Inter-Agency Standing Committee (IASC)
Health Cluster · Nutrition Cluster · WASH Cluster

INITIAL RAPID ASSESSMENT (IRA) TOOL: GUIDANCE NOTES

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Initial Rapid Assessment (IRA) Tool Overview	
Why would you do an IRA?	The *Initial Rapid Assessment* (IRA) is designed to: • Provide a very 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?	Multi-agency teams, including national government institutions, UN agencies, INGOs and national non-governmental institutions should in most cases conduct the IRA, to build national capacity as well as strengthen the assessment through the complementarity of views and expertise. The IRA Form is designed for use by assessment team members without advanced training in the sectors covered by the assessment. However, broad public health and food security training/experience, and familiarity with rapid appraisal methods and best practices in the major content areas, are advantageous. Assessment team leaders should have broad public health knowledge and experience.
When would an IRA be done?	The IRA is designed primarily for use at the beginning of in a new rapid-onset crisis. It may also be used when new areas become accessible in an ongoing complex/conflict emergency as well as in a protracted emergency affected by a sudden shock or deterioration in conditions. The IRA should be always initiated as soon as possible after the onset of a crisis and the report (for decision makers and funding appeals) quickly follows completion of fieldwork. Ideally, the whole process should be completed within a few (e.g. 5 to 10) days.
How should an IRA be organized?	The decision to carry out an IRA 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 Coordinator in other situations, and the government concerned. In countries where the Cluster system is established, the choice of locations for the IRA will be made by the country Clusters concerned. Whether or not the Cluster system is in place, the IRA requires and encourages strong multi-sector coordination.
How should the IRA be done?	The IRA should provide the best possible picture of the situation that the assessment team can develop in a few days based on a review of secondary data and primary data collected using qualitative methods: individual key informant interviews, group interviews, observation and other techniques. The IRA form is the format field teams should use to summarize the situation and priority needs for initial response at each site visited. Assessment team members may also use the form as a checklist for data collection and as a worksheet for taking notes during interviews and visits.
Can the IRA be used in all contexts?	The IRA is designed to be generic so it can be used across contexts and countries but the IRA Form can – and should – be refined to match each country context taking account of language, cultural acceptability and health/public health systems and services. If needed and time allows, crisis-specific adaptation can be made prior to actual fieldwork. However, the basic structure and main sub-headings of the form should be maintained to provide some comparability across countries.

ACRONYMS

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

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1. INTRODUCTION

1.1 Background

The Initial Rapid Assessment (IRA) Tool was developed by the Inter-Agency Standing Committee (IASC) Health, Nutrition and WASH Clusters in 2006-2007. The IRA aims to enable faster and better multi-sector rapid assessment in the earliest hours of a sudden-onset crisis, to guide the initial planning of urgent humanitarian interventions, to identify needs for follow up assessments, and to inform initial funding decisions. The IRA is designed to be used in the field by team members with relevant general knowledge and experience but without specialized technical expertise in particular sectors (e.g. in health or water programmes), to enable essential data to be collected and reported for each site visited within 24-48 hours. The methods used – multiple qualitative techniques for primary data collection backed up by secondary data review – provide for both speed and the necessary level of data quality for initial decision-making.[1]

The IRA Tool includes two key documents: the IRA Form and these Guidance Notes. The IRA Form should be used to summarize the situation and priority needs for initial response at each site visited. Assessment team members may also use the form as a checklist for data collection and as a worksheet for taking notes during interviews and visits. These Guidance Notes provide instructions and suggestions on how to prepare for and implement an IRA.

1.2 Purpose and objectives of an IRA

The **purpose** of an IRA is to provide a rapid overview of the emergency situation, in order to identify the immediate impacts of the crisis, make initial estimates of the needs of the affected population for assistance, and to define the priorities for humanitarian action (and funding for that action) in the early weeks.

The **objective** is to answer the following core questions:

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

Figure 1 illustrates the position of the IRA in the emergency assessment process. Data provided by the IRA are preliminary, and the quality of the data depends on the skills of the assessment teams. The IRA should identify what types of more detailed sector-specific assessments should be conducted, which would then provide more statistically rigorous or qualitatively nuanced details for programme planning.

[1] The word 'data' is used in these Guidance Notes to mean simple bits of information that may be quantitative or qualitative. These data will then be analysed within the country context to produce the information needed to make recommendations and decisions for evidence-based action. A distinction is made between primary and secondary data. Primary data are gathered directly by observation or interviews with people directly affected by or working in the crisis. Secondary data come indirectly in the form of written or verbal reports, maps and images. Both are required to complete an IRA.

1.3 Timing of the IRA

The IRA should be launched as soon as possible after the onset of an acute crisis. It can also be used in protracted emergency situations that become more acute and when access becomes available to areas that were previously inaccessible due to insecurity, weather conditions or other obstacles. Fieldwork and reporting should be completed within a few (e.g. 5 to 10) days in most cases if the scale of the crisis, the number of assessors available, travel times and the number of sites to visit allow. After about a week, there is likely to be a need, and the capacity, to undertake more in-depth, sector-specific assessments, as shown in Figure 1.

Some steps of the IRA are best done in advance, as part of a national disaster preparedness effort. These are discussed in Section 2.1.

1.4 Roles and responsibilities

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

Planning and conducting an IRA takes place at two levels: coordination and field.

- At Coordination Level, two main types of coordination are required: administrative/operational coordination (or "overall coordination"), and technical coordination and oversight. The functions and activities at coordination level are dealt with in Section 2 of these Guidance Notes.
- At Field Level, two types of actors are involved: Team Leaders and Team Members. The functions and activities at field level are dealt with in Section 3 of these Guidance Notes.

