

## Annex C

### General principles for all data collection activities – assessments, surveys and surveillance

The following reminders focus on initial rapid assessments but many are equally relevant for follow-on detailed sub-sector assessments and surveys.

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- ✓ Good **planning** and **preparation** prior to field visits are essential for all assessments – see the principal steps outlined in the schema below. Responsibilities and timeframes for all preparatory actions must be defined and fulfilled in advance.
- ✓ **Broad participation** including as many current health actors as can be quickly brought together:
  - a *joint assessment*, when possible (when contingency plans and arrangements for assessments are already in place at the moment of crisis onset);
  - otherwise, maximum feasible *coordination* among individual agencies' assessment efforts in different areas, *sharing* of data, and *joint analysis*
- ✓ Focus on identifying and **prioritizing health problems** (including gaps/losses in staff, facilities, supplies and service coverage as well as health risks), their causes and likely evolution – not just describing the situation and “needs”.
  - For *resident populations*: focus in particular on what has changed and on current and foreseeable health risks. Get pre-crisis data on epidemiology and the health system and health seeking behaviours from existing secondary sources.
  - For *displaced populations*: examine the current health situation and current and foreseeable risks.
- ✓ Keep clearly in mind the purpose – **to inform early decisions** – and the trade-offs that therefore have to be made between timeliness (speed), accuracy and comprehensiveness. But make a conscious effort to get an overall picture (not just snap-shots of the worst localities) through careful sampling of sites for field visits and triangulation of data from a variety of sources.
- ✓ Maximum use should be made of available **secondary data** – see box below. Primary data collection should focus on determining what has changed, filling gaps in information, and identifying feasible options for response.
- ✓ Standard data collection **formats** and **methods** should be used by all field teams. For rapid assessments, they may be based on the multi-sectoral Interagency Rapid Assessment tool and guidelines or local equivalents that adequately cover all essential elements and are familiar to in-country partners.
- ✓ Assessment teams should be **balanced** in terms of gender, professional backgrounds and skills with a maximum of experienced public health "**all-rounders**". (Specialists almost inevitably focus their attention and recommendations on aspects relevant to their specialization and are not always able to take a broad overview and prioritize among the range of needs.)
- ✓ Prompt **reporting** and **dissemination** of assessment findings are essential to ensure that responses are timely and appropriate, recognizing that the situation can change rapidly. Reports should meet the minimum standards outlined in the box below. They should be finalized and circulated to all stakeholders – government departments, donors, UN and NGO partners – within a few days of completion of the field visits.
- ✓ To the extent possible, the whole process should be managed in a way that contributes to enhancing national and local capacities for future assessments.

Note that the IRA format may be used not only for an initial rapid assessment in the first few days following a sudden-onset crisis but also for recording of basic data by non-specialist personnel at any time...

### Using both secondary *and* primary data

Much **secondary data** on the pre-crisis situation and the effects of the crisis will often be available at national level and this will provide the basis for finalizing the data collection instrument (the IRA format or other) to be used by the field assessment teams and selecting the areas/localities to be visited.

Additional, more recent and/or more detailed secondary data should be collected *in the affected area* by the assessment teams before starting site visits and primary data collection in order to:

- fill gaps in information on pre-crisis conditions; *and*
- finalize the choice of sites to be visited.

The collection of **primary data** (both qualitative and quantitative) at community level is required to:

- validate or up-date information provided by the available secondary data;
- provide an understanding of impacts of the crisis and the current situation at community level, the underlying causes, and the influence of contextual factors; *and*
- enable the affected populations to participate in identifying priorities for response.

Secondary and primary data together provide the basis for developing a situation analysis and identifying the priority problems and areas for humanitarian (and early recovery) response.

### SPHERE standards for (initial) assessments

“Assessments provide an understanding of the disaster situation and a clear analysis of threats to life, dignity, health and livelihoods to determine, in consultation with the relevant authorities, whether an external response is required and, if so, the nature of the response.”

*Key indicators* include:

- Information is gathered using standardised procedures and made available to allow for transparent decision-making.
- Through consultation, the assessment takes into account the response of the local and national authorities and other actors and agencies.
- Local capacities and strategies to cope with the disaster, both those of the affected population and the surrounding population, are identified.
- The assessment takes into account the responsibility of relevant authorities to protect and assist the population on the territory over which they have control, and takes into account national law, standards and guidelines applicable where the affected population is found, as they conform with international law.
- The assessment includes an analysis of the operating environment, including factors affecting the personal safety and security of the affected population and of humanitarian staff.
- Estimates of population numbers are cross-checked and validated with as many sources as possible, and the basis of the estimate made known.
- Assessment findings are made available to other sectors, national and local authorities and representatives of the affected population. Recommendations are made on the need for external assistance, and on appropriate response that should be linked with exit or transition strategies.

[SPHERE handbook, 2004, common standard 2]