HPG Report 15
September 2003

Humanitarian Policy Group
HPG Report

According to need?

Needs assessment and decision-making in the humanitarian sector

Researched, written and published by the Humanitarian Policy Group at ODI

James Darcy
Charles-Antoine Hofmann

About HPG
The Humanitarian Policy Group at the Overseas Development Institute is dedicated to improving humanitarian policy and practice. It conducts independent research, provides specialist advice and promotes informed debate.

odi

Britain's leading independent think-tank on **international development** and **humanitarian issues**

Overseas Development Institute
111 Westminster Bridge Road
London SE1 7JD
United Kingdom

Tel: +44 (0) 20 7922 0300
Fax: +44 (0) 20 7922 0399

ODI e-mail: odi@odi.org.uk
HPG e-mail: hpg@odi.org.uk
Website: www.odi.org.uk

The authors

James Darcy is a Research Fellow with the Humanitarian Policy Group at ODI.

Charles-Antoine Hofmann is a Research Officer with HPG.

The research team

Adele Harmer is a Research Officer with HPG.

Andre Griekspoor (Emergencies and Humanitarian Action Department, WHO) is an adviser on health issues (Southern Africa study and main report).

Fiona Watson (NutritionWorks) is an independent consultant on food security (Southern Africa study and main report).

Mark Bradbury is an independent consultant. He was team leader for the field study on Southern Sudan and Somalia.

Stephanie Maxwell is an independent consultant on food security (Sudan/Somalia study).

Abigail Montani is an independent consultant on internal displacement (Sudan/Somalia study).

Dineke Venekamp is an independent consultant on health issues (Sudan/Somalia study).

Chris Johnson is an independent consultant (Afghanistan study).

Moira Reddick is an independent consultant (study on rapid-onset disasters).

Jeremy Shoham (NutritionWorks) is an independent consultant on food security (main report).

Acknowledgements

Much assistance was given to the study by a range of individuals and organisations in addition to those named above. The ODI team would like to thank in particular the members of the advisory group for the study and others who gave particular help: Allessandro Colombo and colleagues in the Emergencies and Humanitarian Action Department of WHO; Maurice Herson and Nicola Reindorp of Oxfam; Egbert Sondorp of the London School of Hygiene and Tropical Medicine; Malcolm Smart and Anita Toscano of DFID; Peter Billing of ECHO; Hisham Khogali and John Watt of IFRCS; Richard Blewitt and Caroline Ford of the British Red Cross; Craig Sanders of UNHCR; Austen Davis of MSF Holland; David Harland, Magda Ninaber, Wendy Cue, Lyle Bastin and Mark Bowden of OCHA; Anita Menghetti and Anne Ralte of USAID; Valerie Guanieri and Charisse Tillman of WFP; Nicholas Stockton; Dawn Stallard; Gerry Dyer and Christian Skoog of UNICEF; Judith Randel (Development Initiatives); and Larry Minear and Ian Smillie (Humanitarianism and War Project, Feinstein International Famine Center, Tufts University).

Others who gave their time and assistance are listed in the separate reports of the case studies. Many thanks also to colleagues in the Humanitarian Policy Group at ODI, in particular Joanna Macrae, for invaluable help in drafting and editing the various materials. The views expressed in the study reports were informed by discussion with the individuals named above, but do not necessarily reflect the views of those individuals or of their organisations. The study was funded by contributions from the UK Department for International Development (DFID), the European Community Humanitarian Office (ECHO), and the Australian government (AusAID).

Humanitarian Policy Group
Overseas Development Institute
111 Westminster Bridge Road
London
SE1 7JD
United Kingdom

Tel: +44(0) 20 7922 0300
Fax: +44(0) 20 7922 0399
Website: www.odi.org.uk/hpg
Email: hpgadmin@odi.org.uk

ISBN: 0-85003-673-9

Contents

List of acronyms 1

Preface 3

Executive summary 5

Chapter 1 Introduction and background 9
1.1 Overview 9
1.2 Background 10
1.3 Study background and methodology 11
1.4 Structure 11

Chapter 2 Conceptual issues 13
2.1 Concepts, definitions and frameworks of analysis 13
2.1.1 Defining the humanitarian agenda 13
2.1.2 What is the aim of humanitarian action? 13
2.1.3 Defining 'humanitarian crisis' 14
2.1.4 Defining 'humanitarian need' 16
2.1.5 Other bases for analysis: risk, vulnerability, capacity 17
2.2 Analytical frameworks and conceptual models 20
2.3 Relief, development and the institutional divide 20
2.4 Rights and needs 22
2.5 Conclusions 23

Chapter 3 The practice of needs assessment 25
3.1 The nature and purpose of assessment 25
3.1.1 Formal and non-formal assessment 25
3.1.2 The purpose of assessment 26
3.1.3 Elements and subject matter of assessment 26
3.1.4 'Formal' assessment: systems, techniques and levels of analysis 27
3.1.5 Assessment in context 30
3.2 Population figures, targeting and 'vulnerable groups' 30
3.2.1 Demographics and establishing numbers 30
3.2.2 Vulnerable groups and targeting 31
3.3 Assessing food security and nutrition 32
3.3.1 Clarifying terminology 36
3.4 Health-related assessment 36
3.4.1 The subject matter of health assessments 38
3.4.2 Health assessment methodologies 40
3.4.3 Assessments, surveillance and health information systems 41
3.4.4 Emergency thresholds 41
3.5 Assessing physical security and the need for protection 41
3.6 Coordination and the process of assessment 43
3.6.1 Individual and joint assessments 43
3.6.2 Coordination within and across sectors 44
3.6.3 Sectoral task forces: generating expert consensus 44
3.7 Criteria for good needs assessment 45

Chapter 4 Needs analysis and decision-making 47
4.1 Decision-making criteria and organisational interests 47
4.2 Factors in decision-making about humanitarian response 48
4.2.1 Political and other extraneous factors 48
4.2.2 Development strategies and aid policy 51
4.2.3 Mandate, capacity, access, security 51
4.2.4 Needs analysis in decision-making 52

4.3 Management and information 52
4.3.1 Management information and decision-making 52
4.3.2 Information sources and systems 53
4.3.3 Trust and the credibility of evidence 56
4.3.4 A 'Humanitarian Index'? 57
4.4 Triggers to response and 'exit' indicators 58
4.5 Prioritisation, the CAP and the coordination of decision-making 60

Chapter 5 Conclusions and recommendations 63
5.1 Needs and risk analysis 63
5.1.1 Thresholds and criteria for response 63
5.1.2 Forms of analysis 63
5.2 The practice of needs assessment 64
5.2.1 Data collection and management information 64
5.2.2 Consultation and assessment of the capacity of affected people and local authorities 64
5.2.3 Assessing food security 64
5.2.4 Assessing health and nutrition 65
5.2.5 Protection and security assessment 65
5.2.6 Establishing numbers affected and demographic data 65
5.2.7 Establishing consensus on the analysis of risk 65
5.2.8 Investing in assessment 65
5.2.9 Coordination of assessment 65
5.3 Needs analysis and decision-making 66
5.3.1 Decision-making criteria and comparing relative severity 66
5.3.2 Prioritisation and the CAP 66
5.3.3 Sharing the results of assessments 66
5.3.4 Objectivity and independent assessment capacity 66
5.3.5 Monitoring, evaluation and assessment 66
5.4 Recommendations 67

Bibliography 71

List of acronyms

ACF	Action Contre la Faim
ANA	Annual Needs Assessment
AusAID	Australian Agency for International Development
BPRM	Bureau for Population, Refugees and Migration (US government)
CA	Consolidated Appeal
CAP	Consolidated Appeal Process
CFSAM	Crop and Food Supply Assessment Mission (FAO/WFP)
CHAP	Common Humanitarian Action Plan
CMR	Crude Mortality Rate
CRS	Catholic Relief Services
DAC	Development Assistance Committee (OECD)
DART	Disasters Assessment and Response Team (USAID)
DFID	Department for International Development (UK government)
DRC	Democratic Republic of Congo
ECHO	European Commission Humanitarian Aid Office
EMOP	Emergency Operation (WFP)
EPI	Expanded Programme of Immunisation
ERC	Emergency Response Coordinator (UN)
EU	European Union
FANR	Food, Agriculture and Natural Resources Sector
FAO	Food and Agriculture Organisation
FEWS	Famine Early Warning System (USAID)
FFW	Food for Work
FSAU	Food Security Assessment Unit (Somalia)
GAM	Global Malnutrition Rate
HC	Humanitarian Coordinator (UN)
HEA	Household Economy Approach
HIC	Humanitarian Information Centre
HIS	Health Information System
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IFI	International financial institution (World Bank, IMF)
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organisation
IMF	International Monetary Fund
IRC	International Rescue Committee
IRIN	Integrated Regional Information Network (UN OCHA)
ITAP	Immediate and Transitional Aid Programme to Afghan People
MDM	Médecins du Monde
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
ODA	Official Development Assistance
ODI	Overseas Development Institute
OECD	Organisation for Economic Cooperation and Development
OFDA	Office of Foreign Disaster Assistance (USAID)
OLS	Operation Lifeline Sudan
PRA	Participatory Rural Appraisal
PRRO	Protracted Relief and Recovery Operation
RAP	Rapid Assessment Process
RC	Resident Coordinator (UN)
SACB	Somalia Aid Coordination Body
SADC	Southern Africa Development Community
SC (UK)	Save the Children UK
SMART	Standardized Monitoring and Assessment of Relief and Transition
SPLM/A	Sudan Peoples Liberation Movement/Army

UNCU	UN Coordination Unit (Somalia)
UNDP	UN Development Programme
UNDAC	UN Disasters Assessment and Coordination mechanism
UNFPA	UN Population Fund
UNHCR	UN High Commissioner for Refugees
USAID	US Agency for International Development
VAC	Vulnerability Assessment Committee
VAM	Vulnerability Analysis and Mapping
WFP	World Food Programme
WHO	World Health Organisation

Preface

This report records the results of a year-long study on the link between needs assessment and decision-making in the humanitarian sector. The study derives from an existing HPG initiative and from the Humanitarian Financing programme commissioned by the Montreux Group of donors, funded by the UK's Department for International Development (DFID), the European Commission Humanitarian Aid Office (ECHO) and the Australian government's overseas aid department AusAID. It is based primarily on the results of a series of case studies, the reports on three of which (on South Sudan/Somalia, Southern Africa and Serbia) can be accessed through the ODI website, at www.odi.org.uk/hpg. Much of the detailed evidence for the conclusions reached in this report is contained in the case studies. These were supplemented with a range of interviews with agencies, donors and others, and a review of relevant documentation and secondary sources.

The focus of the study has been on the international humanitarian system, understood here to comprise governmental and multilateral donors, UN humanitarian agencies, the agencies of the Red Cross/Red Crescent Movement, and international NGOs. The relative lack of attention to the role of national or local authorities in the countries concerned does not imply that this is considered of secondary importance, but reflects the nature of the Humanitarian Financing initiative, of which this study forms one part. The other studies commissioned as part of this initiative look at donor behaviour ('The Quality of Money') by the Humanitarianism and War Project at Tufts University; global trends in humanitarian financing ('Global Humanitarian Assistance 2003') by Development Initiatives; and the implications of the changes in humanitarian financing for the UN, conducted by a team at the International Policy Institute at King's College, London University.

This study is broad in scope, which means that it has not been possible to explore many of the issues involved in the depth they deserve. Further investigation into many of these areas is certainly warranted, and some of the recommendations made require more detailed elaboration before they could be put into practice. The report attempts to highlight the issues believed to be most important in this field, and to indicate ways in which they might be addressed. In that sense, it seeks to map out an agenda rather than provide a set of detailed prescriptions.

Executive summary

This report considers ways of achieving a more consistent and accurate picture of the scale and nature of the problems people face in humanitarian crises, and how to ensure that decisions about response are properly informed by that understanding. Three main problems underlie it: first, international humanitarian financing is not equitable, and amounts allocated across various contexts do not reflect comparative levels of need; second, there is no system-wide framework for judging the relative severity of situations and for aligning decisions about response accordingly; and third, donors are sceptical about agencies' assessments, while agencies doubt that objective assessment is central to donor thinking and decision-making.

The way in which needs are defined and prioritised has real-world implications for millions of people. Improving humanitarian needs assessment demands greater consistency in the way problems are framed, in terms of observable symptoms, proximate causes and acute risk factors. It also demands that assessment be given greater priority in practice. Improving assessment practice cannot of itself address the issue of inequitable resource allocation; but it is a necessary condition for effective prioritisation and appropriate response.

Concepts, definitions and thresholds for response

While there is no shared definition of the humanitarian agenda, the study found broad agreement around four related 'core' elements: the protection of life, health, subsistence and physical security. Although the humanitarian agenda cannot be reduced to these elements alone, they represent agreed priorities, and reflect a more general concern with alleviating suffering and preserving human dignity.

Just as the scope of the humanitarian agenda is undefined, so too is the concept of 'humanitarian need'. The term is used in at least three different senses:

1. To describe basic human needs.

2. To describe a lack of the above.

3. To describe the need for (a particular form of) relief assistance or some other humanitarian intervention.

These senses are often confused, and needs assessment tends to be conflated with the formulation of responses. Assessment typically is subsumed within a process of resource mobilisation, with assessments being conducted by agencies in order to substantiate funding proposals to donors. The concept of need as deficit, and consequent deficit-based analysis, reinforces the tendency to define need in terms of the goods and services on offer, which people are found to lack.

Instead of an analysis based on the ambiguous concept of need, the study recommends one based on acute risk, understood as the product of actual or imminent threats and vulnerabilities. Such an analysis, in relation to the four 'core' threats to life, health, subsistence and security, provides a stronger basis for analysis than need alone. In any case, it is evident that a clearer distinction is needed between the definition of the problem and the formulation of solutions to it.

Standards and thresholds

Different sets of standards and benchmarks are commonly used to gauge the severity of a situation and the response requirements. Some attempt to define minimum requirements for survival, while others represent benchmarks against which severity is measured. These standards and thresholds are not consistently applied, and do not constitute a set of universal benchmarks defining a common agenda. Moreover, the application of these standards demands that situations are consistently assessed against them, yet often the relevant data is not collected, or not in a form that allows comparison or reliable extrapolation. While data may be difficult to collect, the main reason for this deficiency is the lack of importance attached to collecting it.

Even where data is collected, standards are not consistently applied; the study found a tendency in contexts like southern Sudan to accept high levels of acute malnutrition as 'normal', and so not demanding the response that might be expected elsewhere. As a minimum, any indication that the relevant thresholds may have been exceeded should trigger further investigation. Interventions whose rationale is to prevent human catastrophe require models of analysis based on 'risk' indicators. The study found few clearly articulated conceptual models or frameworks of analysis, and those that exist (like the household economy approach) tend to have a particular sectoral focus.

Rights and needs

The study found examples where needs-based and rights-based approaches were portrayed as being in opposition, or where rights language was taken to have superseded needs language. Statements about needs and statements about rights are indeed quite different in kind – but the two are in no sense incompatible. A statement about need (or risk) may be essential to defining the 'what' of programming, and is of itself value-neutral, not a moral statement. In traditional humanitarian terms, it acquires moral force when the need is of a certain kind, by reference to the principle of humanity and the humanitarian imperative. A statement about rights involves a moral (and perhaps a legal) claim about entitlements, and is as significant for its identification of related responsibilities as for the rights claim itself, but it cannot be said to supersede the language of needs.

The need for protection

Physical security and the need for protection, specifically in conflict-related situations, is a critical aspect of basic human welfare. This includes freedom from violence or fear, from coercion, and from deprivation of the means of survival. The humanitarian protection agenda is not susceptible to the commodity-based approach that tends to characterise humanitarian assistance, nor to the kind of quantitative analysis that may underpin it. Risk analysis is essential.

While the need for protection cannot be easily quantified, in conflict-related situations an assessment of threats to the security of civilians should be considered the essential framework of analysis for the entire humanitarian response, both protection and assistance. However, this study found no satisfactory overarching method of assessing such risks. Assessment should provide an understanding of:

- the threats faced by civilians of the kind outlined above, and their causes;
- the link between threats to life, health and subsistence on the one hand, and security on the other;
- the dynamics of the political economy within which any intervention (protection or assistance) will be mounted; and
- the responsibilities of belligerents and others as stipulated in international humanitarian law and other relevant legal and normative frameworks.

The answers to these questions should inform decisions about whether and how to provide relief assistance, or to pursue strategies aimed at securing the protection of the civilian population. The success of any such strategy is likely to be contingent on the ability of the organisation in question to influence (directly or indirectly) those with the power to protect.

The practice of needs assessment

Good assessment practice is about having enough relevant information on which to base sound analysis and judgements about response. What constitutes 'enough' may depend on the context and the level of risk that people face. The study found that, in many of the most serious humanitarian situations, there was a lack of crucial information available to decision-makers, and the kinds of needs assessment required to generate this are conducted only sporadically. The result is that few situations are assessed as a whole, making prioritisation within and across contexts difficult. The same lack of data makes impact almost impossible to gauge.

Within the UN system, the task of ensuring that adequate assessments are conducted falls to the Resident/Humanitarian Coordinator or lead UN agency, working with OCHA. Given that a large proportion of assessment information comes from international NGOs, a system of coordinated assessment should be established that includes these agencies and relevant government bodies. For situations of greatest concern, it is recommended that the Inter-Agency Standing Committee should request progress reports from the Emergency Relief Coordinator at regular intervals.

The function of assessment

Assessment appears to inform decision-making in relation to four main questions: whether to intervene; the nature and scale of the intervention; prioritisation and allocation of resources; and programme design and planning. Formal needs assessments may also aim to force a decision by others, to influence the nature of others' decisions, or to verify or justify decisions already taken.

The results of formal assessments, involving systematic data collection and analysis, derive their validity from the methods used and the way they are applied, rather than from the judgement of the individual. In practice, questions about validity and accuracy often surround the results of such assessments; error and bias are hard to exclude, and confidence intervals for the data produced may be wide. Additionally, the interpretation of the results and the conclusions based on them may be highly subjective according to the observer, their frame of reference and the other information available.

The study found that formal assessment was not the only or even the most important trigger for response; indeed, interviewees for the study believed that the results of formal assessments were often marginal to the decisions taken. Formal assessment may not be the best use of resources, or the best means by which to judge trends. Many programme decisions in chronic situations are based on a 'rolling' review of programmes. While there may be no formal reassessment, a decision to continue, amend, or wind down a programme is made on the basis of such criteria as the success of the previous year's interventions and their continued relevance. This question of relevance can only be judged by reference to changes in the external environment, including changes in key indicators. Surveillance systems that allow such changes to be monitored are the essential complement to the use of cross-sectional surveys as an assessment tool. The study found that, in southern Africa and elsewhere, too little attention was given to surveillance.

Agencies and donors should not be prepared to operate without expanding and reviewing their evidence base over the course of their intervention, and to amend their responses accordingly. In practice, after the initial assessment and securing of funding, continuing or repeat assessment may not happen at all.

Coordination of assessments

The study found few examples where individual assessments were undertaken according to an agreed common strategy in an attempt to provide a complete picture of relative need. Agencies tend to assess situations in relation to their own

programmes, making it hard to generalise from results or to aggregate data. In general terms, the benefits of joint agency approaches to assessment – including consistency of results and the countering of individual agency biases – outweigh the disadvantages, which can include a tendency to cumbersome processes, the danger of creating false consensus, and the collection of data which remains unanalysed and therefore useless. It is vital that individual agencies are free to conduct their own assessments where necessary.

Multi-sectoral assessments raise rather different issues. The results of single-sector assessments may be hard to interpret on their own, and should be considered in the light of other available information. The study concluded that what is essential is not the use of combined methodologies (since approaches will necessarily vary between sectors) but the close geographic and temporal coordination of different sectoral assessments to allow the effective correlation of data.

Baseline data and demographic information

In the aftermath of rapid-onset disasters, there is frequently an absence of adequate baseline data against which to measure the impact of the disaster. Agencies report that they rely most upon their collective experience of responding to such disasters, and base planned responses upon informed estimates of need, known capacity to respond and available funding.

A related issue concerns demographic information. In conflict zones, unmonitored population growth, the war-related death toll, population displacements, mobile populations and impeded access can all make population estimates highly debatable. Population figures have a high political value, tend to be contested by political authorities, and may be distorted by other groups in order to increase resource allocations or deny others access. Uncertainty over population figures and demographic information constitutes one of the main barriers to accurate needs assessment. The development of field-based Humanitarian Information Centres and associated rapid-assessment methods should help to provide more reliable demographic data. This should be complemented by flexibly deployable specialist capacity and by the use of remote sensing and other relevant technology.

Vulnerable groups and targeting

The identification of vulnerable groups normally forms the basis for the targeting of interventions. The vulnerable group may be the entire civilian population, but in most cases vulnerability is more narrowly defined. The notion of the 'vulnerable group' – typically based on assumptions about socio-economic status – can introduce artificial distinctions which do not necessarily reflect the real needs of a population. Agencies and donors may concentrate resources heavily on a particular group while neglecting others. Not belonging to a 'vulnerable group' can itself be a major vulnerability factor. Assumptions about the needs and risks faced by particular groups may indeed be well-founded and based on previous evidence, but they should also be made explicit, and should be tested.

Consultation and assessment of capacity

Consultation with and the involvement of potential beneficiaries in the assessment process is inconsistent and sometimes absent altogether. An assessment of people's capacity to cope should state the risks to which they are most susceptible, and should differentiate more clearly the levels of risk faced, as a basis for determining appropriately prioritised and targeted responses. Any assessment must also consider the question of state and local capacity and responsibility. The extent of the need for supplementary or substitute services from the international humanitarian system will depend in part on the capacity and willingness of the controlling authorities to provide for the needs of the affected population. An awareness of the primary responsibility of those authorities for people's welfare, and the extent to which it is fulfilled, should inform every needs assessment.

Assessing food security and health risks

There is a wide range of approaches to the assessment of food security, and a wide variation in the methodologies adopted by different agencies to collect data, in the conceptual models against which this data is analysed, and in the kinds of conclusions reached.

The study reaches a number of conclusions about the various approaches:

- Overall food security assessments must provide a basis for determining a broader range of intervention options than is currently the case.
- As a minimum, there should be a common minimum data set for all agencies (raw data that all agree to collect).
- Common principles and minimum standards for emergency food needs assessment are desirable.
- Optimal and adaptable means of combining and coordinating nutrition and food security assessments need to be developed.
- Assessments should distinguish more clearly between situations where the primary rationale for food assistance is to save lives, and situations where the main rationale is to protect assets or livelihoods.

As with food security, health assessment methodologies vary widely, though there are well-established techniques based on epidemiological principles and medical practice. A lack of clear common objectives for health interventions was apparent, reflected in the nature of the assessments undertaken, which in the cases considered were often poorly coordinated. Greater leadership in this area from the established agencies in this field is required, specifically from WHO and UNICEF. These agencies could also play a stronger role in establishing basic health information systems, where national systems are not functioning.

Specialist working groups

More consistent collaboration amongst sectoral experts from different organisations working on a given situation would facilitate the prioritisation of response and resource allocation. Ad hoc working groups fulfil an essential function, and could be strengthened to allow more comprehensive sector-based assessments. The nominated heads of such groups could play an important role in cross-sectoral coordination and priority setting as part of the CHAP process.

General criteria for good assessment practice

The study identified the following general criteria for good assessment:

- Timeliness – providing information and analysis in time to inform key decisions about response
- Relevance – providing the information and analysis most relevant to those decisions
- Coverage – adequate to the scale of the problem
- Continuity – providing relevant information throughout the course of a crisis
- Validity – using methods that can be expected to lead to sound conclusions
- Transparency – being explicit about the assumptions made, methods used and information relied on to reach conclusions, and about the limits of accuracy of the data relied on.

In addition, good assessment practice would involve effective coordination with others, the sharing of data and analysis, and the communication of significant results.

Needs analysis and decision-making

Needs assessment, at least in the formal sense, often plays only a marginal role in the decision-making of agencies and donors. Assessment is often taken to be a 'front-end' process, which culminates in the design of a response and appeal for funds. Initial assessments, especially of rapid-onset or fast-evolving situations, depend as much on assumption, estimate and prediction as they do on observed fact. The checking of these assumptions and estimates should be considered essential. Monitoring is typically focused on the input–output equation of project management, rather than on assessment of the external environment and the changing nature of risks.

Overwhelmingly, needs assessments are conducted by operational agencies, often in order to substantiate a request for funding. This allows for the close correlation of needs analysis with the design and execution of responses, but raises major questions about objectivity of analysis. It also encourages supply-driven responses, and risks distorting the scale of the threat and the importance of the proposed intervention. The lack of independent 'reality checks' makes it difficult for the system to ensure that responses are appropriate, proportionate and impartial.

A wide range of factors influences decisions about humanitarian response, some of which are extraneous to the consideration of need – notably, the political interests of donors, and the marketing interests of agencies. This introduces biases into the analysis of situations and subsequent responses. The apparently mutual tendency of agencies and donors to 'construct' and 'solve' crises with little reference to evidence erodes trust in the system, and calls for a greater emphasis on evidence-based responses.

Gauging relative severity

There is arguably a need for a simple basis of comparison between humanitarian contexts. This study considered options for creating a humanitarian 'index', analogous to the Human Development Index, but prefers (on feasibility and cost grounds) an approach based on more consistent sector-based surveillance, including the routine measurement of mortality rates and the prevalence of acute malnutrition. Sectoral specialists should be encouraged to work together to determine relative priorities within and between their spheres of concern. Done consistently, this would foster greater consistency of usage and methodology, and more consistent application of common standards. This in turn would allow a greater degree of comparability between contexts.

Prioritisation and the CAP

In theory, the Consolidated Appeal Process provides the basis for coordinating and linking decision-making of agencies and donors. In practice, however, field-level coordination mechanisms tend to provide information about decisions already taken, or progress reports on existing programmes. Effective coordination between headquarters is the exception, and the triaging of responses happens largely through appraisal by individual donors of agencies' funding requests.

The CAP is not currently seen as an effective prioritisation mechanism. The appeal is constructed around agency projects (almost exclusively UN), and so does not reflect a process of issue-based or sectoral prioritisation between agencies, based on joint assessment and analysis. The way in which the appeal document is presented gives little sense of relative priorities. Donors' response to appeals reflects preferences for certain forms of response over others, and for certain geographic areas over others.

Although improvements in the CAP and CHAP have resulted in a stronger process of joint analysis, the sense persists of a disconnect between the analytical/strategic component and the related portfolio of agency projects. Developing the role of sectoral working groups would help to overcome some of the perceived weaknesses of the process, and strengthen its ability to establish priorities for response.

Chapter 1
Introduction and background

1.1 Overview

Putting into practice the humanitarian principle of impartiality – that assistance should be given on the basis of (and in proportion to) need alone – demands both an understanding of what constitutes 'need' and a way of measuring it consistently. This report explores whether and how a consistent analysis of needs informs the judgements that agencies and donors make when formulating and funding humanitarian responses. While a range of factors influences these decisions, this report assumes a common interest among agencies and donors in achieving more objective, needs-based decision-making. This sets the agenda for the study: to consider how to achieve a more consistent and accurate picture of the scale and nature of the problems people face in humanitarian crises, and how to ensure that decisions about response are properly informed by that understanding. It is assumed here as a working principle that the international humanitarian response to a given situation should be *proportionate* in scale and *appropriate* in nature to people's real needs in that situation.

The subject of humanitarian needs assessment, and the link between assessment and decision-making, is relatively under-explored. While a considerable amount has been written about the methodological and technical issues involved in assessment, less thought has been given to the basic *rationale* for assessment, the kind of information that is generated, and the way in which this is used in agency and donor decision-making. This study is concerned with these policy, management and process issues more than with the technical aspects of needs assessment, on which much work is being done elsewhere.[1] That said, it attempts to identify those methodological and technical issues that affect the ability of the international humanitarian system to prioritise its responses on the basis of reliable and comparable data.

This is not an 'academic' subject. The way in which needs are defined and prioritised has real-world implications for millions of people. As the system currently operates, need is largely *interpreted*, rather than defined and measured. This study does not suggest that the assessment process can be reduced to measurement; but while judgement and estimation are an inherent part of that process, they depend for their validity on a basis of fact. The following chapters consider the nature of the evidence available to decision-makers, and the criteria by which they judge what constitutes a proportionate and appropriate response to need in a given context.

[1]For example, the IASC Sub-Working Group on the CAP is currently engaged in exploring the frameworks by which needs are assessed, led by UNICEF and WHO.

While this study is critical, it recognises that, every day, skilled and dedicated staff are making well-reasoned judgements about appropriate response and relative priorities based on the available evidence and available resources. The critique contained in this study is concerned more with the system as a whole than with any one part of it. It attempts to explore simultaneously the agency and donor perspectives, and the interaction between them, since it is often this mutual perspective that determines how situations are characterised and responded to.

Considerable advances have been made in recent years in the ability of the humanitarian system to generate and disseminate information, helped in large part by advances in the field of information technology. The establishment of Humanitarian Information Centres, for example, in some recent major crises represents a significant step forward, and this has helped to counteract some of the inherent constraints to information management in this field: the problems of access, the fast-changing nature of the environment, and the extreme variations in the type and quality of information available. What is less clear is the extent to which the system – or the organisations that it comprises – uses the results in a way that enhances the quality of its interventions.

The value of systems of this kind depends on relevant information being generated, and on the quality of that information. Shortage of information may not be the problem – indeed, at certain times and at certain levels, managers receive more information than they can possibly assimilate, much of it undifferentiated. This study finds, however, that there is a critical shortage of essential management information in certain key areas, most strikingly in the areas of primary concern in the humanitarian sector: mortality rates, morbidity patterns, levels of acute malnutrition – and the key risk factors that contribute to these.

It is not the intention of this study to judge existing practice against 'ideal' criteria. The humanitarian enterprise, more than many areas of human endeavour, takes place in operating environments that fall far short of ideal, and where complex systems and complicated solutions tend to fail. This is not an argument for simplistic analysis, but a recognition that risk analysis and needs assessment in these environments is not an exact science. Good approximations, based on sound judgement, experience and analysis, are the basis of appropriate responses. But this in turn depends on having *enough* information of the right sort to work on. Determining what information is *not* needed may be as important in operational terms as determining what *is* – and the benefits of assessment, like every other sphere of activity, have to be weighed against its costs.

It cannot, of course, be assumed that even if 'ideal' information and analysis were available to managers,

responses would be universally proportionate and appropriate. Too many other factors – political, marketing and other – influence the relevant decisions, and the study considers the relative weighting of needs analysis in relation to these other factors. Structural and organisational biases tend to run counter to the principle of universality. These are an inherent feature of the system as it is currently constructed, and any effort to promote needs-based decision-making has to account for these biases and consider how they can be offset.

1.2 Background

This study forms part of the Humanitarian Financing Work Programme commissioned by the Montreux Group of humanitarian donors. The concept note for the initiative (DFID, 14 January 2002) sets out the concern that underpins this work:

We do not know the extent to which the international community is meeting the basic needs of the victims of humanitarian crisis. There is a perception … that there is a gap between needs and response or, at least, that more could be achieved with the resources available.

The note highlights the inequity of resource allocation, citing the discrepancy in humanitarian funding per capita in the former Yugoslavia ($166) and Eritrea ($2) in 1998. There are many other examples of massive discrepancies between resources allocated and apparent levels of need. Yet those needs are still more often stated than demonstrated.[2] While it cannot be assumed that a more consistent demonstration of needs would of itself lead to more consistent needs-based decisions, a more rigorous process of needs assessment would serve to highlight these discrepancies, providing a sounder basis for comparison and prioritisation, and for determining what *forms* of intervention are called for.

Determining what objective, needs-based decisions might look like is not a simple matter, since the scope for accurate measurement and analysis is often limited by circumstances – and because the 'needs' in question are not always susceptible of measurement. Indeed, judgement and estimation are at least as important as measurement. This report explores the implications of this: what does good judgement look like, and what is the basis for a reasonable estimate or prediction? One answer might be that good judgement is only recognised in retrospect: a good decision will generally lead to good results; a sound prediction is one that proves true. But the ability to gauge the impact of a given intervention is rudimentary, and attributing particular outcomes to particular decisions is problematic. Managers do not, in any case, have the benefit of hindsight when they are called upon to make decisions. Additional criteria are necessary to judge the characteristics of good judgement and good decision-making: that it should be timely, based on relevant evidence, or based on relevant experience from similar circumstances. This study sketches out possible criteria, and links these to the kinds of information and analysis that good needs assessment should generate.

Understanding the context in which interventions are made, and specifically how people attempt to cope with the threats they face, is likely to be crucial to effective intervention. Yet as analysts such as Alex de Waal and Barbara Harrell-Bond and others have pointed out, the ability of international agencies to understand the complex dynamics of the situations in which they intervene is in many cases limited. A medical analogy suggests itself here. Consider the options available to a physician in the nineteenth century. He knows relatively little about the system (the body) he is dealing with; is able to observe only a limited range of symptoms; and has a limited range of potential remedies. The international humanitarian system is arguably in an analogous position with regard to the problems it seeks to tackle. On the other hand, it could be argued that the more appropriate comparison is with the modern-day doctor or paramedic attending the victim of a road accident. S/he will indeed be (rightly) concerned with a limited range of symptoms and of short-term remedies – the overriding concern being with keeping the patient alive and stable. What is needed here is *not* a comprehensive medical assessment.

This study is concerned with the ability of the humanitarian aid system to 'diagnose' with reasonable accuracy and consistency; but following the medical analogy, the validity of the diagnosis can only be evaluated in relation to the actual fate of the patient. This demands that assessment be considered as an ongoing process throughout the period of crisis; and that it be considered in relation to decisions about responses and the impact of those responses. Modern medicine has seen an increasing demand for evidence-based practice, encouraging the use of procedures that have been shown to work. The humanitarian aid system has to date faced comparatively little pressure to demonstrate that its interventions are evidence-based, even in the more limited sense of being based on known facts about the scale and nature of the problem it is tackling. That said, the demand for accountability against results achieved for the funds invested – a demand for both effectiveness and efficiency – is growing; and it seems likely that the demand for evidence will grow accordingly.

Whether or not the medical comparison is accepted, most of those interviewed for this study felt that knowledge and evidence were not the main limiting factors to appropriate humanitarian response; rather, it was the will (political, organisational) to act on that knowledge, and to deploy the necessary resources to tackle problems using the best available solutions. In considering the practice of needs assessment, this study does not assume that ignorance – or the poor quality of assessments – is the main obstacle to appropriate response.

Any discussion of the humanitarian system runs into a problem: by its nature, it is unsystematic in many of its features, and conclusions about how it might be reformed tend to assume a degree of coherence and unity of purpose

[2] Demonstration is taken to involve both reference to relevant evidence and a process of logical argument from that evidence to conclusions about actual or potential needs.

that may not be warranted. This report makes recommendations for changes in practice and policy in both agencies and donors, but it also suggests that only a more concerted approach by these two broad pillars of the system can lead to progress. For that reason, the report suggests the basis of a 'deal': that donors can expect proposals for funding to reflect a clear needs-based logic, underpinned by a certain minimum level of information and analysis; and that agencies can expect funding decisions to be informed by needs analysis in a consistent and transparent way.

While the issue of available funding is clearly of crucial importance, this study makes no assumptions about whether the global funding 'pot' is adequate for the scale of global needs. The key concern is whether the most urgent cases are being funded – and more generally, whether resources are being allocated based on a clear sense of relative priorities. This question must be asked at a global, regional, country and local level; and it must be asked between different sectors of humanitarian activity. The amount of funding available at these different levels certainly has a bearing on allocation: many of the dilemmas in prioritising allocations arise from the limited quantity of available funds, a question that is likely to be politically determined.

Throughout, the paper attempts to present options for progress that reflect the real-world constraints that face both agencies and donors, and which can form the basis of a mutual commitment to progress. It is not suggested that current practice is universally inadequate: there is much good practice, which this study highlights and builds upon. At times, however, assessment practice is over-elaborate, producing material that is never analysed or which is irrelevant to the response. In such cases, scarce resources might be better deployed elsewhere. More often, the study finds that basic information that should be demanded by decision-makers is unavailable. In these situations, assessment practice needs to be substantially rethought.

Finally, it is important to highlight that this discussion cannot be reduced to a technical one about how best to assess relief needs. There are two main reasons why this is so. The first is that it is how this analysis is *used*, and its influence on the decision-making process, that ultimately determines the value of needs assessment. In many instances, the process of assessment is almost entirely subsumed within the resource-allocation and proposal-writing process, with clear implications for the objectivity of the analysis.

The second reason is that relief needs have to be understood in a wider context. Political factors may be at the root of the problem, and political action may be needed to tackle it. This is not, in other words, a debate about, for example, the best methodology for assessing food insecurity; nor is it just about funding and resource allocation. Thus, any assessment of a situation that might reasonably be described as a famine has to account for the political factors that determine the nature of the problem. In conflict, protection may be the paramount humanitarian need, demanding a different kind of analysis, including an analysis of the political economy within which humanitarian interventions are proposed.