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

1.5 Structure of these Guidance Notes

These Guidance Notes are intended to help people involved with an IRA at coordination and field levels to prepare for, organize and carry out an IRA, analyse the data collected to make essential decisions on immediate response, funding and/or follow on assessments. Section 2 is primarily aimed at coordination level and Section 3 at field level. The sections most relevant for different actors involved in an IRA are shown in Table 1. Staff carrying out an IRA in the field should refer to the step-by-step guidance on data collection and recording in Annex B.

When time is available, everyone involved in an IRA at all levels should read all sections. People participating in an IRA at all levels are also encouraged to refer to existing, comprehensive emergency assessment references of IFRC, SPHERE, UNICEF and others (see reference list in Annex 1).

Figure 1. Initial rapid assessment in the emergency assessment and monitoring process[2]

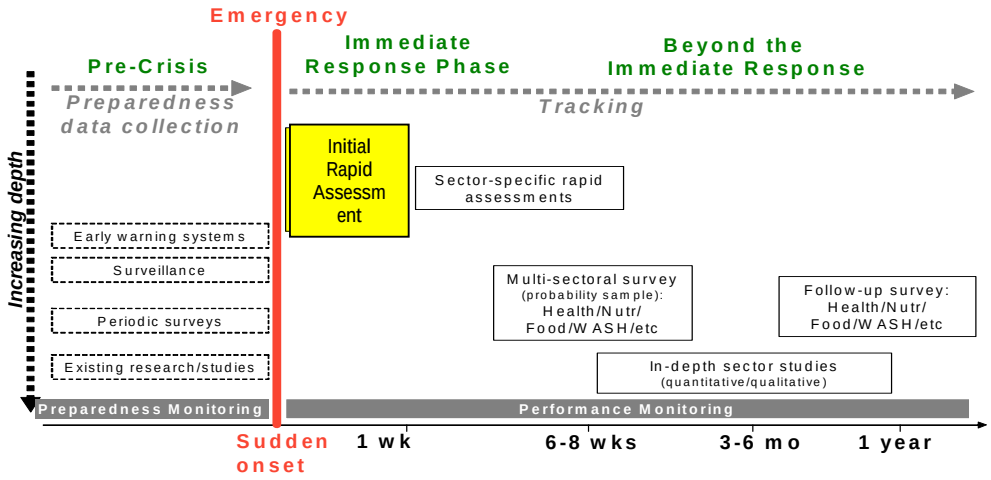

Table 1. Key roles and responsibilities in IRA implementation

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

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

2. THE IRA AT COORDINATION LEVEL

2.1 IRA coordination and preparedness

The IRA can be conducted in an acute-onset crisis without advance preparation. However, the implementation of an IRA will be facilitated and the validity and utility of findings increased by preparedness actions taken in advance. These actions fall into three categories:

1. Institutional: Including establishing roles, responsibilities and coordination mechanisms in country.
2. Technical: Including developing the country edition of the IRA Tool, including the Form, Guidance and any other country-specific documents; as well as pre-crisis information management.
3. Implementation planning: Sensitization of key humanitarian stakeholders; identification and preparation of potential team leaders; and other planning considerations.

An IRA involves many actors and sectors, and centralized coordination is essential. If a strong, engaged national focal point institution exists, it may assume this role of ***overall coordination***, but equally it may be filled by OCHA or another humanitarian focal point. This is primarily an administrative/operational function that involves some or all of the following:

1. Launching the IRA based on decisions by the Humanitarian Coordinator/Country Team(?)
2. Coordinating administrative, logistic and other operational arrangements
3. Security management
4. Overseeing the scheduling of the assessment, information management and appeals processes
5. Linking IRA with other assessment processes
6. Ensuring adequate participation of relevant actors in the IRA

In contrast, ***technical coordination and oversight*** should be provided by agencies with advanced technical expertise. The technical coordination/oversight role involves some or all of the following:

1. Deciding that an IRA should be launched based on information available about the crisis
2. Assisting in selection and briefing of Team Leaders
3. Assisting in selection and/or briefing of Team Members
4. Possibly joining the field assessment team

The coordination group that undertakes an IRA should generally include: main governmental stakeholders; UN cluster leads, OCHA, other UN agencies active in the country; and Red Cross/Red Crescent, INGOs and NGOs active and interested with capability to participate. This group should include technical specialists, e.g., programme managers.

2.2 Development of IRA Tool country edition

Although the global IRA Tool was written to be as universally applicable as possible, some adaptation may still be required for country use, particularly for the IRA Form. Where possible, a country edition of the IRA Tool should be produced as a preparedness measure to make it easier to 'pull the IRA Tool off the shelf and go to the field' in an acute crisis. A country edition of the IRA Tool should be based upon technical inputs of a range of stakeholders across sectors. Any adaptations should be made as a joint effort involving the main actors likely to be involved in implementing the IRA.

Whether or not a country edition of the IRA Tool has been produced before a crisis, the IRA Form should always be reviewed in advance of fieldwork to ensure it is locally appropriate and feasible in that setting. In order to ensure consistency and comparability of field assessment data, any additional adaptations of the IRA Tool made during a crisis should be made very early in the assessment (i.e., by the first day of fieldwork) and should be agreed upon by all field teams (and if possible, the coordinating group). Changes should be kept to a minimum, to save time, keep a common identity across countries and ensure that the information is provided in a predictable and comparable way. If

the IRA form is altered for use in a crisis, the locally adapted version should be kept on file alongside the country edition.

