

**INITIAL RAPID ASSESSMENT (IRA):
GUIDANCE NOTES FOR COUNTRY LEVEL**

Version for Field Testing

Prepared jointly by the:

IASC Health Cluster

IASC Nutrition Cluster

IASC WASH Cluster

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The Initial Rapid Assessment (IRA) Tool and Guidance Notes

The Initial Rapid Assessment (IRA) includes three key documents:

- **Initial Rapid Assessment (IRA) Tool.** The IRA Tool is essentially a template for the primary data collection and recording at field level. It is targeted at the team members of field assessment teams. In addition to the questions in the tool, it includes specific data collection and recording notes, or tips, to assist team members in using the tool correctly in the field.
- **Initial rapid assessment (IRA): Guidance Notes for Country Level.** The Guidance Notes for Country Level provide an overview of how to organize and begin an IRA, during the pre-crisis period and when the crisis hits, but at national level rather than field level. It is targeted at national stakeholders, such as the country Clusters that will lead the activity, conduct the analysis and act based upon the findings. It assumes some level of technical or sector-specific expertise and analytical capacity.
- **Initial rapid assessment (IRA): Guidance Notes for Field Level.** The Guidance Notes for Field Level explain how to conduct the field data collection component of the IRA. The Guidance Notes for Field Level should be used in conjunction with the IRA Tool and the specific point-by-point data collection and recording guidance included in the tool. This document is targeted at field data collection team members, and assumes that they are generalists who may have public health-related knowledge but do not have advanced technical expertise in the sectors covered by the IRA.

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1. INTRODUCTION

1.1 Background

The Cluster system is a platform for launching a global effort to improve assessment and information management for humanitarian action. Emergencies impose strict constraints on assessments: initial emergency assessments must often be conducted *rapidly by non-specialized personnel, with the objective of answering several essential questions for humanitarian response planning and programming*. The capacity to quickly mobilize field teams to collect key data in core sectors (e.g., shelter, food and nutrition, health, water, sanitation and hygiene promotion) will be strengthened by the use of a shared framework, tool(s) and guidance, as well as processes and expectations for institutional collaboration and coordination.

This Initial Rapid Assessment (IRA) tool has been developed through inter-agency consultation and extensive review of existing assessment tools (see Box 1). It consolidates rather than recreates. It is intended that this IRA Tool will provide a template to enable faster and better multi-sector rapid assessment. It is hoped that this will improve emergency assessment in 2007 and contribute to a larger multi-cluster IASC-led effort to harmonize emergency assessment. It should help lead to a broader understanding of the context and needs, and not a focus on individual organizational concerns.

The way in which the IRA is designed and carried out in practice will depend on a number of context-specific issues such as the nature and scale of the emergency, in-country capacity and institutional arrangements. Users are encouraged to adapt the tool as required, but to bear in mind the general principles for its use described in Box 2.

There are four basic preconditions for the IRA and subsequent humanitarian response: 1) unimpeded access to the affected population, 2) adequate security for personnel to operate, 3) availability of staff and 4) availability of funding for intervention. Needs assessments necessarily create expectations and are only meaningful if resources are available (or expected to be available) to back them up with appropriate interventions.

These Guidance Notes are intended to help people involved with the IRA at country level, such as the country clusters, to understand the scope and purpose of the IRA tool and approach (Section 1), organize an IRA (Sections 2 and 3) and analyse and report on the data produced (Section 4).

Staff carrying out the IRA in the field should refer to the *Initial Rapid Assessment (IRA): Guidance Notes for Field Level* and the step-by-step guidance on data collection and recording in Sections 11 to 20 of the IRA Tool. People participating in an IRA at all levels are also encouraged to refer to existing, comprehensive emergency assessment references from IFRC, SPHERE, UNICEF and others (see reference list in Annex 1).

Box 1: Introduction to the Initial Rapid Assessment (IRA)	
Why would you do an IRA?	<p>The <i>Initial Rapid Assessment</i> (IRA) is designed to:</p> <ul style="list-style-type: none"> • Provide a quick overview of how a population has been affected by a crisis, including who is likely to be at greatest risk of mortality and acute morbidity and why, and • Identify priorities within and across sectors for an initial comprehensive humanitarian response and follow-on sector-specific assessments.
Who should do an IRA?	<p>Multi-agency teams, including national government institutions, UN agencies, INGOs and national non-governmental institutions should in most cases implement the tool, to build national capacity as well as strengthen the assessment through the complementarity of views and expertise. The tool is designed for use by assessment teams without advanced training in the sectors covered by the assessment. Broad public health training is advantageous, particularly in terms of rapid assessment methods and familiarity with best practices in the major content areas.</p>
When would an IRA be done?	<p>The IRA is designed primarily for new rapid-onset crises. The IRA may also be used in newly accessible areas that were previously inaccessible due to insecurity, weather conditions or other logistical constraints, as well as chronic emergencies affected by a sudden shock or deterioration in conditions.</p> <p>Because speed is vital, the IRA should be started within the first 72 hours after the onset of a crisis. Initial reporting for decision makers and funding appeals should quickly follow completion of fieldwork, and a fuller report should be issued within two weeks of the start of the IRA.</p>
How should an IRA be organized?	<p>The decision to carry out an IRA across a number of locations will usually be taken at country level, through discussion between the UN Country Team (UNCT), led by the Humanitarian Coordinator (HC) in emergency situations, or the UN Resident Representative in other situation, and the government concerned. In countries where the Cluster system is established, the choice of locations for the IRA will be made by the involved country Clusters.</p>
How should the IRA be done?	<p>The IRA Tool should be filled out once for each site being assessed. Defining the ‘site’ is a critical first step, because it will be the geographic unit for which the intervention priorities will be identified and the needs will be calculated.</p> <p>The IRA Tool is not an individual questionnaire form to be filled out once for each interview. Rather, it should represent the best picture of the situation that the assessment team could develop, based upon all of the primary and secondary information collected. Assessment team members can use the IRA Tool as a guide throughout the assessment, to provide a logical flow for data collection and ensure a reasonably comprehensive assessment is conducted.</p> <p>But remember, the IRA is a rapid assessment using qualitative methods to complement a pre-crisis review of secondary data. Assessment teams will use a combination of individual key informant interviews, group key informant interviews, observation and other techniques to collect the information. The IRA is the format the team should use to ‘put it all together’ into a coherent, systematic summary of the situation and needs for major response.</p>
Can the IRA be used in all contexts?	<p>The IRA is meant to be flexible such that it can be used across contexts and countries. Some country or crisis-specific adaptation will likely be required.</p>

