurl.com/59c4gv
Protection	Paul D (1999). Protection in Practice: Field-Level Strategies for Protecting Civilians from Deliberate Harm. RRN Network Paper 30. ODI, London.	http://tinyurl.com/5mdgwl
	Slim H, Bonwick A (2005). Protection - An ALNAP guide for humanitarian agencies.	http://tinyurl.com/6z5vhw
	Global Protection Cluster Working Group 2008. Handbook for the Protection of Internally Displaced Persons.	http://tinyurl.com/5rtuc6
Gender	IASC (2006). Women, Girls Boys & Men. Different Needs – Equal Opportunities. IASC Gender Handbook in Humanitarian Action	http://tinyurl.com/5wvaq5
Sites and shelter	Corsellis T, Vitale A (2005). Transitional settlement: displaced populations. University of Cambridge Shelter Project, Cambridge / Oxfam Publishing, Oxford.	http://tinyurl.com/6lmxhb
	UNHCR (2007). Handbook for emergencies. 3rd Edition. UNHCR, Geneva.	http://tinyurl.com/6lo3ov
WASH	Almedom A, Blumenthal U, Mandeson L (1997). Hygiene evaluation procedures: approaches and methods for assessing water- and sanitation-related practices. IT Publications, London.	http://tinyurl.com/5jetrf
	Harvey PA, Baghri S, Reed RA (2002). Emergency sanitation: assessment and programme design. WEDC, Loughborough.	http://tinyurl.com/6aorwa
	House S, Reed R (2004). Emergency water sources: guidelines for selection and treatment. WEDC, Loughborough.	http://tinyurl.com/6dpfa8
	Wisner B, Adams J (2005). Environmental Health in Emergencies and Disasters. WHO Geneva	http://tinyurl.com/6j4bpc
Nutrition and Food Security	Save the Children UK (2004). Emergency Nutrition Assessment: Guidelines for Field Workers. London: Save the Children UK	http://tinyurl.com/5wxjps
	Young H, Jaspars S (2006). The Meaning and Measurement of Acute Malnutrition in Emergencies: A Primer for Decision-makers. Overseas Development Institute, Humanitarian Practice Network.	http://tinyurl.com/5vujf9
	WFP (2004). Emergency Food Security Assessment Handbook, 1st edition. WFP Rome. 2nd edition expected 2008	http://tinyurl.com/646w5o
Health	Checchi F, Roberts L (2005). Interpreting and using mortality data in humanitarian emergencies: A primer for non-epidemiologists. Humanitarian Practice Network (HPN) Network paper no. 52, September 2005. ODI, London.	http://tinyurl.com/6xjzu4
	MSF, Epicentre (2006). Rapid health assessment of refugee or displaced populations 3rd edition. Paris	http://tinyurl.com/5mjkzp
	WFP & CDC. Measuring and interpreting malnutrition and mortality, 1st edition. WFP Rome & CDC Atlanta. 2nd edition expected 2008	http://tinyurl.com/5ednuo

ANNEX B : Data collection & recording notes for IRA form

SUMMARY	IDENTIFICATION INFORMATION	
Question	Data collection sources and methodologies	Key data issues and recording
	Observation: Observe the boundaries of the site. *KII*: Consult local authorities and/or KI with expertise and familiarity with the local context and the affected population (e.g., NGOs, CBOs). *Mapping*: Mark site boundaries on a map.	For the crisis history and outlook, careful selection of key informants is essential to minimize risk of bias. Make sure that marginalized groups are represented in population figures (and the IRA more broadly). Consider possible reasons for deterioration in humanitarian conditions including security, constraints to access to essential services, possible new population influx, etc.