Box 1 provides some guidelines for national and local adaptation of the IRA Form.

Box 1. Parameters of IRA Tool adaptation

Where changes to the IRA Form are most likely to be required:

1. If the population is highly urbanized
2. If multiple populations are affected, such as refugees, IDPs and host communities (for example, this would complicate Section 2.4 of the IRA Form)
3. Population movements and leadership types present in the crisis-affected community (Section 2.3)
4. Specific examples may be inserted for shelter types (Section 3.2), cooking fuels (Section 3.3.3), means of artificial lighting (Section 3.3.7), food items (Section 5.6.4), animals (Section 5.6.6), problems with infant and young child feeding (Section 5.8), endemic diseases (section 6.2), and health subsectors and services (Section 7.5).
5. Local units may be inserted alongside international/metric units for distance, volume or weight.
6. Local terms and definitions for "meals and snacks" may be required for Section 5.4.
7. If the population does not keep livestock, Section 4.3.11 is not relevant. If it is relevant, questions about animals may require clarification.

Where altering the IRA Form is discouraged, to preserve core data requirements:

1. Ranking system for ranking needs (Summary)
2. Identification information (Section 1)
3. Population description (Section 2). Although acquiring this information may be difficult, estimates of the population, and various subgroups is important for humanitarian programming. Alterations should aim to get this information as much as possible.
4. In other sections, any modifications should focus on clarification, or removing items that are clearly inappropriate or highly sensitive, or adding content.

2.3 Secondary data

Pre-crisis secondary data:

Where possible, the following categories of secondary data should be collected, assessed, and consolidated in a national database as an integral part of a national preparedness strategy:

1. Baselines for health and population statistics, livelihoods and access to services for comparison with in-crisis conditions;
2. Topography, climate, water resources, infrastructure and land use patterns (which are important for understanding vulnerabilities, available resources and constraints on a possible response).
3. Pre-crisis vulnerabilities of specific population groups and the factors that create these vulnerabilities;
4. In-country capacities for emergency response as well as critical gaps therein;
5. Enabling and limiting factors in the institutional context for the humanitarian response (including national policies and guidelines, e.g. code on breast milk substitutes, protocols for feeding programmes); and

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

In-crisis secondary data:

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

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

Table 2 provides a checklist of in-crisis secondary data to be sought at coordination level when carrying out an IRA. The individual/organisation(s) coordinating the rapid assessment should gather data on the current, crisis situation by phone from organisations that have staff on the ground, resident or in response to the emergency. Shaded questions are those for which it is important to have the best possible data and information *before* field teams start their work. Sources of data will include institutions with people on the ground in the affected areas, including government ministries, civil society organisations, national and international NGOs at national and sub-national levels. 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.

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

Table 2. Priority secondary data needs at coordination level during crisis [3]	
What are the basic features of the crisis?	• What is the nature of the cause of the emergency? • What is the geographic extent of the affected area? • Is this a national crisis or does it affect more than one country? • To what degree are key structures and services still functioning? • Are military-civilian relations a feature of the context?
What are the security and access considerations?	• What are the security threats on the roads/rivers/flight paths to reach vulnerable people, as well as at the site of the emergency? • Has the UN done a risk and threat assessment? What security phase? • Is access to the affected population restricted and if so how? • Are non-state actors involved? Are they recognized by the government?
How will the emergency and needs likely evolve?	• If natural disaster, what is the expected evolution over the coming weeks? • What is the political context and how is it likely to evolve?
What is the human scale of emergency and the response required?	• How many people are affected, where are they and what are the short/ medium term trends expected? • What are the reported numbers of dead, injured, missing?[4]
What factors to consider in focusing on the vulnerable?	• If there is a displaced population, - What are the immediate/expected trends in terms of numbers and any shifts in locations? - What are the relations with the host community? Are they willing / able to assist the displaced or are there tensions between the two? • How are marginalised people within the affected population (including among displaced) expected to be affected? How are there needs different from the rest of the affected population? • How might gender roles put specific groups at risk immediately, and as the emergency evolves. • How might the disaster affect caring practices for the more vulnerable?
What is the potential for national response? (see also below on supplies)	• How has government been affected – nationally/ locally – and what is its expected capacity to respond? - Institutional arrangements for coordinating emergency response - Leadership - Human resources - Systems, logistical • How have national/sub-national private sector, non-governmental and civil society capacities been affected?
What is the international response?	• What agencies/organizations are in the area – what have they been doing and what are they likely to do in response to the situation?
What supplies exist in country for response locally if known and nationally that can be mobilised?	• What stocks of important materials and equipment are available immediately and in the next three weeks? • How have suppliers of key materials and equipment been affected and how capable are they of responding to likely demands? • What means of transport will be available -- trucks, aircraft, animals, boats? • What is available/accessible locally/nationally and what are partners planning?
What are the logistical considerations in terms of effects of the emergency and options for response?	• How is the affected area best accessed? What are the road conditions to and in the affected area? How will they change over the short and medium terms? • Are telecommunications systems functioning? • Are banking and financial systems functioning in the local area? Are they functioning nationally

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

[4] 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.

2.4 Formation of field assessment teams

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 team members available. A small team is often easier to manage and can work faster on site than a large one. If sufficient staff are available it is more effective to have a larger number of smaller teams to cover a broader area in a given time. In addition, teams composed of people who have already worked together are likely to be more effective and faster than teams where people have to get to know each other at the same time as carrying out their work.