Box 2: General guiding principles for initial rapid assessments in emergencies

Organization and management of the IRA:

- **Essential preconditions are met:** there is unimpeded access and reasonable security; necessary personnel are available; and funds are available or are expected to become available for any follow-up interventions found to be needed.
- **The assessment is carefully planned and managed.** In particular, there is good preparation prior to field visits.
- **Assessment teams are balanced** with regard to knowledge, expertise and gender, and between national and international staff. Care is taken to ensure that the assessment is not unduly biased towards the concerns of individual specialists or specialized agencies.
- **Separate, parallel arrangements are made to provide emergency assistance** to the populations being visited, whenever possible, so that assessors can concentrate on assessment without hampering the humanitarian response.

Data collection and analysis:

- **Agreed standards, principles and indicators** are used in the collection, analysis, interpretation and presentation of data and information in order to inform decisions on action to prevent excess mortality and morbidity.
- **Common/standard formats and methods** are used by all field teams.
- **Data are gathered from a wide range of sources** and triangulated: this includes secondary data and data from key informants, community group interviews and, sometimes, rapid surveys. Sources are recorded but care is taken not to expose informants to any risk in insecure areas.
- **Both qualitative and quantitative data** are sought and used.
- **All secondary data are systematically reviewed and evaluated** in relation to: the data collection techniques used; the manner in which the techniques were applied in the field, with particular attention to the adequacy and reliability of sampling; and whether the reported findings appear to represent the true situation (and, if not, the likely direction of the bias – over-estimation or under-estimation).
- **Sample design and the selection of key informants** ensure the coverage of, and data analysis distinguishes, distinct geographical areas, ethnic groups and gender differences.
- **Data collection and analysis covers capacities and resources** – including the resilience of different population groups – as well as “needs”, and on the current situation and how it is expected to evolve in the next 6 to 12 weeks.
- **Special attention is given to assessing the situation of the most vulnerable populations** (which are often the most difficult to assess).
- **Interviewees’ privacy and security are safeguarded.** Personal information (e.g., names) is only recorded with consent, and such information is not shared outside of the team unless necessary.
- **Data on the current situation are compared** with both international standards (e.g. SPHERE) and local pre-crisis seasonal norms. Changes are identified compared with the pre-crisis situation/baseline in relation to demographics, health status, and health care systems.
- **Initial morbidity and mortality data have priority** but data stemming from disrupted systems or those with ongoing humanitarian support should be interpreted with these elements in mind.
- **Analysis is initiated in real time concurrent with data collection;** initial findings should be discussed in open dialogue with all involved parties.

Reporting:

- **Assessment findings are reported and disseminated promptly.**
- **There is transparency in reporting:** data gaps, dubious data, questionable bias and limitations with explanations and any assumptions are clearly indicated in the report.
- **Recommendations are clear and action-oriented.**
- **Timely feedback is provided to all stakeholders,** particularly those providing data.

1.2 Purpose and objectives of the IRA

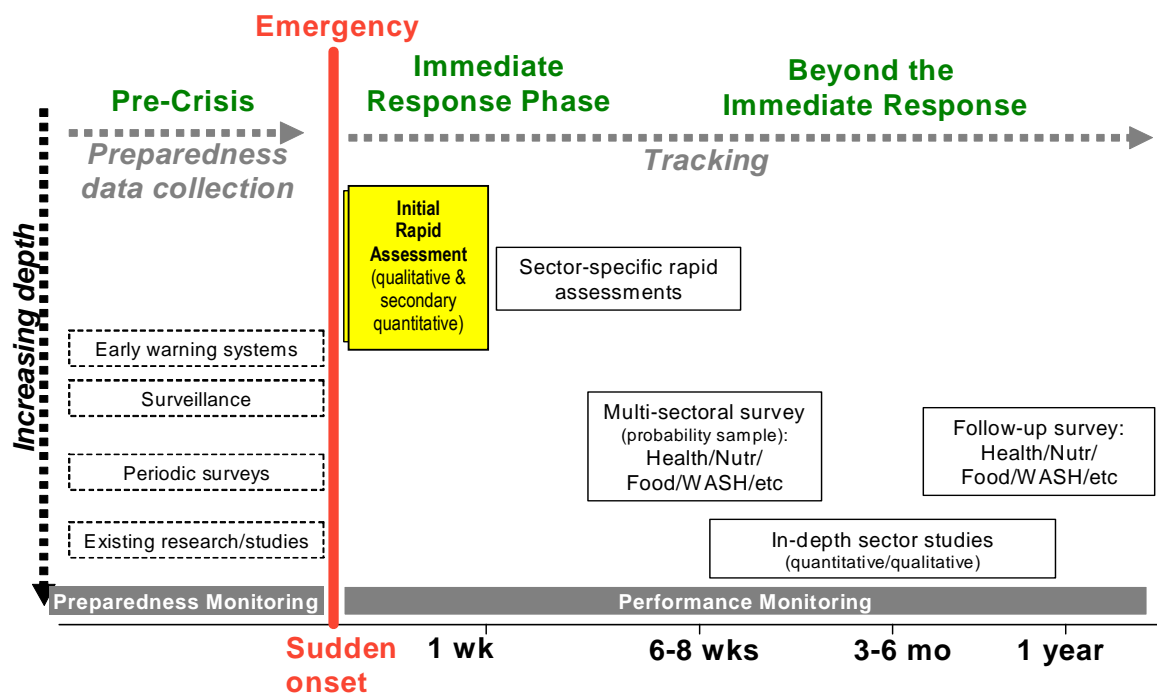
The **purpose** of the IRA is to provide a rapid overview of the emergency situation, based on essential multi-sector data, in order to identify the immediate impacts of the crisis, estimate needs and ongoing vulnerabilities of the affected population and define the priorities for humanitarian action in the first three weeks. Data collection techniques - secondary data review and rapid primary data collection – allow it to be conducted quickly in a rapidly changing situation.