1.3 Study background and methodology

This study has twin origins. The first was an ODI proposal to ECHO to explore the feasibility of developing comparable indicators of need. The second was the proposal put forward by DFID to the Montreux Group of donors for a multi-year programme of work (now referred to as the Humanitarian Financing Work Programme) to explore aspects of the international system of humanitarian financing, including the way in which needs were defined and assessed, with a view to tackling some of the evident anomalies in current funding practice (DFID, 14 January 2002).

The methodology has involved analysis of primary and secondary literature, complemented with over 200 interviews with key informants in agencies and donor bodies, at both field and headquarters levels. These have focused on five case studies: two field studies conducted in November 2002, in Southern Africa and South Sudan/Somalia; and three desk studies, on Afghanistan, Serbia and a range of recent rapid-onset natural disasters. The intent has been to explore how needs are assessed and decisions taken in a range of different situations. The basic research questions and working hypotheses – elaborated in a separate research framework and reflected in this report – were consistent between the studies.

The focus of the study has been on the practice of the international humanitarian system, particularly in the food and health sectors. The Southern Africa study, for example, was conducted with the assistance of a specialist seconded from WHO and an independent food-security analyst. Sectoral specialists have been involved both in the field studies and in the more general discussion about assessment methodology. An advisory group of sectoral and general experts advised the research team at various points. This group included representatives from UN agencies, the Red Cross Movement, international NGOs and academic institutions.

While the focus is on the international system, the role of national governments in assessing and responding to need may be paramount in any given context. For the purposes of this study, discussion of this is limited to considering the extent to which this national and sub-national capacity (and indeed the issue of sovereign responsibility) is adequately accounted for by the international system.

1.4 Structure

This report examines three factors that appear central to the question of needs-based decision-making:

(i) The definitions of 'need' adopted and the criteria by which the proportionality and appropriateness of the response are judged.

(ii) The ability in practice to assess situations against those criteria.

(iii) The extent to which decision-making, including the

mobilisation and allocation of resources, is based on evidence about needs.

Each of these questions is explored in turn. Chapter 2 considers how agencies and donors define the scope of their humanitarian agenda. In particular, it looks at how humanitarian need and humanitarian crisis are conceived, and how this relates to judgements about response. It considers what seem to be the common core elements to these concepts, and what might form the basis of common definitions. An argument is made for the use of *acute risk* as the common basis for analysis. The chapter also considers the use of analytical frameworks and conceptual models, and asks whether these can help relate the apparently disparate humanitarian and development agendas. It ends with a consideration of the use of rights analysis, asking what this adds to the analysis of needs; and of protection analysis, which it is argued is the essential framework for the analysis of risk/need in conflict-related crises.

Chapter 3 examines the way needs are assessed in practice. The starting-point is a consideration of the nature and purpose of assessments, different forms of assessment, and what 'assessing' a situation actually entails. This is followed by consideration of two main sets of issues: those relating to methodology, specifically in relation to food, health and protection assessments; and those relating to the process of assessment, including coordination. The chapter makes recommendations for changes in practice and policy, and puts forward possible criteria for good needs assessment.

Chapter 4 is concerned with how needs analysis informs decisions about responses and funding, within individual agencies and donors, and within the 'system' as a whole. It considers the evidence base on which decisions are actually made, and the apparent triggers to humanitarian response. It examines the extent to which analysis is shared and decision-making coordinated, and the existing mechanisms (including the CAP) on which such coordination is based. It considers the specific issue of information systems, and asks whether it would be feasible and desirable to develop some form of common 'humanitarian index', or a way of classifying situations according to their relative severity.

Chapter 5 distils the conclusions from preceding chapters, and sets out a series of core recommendations.

Chapter 2
Conceptual issues

2.1 Concepts, definitions and frameworks of analysis

2.1.1 Defining the humanitarian agenda

What constitutes a humanitarian crisis or emergency – or more generally, a situation that calls for a humanitarian response? What characterises such responses, and what is their rationale? This section considers what such situations and responses have in common, and what seem to be their core defining elements, with a view to identifying the essential subject matter for needs assessment and response. Given the broad nature of these questions, they are further broken down into a more specific consideration of the concepts of humanitarian *crisis*, *need* and *risk*. The underlying concern is to identify a common basis for analysis, to allow more consistent judgement and comparison across different contexts.

2.1.2 What is the aim of humanitarian action?

This is a difficult and disputed question, and there are dangers in generalisation. Current policy formulations are inconsistent across the humanitarian system. This study adopts a simple core definition, rather an inclusive or comprehensive one. It is suggested that the primary goal of humanitarian action is to protect human life where this is threatened on a wide scale. This in itself sets an immense challenge to the international system, and one that it has often failed to meet. The causes of large-scale 'excess mortality' are often complex and intractable, particularly in situations of armed conflict; tackling them may demand a willingness on the part of the international community to exercise concerted and sustained political influence on the warring parties, or even to intervene with force. People may be more likely to die from the consequences of prolonged internal displacement than from the direct effects of violence (IRC, 2002). In these and other contexts, the need for protection and the need for relief have to be understood within the same framework.

Protecting life, then, is at the heart of the humanitarian agenda – and is central to the policy formulations of agencies and donors. Determining what else must feature in a definition of 'core' humanitarian aims is less simple. Most would agree that freedom from acute suffering, and basic human well-being extending beyond physiological status, are essential humanitarian concerns. The phrase 'life with dignity', one of the governing concepts of the Sphere Humanitarian Charter, conveys an essential part of this concern. Thus, the second goal of the humanitarian enterprise is to reduce excessive human suffering. What is included within this second goal is harder to define and even harder to measure – though it will often be the case that the factors that threaten life will also be the greatest causes of suffering, and that the steps needed to tackle both will be the same. Thus, preventing widespread disease and malnutrition must form part of the core agenda, as must protecting civilians from violence, coercion and deliberate deprivation.

For the purpose of this study, the definition of core humanitarian aims is limited to those outlined above – while recognising that this is a far from complete or adequate account of the concept of humanitarianism. In other words, this study considers the adequacy of current assessment practice principally against the aims of protecting life, health, basic subsistence and physical security, where these are under threat on a wide scale. Health is understood to include short-term nutrition; subsistence to include access to adequate food, water, shelter and clothing to sustain life; and physical security to include freedom from violence and coercion, including forced displacement.

In more general terms, humanitarian action is understood to be concerned with the relief of human suffering and its proximate causes. This leaves open the question of how far up the causal chain humanitarian action should go, and the extent to which its rationale is *preventive*. For example, is protecting livelihoods with a view to preventing potential famine rightly seen as part of the humanitarian agenda? In one sense, all humanitarian action is preventive – it cannot be retroactive. But there is an important distinction. In some situations, a response is elicited by evidence of a prevailing crisis, of acute suffering on a wide scale, typically gauged by 'outcome' indicators like mortality rates, the incidence of disease and levels of acute malnutrition. The focus of such responses tends to be remedial or palliative: the treatment of symptoms and proximate causes, through food aid or the provision of temporary shelter, for instance. But in other cases, the rationale for intervention may be preventive in the sense that it aims to stop such a situation from developing. 'Humanitarian' responses may also include what is sometimes termed a 'recovery' element, though the rationale for this can often be described in terms of prevention. In practice, such interventions are frequently funded under a humanitarian rubric, even though their rationale is not always defined in terms of humanitarian outcomes.

In practice, the 'humanitarian' agenda often extends far beyond the rather restrictive definition suggested above. The case of Serbia shows how this can be interpreted at one end of the spectrum. The programme of international humanitarian support described in that study could as well be described as one of massive *welfare* support, in a situation where unemployment due to the effects of war and sanctions was one of the main causes of vulnerability. The case study of Southern Sudan/Somalia reveals a shift in perceptions over time, with agencies now tending to describe the majority of their programmes in terms of *sustaining* rather than *saving* life – and more specifically in terms of sustaining *livelihoods*. UNICEF, for example, describes 'sustaining life' as the primary role of humanitarian assistance in South Sudan. The distinction between this and 'saving life' is not always clear. In a context like South Sudan, Somalia or Afghanistan, where whole populations have been left impoverished by years of war and

marginalisation, the distinction may indeed not be sharp. 'Development' in such contexts has remained a remote prospect, and in contexts as hazardous as these, those who live on the edge of destitution are acutely vulnerable to shocks that they might withstand in better times.

The effect of interventions described as 'life-saving' may not necessarily be to save lives. The effect of food aid, for example, in a situation where there is a crisis of food access may be primarily economic: to prevent the sale of assets, allow expenditure on non-food items, or stop people taking on unsustainable levels of debt. It will, in most cases, be one amongst a number of factors bearing on people's ability to survive. In other cases, it may be a necessary condition for their immediate survival, though this is more often assumed than demonstrated.

In short, the rationale for particular interventions is usually implicit, and is often a compound of different elements. At the extreme, where there is acute, crisis-induced resource poverty, the rationale may be directly related to preventing excess mortality in the short term. At the same time, there will generally also be a less direct rationale of reducing vulnerability for the affected population over a more extended timeframe.

The extent to which humanitarian agencies concern themselves with less obviously 'relief'-oriented interventions and with the restoration of people's ability to cope for themselves is one of the defining characteristics of an agency's approach. Typically, those agencies that have a development agenda will tend to highlight the livelihoods aspects of humanitarian crises. This is true of the approaches of some UN agencies (notably UNICEF) and of many international NGOs, for example CARE and Oxfam. Other agencies, such as the ICRC and MSF, have more narrowly-defined mandates. The World Food Programme has roughly two categories of work: its ongoing country programmes in low-income, food-deficit countries (LIFDCs); and its emergency and recovery programmes, in the form of Emergency Operations (EMOPs) and Protracted Relief and Recovery Operations (PRROs). In its *Emergency Field Operations Handbook*, WFP summarises its goals in emergencies as follows:

- *To save lives in refugee and other emergency situations*
- *To promote recovery and build the self-reliance (restore the livelihoods) of poor people and communities from the earliest possible moment*

WFP seeks to assure the prompt delivery and distribution of humanitarian relief, where necessary to save lives. At the same time WFP aims to use emergency assistance in a way that serves both relief and development purposes and is therefore as developmental as possible while saving lives.

What constitutes an emergency is left undefined, but the goals of life-saving and recovery/self-reliance are clearly stated in terms that attempt to unite the humanitarian and development agendas. A recent WFP policy document puts it in these terms: 'WFP may also release emergency resources in response to early signs of impending food crises when such resources can improve the long-term food security of families whose food supply is in jeopardy; and to address development problems underlying the long-term vulnerability of families to emergencies'.

2.1.3 Defining 'humanitarian crisis'

The significance of classifications is especially apparent with the concept of humanitarian crisis or emergency. The way in which situations are classified will determine the source of funding, the scale of resources allocated, the form of response, the planning timeframe, and the way in which organisational roles are determined. All of this has an important bearing on who actually receives what assistance – which may be for them a matter of life or death.

A review of agencies' definitions reveals a range of approaches with strong common elements.[1] UNHCR describes a humanitarian emergency in the following way: 'any situation in which … life or well-being … will be threatened unless immediate and appropriate action is taken, and which demands an extraordinary response and exceptional measures' (UNHCR Handbook for Emergencies). The concern is with the prevention of threats to life or well-being through timely and appropriate action, although in practice a response may not be triggered until such a threat has actually materialised. One striking feature of the UNHCR definition is that it is couched in terms of the external response: an emergency is a situation that demands action, though by whom is left unspecified.

For Oxfam GB, a humanitarian crisis is 'any situation in which there is an exceptional and widespread threat to life, health or basic subsistence, that is beyond the coping capacity of individuals and the community' (Oxfam GB Emergency Response Manual). This implies the need for intervention, but also brings in a number of other factors: the idea of extensiveness ('widespread'), a concern with threats to health and subsistence, and the idea of coping capacity. Such a definition points to forms of response that go beyond the relief of symptoms, and that might extend to support to livelihoods and the diversification of coping strategies.

A feature of both definitions is the idea that such situations are exceptional, or demand an exceptional response. They represent, in other words, a significant deviation from the norm. In some situations, the onset of such abnormal situations is clear enough, or at least appears so. Thus, a sudden massive displacement of people from their homes, or the devastating effects of a hurricane or earthquake, generally constitutes a change of circumstances so dramatic as to force a response. However, in other circumstances it may be more difficult to distinguish between normal situations, and situations that are so abnormal as to demand a distinct (humanitarian) approach – as opposed to an extension or modification of existing development approaches. The crisis in Southern Africa exemplifies this problem. The re-classification in 2002 of the countries worst affected as being 'in crisis' involved (from an

[1] See the Development Initiatives report 'Global Humanitarian Assistance 2003'.

external perspective) going from a 'normal' situation to one in which fourteen million people were said to be at severe risk. The reality is certainly more complex and more nuanced.

No consensus was found on the question of when a situation becomes 'critical', and when it ceases to be so, though judgements about these questions are inherent in the decision-making process. Arguably, such distinctions are not useful in situations where (as for example in Malawi) the crisis represents a point on a steadily deteriorating development curve. But crises are not always signalled by step changes in external variables, a fact that supports the argument for more consistent use of benchmarks and 'trigger' indicators for humanitarian response. A combination of indicators and a range of data are essential for this purpose: socio-economic as well as physiological, qualitative as well as quantitative.

In many situations of chronic conflict and political instability, it is even less clear what the norm is, and what represents a significant deviation from it. Indeed, the situation may remain critical for so long that the norm is in effect redefined: what would, in other circumstances, be a situation so severe as to demand an exceptional (humanitarian) response is judged not by any absolute standard, but in relation to what has *become* the norm for that context. The threshold for response, in other words, becomes raised. The study found this to be true in South Sudan and Somalia, where 20% global acute malnutrition (GAM) or higher has become accepted as normal, even though 20% GAM is 10% above what is considered acceptable by international standards, and would ordinarily reflect a serious situation requiring general food distributions and targeted feeding interventions to prevent excess mortality. This application of relative rather than absolute standards in the more extreme situations is one of the key concerns raised by the study.

The observation about rising thresholds of 'acceptable' malnutrition is not new. In 1996, the Review of Operation Lifeline Sudan noted the acceptance of malnutrition rates of 13.7% and 16.1% (Karim et al, 1996: 127). More broadly, it has been argued that, throughout the 1980s, an increase in acceptable nutritional thresholds reflected a creeping acceptance of higher levels of humanitarian stress. In the 1990s, crude mortality rates replaced nutritional indicators as a measure of the severity of a disaster (Duffield, 1997: 64).

There are other examples of situations where high malnutrition rates and mortality are not described as a famine, or even as a food crisis. In the drought-prone Red Sea State of Sudan, for example, malnutrition has remained above 15% since 1998, and has been increasing annually (Nseluke-Hambayi, 2002). Over the last six years, Mandera in Kenya has seen malnutrition rates consistently above 20%, even with general ration distributions; rates exceed 30% when the general ration distribution ceases. None of these situations is characterised as a famine. Yet a situation like that currently faced in a number of Southern African states has been called a famine by some, despite the relative normality of the data on malnutrition. The explanation may lie partly in the willingness (and perceived ability) of international agencies to respond to the situations in question; and to treat an acknowledged crisis of food access as a *potential* famine such as to require humanitarian intervention in order to avert it. Yet it seems that situations that face chronically high levels of malnutrition, mortality and morbidity become in some way reclassified.

This tendency seems to be related both to a policy preference for recovery or developmental modes of response, and to more pragmatic concerns to do with the sustainability of aid programmes. Some agencies interviewed in Nairobi asserted that, given the chronic nature of food deficits in Sudan and Somalia, the application of international standards would lead to emergency targeted feeding interventions in many areas, with little prospect of them ever being closed. Some agencies would therefore not respond because they did not believe they could sustain such interventions. Nor, it is often assumed, would donors be prepared to fund them.

What characterises a crisis depends to some extent on the perspective of the observer. In that sense, crisis is a *construct*: the existence and nature of a crisis is a matter of interpretation, and situations are construed in ways that reflect the perspective of the organisation or individual observer. The situation in Southern Africa, for example, was variously described as a humanitarian crisis, a developmental crisis, a food security crisis, a livelihoods crisis, an HIV/AIDS crisis, a governance crisis and a manufactured crisis. Some of these are more symptomatic descriptions, others relate more to causes; but they arguably describe different facets of the same situation seen from different perspectives. Which aspects are emphasised depends on the perspective of the observer – and usually on the particular perspective of the organisation concerned. A range of 'filters', including organisational mandates, strategic priorities, personal beliefs and experience, are likely to determine the way in which 'crisis' is constructed, described and responded to. This study concludes that agreement on universal common benchmarks is a necessary requirement for more consistent response; and that certain levels of suffering (as judged against agreed criteria) should be acknowledged as being critical in all circumstances. Much greater rigour and consistency is needed in the *symptomatic* description of such situations, based on standard indicators.

There may be political reasons for describing a crisis as a natural calamity, if this enables a host government or international donors to avoid direct reference to more intractable and politically sensitive issues. In North Korea, a food crisis stemming from a loss of external subsidies and unsustainable agricultural policies was attributed to flooding, a face-saving explanation that allowed the government to request international assistance. In Zimbabwe, there is good reason to believe that the welfare of a large proportion of the population has been subordinated to the government's political interests. Aid provision that is contingent upon the pursuit of such political agendas – domestic or international – brings with it dangers of compromise on even the most basic humanitarian principles; any causal explanation of crisis must take this political element into account.

The case study on Southern Africa raised the question of why the HIV/AIDS pandemic is not itself classified as a humanitarian crisis. Certainly, in terms of excess mortality and morbidity it dwarfs the impact of the food crisis in the region. The lack of obvious 'remedies' might be the determining factor. If the humanitarian agenda is conceived in terms of reducing suffering and relieving symptoms, the HIV/AIDS crisis probably merits greater attention in its own right from the humanitarian community, rather than just a factor affecting such questions as food production and dependency ratios. At the same time, the scale and nature of the problems concerned are such as to demand interventions across a range of sectors – public health, social welfare – beyond the scope and resources of the humanitarian system, and which go beyond the humanitarian agenda as it is understood here.

In some cases, a humanitarian crisis may exist in the absence of any observable symptoms of the type considered above. In Aceh in West Sumatra (Indonesia), for example, the standard physiological and food security indicators have been normal, yet the threat to life and physical security posed by the conflict there are of such proportions as to warrant the description of humanitarian crisis. The Rwandan genocide and the ethnic cleansing, killing and rape in the Balkans conflicts further highlight the limits of relief approaches as the sole or predominant mode of analysis and response. More usually, as in South Sudan, Angola and the DRC, protection threats of these kinds are associated with high levels of need as measured by the standard physiological indicators.

Box 2.1: Food crisis and famine

There is a broadly accepted definition of food security: 'Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food for a healthy and active life' (World Food Summit Plan of Action, 1996: para. 1.) Yet there is a lack of clarity about when situations of food insecurity become food crises or famines; there are no universally accepted definitions, and no consistent way of identifying such situations when they do arise. The term 'famine' implies a particularly extreme level of severity and suffering, and has an emotive force that is frequently used to elicit a response. But the term is not used consistently, in part because it is so ill-defined, and it is probably over-used.

A number of different ways have been proposed or are being developed to classify situations of food insecurity.[2] The goal of these initiatives is to provide a universal classification which allows comparisons to be made between different contexts. The specific objectives include:

- improving responses by ensuring greater proportionality in resource allocation;
- increasing the accountability of donors, governments and humanitarian agencies;
- increasing understanding of emotive terms, and reducing their misuse; and
- improving the quality and usefulness of needs assessments by clarifying the types of information which will aid decision-making.

A suggested basic typology of levels of food insecurity is discussed in Chapter 3 of this report.

2.1.4 Defining 'humanitarian need'

The concept of need has been much discussed and debated in the development sphere, where the concept of 'basic needs' emerged in the 1970s in reaction to growth-focused approaches to development. In the 1960s, Abraham Maslow famously described a hierarchy of needs, with basic needs forming the base of a pyramid. The 1976 ILO definition describes basic needs as including two elements:

> *First they include certain minimum requirements of a family for private consumption: adequate food, shelter and clothing, as well as certain household equipment and furniture. Second, they include essential services provided by and for the community at large, such as safe drinking water, sanitation, public transport and health, educational and cultural facilities* (quoted in Singh, 1979).

In the humanitarian context, a similar if rather more restricted account of basic needs is generally understood. But this study found that the term 'need' is used in at least three different senses:

1. To describe basic human needs ('food is a basic need')
2. To describe a lack of the above ('these people need food')
3. To describe the need for relief assistance or some other humanitarian intervention ('these people need food aid')

These three senses are often confused, but should be distinguished. The confusion between 2 and 3 is arguably the reason why needs assessment is often conflated with the formulation of responses, in ways that can lead to resource-led intervention and close down other (perhaps more appropriate) forms of intervention. The use of need in the third sense, to indicate a requirement for a specific form of remedial action (such as immunisation) risks assuming a solution without analysing the problem. Given the time and resource constraints frequently involved, it may be inevitable that 'assessment' becomes a needs-analysis and a response-analysis process rolled into one. Yet maintaining the distinction between these two elements seems to be essential to maintaining objectivity, and to producing results that are comparable and can be aggregated.

[2] New classifications are being developed. For example, there is an on-going research project at the Institute of Development Studies in the UK to help establish a new policy agenda for famine prevention through examining the experience of famine over the last 50 years. One element of the project is to develop an operational definition of famine.

The second sense of the word need is the primary concern here. It implies a scale against which humanitarian needs can be measured. Implicitly, the idea of 'measuring' needs involves two elements: the application of relevant norms (usually a minimum requirement or a pre-existing 'normal' situation); and an assessment of how the reality differs. In this sense, needs assessment may be concerned with identifying and measuring *deficits*, either actual or predicted. The extent of variation from the norm (the deficit or need) will depend in part on what norms are applied, and in part on the degree to which people are able to satisfy their requirements without external assistance.

However, this deficit model may be inadequate to describe the various risks a given population may face. The situation of a population at risk from epidemic, or from bombardment, can only partly be accounted for in terms of a lack of basic needs (for health or security), and these concepts are arguably too broad to be useful except as general descriptions.

In neither case does the concept of need seem adequate for the purpose of analysis. A more appropriate approach might involve analysis of the specific threats and vulnerabilities involved, and the planning of interventions designed to reduce both, and hence reduce risk. An analysis based on risk may indeed indicate the need for certain forms of intervention to mitigate that risk, but it does not presuppose the form of intervention.

Clearly, the scope and nature of humanitarian needs assessments will be determined in part by what needs are considered humanitarian in nature. Beyond the normal forms of humanitarian response, the rationale for intervention may have more to do with maintaining a basic quality of life and protecting the dignity of those affected. What that means may be culturally determined. There is considerable evidence from the case studies and elsewhere to indicate that the understanding of humanitarian need is to some extent context-specific, at least at the margins. In Serbia, the largest element of the international humanitarian programme consisted of support to the energy sector. In Afghanistan and in many situations of mass displacement, primary education features in the list of humanitarian activities, sometimes linked to a concern with psychological well-being, dealing with the effects of trauma and establishing a sense of normality amid chaos. In situations of chronic conflict like Afghanistan and northern Sri Lanka, where humanitarian response was for many years the only mode of engagement, it is argued that whole generations will go uneducated if the humanitarian system does not make provision for education. Others fear that this 'mission creep' dilutes the essential humanitarian agenda, and distracts attention and resources from more critical areas (Macrae et al., 2002).

The study on South Sudan and Somalia found variations in practice between donors on what is considered eligible for humanitarian funding. For OFDA, for example, programmes relating to sleeping sickness and tuberculosis do not fit its criteria for emergency health interventions, being seen as requiring long-term support. Similarly, education, mine clearance, secondary medical care, roads and infrastructure do not qualify for emergency assistance funds. However, there is some discretion among senior management to adapt to the situation. In Somalia, USAID/OFDA supports water rehabilitation projects through UNICEF – partly on the grounds that this is considered to fall within a broader objective of conflict reduction and enhancing the environment for peace, as water scarcity is considered a potential cause of conflict. The introduction of such additional criteria is common at the local level, particularly in the efforts by agencies like UNHCR and those working with internally displaced persons to make some parallel provision for host populations on the grounds of reducing tensions between these groups. This can usually be justified on grounds of need, especially given the extra demand on available resources.

Efforts have been made to define universal minimum requirements, the most comprehensive of which is the Sphere Project, which consolidates a number of previous initiatives. This is considered further below in relation to the concept of *rights*, with which it is closely associated. One point worth highlighting here is the consistent refrain from the case studies that the Sphere standards are not achieved even in 'normal' times in contexts like Afghanistan and Somalia. Their relevance is sometimes challenged on these grounds. This observation says something about what has become the norm in these contexts, and the scale of the necessary humanitarian agenda; but more generally, and across a far wider range of contexts, it also says something about the core challenge for the development agenda.

Some crucial parts of the humanitarian agenda cannot be adequately defined in terms of need. This is perhaps especially true of the concept of *protection*, where discussion of the *need* for protection tends to 'commodify' a concept that cannot be reduced to these terms, and which depends ultimately on the actions of political actors. While security can certainly be described as a human need in the first of the three senses described above, there are no useful ways of identifying corresponding 'deficits'. Approaches to protection assessment are considered further below.

2.1.5 Other bases for analysis: risk, vulnerability, capacity

The concept of need as the basis for analysis is too universal and too useful to be abandoned. However, the concept of *risk* is potentially better attuned to the core purposes of the humanitarian agenda as outlined here. It suffers the problem of apparently being harder to quantify than need, though such quantification is often misleading. While risk (with the associated concepts of threat/hazard, vulnerability and capacity) is the more useful basis for analysis, it may need to be translated into needs terms in order to formulate appropriate responses.

A common schematic expression of this relationship is as follows:

THREAT (Hazard) x VULNERABILITY = RISK

It is argued in this study that risk relating to actual (current) or imminent threats must be judged acute, and a priority for humanitarian action. Risk involving vulnerability to potential

threats in the medium or longer term (for example, dependent on whether the next harvest is a good one) may demand prevention or mitigation measures, vulnerability reduction strategies and social welfare provision, within a broader development strategy.[3] It will also demand a high level of emergency preparedness. The distinction between acute and medium-term risk is of course not absolute, but it is clear enough to allow some boundaries to be set on humanitarian action, and for priorities to be established.

Vulnerability analysis highlights the question of local capacities: the population's own coping mechanisms in the face of a disaster, and the government's response to it. The analysis of capacity is used as a basis for judging what level and type of support is required. Depending on the context, such support may be more or less crucial to people's ability to cope. The study found that, in Serbia, humanitarian assistance accounted for a relatively small proportion of total requirements. In addition to the government's own resources, a variety of coping mechanisms, notably remittances from family members, allowed much of the population to meet the majority of their own needs.

Humanitarian agencies are increasingly using concepts of risk, capacity and vulnerability as a complement to assessing the needs of a population. The concepts tend to be used in relation to potential future needs, providing a basis for predicting the likelihood of needs occurring within a particular timeframe. For instance, the FSAU in Somalia elaborates different scenarios in terms of potential food deficits. Similarly, the Emergency Food Security Assessment initiated by the Vulnerability Assessment Committee in Southern Africa conducted a series of assessments that focused on current and predicted food needs.

One advantage of such analysis is that it demands an understanding of trends: it looks at such things as future risks, seasonal cycles and economic processes. It has a potential predictive element in that it can anticipate a disaster or identify specific groups that will be particularly vulnerable to a specific threat. Most food security assessment models adopt a vulnerability model.

There is no single way of analysing vulnerability. In Somalia, for instance, the FSAU model of household food security is concerned with economic vulnerability. CARE uses a model of biological vulnerability, when it targets food according to an individual's age, disability or gender. The FSAU is also concerned with household and community vulnerability, whereas the medical agency MSF Holland is concerned with individual rights and individual vulnerability. MSF uses a notion of political vulnerability, identifying vulnerable people on the basis of their social and political status, as a displaced person, a member of a minority or part of a politically marginalised group. Definitions of vulnerability also differ depending on whether, for instance, the objective of the intervention is to reduce malnutrition or increase agricultural output. These definitions of vulnerability are largely driven by the mandate and objectives of the organisations concerned, and represent often fundamentally different approaches to the humanitarian agenda.

Vulnerability analysis is often based on lengthy assessment methods, such as mapping, wealth ranking, semi-structured interviews and participatory methods, which are rarely feasible or appropriate in rapid-onset disasters. Vulnerability mapping is generally used prior to a crisis as a tool for disaster preparedness, or in post-disaster rehabilitation (IFRC, 1996). Assessments of vulnerability do not necessarily point to

Box 2.2: Risk analysis

Risk can be understood as 'the probability of harmful consequences, or expected loss' (UN International Strategy for Disaster Reduction (UNISDR), 'Living with Risk', 2002). In practice, the term is used in the humanitarian field in a more general sense than this implies. A population 'at risk' is indeed one that has a (more or less) high probability of suffering harm or loss – and the level of risk faced is generally expressed as the product of the level of threat (or hazard) faced and the vulnerability of the individual or group. But this is difficult to state with any degree of precision.

Risk analysis is described as a 'process to determine the nature and extent of risk by analysing potential hazards and evaluating existing conditions of vulnerability/capacity' (UNISDR). While risk analysis tends to be used in relation to *potential* threats or hazards (particularly of natural disasters), this study argues for the use of risk analysis in situations of *actual or imminent* threat – such as to create *acute* risk. Here the threat is 'realised', and vulnerability becomes the determinant of actual outcomes for people. So, for example, a population that currently lacks access to minimum nutrition requirements faces an actual (and acute) risk of malnutrition, disease and death – that is, there is a high probability of these consequences in the short term.

The commonly-accepted definition of *vulnerability* is 'the characteristics of a person or group in terms of their capacity to anticipate, cope with, resist and recover from the impact of a natural [or man-made] hazard' (Blaikie et al., 1994). This definition suggests that it cannot be described without reference to a specific hazard or shock. In this context, the notion of *capacity*, closely linked to vulnerability, has been described as the resources of individuals, households, communities, institutions and nations to resist the impact of a hazard, including coping strategies (IFRC, 1999)

The term 'risk horizon' is used in this report to mean the period over which harmful consequences are foreseen and calculated. In the humanitarian field, in relation to acute risk, this is typically six to 12 months (though it may be much shorter). Humanitarian aid instruments are typically configured around this timeframe. In situations of *chronic* (potential) risk, the risk horizon may be years rather than months.

[3] Situations like that in DRC or Afghanistan involve persistent levels of high threat and high vulnerability over time that could be described as creating persistent acute risk.

particular forms of intervention, and do not necessarily provide a threshold for intervention.

Much of the literature on vulnerability draws on the experience of natural disasters, and most vulnerability analysis tools have been adapted from these contexts for use in relation to man-made disasters. In 2002, the model of vulnerability and capacity analysis (VCA) developed by the IFRC was introduced in the CAP guidelines as a way to analyse and assess humanitarian needs. While this has advantages over a simple needs-based form of analysis, there are dangers with any such adaptation of a model designed for one type of situation, and then used in another. In particular, existing models are often poorly adapted to the analysis of conflict situations, and to the types of risk that form the subject of the humanitarian protection agenda. The emphasis on coping, capacity and self-reliance makes far less sense (and is arguably dangerous) in relation to threats of violence and coercion; a standard poverty-based analysis is insufficient for understanding the risks faced by those caught up in the political economy of a war (de Waal, 1997; Duffield, 1992; Keen, 1994).

More generally, standard models of vulnerability analysis are based on a very broad range of indicators, which in any given context it may be impracticable and certainly resource-intensive to collect. Results tend to be unspecific, although some models – notably the Household Economy Approach (HEA) pioneered by Save the Children UK and widely used in Africa – focus on specific risks, in this case by modelling the impact of shocks on the household economy. Forms of risk analysis are needed that provide more specific conclusions about the levels of risk faced by certain groups to certain kinds of threat; more particularly, to the threats taken here to be the core concerns of the humanitarian agenda, namely threats to life, health, basic subsistence and physical security. Rather than being predominantly a predictive tool, this form of analysis should form the basis for assessment of *existing* crises.

The current situation in Zimbabwe, to take one example, might be described in terms of certain forms of risk to certain sectors of the population: near-starvation at one end of the spectrum, and at the other more general food insecurity, political discrimination and violence across a broad section of the population. The question of who is at risk from what and to what degree must be asked primarily in relation to the 'core' humanitarian concerns – risks to life, health, basic subsistence, security – based on an understanding of the links between them. Degrees of risk must also be assessed in relation to particular timeframes, allowing decisions to be made between palliative or preventive interventions, based on the relative priority and degree of urgency of certain forms of intervention. Any such intervention has to be informed by an understanding of why people face risks of this kind. In Zimbabwe, not all sections of the population are equally affected, and the reasons for vulnerability are as much political as socio-economic.

This raises the question of how vulnerable groups are defined, which is often the basis on which relief is targeted in practice. The study found that vulnerability was often predefined, with more or less justification. Most agree, for example, that women and their families who had lost the male breadwinner are particularly vulnerable in certain ways: economically, socially, sometimes in terms of their physical security. This and other forms of gender-based vulnerability cut across other social distinctions, such as age and class. Questions such as these are essential to inform decisions about strategy, prioritisation and targeting. The question of what form of intervention is appropriate depends on the analysis of risk and of causation, as illustrated by the example in Box 2.3 (p.21). Some of this analysis is naturally couched in terms of 'type 1' need: people need food (though not necessarily food aid) and clean water (not necessarily delivered by tanker). The scarcity of these essentials constitutes a threat. People's relative vulnerability to that threat – and hence the level of risk they face – depends on their level of access to these commodities, and this is related to their capacity and to political, environmental and other factors. The question then arises: what is needed (required) in order to reduce or eliminate that risk, to break the chain of causation that may lead to people dying? The answer will usually consist of a range of measures that attempt to remove or mitigate the threat, reduce people's vulnerability/boost their capacity to withstand that threat, and relieve the harm they actually suffer (the end of the spectrum that is perhaps properly called 'relief'). These can be roughly summarised as actions to reduce acute risk; and palliative actions to relieve suffering, allowing that there will be some overlap. This can be illustrated by adapting the formulation shown above as follows:

THREAT (actual/imminent) x VULNERABILITY => RISK (acute) => HARM/SUFFERING => DEATH

'Need' might be used to describe what needs to happen in order for this chain to be broken – a fourth meaning to add to the list. In the case of removing or mitigating the threat, this may be political action, for example to prevent attacks on a particular population. This is not the same as describing the need for a particular form of intervention ('type 3' need), but should provide the basis for identifying the necessary forms of intervention. In order to get to a conclusion about resource requirements, yet another meaning of need is relevant, in the question what is needed in order to mount the necessary intervention, in money, people or systems, for example. Here the language of need, of necessary steps and resource requirements, is the natural formulation – but it remains subsidiary to an understanding of risk and vulnerability.

Analysis of acute risk should be considered as the necessary basis for good needs assessment, allowing for more consistent and objective assessment, and for greater comparability of results. It should also help to counter the tendency towards resource-led interventions, allowing for consideration of alternative options and existing capacities. This is not to deny the general utility of statements about need ('this community needs shelter'), but rather to say that such statements should as far as possible be broken down into more precise statements that relate risk and need: 'these families are at acute risk from disease/exposure if they don't get shelter before July when the rains come' (others may be able to shelter with

relatives and so be at less acute risk). For the purposes of initial planning and resource allocation, a more general formulation in terms of 'needs' (based on estimate) may suffice; but the question of severity and acuteness of risk faced is likely to determine the relative priority for response – as well as the targeting of any subsequent intervention.

This report recommends that the concept of acute risk be used as the common basis of analysis, in a way that allows specific conclusions to be drawn about relative levels of risk in relation to the core concerns of protecting life, health, basic subsistence and physical security. Achieving consistency of usage and analysis across the humanitarian system requires agreement on models of analysis that are currently not standardised across sectors. The study suggests that need be used to describe what needs to happen in order to break the chain of causation; and to describe the necessary steps and resource requirements to mount the appropriate intervention, allowing that humanitarian intervention alone may be insufficient to eliminate the risk.

2.2 Analytical frameworks and conceptual models

It was apparent from the case studies conducted for this work that a variety of different conceptual models were being used, within broader frameworks of analysis, in order to analyse the results of needs assessment – and that some needs assessments were designed specifically to feed into these models. 'Conceptual model' is used here to mean a worked-out system for linking concepts by association, or by cause and effect relationships. It is too formal a term to describe the mix of knowledge, assumptions, beliefs, perceptions and experience that in practice inform people's understanding of a situation and of the information presented to them. These, taken together with any more formal conceptual models used, are described as the framework of analysis.

While some of the conceptual models encountered in the course of the study were clearly articulated, most were implicit and not specifically referred to in the resulting analysis. The result is that the basis on which assessment data is interpreted is often uncertain. Some models of analysis are organisation-specific, others apparently standardised across the sector, though often interpreted differently by different individuals and organisations. Some are geared towards providing answers to specific questions; others are more general in nature. The Household Economy Analysis model, for example, is designed primarily to calculate household food deficits, though it can be used to analyse vulnerability more generally.