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

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

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

Box 2. Minimum profiles for team leaders and members

Team Leader:

Key skills:	Broad public health skills and experience in operations across multiple sectors are preferred. Experience in assessment is important; emergency assessment experience is preferred but not essential. High level of familiarity with IRA Tool is important. Familiarity with the crisis-affected population is preferred. Community research experience and operational management skills are advantageous.
Example posts:	Programme Manager.

Team Member:

Key skills:	Professional experience, either sector-specific or in support areas (e.g. administrator, logistician). Community-level research experience is preferred.
Example posts:	Project Manager, project technical staff or project administrative/support staff.

2.5 Selection of sites for data collection

Depending on the scale of the crisis, it may not be possible to visit all of the affected locations. 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: 1) focus on areas of greatest need and 2) coverage of a range of locations as representative as possible 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 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. Sites should be selected in different livelihood or agro-ecological zones, in both urban and rural areas, and with both residents and non-residents (third-country nationals, refugees or internally displaced persons). Additional criteria for stratifying and selecting sites include socio-economic status and characteristics, sites with more/less access to services, sites with higher/lower levels of poverty, sites with higher/lower prevalence of chronic malnutrition, and sites in both urban and rural areas.

2.6 Planning and coordinating fieldwork

The fieldwork plan should include the following decisions:

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

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

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

During the few days that it takes to carry out the IRA in the field, the coordination team should carry out the following tasks:

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

At the same time, summary reports from field teams should be drafted and sent to coordination level as each site visit is completed (see Section 2.8).

It should be the responsibility of those at the coordination level who have both technical expertise and familiarity with field conditions to provide direct technical oversight to the data collection teams in each sector. This will not necessarily follow agency lines of supervision: for example, specialists from any participating institution may provide technical support and guidance to field team members

from a range of organizations and government personnel who are collecting data. The point is that they do this as members of a multi-agency coordination group.

2.7 Analysis

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

1. **Analysis of data collected in an individual site:** although the field teams should have made their own judgments about the problems and appropriate solutions witnessed at a particular site, a more complete analysis at coordination level requires consideration of normal conditions for the affected area and national and/or international benchmarks for crisis situations. The ranking system in Figure 2 should be used.

2. **Analysis of needs and priorities for multiple sites***:* if the IRA identifies humanitarian needs at a number of sites then analysis at coordination level is required, including a review of comparable data from a number of assessed sites, to estimate global needs for humanitarian intervention for the affected area and decide which sites and which sectors should be given priority for intervention.

If the humanitarian information management system has the necessary capacity, data on sites that have been assessed, including the ranking (colour code) assigned, should be recorded on a spreadsheet or database and mapped to facilitate analysis, decision making and information sharing.

Figure 2. Ranking criteria for analysis

Severe situation: urgent intervention required

Situation of concern, lack of data or unreliable data:

further assessment and/or surveillance required

Normal situation: no further action required

2.8 Reporting

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

Table 3. Typical information products using rapid assessment information

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

Transparency is essential for avoiding drawing mistaken conclusions from the available information. Attention should be given to transparency regarding: discrepancies in information between different sources (unless highly politically sensitive), primary information gaps, limitations in assessment techniques (due to lack of time, insecurity security, etc.) and lack of secondary information.

Box 3 provides a format that can be adapted to write a rapid summary report of IRA findings and recommendations at country level. It should be started on the basis of secondary data and built up and revised as IRA data and information is received from the field.

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

Box 3. Example of summary IRA report at country level

Summary of context at country level

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

Most urgent issues for response

- Overview of key risks
- Key response gaps in the affected area by sector
- Key response gaps nationally

Critical questions for further data collection

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

Site-by site summary of assessment data, using Green, Orange Red ranking system on IRA Form

	Site A	Site B	Site C	Site X
Location and geographic identification				
Population affected				
Summary of risks and needs				
Broken down by: emergency shelter, essential non-food Items, water supply, sanitation , hygiene, nutrition, food security, health status, health services				
Priority among geographic areas (e.g., in terms of magnitude, severity, expected duration, types of impacts)				
Types of humanitarian assistance urgently required				
Sites/sectors where more in-depth assessment is required				

Maps

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

3. THE IRA AT FIELD LEVEL

3.1 Briefing of assessment team

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

The assessment team members should be briefed on the assessment tool and methods. They should be taken through the IRA Form and accompanying notes for data collection and recording (see Annex B), to ensure that it is all understood. It is recommended that team leaders provide this briefing. Box 4 provides a checklist that may be used to prepare it.

Any individuals who are unfamiliar with specific data collection techniques such as key informant interviews may need a short and intensive training session.

Box 4. Checklist for assessment team briefing

Organisation and logistics:

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

IRA Tool methodology:

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

3.2 Secondary data collection in the affected area

Data on the pre-crisis situation and the effects of the crisis will often be available at national level. However, it will usually be necessary to gather more recent and/or detailed secondary data in the affected area before doing field assessments at specific locations in order to:

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

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

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

3.3 Primary data collection at affected sites

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

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

The main primary data collection techniques recommended for the IRA are group discussions, key informant interviews and observations. Mapping, measurement and counting may also be useful for answering specific questions and cross-checking answers. Field assessment teams can use the data collection strategy table in the IRA Form to choose appropriate methodologies for gathering data to complete specific sections of the form. Box 5 provides some methodological 'do's and don'ts' to bear in mind when doing fieldwork.