Data provided by the IRA is preliminary and its quality is limited by the constraints of time and opportunities for structured sampling and data collection in the first week of an emergency. It is limited to an approximate assessment of damage and immediate needs and is not able to provide comprehensive statistically sound or in-depth qualitative data. However, the IRA is the first step in a continuous process and therefore must identify the need for more comprehensive follow-up assessments and create a basis for them (see Figure 1).

The **objectives** of the IRA are to provide data to answer the following core questions:

- What has happened? Is there an emergency situation and, if so, what are its key features?
- How has the population been affected by the emergency? Who is likely to be most vulnerable and why? How many people were affected, and where are they?
- Are interventions required to prevent further harm, injury or loss of life? If so, what are top priorities for humanitarian assistance?
- What are continuing or emerging threats that may escalate the emergency?
- What resources and capacities are already present (e.g., infrastructure and institutions) that could assist in the response, and what are the immediate capacity gaps?
- What are the key information gaps which should be addressed in follow up surveys and/or qualitative assessments?

Figure 1: Initial Rapid Assessment in the emergency assessment and monitoring process



Adapted from: UNICEF, 2006.

1.3 Who should conduct the IRA?

The IRA Tool is designed to be used effectively by whoever in the humanitarian or development community is able to reach affected locations most rapidly and carry out an adequate rapid assessment. It does not require people with specialist training or experience in the sectors covered to collect the data, although public health experience is certainly an asset. Advanced training and professional experience are, however, sought in the country-level cluster team that will oversee the IRA and analyse and act on the findings.

1.4 When should the IRA be conducted and how long should it take?

The IRA should be launched as soon as possible after the onset of an acute crisis - preferably within the first 48 hours. It should also be used in chronic emergency situations when there is a localized or general escalation to an acute situation; and when there is access to areas that have been previously inaccessible due to insecurity, weather conditions or other logistical obstacles.

All the activities of the IRA (see Figure 2) should take from one to two weeks, depending on the scale of the crisis, the number of assessors available, travel times and the number of sites to visit. After one or two weeks it is likely that there will be substantial capacity for more in-depth and sector-specific assessments and the IRA will become less relevant.

1.5 Definition of terms

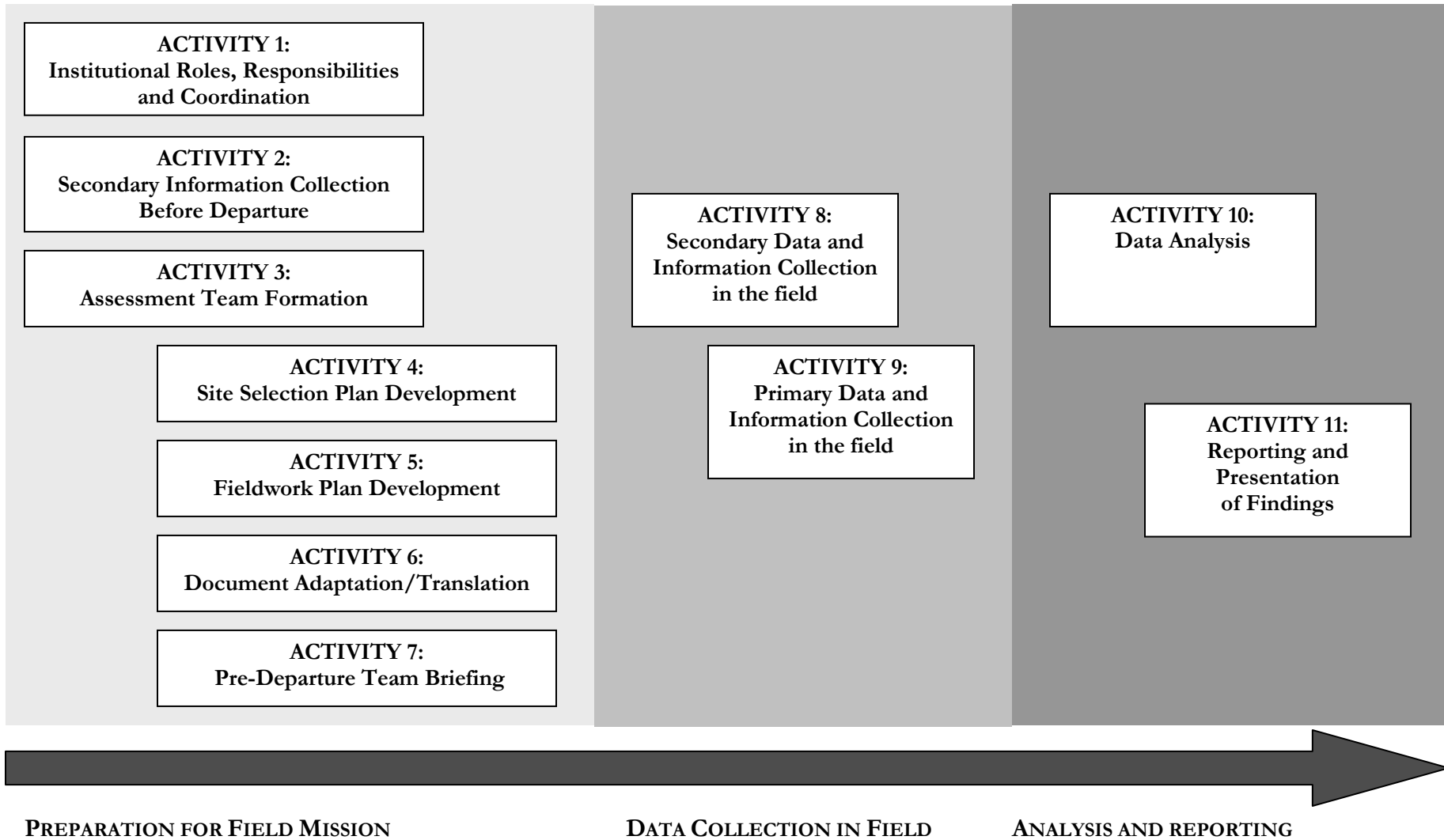
Data and information

The word 'data' is used here to mean simple bits of information that may be quantitative or qualitative. This data will then be analysed within the country context to produce the information needed to make recommendations and decisions for evidence based action.