In Southern Africa, most of the implicit conceptual models encountered were constructed around food security, combining macro-economic and other elements with factors relating to household food access. Nutrition elements were partially incorporated, though with different weight as to their significance and associations; for example, the implications of low measured prevalence of acute malnutrition were described in various ways. It was noticeable that health factors seemed to feature little in most models. The prevalence of HIV/AIDS figured more as a factor affecting production, and as a general cause of vulnerability, than as an issue in its own right. In this situation, a simple food crisis model is evidently inadequate, and a more holistic approach would link morbidity and malnutrition more closely than the study team found was actually the case in practice.

Conceptual models can serve both an explanatory and a predictive purpose: they can help explain observed phenomena, predict likely changes and model the likely impact of a given intervention. The importance of models that can provide reasonably accurate casual explanations is apparent. If a number of factors combine to cause a particular outcome, such as famine, then interventions may have to tackle a number of those factors simultaneously in order to be effective. Intervention in any one sector must take account of other relevant factors, or risk having only marginal effects. In Southern Africa, the study team concluded that the lack of clearly articulated and shared models adequate to the task of cross-sectoral analysis hampered effective communication and collaboration in designing appropriate response strategies.

Box 2.3 (opposite) illustrates some of the interrelated factors that any explanatory model may have to take into account, and which any assessment should consider. The example illustrates the range of possible threats and vulnerabilities, which may include lack of knowledge or lack of access to services. Humanitarian aid is sometimes perceived as being an inadequate response to such situations because it fails to deal with underlying causes. Yet none of the existing paradigms for development seems adequate to situations where there is a vacuum of state services, widespread political and economic marginalisation and a breakdown of community support mechanisms. Donors are, in any case, reluctant to put development funding – with its emphasis on partnership – into situations where the authorities are seen as unaccountable, ineffectual or potentially abusive. The result may be an inadequate and inconsistent humanitarian response, and no prospect for sustainable development.

The confusion of agendas witnessed in South Sudan and Somalia – and in Afghanistan under the Taliban – tend to confirm the impression that 'standard' analyses of the relationship between poverty and humanitarian need are still poorly adapted to the very situations (chronic conflict) in which their results are most devastating.

2.3 Relief, development and the institutional divide

One of the recurrent themes of the interviews for the case studies, as well the relevant literature,[4] was the problem of reconciling the relief and development discourses, even within the same organisations. Part of the difficulty, the study team concluded, was that the distinct aims of these two 'modes' of analysis and programming were poorly defined; the answer lay not in assuming an artificial coherence of purpose, but in specifying more clearly the purpose and limits of each agenda. This took on particular importance when trying to plan for transitional or recovery phases of

Box 2.3: A preventable death: analysing the causes of mortality

A girl in a remote village dies from a water-borne disease, having drunk from a well that was contaminated after flooding. Why did she die? Apart the direct cause (she died from the effects of the disease), various other sorts of explanation can be offered. She died because:

(i) The well had not been cleaned out

(ii) She did not know it was dangerous

(iii) She was already weak and malnourished

(iv) Her parents did not know how to treat diarrhoea

(v) The family could not afford to go to the doctor

(vi) The nearest health post was 50 kilometres away

This list could no doubt be extended. Each explanation points to a different sort of problem, and to different potential remedies. In this case, fixing any one of these problems might have saved that girl's life, breaking the chain of causation that led to her death. Some of the explanations are about threats (the contaminated well) others about vulnerability (the girl's malnourishment), which taken together create risk. Some are about lack of knowledge – about the risk and how to avoid it, or about how to deal with the consequences. Some are about poverty and marginalisation. Perhaps there was no way to avoid the risk or its consequences.

A humanitarian response may try to tackle the known threats (by cleaning the well) and acute vulnerability (by feeding the girl). While reforming the health service is beyond the humanitarian response, it may be possible to set up a temporary parallel healthcare system to reflect the increased risk and the threat of increased morbidity/mortality and malnutrition. Surveillance systems may also be established, and action taken to promote awareness about the changed environment and the increased risk this poses. If this were a conflict-related situation, especially one involving displacement of the girl's family, the risks would be multiplied, and the chances of effective remedy diminished.

operations – an area where decision-making is frequently guided by wishful thinking rather than objective analysis, and where the desire for 'clean' transitions of organisational responsibility caused assumptions to be made that often seemed unwarranted by the facts.

In Southern Africa, the problem entails formulating responses that account for the extended and (in most places) structural nature of the problem, while also responding effectively where people face a catastrophic decline in their ability to support themselves. The study found a general consensus that the situation in the worst-affected countries was more than a temporary aberration; and that the combined effects of impoverishment and economic decline, the HIV/AIDS pandemic, climatic factors and (in Zimbabwe at least) political discrimination and violence, meant that the humanitarian agenda must be conceived in the medium term. There was, however, a marked reluctance on the part of donors and agencies to continue relief strategies over such extended timeframes.

While most of those interviewed agreed that the need for sustained welfare support was likely to continue into the medium term, the short-, medium- and long-term planning for the impacts of the crisis seemed poorly informed by any broad strategic analysis. Few respondents were able to outline response strategies that went beyond the normal six- to nine-month 'risk horizon' for humanitarian response. Discussions about humanitarian food aid and social welfare (safety-net) provision were conducted in separate fora. More generally, there appeared to be a lack of 'system-wide' strategic thinking about how to reduce vulnerabilities. A specialist representative from one of the largest international NGOs operating in the region reflected that 'the system does not require me to work with my development colleagues'.[5] Reducing the need for continued food aid required strategies to enable communities to be more productive, while allowing for the overall loss of productive labour and other economic factors.

Some of these problems arise from the management and funding divisions that exist within and between organisations. One senior donor official in Southern Africa representing the humanitarian stream of the organisation noted that 'we can't entertain medium-term proposals'.[6] This is understandable, and the humanitarian agenda (and resources) should not be stretched to try to tackle problems which by their nature are not amenable to relief-type solutions. The answer probably lies in conceiving development strategies that have as a primary concern in situations of stress the provision of livelihood support to the most vulnerable groups – for example, through the kind of programme of targeted inputs established for poor farmers in Malawi.

The lack of 'joined-up thinking' on these issues was masked in some of the other situations studied, like South Sudan and Somalia, by the ambiguity of description, with essentially developmental forms of intervention being described in humanitarian terms. The dangers of the pursuit of coherence and of 'premature developmentalism' have been raised in earlier studies (Karim et al., 1996; Macrae and Leader, 2000), and highlighted in relation to Afghanistan and the DRC in a series of reports by the Centre for Humanitarian Dialogue (Synthesis Report of the Politics and Humanitarianism Project, 9 January 2003). These argue that, in both cases, 'policy coherence around a shared political objective led to a skewing of humanitarian assistance away from life-saving to developmental and peace-building activities, in the pursuit of "humanitarian assistance by other means".

[4] See for example Smillie, 1998; Buchanan-Smith and Maxwell, 1994.
[5] Interview, international NGO, Pretoria, November 2002.
[6] Interview, OFDA, Pretoria, November 2002.

Box 2.4: The problem of 'classification': South Sudan and Somalia

Aid agencies are uncertain as to whether the situations in Somalia and Sudan constitute 'humanitarian emergencies', and there is a lack of clarity in distinguishing 'humanitarian action' from action to support recovery and development. In part, this reflects the complex environments in which agencies work, with areas that are peaceful and where significant populations are not directly war-affected, where there are non-state forms of governance, and where there are substantial economies and trade activities. Thus, while Somalia is described in the 2003 Consolidated Appeal as being in a process of 'recovery', with intermittent emergencies caused by environmental factors or violence, in 2002 insecurity was also said to be escalating and humanitarian access limited; 750,000 people were described as 'chronically vulnerable', the asset base of many people was said to be declining and child and maternal mortality were amongst the highest in the world (UNOCHA, 2002a). Sudan is also described as a country in 'transition' (UNOCHA, 2002b), while at the same time there are over four million displaced people and 3.5m people considered food insecure and, therefore, in need of food aid.

The persistence of the crises in Sudan and Somalia means that the challenge is not solely a short-term problem of saving lives, but a long-term one of sustaining large populations in environments where the normal parameters for development do not apply. Aid agencies are, therefore, looking for innovative ways of analysing and programming in these environments. Some UN agencies and NGOs have adopted a 'food security' or 'livelihoods' framework as a way of linking emergency and non-emergency analysis and responses. Some agencies are approaching the situation through a 'rights-based' framework. All these approaches have in common an attempt to address longer-term issues related to the protracted nature of the crisis.

Many of these issues are not new. They have been the subject of studies and policy debates for at least half a decade. The 1996 Review of OLS, for example, encapsulated many of them (Karim et al., 1996). The findings of this present study suggest that little has changed in agency or donor thinking in relation to these dilemmas over the past half a decade.

2.4 Rights and needs

In recent years, there has been a significant move in the humanitarian sector towards defining policy and programme objectives in terms of the rights of those affected by disasters and conflict. Some have gone further, (re-)defining their organisational objectives in terms of the protection and fulfilment of rights. At the level of programming, a variety of rights-based approaches to humanitarianism have been elaborated. These are sometimes taken to have superseded needs-based approaches, and to represent an advance on them. In this view, 'victims' become 'rights-holders'. The charitable and essentially de-politicised response to need taken to be characteristic of an earlier generation of humanitarian actors is contrasted unfavourably with an approach that asserts legitimate claims to protection and assistance. Slim (2001) notes that 'wars in Africa have tended to engender a simple philanthropic response from the West focused on food, health and shelter needs', and he argues for a more politically engaged mode of humanitarian action centred on the concept of rights.

The concept of rights featured remarkably little in discussions held during the course of the present study. Given the emphasis so many agencies and donors place on rights (specifically *human rights*) as a governing principle of their work, this is particularly striking. Some of those interviewed hinted at reasons why this might be so. A DFID representative in Malawi noted that 'among the rural community, the idea that they might have a *right* to demand services is completely foreign' – a reflection of a political history common to other parts of the region as well. The belief that democracy and a free press are effective safeguards against famine is arguably challenged by current realities in Ethiopia and elsewhere. A degree of political engagement by people, and political responsiveness by government, is required, and this cannot be taken for granted in these regions.

The concept of rights seems to be honoured more in rhetoric than in practice. Even at the policy level it has not featured prominently; in Southern Africa, for example, arguments based on responsibilities either at the national or international level have not featured significantly in communications about the crisis. Where they have been most used (in Zimbabwe) they have focused on the principle of non-discrimination and on the issue of human rights *abuse*. Issues of social and distributive justice have been less prominently argued.

At a more practical level, the study found that the Sphere standards were only occasionally referred to in discussions about assessment and decision-making. This was perhaps reflected in the relative lack of balance and integration across the different sectors. In Southern Africa, the idea of minimum requirements and related standards, had it been applied in the health sector, for example, might have led to a different response. That said, it is apparent that, in many ways, normal standards of social services fall below the standards set by Sphere in many parts of the region. In Afghanistan, the study team concluded that, for all the talk of rights-based programming, it was hard to see what difference this had made in practice. Similar conclusions were reached in Sudan and Somalia. Nonetheless, interpreted in certain ways, a rights-based approach might lead to dramatic divergence of practice. Under the Taliban, a schism opened up between 'principled' and 'pragmatic' standpoints on the issue of the abusive treatment of women and girls. A 'rights' approach was interpreted by some as demanding the suspension of programmes and all forms of engagement with the abusive regime. Others (the 'pragmatists') favoured engagement, and argued that the humanitarian imperative demanded the continuation of services on which women and girls in particular depended. In fact, the issue of rights and principle could be argued on both sides; this was perhaps a debate

between a teleological perspective (concerned with the ultimate achievement of certain goals) and a deontological perspective (emphasising the duty to act in the face of suffering).

This study concludes that an unhelpful and misleading dichotomy has grown up between needs and rights. Statements about needs and statements about rights are quite different in kind – but the two are in no sense incompatible. A statement about need (or, better, risk) may be essential to defining the 'what' of programming, and is of itself value-neutral, and not a moral statement. In traditional humanitarian terms, it acquires moral force when the need is of a certain kind, by reference to the principle of humanity and the 'humanitarian imperative'. A statement about rights involves a moral (and perhaps a legal) claim about entitlements, and is as significant for its identification of related responsibilities as for the rights claim itself. While such language may be used alongside or in place of an appeal to the humanitarian imperative, it cannot in any sense be said to supersede the language of needs.

Sphere is an attempt to marry the two, and to combine the moral/legal force of rights statements with the specificity of needs statements. The rights rationale underlying Sphere was not invoked by those interviewed for any of the case studies, suggesting that it is in danger of becoming a practice manual rather than the articulation of principle that it was intended to be.

In summary, the use of the rights concept as an organising principle has had uncertain results in practice. Taken to its logical conclusion, it arguably requires a more politically-engaged mode of response than most humanitarian agencies would be comfortable with – not least because it may conflict with the ability to maintain (perceived) neutrality. That said, there is no necessary incompatibility between needs- and rights-based approaches. The chief value of the latter arguably lies in the ability to identify more precisely responsibilities for humanitarian outcomes, and to bring corresponding influence to bear on those responsible.

2.5 Conclusions

What are the implications of this analysis for the practice of needs assessment and judgements about response? This report highlights the following:

- As a minimum, humanitarian needs assessment should consider the scope and nature of actual or imminent threats to life, health, basic subsistence and security (protection). Assessment should identify the levels of acute risk faced under these headings to allow for the effective targeting of response.

- To the extent possible, judgements about such threats should be tested against physiological 'outcome' indicators, such as mortality, morbidity and malnutrition, and key 'risk' indicators, for example relating to food access.

- The decision to intervene may have to be made in the absence of such data, where there is a demonstrably high likelihood of risk under the headings described.

- Thresholds should be agreed beyond which intervention is required as a matter of priority. At the upper end of the scale of risk, absolute and not relative standards should be applied. This should not discount the possibility of response to situations showing lower levels of actual or potential risk.

- Depending on the context and the sphere of concern, potential future threats under these headings may need to be the subject of assessment or surveillance. This generally demands a different approach and the use of risk indicators and predictive models. The aim of such assessments would be to inform decisions about preventive interventions.

- Humanitarian assessments should focus on key 'symptoms' and their proximate causes. A distinction should be made between situations requiring immediate relief intervention, and those requiring medium-term preventive interventions – allowing that some situations may require both.

- Food crisis should be distinguished from chronic food insecurity on the one hand, and famine (actual or potential) on the other.

- All such crises are multi-faceted – there is no such thing as a simple food crisis or health crisis. The models used to analyse such situations must take account of the basic causal interrelations, especially those between mortality, morbidity, nutrition and insecurity. Sectoral assessments must be conducted and coordinated in a way that reflects these interrelations.

- In situations related to violent conflict, an assessment of threats to the civilian population (protection needs) forms the essential framework within which all humanitarian action should be considered.

- The concept of rights does not of itself provide a basis for programming responses. It does, however, provide the normative framework within which the question of responsibility for human welfare may be decided. Assessments should consider the issue of formal responsibility, particularly under domestic and international law, in considering the role of the agency making the assessment. The responsibility of humanitarian agencies should be recognised as essentially secondary to that of the government or de facto governing authority, and the member states of the UN.

Chapter 3
The practice of needs assessment

The previous chapter argued for more consistent application of absolute standards and thresholds. Applying such standards depends on our ability to assess situations against them; in other words, the practice of assessment. This chapter considers the nature and purpose of assessment, the different forms it takes and their component elements, and the way in which these are adapted to different types of context. Key issues for assessment in the food and health sectors are discussed, including questions of commonality, comparability of results and the use of indicators. The crucial issues of how 'numbers affected' ('at risk', 'vulnerable') are estimated – the essential 'denominator' in most calculations about resource requirements – are related to a discussion about identifying vulnerable groups and the targeting of interventions. This is followed by a consideration of the process and mechanisms of assessment, within and between agencies and donors, with a focus on coordination. Finally, general criteria are suggested for judging what constitutes good needs assessment practice. This chapter is not intended as a technical review, or a review of comparative methodologies, though it highlights some key technical and methodological issues as they relate to the process of decision-making about response.

The gap between the ideal and the possible is often wide in the humanitarian sector, and this is true of assessment in practice. In many situations, access and security, time and resources, set real limits on what is possible and appropriate. Good assessment practice is about having *enough* relevant information on which to base sound analysis and judgements about response. What constitutes 'enough' may depend on the context and the level of risk that people are facing. The massive response to the largely 'invisible' famine in North Korea was based on a remarkably small base of direct evidence (for example of malnutrition levels), but was considered justified on the available evidence about food supply, given the numbers involved and the severity of the risk faced.

Where there is little pressure to respond, there may be little pressure to conduct assessments. Equally, where pressure to respond is intense, assessments may be hurried and inadequate, and geared towards raising funds. Neither case is satisfactory, since the pressures involved rarely derive from an understanding of *actual* risks and needs. While initial responses may necessarily be based on limited evidence, agencies or donors should not be prepared to operate without expanding and reviewing their evidence base over the course of their intervention, and amending their responses accordingly. In practice, the evidence suggests that, after the initial assessment and securing of funding, the process of continuing or repeat assessment is de-prioritised, or may not happen at all. Given the often highly conjectural nature of the initial assessment, the number of assumptions involved, and the changing nature of the situations concerned, this has a major bearing on the appropriateness of the related interventions. At one extreme, it can lead to situations where, for example, an agency agrees a funding contract with a donor for the construction of latrines for displaced people – and continues its building programme long after the majority of those people have returned home. Such examples are not unusual, and reflect a prevailing attitude that the delivery of the agreed output, on time and within budget, is the mark of a successful programme

3.1 The nature and purpose of assessment

3.1.1 Formal and non-formal assessment

A distinction is made in this study between:

(i) *formal* assessments, involving systematic data collection and analysis, usually across one or more 'sectors' (e.g. health), and using a pre-defined methodology;

(ii) *non-formal* assessment, involving a user-specific and usually unstructured process of information gathering and analysis in relation to a given situation.

An assessment process may include elements of both, and involves considering the facts of the situation in relation to organisational mandate, policy, strategy and capacity.

Formal assessments themselves vary in the extent to which they are systematic, follow standard methodologies, or produce results that are reliable and can be generalised from; compare, for example, a rapid health assessment with a full health survey (see below). Non-formal assessment is, by definition, a more subjective process. Most management decisions about humanitarian response are made primarily on the basis of non-formal assessment, with the results of formal assessments forming only a part of the process. While formal and non-formal methods of assessment probably represent different ends of a spectrum, rather than completely distinct categories, this chapter is concerned with the formal end of that spectrum.

Formal assessments are looked to for *objective* results that derive their validity from the methods used and the way they are applied, rather than from the judgement of the individual. In practice, questions about validity and accuracy often surround the results of such assessments. As in all areas of social science, error and bias are hard to exclude, and confidence intervals for the data produced may be wide. Perhaps more importantly, the interpretation of the results of formal assessments, and the conclusions based on them, may be highly subjective – so that, for example, the significance attached to an assessed 10% level of global acute malnutrition will vary according to the observer, their frame of reference, and the other information available to them. Taken on its own, such a statistic is of limited value. But gaps in knowledge – about baselines and trends, for instance – leave significant scope for interpretation.

3.1.2 The purpose of assessment

The main reason for conducting a humanitarian needs assessment is to inform an organisational decision about what to do in relation to a given situation. This is not as obvious as it may seem. Most importantly, it implies a recognition that there is a decision to be taken. The question of how an organisation comes to that conclusion, and what is the trigger for organisational concern, is considered further in chapter 4. This chapter considers the kinds of question an assessment process is designed to answer, and the way in which it seeks to answer them.

The nature of the decision to be taken, the organisation that is making it and the range of likely options for response have a direct bearing on the type of assessment conducted and on the assumptions on which the analysis is based. For example, the FAO/WFP Crop and Food Supply Assessment missions serve as the main basis for decisions about food aid requirements, but are principally concerned with questions of food availability (as their name suggests) rather than with access to food. They are also highly dependent on secondary information of sometimes doubtful validity and accuracy, from governmental and other sources. These are not criticisms of the method *per se*, but underscore the importance of understanding the limitations of any methodology when interpreting its findings.

Needs assessment informs decision-making in relation to four main questions:

- whether to intervene;
- the nature and scale of the intervention;
- prioritisation and allocation of resources; and
- programme design and planning.

In many cases, a decision in principle to intervene is followed by a detailed needs assessment to determine where and how. In the Southern Africa crisis, the decision to intervene seems to have been decided on the basis of limited 'formal' assessment data. Decisions were made based on an accumulation of anecdotal evidence, a forecast about maize production (from early-warning systems), and some evidence of increasing malnutrition (from NGO surveys), together with a build-up of political pressure. A number of assessments were then commissioned to provide the detail for programme strategies and a Consolidated Appeal.

While the primary purpose of formal needs assessments may be to inform an organisation's decisions about whether and how to respond, the purpose may also be to attempt to force a decision by others, to influence the nature of others' decisions, or to verify or justify decisions already taken. The case of Malawi in 2001/02 demonstrates that assessments can be influential in setting agendas, in forcing decisions (if only decisions to assess further), and in raising the profile of a given situation. The decision to assess at all in slow-onset emergencies such as this may be arbitrary and haphazard, at least at the micro-level. For example, the first assessments to identify high malnutrition rates in Malawi were undertaken as part of a training programme. In other cases, assessments may be driven by the resource allocation process. Decisions to intervene in these cases were made concurrently with (or predated) the decision to launch an assessment.

One important aspect of the rationale for needs assessment is the extent to which assessments are geared towards *predictive* analysis – looking for evidence (an analysis of past and current conditions) that can be linked causally to future outcomes with some degree of confidence, with a view to devising preventive interventions. The *imminence* of the threat in question to some extent determines the nature of the assessment and the kinds of indicator used. People who are currently unable to provide enough food for themselves and their families have needs of a different order to those who face the prospect of famine next year if the rains fail. In the former case, the threat is *realised*, and those most at risk (the most vulnerable) will be those worst affected. In such cases, the full range of outcome and risk indicators is likely to be relevant to the assessment of need.

Many programme decisions in chronic situations, like those in South Sudan or Somalia, are based on a 'rolling' review of existing programmes in relation to changing circumstances. While there may be no formal re-assessment, a decision to continue, amend, or wind down a programme is made on the basis of a variety of criteria, including the success of the previous year's interventions and their continued relevance. Donor and agency strategies may be based on the assumption of continuously high levels of required input. A senior OFDA official estimated that as much as 70% of their annual funding went to such on-going responses. This raises the question of how such grants are assessed, and the extent to which rolling assessment (in the form of monitoring and surveillance) informs decisions about the continuation of funding. Here the question is not about triggers so much as indicators of change. In Somalia, surveillance systems such as that run by the Food Security Assessment Unit (FSAU) have been established for the purpose of monitoring change and establishing the appropriate levels of food intervention.

3.1.3 Elements and subject matter of assessment

The core elements of assessment are understood here to be:

(i) situational and context analysis (including security and access);

(ii) analysis of acute risk; and

(iii) needs assessment.

These are typically combined with a fourth element, namely detailed programme design and resource specification.

As currently practiced, assessment often consists of elements (i) and (iii), with risk analysis subsumed in the process of targeting inputs. At other times, elements (ii) and (iii) are combined, and indeed the risk in question may arise from the 'need' (lack) of some basic commodity.

All four elements may be combined in a single process at the 'front end' of the intervention. Although assessment is described in textbooks as an element in the project cycle, in practice it seems to reflect a more linear process. Yet all of the elements identified above need to be seen as dynamic: as situations develop, the nature of the resulting needs and risks is likely to change, and the response may have to change accordingly. A one-off situational analysis and needs assessment is unlikely to provide the necessary analytical basis for an appropriate sustained response. A linear approach also tends to lead to a disconnect between assessment, implementation and review/evaluation, with each being seen as distinct, consecutive phases. This hinders the necessary 'feedback loops' that would allow proper management of the process.

The subject matter of assessment tends to be sector-specific. So, for example, what WFP and those working in the food sector commonly call 'emergency needs assessment' (ENA) is actually an assessment of food-related needs – typically the need for food aid. Assessments in other sectors are similarly specific to those sectors, and few models of analysis or forms of assessment allow for effective cross-sectoral analysis. The sectors themselves – generally taken to include food and nutrition, health, water and sanitation, and shelter – are defined as much in terms of *forms of assistance* as needs *per se*. There is some logic to this, and it reflects accumulated experience of the main life-threatening risks and needs faced by people in disasters. Yet assessment processes that are restricted to these separate strands tend to provide fragmented analysis, making it hard to determine the interaction of these (and other) factors, and to decide questions of relative priority. While a sector-specific approach to assessment may be appropriate for a given agency with a particular speciality and mandate, it makes less sense for the system taken as a whole.

Box 3.1: FEWS NET and early warning

FEWS NET is designed 'to build international, national and sub-national information networks that help reduce food insecurity in countries where the political leadership is committed to assuming greater responsibility for the food security of their population.' (USAID, 2002).

FEWS NET's role 'in preventing famines' is described in the following terms:

- It identifies specific, acute food security threats that can lead to increases in acute malnutrition, morbidity and mortality, especially among vulnerable groups.
- It monitors and facilitates timely access to information, such as crop assessments and malnutrition rates, required by public and private decision-makers.
- It recommends and advocates early, preventive actions which are critical to stopping famines before they develop.
- It provides regular informational assessments to decision-makers that reflect the best judgement of the food security community (early consensus on the possible parameters of an impending food crisis gives key decision-makers the confidence to commit resources early on to mitigate famine).
- It disseminates timely and accurate information to the general public and media about food security conditions. This reporting helps strengthen accountability, supports the involvement of civil society and engenders sustainable community action towards famine prevention.

3.1.4 'Formal' assessment: systems, techniques and levels of analysis

Different types of formal assessment demand different techniques, depending on their purpose and the kinds of information being collected. Some of the main forms of assessment, and the kinds of information they provide to decision makers, are considered below.

Early warning

Early warning has been described as 'a process of information gathering and policy analysis to allow the prediction of developing crises and action to prevent them or contain their effects' (UNHCR, 1996). This form of assessment is most obviously related to preparedness and contingency planning on the one hand, and preventive intervention on the other. Information provided by early-warning systems is typically based on the monitoring of climatic or geological factors and, in the case of chronic food insecurity, the monitoring of food production and related economic factors.

The most developed examples of food-related early-warning systems at the international level are the FAO Global Information and Early Warning System (GIEWS); the Food Insecurity and Vulnerability Information and Mapping Systems (FIVIMS); and the USAID-sponsored famine early-warning system information network (FEWS NET) in Sub-Saharan Africa. Such systems rely heavily on secondary data, so that their assessments can only be as good as the data available, which come primarily from such sources as national government statistics on crop production, prices and imports/exports. Nevertheless, such systems have generally been successful in predicting impending food crises. Failures of timely and appropriate response have more often been attributable to failures by donors, in particular, to respond to the available evidence (Buchanan-Smith and Davies, 1995).

Considerable progress has been made in predicting natural hazards of other kinds too. The coordination of information and communication systems, making use of new satellite and other technology for meteorological observation and forecasting, has made possible effective systems of short-term advance warning of cyclones in Central America and the Bay of Bengal, and flood-alert systems in Bangladesh and northern India. When combined with effective preparedness and mitigation measures, the result has been that many lives have been saved that would previously have been lost – though the human and economic impact of such natural hazards remains extremely high, and their incidence (and

the numbers affected by them) seems to be increasing (IFRC, 2002).

The timing and nature of man-made threats – especially those arising from armed conflict – are more difficult to predict. Contingency planning for refugee flows, for example, is integral to the work of UNHCR, and is based on the analysis of possible scenarios. The ability to assess the likelihood of a given scenario developing depends on the quality of available intelligence; and important resource-allocation and other planning decisions depend on the ability to make such judgements with reasonable accuracy, given the impossibility of planning for all scenarios. The independent evaluation of UNHCR's response to the Kosovo crisis (Suhrke et al., 2000) highlighted the organisation's limited access to military and political intelligence sources. UNHCR, like other humanitarian agencies, was 'heavily dependent upon public information for making policy decisions' (Suhrke et al., 2000: 18). As a result, it seems to have accepted the common assumption that air-strikes would rapidly resolve the situation, and failed to anticipate and plan for the possibility of massive refugee outflows from Kosovo. In other cases, the agency has been prevented by the government in question from making contingency preparations, since the prospect of a mass influx of refugees may not be welcome politically. UNHCR often faces similar political obstacles in fulfilling its most important function: securing international protection for refugees. So, for example, in the build-up to the invasion of Afghanistan by the US and its allies in late 2001, UNHCR attempted to broker an agreement with neighbouring states to provide temporary protection for Afghan refugees. Its assessment – that many Afghans would attempt to flee the conflict – was correct, but in the event neighbouring states closed their borders. In such cases, contextual and political risk analysis is central to the assessment process, needs assessment being contingent on these wider factors.

Rapid needs assessment

Various forms of rapid needs assessment are used in rapid-onset situations, or where previously inaccessible populations suddenly become accessible, and quick and reasonably reliable information is needed. Many agencies have developed their own guidelines, typically using checklists of questions about context, population, infrastructure and sectors where assistance may be required. Findings are based on observation and discussion with key informants and members of the community, together with a review of existing secondary data. In such contexts, there is an inevitable compromise between speed and accuracy, and an emphasis on qualitative methods. That said, some quantitative methods have been specifically developed for these contexts, such as the Mid Upper Arm Circumference (MUAC) technique for gauging nutritional status, and mapping methods for estimating the size of a refugee population.

The results of rapid needs assessments may inform decisions about resource allocation, particularly in rapid-onset natural disasters, where there is heavy reliance on knowledge of context and precedent to establish priority needs, and where reliable baseline data is more likely to be available than in conflict-affected areas or situations of displacement. This is not always the case. While the gathering of such data might be expected to form part of an emergency preparedness strategy, many of the agency staff interviewed reported that, in the event, such information was not available to them; or that in the confusion (for example where communications are disrupted or records lost) such information is overlooked. Agencies rely most upon their collective experience of responding to such disasters, informed estimates of need from the field and from headquarters personnel, and a mix of known capacity to respond and available funding. Technical personnel frequently referred to the pressure to ensure that a planned response was delivered before the funding 'window' closed as frustrating their desire to gather additional baseline data.

In certain types of rapid-onset disasters like earthquakes, where international agencies may be able to do little to mitigate the immediate loss of life, there is a tendency to focus more upon damage assessment than needs assessment. This sometimes reflects a shared understanding amongst agencies that the situation holds fewer immediate public-health risks, or that other bodies (local organisations, government, local business) will respond to immediate needs. So, for example, in the immediate aftermath of the Orissa cyclone of 1999 there was a far greater, and collective, emphasis upon multi-sectoral needs assessment than in the Gujarat earthquake in 2001, where the collective emphasis appears to have been upon damage assessment and addressing highly visible, post-first phase needs. This seems to have been based on a correct assumption that the immediate public-health risks in Gujarat were limited.

Agencies report that needs assessment mechanisms come under additional pressure in rapid-onset natural disasters. With recurrent or predictable disasters, like those that may follow annual flooding, agencies with an ongoing presence are likely to have staff familiar both with responding to such a disaster, and with the type and quality of information required by headquarters. If a threat is less predictable or less regular, existing structures are less likely to be able to respond in a flexible way. One agency interviewed cited the (slightly unusual) case of the Goma volcano eruption. Emergency personnel and coordination structures were already in place to respond to the ongoing complex emergency, yet there was little knowledge of the information needs of headquarters in the very different circumstances of a natural disaster.

During the initial Orissa cyclone response, there was an attempt to put in place an inter-agency rapid assessment mechanism. This was intended initially as a rapid assessment tool of 12 questions, which could be shared by the 40 or 50 agencies participating in coordination and assessment. However, the need to consult widely and to defer to the opinion of all participating agencies led to an unwieldy checklist of some 50 issues and questions, which proved unworkable and impossible to analyse. While the absence of a strong coordination mechanism contributed to this failure, trying to agree such a mechanism in the midst of a first-phase response may never be possible without prior consultation and agreement as part of an emergency preparedness

mechanism. The use of Sphere in such situations can certainly assist groups of agencies to agree on the measurement of needs and standards, but it does not help with the first basic step of agreeing what the priorities should be, and how they should be ranked.

Surveys, surveillance and levels of analysis

Surveys are designed to provide information about a given population that has a higher degree of reliability than that obtained by the rapid techniques described above. The results, in other words, have a degree of statistical validity and accuracy that cannot be expected from more informal methods, and they are designed to provide a basis for drawing general conclusions about the population surveyed. For instance, while the MUAC technique described above provides a way of roughly gauging the nutritional status of those measured, it does not provide a basis for drawing more general conclusions about malnutrition levels in the population, as a properly conducted nutritional survey does. Cross-sectional surveys using random sampling techniques, and combining quantitative and qualitative techniques, are used to measure malnutrition levels, mortality rates and other key indicators. They also provide a baseline upon which future assessments will rely. In most cases, such surveys are carried out in the second 'phase' of an emergency or at intervals in a protracted humanitarian crisis.

Surveillance provides a different and complementary type of information. For example, whereas health surveys might provide a measure of disease prevalence (proportion of cases in a given population), health surveillance systems would provide information on incidence (number of new cases over time). This allows changes and trends to be monitored in 'real time', and emergent problems to be detected at an early stage. Such systems can be established to monitor changes in a range of variables, from health status to food security. Their area of focus may be macro-level – the country or region (the early-warning systems described above are a form of macro-level surveillance); or they may focus on a smaller area, where they may form part of a particular humanitarian intervention, being used to monitor project indicators. Surveillance systems heavily rely on timely information provided by humanitarian interventions on the ground. This is the principal reason why they fail to provide timely, accurate information, as illustrated in the case studies. For instance, in South Sudan, the health information system set up by the OLS Consortium provides information with considerable delays. Its use as a mean to trigger a response is thereby seriously undermined.

In contexts of chronically high risk, effective systems of surveillance that can reveal trends and 'hotspots' are likely to be more appropriate than repeated surveys alone – and can help to determine the need for a more comprehensive survey. The two forms of assessment should be considered as complementary, not as alternatives. The study found the balance too heavily weighted towards assessment in the form of surveys in the response to the crisis in Southern Africa; more generally, it found insufficient investment in systems of surveillance. Such systems may be costly to establish and run, in terms of time and money, and are often set up as part of a collaborative effort between agencies. But establishing (for example) sentinel sites may be both the most effective and most efficient way to gauge changes in critical variables, as compared to the use of repeat surveys.

The Southern Africa example also highlighted one of the general problems noted by the study: how to ensure a sufficient basis of macro-, meso- and micro-level information, and how to combine the results to produce an analysis that can inform both overall resourcing decisions and local-level targeting. In that case, a system of joint agency standardised surveys became the basis for decision-making about food aid allocations at the district ('meso') level, building on the macro-level baseline information provided by the FAO/WFP Crop and Food Supply Assessment. Arguably what was lacking at the time the field study was conducted was a sufficient understanding of factors at the micro-level, both as to outcomes (like malnutrition levels) and as to the

Box 3.2: Rapid needs assessment mechanisms

UNDAC
The United Nations Disasters Assessment and Coordination mechanism (UNDAC) was created in 1993. Managed by OCHA's Emergency Service Branch, it is designed to provide information during the first phase of a sudden-onset disaster, and to coordinate international relief. UNDAC has been involved mainly in natural disasters: by January 2003, it had conducted 100 assessments, of which only 12 were on man-made disasters.

Disasters Assessment and Response Team
DART is OFDA's field operational response capacity. Although it is involved in initial needs assessments, DART also deals with the overall humanitarian response, coordinating USAID's financial response and providing technical expertise. DART teams have been involved in Kosovo, in the response to Hurricane Mitch and in Iraq.

Rapid Assessment Process
The Rapid Assessment Process (RAP) has been developed by OCHA in close collaboration with other humanitarian agencies. It has been used to assess humanitarian needs in post-conflict situations in Eritrea, Kosovo, Sierra Leone, Angola and Iraq. The objective is to encourage humanitarian agencies to use the same format for rapid assessment, in order to give a comprehensive picture of humanitarian needs. In Iraq, data collected by humanitarian agencies is entered in a central database managed by the Humanitarian Information Centre.

Although their mandates are very different, UNDAC and DART are similar mechanisms, involving external teams responsible for the initial assessment. Both have a search and rescue capacity. Whereas the strength of UNDAC and DART lies in their capacity to deploy technical experts to the site of a disaster, RAP relies on the humanitarian agencies present to collect information. RAP can potentially cover a broader area, depending on the number of agencies and their reach.

ways in which people and communities were actually coping under stress. An approach that draws on anthropological methods may be required to adequately assess these factors over time.