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

Observation

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

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

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

Key informant interviews

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

The number of key informants selected per site will depend on the range of issues about which each one has expertise/perspective. As indicated in the data collection strategy table, key informants must be selected to cover population profiles and figures/trends, security/access issues, protection issues, as well as water, environment and sanitation, food security/nutrition, shelter, health, protection including

child protection and education. IRA team members have to exercise judgment when an interview is clearly not yielding the kind of overview perspective needed and another key informant must be identified.

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

Group discussion

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

Household visits

In the course of key informant interviews, the range of effects of the crisis and the profile of those most affected will begin to emerge. Where impacts are differentiated by location or by group within a community, this will immediately suggest where to go for household visits.

Within a specific area of the site chosen, households may be chosen because they have specific characteristics (for instance if the assessor wants to visit the most poor-looking households) or on a more random basis (see Annex 2 for a recommended technique).

The more heterogeneous the population and the more uneven the impact of the crisis, the more careful the sampling approach needs to be and the greater the total sample size in order to be able to confidently draw conclusions. A site visit should include direct observation of at least four households, including one less affected household (this could be the household of a community leader chosen as a key informant).

Box 5. Some Do's and Don'ts for IRA fieldwork

Do:

- … Choose a limited number of key topics you are going to discuss with one person or in one household visit; you can't run through the whole catalogue with one person in one household.
- … After introduction to local authorities, distribute tasks and topics within the team and, once on-site, fan out. However, note also observations you made and information volunteered related to other than 'your' topic.
- … Introduce yourself properly and give people time to talk about what's their priority issue or grief, before asking more targeted questions.
- … Find the 'person who knows' – who has already gathered most of the data you're looking for.

Don't:

- … Waste precious time talking as a whole team to one respondent (apart from initial introduction to authorities or other 'gatekeepers').
- … Interrogate respondents as an extractive process; rather, let them talk while guiding the conversation.
- … Keep one respondent busy for more than half an hour or maximum 45 minutes; especially in times of crisis, people have their own priorities.
- … Limit yourself to one respondent's information with regard to one topic: Triangulate by asking other persons about it until you get bored by hearing the same answer all over again; then, you can stop asking about it.

3.4 Bias and triangulation

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

However, it is essential to identify and deal with bias when conducting the IRA in the field in order to provide reliable data. A reliable method for reducing bias in data reporting is triangulation, which involves using different approaches to data in order to be able to cross-check and identify inconsistencies. Possibilities include the following:

- Using different data collection methods;
- Gathering data from different informants;
- Gathering data by different assessors;
- Gathering observational data at different places or looking in different directions; and
- Gathering data at different times of the day.

When triangulation shows inconsistencies in the data the issues should be verified and explored further.

3.5 Completing the IRA Form

The field teams should wrap-up each visit by collectively discussing and consolidating data gathered at that location for each sector. The IRA Form should be completed (one form per site) as far as possible with the data collected and inconsistencies between data collected by different Team Members or using different methods should be reconciled or highlighted at the end of each section. Refer to Annex 4 for notes on data recording for specific points in the IRA Form. The teams should also use the boxed at the end of each section to highlight major issues that are not covered in specific questions.

The first two pages of the IRA Form should be used to sum up major findings, including categorisation of the situation, by sector, according to the following system (the same system used for analysis at coordination level – see Figure 2 in Section 2.8) .

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

ANNEX A. RECOMMENDED FURTHER READING

Assessment (General):

IFRC (2005). Guidelines for Emergency Assessment. International Federation of Red Cross and Red Crescent Societies, Geneva.
http://www.proventionconsortium.org/themes/default/pdfs/71600-Guidelines-for-emergency-en.pdf

Smillie I, Minear L (2003). The Quality of Money: Donor behaviour in humanitarian financing. TuftsUniversity.
http://www.reliefweb.int/cap/CAPSWG/Hum_Financing_Studies/DonorBehavior_FINAL.pdf

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

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

Darcy J, Hofmann CA (2003). According to Need? Needs Assessment and Decision-Making in the Humanitarian Sector. HPG Report no. 15. ODI, London.
www.odi.org.uk/papers/hpgreport15.pdf

Population and Demography:

Burnham G, Hill, K et al. (2003). Demographic Methods in Emergency Assessment. A Guide for Practitioners. Center for International Emergency, Disaster and Refugee Studies and the Hopkins Population Center.
http://www.humanitarianinfo.org/IMToolBox/05_Assessments/Reference_Resource_Documents/2003_Demographic_Methods_In_Emergency_Assessment_CIEDRS.pdf

Grais RF, Coulombier D, Ampuero J, Lucas MES, Barretto AT, Jacquier G, Dias F, Balandine S, Mahoudeau C, Brown V (2006). Are rapid population estimates accurate? A field trial of two different assessment methods. Disasters 30 (3): 364-376

Noji E K (2005). Estimating population size in emergencies. Bull World Health Organ.83 (3): 164-164.
http://whqlibdoc.who.int/bulletin/2005/Vol83-No3/bulletin_2005_83(3)_164.pdf

Telford J, Gibbons L, Van Brabant K (1997). Counting and Identification of Beneficiary Populations in Emergencies: registration and its alternatives. Good Practice Review 5. ODI, London.
http://www.odihpn.org/documents/gpr5.pdf

Protection:

Paul D (1999). Protection in Practice: Field-Level Strategies for Protecting Civilians from Deliberate Harm. RRN Network Paper 30. ODI, London.
http://www.odihpn.org/documents/networkpaper030.pdf

Slim H, Bonwick A (2005). Protection - An ALNAP guide for humanitarian agencies.
http://www.alnap.org/publications/protection/index.htm

Global Protection Cluster Working Group 2008. Handbook for the Protection of Internally Displaced Persons.