Primary and secondary (data and information)

A distinction is made here between primary and secondary data/information. Primary data/information is gathered directly by observation or interviews with people directly affected by or working in the crisis. Secondary data/information comes indirectly in the form of written or verbal reports, maps and images. Both are required to complete the IRA.

Figure 2. Main activities of an IRA



2. PREPARING FOR AN IRA

2.1 Overview

Preparation for an IRA includes seven main activities, which should happen at the same time wherever possible to enable a rapid departure for the field: 1) formalization of institutional roles, responsibilities and coordination; 2) collection of secondary data; 3) formation of assessment team; 4) development of fieldwork plan; 5) preparation of field equipment/materials, transport and travel plan; 6) adaptation and/or translation of assessment tool and guidance (where required); and 7) briefing of assessment team. The assumption in these guidelines is that preparation and conducting of the IRA will be managed in the affected country.

2.2 Institutional roles, responsibilities and coordination (Activity 1)

Wherever feasible, the IRA should be carried out with national government partners (e.g. Ministries of Health, Social Welfare, Agriculture and/or Rural Development). The coordination of assessments is generally the responsibility of the government and ensuring they are actively involved is critical to securing their support of relief and reconstruction efforts. Rapid assessment is often the first emergency response task that draws together government, the international humanitarian community and national non-government organizations for information exchange and coordination.

The UN Country Team (UNCT), led by the Humanitarian Coordinator in emergency situations, assures coordination within the UN system and NGOs under the IASC framework. The IRA should be carried out within this coordination mechanism.

The following roles will need to be filled in order to plan and carry out an effective IRA:

Office-based:

- Coordinating and managing the IRA;
- Maintaining an up-to-date database on pre-crisis data ideally linked to ongoing situation databases such as DevInfo;
- Collecting and analyzing secondary information at national and sub-national levels as part of the non-field work component of the IRA; and
- Collating, analyzing and communicating IRA.

Field-based:

- Carrying out field data collection for the IRA;
- Providing IRA reports.

The field assessment teams are composed of generalists, rather than specialists; while junior staff members can participate effectively in the data gathering process, the overall coordination and management of the IRA requires significant experience in emergency-related assessment and monitoring activities and understanding of the methodological and practical options and limitations thereof. The leadership role requires strong understanding of the information needs for decision-making in the immediate humanitarian response. It also requires excellent skills in communication to decision-makers and networking among partners of varied strengths.

2.3 Collection of secondary data prior to fieldwork (Activity 2)

Pre-crisis secondary data

Relevant secondary data on the pre-crisis situation should be used to do the following:

- Provide the baseline, or reference point for comparison, that enables meaningful conclusions to be drawn about effects of the crisis and priority responses;
- Identify pre-crisis vulnerabilities of the population, including particular vulnerabilities of population sub-groups, and the factors (e.g., livelihood patterns) that create these vulnerabilities;
- Identify national capacities for emergency response – organizational, human and material -- among government, national NGOs and Red Cross/Red Crescent Societies, private sector and civil society as well as critical gaps therein;
- Identify enabling and limiting factors in the formal institutional context – national laws, policies and standards - within which humanitarian response must be carried out (e.g. code on breast milk substitutes, protocols for feeding programs);
- Identify complementary capacities for humanitarian response among the international organizations and agencies present (usually a product of interagency contingency planning); and
- Identify topography, climate, water resources, infrastructure, land-use etc. that is important for understanding available resources and constraints on a possible response.

The Secondary Information Checklist in Annex 2 lists pre-crisis secondary data and sources.

This secondary data collection should yield a comparative table of data available covering:

- National averages;
- Sub-national averages for each administrative area relevant to the affected areas (i.e. districts or provinces where all or some of the population is affected);
- Averages for any vulnerable population sub-groups in these areas where data is available, the most likely being pre-crisis refugees or IDPs.

Annex 3 gives an example of a table for summarizing and comparing pre-crisis secondary data.

Where possible, secondary data relevant to likely disasters should be assessed, collected and consolidated in a national database (such as DevInfo) as a preparedness activity.

The main sources for pre-crisis data will include government offices, the statistical bureau, the bureaus of multilateral and bilateral donor organizations, universities, research centres and think tanks, UN agencies including OCHA and/or the humanitarian information centre if present, NGOs, global or regional databases.

In cases where baseline data are unavailable, such as stateless regions or populations in transit, every effort should be made to make a reasonable approximation of what the data would have been prior to the crisis. This could mean the use of similar regional or population data, data gathered prior to a similar crisis or consultation with experts familiar with the affected area and data type. Common standards and consistency must be maintained so as to provide ongoing surveillance and comparison to known (international) standards.

In-crisis secondary data

After the onset of the emergency, secondary data available at national level should be gathered and analysed in order to do the following:

- Characterize the nature, scope and extent of the emergency;
- Identify the most affected regions and populations/ vulnerable groups and choose sites for field IRA;
- Assess changes to national and local capacity due to the crisis;
- Monitor changes in international capacity for assistance;
- Identify security and logistical considerations affecting delivery of humanitarian response and implementation of field data collection.

Sources of data will include institutions/ organisations with people on the ground in the affected areas, including government ministries, civil society organisations, national and international NGOs at central and sub-national levels. Annex 4 provides a checklist of in-crisis secondary data to be considered when planning an IRA.

2.4 Formation of assessment teams (Activity 3)

Assessment teams should comprise from 2 to 5 people, depending on the number and size of locations to be visited and the number and skills of assessors available. As far as possible, the assessment team should include members with the following characteristics:

- Generalists with qualitative and participatory appraisal experience
- Gender balance
- Local knowledge
- Objectivity and neutrality
- International and national team members
- Multi-agency representation (preferred)
- Previous disaster experience if possible

Assessment team members should be assigned roles, according to the team composition and the context of the assessment. Responsibility for team leadership, reporting, logistics and security should be clearly identified.