3.1.5 Assessment in context

The context in which potentially catastrophic events occur may determine the scale and type of humanitarian needs as much as the nature of the events themselves. A flood or drought in Europe or the US may cause grief and hardship, even relative impoverishment, but is unlikely to precipitate a humanitarian crisis as generally understood. Displacement from the Balkans conflict, while in itself and in its causes and effects a matter of great humanitarian concern, did not threaten to cause famine. This reflects not just the availability of safety nets, but also people's relative invulnerability to certain kinds of threat – sometimes described in terms of 'coping capacity'. In other words, an understanding of context is essential to an understanding of humanitarian need and of relative risk.

Even for specific types of disasters, morbidity and mortality patterns vary significantly according to context. For example, communicable diseases and malnutrition have been the major causes of morbidity and mortality in complex emergencies in Africa and Asia; in the Balkans and the Caucasus, violent trauma has usually been the major cause of mortality and complications of chronic disease have been a major cause of morbidity (Sphere, 2003)

This has a bearing on the kind of assessment that may be appropriate, the way in which indicators are used and interpreted, and the thresholds set for response. The nature of the catastrophic event(s) will also help determine the relevant assessment approach. Using the threat/risk analysis model, the following are some of the key variables relating to the analysis of the threat:

- Nature/impact of the precipitating event (conflict, flood, drought, hurricane)
- Nature of related threats (famine, disease, violence)
- Status of threat: actual/potential
- Severity of threat (life-threatening?)
- Acuteness of threat (timeframe: acute, chronic)
- Extent and location of threat (numbers affected, who, where).

The relative vulnerability of the affected population, and the extent to which people are able to adapt successfully to the changed environment, will have a significant bearing on the analysis of risk and need. Local and national response capacity will be factored into the determination of international responses and the allocation of resources. The cost of delivering services in the particular context will be relevant, as will the question of secure access.

Although the focus of this study is on situations involving acute and widespread threats to fundamental well-being, much of what is termed humanitarian aid is spent in what are variously described as situations in 'transition' or 'recovery' following an extended period of crisis. These terms are sometimes taken to imply a linear progression between humanitarian and development modes of engagement; but experience suggests that the idea of a 'relief–development continuum' breaks down when applied to real situations. Nevertheless, the notion of assisting recovery – through strengthening livelihoods and reducing vulnerability in various ways – has become central to much of what is understood as humanitarian response in such contexts. Here in particular, contextual factors will determine the question of what forms of intervention are appropriate.

In short, a range of variables relating to the nature of the catastrophe and the context in which it occurs will affect the question of appropriate response. Impartiality and universality of response demand the application of absolute rather than relative standards, and the setting of 'upper limit' thresholds of risk/need above which a response is demanded. Yet few would argue that situations that did not reach this upper limit, wherever it is set, should not be the subject of humanitarian concern. Ultimately, humanitarianism is a response to overwhelming suffering and threats to human dignity, issues that can only be fully understood in context.

3.2 Population figures, targeting and 'vulnerable groups'

3.2.1 Demographics and establishing numbers

The availability of reliable baseline data has a crucial bearing on the accuracy of assessments, and the quality of demographic information is perhaps the most important factor in this regard. Uncertainty over population figures, in particular, constitutes one of the main barriers to accurate needs assessment. In the most extreme cases, whole populations can go 'missing'. More usually, there is significant variation in estimates of population size, often compounded by problems in distinguishing between different groups, such as internally displaced people from host communities. In both Southern Sudan and Somalia, the last country-wide census predates the wars. Unmonitored population growth, the war-related death toll, large population displacements, highly mobile populations and impeded access, all render population estimates highly debatable. This variation in the 'denominator' can affect the calculation of resource requirements dramatically.

Obtaining accurate population figures is not only a technical problem. Population figures have a high political value, tend to be contested by political authorities, and may be distorted by other groups in order to increase resource allocations (Crisp, 1999). In some instances, the figure is the product of a 'negotiation' between authorities, the recipient populations and humanitarian agencies. Agencies, it is sometimes suggested, may themselves inflate numbers on the assumption that they will not receive the totality of resources requested. What is more certain is that agencies working in the same area are often using very different population figures.

Perhaps the greatest concern is with populations made 'invisible' by war, as in parts of Angola and eastern areas of the Democratic Republic of Congo. Here, population figures are often highly uncertain: recent estimates for the population of Ituri Province in eastern DRC, for example, vary between 1m and 4.5m. This and a variety of additional constraints affect the reliability of other crucial demographic information. Estimates of the number of deaths attributable to the conflict in DRC, while generally reckoned in the millions, remain uncertain and contested. The same uncertainty surrounds mortality and other data for similarly inaccessible contexts like Afghanistan.

In Somalia, the study found that agencies combine multiple sources of information to work out population figures. Figures provided by WHO polio campaigns are commonly used, but have been found to vary significantly from year to year. Agencies involved in food distribution use their own population figures, which can also vary greatly from others'. For example, a household food access and use survey by CARE in Luq District, Gedo region, in March/April 2002 put the population at 126,000, rather than the estimated 65,000 used by WHO.

A variety of techniques are available to estimate population size: simple counting of people or shelters; administrative records; community estimates; mapping (manually or using GPS); aerial photography; screening of children under five years old or extrapolation from vaccination surveys; household surveys; and, in refugee camps, registration or census (National Research Council, 2002). However, humanitarian agencies rarely use these techniques, though they may commission surveys based on them.[1]

The study concludes that establishing population size is an area of practice in which satellite imagery and other new technology should have resulted in far greater accuracy than is actually the case. In part this seems to be related to the political factors noted above; in part it stems from a failure to pay concerted attention to this issue. At present, the task of estimation may fall to the lead UN agency (for example UNHCR in refugee crises), whose relationship with the government may make objectivity hard to achieve. The development of field-based Humanitarian Information Centres and associated rapid assessment methods may go some way to providing more reliable demographic data, though the current rapid assessment protocols provide only a crude basis for this. This report argues for the development of specialist capacity for demographic assessment in humanitarian crises, either in the form of a free-standing body (with the advantage of relative independence) or through the establishment of a specialist function within the UN system. This should allow the deployment of suitably trained staff specifically tasked with establishing demographic baseline data, at the request of the ERC or RC/HC for the country concerned. This would include the use of remote sensing and other relevant technology, particularly in situations where large numbers of people are inaccessible.

3.2.2 Vulnerable groups and targeting

A significant element in most assessment processes is the identification of vulnerable groups – normally as a basis for targeting interventions. Certain initial assumptions about group vulnerability (i.e., about groups at high risk in relation to a given threat) tend to determine the areas or groups on which assessments focus. In some cases, the vulnerable group may be the entire civilian population, but in most instances vulnerability is more narrowly defined. Given the practical impossibility in most contexts of determining risk and need on an individual or household basis, and the need to orient formal assessments, this identification of potentially vulnerable groups is a necessary process, but it carries certain dangers. The notion of the 'vulnerable group' – typically based on assumptions about relative socio-economic status – can introduce artificial distinctions which do not necessarily reflect the real needs of a population. Agencies and donors, in their search for the most vulnerable, may concentrate resources heavily on a particular group (such as widows in Kabul) while neglecting others – the result of which may be a partial response in both senses of the word. Not belonging to a 'vulnerable group' can itself be a major vulnerability factor.

In Southern Sudan, the study found a general assumption that the vulnerability of internally displaced people was greater than that of resident populations. However, the extent to which there are clear differences between host and IDP communities varies; IDP communities themselves vary in their needs; and the tendency to equate 'IDP' with 'vulnerability' means that some of the shared needs of IDP and host communities can be overlooked.

In Serbia, the main categories of vulnerable groups used by humanitarian actors are IDPs, refugees and 'social cases'. Over the period considered (from 1999 to 2002), the humanitarian system has arguably excluded large segments of the vulnerable population as many of the targeting criteria used were artificial (Skuric-Prodanovic, 2001). For example, some IDPs were excluded from the social welfare system because they had a property (which they could not sell) or a 'paper job' back in Kosovo, although this did not alter their level of need (OCHA, 2002b). Some humanitarian agencies criticised the use of these categories and advocated for a more flexible approach. WFP's 2001 Joint Food Needs Assessment mission recommended moving away from an approach looking at beneficiary caseloads by specific categories to one focusing on vulnerability across all groups facing similar difficulties.

In short, assumptions about the needs and risks faced by particular groups can be dangerous, and targeting on this basis may not result in impartial response. Such assumptions – which may indeed be well founded and based on evidence – should be made explicit, and should be tested.

[1] For instance, Courtland Robinson carried out a Rapid Demographic Survey in South Sudan for CRS in 2002.

Box 3.3: Vulnerability and Analysis Mapping

WFP's Vulnerability and Analysis Mapping (VAM) is an information tool by which food insecurity is plotted according to levels of risk in different areas. It combines a number of the techniques described in the previous section: early warning, including the use of satellite imagery and analysis of rainfall patterns; periodic surveys; and surveillance, for example to monitor food prices. The results are analysed to provide a baseline picture of relative food security, and a basis for determining the targeting of food aid. Again, there is a heavy reliance on secondary data, and the results are treated with some caution by agencies. Nevertheless, as one respondent in Afghanistan commented, the VAM analysis is often the best and most comprehensive available. This is an example of a method that has been refined over a number of years and which, intelligently applied and interpreted, can provide an invaluable 'overview' assessment to inform system-wide responses.

Humanitarian agencies use terms such as beneficiaries, target population, affected population, vulnerable population or 'population at risk' in an inconsistent and sometimes confusing manner. There is rarely a clear explanation of how these categories relate to each other, and how the beneficiary population is derived from the affected population figure. The Southern Africa and Afghanistan cases illustrate that 'vulnerable group' does not necessarily mean the same as 'target group'. Targeting decisions may be based on a hierarchy of vulnerable groups, with some receiving higher priority than others – in this case, based on judgements about relative food insecurity. Access and political considerations may be determining factors in the way assistance is targeted. Geographic targeting may be favoured above household targeting on the grounds that it is more acceptable to give something to all households within a community and ignore other communities completely, than to give to only some households in all communities.

Targeting is sometimes complicated by spontaneous redistribution at the community level. In Southern Africa, food aid was redistributed at the village level by communities themselves. This is not necessarily of concern unless the result is that the most vulnerable do not receive the assistance they need. Similar examples were found in Southern Sudan, where food aid was redistributed according to kinship ties (Harragin and Chol, 2002). In Afghanistan, the study found that, even when targeting did happen and both beneficiary selection and distribution went according to plan, significant redistribution often took place once the distribution teams had left. Targeting, it seems, was often undermined by a lack of understanding of social systems.

Changes in targeting criteria may reflect fluctuations in available resources, rather than changing needs. Lack of funding often leads to a redefinition of food rations, or the tightening of vulnerability criteria, based on general assumptions about improving conditions, or on other extraneous grounds. In Serbia, the selection criteria for receiving aid varied considerably during 1999–2002. After the fall of Milosevic in October 2000, concern not to create disharmony among the communities led to pressure from some donors not to be too strict in the definition of beneficiaries. More recently, the scaling down of most humanitarian programmes has been accompanied by narrower beneficiary selection criteria.

In Afghanistan, the UN has been criticised for the way figures have been produced. In June 2000, for example, the UN declared a national drought, and it was estimated that between 3m and 4m people would be seriously affected. By November 2000, WFP had revised these figures down to just under a million. Following 11 September, UN and donor estimates of those 'at risk from food shortages' (IRIN, 19 September 2001), rose to 7m then 9m. Although reports suggest that WFP may have under-estimated the original problem, it is hard to imagine that they got it wrong by a factor of three.

3.3 Assessing food security and nutrition

Until the early 1990s, there were few identifiable generic approaches to emergency food needs assessment apart from the FAO/WFP joint crop and food supply assessments. This approach was based on estimated food availability in-country, and a calculation of calories available per capita based on the estimated population. Nutrition surveys were used to determine whether food deficits were having an impact on health. A number of factors led to the development of more broadly-based approaches:

- The limitations experienced with the 'food balance' approach, and increased awareness and understanding of Sen's 'entitlement' model.
- Accumulation of experience in certain types of emergency intervention, for example selective feeding/general rations/food for work/seeds and tools and the need for assessments that would inform decisions about such interventions.
- Accumulated experience in qualitative assessment approaches, for instance key informant interviews and focus group discussions.

Perhaps the most influential generic approach over the past decade has been the Household Economy Approach, originally developed by Save the Children. Initially designed to assess food aid needs in refugee camps, it has been adopted and adapted by a number of agencies and governments, particularly in Africa. This approach is unique in providing a transparent framework for assessing and quantifying food gaps at household/community level, and resulting food aid needs. Other agency approaches also emerged in the 1990s, including those of ACF, MSF, CARE, Oxfam, WFP (VAM), FEWS and the ICRC. With the exception of ICRC's, these were all developed for stable (i.e. non-conflict) situations.

Emergency food needs assessments generally involve an estimation of the severity of food insecurity, the identification

Table 3.1: Levels and types of food insecurity

Level	Mortality and malnutrition indicator	Food security indicators	Responses
Chronic (or periodic) food insecurity Access to food limited, often seasonally, and diet inadequate for good health. High prevalence of chronic malnutrition (stunting) and likely to be some seasonal increase in mortality, morbidity and acute malnutrition (wasting).	CMR 0.2–1/10,000/day Wasting 2.3–10% Stunting > 40%	Production: Poor yields leading to pre-harvest 'hungry season'; low prices for cash crops etc. Income and employment: high unemployment and low wages leading to poverty. Dependence on casual labour and the informal economy etc. Markets: price instability of staple foods and other key commodities; shortages of key commodities and foods (often seasonal); lack of market integration. Assets: low asset base; high reciprocity (e.g. dependence on loans, kinship/family ties, seasonal labour). Coping strategies: adaptive or insurance strategies periodically employed (e.g. changes in cropping patterns; sale of non-productive assets; borrowing small loans; seasonal labour migration; collection of wild foods etc.)	Typical indicated responses: longer-term strategies; support to livelihoods, food security, existing public health system; social safety nets. Information systems required: early-warning systems; health and nutrition surveillance.
Acute food crisis A crisis of food access generally precipitated by a shock but may be compounded by longer-term vulnerabilities (e.g. poverty, HIV/AIDS etc.). National capacity (or will) to respond exceeded (e.g. lack of strategic food reserves). CMR and wasting levels remain normal initially but rise as crisis persists.	CMR 0.2–2/10,000/day Wasting 2.3–10% or increases in wasting rates (e.g. doubling over a few months)	Production: precipitating events such as drought or war lead to loss of crops and/or livestock; Dramatic decline in overall food availability. Income and employment: loss of jobs; fall in wages; increased dependence on the informal economy. Markets: dramatic rises in price of food and other basic items Coping strategies: normal coping mechanisms start to break down under stress. Increase in unsustainable crisis strategies (e.g. changes in consumption patterns; disposal of key productive assets.)	Typical indicated response: Emergency responses and 'stepping up' of longer-term strategies; targeted general ration; possibly targeted supplementary and therapeutic feeding; increased health care provision; targeted agricultural production inputs; livelihood and food security support. Information systems required: early-warning systems (food availability and prices); health and nutrition surveillance; multi-sectoral assessments (including household food security, livelihoods, health and nutrition status, access to water and sanitation); mortality and nutrition surveys.
Extended food crisis A long-term crisis of food access often associated with poverty, lack of investment, erosion of livelihoods and political marginalisation. Wasting levels remain chronically high and fluctuate depending on season and level of humanitarian aid (if provided).	CMR 1–2/10,000/day Wasting 15–30%	Production: low crop and livestock production over long time period Income and employment: poverty and destitution high; high unemployment; Low wages; high dependence on welfare and low return activities (e.g. petty trading). Markets: prices of food and other basic items unaffordable for the poor. Coping strategies: unsustainable crisis strategies relied upon during specific seasons.	Typical indicated response: longer-term strategies together with some emergency responses; strengthening civil organisations (especially of marginalized groups); sustainable livelihood support; targeted general ration; supplementary and therapeutic feeding. Information systems required: health and nutrition surveillance; multi-sectoral assessments (including household food security, livelihoods, health and nutrition status, access to water and sanitation); mortality and nutrition surveys.
Famine A food crisis that results in major excess mortality and very high levels of severe acute malnutrition (both children and adults).	CMR > 2/10,000/day Wasting > 25 % or dramatic increases in wasting rates (e.g.trebling over a few months)	Characterised by catastrophic lack of access to food including market collapse; mass destitution; social breakdown; breakdown of formal and informal social systems Coping strategies: coping and crisis strategies exhausted or extreme survival strategies (e.g. distress migration, high-risk activities).	Typical indicated response: major and immediate emergency response Blanket general ration distribution; extensive supplementary and therapeutic feeding; health service support. Information systems required: health and nutrition surveillance; repeated multi-sectoral assessments; repeated mortality and nutrition surveys.

CMR = Crude Mortality Rate
Wasting = Acute malnutrition in children < 5 years based on weight for height < 2 Z score or 80%.

Box 3.4: WFP Emergency Operations (EMOPs): a country comparison

Afghanistan before and after 11 September 2001

The Protracted Relief and Recovery Operation (PRRO) in Afghanistan was suspended in April 2001 and an EMOP instituted, on the grounds that 'the effects of the drought are so severe that hundreds of thousands of people are at risk of starvation'. The available data was indeed alarming: mortality surveys conducted by MSF-Belgium and SC-US in January and April 2001 found under-five mortality rates of 5.2 and 5.9/10,000/day respectively in two different districts of Faryab Province, considered one of the worst-affected in Afghanistan. Although these rates could not be conclusively linked to malnutrition – indeed, assessed levels of acute malnutrition tended to be relatively 'normal' – they indicated a critical situation brought about by compound factors of war, poverty and drought.

Food security in Afghanistan was gauged at this time through 'snapshot' surveys (for instance the FAO/WFP missions, rapid emergency food needs assessments and NGO assessments), and the VAM process – itself dependent on an annual survey process. The subsequent development of a livelihoods-based surveillance system for food security and nutrition was a recognition of the need for a means of tracking changes over time, and of 'targeting' emergency needs assessments to areas of suspected critical need.

In the aftermath of 9/11, figures for those at risk were sharply increased, from 3.5m to 9m. The subsequent scaled-up food aid programme was credited by USAID as having averted a famine. Although in transition towards a PRRO as emphasis shifts to reconstruction and recovery activities, WFP will maintain rapid food security assessment teams in Afghanistan to collect data on the overall food security situation. It is unclear how successful the monitoring systems have been to date. FAO and WFP are collaborating in the management of a Food Security Assessment Unit for Afghanistan (FSAUA) to ensure that complementary food security factors are properly measured and included in the analyses. This includes collaboration on nutritional surveillance with UNICEF and other key partners.

Post-war Iraq

In the case of Afghanistan, WFP had been present in the region for some time, and a reasonable body of data was available to guide EMOPs.[2] This was not the case in post-war Iraq. Although WFP was involved prior to the war in the Oil-for-Food programme, and had an observer presence, food was distributed through the Iraqi Public Distribution System (PDS). These rations were thought to constitute 80% of average household income.

WFP's assessment of the levels of food insecurity that could result from conflict in Iraq was based on available socio-economic and nutrition data, as well as on an analysis of possible conflict scenarios. It was estimated that 4.9m people could become immediately vulnerable and food insecure. Decisions about the scale of the necessary food aid intervention were based not on assessed need, but rather on scenario planning and calculations based on population figures. This was made simpler by the assumption that the whole Iraqi population (plus refugees) would require assistance, given the high level of dependence on the PDS. This obviated the need for targeting based on more sophisticated vulnerability analysis.

Southern Africa

In Southern Africa, WFP's presence at the time the food crisis emerged in late 2001 was minimal. The EMOP launched in April 2002 stated that 'approximately 13 million people are facing a severe food crisis over the next nine months … Recent shocks threaten to erode current development efforts … [and are] expected to dramatically reduce both availability of, and market access to, cereals throughout the region'. Governments from the six affected countries requested FAO/WFP Crop and Food Supply Assessment Missions (CFSAMs). Conducted during the main harvest seasons in April and May 2002, these assessments determined that approximately 1.2m tonnes of food aid would be required between April 2002 and March 2003 to assist 12.8m vulnerable people. The Regional Vulnerability Assessment Committee, working with national committees, agreed to undertake a series of 'rolling' emergency assessments, planned for August 2002, December 2002 and March 2003. The information generated was seen as critical to refining targeting and mobilising more humanitarian resources if required.

The EMOP figures appear to have been based solely on the FAO/WFP CFSAMs. These are largely concerned with food availability rather than access, and assume a 'deficit' model of analysis, with a view to calculating overall food aid requirements. The EMOP was launched before the VAC assessments, which produced a considerable amount of data on food access and household vulnerability, but which in the event were used almost exclusively to determine the allocation of food aid by district. Opportunities for alternative forms of response were missed as a result.

[2] The presentation of relevant evidence in the EMOP documents themselves is scanty.

of vulnerable groups, and the identification of appropriate interventions. 'Food security' has at its centre the notion of access to adequate food, and all approaches to food needs assessment adopt concepts of vulnerability that relate to this question. Most approaches distinguish between 'coping' strategies, which are reversible and do not damage livelihoods in the longer term, and 'crisis' or 'survival' strategies, which may cause permanent damage. The degree of severity of food insecurity may be considered in terms of risks to lives or risks to livelihoods – or some combination of the two. The majority of approaches focus at the micro-level, i.e. on communities and households, typically classified according to wealth or livelihood type. Food security is generally the only livelihood outcome that is analysed, though a few approaches (such as the ICRC's) determine the severity of the risk to economic security more broadly.

The severity of food insecurity is determined by an analysis of food deficits, shifts in entitlements, the prevalence of malnutrition and the kinds of coping or survival strategies adopted. Such assessments generally identify the need for emergency relief – in the form of general ration distributions, supplementary feeding programmes or therapeutic feeding programmes. For agencies that adopt a livelihoods-centred approach, food security assessments are also used to determine the need for livelihood support interventions.

Besides these common elements, a number of features distinguish the various approaches to food needs assessment.

- The focus on food availability as opposed to accessibility varies. FEWS, for example, concentrates mainly on overall availability, while other methods focus more on household access to food.
- Reliance on secondary as opposed to primary data varies. FEWS and VAM depend largely on secondary data, while others involve the collection of primary data.
- The degree of focus on coping strategies varies.
- The degree of focus on the quantification of food needs varies; HEA focuses on quantification, while the Oxfam and CARE livelihoods approaches do not.
- Different approaches use different conceptual frameworks.
- Some approaches demand the use of nutritional surveys, others do not.
- Human resource needs vary. The HEA requires significant training, while ICRC's approach is more experience-based, less standardised and more subjective.

Assessments which incorporate most of the broader aspects of livelihoods appear to be done mostly by more development-oriented agencies, like CARE and Oxfam. Significant differences exist in the relative focus on economic, social or political factors; only ICRC has an explicit political focus and analysis of political vulnerability. Geographical coverage varies. While some methods, such as ACF's, aim only to assess relatively small, defined populations, others, such as HEA, extrapolate to a larger population from data collected in a small one; still others, like FEWS, collect data at a national or regional level.

All of these approaches have significant limitations, particularly in their application to situations of conflict and insecurity. None (except the ICRC's) includes an analysis of political processes that may be critical determinants of food security: war strategies, the political economy of conflict, the governance environment and the dynamics of power. Wealth or livelihood groups are delineated, but vulnerability may relate more to social or political status in situations of war or conflict; normal community support mechanisms are likely to have been disrupted or to have broken down.

A more general limitation – whether applied in stable or conflict situations – is that these methods rarely include a means of determining a broad-spectrum strategy that effectively combines livelihood support and other non-food interventions with food aid. Most are geared towards a calculation of food aid needs, tending to lead to (or reflect) an over-emphasis on this form of response.

The variations and limitations of current approaches suggest the need both for a greater degree of commonality between approaches, and for a better understanding of the particular benefits and specific application of each. An empirical evaluation of the relative benefits of each approach has not been conducted. This would be methodologically challenging but potentially valuable, not least in evaluating questions of relative costs and benefits. A more modest and perhaps more feasible step would be to conduct a desk review of the relative appropriateness of different approaches to particular scenarios. Studies already conducted suggest ways in which current approaches might be modified for use in complex political environments (Collinson et al., 2003; ODI, 2002; Lautze, 1997).

This study reaches a number of conclusions based on the current state of knowledge about the various approaches.

1. Range of options. Overall food security assessments must provide a basis for determining a broader range of intervention options than is currently the case. Transparent criteria need to be developed in order to assess the appropriateness, scope and feasibility of livelihood support options and other non-food aid measures, such as market support.

2. Harmonisation. Given the number of different approaches and the difficulties in using and comparing the resulting findings, a greater degree of harmonisation is desirable. This should include identifying a common minimum data set; in other words, types of information that would be collected by all agencies. This would allow more effective comparison within and across contexts, and enable 'raw' data to be shared and analysed against a range of conceptual models.

3. Good assessment practice. Certain common principles and minimum standards for emergency food needs assessment are desirable, and reference is made to the proposed general assessment criteria at the end of this chapter. The Sphere project has gone some way to elaborating principles of good assessment practice, and WFP is engaged in a process of consultation in relation to emergency food needs assessment. The involvement of donors in this process is essential to achieving greater commonality and consistency of practice amongst agencies, as well as promoting greater donor accountability in resource allocation decisions.

4. Food security and nutrition. While data on nutritional status may not always be essential for decision-making about food-related programmes, its collection is an essential element of risk analysis in populations known or suspected to be at high risk of acute malnutrition. However, nutritional surveys can be costly, and they require strict sampling procedures. Optimal means of combining and coordinating nutrition and food security assessments need to be developed, adaptable to specific contexts.

5. Clearer statements of rationale. In the Southern Africa crisis, a number of donors criticised agencies for their exclusive focus on food aid and for failing to make adequate recommendations for livelihoods support. A further complaint was that estimates of food aid needs did not sufficiently determine whether food aid was required to save lives, or to protect assets and livelihoods. While donor policies on livelihood support are themselves often unclear, it would be helpful for assessments to distinguish those situations where the primary rationale for food assistance is to save lives, from those where the main rationale is to protect assets or livelihoods. Greater transparency would allow better decisions to be made about resource allocation within and between contexts.

3.3.1 Clarifying terminology

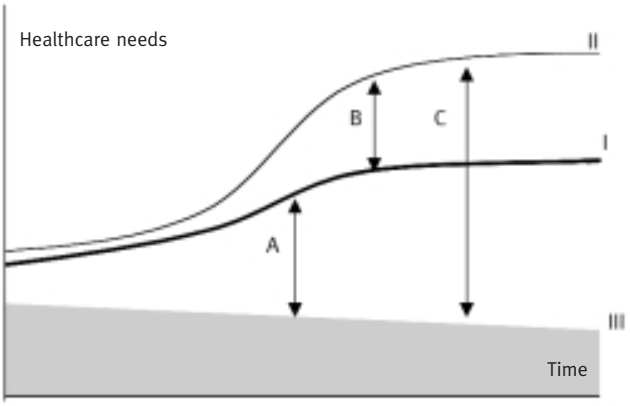
This report proposes a simple classification of different levels and types of food insecurity, as set out in Table 3.1. This is not put forward as definitive, but as illustrating the kinds of distinction on which it would be useful to reach consensus at the operational level. It distinguishes four levels of food insecurity: chronic or periodic food insecurity; acute food crisis; extended food crisis; and famine. Each level is characterised by a set of food security process indicators, and crude mortality and malnutrition outcome indicators. The associated thresholds for crude mortality and malnutrition are to some extent arbitrary, but are consistent with general usage in the humanitarian sphere. These are not 'stand-alone' indicators, but have to be analysed in conjunction with the food security indicators. The food security indicators are neither exhaustive nor appropriate for all situations; rather, they provide some indication of the process from food insecurity to outright famine.

This attempt at classification is based solely on typical symptoms and associated responses. It makes no attempt to categorise by causal features: the point is simply to try to achieve greater consistency of description. Nor does it deal with questions of scale or timeframe, though the assumption is that (as with any humanitarian crisis), the notion of extensiveness – temporal, geographic, demographic – is inherent. It is important to recognise that the characterisation of a situation as a food crisis or famine does not mean that it could not, with equal validity, be seen as (for example) a health crisis; or that food aid is the only indicated response. This is reflected in the description of symptoms and responses in table 3.1 (p.33).

3.4 Health-related assessment

In the health sector, perhaps more than in the food sector, an analysis of risks provides a more natural approach than one based on analysis of needs. Certainly, it is harder to understand this sector in terms of deficits, although the availability of healthcare facilities or drugs may be described in these terms (see Figure 3.1). Seen from the individual's point of view, lack of access to healthcare – as with a lack of access to food – may not appear either as a need/deficit or as a risk. Rather, it is a fact of life, and one which may make that individual particularly vulnerable in times of crisis.

Figure 3.1: Healthcare deficits in Southern Africa



Source: A. Griekspoor and A. Colombo, WHO

I = Baseline, increasing health care needs (increasing morbidity among others due to HIV pandemic)
II = Additional increased health care needs caused by food insecurity (which increases normal and HIV-related morbidity)
III = Access to services to cover health care needs (grey area represents percentage of total morbidity, baseline and excess, covered by health care services)
A = Existing gap in access to basic services (deficit of access to health services)
B (difference between I and II) = Represents excess morbidity caused by food insecurity, or what could be defined as the 'humanitarian' need caused by the food-security crisis
C (difference between II and III) = Total health care deficit/increasing gap in access to services
Excess morbidity cannot be addressed without addressing the pre-existing deficit in coverage/access to health care.

Table 3.2: Information tools for assessment and planning

Tool	Purpose/use	Focus/ content	Information sources/method	Timeframe
Humanitarian Information Centre (HIC)	Initial multi-sectoral assessment. Mapping	Infrastructure damage, population, geo-referenced location	Local informants Record, observation, interviews	Few hours of a multi-sectoral team per site visited
Rapid Health Assessment	First quick multi-sectoral assessment in acute emergencies Identifies critical information gaps for follow-up assessments	Priority health and other vital needs Residual capacity Recommendations for immediate intervention	Local informants Observation Interviews with local health authorities community representatives, secondary data	As above
In-depth health assessment	Follow-up/in-depth sectoral assessment Sectoral and health facility based	As above, with more details on health status, resources and activities; use of quality protocols	Local informants, medical and other records, observation, interviews, review of records	Up to 1 day of 2-3 health persons per site visited
Household survey	Measurement of health status Area/camp based	Health status, access to health care, water, sanitation; knowledge	Household survey (sampling, individual interview and measurement)	A few weeks
Surveillance	Monitoring of health status Early warning of outbreaks Sentinel or health facility based	mortality and morbidity of communicable diseases (and few non-communicable diseases). Outbreak alert and case definition	Health worker routine information system (weekly periodicity)	On-going
Survey or inventory	Formulation of reconstruction plans, planning, coordination	Survey of individual health facilities		Weeks-months

Source: Adapted from Allesandro Colombo and Andre Griekspoor/WHO.

Table 3.3: Emergency threshold (Sub-Saharan Africa)

Indicator	Out of control	Very serious situation	Alert level	Under control	Norm for countries in region
Crude Mortality Rate (per/10,000/day)	>2	1-2	>1	<1	0.4
Mortality rate among children under 5 years old (per/10,000/day)	>4	2-4	>2	<2	1.00
Global Acute Malnutrition		20%	10-19%	<10%	5%

Situations may be described in terms of a deviation from a 'norm', for instance a raised incidence of a given disease over the seasonal norm. This is necessarily context-specific, taking account of pre-existing health status, normal disease patterns, and so on. But given the essentially preventive concern with stopping people from falling sick, the identification and tackling of known risk factors (threats and vulnerabilities) is probably the most important element in an emergency health strategy. As argued in chapter 2, this risk analysis is an essential preliminary to an assessment of needs, in the sense of necessary measures and resources. In the contexts that this study is concerned with, lack of access to effective curative services must be construed as a risk factor – and here, as with food, availability and access must be distinguished from each other. The main questions are: what are the major threats to life; who is most at risk; and how can that threat be removed or the risk lessened?

Two features of current practice are crucial to this discussion. First, there is no mechanism for providing an overall assessment of health status, health risks and available healthcare – and so determining emergency health needs. To the extent that health needs are assessed, this is done through individual (generally uncoordinated) agency assessments, which are geared towards determining the nature of that agency's own response. Even if these 'response assessments' were better coordinated and the results aggregated, they would not provide an overview of total emergency health needs – though they might provide a more-or-less complete map of perceived 'hot-spots' in terms of health risks. Rather, they represent what agencies have decided to focus on, based on their organisational priorities and capacity.

The second crucial factor is that there are currently no common joint objectives for health-sector interventions; the objectives for individual interventions are often poorly defined, and tend to be described in terms of outputs rather than outcomes. Moreover, the guiding principle may be utilitarian – achieving the greatest benefit for the greatest number with the available resources – or it may be based on meeting the most urgent needs of the most vulnerable groups. While the latter approach seems to be demanded by the principle of impartiality, difficult choices may have to be made, based on such things as an analysis of relative costs and benefits. Triage, whereby priorities for medical attention are determined in relation to available resources, takes account not just of the severity of illness or injury but also of survival chances. So too, across emergency health interventions as a whole, difficult choices have to be made about the prioritisation of available resources in relation to needs and anticipated benefit/impact.

3.4.1 The subject matter of health assessments

Disasters and conflicts have various consequences – direct and indirect – for public health. Different types of event present variable degrees of threat to the health of a population, and attempts have been made to classify these threats according to the nature of the precipitating event (Toole, 1999; Noji, 1997).

Box 3.5 Assessing health needs in Iraq (A. Colombo, WHO)

As in other emergencies, health information was one of the first victims of the crisis in Iraq in 2003. During the war, the collection of health data stopped, and records were largely destroyed in the looting that followed the conflict. Healthcare delivery took priority over data collection.

Given this lack of data, international agencies undertook their own health needs assessments (HNAs). These were for some time the main, and often the only, activity of humanitarian organisations: more than 900 health facilities were inspected between April and May 2003, around 30% of the entire network. Needs assessments – especially those undertaken by military and civilian branches of coalition forces – focused on health facilities rather than the health status of the population. This was characterised by a lack of morbidity and mortality data and by an approach that prioritised infrastructure and equipment.

HNAs were constrained by lack of security and by the need to negotiate access with the military. As a result, there was insufficient geographical coverage to allow agencies to judge relative priorities, and to inform a proportionate and targeted response. It appears that most assessments targeted individual health facilities, paying little attention to the overall system: the network and its relationship with the administrative division, the referral systems and catchment areas.

Reports from HNAs vary from qualitative snapshots to detailed studies. Despite the lack of consistency, limited geographical coverage and insufficient measurements, HNAs have been useful for identifying broad patterns and high hazards: the shortage of drugs for chronic diseases, the risk of water-borne diseases, the constraints imposed by lack of security and (in the vacuum of governance) the increasingly unregulated and privatised nature of health services.

Attempts to coordinate methods and implementation of HNAs were only partially successful. As a result, several health facilities in accessible areas were assessed by different agencies (and showed clear signs of assessment fatigue), while many others were not studied at all. The fast-changing environment made the results of needs assessments valid for only a limited period: stocks of drugs could be rapidly depleted; electricity could be restored, allowing cold-chains to function and immunisation to restart. Needs assessments can guide initial response, but cannot substitute for surveillance and routine information systems.

The task force on health needs assessments accepted a proposal to move from one-off HNAs to more continuous monitoring and planning, through the re-establishment of routine data collection.[3] In this initial phase, priority was given to the coverage of the health information system and quality of data, at the expense of the quantity of indicators. Information sources and flows were the same as for the communicable disease surveillance system, which was established at the same time.

[3] This task force included WHO, UNICEF, the Iraqi Department of Health, ICRC, MDM and Première Urgence.

Table 3.4: Baseline reference mortality data by region

Region	CMR deaths/ 10,000/day	CMR emergency threshold	Deaths/10, 000 U5/day	U5MR ER threshold	Ratio U5MR/ CMR
Sub-Saharan Africa	0.44	0.9	1.14	2.3	2.6
Middle East and North Africa	0.16	0.3	0.36	0.7	2.2
South Asia	0.25	0.5	0.59	1.2	2.4
East Asia and Pacific	0.19	0.4	0.24	0.5	1.2
Latin America and Caribbean	0.16	0.3	0.19	0.4	1.2
Central and Eastern Europe/CIS and Baltic States	0.30	0.6	0.20	0.4	0.7
Industrialised countries	0.25	0.5	0.04	0.1	0.2
Developing countries	0.25	0.5	0.53	1.1	2.2
Least-developed countries	0.38	0.8	1.03	2.1	2.7
World	0.25	0.5	0.48	1.0	2.0

Source: UNICEF, *State of the World's Children* 2003 (data from 2001).

Health assessments seek to establish broadly three types of information: (i) the health status of the population; (ii) the factors contributing to (ill-)health; and (iii) the performance of the health services. These elements are often combined in assessments.

Health status of the population

The health status of the population is one of the key indicators of the severity of a situation. Generally included under this heading would be information on crude and under-five mortality rates, morbidity patterns for the main killer diseases (typically including diarrhoeal disease, measles, acute respiratory infection and malaria), and the prevalence of acute malnutrition (for under-fives and, sometimes, adults).