Gender:

IASC (2006). Women, Girls Boys & Men. Different Needs – Equal Opportunities. IASC Gender Handbook in Humanitarian Action. Draft for Field Consultation, August 2006. http://www.humanitarianinfo.org/iasc/content/documents/default.asp?docID=1948&publish=0

Sites and shelter:

Corsellis T, Vitale A (2005). Transitional settlement: displaced populations. University of Cambridge Shelter Project, Cambridge / Oxfam Publishing, Oxford. http://www.sheltercentre.org/shelterlibrary/items/pdf/Transitional_Settlement_Displaced_Populations_2005

UNHCR (2007). Handbook for emergencies. 3rd Edition. UNHCR, Geneva. http://www.unhcr.org/publ/PUBL/471db4c92.html

WASH:

Almedom A, Blumenthal U, Mandeson L (1997). Hygiene evaluation procedures: approaches and methods for assessing water- and sanitation-related practices. IT Publications, London.

Harvey PA, Baghri S, Reed RA (2002). Emergency sanitation: assessment and programme design. WEDC, Loughborough. http://wedc.lboro.ac.uk/publications/online-catalogue.php

House S, Reed R (1997). Emergency water sources: guidelines for selection and treatment. WEDC, Loughborough.

Wisner B, Adams J (2005). Environmental Health in Emergencies and Disasters. WHO Geneva

Nutrition and Food Security:

Save the Children UK (2004). Emergency Nutrition Assessment: Guidelines for Field Workers. London: Save the Children UK. http://www.savethechildren.org.uk/en/54_2320.htm

Young H, Jaspars S (2006). The Meaning and Measurement of Acute Malnutrition in Emergencies: A Primer for Decision-makers. Overseas Development Institute, Humanitarian Practice Network. http://www.odihpn.org/report.asp?id=2849

WFP (2004). Emergency Food Security Assessment Handbook, 1st edition. WFP Rome. 2nd edition expected 2008

Health:

Checchi F, Roberts L (2005). Interpreting and using mortality data in humanitarian emergencies: A primer for non-epidemiologists. Humanitarian Practice Network (HPN) Network paper no. 52, September 2005. ODI, London. http://www.odihpn.org/documents/networkpaper052.pdf

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

WFP & CDC (?). Measuring and interpreting malnutrition and mortality, 1st edition. WFP Rome & CDC Atlanta. 2nd edition expected 2008

ANNEX B. Data collection and recording notes for the IRA Form

SECTION 1	IDENTIFICATION INFORMATION	
Question	**Data collection sources and methodologies**	**Key data issues and recording**
	Observation: Observe the boundaries of the site. *KII:* Consult local authorities and/or KI with expertise and familiarity with the local context and the affected population (e.g., NGOs, CBOs). *Mapping*: Mark site boundaries on a map.	For the crisis history and outlook, careful selection of key informants is essential to minimize risk of bias. Make sure that marginalized groups are represented in population figures (and the IRA more broadly). Consider possible reasons for deterioration in humanitarian conditions including security, constraints to access to essential services, possible new population influx, etc.

SECTION 2	POPULATION SIZE, SETTLEMENT, DISPLACEMENT	
Question	**Data collection sources and methodologies**	**Key data issues and recording**
	Sources of population estimates will vary depending on local circumstances. If displacement is not occurring, official government figures (or in stable camp settings, registration figures) may be adequate. However, migration may necessitate that other tools designed for disaster assessments be used, such as counting people as they cross at border points or doing estimations by air. In the absence of data, informed assumptions can be made about the size of age-gender groups.	Estimates of the size of the affected population can be subjective, politicized and challenging to establish accurately. Make sure that marginalized groups are represented in population figures (and the IRA more broadly). Triangulation and careful key informant selection are absolutely essential. Understanding relations between displaced and host community requires talking with appropriate KIs from each.

SECTION 3	SHELTER AND NON-FOOD ITEMS	
Question	**Data collection sources and methodologies**	**Key data issues and recording**
3.2, 3.3	*Informants:* local and traditional authorities, community members, organisations providing shelter and essential non-food items if present *Observation:* take the time to go into shelters to observe conditions directly. Visit at least 10 individual shelters at each site to get an understanding of average conditions.	Shelter is more of a concern where crisis-affected households have lost or migrated away from their homes and are seeking shelter either in public or pre-existing buildings (mass shelter) or in temporary structures, than in situations where they are residing with host households. Shelters belonging to the host families with whom displaced people have temporarily settled should be counted separately.
3.5, 3.6	*Informants:* community members, community health workers, local authorities, households *Observation:* household visits	Check also whether or not these items are available on the local market and, if so, if they are affordable

SECTION 4	WATER, SANITATION AND HYGIENE	
Question	**Data collection sources and methodologies**	**Key data issues and recording**
4.2.1, 4.2.2, 4.2.3	*Informants:* local authorities, individuals responsible for water supply and sanitation if present.	Try to identify critical problems that may lead to a breakdown in existing services, as well as local capacities that should be supported rather than substituted for.
4.3.1-4.3.5	*Informants:* local authorities, local community members, people responsible for water supply, if present. This might include water utilities managers, technicians, water-committee members. Cross-check with observation. *Observation:* observe the condition and use of water sources.	Protected open wells and springs are constructed so as to minimise the risk of contamination of the water at source. If the protection is damaged and not effective, record the water source as unprotected. Water provided by tankers and traditional water sellers may come from one of the sources on the site, in which case the water transported should not be counted twice.
4.3.6	*Records:* consult current records for pumping hours, water-treatment, water-trucking schedules etc. *Measurement:* measure water flow at springs, handpumps and taps to estimate water flow over time at water points.	If unsure about calculating the quantity of water available at the site, record any available data in the box so that the calculation can be made at coordination level.