2.5 Selection of sites for assessment (Activity 4)

Depending on the scale of the crisis, it may not be possible to visit all of the affected areas. In this case a sample of locations must be chosen, based on whatever data is available at the time. Two main criteria may be used for selecting a sample of sites: focus on areas of greatest need and coverage of a range of locations qualitatively representative of the affected population.

The first consideration should be given to locations or populations where the humanitarian situation is believed to be the worst based upon information available about the crisis and/or pre-crisis population vulnerabilities. Secondary information will assist in prioritizing field assessment site locations.

Given time and other assessment constraints, it may be also be useful to stratify possible assessment sites in order to reach geographically or demographically diverse areas and capture a picture of the variation in how people have been affected. Criteria for stratifying and selecting areas include socio-economic status and characteristics, sites with more/less access to services, sites with higher/lower levels of poverty and sites with higher or lower prevalence of malnutrition, sites with both residents and non residents (third-country nationals, refugees or internally displaced persons), sites in different livelihood or agro-ecological zones, and sites in both urban and rural areas. If time permits, compare affected sites with less or unaffected areas. While the IRA is somewhat broad relative to many assessment tools (particularly those used after the initial onset of the crisis), it is designed to be clearly structured and prescriptive enough to allow some comparisons among locations.

While early decisions about the fieldwork plan will depend on secondary data and provisional reports from the field, the IRA field teams and other actors in the field will rapidly start to produce primary data that should be used to adjust the field work plan if needed. In addition, the fieldwork plan may have to be modified because of practical constraints such as travel distances, road conditions, and security.

The **size of a site** may vary, but it will be defined roughly by the population about which key informants can claim knowledge and service data can be said to cover. It will be very important to define what the site is and what population it can be considered to represent when allocating teams to assessment locations.

2.6 Development of the fieldwork plan (Activity 5)

The fieldwork plan should include the following decisions:

- number, size and make-up of the assessment teams;
- allocation of assessment teams to specific locations;
- sequence of visits to specific locations;
- frequency of interim reporting from field teams;
- time to allow for travel;
- time to allow for fieldwork at each location;
- how teams will travel;
- where teams will eat and sleep.

These decisions will be based on what is known about factors such as distances to travel, means of transport available, road conditions, size of locations, damage to infrastructure, security conditions and trends in the emergency situation. It is essential that the plan is reviewed daily to ensure that the focus of the IRA remains appropriate and teams' time in the field is used effectively as the situation evolves. The role of the field team leaders and office-based coordinators is critical for this.

It is likely that there will be very limited equipment and supplies available in the field, or that it will not be possible to know what is available, so most necessary items for work, subsistence and accommodation will need to be brought by the team to the field.

2.7 Adaptation of IRA Tool and Guidance Notes (Activity 6)

Although the IRA Tool was written to be as universally applicable as possible, some adaptation may be required to tailor it to a specific setting. Crises in highly urbanized environments, and crises where refugees, IDPs and local (host) households are all affected, may require some adaptation of the Tool to effectively capture the complexity of the impacts of the crisis. In order to ensure consistency and comparability of field assessment data, any adaptations of the IRA Tool should be made either before departure or very early in the fieldwork (i.e., the first day) and should be agreed between the field teams and people coordinating the IRA. However care must be taken to collect as much of the information in the IRA Tool as possible in the way that it is asked, adapting only where necessary, to ensure that the information is provided in a predictable way that decision makers and program staff are familiar with.

2.8 Pre-departure briefing/training of assessment team (Activity 7)

With the IRA Tool finalized and the initial fieldwork plan drafted, the assessment teams should be briefed and, depending on their skills, trained on the assessment tool and methods. The briefing should include the subjects listed in the fieldwork plan (Section 2.6). Field team members should be taken through the IRA Tool and accompanying notes for data collection and recording, to ensure that it is all understood. Any individuals who are unfamiliar with specific data collection techniques such as key informant interviews may need a short and intensive training session.

The teams should be given time to raise any issues that need clarification before departure to the field. As a further aide to consistent data collection and reporting, they should discuss and agree important methodological issues.

These might include sampling methods for key informants and observation points, key informant interview question areas or observation checklists, or methods for reaching the broadest range of community members while still soliciting reliable answers to IRA checklist questions.

3. CONDUCTING THE IRA

3.1 Secondary data collection in the affected area (Activity 8)

Much of the secondary data listed in Annexes 2 and 4 can be collected prior to assessment teams' departure to the field. However, it will usually be necessary to gather more recent and detailed secondary data in the affected area before doing field assessments at specific locations in order to enable the following:

- form a clearer, more detailed and up-to-date analysis of the situation at local level;
- fill gaps in data on pre-crisis conditions;
- finalise the choice of locations for field assessment.

This is particularly important where communications and systems are interrupted by the emergency. It can be carried out by a separate team going to sub-national capitals in affected areas or by field assessment teams en route to sites.

Sources of data may include local government and line ministries, referral health-care facilities, national and international organizations already in the area, local businesses etc.

3.2 Primary data collection (Activity 9)

Data collection at the community level is required to do the following:

- Identify priority sites and sectors for humanitarian response;
- Provide a qualitative picture about the range of impacts of the emergency and influencing factors;
- Validate or modify the assessment provided by secondary data;
- Ensure that affected populations participate in identifying priorities for the immediate response.

Recommendations for organising field work, suitable assessment methodologies and selection of information sources are made in the IRA Guidance Note for Field Level.

3.3 Analysis (Activity 10)

Analysis at field level

There is very limited scope for analysis at field level because the field teams will often not have the background to do it, nor will they always have access to contextual information that analysis requires. Teams should wrap-up each visit by collectively discussing and consolidating data gathered at that location for each sector. They should highlight major issues at the end of each section in the IRA Tool and use Section 9 to sum up major findings. Concerns about information quality, reliability and gaps should be included in the final section as well.

Analysis at country level

Information collected by the field assessment teams should be collated and analysed at country level by appropriate sector specialists. Continued participation by assessment team members is vital, to ensure that their knowledge about the area is not 'lost' to the analysis.