SECTION I	POPULATION DESCRIPTION	
Question	Data collection sources and methodologies	Key data issues and recording
1.3, 1.4	Sources of population estimates will vary depending on local circumstances. If displacement is not occurring, official government figures (or in stable camp settings, registration figures) may be adequate. However, migration may necessitate that other tools designed for disaster assessments be used, such as counting people as they cross at border points or doing estimations by air. In the absence of data, informed assumptions can be made about the size of age-gender groups.	Estimates of the size of the affected population can be subjective, politicized and challenging to establish accurately. Make sure that marginalized groups are represented in population figures (and the IRA more broadly). Triangulation and careful key informant selection are absolutely essential. Understanding relations between displaced and host community requires talking with appropriate KIs from each.

SECTION 2	SHELTER AND ESSENTIAL NON-FOOD ITEMS	
Question	Data collection sources and methodologies	Key data issues and recording
2.2, 2.3	*Informants*: local and traditional authorities, community members, organisations providing shelter and essential non-food items if present *Observation*: take the time to go into shelters to observe conditions directly. Visit at least 10 individual shelters at each site to get an understanding of average conditions.	Shelter is more of a concern where crisis-affected households have lost or migrated away from their homes and are seeking shelter either in public or pre-existing buildings (mass shelter) or in temporary structures, than in situations where they are residing with host households. Shelters belonging to the host families with whom displaced people have temporarily settled should be counted separately.
2.4	*Informants*: community members, community health workers, local authorities, households *Observation*: household visits	Check also whether or not these items are available on the local market and, if so, if they are affordable

SECTION 3	WATER SUPPLY, SANITATION AND HYGIENE	
Question	Data collection sources and methodologies	Key data issues and recording
3.2	*Informants*: local authorities, individuals responsible for water supply and sanitation if present.	Try to identify critical problems that may lead to a breakdown in existing services, as well as local capacities that should be supported rather than substituted for.
3.3.1 - 3.3.4	*Informants*: local authorities, local community members, people responsible for water supply, if present. This might include water utilities managers, technicians, water-committee members. Cross-check with observation. *Observation*: observe the condition and use of water sources.	Protected open wells and springs are constructed so as to minimise the risk of contamination of the water at source. If the protection is damaged and not effective, record the water source as unprotected. Water provided by tankers and traditional water sellers may come from one of the sources on the site, in which case the water transported should not be counted twice.
3.3.5	*Informants*: people responsible for water supply, if present. Cross-check using KII with community members regarding continuity of water supplies *Observation*: look at any available records for changes in availability over time, reports of recent pump failures, visual evidence of unreliable water equipment.	Water supplies may be at risk of a drop in availability for a number of reasons, including seasonal variations, gradual consumption of non-replenished sources and failures in pumping systems (due to mechanical breakdowns, interruption of fuel supply or loss of staff) and interruption of tankered supplies. Security incidents may cut the population off from the water source.
3.3.6	*Informants*: at water points (ask a number of people to ensure speaking with people who live at different distances from the water point) *Observation*: observe the volume of water containers filled by a sample of people at the water point and ask them in the KII about the number of people in the household *Measurement*: the volume of non-standard water containers may need to be measured	Water consumption figures from a number of interviews of people collecting water and/or at household level should be used to answer this question. It will be compared during analysis with an average figure calculated from the population at the site and the estimated quantity of water available for the whole population.
3.3.7	*Informants*: at water points (ask a number of people to ensure speaking with people who live at different distances from the water point) *Observation*: observe water collection points and time how long it takes for individuals to move to the front of the queue, fill their water container and leave, from the time they arrive. Do this at peak times and off-peak times if possible	There will probably be a very wide range of responses to this question, depending on how far different informants live from the water point, what water-storage capacity they have, which family members collect water etc Look for people who may be excluded from the most convenient and obvious water points and who may be forced to go out from the site to collect water.
3.4.1	*Informants*: community members and health-care workers, community health workers, teachers and local authorities	Ask this question in a number of different places and ask a range of informants to build up an overall idea of the proportion of people using different places to defecate.
3.4.2 - 3.4.6	*Informants*: community members, health-care workers, community health workers and local authorities *Observation*: open ground and toilets (if any) during a transect walk *Counting*: toilets and households in sample areas of the settlement, where possible	If interviewing community members, ask about the number of people in their family, whether they have access to a toilet and, if so, if they share it with other people and, if so, how many. Repeat this set of questions in different areas of the settlement to get a rough estimate. Verify KII data with observation of the environment to check for signs of defecation in the open and to see whether any toilets existing are used