4.3.7	*Informants:* people responsible for water supply, if present. Cross-check using KII with community members regarding continuity of water supplies *Observation:* look at any available records for changes in availability over time, reports of recent pump failures, visual evidence of unreliable water equipment.	Water supplies may be at risk of a drop in availability for a number of reasons, including seasonal variations, gradual consumption of non-replenished sources and failures in pumping systems (due to mechanical breakdowns, interruption of fuel supply or loss of staff) and interruption of tankered supplies. Security incidents may cut the population off from the water source.
4.3.8	*Informants:* people responsible for water supply, if present. *Observation:* at water-treatment works, if relevant, at household level if there is household water treatment.	Water treatment may be carried out centrally at a water-treatment works, at the water points or at household level. If there is a water-treatment system, ask KIs about its operation and ask to see the treatment process in operation, any records of treatment operations and stocks of treatment chemicals. Try to identify any damage or operational problems that may cause a significant drop in the quality of water supplied
4.3.9	*Informants:* at water points (ask a number of people to ensure speaking with people who live at different distances from the water point) *Observation:* observe the volume of water containers filled by a sample of people at the water point and ask them in the KII about the number of people in the household *Measurement:* the volume of non-standard water containers may need to be measured	Water consumption figures from a number of interviews of people collecting water and/or at household level should be used to answer this question. It will be compared during analysis with an average figure calculated from the population at the site and the estimated quantity of water available for the whole population.
4.3.10	*Informants:* at water points (ask a number of people to ensure speaking with people who live at different distances from the water point) *Observation:* observe water collection points and time how long it takes for individuals to move to the front of the queue, fill their water container and leave, from the time they arrive. Do this at peak times and off-peak times if possible	There will probably be a very wide range of responses to this question, depending on how far different informants live from the water point, what water-storage capacity they have, which family members collect water etc Look for people who may be excluded from the most convenient and obvious water points and who may be forced to go out from the site to collect water.
4.3.11	*Informants:* community members and local authorities *Observation:* verify KII data with observation at water points and surface water sources in and around the site	
4.5.1	*Informants:* community members and health-care workers, community health workers, teachers and local authorities	Ask this question in a number of different places and ask a range of informants to build up an overall idea of the proportion of people using different places to defecate.
4.5.2	*Informants:* community members, health-care workers, community health workers and local authorities *Observation:* open ground and toilets (if any) during a transect walk *Counting:* toilets and households in sample areas of the settlement, where possible	If interviewing community members, ask about the number of people in their family, whether they have access to a toilet and, if so, if they share it with other people and, if so, how many. Repeat this set of questions in different areas of the settlement to get a rough estimate. Verify KII data with observation of the environment to check for signs of defecation in the open and to see whether any toilets existing are used
4.5.3, 4.5.4, 4.5.5	*Observation:* environmental health conditions during a transect walk	Look around the back of shelters/houses and toilets, in areas where there is vegetation. A judgment will have to be made about whether or not the presence of faeces, solid waste and stagnant water is significant. It is likely that conditions will deteriorate rapidly in sites where there are inadequate toilets and waste-disposal systems. This should be taken into account in reporting.
4.7.1, 4.7.2, 4.7.3	*Informants:* community members, community health workers, local authorities, households *Observation:* household visits	Check also whether or not these items are available on the local market and, if so, if they are affordable
4.7.4	*Informants:* at household level and at water points *Observation:* at household level *Measurement:* the volume of non-standard water containers may need to be measured	It is important to take time to ensure that the number and volume of water containers in the households interviewed and observed are correctly ascertained and verified. This is an easy question to get wrong if care is not taken.

SECTION 5	NUTRITION AND FOOD SECURITY	
Question	**Data collection sources and methodologies**	**Key data issues and recording**
5.2.1 - 5.2.5	*Informants:* Key informants are suggested in left column.	Try to identify critical problems that may lead to a breakdown in existing services, as well as local capacities that should be supported rather than substituted for.
5.3.1 - 5.3.14	*Informants*: National focal institution for humanitarian or food assistance, UN/NGOs working in humanitarian response or food assistance	
5.4.1 - 5.4.4	*Informants*: Focus groups of community members, and ensure that men, women and older children are represented if possible	
5.4.5 – 5.4.7	*Informants:* MCH personnel, NGOs involved in food/nutrition and IYCF, consider focus group of mothers/caregivers from the community	Be specific about the individual foods that are given. For example, rather than writing "porridge", identify the foods that are used to make the porridge ("millet porridge mixed with milk and sugar").
5.5	*Observation:* Observation of food stocks at household level	
5.6.1	*Informants*: Consider local community leaders (including traditional leaders), and/or focus groups of community members. If theft has taken place at markets, consider meeting with traders (individually or in small groups).	If over ½ HH have been affected, check "very common". If between ¼ and ½ HH have been affected, check "somewhat common". If less than ¼ HH have been affected, check "not very common".
5.6.2 - 5.6.6	*Informants*: People who sell food at the market, focus groups of community members, traders, or local authorities charged with monitoring markets. *Observation*: Observation of market sites.	Note the unit (e.g., minutes, hours, days). The nearest market where food can now be obtained may be different from the pre-crisis period. Specify the routes or areas that are most problematic.
5.6.7 – 5.6.8	*Informants*: Focus groups of community members, and ensure that men, women and older children are represented if possible	Proportional piling may also be conducted, if interviewers are trained in the technique.
5.6.9	*Informants*: Livestock traders, or local authorities charged with monitoring livestock markets, or focus groups of community members including those who previously owned livestock.	
5.7.1 - 5.7.14	*Informants*: National focal institutions engaged in nutritional surveillance, services and/or emergency nutrition interventions, UN/NGOs working in nutrition.	5.7.1 – 5.7.5 should be filled out based on interviews with knowledgeable key informants. If published data or reports are obtained, then this should be recorded under 5.7.6 – 5.7.14. Documenting the institution running this system is important, to be able to verify the coverage, representativeness and quality of the data afterwards. Vitamin A capsules are normally given to children through clinics or national campaigns. Highest priority anthropometric information includes: prevalence and trends of GAM, SAM, total and severe wasting, total and severe underweight, edema.