Analysis at national level should include government departments concerned, as well as the national early warning network, where it exists, as its contribution of vulnerability analysis and historical knowledge of the area will improve the analysis.

3.4 Reporting (Activity 11)

Reporting in the IRA is not just a one-off process, but includes the following outputs:

Report	Purpose	Responsibility
Daily briefings to the national cluster team during fieldwork (and briefings among assessment teams working at different sites);	Keep cluster team updated progress, constraints and initial findings, report on exceptional situations, and allow initial decisions to be made	IRA field assessment teams
Submission of the completed IRA Tool by each field site assessment team to the national cluster team at the end of fieldwork at each site;	Provide cluster teams with site-by-site data to allow an overview of problems and priorities	IRA field assessment teams
A very brief (1-2 page) summary report by cluster coordination teams within several days after the IRA Tool is submitted (see Annex 5);	Provide decision makers and donors with essential information (and information gaps) on the crisis at national level and concerning specific sites and sectors. This report should essentially answer the core questions for the IRA (see Section 1.2)	Country cluster teams with support from IRA field assessment team leaders
A more detailed report for a larger audience within several weeks	Needs Analysis Framework (NAF), Consolidated Appeal Process (CAP) and Consolidated Humanitarian Action Plan for country	Cluster coordination teams, OCHA

Reports should be stored in electronic format, accessible to institutions interested in using them for programming (except where sensitivities warrant greater selectivity about who can access the information).

Four main principles underlying IRA reporting are speed, brevity, transparency and focus on concrete recommendations. Transparency is essential for avoiding drawing mistaken conclusions from the available information. Attention should be given to transparency regarding: discrepancies in information between different sources (unless highly politically sensitive), primary information gaps, limitations in assessment techniques (due to lack of time, insecurity security, etc.) and lack of secondary information.

Even while the IRA is being conducted, planning for more detailed, often sector specific assessments will be underway, and the findings of the IRA may affect which assessments will be conducted, what they will focus on and where they will be done. Highlighting information gaps and urgent issues for further research in the IRA reporting is thus highly important.

Annex 1 Reference list and recommended further reading

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Unicef (2006). Cross-sectoral Rapid Assessment-- rapid onset emergencies, the first 72 hours. DRAFT. New York.

MSF, epicentre (2006) Rapid health assessment of refugee or displaced populations 3rd edition

UNHCR (2006) The UNHCR Tool for Participatory Assessment in Operations

Recommended further reading

Assessment - general

Sphere Project (2004). Humanitarian charter and minimum standards in disaster response.

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Population and demography

Burnham G, Hill, K et al. (2003) Demographic Methods in Emergency Assessment. A Guide for Practitioners. Center for International Emergency, Disaster and Refugee Studies and the Hopkins Population Center.

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Sites and shelter

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Annex 2. Pre-crisis secondary data and information checklist

Type of information	Suggested Sources	Information
Population	<i>Demographics:</i> Government census data Large-scale population surveys (e.g., DHS)	Total population
		Population under 5
		Population under 18
		Population primary school age (5-12)
	<i>Displacement:</i> UN (e.g., UNHCR, OCHA) Government Key informants	Average household size and structure (e.g., if polygamous)
		# and distribution of refugees
		# and distribution of IDPs
		Duration to date and expected length of displacement
	<i>Socio-cultural context:</i> Key informants Published literature	Relations between host and displaced community (pre-crisis)
Potentially relevant religious, linguistic and ethnic factors		
Gender roles (especially as relates to economic activities and access to services)		
Shelter	<i>Shelter situation:</i> UNHCR Government Trade/industry key inform.	% HH by different types of shelter
		Availability of shelter (buildings, tents, sheeting, etc.) for temporary shelter construction
		Environmental exposure and temperature that may affect shelter needs
	<i>Policies/protocols:</i> Government	Existence and use of national policies/protocols about land, settlement and shelter
Water, Sanitation and Hygiene	<i>Water:</i>	% HH with access to safe drinking water
		% HH with access to improved drinking water
	<i>Hygiene/sanitation:</i>	Traditional hygiene, excrete and solid waste disposal practices, and menstruation practices
		% HH with access to safe excreta disposal practices
		Solid waste disposal practices and services
	<i>Policies/protocols:</i>	
Child Protection and Education	<i>Child protection and education situation:</i> UNICEF	# of children in institutions (e.g., orphanages, boarding schools, prisons) and # and location of those institutions
		# of street children
		# of separated and unaccompanied refugee children by camp location
		orphans in families as % of child population
		Status of national laws protecting particularly vulnerable groups of children
		Pre-existing patterns of gross systematic violations of child rights – children killed/targeted; recruited as child soldiers; victims of sexual violence; abuse and exploitation; landmines
		Pre-existing patterns of sexual gender based violence
		% adult literacy average/M/F
		Net primary school enrolment av./m/f
		Net secondary school enrolment av./m/f
		# primary schools, # secondary schools
		# qualified primary teachers (total/m/f), # qualified secondary teachers (total/m/f),
		# qualified non-formal teachers (%m/f), # qualified para-professional teachers (%m/f)
		<i>Policies/protocols:</i>
	Status of policy on language of instruction	
	<i>Contextual factors:</i>	Yearly requirements of primary school materials/equipment and sourcing
		General trends in physical conditions of the schools – i.e. degree to which they will withstand emergency and potential as centres for integrated services
		General trends on position of teachers in the community and leadership potential
		Existing centres/services organising adolescents and potential to mobilise these in a crisis response