WHO defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. While mortality, morbidity and malnutrition are indicators of a direct threat to the survival of a population, other elements of health commonly feature in emergency health assessment and response – reflecting an overarching concern with alleviating suffering. These elements include mental health, particularly in conflict situations, which can determine a person's ability to cope and function normally; reproductive health; and, specifically, HIV/AIDS status, including the indirect social and economic consequences of the disease.

The study found that, in Southern Sudan and Somalia, health needs appear to be primarily defined by the presence or absence of health services, rather than by the health status of the population. In parallel, there is a lack of basic data on health and mortality. Many health agencies interviewed expressed the view that it is virtually impossible to measure mortality in Somalia and Southern Sudan because of unreliable population data, highly mobile populations, insecurity and limited access. Allowing for the difficulties of collecting such data, and of establishing a causal relationship between health-related interventions and mortality rates, this report argues that more concerted efforts should be made to collect information on mortality and morbidity. Establishing joint health and nutritional surveillance systems is essential to this.

Factors that contribute to ill-health

A variety of factors may threaten the health of a population. The proximate causes of ill-health may relate to a lack of access to the minimum requirements for healthy living: food and nutrition, water, sanitation and hygiene; or to environmental factors like climate/temperature, shelter/housing and overcrowding. The less direct causes of ill-health may relate to factors like forced migration and violence, landmines and unexploded ordnance, or socio-economic factors like poverty, livelihoods, employment or education. While the absence or scarcity of adequate food and water represent a direct threat to survival, and must be considered a priority for initial needs assessment, it is essential to understand the factors that affect the transmission and epidemiology of diseases, and the way in which these factors interact. For instance, overcrowding after displacement coupled with a lack of sanitation, in a situation where shigella is endemic, or was endemic among the displaced group in their place of origin, is likely to lead to a shigella epidemic.

Attaching a weighting to such risk factors is difficult, but many lives may depend on identifying and tackling essential factors, thereby interrupting the transmission chain.

Health-related assessments span a number of different sectors, requiring a range of expertise. The multitude of factors contributing to ill-health requires a multi-sectoral analysis and a coordinated response between different sectors. Healthcare interventions alone have very limited impact in the absence of other humanitarian responses – curative responses, for example, are in most situations not adequate without preventive health measures, adequate nutrition and appropriate sanitation. Beyond that, a range of social, economic and political factors have to be considered in any longer-term strategy.

Performance of health services

A third component of health assessments is the capacity and performance of health services. Health services alone make a relatively modest contribution to general health; a strong health service does not guarantee the good health of the population. That said, access to adequate health services may be a determining factor in saving the lives of those who fall sick or are injured. Limited access is a major vulnerability factor in emergencies. The question of access must always be considered when assessing the performance of health services. Different health-seeking behaviours may also explain limited use of health services by the population. The study found that, in Southern Africa, health assessments focused on determining the health status of the affected population, and did not adequately address the question of access to health services. Assessments of the quality and performance of health services must take into account not only the type and quality of health services (curative and preventive), but also such issues as the availability of drugs and the number and training of personnel.

3.4.2 Health assessment methodologies

Most guidelines make a distinction between rapid assessments and more comprehensive assessments. Rapid assessments, in the initial/acute phase of an emergency, aim to establish immediate risks to health (requiring an urgent response), as distinct from issues that require longer-term approaches. There is no particular method for rapid health assessments, but the immediate threats considered would include lack of water, the potential for epidemics or other threats such as sanitation problems, communicable disease and food shortages (MSF, 1997). Collecting reliable data requires time: it is necessary to balance the time and cost involved against the usefulness of such data. For that reason, rapid assessments are often based on direct observation and the use of secondary information, rather than on data collection and statistical analysis.

In 1990, WHO published a booklet on rapid health assessment (RHA), including flexible, disaster-specific protocols. Since then, there has been a proliferation of different methods, with UN agencies, NGOs and even donors developing their own protocols. This multiplicity of techniques and of data-gathering and reporting tools is justified by different information needs relating to the type of disaster, the target beneficiaries, operating conditions, the composition of the assessment team and the mandate of the agency. However, the comparability of findings has suffered, both within a given area and across different contexts. A rapid assessment may or may not be followed by a more comprehensive assessment – though this study argues that, in major crises, this is essential.

Roughly four forms of health assessment can be distinguished:

1. Rapid reconnaissance: a preliminary inspection of the disaster area.

2. Rapid health assessment: collecting information using available sources or rapid surveys (such as MUAC) in order to gauge the nature and severity of health risks, identify needs and guide the initial response.

3. Health surveys: detailed and systematic collection of data on morbidity, mortality and nutrition in a sample of the population, using random sampling techniques, interviews and/or measurement.

4. Health surveillance: continuous monitoring of health status, usually focused on life-threatening epidemic disease, which may be based on clinic data, sentinel sites or other sources.

A balance must be struck between speed, simplicity and cost on the one hand; and results that are precise and comparable on the other. The need for quick information, and the constraints of difficult field conditions, may prevent the use of formal epidemiological techniques – with inevitable compromises in terms of the validity and precision of data. RHAs have to rely on triangulation of different sources and the use of proxy indicators to establish risks to health and likely health status. The limitations of RHAs have to be carefully considered when data are interpreted and relayed to decision-makers.

Detailed health assessments tend to use more complex and lengthy methods. This is the case for instance for nutritional surveys, mortality surveys and immunisation coverage surveys. Table 3.2 gives a typology of the different tools for assessing health needs.

Most assessment methods require reliable data on the population, either the total population figure (generally feasible in refugee camps, but extremely difficult in open situations), or a cluster sampling survey, as used for nutritional surveys. As most of these methods have been developed for refugee settings, they are more difficult to apply in a systematic manner in open settings. When they are used, doubts may surround the appropriateness of the methodologies employed and the reliability of the results gained. Even in the case of nutritional surveys, which are conducted according to relatively standardised methodologies, the case studies showed that the results of such surveys were often questioned (Afghanistan, Somalia). This seems to reflect a concern about the rigour with which surveys are conducted, as much as the lack of standardised methods. In the health sector as a whole, methodologies are often adapted to particular contexts, and involve a significant qualitative component – with the result that data is hard to compare across contexts.

3.4.3 Assessments, surveillance and health information systems

Rapid initial assessments, more detailed health surveys, epidemiological surveillance systems, data on the performance of the health systems: all form part of a health information system (HIS). The information collected from these different sources, ongoing or ad hoc, pre-existing or assessed, has an important bearing on the design and appropriateness of the health intervention. A rapid health assessment should include establishing an ongoing public health surveillance system, as an essential element in the control of communicable diseases (Toole, 1999).

A functioning health information system, through which information is collected on health status, threats to health and health services, is crucial to any humanitarian response. The relevant Sphere standard on health services (proposed revision, 2003) reads: 'The design and development of health services are guided by the ongoing, coordinated collection, analysis and utilisation of relevant public health data'.

This is related to the following indicator: 'A standardised health information system (HIS) is implemented by all health agencies to routinely collect relevant data on demographics, mortality, morbidity, and health services'.

However, the cases examined in this study showed a general absence of functioning health information systems. Baseline information and data on health in countries prone to disasters was often lacking, with little knowledge of mortality and morbidity patterns, and sporadic information on malnutrition rates. The result is that gross estimates are often used as a basis for planning. For instance, mortality rates are said to be twice as high in Somalia as in Southern Sudan, although there is little evidence to substantiate this. In Afghanistan, the case study highlighted the absence of any sound statistical basis in the health sector. Efforts to set up an HIS were under way at the time of writing in Southern Sudan, but suffered from under-reporting and major delays. No HIS has been established in Somalia, and the ability of the system to mount timely and appropriate responses is compromised as a result. In Southern Africa, the HIS is almost non-existent. There is a general lack of investment in these systems, when compared to the existing food security surveillance mechanisms. One result is a poor understanding of health inequalities; that is, differences in health status and risk across different groups disaggregated by age, sex, geography, socio-economic status, and so on.

3.4.4 Emergency thresholds

There are internationally-accepted cut-off values for emergency warning. These are expressed in terms of crude mortality rate (CMR), under-five mortality rate and the prevalence of global acute malnutrition (see Table 3.3). There are also thresholds for communicable diseases expressed in number of new cases in a given population over a certain period of time (incidence). Trends as well as absolute values are used to judge when a situation is critical; for example, a doubling of the baseline CMR 'indicates a significant public health emergency, requiring immediate response' (Sphere, 2003). Measurement against these thresholds and the observation of trends demands the collection of relevant information over a period of time, and hence a functioning information system. Some indicators depend for their accuracy on the accuracy of the population figure. These emergency thresholds indicate when a situation is critical or out of control rather than when an intervention is necessary. Decisions for health interventions, in other words, cannot be based only on these benchmarks. These represent outcomes; responses, as noted earlier, have to be based on an understanding of (and information about) relevant trends, risk factors and causal relations.

These figures, however, represent only rough 'rules of thumb' relating to a specific region. Cut-off points are judged relative to context-specific baselines, as illustrated by Table 3.4.

3.5 Assessing physical security and the need for protection

Apart from the conditions necessary to maintain health and well-being, the other critical aspect of human welfare that is of humanitarian concern is physical security and the need for protection, specifically in conflict-related situations. Security is understood here to include freedom from violence or fear, from coercion, and from deprivation of the means of survival. The two areas of concern are closely linked: underlying the need for material assistance are often factors like human displacement or the destruction of essential infrastructure.

The study found only limited evidence of attempts to assess protection needs in any systematic way. Standards and methodologies for assessing protection needs do not exist, and there is no shared understanding of what is involved. Those attempts that were observed tended to span a broad range of concerns, from physical security to social protection, and were typically associated with rights-based approaches to programming. In Somalia, for example, the UNCU study of IDPs – commissioned as part of the preparation of a country strategy to provide assistance and protection to the internally displaced – highlighted the social vulnerability and protection issues faced by minorities and the displaced within Somalia (UNCU, 2002a: 3). Protection officers in UNICEF and UNHCR and a field officer attached to the OHCHR collect protection-related information, which is compiled in Nairobi.

The ambiguous nature of displacement in Somalia, where many people have moved to their clan areas for protection, contrasts with the more overt protection issues associated with displacement due to conflict in Southern Sudan. But while standards and methodologies have been developed for assessing assistance needs, such as the Sphere minimum standards, nothing similar exists for protection and there is no shared understanding of what it involves. Three different conceptions of protection can be identified in these contexts:[4]

- *Any activity aimed at implementing international law*. These include ICRC visits to places of detention in Sudan to monitor the living

[4] This is adapted from ICRC (2001): 20.

conditions and treatment of people held by the SPLM/A and the Sudanese People's Defence Force (SPDF). It also includes the protection by UNHCR of refugees in accordance with refugee law. UNICEF and SC UK have pioneered protection work with children, on the basis of rights laid down in the Convention on the Rights of the Child.

- *Any activity in defence of human rights, or which documents human rights abuses.* This includes advocacy, such as the collection and dissemination of information by Christian Aid or MSF-Holland exposing human rights violations in the oil fields of Sudan. Both of these agencies identify the protection of populations at risk as their main objectives in South Sudan.

- *In its wider sense, any humanitarian activity, including material assistance, because the ultimate goal of humanitarian action is to protect people.* This effectively includes any humanitarian activity in Southern Sudan or Somalia.

This study prefers a more restricted definition of humanitarian protection, based around the concept of threats to fundamental well-being arising from human conduct. This would include, for example, issues like the denial of access to relief, but not the protection of all human rights, or the provision of relief *per se*.

Protection activities are more developed among agencies in Sudan than in Somalia, and largely coalesce around the issue of humanitarian access. The right of civilians in war to protection and assistance is recognised in the access agreements that established OLS. Efforts to further protect the integrity of humanitarian assistance and the rights of civilians in the southern sector of OLS led to the development of the Agreement on Ground Rules and the establishment of a humanitarian principles programme within UNICEF in the OLS southern sector (Levine, 1997). The Ground Rules, signed in 1994 by UNICEF/OLS, the SPLM/A and the Southern Sudan Independence Movement (SSIM), reflect a view of protection and assistance that sees both as being integral to the humanitarian agenda. In Sudan, partially as a result of the Ground Rules, agencies interviewed were generally aware of the notion of protection, particularly in relation to the dissemination of international law and human rights advocacy. However, despite the long-term problem of human rights abuses in Sudan and the violation of IHL by all parties, much protection work is still at a formative stage. The current protection unit at UNICEF/OLS is only three years old, and Save the Children's social protection activities in Southern Sudan have been in existence for a little over a year.

Despite being emphasised in the Ground Rules, protection has never been an explicit part of needs assessment processes. The political constraints imposed by undertaking assessments with the military/political authorities add to this problem. However, omitting protection from needs assessments means that there is a failure to adequately assess the primary causes of food insecurity, malnutrition and mortality.

A rights-based approach to programming – as adopted by agencies like UNICEF, Save the Children, Oxfam and CARE – might be expected to influence the way in which needs are assessed. In Sudan and Somalia, agencies differ about what such an approach means in practice. Broadly, it seems to involve a move away from an analysis of 'need' as a deficit to be made up with international relief, to one where individuals possess rights and exercise claims which communities and authorities, as 'duty bearers', have a responsibility to meet. This risks assuming a degree of local capacity and political will that seems at odds with the prevailing reality. Agencies assert that a rights-based approach requires an analysis of existing social arrangements and, therefore, deepens their understanding of their operational environment. They had difficulty, however, in explaining how this approach alters the way in which assessments are undertaken or programmes designed and implemented. In practice, rights still tended to be expressed in terms of material needs.

Humanitarian protection is not susceptible to the commodity-based approach that tends to characterise humanitarian assistance, nor to the kind of quantitative analysis that may underpin it. Risk analysis is more appropriate. While the need for protection cannot be easily quantified, this report concludes that, in conflict-related situations, an assessment of threats to the security of civilians – particularly threats of violence and coercion – should be considered the essential framework of analysis for the entire humanitarian response, both in protection and assistance.

No satisfactory overarching method of assessing such risks was found in the course of the case studies. The formally-mandated protection agencies, such as the ICRC and UNHCR, have well-established modes of analysis and response in respect of those whose legal status brings them within these agencies' mandates. The role of other actors is less clear, and this is a developing area of practice. However, some criteria can be suggested for an adequate protection assessment. Any such assessment should provide an understanding of:

- the threats faced by civilians, and their proximate causes;

- the link between threats to life, health and subsistence on the one hand, and security on the other;

- the dynamics of the political economy within which any intervention (protection or assistance) will be mounted; and

- the responsibilities of belligerents and others as stipulated in international humanitarian law and other relevant legal and normative frameworks;

The answers to these questions should inform decisions about whether and how to provide relief assistance, or to pursue strategies aimed at securing the protection of the civilian population. The success of any such strategy is likely to be contingent on the ability of the organisation in question to influence (directly or indirectly) those with the power to protect.

3.6 Coordination and the process of assessment

The study considered ways in which the assessment process was coordinated between different actors, and specifically at the relative merits of individual agency and joint assessment processes. In none of the situations considered were the various processes fully coordinated, although in Southern Africa the process of food aid needs assessment was coordinated to a remarkably high degree. Joint assessment strategies tended to focus on particular sectors of concern, and no examples were found of comprehensive strategies linking (for example) the food and health sectors. This tendency to fragmentation of assessment and analysis is arguably reflected in fragmentation of response.

3.6.1 Individual and joint assessments

The comparative advantages of single-agency versus joint (multi-agency) assessments were discussed with respondents in the case studies. In Southern Sudan and Somalia, agencies and donors differed in their opinion on this question. OFDA in Somalia, for example, favours individual-agency rather than joint assessments coordinated by the UN or SACB, arguing that joint assessments are too UN-driven and do not provide wide enough representation.[5] In Sudan, joint assessments are more common than in Somalia and are more broadly based. This probably reflects the relative roles of the OLS and SACB coordination structures, as well as issues of cost-sharing. The OLS consortium has a stronger coordinating and regulatory role than the SACB, which functions more as an information-sharing forum in Somalia.

An example of this difference can be seen in the Annual Need Assessment (ANA) in Sudan and the gu harvest assessment in Somalia. The ANA is a joint undertaking between the UN, NGOs, the Sudanese government and opposition forces, and is the main method for estimating annual food needs in Sudan. Since 2000, the ANA in government-held areas has stopped. In Sudan, where agreements on access are based on the principle of impartiality, the ANA has had an important political role in demonstrating that OLS aid operations are needs-based. The ANA is an expensive undertaking and donors and agencies have invested considerable funds and time in the assessment. It appears to be considered worth this investment.

In Somalia, by contrast, there is no comparable annual inter-agency assessment. The annual post-gu harvest crop assessment is undertaken by FSAU. The results are discussed with WFP and CARE, the main food distributing agencies, to ensure that there is consensus before any public statement is made concerning the food security situation of a particular area. Other joint assessments take place on an *ad hoc* basis in response to particular circumstances, such as the 1997 floods.

In Southern Africa, the emergency food security assessments conducted under the auspices of the SADC Vulnerability Assessment Committee (VAC) provide a striking example of a coordinated multi-agency assessment process. This involved a number of agencies (UN, IFRC, international and national NGOs) plus national governments, coming together to coordinate a series of (joint) assessments across a whole region. These were conducted according to standard methodology, though the application of this reportedly varied between countries. There was general agreement amongst those interviewed that the multi-agency approach was of collective benefit, specifically because it allowed broad geographic coverage; allowed a picture to be obtained at the national and regional level; ensured the adoption of a common methodology (hence comparable data); and fostered broader collaboration between agencies.

A multi-agency approach goes some way towards countering institutional biases, and so may have greater potential to produce credible, reliable and objective results. However, in the Southern Africa case there were disagreements between agencies regarding the best methodological approach, in particular whether the assessments should be questionnaire-based or based on more qualitative data-collection techniques. As a result, the methodology reportedly contained a series of compromises,[6] leaving open questions as to the validity and reliability of the results. Moreover, agencies may find it difficult to challenge the analysis of findings in such a consensus-driven environment. It is essential that the system remains open to independent and potentially challenging analysis, and that agencies are prepared to question their own and others' assumptions.

The VAC process was adapted from previous vulnerability assessment approaches in order specifically to allow an assessment to be made about food aid requirements – a function it seems to have performed effectively. It was thus premised on a common assumption about the appropriate form of response, and arguably left little room for exploring alternative options for tackling food insecurity. In fact, a substantial volume of data was collected through the VAC surveys which might have shed more light on food security and vulnerability, but much of that data went unanalysed.

The VAC process was unusual in the extent to which it involved the active support and collaboration of donors. The direct involvement of donor representatives in joint assessment missions is still the exception rather than the rule, but was felt by those consulted to be potentially beneficial on both sides. Certainly, in relation to the overall concerns of the current study, it represents a possible way of increasing levels of mutual trust and of reaching agreement on relative priorities. More generally, the increasing proximity of donor representatives to agencies' activities in the field has gone some way to achieving these goals, although this was found to be very much dependent on the attitude of the individuals concerned (including, crucially, the UN Coordinator) and the working culture in the specific context.

In contrast to these joint initiatives, single-agency assessments are generally conducted over a limited geographic area, covering relatively small samples, and so cannot be assumed to be representative of conditions in other areas – although

[5] Interview, Nairobi, 17 October, 2002.
[6] Interview, Nutrition Adviser, UNICEF, Malawi, November 2002.

taken together with other evidence they may point to a more widespread problem. Typically conducted by NGOs, they have the advantage of being far more flexible, can be carried out quickly, and focus on specific objectives. Such assessments are an essential complement to macro-level evidence or more general survey techniques. They can, as in the case of Malawi, serve as an essential corrective to interpretations drawn from macro-level evidence.

The merits of coordinating individual assessments more closely are debated. Not all agencies believe this is beneficial, because it can be time-consuming or because agency objectives do not necessarily coincide. A lack of follow-up can also undermine a coordinated response. In Afghanistan, on the other hand, respondents bemoaned the lack of coordination; the lack of such coordination is reflected in the patchy and often (apparently) illogical assessment coverage in the situations considered. This study concludes that such coordination is essential for the purposes of better system-wide prioritisation.

3.6.2 Coordination within and across sectors

Coordination within sectors of activity was found to be the most productive and appreciated form of collaboration, and one to which agencies were prepared to devote considerable time and resources. Respondents were asked what they saw as the benefits of such collaboration, and the ways in which it could be improved.

Sectoral coordination was found to be important for the standardisation of assessment processes and methods within a given sector and across sectors. The VAC in Southern Africa is one (mono-sectoral) example of this. In both Sudan and Somalia, the different levels of coordination inside and outside the countries have led to varied degrees of success in standardising assessment methodologies and information sharing. In Sudan, geographical meetings of OLS and non-OLS agencies provide a forum for information-sharing and problem-solving across sectors within a geographical area. For Somalia, the lack of a field-based presence for the SACB and limited UN presence mean that coordination structures are concentrated in Nairobi. These tend to be sectorally rather than geographically focused.

In Southern Sudan, there has been considerable progress (led by WHO) in the development of common protocols in the health sector. Coordination of food security assessments is less clear, and FAO complains that it is often not informed when assessments are to be conducted. In Somalia, the SACB Health Sector Committee has successfully developed tools and standards to guide agencies working in the health sector including standard morbidity, EPI and nutrition monthly reporting formats. However, a functional central database remains to be established.

In Somalia, the EC has brought a degree of standardisation to food security by requiring agencies which receive its funding to comply with the EC's food security strategy, involving the adoption by agencies of the FSAU food economy approach. The sectoral focus of the SACB proved to be problematic when analysing and agreeing on the situation in Gedo, as there was little coordination across the sectors. In this case, the ad hoc Humanitarian Response Group was re-activated to bring the various sectors together in order to discuss and agree a strategy for Gedo.

The merits of trying to conduct assessments using multi-sectoral teams have been much debated. There are logistical and other practical considerations, not least cost, but the more fundamental question is whether such an approach enables a more integrated analysis than is possible if assessments are conducted separately.

In Southern Africa, there was significant debate as to whether the VAC assessments should be more multi-sectoral, extending the data collection to cover areas such as health and HIV/AIDS. There were specific concerns that the mandate of the VAC was limited and that staff were inexperienced in collecting other kinds of data. There were more general concerns that an expanded VAC might lose focus and become too unwieldy. In addition, it was noted that there were other ways in addition to simultaneous assessment of 'matching' data to achieve a holistic view.

The study team concluded from this and other examples that assessment processes need not be multi-sectoral, but that sectoral assessments needed to be coordinated closely enough geographically and in time, so that the results could be correlated and analysed in relation to each other.

3.6.3 Sectoral task forces: generating expert consensus

The value placed on coordination within sectors is reflected in the near-universal establishment of sectoral working groups, often felt to be the most effective part of the inter-agency coordination process. To some extent, their value lies in providing a forum for discussion amongst a professional peer-group. However, these groups tend to be ad hoc; to work in relative isolation from one another; to have an ambiguous mandate; and to have no formal role in collective priority-setting.

It is arguable that the very informality and ad hoc nature of sectoral working groups is key to their success; certainly, there is a danger of bureaucratising a process that (generally) works well, to the point where it loses its value. However, the study concludes that the value of these groups is not maximised, and that they are insufficiently 'plugged in' to joint decision-making processes, specifically the CHAP process. It is at this level that issues of relative priority for action are probably best decided. This demands, however, that specialist working groups operate more closely with each other across sectors. For the purposes of assessment and analysis, the study recommends the routine establishment of an assessment 'task force', made up of the heads of the various sectoral working groups. These would provide an overview assessment of relative risks and needs within and across sectors, at the outset of a crisis and regularly throughout its duration. Since the specialists concerned are normally caught up in the process of programme delivery, it is suggested that the secondment of the staff members concerned for limited periods to such a group should be prioritised by agencies, and encouraged by donors. There may also be a role here for independent assessors (see chapter 4).

The study concludes that expert consensus, feeding into the CHAP/CAP process, is the best basis for achieving a comparative overview of risk, and for setting priorities for collective action.

3.7 Criteria for good needs assessment

It was suggested above that good assessment practice is about having enough relevant information on which to base sound decisions. What is enough depends on the context and on the kind of decision to be taken. The ideal in the sphere of humanitarian response is not comprehensive knowledge: in the terms of the analogy suggested earlier, the emergency doctor is concerned with only a limited range of symptoms that (taken together) may indicate life-threatening illness or injury. Other information about the patient's health status is likely to be irrelevant to the immediate decision to be taken, and the time taken finding it out may delay essential treatment. The criteria for good humanitarian needs assessment, similarly, must be determined in relation to the objectives of humanitarian action.

For the purposes of this study, the concern is with assessment mainly as it relates to the objectives of protecting life, health, basic subsistence and physical security. This involves identifying, as a priority, a specific range of acute 'symptoms' relating to these four areas of concern, and establishing their proximate causes. Depending on whether the crisis is actual or imminent, and on factors like the degree of access to the population affected, the symptoms involved may be measured predominantly by 'outcome' indicators like levels of acute malnutrition or diarrhoeal disease, or by 'risk' indicators like rising food prices or contaminated water supplies. A good assessment process combines both, correlating evidence about outcomes with evidence about risk.

The criteria for good system-wide assessment practice, on this basis, are that it consistently and accurately gauges situations against these four bases of analysis, determining relative levels of risk with enough precision that effective interventions can be designed and appropriately targeted. In practice, given the lack of overarching assessment mechanisms, this demands a sufficient degree of coordination of individual assessment processes, and the establishment of joint surveillance mechanisms.

The criteria for individual assessments must be expressed in rather different terms. Some are sector-specific, and were suggested in earlier sections. Here the concern is with more general criteria.

The following are suggested as key general criteria for good assessment practice:

- Timeliness – information and analysis is provided in time to inform key decisions about response.
- Relevance – the information and analysis provided is that which is most relevant to those decisions, in a form that is accessible to decision-makers.
- Coverage – the scope of assessment is adequate to the scale and nature of the problem and the decisions to be taken.
- Validity – methods used can be expected to lead to sound conclusions.
- Continuity – relevant information is provided throughout the course of a crisis.
- Transparency – the assumptions made, methods used and information relied on to reach conclusions are made explicit, as are the limits of accuracy of the data relied on.

In addition, good assessment practice would involve effective coordination with others, the sharing of data and analysis, and communication of significant results.

Chapter 4
Needs analysis and decision-making

4.1 Decision-making criteria and organisational interests

Decisions about humanitarian response, whether by agencies or donors, are influenced by a wide range of factors – but all would claim to be grounded in an analysis of need. This chapter considers how *central* that analysis is to the decision-making process; the extent to which it is based on credible evidence; and how it relates to the other factors involved in decision-making.

Some of these factors are directly related to the question of needs and an organisation's role in meeting them. Managers and policy-makers have to make judgements about levels of *unmet* need in a given situation, and the role played by other actors; about prioritisation across contexts of the resources available to them; and about their organisation's mandate and responsibility, expertise and capacity. They will consider the ability of their organisation to have impact in a particular context, the costs and benefits of specific interventions, and more generally how to achieve maximum impact with the resources available to them. This raises an important question as to whether the 'system' tends to prioritise its interventions not according to levels of need but according to where it can be seen to demonstrate 'impact', as demanded by new public policy rules (Macrae et al., 2002).

If the range of factors in decision-making were limited to those outlined above, one might expect overall responses to be more consistently proportionate and appropriate to the needs of the context. In reality, a number of extraneous factors come into play that are unrelated to the humanitarian agenda – and which may be simply incompatible with needs-based decision-making. For donor governments, these are predominantly foreign policy and domestic political interests (Minear and Smillie, 2003; Macrae and Leader, 2000). Since the events of 11 September 2001, these interests increasingly include a concern with international and domestic security. They also reflect historical, cultural and geographic ties: Europe, for example, has been the recipient of a third of total EC humanitarian assistance over the past five years (Development Initiatives, 2003), and most bilateral donors show marked geographic preferences. For agencies, the principal extraneous factors seem to relate to marketing and a concern with profile – the need to demonstrate to stakeholders and competitors an ability to 'deliver' in high-profile emergencies.

The decision-making processes of agencies and donors are connected, in both direct and indirect ways. An agency's ability to respond is likely to be more or less contingent on the willingness of donors – often a single donor – to fund the proposed response. Agencies admit to packaging situations in ways that highlight the particular set of problems to which they have a proposed solution: a medical agency highlights health problems, a children's agency may highlight the problem of unaccompanied children. This is unsurprising and in itself unobjectionable. For the donor, this process may be seen as one of buying relevant services to achieve strategic objectives; for the agency, a way of fulfilling its mandate. To the extent that market rules of supply and demand operate, the demand is largely that of the donor for services – and that of the intended beneficiaries only as interpreted. The process involves finding a common 'narrative' about the situation in question that fits the priorities of agency and donor alike, and allows the two to be reconciled. While this narrative may indeed be based on sound analysis, and may lead to appropriate responses, there are structural reasons why it may not do so, given the potential organisational interests of both parties in the acceptance of one narrative over another.

The study found some evidence of mutual 'construction' of crisis by agencies and donors in a way that suits both their ends. Given the tendency of contract-based relationships to be evaluated against contracted input and output rather than actual outcomes, there is a danger of circularity – problems are 'constructed' and 'solved' in ways that may bear little relation to actual needs.[1] In the case both of Afghanistan and of Southern Africa, while few doubted the seriousness of the food crises involved, the spectre of famine was invoked and then exorcised by the same actors (principally WFP/USAID) using the same means (food aid). In both cases, the analysis and approach had widespread support and buy-in from other agencies and donors; in both cases, there was a strong case for large-scale food-related interventions, even if the life-saving claims for its effectiveness are untested. There remains, however, a concern that the dominant model is so firmly constructed around this axis of common interest, highlighting the need for stronger means of independent verification. This is all the more important in those cases where the consensus of interest tends in the direction of *in*action, as appears to have been the case in the DRC. Here, consensus can be positively dangerous if it results in a systemic failure to respond to critical need – a failure that can have fatal consequences. Evidence of massively high levels of excess mortality in DRC, while contested in some quarters, is credible enough to lead to the conclusion that the response of the humanitarian system taken as a whole has been grossly inadequate, even allowing for problems of access (IRC, April 2003). This must be seen as a failure of protection as much as of relief assistance, and a result of political inertia as much as of agency complacency.

[1] Nicholas Stockton points to 'a growing "contract culture"' where a focus on 'the fulfilment of contracted inputs and outputs rather than on actual humanitarian outcomes' allows 'the industry to demonstrate contractual success even within spectacularly unfulfilled mandates'. Nicholas Stockton, *The Collapse of the State and the International Humanitarian Industry – The New World Order in Emergencies* (Oxford: OUP, 1995).

In many situations, and particularly in high-profile, rapid-onset disasters, the study found that agencies are prioritising the writing of funding proposals over the assessment of need, or are conflating the two. Again, this reflects the inter-connectedness of the decision-making processes. Typically, under political pressure to respond to such situations, a narrow funding 'window' is set by donors within which they will entertain proposals and make decisions about how to allocate the resources made available from government coffers. Agencies, under similar pressure from their constituencies and usually lacking the independent means to respond on any scale, prioritise the preparation of funding proposals and tailor their assessments accordingly. This clearly has implications for the quality and objectivity of the assessment.

This chapter examines evidence from the case studies about the way in which an analysis of needs informs agency and donor decision-making, and uses this as a basis for considering how this link might be strengthened. It looks at the following questions:

- *The use of needs analysis.* To what extent are decisions based on the results of needs assessment and analysis, and to what extent on other factors? To what extent are decisions evidence-based?

- *Management information*. What information do managers actually use, and how do they get it? What system-wide information systems exist, and how are they used by decision-makers?

- *Trust and credibility*. What determines credibility and trust, and what sources of information are privileged? Can needs analysis be separated from the design of responses and requests for funding?

- *Coordination and prioritisation*. To what extent are funding and response decisions coordinated? Does the CHAP/CAP provide an effective vehicle for joint assessment and prioritisation?

4.2 Factors in decision-making about humanitarian response

4.2.1 Political and other extraneous factors

The parallel study on donor behaviour conducted by the Humanitarianism and War Project demonstrates the extent to which donors' decisions, and hence humanitarian responses in general, are conditioned by considerations of foreign and domestic policy (Minear and Smillie, 2003). These agendas increasingly overlap, particularly in the spheres of asylum policy and state security (Macrae and Harmer eds, 2003). This comes as little surprise, perhaps, although the implications for funding decisions across the international system as a whole have rarely been articulated (Macrae and Leader, 2000: 60–61; Development Initiatives, 2003). Agencies may also be influenced by extraneous factors (notably marketing), and both donors and agencies have domestic and other constituencies to whom they have to be responsive.

A review of the international response to needs in Afghanistan before 11 September and in its aftermath presents a striking example of the extent to which needs are seen through the lens of donor governments' foreign policy agendas. Before 9/11, aid to Afghanistan was circumscribed by attitudes to the Taliban regime. Afterwards, 'numbers affected' by the food crisis in the country climbed dramatically, from 3.5m to 9m between September and November 2001. While the food crisis was exacerbated by the US bombing campaign, it was certainly not three times as bad. This leaves agencies and donors alike open to the charge of 'manufacturing' a crisis of inflated proportions so that, when the threatened famine does not materialise, credit can be claimed for the presumed success of the response.[2] In the Afghanistan case, the head of USAID announced to the world that a 'famine had been averted' (BBC report); though it was unclear whether famine had in fact threatened and if so, whether food aid was the determining factor in averting it. From the time of the inter-governmental conference in Bonn in December 2001, the terminology changed from that of 'crisis' to 'recovery and reconstruction' – the change of regime evidently warranting a change in the way the situation was perceived. This was matched by a change in the scale of funding for humanitarian and reconstruction/development purposes; and by a relaxation of security guidelines, though the country was if anything less secure than before.

In situations of this kind – as in Somalia or Iraq – a combination of increasing destitution, insecurity and international isolation has led to situations of 'frozen' crisis, broken only when the international political agenda changes. In Serbia, the fall of Slobodan Milosevic – as with the fall of the Taliban and Saddam Hussein, or the death of Jonas Savimbi in Angola – was the critical factor in changing the way the international community engaged with that country, and in unlocking the resources required to achieve substantive change. This is evidently not a needs-driven process.

Humanitarian aid has come to be used by the international community as an instrument of engagement with what are dubbed 'poorly-performing' states (Macrae, 2001). While the use of humanitarian aid as the sole or predominant mode of engagement is common in complex emergencies, a more specific agenda has now emerged concerned with limiting the danger posed to international security, either directly or through the sponsorship of terrorism. Iraq, Afghanistan and North Korea can all, in their different ways, be seen as examples where humanitarian and security agendas have become inextricably linked.

[2] An apparent example of the contrary tendency should be noted. In 2000, the UN agencies had declared a national drought and estimated that 3–4m people would be seriously affected. At this point, there was little attempt to disaggregate or prioritise target groups. By November 2000, WFP revised these figures down to just under a million. Such gross fluctuations inevitably raise the question whether estimates are being tailored to available resources, though the study does not have specific evidence to draw such a conclusion in this case.

Humanitarian aid has also become increasingly important in attempts to consolidate and bolster fledgling regimes; East Timor and Afghanistan are two such examples of how the perception of need is coloured by the desire (following 'regime change') to consolidate the position of new governments or interim regimes whose political survival may depend on their perceived ability to provide food and basic services. This concern can influence the way in which aid is provided even while conflict continues; in Iraq and Afghanistan, aid has been used with remarkably little compunction as part of a 'hearts and minds' strategy to win support for a belligerent's cause.

The factors mentioned above relate for the most part to the decisions of governmental donors; but given the degree of dependence of agencies on such donors, their effect is to introduce a massive bias in the way the humanitarian system responds to a particular situation. This will not necessarily be at odds with a needs-based analysis. Afghanistan, for example, is receiving a level of assistance that looks more nearly proportionate to the scale of needs than it did before 9/11. However, the fact that countries like Afghanistan, Sudan and Angola are now treated as situations in 'transition' speaks of an optimism that may result in a reduction in access to key goods and services, even if overall volumes of aid increase (Macrae, 2001; Apthorpe et al., 1996). Progress towards recovery in these countries may yet be undermined by international neglect and a return of these countries to the political shadows from which they have temporarily emerged. In short, an international system that is to be truly responsive to need, and impartial in its allocation of resources, must find a way of countering the inherent bias that leads to proportionate responses only where there is a coincidence of strategic and humanitarian interest.

Many crisis-affected countries suffer neither of these extremes of international indifference or intense geopolitical interest. In Southern Africa, 'poor performance' has tended to be described more in terms of failed economic policy than outright failures of responsible governance. Nevertheless, much of the information regarding the humanitarian crisis is filtered at donor headquarters through a set of policy concerns regarding good governance and accountability. This is particularly so in Zimbabwe, where concerns about the policies of the government extend far beyond the economic sphere, and where many believe that the threat of famine is a direct and in some senses deliberate result of government policy towards its political opponents. In Malawi, political considerations have been less apparent, but they have still caused delays to the necessary response. Much time was taken up in discussion between the government, donors and the IFIs regarding the sale of Malawi's Strategic Grain Reserve. Donors were concerned about assisting a government which stood accused of mismanagement and corruption; at the same time, their ability to respond depended on the government itself making an official request for assistance, which it reluctantly did in late March 2002.