3.4.7	*Observation:* environmental health conditions during a transect walk	Look around the back of shelters/houses and toilets, in areas where there is vegetation. A judgment will have to be made about whether or not the presence of faeces is significant. It is likely that conditions will deteriorate rapidly in sites where there are inadequate toilets and waste-disposal systems. This should be taken into account in reporting.
3.5	*Informants:* community members, community health workers, local authorities, households *Observation:* household visits *Informants:* at household level and at water points *Observation:* at household level *Measurement:* the volume of non-standard water containers may need to be measured	Check also whether or not these items are available on the local market and, if so, if they are affordable It is important to take time to ensure that the number and volume of water containers in the households interviewed and observed are correctly ascertained and verified. This is an easy question to get wrong if care is not taken.

SECTION 4	FOOD SECURITY AND NUTRITION	
Question	Data collection sources and methodologies	Key data issues and recording
4.2	*Informants:* Key informants are suggested in left column.	Try to identify critical problems that may lead to a breakdown in existing services, as well as local capacities that should be supported rather than substituted for.
4.3, 4.6	*Informants:* National focal institution for humanitarian or food assistance, UN/NGOs working in humanitarian response or food assistance *Informants:* Focus groups of community members, and ensure that men, women and older children are represented if possible	
4.4, 4.5	*Observation:* Observation of food stocks at household level	
4.7 - 4.10	*Informants* UN/NGOs working in humanitarian response, Health facility staff	

SECTION 5	HEALTH RISKS AND HEALTH STATUS	
Question	Data collection sources and methodologies	Key data issues and recording
N.B. Please note that some of these data have to be gathered at health facility level. They are listed in this section, however, because they inform about the health status of the population and not the health facility.		
5.2, 5.3	Health facility staff, registrars, community leaders	Look to see if the health facility has patient records to monitor the types of patients and recorded diseases. The Early Warning system includes the reports sent by the clinic to the central level on the diseases registered at the facility. This monitors disease trends in the area of the clinic. Informants should represent a variety of sub groups that are affected differently by the health system, particularly women.

SECTION 6	HEALTH FACILITY ASSESSMENT	
Question	Data collection sources and methodologies	Key data issues and recording
6.1.2	Community leaders, health staff in the affected community	Facility types can include small rural health posts that have very basic services, a health centre or polyclinic that will have a variety of services and specialties, district level hospitals and central level hospitals which may have special surgery capabilities. Facility type can also include mobile clinics and camp based clinics run by NGOs.
6.1.7, 6.1.8	Health facility staff, groups discussion among community members	
6.1.9, 6.1.10	Health facility staff	Referral mechanisms include transport to facility and/or to a higher level facility. It can also include communication. This is often a barrier due to lack of roads, vehicles and cost.
6.1.11	Health facility staff, groups discussion among community members	The community may seek their health care from traditional healers or community health workers within the community and not at a formal health facility.
6.2.1	Health facility staff, observation	
6.2.2	Health facility staff	Essential equipment can include sterilization equipment, refrigerator for vaccines, stethoscope, bowls, delivery beds for birth, normal examination beds, etc. Ask the health staff to determine this resource. Look around the facility and see if there are boxes to put sharp items such as needles and blades. Also look around to see if there are used needles or sharp items lying around on the countertops.
6.2.3, 6.2.4	Health facility staff, pharmacist	Essential drugs are what is used to treat the most common diseases. This could include drugs for malaria, antibiotics for respiratory tract infections and other infections (amoxicillin), oral re-hydration salts for diarrhoea, paracetamol, and vitamins such as zinc and iron. Also note if the drugs are out of date or in a language different to their own. Also, try to understand if the drug management system is functioning. Consumables are things like gloves, bandages, needles, syringes, tape etc.
6.3	Health facility staff, NGO staff	Check the box if the service is available at the health facility. Ask the health staff about each of these services. If there is *no HF at the site,* complete only section A (green) of the form.. When assessing a *primary facility,* complete section B (yellow) of the form.. When assessing a *secondary or tertiary facility,* complete both sections B and C (yellow and red) of the form.