SECTION 6 DATA COLLECTION AND RECORDING: HEALTH RISKS AND HEALTH STATUS

Question	Data collection sources and methodologies	Key data issues and recording
6	Please note that some of these data have to be gathered at health facility level. They are listed in this section, however, because they inform about the health status of the population and not the health facility.	
6.1	Community leaders, health staff in the affected community, women's groups, traditional healers	Informants should represent a variety of sub groups that are affected differently by the health system, particularly women.
6.2	As above. The ministry of health and/or the Health Cluster may have a map of health facilities at the central level.	Facility types can include small rural health posts that have very basic services, a health centre or polyclinic that will have a variety of services and specialties, district level hospitals and central level hospitals which may have special surgery capabilities. Facility type can also include mobile clinics and camp based clinics run by NGOs.
6.2.5	As above	The community may seek their health care from traditional healers or community health workers within the community and not at a formal health facility.
6.3.1-2	As above	Typically these will include malaria, diarrhoea and respiratory tract infections for children under 5. Health concerns for women of childbearing years may be pregnancy related. If the disaster is in a more developed country the profile could change to include diabetes, high blood pressure and health disease.
6.3.10-12	As above	Prevention programs commonly include vaccinations (all vaccinations and tetanus for pregnant women), sleeping under a mosquito net, hygiene promotion (see WASH) and condoms for prevention of HIV/AIDS. Measles vaccination is particularly important in an emergency. To calculate the coverage rate (%) calculate: #of children from age 6 months-5 years vaccinated for measles/the total children age 6 months-5 years x 100.
6.3.14	As above Number of deaths can also be calculated by estimation at grave sites.	Adult deaths can include pregnant women due to lack of access to skilled health providers for a safe delivery.
6.4	NGOs working in the community, community leaders	Along with assessing the main activities of the NGOs assess the level of resources that are available from these organizations such as human resources, medications, vaccines, mosquito nets, re-hydration salts for diarrhoea, etc.

7.2.2	Health facility staff	Essential equipment can include sterilization equipment, refrigerator for vaccines, stethoscope, bowls, delivery beds for birth, normal examination beds, etc. Ask the health staff to determine this resource.
7.2.3-5	Health facility staff, pharmacist	Essential drugs are what is used to treat the most common diseases. This could include drugs for malaria, antibiotics for respiratory tract infections and other infections (amoxicillin), oral re-hydration salts for diarrhoea, paracetamol, and vitamins such as zinc and iron. Also note if the drugs are out of date or in a language different to their own. Also, try to understand if the drug management system is functioning. Consumables are things like gloves, bandages, needles, syringes, tape etc.
7.3.1-2	Health facility staff	How has the general level of clinic visits changed? This can include general visits or visit for specialized services such as births. Take a look at the waiting room. Is it full or empty?
7.3.3	Health facility staff, district health teams	The health information system includes the reports sent by the clinic to the central level on the diseases registered at the facility. This monitors disease trends in the area of the clinic.
7.3.6	Health facility staff, the central level MOH, district health teams, NGOs	Standard case management guidelines assist staff to treat common diseases based on national protocols. These often include management of the main causes of diseases such as malaria, diarrhoea and respiratory tract infections. Integrated Management of Childhood Diseases (IMCI) combines the management of these diseases in a standard algorithm. There can also be guidelines for other issues such as births, sexually transmitted infections (STIs), etc.
7.3.7	Health facility staff	Referral mechanisms include transport to facility and/or to a higher level facility. It can also include communication. This is often a barrier due to lack of roads, vehicles and cost.
7.3.8	Health facility staff, registrar	Look to see if the health facility has patient records to monitor the types of patients and recorded diseases
7.3.9	Health facility staff, janitor	Look around the facility and see if there are boxes to put sharp items such as needles and blades. Also look around to see if there are used needles or sharp items lying around on the countertops.
7.5	Health facility staff, NGO staff	Check the box if the service is available at the health facility and if it has changed since the crisis. Ask the health staff about each of these services.
7.5.3	Health facility staff, NGO staff	Other key subsectors of reproductive health are management of Sexually Transmitted Infections and Family Planning. The four on the worksheet, however, are considered first priority in a crisis situation.
7.5.3.1	As above	Normal deliveries include antenatal and postnatal care, clean and safe delivery and essential newborn care
7.5.3.2	As above	Emergency obstetric care includes post-abortion care.