High-level political commitment from certain donor governments was key to capturing resources for Southern Africa. This may be arbitrary, based on value judgements as much as on an understanding of comparative need. One of the more significant sources of political pressure came from the then UK Secretary of State for International Development, Clare Short, who wrote to her counterparts in other governments urging them to respond. Significant political pressure ensured that competing funding priorities did not markedly affect support (at the time of writing the CAP is some 70% funded). In the sense that the region as a whole is not high on the international political agenda, this case runs counter to the general trend in humanitarian crises, whereby the absence of such interest greatly increases the difficulties of attracting and securing resources. The appointment of a high-profile special envoy to the region (James Morris, head of WFP) has helped to keep the region on the humanitarian map.

In determining the level of resources required for the CAP, some agency decisions were informed by a concern not simply to fill a void left by host government incapacity or inaction; there was, in other words, some concern to hold the responsible authorities to account, as well as to assist them in fulfilling their responsibility to their people. The same was found to be true in Serbia. This, however, seems to be the exception rather than the rule. This issue of responsibility should feature much more strongly in needs analysis than is currently the case, and arguably it is here that the concept of rights acquires its greatest significance. The tendency of the international system to 'substitute' for national government services, while it may be essential on humanitarian grounds, should never be understood as a substitution of responsibility.

The donor response to Sudan is another good example of the way donor priorities can influence response. Thus, the past decade has seen significant shifts in the relationship between the US government, as the biggest donor, and the Khartoum government, the rebel movements and other regional states. Following the coup in 1989, bilateral development assistance ended. Since then, OFDA has focused almost exclusively on IDPs in Greater Khartoum, the transition zone and garrison towns. In 1999, the US government resumed developmental funding for projects in opposition-held areas in the south, reflecting US support for 'transitional politics'. In 2001, OFDA resumed assistance to drought-affected Sudanese in the north. This also reflected a thawing in relations between the US and the Sudanese government, and efforts to restart a peace process.

The political interests of other donor governments and the EU have also been important, but less obvious. Whereas USAID distinguishes between stable and unstable areas, DFID treats the whole of Sudan as a single unit, eligible only for humanitarian aid. Dutch government funding, scaled down since the coup and based on what is considered 'logical', rather than on any formal needs assessment, has remained constant for the past five to six years. The Dutch representative for Sudan in Nairobi[3] noted that, while needs in Sudan may not change, the resources allocated may depend on needs

[3] Interview, Nairobi, 24 October 2002.

elsewhere. For the Dutch government, domestic political interests – notably the presence of 31,000 Somali refugees in the Netherlands – are of prime importance. Similarly, the Danish involvement in Somalia in the late 1990s was initially driven by the presence of Somali asylum-seekers in Denmark. The concern was to prevent more from seeking asylum, and to assist those already in Denmark to return home. According to the Danish representative interviewed, the Danish aid programme in Somalia 'was therefore not strictly driven by needs, although we wanted to see how we could best address needs'.

There is no common or clear formula for how donors set a budget for a country or region. A donor desk officer or technical advisor's requests for funds appear to be based on a number of judgements that may have little to do with actual needs. Table 4.1 describes the factors that appear to influence donor decision-making at different levels, from headquarters to the field. Unearmarked allocations, or allocations to specific contexts, can be earmarked or reallocated according to changing political demands. In the wake of 9/11, for example, a number of governments instructed UNHCR that a certain proportion of its funding for that year should be used in Afghanistan.

Both governmental donors and non-governmental agencies have domestic constituencies to whom they are (more or less) accountable, and to whose express or assumed wishes they have to be reasonably responsive. A democratically elected government will rightly take account of the wishes of the electorate in its responses to humanitarian crisis. Where there is judged to be public demand for action, usually associated with high media profile for the situation in question, policy-makers will find it easier to make the case for additional resources and greater political attention. The need for political leadership is that much greater when there is little domestic pressure for action – a factor that is likely to weigh significantly in decision-making about allocating new resources, and in securing parliamentary approval for action.

Non-governmental agencies, dependent as they are on voluntary public contributions to maintain a capacity for independent action, rely heavily on their domestic supporters. The same public pressure that influences politicians is likely to influence the response of such agencies, acting 'on behalf of' their supporters. Amounts raised by single or joint agency public appeals may determine the size of the response – though the larger international NGOs receive a substantial proportion of their humanitarian funding from governmental and institutional donors.

Agencies, both within the UN system and in the voluntary sector, are not immune from extraneous influence of other kinds. Chief amongst these is the search for profile and the demands of marketing which face any organisation in a competitive environment. High-profile crises are potentially 'good for business', if an organisation can be seen to be perform well and on a significant scale. Those agencies with developmental as well as humanitarian objectives may be able to boost their longer-term work and their advocacy by recruiting more support at such times. The potential distorting effect of these pressures on prioritisation cannot be

Table 4.1: Influences on donor decision-making

Level	Influences
Donor government budget allocation	National economy; domestic political priorities; foreign policy priorities aid (strategic interests, bilateralism vs. multilateralism); historic, colonial and trade relations; security concerns; international development priorities; media.
Aid department/ministry budget allocation	Domestic politics (e.g. on refugee asylum); global development policies and goals; media; individual personalities; approach to relief and development; multilateralism vs. bilateralism; policy 'think tanks'; international standards; fashionable approaches.
Regional/country desk budget allocation	Departmental policies and guidelines; personalities; presence of national NGOs; operational field presence; knowledge and experience of personnel; field visits; regional and country strategy.
Embassy, country/regional of aid advisors	Regional and country strategy; knowledge and experience of personnel; level delegated responsibility; presence of NGOs; relationship with aid agencies; field visits.
Aid structure	Role and mandate of the lead agency and authority of the coordinator of the system; degree of collaboration; relations with the national government; studies and assessments.
Aid agency	Mandate; experience; resources; access; capacity; personnel; studies and assessments; methodology; standards; implementing or facilitating agency; relationship with local NGOs.

ignored. While responsibility for the neglect of 'forgotten emergencies' has, with some justice, been laid at the door of donor governments, agencies themselves must take some of the blame for diverting attention from these crises in their drive for profile.

Responding proportionately and appropriately in each case requires strong leadership and consistently applied criteria. The responses of individual donors and agencies cannot be assumed to balance each other out across the system – indeed, the evidence shows otherwise (Development Initiatives, 2003). This is in part a function of global media coverage, and the system as a whole needs some way of 'checking' the inherent bias towards high-profile, media-friendly crises.

4.2.2 Development strategies and aid policy

Donors have responded to long-term political crises like Sudan and Somalia by developing 'strategic plans'. USAID/OFDA, for example, has an integrated strategic plan for Africa, and country strategic plans for Sudan and Somalia (USAID et al., 2000; USAID/OFDA, May 2001). Based on a 'strategic analysis', these plans set out the broad strategic objectives for the US government's aid programme, and identify the sectors in which USAID, OFDA and Food for Peace will provide assistance. The plans for Sudan and Somalia seek to integrate both humanitarian and longer-term developmental programming. The plan for Sudan has as its objectives: enhancing the environment for conflict reduction; enhancing food security through greater reliance on local resources; and enhancing health care through greater reliance on local capacities. The plan for Somalia focuses on civil society, livelihoods and critical needs, with strategic objectives and progress indicators for each objective.

Other donors also have plans and strategy documents setting out their analysis and proposed responses to needs in Sudan and Somalia. The EU has a strategic plan for Somalia, and ECHO is developing 'global' plans for Sudan and Somalia that will map overall needs and the response. The Swedish and Danish governments have such plans, and the UK is considering developing ones for Sudan and Somalia.[4] These plans are often formed in consultation with aid agencies, and may be informed by documents such as the CAP or the UNDP human development report. Consultation with Sudanese and Somalis appears to be very limited. While the objectives appear broad, and can vary considerably between donors, they set a framework within which needs are defined.

In other more stable contexts, the strategic framework within which humanitarian responses are formulated will be structured around more obviously developmental aims and timeframes. Thus, in Southern Africa, the lead role was assigned to UNDP Resident Representatives at the country level. This approach has not always sat easily with the crisis-oriented and commodity-based approach of WFP. The planning interface between these two approaches – both of which are necessary – has been weaker than it should be.

Organisational dynamics within and between donors and agencies may also have a bearing on decision-making. A number of donors cited differences between development and humanitarian streams over interpretations of the severity of the situation in Southern Africa, and over where the responsibility for managing it lay. One donor representative from the humanitarian stream noted that, even though the programming environment shifted into areas that development colleagues had no previous experience in, such as therapeutic feeding, the country programme staff remained resistant to interpreting the situation as one of humanitarian concern.[5] For one donor, the *quantity* of food aid indicated a shift into humanitarian responsibilities. For another, the way in which political stakeholders were accustomed to receiving information ('in a particular format and a particular frequency') prompted a shifting of responsibilities from the country programme level to the humanitarian response team.

4.2.3 Mandate, capacity, access, security

For donors and agency alike, decisions about response and the allocation of resources involve a number of additional 'filters'. Some of these relate to the mandate and policy priorities of the organisation in question, as noted in chapter 2. Others concern the desire to achieve maximum impact with available resources; here, the capacity of the implementing agency to deliver, and the analysis of the costs and benefits of the proposed intervention, may be determining factors. In some cases, questions of access and security will determine the nature of the response, and even the ability to assess.

Donors make judgements about the capacity of agencies to deliver effective programmes in making decisions about where to allocate their resources. In Southern Africa, the study team found that the operational capacity of the international agencies was a key determinant in donors' decision-making process. A senior official from USAID commented that trust in an agency's capacity to deliver was a key element in securing resources; another donor representative noted that initial discussions with WFP in Malawi led the donor to question the capacity of the agency to deliver emergency programmes on the requisite scale. Donor pressure from headquarters was, he believed, instrumental in ensuring a significant increase in the number of experienced staff and the level of resources. Both donors and UN agencies noted that they had concerns over the capacity of relatively inexperienced NGOs to manage a large food distribution. Such concerns led to the development of a unique 'consortium' model of NGO coordination in Malawi, evidently as a direct consequence of donor pressure.

Issues of access and security have a major bearing on decisions about relief responses. In Sudan and Somalia, insecurity and the restrictions placed on access by the warring parties were found to be the main determinants of whether and how an agency responded to humanitarian needs. Yet in both cases, and in similar situations elsewhere, needs were generally judged to be greatest in areas that agencies could not access.

[4] Interview, DFID, London, 10 October 2002.

[5] Interview, humanitarian adviser, donor government, November 2002.

Access has also been a key concern for the international community in Zimbabwe, where there has been limited scope for bilateral dialogue between donor governments and the government in Harare. In such a situation, donors have to be confident that humanitarian agencies can negotiate access in a politically-sensitive environment.

4.2.4 Needs analysis in decision-making

Given the range of factors involved, how central is needs analysis to the decision-making process, and how sound is that analysis? To what extent is information about needs sought and used to inform decisions? Is the analysis of need based on reliable evidence and credible assumptions?

The general conclusion of this study is that decisions are often only weakly based on evidence, either of the situation in question, or of the efficacy of the kind of intervention proposed. The findings reported in chapter 3 suggest that needs analysis may be based on a set of assumptions that are untested against evidence – and which may remain untested for the duration of the intervention.

The study found that decisions about intervention are often made on the basis of very limited knowledge about the facts of a situation. This is especially true in rapid-onset natural disasters. Assessment is often a matter of assessing damage to infrastructure and crops, usually based on estimation and extrapolation in the early days of a response. The ability to call on existing knowledge – of the context, of the likely impact of the event and of the needs likely to follow from it – is especially important where the 'window' for decision-making may be very small. In such circumstances, local knowledge may be crucial. Following the Gujarat earthquake of 2001, for example, the use of local knowledge and partnership – including with local authorities – made a crucial difference to the quality of the response. In this case, an analysis of the combined impact of the earthquake and of the severe prevailing drought was essential to understanding vulnerability in this context – as was an understanding of the strata of relative poverty.

Even in cases where there appear to be few impediments to information gathering – as in most of the countries affected by the crisis in Southern Africa – the study team found that formal assessments of need played only a limited role in the decisions of donors and agencies about whether to intervene, and with what level of resources. In the Southern Africa case, the FAO/WFP Crop and Food Supply Assessment Missions, together with vulnerability surveys, provide the most consistent information base for decision-making. While these inform the contents of the WFP EMOP and guide thinking about targeting, interviews conducted with donor and agency staff in the field suggest that the decision to intervene and the approximate scale of resources to be allocated had largely already been taken. The EMOP and CAP became the vehicle through which those resources were then channelled and targeted, supplemented by data from the VAC process.

Although the results of formal needs assessment may not be the primary determinant of response, it does not follow that needs considerations are peripheral to the decision-making process. Rather, it seems that a broad range of different types of evidence – including anecdotal evidence, forecasts from staff on the ground and media coverage – informs understanding of actual and potential risks and needs in a given context. The political and organisational momentum to respond and assess further may be as much down to the initiative of concerned individuals as to anything more systematic. Powerful advocacy, backed by a reasonable body of credible evidence, can go a long way to generating a response. Whether that response is proportionate and appropriate depends in part on the quality of the information and analysis, and in part on the receptivity of the organisation concerned.

There is some evidence of donors moving away from detailed earmarking towards policy-based grants, organised by country and organisation. In the UK, DFID has linked grants to country and organisational strategy papers. In the US, the Bureau for Population, Refugees and Migration (BPRM) in the State Department gives UNHCR a substantial grant each year which has only very broad earmarking; it is then up to UNHCR how those funds are spent. It seems likely, however, that there will be corresponding pressure on the recipient organisation to undertake robust needs assessments, and in particular to avoid situations where country response is driven by the quality of the country representative. Donors are therefore likely to increase their capacity to verify needs assessments and prioritisation, as well as to reserve the capacity to switch/intensify earmarks and to reserve funds for more targeted interventions.

4.3 Management and information

4.3.1 Management information and decision-making

In general, the information available to managers from needs assessments was found to be extremely inconsistent in both quantity and quality, providing an inadequate basis for needs-based decision-making. While lack of information *per se* cannot explain the inconsistency of responses – some failures of proportionate response have been in the face of overwhelming evidence of need – it strengthens the tendency for decisions to be driven by other, extraneous factors. It would be tempting to conclude that the more evidence managers had, the better their decisions would be, but for many the problem of 'information overload' represents a real constraint to informed judgement. Nonetheless, judgements must be informed by sufficient factual evidence – both at the time they are made and subsequently – to be sound.

To what extent are decisions about humanitarian response *evidence-based* – and should we expect them to be? This has to be asked in relation to two sorts of evidence. First, what evidence do agencies and donors have (and use) about the situations in which they are intervening and the nature of the risks/needs involved? Second, what evidence informs judgements about the efficacy of particular types of intervention – in other words, evidence about *what works*? It is the first type of evidence, the type that should be revealed by assessment, that is the primary concern of this study.

What constitutes good evidence in the humanitarian sphere is unclear: the scope for applying scientific method is often limited by the lack of control over variables, and the application of statistical analysis produces results that may be highly uncertain. Moreover, the available evidence is often interpreted in ways that fail to achieve consensus within the sector. This in part reflects the lack of agreement over conceptual models. More fundamentally, perhaps, it is a reflection of the problems inherent in attributing particular effects or outcomes to particular interventions in such uncontrolled environments. The 'experiential' evidence base remains inadequate – and dependent to a significant degree on the unverified claims of agencies and donors, both of whom are likely to have an interest in the perceived success of a given intervention. Evidence of this kind is diffuse, and predominantly sector-specific – to be found in journal articles and evaluations, in guidelines and practice manuals, and in the cumulative experience of practitioners. There are some signs of greater openness and willingness to appraise success and failure, which may lead to a more reliable base of evidence about the effect of interventions.

While there is an urgent need to improve the evidence base, the concern here is not only about what evidence exists, but about how available evidence is used, by specialists and generalists. It seems that greater trust is placed in 'standard' approaches than in more atypical approaches – even in the face of assessments that seem to indicate the need for more diverse and non-standard strategies. In the case of Southern Africa, for example, the early classification of the situation as a 'food crisis' provided the basis for donors and agencies to follow a relatively straightforward and familiar decision-making process for response in the form of food aid. Common sense, received wisdom and pragmatism more than science or evidence seem to be the guiding influences for most decision-makers; and assessment methodologies themselves may be geared towards accepted 'common sense' and (available) solutions.

The economist Joseph Stiglitz (2002) argues that in responding to crises, the IMF tended to prescribe 'outmoded, inappropriate, if "standard" solutions … Rarely did I see thoughtful discussions and analyses of the consequences of alternative policies. There was a single prescription'. Stiglitz bemoans the lack of debate based on hard facts and evidence. 'Regrettably the opposite happens too often, when academics involved in making policy recommendations become politicized and start to bend the evidence to fit the ideas of those in charge.' Whether or not one accepts the critique in relation to the IMF, the experience of those involved in this study is that the same critique could be made of many organisations (donor and agency) in the humanitarian system.

From the findings of the case studies conducted for this study, it would appear that decisions are only weakly based on evidence. This, however, tends to underestimate the extent to which the experience and training of the individuals concerned is brought to bear in the assessment of need and the design of responses. This may not be explicitly referred to in the relevant documentation, and the assumptions involved are often implicit, making the rationale for certain forms of intervention often hard to follow. This study recommends that, in each case, such assumptions should be made explicit, both in the interests of accountability, and in the interests of organisational learning. In all the case studies, interviewees found it hard to explain the thinking of their predecessors, even where the lapse of time was months rather than years.

4.3.2 Information sources and systems

The most immediate way of gathering information – by direct observation – is normally restricted at the critical stage to field staff and members of assessment teams. The selection of those team members, and the framing of their terms of reference, has a major bearing on the way in which a situation is interpreted, the kinds of problems identified and the form of intervention recommended. Thus, a team of food security and health specialists is likely to recommend intervention in the food and health sectors. Indeed, some assumptions about the types and priorities of needs are implicit in the decision to assess and in the make-up of the assessment team. Perhaps more significantly, certain assumptions about the need to intervene at all seem to underlie the process of assessment. Agencies tend not to mount an assessment unless someone has already decided in principle – based on reports from field staff or other sources – that the situation demands a response. The job of the assessment team becomes determining where and how to intervene, rather than whether to intervene at all. A more sceptical interpretation would see different departments within organisations (which are never monolithic) sensing opportunities for expanding their role, sometimes opposed by others within the same organisation.

The desk study conducted on responses to rapid-onset natural disasters found that, for the majority of agency staff interviewed, the key relationship for information sharing and analysis was that between the leader of the assessment team in the field and the desk officer at headquarters. In a major rapid-onset natural disaster, the desk officer is typically responsible for channelling information to a range of internal departments, donors and coordination bodies within a short period. The characteristics of the team leader in the field are central to the level of trust that the desk officer places in the information that is being relayed. These characteristics include being known to the organisation in question, and having a proper understanding of the mandate and capacities of that organisation.

One senior desk officer reported that his initial expectations from a field team in the wake of a major natural disaster were limited to the receipt of basic information, rather than analysis of the situation. On the basis of information received, sometimes in written form, sometimes from a verbal report over the telephone, he provided the rationale and background to the proposed response, which was then circulated to others, including donors. His role sometimes extended to extrapolating from his own experience the likely number of affected persons and the likely response that other key actors would provide. Frequently, initial appeals for funding and concept notes (as opposed to more detailed proposals) are

based upon a mixture of information and data received from the field and the assumptions, knowledge and experience of those at headquarters level.

Information mechanisms like the FEWS system and related governmental early-warning mechanisms are important in drought-prone regions, where certain kinds of indicator (climatic, economic) can be gauged quite precisely, and forecasts about crop yields and food deficits made with a reasonable degree of confidence. Other kinds of catastrophe are by their nature harder to predict, though effective cyclone prediction and tracking has saved many lives in the Bay of Bengal and elsewhere. Disaster prevention, mitigation and preparedness are usually based on an understanding of known, recurrent threats. Contingency planning may be based on predictions of a more immediate kind. The possibility of refugee flows, for example, is the basis of much of UNHCR's preparedness work.

The need for integrated information systems has led to the development of country or regional Humanitarian Information Centres (HICs), coordinated by OCHA but dependent on inter-agency collaboration (see Box 4.1). These make use of advances in information technology, and are based on the theory that better information management is key to the successful functioning of the humanitarian system (OCHA, 2002). This depends on a number of variables, some of which relate to the process of data collection, others to the subsequent process of knowledge management. On the data collection side, variables include the quality of the inputted data, how up to date it is, and the way in which it is processed. The way in which that data is processed as 'information' and how that becomes shared 'knowledge' involves a number of further issues that are both theoretical and practical. One issue highlighted in the case studies was the difference between information available at headquarters, compared to the often sparse information available at the 'deep field' level. The HICs are designed in part to remedy this, by ensuring that information is available close to the point of implementation.

HICs as mechanisms for information management and better coordination seem to have been more successful in some contexts than in others. Their value may lie particularly in situations like Afghanistan, Kosovo and Iraq, involving complex, multi-mandate UN operations combining humanitarian, reconstruction and recovery/development functions. The Iraq and Sierra Leone models are reported to have been particularly successful. In general terms, this study concludes that HICs fulfil an important and potentially crucial role, in part because they have the potential to revitalise the coordination role of OCHA. As

Box 4.1: Humanitarian Information Centres

OCHA's Humanitarian Information Centres (HICs) have taken a number of different forms, but are based on the same basic model.

The draft OCHA Field Information Management Handbook (12 December 2002) sets out a number of operational principles. These include accessibility (in format and language); inclusiveness (collaboration and consultation); accountability (detailing of source and reliability); verifiability; objectivity (cross-checked); and timeliness (current). Although described as 'straightforward and easy to implement', each of these principles sets a challenge that is often not met in practice. It is not clear on what basis information is screened.

The draft Handbook notes that an HIC 'is a resource for the entire humanitarian community, not the personal property of any individual or agency – even the Humanitarian Coordinator'. It draws a distinction between the functions of an HIC and the core functions of OCHA, specifically 'analysis of major humanitarian issues and the production of situation reports'. However, an HIC 'should support the production of these documents – with data, maps, report references and dissemination'.

The draft Handbook recommends conducting a short 'information needs assessment' as the basis for planning the services to be provided by the HIC. 'Initial products' are given as a contact list, meeting schedule, sectoral matrix and basic maps. These products are 'the starting point for building more analytical products for the humanitarian community'.

Three major exercises – Who's doing What Where ('W3'), Survey of Surveys (Survey^2) and Vulnerability Mapping – are all 'essential to improve coordination of assistance'. These require much greater investment of time and resources, and depend for their quality on 'feedback from clients'.

The Handbook also mentions the demand for information about project funding, especially funding outside of the CAP of the kind that the OCHA Financial Tracking System cannot provide; while recognising that this may be very difficult to capture. The Survey^2 process is designed as a way of pooling and sharing the results of individual surveys and assessments, and of helping in the planning and coordination of further assessments.

Vulnerability mapping is suggested as the means of building up a 'clearer picture of humanitarian needs', using new or existing data. Mapping data makes it possible to 'assign priorities for humanitarian interventions', identifying 'oversupplies or shortfalls compared to identified needs'. 'In addition, a vulnerability mapping exercise should flag up locations and sectors where insufficient data exists to make an adequate analysis of the situation; resources can then be directed to gathering that data to improve the planning process.' However, the responsibility for prioritising or coordinating activities 'should be passed up to the authorities responsible for coordination, whether UN, NGO or governmental'

noted earlier, however, the 'system' as it is currently structured does not make joint decisions; the success of the HIC model will depend on the extent to which it is attuned (and perceived as relevant) to the decision-making processes of individual organisations. Whether it can help bring about a greater harmonisation of decision-making has yet to be demonstrated.

It is possible to distinguish between two different models of sector-wide information systems (Schofield, 2001). One, the 'systems' model, is highly structured; all agencies cooperate to achieve the common aim of effective humanitarian response. This model borrows from governments and the military, where information is gathered at the base of a hierarchical pyramid, and passed to decision-makers at the top. The second model – the 'service' model – is a much looser arrangement. Here, individual information services fill particular niches. Each agency or individual chooses whether and how to use these services. Service providers are effectively competing to achieve the common aim of effective humanitarian response. This model, which derives from commercial news and market information services, is closest to information services such as ReliefWeb and OCHA's Integrated Regional Information Networks (IRIN). The HICs exemplify such a service model, which satisfies humanitarian agencies' requirements for independence of action. Indeed, in a system as fragmented as the current international humanitarian system, this seems the only workable model.

Some initiatives seek to introduce a greater degree of commonality by other non-systemic means. The US- and Canadian-sponsored Standardized Monitoring and Assessment of Relief and Transitions (SMART) initiative is one such. SMART has its origins in North American legislation requiring public sector bodies to demonstrate performance results. The two bodies responsible for delivering US humanitarian assistance overseas, USAID and the BPRM, collaborated with their implementing partners to develop performance indicators. They settled on Crude Mortality Rates (CMR) and under-five nutrition as the key indicators against which to monitor the performance of relief interventions. Under the supervision of USAID's Food for Peace office, pilot studies were undertaken with partners that linked the measurement of CMR with nutritional survey techniques.

USAID reports that a consultation process with key partners conducted jointly with BPRM in 2002 found support for the initiative. The SMART initiative has focused on developing standard methodologies for food security, vulnerability and livelihoods analysis (led by UNICEF); training implementing partners (led by Tulane University); and creating a related database (led by the Centre for Research of the Epidemiology of Disasters (CRED) at the Université Catholique de Louvain, Brussels). The intention was that the two indicators would be used both to measure the severity of a situation at a given time, and to measure changes attributable to relief interventions (i.e., as a gauge of impact). Discussions are being held with implementing partners about other indicators, including morbidity, and the BPRM is exploring the development of protection indicators. It has not been possible to determine the extent to which support for the SMART initiative is influenced by the fact that it comes from the world's largest humanitarian donor. While funding is said not to be conditional on acceptance of this system of analysis, it seems probable that a capacity to report against these indicators will be one criterion by which the US government will choose its partners. This study supports the use of mortality and under-five nutrition as key bases of analysis, and in that sense believes the SMART initiative to be important, especially in its attempts to build consensus around methodology.

The usefulness of the database aspect of the initiative will depend in part on the extent to which the data can be consistently provided and kept up to date in fast-changing contexts. This is very labour-intensive and hard to achieve, even with the use of new technology. A central, comprehensive database has some advantages – including the potential for comparison across context – but is less likely to serve the context-specific information needs of implementing partners in the field, for whom the HICs (where they are deployed) should represent a more useful programme-related mechanism.

At present, the use of the SMART system seems largely confined to the INGO (PVO) implementing partners of USAID and BPRM, particularly those involved in the distribution of Title 2 food aid. It is not clear whether it will be adopted by the US government's own DART teams or by other agencies.

The case studies found a variety of system-wide mechanisms for information management. In Afghanistan after 11 September, for instance, the Afghanistan Information Management Service (an example of an HIC) has been developed. This has superseded the Programme Management Information System (ProMIS). ProMIS was believed not to have fulfilled its potential due to limited capacity, a lack of institutional sharing mechanisms and its perceived orientation towards OCHA. It was also criticised as being overly ambitious. While the HIC seems to have addressed some of these concerns, it is dependent on the quality of the information provided. There is some evidence that it has also become the subject of inter-agency rivalry within the UN system.

In Southern Africa, formal and informal sources have influenced decision-making. These include:

- early-warning sources (FEWS and governmental systems);
- government data and statistics such as SADC FANR National and Regional information sources;
- NGO partners – both anecdotal information and needs assessments;
- UN data and assessments; and

- donor country/regional methods of analysis and verification.

Donors commonly noted the need for a single system for information/information-sharing, which delivered accurate and credible region-wide and country-specific data. It was less clear what such a system should look like: whether there is any consistency in the type of information agencies, donors and NGOs require, and at what point in the programming cycle. Donors and UN agencies alike noted that it was extremely difficult to obtain reliable figures. In particular, the region lacked information on indicators of mortality, morbidity and malnutrition.

The belated establishment of an HIC in the form of the Southern African Humanitarian Information Management System (SAHIMS) had, at the time the case study was conducted in November 2002, done little to fill this gap. SAHIMS is unusual in being a regional mechanism, based in the OCHA regional office in Johannesburg. As with other HICs, it was designed as an inter-agency information and data clearing house, which would provide data management support to UN humanitarian coordinators and others responsible for planning for the region, in close liaison with other agencies and mechanisms, including those of SADC and FEWS. It was also intended that UNICEF and WHO would provide key staff to support the facility in their areas of expertise, specifically in health and nutrition surveillance.

Donors interviewed noted that SAHIMS was slow to be established (it was not launched until October 2002), was inadequately staffed, and technically was still in the development phase in late 2002. It appears to have a more comprehensive and longer-term vision than normally characterises humanitarian information management tools. This was not shared by all interviewees; some argued that it should have a strictly humanitarian agenda. Key staff responsible for SAHIMS argued that a lack of donor funds had hampered its establishment, and therefore limited progress. Ultimately, its late arrival (five months after the launch of the CAP), the lack of clarity as to purpose and outputs, and inadequate financial and personnel resources suggested that SAHIMS would find it difficult to fulfil the role that agencies and donors expect of it.

Whatever the merits or otherwise of particular information systems, their inherent nature and limits should be understood. These are not needs prioritisation mechanisms – though they are designed to assist in the prioritisation of need. Although they encourage the use of standard methodologies and reporting formats, they are dependent on the data that is actually provided. In other words, they reflect the inconsistency of practice noted in chapter 3 as regards the collection and quality of data. They collate the results of assessments, and provide a basis for further assessment – but they are databases rather than analytical systems.

4.3.3 Trust and the credibility of evidence

Interviewees for this study were frank about the sources of information that they trusted and those that they did not. Few trusted national government statistics, for reasons that included suspicions about methodology and political bias. Donors trusted some agencies more than others, and some individuals within agencies more than others. This works at different levels: a regional or country-level donor representative would form judgements about the credibility of a given agency and its individual staff members, at the same time as assessing their capacity to deliver in operational terms. At the level of the organisation as a whole, some agencies have evidently earned credibility and trust with certain donors, while others have lost it. Once lost, this trust is hard to regain.

For the most part, assessments are conducted by implementing agencies – and such assessments are often carried out in order to substantiate funding proposals. This clearly raises a question about how such an analysis can be objective, when the agency itself has an apparent vested interest in the result. Why, more specifically, would a donor accept the analysis of an agency asking it for funds? Part of the answer may lie in the development of a relationship of trust between agency and donor. An agency which consistently misrepresented situations would be expected to lose credibility, and so be denied funding. This assumes that agencies are to some extent held to account for the accuracy of their analysis, although the study found that this does not happen in any consistent way, and is not routinely part of the evaluation process. The reputation of individuals may be a key factor. Agency headquarters staff interviewed for the case study on rapid-onset natural disasters stated that the key issue for initial decision-making was the credibility of the individuals charged with field-level assessment. Donors, it seems, often make their initial indicative funding decisions based upon the credibility of, and pre-existing relationship with, the desk officers with whom they communicate. Conversely, the apparent general lack of trust within the system on the question of needs assessment has been one of the factors behind the development of donors' own assessment capacity.

The use of emotive language to evoke pity, anger or other responses is a feature of journalistic responses to humanitarian crisis. It is also frequently characteristic of the terms in which humanitarian agencies portray such situations. Language that evokes anger and pity may be both the natural response to a given situation, and a necessary spur to action. However, its indiscriminate use (including the use of the term 'famine') makes comparison difficult and objectively-based responses harder to achieve. Donors may be content with such constructions, so that there may be little structural incentive to moderate claims or to ground them in evidence.

Given these biases, there is a case for the use of independent organisations and individuals for the purposes of needs assessment. However, there are problems with using external consultants, not least the weakening of the link between analysis and response where the assessor does not necessarily understand the mandate and capacity of the agency concerned, and is not responsible for the successful delivery

of the response. The apparent independence of contracted individuals or organisations is likely to be qualified by the fact that their clients – agencies, donors or others – will only re-employ them if they deliver results acceptable to that organisation, and recommendations to which they are receptive. Any attempt to establish a stand-alone assessment capacity within the UN system would, it is conjectured, most likely be doomed to failure by marginalisation. Rather, the role of OCHA in coordinating agency assessments and disseminating the results (through HICs and otherwise) should be seen as a key function.

This study recommends an approach that distinguishes risk analysis on the one hand from needs assessment and programme design on the other. Yet as noted above, there are reasons to prefer that those two functions are performed as part of the same process within the same organisation, not least for reasons of coherence between analysis and response. In order to counter the inherent bias described above, more consistent and explicit risk analysis should be demanded, against the four bases proposed in chapter 2, referenced to key outcome and risk indicators; expert consensus on priorities should be fostered through sectoral working groups, where appropriate with the assistance of independent assessors, feeding into the CHAP process; and evaluations of responses should consider as a matter of course the quality of the analysis on which responses are based.

4.3.4 A 'Humanitarian Index'?

Any discussion about management information and consistency of judgement is bound to consider the management tools available to decision-makers, of the kind that managers in the commercial sector depend on in making comparative judgements about investment and resource allocation. Some of the techniques employed by analysts in the commercial sector, like profit forecasting, use informed estimate and extrapolation, usually based on a strong current data set and explicitly articulated assumptions. The decision-maker in the humanitarian sector is faced with a more complex and uncertain environment, demanding consideration of more complex forms of human interaction and environmental risk. Yet these are also amenable to informed estimate and prediction, and to judgements about risk.

Given the problems of interpreting a patchy and diverse body of information concerning a given situation, there is arguably a need for a simpler basis of comparison between contexts, or a way of gauging relative severity or degrees of risk. Some attempts have been made to do this, varying from the basic to the very complex. Most are based on the idea of an index, akin to the Human Development Index, in which situations (or rather countries) are 'scored' against a basket of indicators, and then ranked in order of relative severity.

In Europe, ECHO has developed one such model.[6] In an effort to focus operations on its core mandate, ECHO seeks to

[6] ECHO 4, 'Note to ECHO Management. ECHO Strategy 2003: Assessment of Humanitarian Needs; Methodology', internal memo, 2002.

Box 4.2: The costs of assessment

Assessments have a cost – especially where they involve the deployment of specialist teams to the field. These costs must be reckoned not just in financial terms, but in terms of the time and human resources involved, and in terms of 'opportunity cost': resources devoted to assessment are not available for use elsewhere, and responses may be delayed while assessments are conducted. How then is the calculation of costs and benefits to be made? This study argues that the results of a properly conducted assessment should be seen as a valuable product in their own right, with potential benefits in terms of appropriate and proportionate response, and of effective prioritisation. Yet the value of that product is diminished where the methodology is inappropriate, or its implementation is flawed; where the results are not shared or are not comparable with other results; or where the analysis is biased towards particular forms of intervention, driven by organisational ideology.

Moreover, the primary function of assessment – to inform decisions about response – requires only that enough information and analysis be conducted in order to inform such decisions. One agency head suggested that, in South Sudan in the mid-1990s, as much as one-third of the Operation Lifeline Sudan budget was spent on assessment – a reflection of the cost of assessing in such contexts, but surely excessive. Some of the assessment practices observed in the course of this study (such as the VAC process in Southern Africa) involved the collection of a mass of data, much of which was never analysed or even shared. The conclusion must be that, whatever their other merits, such processes are inefficient – and their benefit must be judged against the total cost in terms of money, time, human resources and opportunity costs.

What does assessment cost in financial terms? This is very hard to determine. While assessments appear to be relatively under-resourced (and certainly under-prioritised) across the board, it has not been possible to substantiate this conclusion from available financial data. The costs of on-going assessment and surveillance systems are particularly hard to determine, but here the under-investment seems especially serious. Costs are not normally separately budgeted for, tending to be 'rolled up' in project implementation budgets, or else borne as an overhead by the organisation in question. For the UN specialised agencies or for the larger international NGOs, this may not represent a particular constraint; but it almost certainly does for smaller agencies. Any factor that is likely to discourage assessment is relevant to a discussion about needs-based responses, and it seems likely that cost is a significant disincentive.

Who then should bear the cost of assessment? A senior OFDA representative interviewed said that the US government would not normally meet the costs of assessments that were related to a project funding proposal – but might fund the costs of a stand-alone assessment, or of situational monitoring. This seems a reasonable stance, though to encourage good assessment practice, donors should be prepared to reimburse the costs of agencies' assessments if they are well conducted, can be read independently of any related funding proposal, and are shared with the system as a whole.

identify 'priority areas of highest needs as well as the establishment of phase-out strategies for post-crisis situations'. Its main criterion for its stated policy of granting assistance 'strictly according to need' is the vulnerability of the population; and a global vulnerability 'index' has been developed to allow comparison between countries. This is not intended as a primary decision-making tool, but as a way of providing managers with an alternative frame of reference against which to consider applications. It can be understood as a 'planning tool offering cross-country comparison to complement in-depth analyses done by ECHO country desks'. Based on data concerning 'critical indicators of humanitarian need', countries are clustered into groups with 'high, medium and low needs respectively', enabling a 'transparent first prioritisation of the main areas of intervention'. The system includes data on donor contributions as being 'necessary for a comprehensive picture'. It is also seen as a way of introducing a greater measure of objectivity in order to counteract political pressures from member states. In fact, though described as a needs assessment methodology, the result is a system that provides a measure of vulnerability, rather than need.