Food Security and Livelihoods	<i>Livelihoods, food access and poverty situation:</i>	Government UN (FAO, WFP) World Bank FEWS NET	Pre-crisis livelihoods context: livelihood and agro-ecological zones, land use, production, major economic activities and response strategies Income/capita, poverty mapping and % population below poverty line Food access strategies (preferably by livelihood group) Seasonal and agricultural calendar	
	<i>Policies/protocols:</i>	Government	Use of national and international policies/protocols and standards for food consumption and food program implementation	
	Nutrition	<i>Malnutrition situation (prevalence, distribution and trends):</i>	UN (UNICEF, WHO, WFP) Government Large-scale population surveys (e.g., DHS, MICS)	Severe acute malnutrition 6-59 months
				Global acute malnutrition 6-59 months
% wasted (moderate+severe, severe) 6-59 months				
% oedema 6-59 months				
% underweight (moderate+severe, severe) 6-59 months				
% stunted 6-59 months				
<i>Micronutrient deficiency situation (prevalence, distribution and trends):</i>		% infants with low birth weight		
		% of anaemia in women		
		% of anaemia in children 6-24 months		
		% vitamin A deficiency in children (if known)		
<i>Policies/protocols:</i>	% of vitamin A capsule coverage in children			
	% HH consuming adequately iodized salt			
<i>Programs/services:</i>	Use of national and international nutrition policies and protocols (e.g., therapeutic and supplementary feeding, foods for PLWHA)			
	% of children covered by TFCs/CTCs and number of TFCs/CTCs <5 yrs			
<i>Information system:</i>	Availability of nutrition program supplies (BP5, anthropometric equipment, TFC kits, SFP kits (wet and dry), RUTFs, cooking kits, vitamin A, multi-micronutrients, iron folate supplements, CSB or other supplementary foods, ORT/ORS, therapeutic milks)			
	% of children <5 yrs covered by nutrition status monitoring			
Infant and Young Child Feeding	<i>Breastfeeding:</i>	UN (UNICEF, WHO, WFP) Government Large-scale population surveys (e.g., DHS, MICS)	% of children exclusively breastfed (<6 months)	
			% of children breastfed with complementary foods (6-9 months)	
			% of children still breastfeeding (20-23 months)	
	<i>Contextual Factors:</i>		Weaning practices and presence of dangerous infant and young child feeding practices	
<i>Policies/protocols:</i>	Use of national and international policies and protocols on breastfeeding and breastmilk substitutes			
Health	<i>Mortality:</i>		Crude mortality rate	
			Infant mortality rate	
			Under five mortality rate	
			Top five “normal” (pre-crisis) causes for mortality U5/>5	
			Maternal mortality rate	
	<i>Morbidity:</i>		Prevalence of malaria	
			% HH in malaria risk areas using effective malaria prevention (children <5 who sleep under ITNs) % HH in malaria risk areas using effective malaria treatment (children <5 who are appropriately treated)	

			Prevalence of tuberculosis
			Top five causes of morbidity U5 & >5
			ORT use rate
			Major outbreaks in last 2 years (e.g., cholera, measles, meningitis, bird flu) and # affected
	Contextual factors:		Where do people most often seek treatment for illness
			Role of private health service providers
			Most common barriers to access to health services
	Programs/services:		% HH with access to primary health services
			# primary health care facilities per 10,000 population
			# secondary health care facilities per 30,000 and # tertiary facilities per 150,000 population
			# health centres providing post rape care
			# doctors per capita (% m/f) and # nurses per capita (% m/f)
			# CHWs per 500-1000 population, # TBA per 2000 population, # Trained EPI workers and # Community HC supervisor per 10 home visitors (total and % m/f for each)
			EPI equipment available, e.g., such as refrigerators, cold boxes, vaccine carriers, ice packs, freezers, thermometers, transport for EPI use (cars, motorbikes, boats, other, specify), fuel for refrigerators/vehicles
			# doses available by vaccines (measles doses, polio doses, DPT3 doses)
			Quantities of essential drugs available: ORS, ACT, ITNs
	Immunization:		% of 1 yr old children immunized against measles
			% of 1 yr old children fully immunized against DPT
			% of 1 yr old children fully immunized against Hepatitis B
			% of 1 yr old children fully immunized against Polio
			% of 1 yr old children fully immunized against TB
			% of pregnant women fully immunized against tetanus
	Reproductive health:		Antenatal care coverage
			% births attended by skilled birth attendants
	HIV and AIDS:		Prevalence of HIV (15-49 year olds)
			Existence and coverage of ART and PMTCT
	Policies/protocols:		Use of national/international protocols in treatment for – malaria, diarrhoea, ARI, malnutrition
			Fees for service policies – consultations, drugs, laboratory exams
			Is there a Minimum Package of activities for Primary health Care, and what does it include (e.g., curative services, child immunisations, health education, antenatal and postnatal care, growth monitoring, family planning)
			Establishment of a list of essential drugs and it frequency of updating
	Information system:		Status of National Health Information System – % timeliness, % completeness
			What diseases are reported every month (e.g., watery diarrhoea, bloody diarrhoea, measles, polio, meningitis, malaria, yellow fever, ARI, TB)
Practical and Operational Considerations	Security:		Security situation
	Transport:		Road conditions
			Distances required for travel
	Communications:		Existence and effectiveness of channels of communications (e.g., radio, leaders)
	Physical environment:		Physical and ecological characteristics (affecting operations)
	Personnel available to support humanitarian programs:		Shelter
			Food
			Nutrition
			Health
			Water, sanitation, hygiene and environment
Facilities/resources:		Availability and state of health and nutritional facilities	

		Availability of essential equipment/materials
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Annex 3. Sample structure for comparing pre-crisis data

Adapted from Unicef (2006)

	National average	Sub-national admin area (one column each)	Sub national area – Level 2 (one column each)	Other disaggregation relevant e.g. IDPs, refugees (one column each)
PRE-CRISIS QUANTITATIVE INDICATORS e.g. General demographics				
Population				
Population U18				
Population U5				
Population primary school age (5-12)				
IDPs				
Refugees				
Income/capita				
% population below poverty line				
% ethnic group 1				
% ethnic group 2 etc.				
% language 1 (av./M/F)				
% language 2 etc. (av. /M/F)				

Annex 4. In-crisis secondary data and information from central level

Adapted from Unicef (2006)

The following is a quick checklist of data to be gathered from secondary sources at central level in the first days. The individual/organisation(s) coordinating the rapid assessment will be gathering data by phone from any organisations having staff on the ground, resident or in response to the emergency.

All data and information collected must be carefully referenced, including who provided, what their source was, when it dates from (day and time are relevant at this stage), what methods were used in primary data collection and reported limitations on data.

Shaded questions in are those that are important to address with the best data and information available before field teams leave for the field.