ANNEX C : Recommended pre-crisis secondary data & information checklist

Area	Data
Demographics	Total population, # children <5 years, # children <18 years, # primary school age children (5-12 years)
	Average household size and structure (e.g., if polygamous)
	# and distribution of refugees, internally displaced persons and host community, and relations between host and displaced communities (where applicable)
	Duration to date and expected length of displacement
	Potentially relevant religious, linguistic and ethnic factors
	Gender roles (especially as relates to economic activities and access to services)
	# female- & child-headed households
Shelter	% HH by different types of shelter
	Availability of shelter materials (buildings, tents, sheeting, etc.) for temporary shelter construction
	Environmental exposure and temperature that may affect shelter needs
	Existence and use of national policies/protocols about land, settlement and shelter
Water supply, sanitation and hygiene	% HH with access to safe drinking water
	% HH with access to improved drinking water
	Traditional hygiene, excrete and solid waste disposal practices, and menstruation practices
	% HH with access to safe excreta disposal practices
	Solid waste disposal practices and services
Food security and livelihoods	Pre-crisis livelihoods context: livelihood and agro-ecological zones, land use, production, seasonal and agricultural calendar, major economic activities and response strategies
	Income/capita, poverty mapping and % population below poverty line
	Food access strategies (preferably by livelihood group)
	Use of national and international policies/protocols and standards for food consumption and food program implementation
Nutrition	Severe acute malnutrition (< -3 z-scores wasting and oedema) 6-59 months (disaggregated by age and gender if possible)
	Global acute malnutrition (< -2 z-scores wasting and oedema) 6-59 months (disaggregated by age and gender if possible)
	% oedema 6-59 months (disaggregated by age and gender if possible)
	% underweight (moderate + severe, severe) 6-59 months (disaggregated by age and gender if possible)
	% stunted 6-59 months (disaggregated by age and gender if possible)
	% infants with low birth weight
	% pregnant women with MUAC < 21 cm
	% adults with BMI < 18.5
	% women with anaemia, % pregnant women with anaemia
	% children 6-24 months with anaemia
	% vitamin A deficiency in children
	% of vitamin A coverage in children
	% women receiving vitamin A supplement after delivery
	% HH consuming adequately iodized salt
	Existence and use of national and international nutrition policies and protocols (e.g., therapeutic and supplementary feeding, foods for PLWHA)
	% of all children <5 years covered by general food distribution
	% children <5 years with moderate acute malnutrition covered by supplementary feeding programs
	% children <5 years with SAM covered by TFCs/CTCs and number of TFCs/CTCs
	Number of admissions and discharge from TFCs/CTCs and SFPs and trends
	Availability of nutrition program supplies (BP5, anthropometric equipment, TFC kits, SFP kits (wet and dry), RUTFs, cooking kits, vitamin A, multi-micronutrients, iron folate supplements, CSB or other supplementary foods, ORT/ORS, therapeutic milks)
	% of children <5 yrs covered by growth monitoring
Infant and Young Child Feeding	% infants 0-<6 months who are exclusively breastfed
	% infants 0-<6 months who are not given breastmilk
	% mothers who initiate breastfeeding within one hour of delivery
	% infants who begin complementary foods by six months of age
	% of children breastfed with complementary foods (6-9 months)
	% of children still breastfeeding (20-23 months)
	Weaning practices and presence of inappropriate or dangerous infant and young child feeding practices, for example early or late introduction of complementary foods, using inappropriate complementary foods, using unsafe water to prepare infant formula, excessive use of infant bottles etc.
	Use of national and international policies and protocols on breastfeeding and breastmilk substitutes