ECHO's Vulnerability Index 'scores' countries against eight selected measures, clustered as follows:

- human development and human poverty;
- exposure to natural disasters and conflict;
- numbers of refugees (relative to GDP per capita) and IDPs; and
- malnutrition and mortality rates.

Various sources of information are used. Data on development and poverty are drawn from the UNDP Human Development Index and Human Poverty Index. Data on natural disasters comes from the International Disaster Database maintained by CRED. Conflict data is drawn from the Heidelberg Institute for International Conflict Research (HIIK) and its annual 'Conflict Barometer', which provides a four-fold classification of conflicts. Data on refugees and IDPs is from UNHCR and other sources. Malnutrition and mortality data are taken from the latest UNDP Human Development Report and from the UNICEF End-Decade Database on Child Mortality. Finally, donor contributions are taken into account, and given the same weight as the other categories (20%). This data is from the ODA figures provided by OECD DAC, though it is acknowledged that these represent a historical (one-year-old) picture.

In each case, countries are classified as 'high', 'medium' or 'low' in each category. To derive a final country ranking, an average is taken across these categories. The result is a relative, not an absolute, scoring. Although this system is based on ECHO's particular criteria, a similar model might usefully be adopted more widely, to allow year-on-year comparison of funding flows to different countries, judged against consistent (if limited) criteria.

While the ECHO model fulfils a useful function, what it cannot do (and was not designed to do) is to provide a way of gauging the severity of 'hotspots', i.e. critical situations at the sub-national level. More importantly, given its reliance on data sources that are 'historical' rather than 'real time', the system is not sensitive to trends and cannot account for rapid-onset disasters or evolving situations. To do so would require a complementary methodology that is more temporally and geographically sensitive. The value of such a system would depend on the quality and refresh-rate of the data; collecting high-quality data on the requisite scale on a consistent basis would be extremely demanding of resources. Comprehensive schemes have rarely been tried in practice. An attempt by MSF to establish such a system in Mozambique in the early 1990s had some success, but revealed the constraints and limitations on any such endeavour. Given the difficulty of establishing such a system at a national or sub-national level, the prospect of being able to establish a workable system that allowed comparison across countries looks remote.

This study prefers to highlight the need for more consistent sector-based surveillance, including the measurement of mortality rates and the prevalence of acute malnutrition; and encourages sectoral specialists to work together to determine relative priorities within and between their spheres of concern. Doing this more consistently should foster greater consistency of usage and methodology, and more consistent application of common standards. This in turn would allow a greater degree of comparability between contexts. The advantages and disadvantages of seeking expert consensus, and the extent to which this might obviate the need for more elaborate (and sometimes methodologically questionable) systems of 'severity scoring', were considered above.

4.4 Triggers to response and 'exit' indicators

This section considers the basis on which humanitarian response is triggered, and the extent to which this is grounded in absolute criteria. The slow-onset crisis in Southern Africa is used as the main example. The triggers to response in rapid-onset disasters are more easily understood. Dramatic crises – whether principally natural or man-made – tend to attract media and hence political attention. One of the key differences between a refugee and an IDP crisis, for example, is that mass influxes of refugees tend to be far more 'visible'.

It is important to note here that a high proportion of international humanitarian responses, and a high proportion of the corresponding funding, is made, not in response to new situations, but in response to on-going crises. A senior OFDA official estimated that as much as 70% of annual funding went to such on-going responses. This raises the question of how such grants are assessed, and the extent to which rolling assessment (in the form of monitoring and surveillance) informs decisions about the continuation of funding. Here, the question is not about triggers so much as indicators of change.

As is perhaps typical of slow-onset emergencies, there was no single, commonly agreed trigger in Southern Africa which led to a response from the humanitarian community. Most donors

and agencies based their decision to respond on a gradual accumulation of evidence from a range of informal and formal sources, including early-warning systems, civil society sources (church and other), UN and NGO assessments, lobbying, media profiling and advice from in-country representatives. Most informants agreed that there was no 'watershed moment' when chronic food insecurity suddenly became a food crisis.[7] Rather, the switch from food insecurity to food crisis was a matter of 'degree, scale and magnitude'.[8]

Key indicators such as mortality and morbidity rates and malnutrition levels were generally not utilised as triggers for intervention, not least because such data was for the most part unavailable. In Malawi, nutrition indicators were available from a limited number of surveys, but coverage was confined to just a few districts. Other information on starvation deaths was anecdotal, and the extent to which it was possible to generalise from these results is a matter of debate. At the time, however, SC-UK's evidence from its household economy assessments triggered an advocacy campaign declaring an 'impending food crisis' in an attempt to elicit a response from donors and UN agencies. Health indicators featured remarkably little in the initial discussions of the crisis. Despite the high prevalence of HIV/AIDS and the alarming mortality figures, known for many years in Southern Africa, this data seemed to have little influence on the 'crisis' response by donors or agencies.

To a large degree, climatic factors provided an entry point into the region, and deeper examination of the issues came about only after the humanitarian community was on the ground. This left agencies with the problem of shifting from a 'knee-jerk reaction' to addressing 'underlying causes'.[9] These included a period of steady (or, in the case of Zimbabwe, more sudden) economic decline.

Early-warning information, in the form of declining crop production and increasing prices, triggered a series of assessments in late 2001 and early 2002. WFP responded to a 'severe reduction in food production at the national level'. Recognising the limitations of such information unless there was an assessment of the likely effect of such a shock on people's ability to obtain sufficient food, WFP, alongside the EU and FEWSNET, undertook a multi-agency food security assessment in Malawi in October/November 2001. This found that 10–25% of households in 35 food-insecure areas required relief assistance. This assessment triggered a limited response from donors.

Continuing surveillance of the formal early-warning systems triggered the large-scale FAO/WFP food and crop assessment in April 2002. This determined levels of production at the national level, provided a food balance sheet, formed the basis of WFP's EMOP and to a large extent informed prioritisation within the CAP. Donors attached significant weight to the WFP/FAO assessments in comparison to others, partly because of the credibility of the data (as against national figures), and because of a tendency to gravitate towards straightforward, quantitative estimates. At the same time, those donors interviewed noted that they had their doubts about the figures put forward in the EMOP, and about the process of determining that 12.8m people were in need of food aid. This caveat was applied to NGO and FAO/WFP figures alike. In keeping with trends elsewhere, donors noted that they were increasingly investing in their own operational capacity to interpret and verify the data and analysis provided by independent sources. It was noted by one interviewee that 'we feed off the information available' and 'fine tune as we progress'.

Collectively, UN agencies decided to undertake assessments on the basis of a 'threshold', which they determined was crossed during the first three months of 2002 – 'dividing poverty in general and seasonal hunger in particular, from food crisis' (OCHA, 2002).

International NGOs, generally considered ahead of UN agencies and donor governments in identifying an impending food crisis in Southern Africa, were less dependent on formal early-warning systems for their information. International NGOs responded to a varied set of triggers, including independent observations on the ground, findings from their own or their partners' assessments and UN agency and VAC assessments, as well as anecdotal information from field representatives, local markets and local churches. The first NGO to raise the alarm, SC-UK, came across evidence of increasing vulnerability by chance, while staff were undertaking a training exercise in vulnerability analysis using HEA (Seaman, 2002). There was no systematic process; examined collectively, the approach appears largely haphazard. In discussing the information provided by INGOs, one donor noted: 'we can't rely on that sort of a system'. On the other hand, another donor stressed the relative dependency of the system on NGOs as signallers of crisis.

There were mixed views on the role of the media in decision-making in Southern Africa. Some informants argued that the media played a critical role in drawing attention to the situation in Malawi. Stephen Devereux contends that it was only after 'civil society and the media disseminated information about the severity of the food crisis that stakeholders were prompted into action' (Devereux, 2002). UN agencies such as UNICEF noted that they used the media, less as a trigger, and more as a longer-term mechanism to maintain the profile of the crisis. However, the issue is arguably less about the extent of media coverage, and more about what *kind* of coverage it provided. Some argued that it over-simplified and distorted perceptions of the crisis, presenting a sensationalist picture of events.

The question of what might trigger a withdrawal of humanitarian services remained very unclear; 'when the funding runs out' was a common response. Malnutrition figures do not serve the purpose, since overall malnutrition levels have remained relatively low throughout. While some thought had been given to the question of exit strategies at the time of the study, it was striking that, for most agencies, the 'risk horizon'

[7] Interview, senior donor official, USAID, November 2002.
[8] Interview, senior UN agency representative, WFP, November 2002.
[9] Interview, senior UN agency representative and member of Regional VAC, November 2002.

was the point of the next harvest (March/April 2003). The implication was that only then could a judgement be made about the continuing need for food aid or other inputs. While this appears logical, on most models of analysis the need for targeted support to poor rural populations (and in Zimbabwe urban populations as well) was foreseeable into the medium term. The effects of the HIV/AIDS pandemic in particular indicate that a radical rethinking of relief and welfare/development strategies is required across the region, but this had not been developed at the time the study was conducted.

The question of when to stop or phase out assistance activities – in other words, the question of 'exit' criteria – is of crucial importance to any discussion about needs-based responses. Just as one would expect the use of consistent criteria to inform decisions about intervention, so one might expect the same criteria to be used to judge when the need for intervention had ceased or changed. In practice, exit criteria appear to relate more to 'proxy' indicators of change, or to systemic changes, rather than outcome indicators *per se* – and here there is a strong relationship with impact assessment. So for example in Somalia, health agencies mentioned the functioning of health cost recovery systems as a key criterion for withdrawal, indicating that for some the element of stability and sustainability is crucial. One medical INGO had as its criteria for ceasing its hospital support programme quality of care, access to essential drugs, and a reasonable income for health workers via cost recovery. In South Sudan, where less trust is placed in the ability to build local capacity, some agencies expressed the view that they could cease their activities 'once UNICEF or another [national or international] agency' was able to take over their programme. WHO, in its anti-malaria programme in Somalia, used a combination of proxy 'outcome' indicators, based on the percentage of households using impregnated mosquito nets (which have a proven impact on mortality and morbidity); and 'output' and 'process' indicators based on the procurement of nets and an assessment of practice, knowledge and attitudes.

The study found few examples where mortality rates, morbidity patterns or the prevalence of acute malnutrition were used directly as exit criteria; or more generally, examples where the decision to withdraw was explicitly justified against an analysis of prevailing levels of risk to life, health, subsistence or physical security. One well-established UK-based agency expressed frustration that it (and other agencies) had been forced to cease its food aid programme in Northern Kenya for lack of funds, at a time when levels of global acute malnutrition had been assessed at over 20%. The donors, evidently, were using exit criteria other than malnutrition levels.

The issue of entry and exit criteria is closely related to the rationale for intervention, and the criteria by which a successful intervention is judged. In the Southern Africa context, there is general consensus amongst donors, UN agencies and some NGOs that the response to the food crisis has been *preventive* in nature – and successful in its effect.[10] Such a claim is based on the assumption that millions across the region (14.4m on the revised WFP figure of August 2002) faced the threat of starvation in the 2002/03 agricultural year,[11] and that the international response was successful in averting this outcome. This overlooks the fact that there was a severe food crisis in 2001/02 to which the international community failed to respond; and more generally, it leaves open the question of whether the presumed threats to life persist, or have receded.

As far as the study team could observe at the time of the study, medium- and longer-term timeframes did not feature in the planning and decision-making process concerning humanitarian response in Southern Africa. To a certain extent, this was explained by the boundaries set by the primary funding mechanism, the CAP, which requires donors and agencies to design projects and allocate resources in the short term. Informants expressed a genuine concern with future programming strategies, but stressed the lack of adequate mechanisms for combining effective recovery strategies with planning for continued relief and for social safety nets. Future programming appeared to be concerned as much with issues of sustainability and political will as with an analysis of need, and many of those interviewed questioned the willingness of donors to fund continued inputs of food aid. This, in the end, was perceived by many agencies as the ultimate exit criterion.

4.5 Prioritisation, the CAP and the coordination of decision-making

The original concept note for the Humanitarian Financing research programme states that:

no one is in overall control of humanitarian assistance. The Inter-Agency Standing Committee (IASC) is important for co-ordinating the UN Agencies, NGOs and the Red Cross. The IASC has encouraged reform of the UN's Consolidated Appeal Process (CAP). However, an increasing share of humanitarian assistance – possibly more than one third, according to OCHA data – now flows bilaterally. No fora exist formally to co-ordinate how these bilateral inputs are allocated across crises. Co-ordination within crises is often ad hoc. The problem is thus far wider than the CAP.

It is a feature of the humanitarian system that there is no collective responsibility among agencies and donors for overall outcomes; nor is there accountability for the relative success or failure of the total humanitarian response to a given situation. Arguably, the result is that there is no particular incentive to coordinate decision-making or operational responses. In part, the lack of collective accountability and effective coordination reflects the lack of explicit overarching targets and objectives, together with a limited ability to measure outcomes and to gauge the impact of interventions.

[10] The Secretary-General's Special Envoy for Humanitarian Needs stated in January 2003 that a 'serious food crisis has been averted through good partnership between SADC, donors, NGOs and the UN'. Southern Africa Humanitarian Crisis Update, 10 February 2003. In January 2003, WFP announced that its '$500 million emergency food relief operation in southern Africa had averted widespread starvation in the coming months'.

[11] According to the 2002 CAP: 'Almost 13 million people in Southern Africa are on the very edge of survival as the region struggles with shortages of food'.

[12] A 'Watching Brief' was maintained from Islamabad, but the Bank had no in-country presence.

BOX 4.3: Needs analysis and decision-making in Afghanistan post-9/11

A personal reflection written by the former head of the UN Strategic Monitoring Unit for Afghanistan

The bombing campaign that followed the events of 11 September 2001 turned the international political and media spotlight on Afghanistan and the plight of its people. Here was a war fought in part on 'humanitarian' grounds, which demanded a commensurate post-war humanitarian response. World leaders promised that this time they would not desert Afghanistan, but would help to rebuild the country. The need for a more systematic approach was acknowledged, and the UNDP/World Bank/Asia Development Bank (ADB) Preliminary Needs Assessment exercise began in December 2001, immediately after the conference on the reconstruction of Afghanistan held in Islamabad by those same organisations. The timetable was dictated by the donor conference to be held in Tokyo in January 2002, and this led to a number of problems, particularly lack of consultation with Afghans at all levels. Issues of agency profile drove the process, rather than the needs of Afghanistan, and little real 'needs assessment' was involved in what essentially became a packaging exercise.

Team leaders were appointed from the three organisations, although most of the ADB delegation (including the team leader) left shortly after the conference, and the first part of the exercise was conducted largely by the World Bank and UNDP. A series of working groups were set up in areas such as health, education and governance, comprising a mixture of local staff (largely international) and foreign experts from headquarters. The World Bank, with little previous involvement in the country,[12] brought in a team of people who set up base for several weeks in Islamabad. The UN largely fielded local staff, but UNICEF augmented its team by bringing in sector experts in both health and education. The contribution of these groups was variable, but some did an enormous amount of work over a very tight time span and produced some high-quality inputs. All inputs were dogged by problems of lack of accurate, up-to-date information, although some sectors suffered far more than others in this regard. Source material was of very variable quality. The mixture of tight timetable and extremely high flight costs meant that it was not possible to hold consultations inside Afghanistan, although a meeting was held with Afghans from the NGO community in Peshawar. There was also a meeting in Kabul after the initial draft.

A working group of the World Bank and UNDP pulled the information together and agreed a structure for the final report, which moved away from a sectoral approach to an integrated approach to needs analysis and programming. Two UNDP consultants, both with extensive experience of working in the country, were then given the task of writing a first draft of the report for the beginning of January. The plan was that the three team leaders would then meet in Manila in early January to finish the work on the report. Alongside them would be a small Afghan 'reference group', which would go some way to making up for the lack of consultation and give at least some level of Afghan ownership.

At some point, and by what process it is not clear, the meeting of team leaders in Manila changed into a large meeting of some 15 people, most of whom had had no involvement in the earlier part of the exercise. Because of the timescale, by the beginning of January there still had been no consultation with the authorities in Kabul. This was clearly not an acceptable situation, and the World Bank and UNDP team leaders therefore visited Kabul in early January. The ADB team leader was invited but did not go, instead assembling a writing team in Manila. This team was largely independent of the team that had done the work in Islamabad, it had no representation from UNDP and, with the exception of the facilitator (who had no development experience), the entire Bank team was new. None of the team knew Afghanistan. The Bank team leader and the UNDP team only joined several days later, by which time a completely new structure had been agreed for the writing, reverting to a sector-based report. Team members changed frequently over the following week, with some very senior staff coming for a couple of days before leaving again; but with the exception of the UNDP team (largely non-UNDP staff drafted in) there was little experience of Afghanistan. Of the proposed Afghan reference group, only one member was able to come, and she arrived late and was very underused. Team leader meetings appeared often to be a trade-off between organisations, and it was hard not to come to the conclusion that the whole exercise was more about agency positioning than real needs assessment. As a result, the report was 'a set of broad principles that could apply to any number of countries, without a strategic framework to guide implementation of specifically-identified priorities of Afghan communities' (CESR, May 2002). Agencies quite rightly criticised the top-down nature of the process.

The UNDP consultants who wrote the original draft pushed hard for the lack of consultation to be remedied in the next round of the needs assessment process, but this never happened; instead, it was decided that there would be a set of sector needs assessment missions, thus allowing little scope for Afghans to input into the overall setting of priorities. There seemed to be more concern over agency positioning than adequately ensuring that expertise was drawn upon and this, along with battles between UNDP and UNOCHA which led to confusion over how this process related to the CAP (ITAP), meant that an opportunity for a real examination of the needs of the country, and a much-needed discussion on the best way forward, was squandered.

Since then, a number of inter-agency missions have taken place. A major Joint Donor Mission, for example, has looked at health, and in highlighting the lack of good information has noted how even information on the physical state of facilities is not known. This is perhaps not surprising since most ministries have no way of communicating with their provincial offices, and most missions do not get far from Kabul, and certainly not far from those provincial centres accessible by air. The main problem with the recommendations is not in their content as such, but in the lack of sufficient prioritisation, which results in a list of things to be done which far exceeds available capacity in the country.

Just as decisions tend to be unconnected, so analysis tends to be fragmentary. In a typical OCHA field office, a map will show who is doing what, and where. The map does not reflect the results of a strategy or a set of linked decisions; rather, it reflects the myriad judgements and decisions that individual organisations make, using a multiplicity of criteria. Such a map, showing a preponderance of agency activity in some areas and little in others, does not necessarily reflect relative priorities or levels of need – areas with little or no activity may be inaccessible or insecure; needs in these areas may be unassessed, and may indeed be higher than elsewhere.

In terms of achieving consensus on priorities, a map which shows (for example) areas of relative food insecurity is of greater value for comparative risk analysis than one that charts agency activity. Progress has been made in recent years, particularly through the Humanitarian Information Centres, in achieving a more effective synthesis of available information as a basis for prioritisation. But while HICs or their equivalent may have a role in facilitating the closer coordination of decision-making, based on agreement about relative priorities, they cannot set those priorities.

Expert consensus, feeding into the CHAP/CAP process, is the best basis for achieving such a comparative overview of risk in a given sector. This is related to, but distinct from, the question of who is doing what, where. The specialists concerned are normally caught up in agency programmes, and secondment of the staff members concerned (UN and INGO) to an inter-agency 'task force' charged with rapid needs assessment should be prioritised by agencies and encouraged by donors. The development of an assessment strategy, agreed and coordinated between the heads of sectoral working groups, should be seen as the basis for this activity.

The case studies conducted during the course of this research revealed a variety of coordination mechanisms and frameworks adapted to particular contexts. Depending on whether a 'heavy' or a 'light' model is adopted, coordination is more or less strategic as opposed to simply operational – including agreement on common goals and priorities. In Afghanistan before 11 September 2001, under the umbrella of the Strategic Framework for Afghanistan, Principled Common Programming (PCP) was introduced as a mechanism for 'establishing the assistance community's priorities, programmes and projects, based upon agreed goals, principles and the expressed needs of Afghans.' The aim was to achieve 'coherent, principled and cost-effective programmes'. The PCP is generally thought to have been more successful in achieving its aims than the Strategic Framework taken as a whole, and was perhaps a more natural mechanism than the CAP for coordinating the responses of UN and non-governmental agencies. The extent to which it resulted in appropriate prioritisation by the international community as a whole is hard to determine.

In Southern Africa in 2002, the UN established the Regional Inter Agency Coordination Support Office (RIACSO), a relatively 'light' model of coordination. Staff interviewed at RIASCO felt that such a light structure was paramount to ensuring that the UNDP Resident Representative retained primary responsibility for country coordination and the implementation of the emergency response – and that development programmes were not unnecessarily disrupted by the humanitarian interventions. OCHA does not play its usual (mandated) role in the region, and instead supports WFP as the lead agency. A more integrated approach to assessment might have been achieved had OCHA played a more decisive part early on in coordinating the efforts of UN agencies at all levels. This might have prevented the evident schism that developed between the food and health sectors, and led to a more balanced set of responses from the outset.

Donors expressed the view that a light coordination structure at a regional level has a number of drawbacks, especially in the initial phases of a humanitarian response. In particular, donors were looking for regional leadership from the UN, in order to achieve a more coherent understanding of the 'scale and severity of the crisis'[13]. This required the development of better information flows between countries, and between agencies, donors and NGOs – a function that the SAHIMS system was designed to perform. It appears that, in the early months of the response, there was a particular focus on logistics coordination for food aid, and very little attention to providing information and/or coordinating the response in other sectors, particularly health.

In Malawi, the unique 'consortium' model of coordination among NGOs involved in food distribution has enabled information-sharing – both between donors and NGOs and among NGOs themselves. Donors also note the benefits of a system of devolved decision-making and a decentralised approach: 'Imperfect decision-making at the local level is better than imperfect decision-making in Lilongwe'[14]. The NGOs concerned believe that the consortium lessens the level of competition for donor funding. One UN agency staff member noted that leadership of the consortium is 'very democratic, and prey to being weak, with no single institution taking the necessary strategic or budgetary control'. Some of the concerns in relation to the VAC process, about creating false consensus (and discouraging dissent), might also apply to this model.

In this and other contexts, agencies complain of a lack of coordination and coherent policy between donors. In Southern Africa, donor coordination has been limited – in part because the larger donors, such as USAID and DFID, tend towards bilateral decision-making[15]. The Somalia Aid Coordination Body (SACB) provides a specific mechanism for donor coordination, though again it is hampered by bilateral and uncoordinated approaches among some donors. Where no such arrangement exists, the CAP represents the best available donor coordination mechanism.

[13] Interview, humanitarian adviser, DFID, November 2002.
[14] Interview, senior donor official, USAID, November 2002.
[15] At the time the case study was conducted, there were moves to establish a regional Stakeholders Group, comprising donors, UN agencies and NGOs.

Chapter 5
Conclusions and recommendations

The following conclusions follow from the argument presented in the preceding chapters. They relate to the international humanitarian system taken as a whole – though in many cases they can be read as relating directly to the practice of individual organisations. They are proposed as a basis for obtaining a more consistent and accurate understanding of the threats people actually face, and for ensuring that decisions about response are properly informed by that understanding. The goal is responses that are proportionate and appropriate to need.

This study takes humanitarian action to be concerned with the relief of human suffering and its proximate causes. A distinction is made between interventions whose rationale is essentially remedial, for example food aid for malnourished people, and those whose rationale is essentially preventive, such as food aid to forestall the sale of assets – allowing that a given response may combine both rationales.

Nothing in the following recommendations should be understood to rule out intervention in the absence of any formal needs assessment, where this is judged necessary to tackle immediate threats to life, health, basic subsistence and physical security. Such interventions may be based on knowledge of the context, situational analysis, experience of similar contexts and understanding of the likely impact of a given intervention. These judgements, however, should be subsequently verified to the greatest extent possible using recognised assessment techniques. More generally, initial estimates and assumptions should be tested throughout the period of response, and the results used to inform appropriate adaptations of the response.

5.1 Needs and risk analysis

Attempting to define the scope of the humanitarian agenda is unlikely to result in consensus; but the study found broad agreement on a core agenda that comprises the protection of life, health, subsistence and physical security where these are threatened on a wide scale. These elements are closely interrelated. Health is understood to include short-term nutrition; subsistence to include access to adequate food, water, shelter and clothing to sustain life; and physical security to include freedom from violence and coercion, including forced displacement. For the purposes of risk analysis, this typology is preferred to one based on sector-based categories (food, shelter, health).

The risk faced by a person under any of these headings depends on the nature and intensity of the threat, and of their relative vulnerability to that threat. This in turn may be a function of their own or local capacity to withstand shocks and to take preventive or remedial action, including 'coping' strategies, the provision of relief services and welfare support. Risk that relates to actual (current) or imminent threats must be judged *acute*, and a priority for humanitarian action. Risk that relates to potential threats in the medium or longer term (for example, dependent on whether the next harvest is good) may demand prevention or mitigation measures, vulnerability reduction strategies and social welfare provision, within a broader development strategy. It also demands good emergency preparedness. The distinction between acute and longer-term risk is of course not absolute, but it is clear enough to allow some boundaries to be set on humanitarian action, and for priorities to be established.

Analysis based on the acuteness of risk, this study concludes, provides a stronger basis for comparative analysis than the (ambiguous) concept of need alone. While it has a useful general meaning, 'need' may be better used to describe what needs to be done to prevent the risk in question from being realised (necessary measures), and the resources, including funding, required to pursue those measures (necessary means). Even using need in its more usual sense, what is termed 'needs assessment' is a two-fold process: of risk analysis, and needs assessment.

5.1.1 Thresholds and criteria for response

The decision to intervene may have to be made in the absence of hard data about actual *outcomes* (for example levels of acute malnutrition), where there is a high likelihood of risk under the headings described. Depending on the context and the sphere of concern, potential threats under these headings, for instance the possibility of a food crisis if the next harvest fails, may need to be the subject of assessment or surveillance. This generally demands a different approach and the use of different indicators (of 'risk' or 'process', rather than 'outcome'), and predictive models. The aim of such assessments would be to inform decisions about preventive interventions.

The international humanitarian system does not operate according to agreed thresholds for response, and as a result its interventions are *ad hoc* and inconsistent. In part, this is a reflection of the unsystematic nature of the system, but individual organisations also lack consistent criteria and thresholds for response. While discretion and judgement are essential components of humanitarian decision-making, at the upper end of the scale of risk there can be no justification for system-wide failures of response. Consistent assessment against key indicators is a prerequisite for this. At the 'upper end' of the scale of risk, absolute and not relative standards should be applied. This should not discount the possibility of responding to situations showing lower levels of actual or potential risk. As a minimum, any indication that the relevant thresholds may have been exceeded should trigger further investigation.

5.1.2 Forms of analysis

All humanitarian crises are multi-faceted in both their symptoms and their causes; there is no such thing as a

'simple' food crisis or health crisis, for example. All have political as well as socio-economic and other facets. An assessment of needs must be conducted within a wider process of situational and contextual analysis. In situations related to violent conflict, an understanding of the threats to the security of the civilian population ('protection needs') is the *essential* framework within which all humanitarian action should be considered. The concept of rights generally does not, of itself, provide a basis for programming responses. It does, however, provide the normative framework within which the question of responsibility for humanitarian outcomes should be considered.

Needs assessments often make assumptions about capacity – of people themselves, of the governing authorities – that are untested and may be unfounded. Similarly, the issue of rights and responsibilities is often assumed rather than analysed. A lack of adequate state health services or welfare mechanisms, for example, may demand international humanitarian intervention; but the 'default' nature of the responsibility assumed by those intervening should be understood in relation to the defined responsibilities of the governing authorities and the belligerents. Here, the formal responsibilities and mandates of the UN's specialised agencies and of the ICRC should be distinguished from those of international NGOs, as should the formal responsibilities of donor governments under the UN Charter and other provisions of international law.

5.2 The practice of needs assessment

Within the UN system, the task of ensuring that assessments are conducted on an appropriate basis falls to the Resident/Humanitarian Coordinator or lead UN agency, working with OCHA to consolidate and disseminate the information. Given that the majority of assessment information comes from international NGOs, it is essential that a system of coordinated assessment be established that includes these agencies and relevant government bodies. For those situations of greatest concern, the IASC should request progress reports on this activity at regular intervals.

5.2.1 Data collection and management information

In many of the most serious humanitarian situations, the study found a dramatic lack of crucial information available to decision-makers, in particular relating to mortality, morbidity and malnutrition – and the risk factors contributing to these. The kinds of needs assessment required to generate this are being conducted only sporadically. While the ability to gain access for assessment has some bearing on this, it cannot explain the discrepancies in practice between different contexts. In many cases, it appears that information is not available because its collection has not been prioritised. Given the lives at stake, and the funds invested, this cannot be justified. The same lack of data makes impact almost impossible to gauge against the key humanitarian criteria of protecting life, health, basic subsistence and physical security.

Humanitarian responses should not be made conditional upon the availability of data relating to physiological outcomes. In some circumstances demanding a response, it will not be possible to gather such data, and preventive interventions are designed precisely to prevent such outcomes. Responses should, however, be informed by such data to the greatest extent possible given the constraints of access, time and cost. Exit strategies should be related as far as possible to trends in the relevant outcome indicators.

An appropriate combination of recognised quantitative and qualitative techniques, including random sample surveys and surveillance, should be employed. This must be resourced accordingly, and may require specialist staff not otherwise involved in the response. The methodological issues involved should be resolved, as far as possible, by agreement among the experts working in the situation in question, with a view to establishing consistency of practice. The data collected should be analysed in conjunction with other assessment data to determine issues of causation. Where reasons of access or security do not allow consistent assessment of this kind, an agreed range of proxy indicators should be assessed.

5.2.2 Consultation and assessment of the capacity of affected people and local authorities

The study found that consultation with, and the involvement of, potential beneficiaries in the assessment process was inconsistent and sometimes absent altogether. Yet such consultation is likely to be essential both to the analysis of risk and need, and to the design and implementation of appropriate interventions. This may seem obvious, but the practice is so inconsistent as to suggest that its importance is not generally acknowledged. Conducting surveys is often taken to be the equivalent of consultation, and there is an observable tendency to treat people as sources of relevant information, rather than as capable individuals for whom relief represents just one element in the struggle to survive. People affected by war and disaster rarely, if ever, depend entirely on external support for their well-being or survival. Claims about life-saving interventions are often overstated and unproven. That said, humanitarian action may be essential to protect life, health, subsistence or security. The question of who to consult and how best to do it is not always straightforward, but there is much available guidance on good practice.

Depending on the context, the governing authorities will play a more or less central role in the provision of relief services to disaster-affected people. Any assessment must consider the question of state and local *capacity* to meet the needs of local or displaced populations, and also (as noted above) the question of *responsibility* for meeting those needs, including security. The extent of the need for supplementary or substitute services from the international humanitarian system will depend in part on the capacity and willingness of the controlling authorities to provide for the needs of the affected population.

5.2.3 Assessing food security

The study found a range of approaches to the assessment of food security. Some relate to the analysis of macro- or meso-level food-production deficits, and these tend to be poorly

correlated with micro-level analysis. Approaches at the micro level tend to be based on the household as the unit of analysis, and use a broadly similar range of indicators to gauge household food access, including income and expenditure patterns, asset holdings, food production, cereal prices and coping mechanisms. There is, however, wide variation in the methodologies adopted by different agencies by which such data is collected, in the conceptual models against which they are analysed, and in the kinds of conclusions reached about appropriate intervention. That variation is probably too wide to permit standardisation, and different methodologies are useful for different purposes – although a degree of organisational rivalry plays a part in perpetuating distinctions that are sometimes more apparent than real.

5.2.4 Assessing health and nutrition

Emergency health assessments seek to establish broadly three types of information: the health status of the population affected; the factors contributing to ill-health; and the contribution of the health services to protecting health. These elements may be combined in assessments, but should be distinguished. The underlying concern in the humanitarian context is with risks to health, and the remedial and preventive measures necessary both to address the most severe symptoms of ill-health and to eliminate the most significant causes. The prioritisation of responses should be based on an analysis of comparative risk (vulnerability) and the severity of the threat to health; and should be linked to the analysis of mortality and malnutrition patterns as well as to considerations of environmental risk, poverty and access to healthcare.

As with food security, health assessment methodologies vary widely, though within that range there are well-established techniques based on epidemiological principles and established medical practice. Agency approaches can be located on a spectrum, with medical and curative interventions (including therapeutic feeding) at one end, and preventive, health promotional and environmental health (for example water/sanitation) at the other. A comprehensive approach to primary healthcare in emergencies demands coordinated analysis and action across this spectrum. This is hampered by a fundamental lack of agreement on common objectives amongst those intervening to protect health.

5.2.5 Protection and security assessment

In conflict-related situations, an assessment of threats to the security of civilians should be considered the essential framework of analysis for the entire humanitarian response, both protection and assistance. This should be taken to include the threat of deliberate deprivation of the means of subsistence, including the denial of access to relief.

A 'protection assessment' should be grounded in an understanding of the threats faced by civilians; of the dynamics of the political economy within which any intervention (protection or assistance) will be mounted; and of the responsibilities of belligerents and others as stipulated in IHL and other relevant legal and normative frameworks. The link between threats to life, health and subsistence on the one hand, and security on the other, should form a core part of the assessment.

5.2.6 Establishing numbers affected and demographic data

Uncertainty over population figures and demographic information constitutes one of the main barriers to accurate needs assessment. In the most extreme cases, whole populations can go 'missing'. More usually, there is significant variation in the estimates of population size, often compounded by the problem of trying to identify those considered most vulnerable, for example distinguishing between displaced and host populations. This variation in the 'denominator' can affect the calculation of resource requirements dramatically. The development of field-based Humanitarian Information Centres and associated rapid-assessment methods should go some way to providing more reliable demographic data. This should be complemented by specialist capacity and by the use of remote sensing and other technology, particularly where large numbers of people are inaccessible.

5.2.7 Establishing consensus on the analysis of risk

Lack of consensus between different actors on the analysis of risk/need constitutes a significant barrier to appropriate response; not least because of the difficulty it poses for the prioritisation of responses and resources. Creating 'false consensus' is no solution, and any collaborative system has to leave room for challenges to the dominant analysis. More consistent collaboration amongst sectoral experts from different organisations working on a given situation would facilitate prioritisation of response and resource allocation. To the extent that such collaboration currently occurs, it tends to do so through ad hoc working groups.

5.2.8 Investing in assessment

Given the sums of money invested in humanitarian response, the investment in needs assessment appears to be disproportionately small – although the figures are hard to establish because they tend not to be recorded as separate budget items. International NGOs provide a large proportion of assessment data, and usually have to bear these costs themselves. Recouping this investment depends on donors funding the subsequent proposal. This arguably introduces a bias against doing assessment where it is judged unlikely that programme funds will be forthcoming; or conducting only such an assessment as is judged necessary to secure funds.

Many of those consulted in the course of this study felt that a shortage of qualified assessors was a significant constraint to adequate needs assessment. The SMART initiative sponsored by the US and Canadian governments is one attempt to remedy this by boosting agency capacity to assess crude mortality and child malnutrition.

5.2.9 Coordination of assessment

In most cases, the process of assessment was conducted according to the initiative of individual agencies. The result is typically a patchwork of macro- and micro-level analysis and data which is hard to aggregate, rarely provides a comprehensive overview, and serves as an inadequate basis for decisions about prioritisation of response. There were examples of more systematic approaches, which have advantages in terms of consistency and coverage, though these seem to be premised on particular modes of analysis and response. This risks creating 'false consensus'.

Coordination across different sectors was often found to be weak. Given the interconnectedness of the four key areas of concern described above, this is surprising and problematic. The study found, however, that attempts at *combined* methodologies tended to be cumbersome and produce uncertain results. Instead, it recommends an approach that allows better coordination of existing methodologies.

5.3 Needs analysis and decision-making

A wide range of factors influences decisions about humanitarian response, some of which are extraneous to the consideration of need – notably, the political interests of donors, and the marketing interests of agencies. This introduces biases that run counter to the principles of universality and proportionate response. This study has been concerned to explore ways of countering such biases, while recognising that they are an inherent feature of the international system as currently constructed. It is also concerned with the apparently mutual tendency of agencies and donors to 'construct' and 'solve' crises with little reference to evidence, either of actual needs/risks or of the impact of their interventions. While the constraints to obtaining such evidence are recognised, it is suggested that trust in the system is eroded by such practice, and (most importantly) that it obscures the real nature of the task facing the system. A greater emphasis on evidence-based responses is needed.