What are the basic features of the crisis?	<ul style="list-style-type: none"> • What is the nature of the cause of the emergency? • What is the geographic extent of the affected area -- latitude and longitude if possible? • To what degree are key structures and services still functioning? • Are there any regional dimensions to the emergency (e.g. population movements across borders)? • Are military-civilian relations a feature of the context?
What are the security and access considerations?	<ul style="list-style-type: none"> • Has the UN done a risk and threat assessment? What phase? • Is access to the affected population restricted and if so how? Has movement been restricted by the government or by non-state actors? • Are non-state actors involved? Are they recognized by the government? Is anyone already engaging non-state actors? How? In what way? • What are the security threats -- continued fighting, landmines, banditry, blockades, rioting, etc.? • What threats are likely on the roads/rivers/flight paths to reach vulnerable people, as well as at the site of the emergency? • Consider whether security threats are different for different kinds of people (ethnic groups, political affiliation, women, etc.)?
How will the emergency and resulting needs likely evolve?	<ul style="list-style-type: none"> • If natural disaster, what is the expected evolution over the weeks? Is there chance of recurrence? • What is the political context and how is it likely to evolve (best/worst case scenarios)?
What is the human scale of emergency and the response required?	<ul style="list-style-type: none"> • How many people are affected, where are they and what are the short/medium term trends expected? • What are the reported numbers of dead, injured, missing?¹
What factors to consider in focusing on the vulnerable?	<ul style="list-style-type: none"> • If there is a displaced population, <ul style="list-style-type: none"> - What are the immediate/expected trends in terms of numbers and any shifts in locations? - What are the relations with the host community? Are they willing / able to assist the displaced or are there tensions between the

¹. At less than 72 hours into the crisis, it will be too early to calculate crude mortality rates, under five mortality rates or disease specific mortality rates. Early on, estimates on total numbers of people dead will be more appropriate.

	<p>two?</p> <ul style="list-style-type: none"> • How are marginalised people within the affected population (including among displaced) expected to be affected? (female headed households, unaccompanied children, disabled, sick, elderly, ethnic minorities, etc) <ul style="list-style-type: none"> - How are there needs different from the rest of the affected population? - How are these marginalized groups distinguished and does this have any bearing on their security or on access to relief assistance? • How might gender roles put specific groups at risk immediately, and as the emergency evolves. • How might changes in composition of the household affect caring practices for the more vulnerable?
What is the potential for national response? (see also below on supplies)	<ul style="list-style-type: none"> • How has government been affected – nationally/ locally – and what is its expected capacity to respond? <ul style="list-style-type: none"> - Institutional arrangements for coordinating emergency response - Leadership - Human resources - Systems, logistical • How have national/sub-national private sector, non-governmental and civil society capacities been affected?
What is the international response?	<ul style="list-style-type: none"> • What agencies/organizations are in the area – what have they been doing and what are they likely to do in response to the situation?
What supplies exist in country for response locally if known and nationally that can be mobilised?	<ul style="list-style-type: none"> • What stocks of important materials and equipment are available immediately and in the next three weeks? • How have suppliers of key materials and equipment been affected and how capable are they of responding to likely demands? • What means of transport will be available -- trucks, aircraft, animals, boats? • What is available/accessible locally/nationally and what are partners planning?
What are the logistical considerations in terms of effects of the emergency and options for response?	<ul style="list-style-type: none"> • How is the affected area best accessed? What are the road conditions to and in the affected area? How will they change over the short term and medium term? • Are telecommunications systems functioning? • Are banking and financial systems functioning in the local area? Are they functioning nationally

Annex 5. Summary IRA report at country level

The following format can be used for designing an appropriate structure for a rapid summary report of IRA findings and recommendations at country level. It should be started on the basis of secondary data and built up and revised as IRA data and information is received from the field.

Summary of context at country level				
<ul style="list-style-type: none"> • The effects of the emergency <ul style="list-style-type: none"> - Description of magnitude and nature of the emergency - Magnitude and demographics of population affected - Magnitude and range of effects on national capacities - Expected evolution • Pre-crisis situation, including seasonal, inter-annual and long-term trends • Description of most vulnerable populations and factors/mechanisms creating vulnerabilities 				
Most urgent issues for response				
<ul style="list-style-type: none"> • Overview of key risks • Key response gaps in the affected area • Key response gaps nationally 				
Description of the situation by sectors				
<ul style="list-style-type: none"> • Key issues for response • Key response gaps 				
Description of the situation from the community point of view highlighting anything not reflected in issues for urgent response or conflicting with other information.				
<ul style="list-style-type: none"> • Priority issues for response • Concerns about how response is delivered 				
Critical questions for further data collection				
<ul style="list-style-type: none"> • Key areas not yet assessed • In-depth assessments required • Recommendations for monitoring key indicators (e.g. monitoring vulnerability of specific groups, disease surveillance, monitoring water resources etc.) 				
Site-by site summary of assessment data				
	Site A	Site B	Site C	Site ...
Location and geographic identification				
Population and population breakdown				
Summary of impact, risks and needs identified				
Shelter and NFIs				
Water, sanitation and hygiene				
Nutrition				
Health				
Protection				
....				

Priority among geographic areas (e.g., in terms of magnitude, severity, expected duration, types of impacts)				
Types of humanitarian assistance urgently required				
Sites/sectors where more in-depth assessment is required				
Maps <ul style="list-style-type: none"> • Affected area and population distribution/concentrations • Physical hazards/security risks • Forthcoming seasonal risks • General access and supply routes 				

The following points are recommended for reporting, in addition to those made in Box 1.

✓ *Provide feedback to all stakeholders:* Present and discuss findings and tentative recommendations to all the main stakeholders *before* finalizing the report. Provide them with the final report within a few days.

✓ *Ensure that the report is of a high quality:* is clear, precise and concise; clearly describes methods; makes use of tables, charts (where reliable data can be presented) and maps; states assumptions, uncertainties or potential biases clearly; provides clear conclusions and recommendations.

✓ *Ensure that recommendations are specific, justified and prioritized:* Recommendations for responses (and any follow-up assessment) must be specific and clearly linked to the data and analyses presented. They should be prioritized and the report show clearly how they fit into a coherent overall assistance strategy with other sectors.