Area	Data
Health	Crude mortality rate
	Infant mortality rate
	Under five mortality rate
	Top five "normal" (pre-crisis) causes for mortality U5/>5
	Maternal mortality rate
	Prevalence of malaria
	% HH in malaria risk areas using effective malaria prevention (children <5 who sleep under ITNs)
	% HH in malaria risk areas using effective malaria treatment (children <5 who are appropriately treated)
	Prevalence of tuberculosis
	Top five causes of morbidity U5 & >5
	ORT use rate
	Major outbreaks in last 2 years (e.g., cholera, measles, meningitis, bird flu) and # affected
	Where do people most often seek treatment for illness
	Role of private health service providers
	Most common barriers to access to health services
	% HH with access to primary health services
	# primary health care facilities per 10,000 population
	# secondary health care facilities per 30,000 and # tertiary facilities per 150,000 population
	# health centres providing post rape care
	# doctors per capita (% m/f) and # nurses per capita (% m/f)
	# CHWs per 500-1000 population, # TBA per 2000 population, # Trained EPI workers and # Community HC supervisor per 10 home visitors (total and % m/f for each)
	EPI equipment available, e.g., such as refrigerators, cold boxes, vaccine carriers, ice packs, freezers, thermometers, transport for EPI use (cars, motorbikes, boats, other, specify), fuel for refrigerators/vehicles
	# doses available by vaccines (measles doses, polio doses, DPT3 doses)
	Quantities of essential drugs available: ORS, ACT, ITNs
	% of 1 yr old children immunized against measles / DPT / Hepatitis B / Polio / TB
	% of pregnant women fully immunized against tetanus
	Antenatal care coverage
	% births attended by skilled birth attendants
	Prevalence of HIV (15-49 year olds)
	Existence and coverage of ART and PMTCT
	Use of national/international protocols in treatment for – malaria, diarrhoea, ARI, malnutrition
	Fees for service policies – consultations, drugs, laboratory exams
	Is there a Minimum Package of activities for Primary health Care, and what does it include (e.g., curative services, child immunisations, health education, antenatal and postnatal care, growth monitoring, family planning)
	Availability of a list of essential drugs and year of latest update
	Status of National Health Information System – % timeliness, % completeness
	Which diseases are reported month (e.g., watery diarrhoea, bloody diarrhoea, measles, polio, meningitis, malaria, yellow fever, ARI, TB)
Child protection and education	# of children in institutions (e.g., orphanages, boarding schools, prisons) and # and location of those institutions
	# of street children
	# of separated and unaccompanied refugee children by camp location
	orphans in families as % of child population
	Status of national laws protecting particularly vulnerable groups of children
	Pre-existing patterns of gross systematic violations of child rights – children killed/targeted; recruited as child soldiers; victims of sexual violence; abuse and exploitation; landmines
	Pre-existing patterns of sexual gender based violence
	% adult literacy average/M/F
	Net primary school enrolment av./m/f
	Net secondary school enrolment av./m/f
	# primary schools, # secondary schools
	# qualified primary teachers (total/m/f), # qualified secondary teachers (total/m/f),
	# qualified non-formal teachers (%m/f), # qualified para-professional teachers (%m/f)
	Status of policy regarding emergency education curriculum
	Status of policy on language of instruction
	Yearly requirements of primary school materials/equipment and sourcing
	General trends in physical conditions of the schools – i.e. degree to which they will withstand emergency and potential as centres for integrated services
	General trends on position of teachers in the community and leadership potential
	Existing centres/services organising adolescents and potential to mobilise these in a crisis response
Practical and Operational Considerations	*Security:* Security situation
	Transport: Road conditions, Distances required for travel
	Communications: Existence and effectiveness of channels of communications (e.g., radio, leaders)
	Physical environment: Physical and ecological characteristics (affecting operations)
	Facilities/resources: Availability and state of health and nutritional facilities
	Availability of essential equipment/materials