5.3.1 Decision-making criteria and comparing relative severity

The lack of clear organisational criteria for decision-making in humanitarian response contributes to inconsistency of practice and hinders effective coordination of response across the system. Related to this, there is no agreed system-wide basis for comparing the severity of different situations and prioritising response accordingly. The study considered options for making such comparative judgements, and believes that, for year-on-year comparison, the ECHO model (or an adaptation of it) could be more widely used. Constructing a global system that is more sensitive to short-term changes and local conditions faces major obstacles of feasibility and cost, as well as theoretical and methodological problems. The study concludes that the design of any basis for comparison is probably best considered locally within the CHAP process, where experts might be encouraged to 'score' different areas in terms of relative severity against an agreed frame of reference. If points of comparison were generic rather than local, this might allow for external as well as internal comparison. Use of local comparators, however, is likely to produce results of greater significance.

5.3.2 Prioritisation and the CAP

Just as the process of needs assessment and analysis is poorly coordinated and un-strategic when looked at across the system as a whole, so too the decision-making of agencies and donors concerning the prioritisation of response is only weakly coordinated. In theory, the Consolidated Appeal Process provides the basis for coordinating and linking both processes, but in practice it fulfils only a limited function in this regard. Field-level coordination mechanisms tend to provide information about decisions already taken, or provides progress reports on existing programmes. The triaging of responses, far from being an integrated process, happens largely through the appraisal of agencies' funding requests by individual donors.

5.3.3 Sharing the results of assessments

The lack of available information is in part attributable to the failure to share what information and analysis does exist, including the results of assessments. Within the constraints of security, agencies and donors should see it as their mutual obligation to share the results of 'formal' needs assessments – those conducted according to recognised methodologies and producing results that can reasonably be expected to be reliable. Various sensitivities, such as the lack of organisational 'sign off' or a reluctance to share judgements about organisational capacity, tend to hinder this process. So too does the fact that separate assessment reports are not always written, but are conflated with funding proposals.

5.3.4 Objectivity and independent assessment capacity

Objectivity of analysis is undermined by the fact that the great majority of assessments are conducted by operational agencies, often in order to substantiate a request for funding. This has some important advantages, in particular the close correlation of needs analysis with the design and execution of responses. But it also tends to encourage supply-driven responses, and risks distorting both the scale of the threats involved and the importance of the proposed intervention in tackling them. While it would be impractical and undesirable to divorce the assessment process from the business of response, the lack of independent 'reality checks' makes it more difficult to ensure that responses are appropriate, proportionate and impartial. Multi-agency collaboration goes only part of the way to achieving this.

The prioritisation of responses should reflect a process of joint assessment of comparative risk against the four suggested bases of analysis. The CAP/CHAP currently represents the best available mechanism for achieving this, informed by more consistent use of specialist working groups tasked with establishing consensus on relative priorities within and between sectors.

5.3.5 Monitoring, evaluation and assessment

Assessment is often taken to be a 'front-end' process, which culminates in the design of a response and an appeal for funds. Initial assessments, especially of rapid-onset or fast-evolving situations, depend as much on assumption, estimate and prediction as they do on observed fact. The checking of these assumptions and estimates against the changing reality should be considered essential. Monitoring, which in theory should provide the missing element, is typically focused on the input–output equation of project management, rather than on assessment of the external environment and the changing nature of the risks this creates.

Evaluations of humanitarian programmes do not routinely consider the quality of the assessment process, the accuracy of the results and the extent to which the subsequent intervention

was consistent with these results. This lack of attention has damaging results for accountability, transparency and learning. Agencies and donors alike should make explicit the analytical basis on which their interventions are made, and evaluations should consider the extent to which this is clearly articulated.

5.4 Recommendations

Recommendation 1: Core criteria and risk analysis

As a minimum, humanitarian needs assessment should consider actual or imminent threats to life, health, subsistence and physical security (protection). It should distinguish *levels of risk* faced under these headings to allow effective targeting of response, based on an analysis of people's relative vulnerability and ability to cope.

Recommendation 2: Verification indicators and response thresholds

To the extent possible, judgements about levels of risk should be tested against key 'outcome' indicators for mortality, morbidity and malnutrition – both in terms of absolute values, and in terms of trends. Common 'protection' indicators against which to judge the risk to physical security should be developed. Thresholds should be agreed against the four main bases of concern, beyond which intervention is indicated as a matter of priority. These will necessarily be in part qualitative, but should as far as possible be grounded in quantifiable indicators.

Recommendation 3: Conceptual models

The models used to analyse humanitarian crises must take account of their multi-faceted nature, and of the basic causal interrelations between the different facets, including the relationship between food access, health and security. Sectoral assessments should be conducted and coordinated in a way that reflects these interrelations. Similarly, the effect of interventions across different sectors must be considered as a whole.

Recommendation 4: Clarifying terminology

Consistent ways of describing the symptomatic features of crisis should be agreed in order to assist communication, coordination and comparison across contexts. In the food sector, a simple typology might link levels of food insecurity (from chronic insecurity to famine) with mortality rates and other indicators. Consultation between key actors in the food and nutrition sector to agree on basic typology is essential.

Recommendation 5: Defining the limits of humanitarian action

Given the concern of humanitarian action with the relief of human suffering and its proximate causes, the purpose and limits of the humanitarian agenda in chronic emergencies should be more clearly defined in relation to developmental or welfare objectives. In situations of chronic instability, an ongoing programme of humanitarian action may be the only appropriate or viable mode of international engagement, but cannot be expected to achieve essentially developmental goals. In more stable or 'transitional' situations, the interface between humanitarian programming and work to build capacity, reduce vulnerability and provide 'safety nets' for the most vulnerable should be defined more clearly, to allow appropriate medium-term planning.

Recommendation 6: Establishing responsibilities

Assessments should consider the issue of formal responsibility, in particular under domestic law, international humanitarian law and relevant human rights provisions. The responsibility of humanitarian agencies should be recognised as essentially secondary to that of the government or *de facto* governing authority, and the member states of the UN. An assessment of what needs to happen to avoid certain outcomes must consider who is responsible for ensuring that it happens, and the extent to which this demands political action.

Recommendation 7: Assessing the demands of principle

Assessments should explicitly consider the demands of principles and policies to which the organisation in question subscribes. The steps necessary to satisfy the principle of impartiality should be explicitly considered as part of the assessment and design of responses. This may require the negotiation of secure access. For non-governmental agencies, the operational demands of maintaining independence and neutrality should be made explicit in needs assessments and proposals; and donors should respect this requirement in their consideration of proposals.

Recommendation 8: Assessing core outcome and risk indicators

In all situations where an immediate and widespread threat is known or suspected to exist to life or health, data on mortality, morbidity and acute malnutrition should be collected as a matter of priority. This should be done in the areas believed to be worst affected, from the outset of a crisis and continuously thereafter, for as long as a high level of risk continues. The resulting data must be correlated with agreed indicators of risk, including food security and environmental health risks.

Recommendation 9: Consulting and assessing the capacity of affected people

The expressed wishes, priorities and fears of people in the affected population should be adequately accounted for in the process of assessment. While it may not be possible to obtain a truly 'representative' view, consultation with women as well as with men, and with the relatively powerless as well as with the leadership, should be seen as minimum requirements of a consultation process. Any assessment and proposal for intervention should explicitly consider the capacity of those affected to avoid the risk in question, and the extent to which the intended beneficiaries will depend on the proposed intervention for their well-being or survival.

Recommendation 10: Consulting and assessing the capacity of local authorities

Any proposed international humanitarian intervention should be judged against an assessment of the capacity and willingness of local authorities to provide for the needs of the affected population. That assessment should consider the nature of the relationship between the international response

and that of the local authorities, and the form of collaboration most likely to result in the meeting of priority needs in the short and medium term.

Recommendation 11: Common data set for food security assessments

Key implementing agencies, in collaboration with WFP, should agree a common minimum data set to underpin all food security methodologies; as far as possible, there should also be agreement on the methods by which these would be measured. This would allow for more effective comparison within and across contexts, and allow 'raw' data to be shared and analysed against a range of conceptual models.

Recommendation 12: Coordination of food security assessments

In a given context, food security assessments should be coordinated in such a way as to ensure geographical coverage and ability to gauge relative levels of food insecurity across different parameters: geographic, temporal, social (including gender and age), political and economic. Macro- and meso-level analysis – including early-warning data and the results of the FAO/WFP Crop and Food Supply Assessment Missions – should be better correlated with (and checked against) micro-level analysis, including an understanding of actual coping strategies and adaptive behaviour. Micro-level assessment should be sufficiently broad-based for the results to be generalisable.

Recommendation 13: Health assessments

Given the lack of comparable indicators relating to three main bases of analysis in health assessments (morbidity, risks to health, healthcare), and the relative lack of coordinated analysis across the primary health spectrum, this study recommends that a consultation process be initiated among the key actors in emergency health, including those concerned with environmental health risks (such as water and sanitation), to establish a common basis for gauging the severity of situations against these three factors, and for establishing more clearly the linkages between them.

Recommendation 14: Framework assessment, surveillance and health information

WHO and UNICEF should work together to conduct baseline health assessments in crisis situations (on the model of the joint FAO/WFP assessments); to establish effective surveillance systems for epidemic disease; and to establish and maintain basic health information systems where there is no functioning national system, or where that system is not able to meet information needs in the prevailing circumstances.

Recommendation 15: Assessing 'protection needs'

In all conflict and conflict-related situations (including situations involving refugees and IDPs), an assessment of the threats of violence, coercion and deliberate deprivation should be conducted, considering the nature and extent of the threats involved, the factors that are perpetuating them, and the steps required to minimise or eliminate those threats. Any such assessment should consider specific issues of vulnerability, especially gender, age and ethnicity.

Recommendation 16: Coordination and multi-agency assessments

Coordination of the international humanitarian response should include coordination of assessment as a key element, and the formulation of joint assessment strategies should be encouraged. As a minimum, individual agency assessments should be coordinated through sectoral working groups.

Recommendation 17: Multi-sectoral assessments

The study recommends that sectoral assessments should be coordinated as closely as possible in geographical and temporal terms, to allow results to be correlated across sectors, related trends (for instance between disease and nutrition) to be monitored, and sectoral interventions to be better coordinated. A field-level assessment 'task force', made up of the heads of sectoral working groups, could facilitate this process.

Recommendation 18: Specialist working groups

In all major humanitarian crises, inter-agency sectoral working groups should be tasked with providing an overview assessment (or strategy for assessment) as a basis for prioritising needs within and between sectors. This should constitute a part of the CHAP process, where it exists.

Recommendation 19: Sharing the results of assessments

As a general rule, agencies and donors should consider it a duty to share the results of their formal assessments, and should see both the process of assessment and the sharing and communication of the results as an essential part of the humanitarian response. Agencies should record assessment findings in a form that they can share externally, with any necessary caveats about methodology, reliability and sensitivity. Donors should encourage this.

Recommendation 20: Demographic assessment

A specialist demographic assessment function should be established within the UN system, reporting to the ERC, tasked with establishing as accurately as possible the location, numbers and demographic characteristics of disaster- and war-affected populations in major emergencies. The unit charged with this function would work closely with OCHA and as appropriate with UNHCR, UNICEF and other agencies, and would provide a service to UN humanitarian agencies and to the wider international humanitarian system. Its services could also be called upon by the Humanitarian Coordinator in the field, where it could provide an important means of verifying demographic data obtained from other sources.

Recommendation 21: Assessing the needs of inaccessible populations

In situations where it is difficult or impossible to reach conflict-affected populations, a best estimate should be made of their number and location (based on census and other data), their demographic profile, and the nature and severity of the risks they face. This should be confirmed as far as possible by remote sensing and other relevant techniques, and a figure established for those 'at risk and inaccessible'. The figure should be revised in the light of new evidence. Where there is reason to believe that large numbers of people in inaccessible areas are at severe risk, they should be considered a priority for humanitarian action.

Recommendation 22: Funding of assessments
In any situation of significant humanitarian concern, donors should be prepared to fund or reimburse the costs of agencies' assessments if they are well conducted, can be read independently of any related funding proposal, and are shared with the system as a whole. The results of such assessments should be seen as a valuable product in their own right. The cost of assessments should be separately budgeted.

Recommendation 23: Training
This study found that the shortage of suitably-qualified assessors is a significant constraint to adequate needs assessment. While there is no substitute for experience, training of sectoral specialists in standard (rather than organisation-specific) assessment techniques should be given greater priority. Project and programme managers should receive basic training in the sectoral disciplines, to allow them to interpret the results of specialist assessments. They should also be trained in the process of general assessment, for which there is currently little or no training available.

Recommendation 24: Criteria for funding and response
Donors and agencies should make an explicit commitment to needs-based decision-making that is grounded in relevant evidence. Donors should make explicit their criteria for prioritising funding requests, and agencies should make clear their criteria for humanitarian response.

Recommendation 25: Independent assessors
Independent sectoral specialists could – at the request of the Resident Coordinator and heads of sectoral working groups – be deployed in major crises to work with the operational agencies in providing an overview assessment of risk and need under the four suggested headings. The purpose would be to assist in prioritising responses and to provide an independent point of reference. This might have the additional benefit of helping to generate consensus, consistency of standards and sharing of good practice.

Such a system could only work on the understanding that the specialists were not there to 'police' the work of individual agencies, or to overrule them. The mode of operating would need to be explicitly collaborative, not evaluative.

Recommendation 26: Gauging severity
Given the difficulties in designing and operating a system that would be sufficiently comprehensive and yet sensitive enough to pick up micro-level trends, this study recommends an approach based on more consistent sector-based surveillance, including the routine measurement of mortality rates and the prevalence of acute malnutrition. Sectoral specialists should be encouraged to work together to determine relative priorities within and between their spheres of concern. This would foster greater consistency of usage and methodology, and the more consistent application of common standards. This in turn would allow a greater degree of comparability between contexts.

Recommendation 27: Prioritisation
The prioritisation of responses should reflect a process of joint assessment of comparative risk against the four suggested bases of analysis. The CAP/CHAP currently represents the best available mechanism for achieving this, informed by more consistent use of specialist working groups tasked with establishing consensus on relative priorities within and between sectors.

Recommendation 28: Monitoring and surveillance
Both agencies and donors should consider on-going risk analysis and needs assessment essential throughout a programme. Without this, decisions made on the basis of rough initial estimates cannot be effectively reviewed and revised in response to needs. This study recommends the more consistent use of surveillance systems, and a better balance of investment between one-off surveys and on-going surveillance.

Recommendation 29: Evaluating assessments
Evaluations of humanitarian programmes should explicitly consider the way in which needs were assessed (initially and throughout), and the extent to which initial assumptions and estimates were tested against the changing external environment. They should consider the accuracy of the results of the assessment, the logical connection with the subsequent response, and the extent to which the analytical basis for that response is clearly articulated.

Bibliography

Alexander, D. (2002) *Confronting Catastrophe: New Perspectives on Natural Disasters*. Oxford: Oxford University Press.

Alexander, D. (2002) *Principles of Emergency Planning and Management*. Terra Publishing.

Anderson, M. and P. Woodrow (1998) *Rising from the Ashes. Development Strategies in Times of Disaster*. London: IT Publications.

Apthorpe, R. et al. (1996) *Protracted Emergency Humanitarian Relief Food Aid* (Evaluation of WFP programme in West Africa 1990–95). Rome: WFP.

Austen, D. (1996) 'Targeting the Vulnerable in Emergency Situations: Who Is Vulnerable?', *The Lancet*, vol. 348, September.

Banatvala, N. and A. Zwi (2000) 'Public Health and Humanitarian Interventions: Developing the Evidence Base', *British Medical Journal*, vol. 321, no. 8, July.

Blaikie, P. et al. (1994) At Risk: *Natural Hazards, People's vulnerability, and disasters*. London: Routledge.

Buchanan-Smith, M. and S. Davis (1995) *Famine Early Warning and Response – The Missing Link*. London: Intermediate Technology Publications.

Buchanan-Smith, M. and S. Maxwell (1994) 'Linking Relief and Development: An Introduction and Overview', *Institute of Development Studies Bulletin: Special Issue on Linking Relief and Development*, 25(4): 2–16.

Buzard, N. (2002) 'Benchmarks, Sticks or Carrots? Differing perceptions of the role of standards', *RRN Newsletter*, no 12.

Chr. Michelsen Institute (2001), *Assessing Needs and Vulnerability in Afghanistan*.

CIDA (1997) *CIDA's Policy on Meeting Basic Human Needs*, CIDA, May.

CIFP (2002) *Conflict Risk Assessment Report. West Africa: Mano River Union and Senegambia. Gambia, Guinea, Liberia, Sierra Leone, Senegal*. Country Indicators for Foreign Policy (CIFP).

Collins, S. (2002) 'The dangers of rapid assessment', *Field Exchange*, vol. 14, August 2002.

Collinson, S. (ed.) (2003), *Power, Livelihoods and Conflict: Case Studies in Political Economy Analysis for Humanitarian Action*, HPG Report No 13. London: Overseas Development Institute.

Committee on Population (2001) *Forced Migration and Mortality. Roundtable on the Demography of Forced Migration*. Washington DC: National Research Council, National Academy Press.

Committee on Population (2000) *Demographic Assessment Techniques. Summary of a workshop*.

Crisp, J. (1999) *'Who has counted the refugees?' UNHCR and the politics of numbers*, New Issues in Refugee Research, Working Paper No. 12. Geneva: UNHCR.

Cuny, F. (1999) *Famine, Conflict and Response. A Basic Guide*. New Haven, CT: Kumarian Press.

Cuny, F. (1983) *Disasters and Development*. Oxford: Oxford University Press.

Currion, P. (2001) 'Learning from Kosovo: the Humanitarian Community Information Centre (HCIC)', *Humanitarian Exchange*, April.

DEC (2001), *Independent Evaluation: the DEC Response to the Earthquake in Gujurat*, vols 1, 2 & 3.

Development Initiatives (2003) *Global Humanitarian Action 2003*.

Devereux, S. (2002) *The Malawi Famine of 2002: Causes, Consequences and Policy Lessons*.

De Ville de Goyet, C. (2000) 'Stop propagating disaster myths', *The Lancet*, vol. 356, August.

De Waal, A. (1997) *Famine Crimes: Politics and the Disaster Relief Industry in Africa*. Oxford: James Currey.

Duffield, M. (1994) 'The Political Economy of Internal War: Asset Transfer, Complex Emergencies and International Aid', in J. Macrae and A. Zwi (eds) *War and Hunger: Rethinking International Responses to Complex Emergencies*. London: Zed Books.

Duffield, M. (1997) *Post-Modern Conflict, Aid Policy and Humanitarian Conditionality*. A Discussion Paper prepared for the Emergency Aid Department, DFID. Birmingham: University of Birmingham School of Public Policy.

ECHO (1999) *Manual for the evaluation of humanitarian aid*.

FAO (2002) *The State of Food Insecurity in the World 2001. Food insecurity: when people live with hunger and fear starvation*.

Griekspoor, A. and S. Collins (2001) 'Raising standards in emergency relief: how useful are Sphere minimum standards for humanitarian assistance?', *British Medical Journal*, vol. 323, no. 22, September.

Harragin, S. and C. Chol (2002) *The Southern Sudan Vulnerability Study*. London: Save the Children UK.

Harrell-Bond, B. (1986) *Imposing Aid*. Oxford: Oxford University Press.

IASC (2002) *Report of the IASC review of the CAP*.

IASC (2001) *Report of the IASC Review of the Consolidated Appeal Process*. Geneva: IASC Working Group.

IASC (2001) *Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance*.

IASC (1994) *Consolidated Appeal Process Guidelines*.

ICRC (2001) *Strengthening protection in war. A search for professional standards*. Geneva: International Committee of the Red Cross.

IFRC (2002) *Handbook for Delegates*. Geneva: IFRC.

IFRC (2002) *World Disasters Report 2002*. Geneva: IFRC.

International Rescue Committee (2003) *Mortality in the Democratic Republic of Congo: Results from a Nationwide Survey*. New York: IRC.

IFRC (1999) *Vulnerability and Capacity Assessment Guide*. Geneva: IFRC.

IFRC (1997) *Handbook for Delegates. Needs Assessment, Targeting Beneficiaries*. Geneva: International Federation of Red Cross and Red Crescent Societies.

Jamal, A. (2000) 'Minimum standards and essential needs in a protracted refugee situation. A review of the UNHCR programme in Kakuma, Kenya'. Geneva: UNHCR.

Jaspars, S. (2000) *Solidarity and Soup Kitchens: A Review of Principles and Practice for Food Distribution in Conflict*, HPG Report 7. London: ODI.

Jaspars, S. and H. Young (1995) *General Food Distribution in Emergencies: From Nutritional Needs to Political Priorities*. Good Practice Review 3. London: ODI.

Karim, A. et al. (1996) *OLS Review*.

Keen, D. (1993) *Famine Needs-Assessment and Survival Strategies in Africa*, Oxfam Research Paper 8.

Kelly, J. (2002) 'WFP committed to improving quality of food needs assessments', *Field Exchange*, 13.
Knowles, S. (1993) 'The Evolution of Basic Needs and Human Development', *Rivista Internazionale di Scienze Economiche e Commerciali*, vol. 40, nos 6–7.
Lautze, S. (1997) *Saving Lives and Livelihoods: the Fundamentals of a Livelihood Strategy*. Boston, MA: Feinstein International Famine Center.
Lewis, J. (1999) *Development in Disaster-prone Places. Studies of vulnerability*. London: Intermediate Technology Publications.
Loane, G. and T. Schumer (2000) *The Wider Impact of Humanitarian Assistance. The Case of Sudan and the Implications for European Union Policy*. Baden-Baden.
Macrae, J. and N. Leader (2000) *Shifting Sands: The search for 'coherence' between political and humanitarian responses to complex emergencies*, HPG Report 8. London: ODI.
Macrae, J. et al (2002) *Uncertain Power: The changing role of official donors in humanitarian action*, HPG Report 12. London: ODI.
Macrae, J. (ed.) (2002) *The New Humanitarianisms: A review of trends in global humanitarian action*, HPG Report 11. London: ODI.
Macrae, J. (2001) *Aiding Recovery: The crisis of aid in chronic political emergencies*. London: Zed Books.
Macrae, J. and A. Harmer (eds) (2003) *Humanitarian Action and the 'Global War on Terror': A Review of Trends and Issues*, HPG Report 14. London: ODI.
Maxwell, D. (2002) 'The Coping Strategies Index: monitoring food security status in emergencies', *Field Exchange*, no 13.
Minear, L. and I. Smillie (2003) *The Quality of Money: Donor behaviour in humanitarian financing*. Boston, MA: Tufts University Humanitarianism and War Project.
MSF (1997) *Refugee Health. An approach to emergency situations*. London: Macmillan.
MSF (1996) *Evaluation Rapide de l'Etat de Santé d'une Population Déplacée ou Refugiée*. Paris: Médecins Sans Frontières.
Noji, E. (ed.) (1997) *The public health consequences of disasters*. New York: Oxford University Press.
Nseluke-Hambayi, M. (April 2002) 'A Fragile Situation in Sudan', *ENN*, Issue 15, April.
ODI (2002) *Adapted Sustainable Livelihoods Framework to Support Analysis in Situations of Conflict and Political Instability*. London: ODI.
OFDA (1999) *Field Operations Guide. For Disaster Assessment and Response*. Washington DC: USAID
Olsen, G. R., N. Carstensen and K. Høyen (2003), 'Humanitarian Crises: What Determines the Level of Emergency Assistance? Media Coverage, Donor Interests and the Aid Business', *Disasters*, vol. 27, no. 2.
Oxfam GB (2002) Emergency Response Manual, internal document.
Oxfam (2000) *An end to forgotten emergencies?* Oxfam Briefing Paper, May 2000.
Oxley, M. (2001) 'Measuring Humanitarian Need', *Humanitarian Exchange* 19, September.
Porter, T. (2002) *An External Review of the CAP*, commissioned by OCHA's Evaluation and Studies Unit, April.
Porter, T. (2000) 'The partiality of humanitarian assistance – Kosovo in comparative perspective', *Journal of Humanitarian Assistance*, June.
Reindorp, N. and A. Schmidt (2002) *Coordinating humanitarian action: the changing role of official donors*. London: ODI.
Reindorp, N. and P. Wiles (2001) *Humanitarian Coordination: Lessons from Recent Field Experience. A Study Commissioned by OCHA*. London: ODI.
Salama, P., P. B. Spiegel and R. Brennan (2001) 'No less vulnerable: the internally displaced in humanitarian emergencies', *The Lancet*, vol. 357, May.
Salama, P. and P. B. Spiegel (2001) 'Emergencies in developed countries: are aid organisations ready to adapt?', *The Lancet*, vol. 357, May.
Sapir, D. G. (1991) 'Rapid Assessment of Health Needs in Mass Emergencies: Review of Current Concepts and Methods', *World Health Statistics Quarterly*, no. 44, pp. 171–81.
Sapir, D. G. and M. F. Lechat (1986) 'Information Systems and Needs Assessment in Natural Disasters: An Approach for Better Disaster Relief Management', *Disasters*, vol. 10 (3), 232–37.
Save the Children (2002) *SCF Emergency Assessment Toolkit. Guidelines and Sectoral Checklists for Child-Oriented Emergency Assessment*, unpublished.
Save the Children (2000) *The Household Economy Approach. A Resource Manual for Practitioners*. London: Save the Children.
Save the Children (2002) *SCF Emergency Assessment Toolkit. Guidelines and Sectoral Checklists for Child-Oriented Emergency Assessment*, SCF-UK, Emergency Section, version 1 (Working document).
Save the Children (2000) *The Household Economy Approach. A resource manual for practitioners*. London: Save the Children.
Save the Children (1995) *Toolkits. A Practical Guide to Assessment, Monitoring, Review and Evaluation*. Development Manual 5. London: Save the Children Fund (UK).
Schofield, R. (2001) 'Information systems in humanitarian emergencies', *Humanitarian Exchange*, April.
Seaman, J. (2002) *The Failure of Early Warning in Malawi in 2001: Time to Rethink International Famine Early Warning*. Save the Children UK.
Shoham, J. and E. Clay (1989) 'The Role of Socio-economic Data in Food Needs Assessment and Monitoring', *Disasters*, vol. 13 (1) 41–60.
Singh, A. (1979) 'The "Basic Needs" Approach to Development vs the New International Economic Order: The Significance of Third World Industrialization', *World Development*, vol. 7, pp. 585–606.
Skuric-Prodanovic, M. (2001) *Serbia: Exclusion and Its Consequences*. Conference paper presented at the conference 'Politics and Humanitarian Aid: Debates, Dilemmas and Dissension' (ODI, CAFOD, Polis).
Slim, H. (2001), *Not Philanthropy but Rights: Rights-Based Humanitarianism and the Proper Politicisation of Humanitarian Philosophy in War*. Oxford: Oxford Brookes University.
Smillie, I. (1998) *Relief and Development: The Struggle for Synergy*.
Providence, RI: Thomas J. Watson Institute for International Studies,
Brown University, Occasional Paper no.33.
Spalding N. A. (1990) 'The Relevance of Basic Needs for Political and Economic Development', *Studies in Comparative International Development*, vol. 25, no. 3, pp. 90–115.
Sphere Project (2000) *Humanitarian Charter and Minimum Standards in Disaster Response*.
Stiglitz, J. (2002) *Globalisation and its Discontents*. New York Penguin Books.
Stockton, N. (1999) *The Collapse of the State and the International Humanitarian Industry – The New World Order in Emergencies*. Oxford: OUP, 1995.
Suhrke et al. (2000) *The Kosovo Refugee Crisis: An Independent Evaluation*

of UNHCR's Emergency Preparedness and Response. Geneva: UNHCR
Telford, J. (1997) *Counting and Identification of Beneficiary Populations in Emergency Operations: Registration and its Alternatives*, Good Practice Review 5. London: ODI.
Toole, M. (1999) *The Role of Rapid Assessment in Humanitarian Crises. The Medical and Public Health Care* Response. Cambridge, MA: Harvard University Press.
UNCU (2002) *A Report on Internally Displaced Persons in Somalia*. Nairobi: UNCU
UNDAC (2002) *Common Country Assessment and United Nations Development Assistance Framework. Integrated Guidelines*.
UNDP, ADB, World Bank (2002) *Afghanistan: Preliminary Needs Assessment for Recovery and Reconstruction*.
UNHCR (2000) *Handbook for Emergencies*, 2nd edition. Geneva: UNHCR.
UNHCR (1998) *Initial Assessment in Emergency Situations – A Practical Guide for Field Staff*. Geneva: UNHCR.
UNHCR (1996) *Refugee Emergencies. A Community-Based Approach*. Geneva: UNHCR.
UNICEF (2000) *Technical Notes: Special Considerations for Programming in Unstable Situations*.
UNOCHA (2002a) *Consolidated Inter-Agency Appeals for Somalia 2003*.
UNOCHA (2002b) *Consolidated Inter-Agency Appeal for Sudan 2003*.
UNOCHA (2002c) *Humanitarian Risk Analysis No. 18: Federal Republic of Yugoslavia*.
UNOCHA (2002d) 'Symposium on best practices in humanitarian information exchange. February 2002. Final Report', Geneva.
UNOCHA (2002e) 'United Nations Regional Humanitarian Assistance Strategy in Response to the Crisis in Southern Africa July 2002–June 2003'. New York and Geneva: United Nations, July.
UNOCHA (2001) *Technical Guidelines for the Consolidated Appeal Process*.
UNOCHA (1999) *OCHA Orientation Handbook on Complex Emergencies*.
USAID (1999) *Field Operations Guide for Disasters Assessment and Response*.
USAID et al., (2000) *US Government Strategic Plan: Assistance to Sudan. 2000–2002*. Nairobi: USAID.
USAID/OFDA (2001) *USAID/OFDA Strategy for Africa 2001–2003*. Nairobi: Africa Regional Office, May.
Venton, P. (2001) *Disaster Risk Assessment Project*, Tearfund, unpublished, May.
Waldman, R. J. (2001) 'Prioritising Health Care in Complex Emergencies', *The Lancet*, May.
Watkins, B. (2001) 'Information exchange for humanitarian coordination in the Horn of Africa', *Humanitarian Exchange*.
WFP (2002) *Review of resource mobilisation for WFP operations under the CAP*.
WFP (2002) *Information Paper on Non-Food Component of Relief Interventions in the Horn of Africa*.
WFP (2001) *A rapid review of WFP's Food Security Units in complex emergencies. Lessons from Afghanistan, Burundi, Somalia and Southern Sudan*. Rome: Office of Humanitarian Affairs, WFP.
WFP (1999) *Emergency needs assessment: guidelines*. WFP: Rome.
WFP/UNHCR (1997) *Joint WFP/UNHCR Guidelines for Estimating Food and Nutritional Needs in Emergencies*. Rome: Geneva.
WHO (2002) *The use of mortality and nutritional indicators to assess organizational performance. A discussion paper*.
WHO (2002) *rapid Health Assessment Protocols for Emergencies*. Geneva: WHO.
WHO (2000) *The Management of Nutrition in Major Emergencies*. Geneva: WHO.
WHO (1999) *Rapid Health Assessment Protocols for Emergencies*. Geneva: WHO.
WHO (1999) *Recommended Surveillance Standards* (WHO/CDS/ISR/99.2). Geneva: WHO.
WHO (1999) *Handbook for Emergency Field Operations*. Geneva: WHO
WHO-EHA (2002) *Monitoring progress of relief assistance. Nutritional status and crude mortality rate (CMR)*. Unpublished document.
WHO-PAHO (1987) *Assessing Needs in the Health Sector after Floods and Hurricane*.
Young, H. (1992) *Food Scarcity and Famine. Assessment and Response*. Oxfam Practical Health Guide No. 7. Oxford: Oxfam.

HPG Briefing Papers

HPG Briefing Papers present the key findings of HPG research in a four- or six-page summary.
HPG Briefing Paper 13 *Needs Assessment and Decision-Making: Key Findings and Recommendations* by James Darcy and Charles-Antoine Hofmann (September 2003)
HPG Briefing Paper 12 *Humanitarian NGOs: Challenges and Trends* by Abby Stoddard (July 2003)
HPG Briefing Paper 11 *Humanitarianism and Islam after 11 September* by Jonathan Benthall (July 2003)
HPG Briefing Paper 10 *The Global War on Terrorism: Issues and Trends in the Use of Force and International Humanitarian Law* by Chaloka Beyani (July 2003)
HPG Briefing Paper 9 *Humanitarian Action and the 'War on Terror': A Review of Trends and Issues* by Joanna Macrae and Adele Harmer (July 2003)
HPG Briefing Paper 8 *Humanitarian Action in Conflict: Implementing a Political Economy Approach* by Sarah Collinson (February 2003)
HPG Briefing Paper 7 *Coordinating Humanitarian Action: The Changing Role of Official Donors* by Anna Schmidt and Nicola Reindorp (December 2002)
HPG Briefing Paper 6 *International Humanitarian Action and the Accountability of Official Donors: Uncertain Power, Uncertain Responsibility* by Sarah Collinson and Margie Buchanan-Smith (December 2002)
HPG Briefing Paper 5 *The Changing Role of Official Donors in Humanitarian Action: A Review of Trends and Issues* by Joanna Macrae (December 2002)
HPG Briefing Paper 4 *Financing International Humanitarian Action: A Review of Key Trends* by Margie Buchanan-Smith (November 2002)
HPG Briefing Paper 3 *Trends in US Humanitarian Policy* by Abby Stoddard (April 2002)
HPG Briefing Paper 2 *Mainstreaming Safety and Security Management in Aid Agencies* by Koenraad Van Brabant (March 2001)
HPG Briefing Paper 1 *The Politics of Coherence: Humanitarianism and Foreign Policy in the Post-Cold War Era* by Joanna Macrae and Nicholas Leader (July 2000)
An ODI Briefing Paper is also available, entitled *International Humanitarian Action: A Review of Key Trends,* by Joanna Macrae (April 2002)

HPG Reports

HPG Reports present the detailed findings of the Group's research. They are HPG's major contribution to the development of humanitarian policy.
HPG Report 14 *Humanitarian Action and the 'Global War on Terror': A Review of Trends and Issues* edited by Joanna Macrae and Adele Harmer (July 2003)
HPG Report 13 Power, *Livelihoods and Conflict: Case Studies in Political Economy Analysis for Humanitarian Action* edited by Sarah Collinson (February 2003)
HPG Report 12 *Uncertain Power: The Changing Role of Official Donors in Humanitarian Action* by Joanna Macrae, et al. (December 2002)
HPG Report 11 *The New Humanitarianisms: A Review of Trends in Global Humanitarian Action* edited by Joanna Macrae (April 2002)
HPG Report 10 *Politics and Humanitarian Aid: Debates: Dilemmas and Dissension – A Conference Report* by Devon Curtis (April 2001)
HPG Report 9 *Mainstreaming the Organisational Management of Safety and Security: A Review of Aid Agency Practices and a Guide for Management* by Koenraad Van Brabant (March 2001)
HPG Report 8 *Shifting Sands: The Search for 'Coherence' between Political and Humanitarian Responses to Complex Emergencies* by Joanna Macrae and Nicholas Leader (August 2000)
HPG Report 7 *Solidarity and Soup Kitchens: A Review of Principles and Practice for Food Distribution in Conflict* by Susanne Jaspars (August 2000)
HPG Report 6 *Terms of Engagement: Conditions and Conditionality in Humanitarian Action – A Conference Report* edited by Nicholas Leader and Joanna Macrae (July 2000)
HPG Report 5 *The Principles of Humanitarian Action in International Humanitarian Law* by Kate Mackintosh (March 2000)
HPG Report 4 *The 'Agreement on Ground Rules' in South Sudan* by Mark Bradbury, Nicholas Leader and Kate Mackintosh (March 2000)
HPG Report 3 *The 'Joint Policy of Operation' and the 'Principles and Protocols of Humanitarian Operation' in Liberia* by Philippa Atkinson and Nicholas Leader (March 2000)
HPG Report 2 *The Politics of Principle: The Principles of Humanitarian Action in Practice* by Nicholas Leader (March 2000)
HPG Report 1 *The Political Economy of War: An Annotated Bibliography* by Philippe Le Billon (March 2000)

Publications are available on request from the ODI, and on the ODI website at www.odi.org.uk/hpg/publications.html.

HPG also publishes the Humanitarian Practice Network, an informal forum where fieldworkers, managers and policy-makers in the humanitarian sector share information, analysis and experience. For more information on the HPN, visit www.odihpn.org.

Britain's leading independent think-tank on **international development** and **humanitarian issues**

Overseas Development Institute
111 Westminster Bridge Road
London SE1 7JD
United Kingdom

Tel: +44 (0) 20 7922 0300
Fax: +44 (0) 20 7922 0399

ODI e-mail: odi@odi.org.uk
HPG e-mail: hpg@odi.org.uk
Website: www.odi.org.uk

ISBN 0-85003-673-9