

THE MULTI CLUSTER/SECTOR INITIAL RAPID ASSESSMENT (MIRA) APPROACH  
PROCESS, METHODOLOGIES AND TOOLS

Provisional Version as of 11 January 2012  
Produced by the Needs Assessment Task Force

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## OVERVIEW

### Rationale and Purpose

For the past several years, the humanitarian and donor communities have agreed that the absence of a coordinated approach to needs assessment hindered evidence-based decision-making and effective response. While actors involved in humanitarian crises<sup>1</sup> have all developed various approaches to collecting and analysing data on humanitarian needs, they have dedicated little effort to ensuring the synergies necessary for a comprehensive and robust identification of humanitarian priorities.

In 2009, the Inter-Agency Standing Committee (IASC) created the Needs Assessment Task Force (NATF) to address this gap. The aim of the NATF is to promote cross-sectoral needs assessments for the identification of key strategic priorities in complex emergencies and natural disasters. To support the holistic, consistent, reliable and timely collection and analysis of data on humanitarian needs, the NATF developed the present Multi-Cluster/Sector Initial Rapid Assessment (MIRA) approach.

The MIRA is a multi-sector assessment carried out by key stakeholders during the first two weeks following a sudden-onset disaster. It aims to provide fundamental information on the needs of affected populations and the priorities for international support. The MIRA enables all humanitarian actors to reach, from the outset, a common understanding of the situation and its likely evolution and to agree on immediate strategies.

The development of the MIRA approach benefited from a wealth of experience and knowledge gathered from United Nations agencies, nongovernmental organizations (NGOs), donor and academic institutions, and other technical bodies. It builds upon decades of field practice, as well as on lessons learnt exercises and existing tools and methodologies.

It reflects a common vision of what is both methodologically sound and realistically feasible in the highly challenging environment in which humanitarian needs assessments take place.

### Approach

The goal of the MIRA is to structure and reinforce the processes, methodologies and tools supporting multi-sector/cluster assessments. Its key “added value” is to provide an approach that facilitates cross-sectoral analysis.

The process underpinning the approach aims to be sufficiently explicit so as not to be misinterpreted but flexible enough to be adapted to the specific needs of each crisis, and to minimize delays in the assessment schedule.

The MIRA is articulated around three fundamental components, all explained in greater detail in Section 3.

- **Secondary data review** is a standardized methodology for the systematic collation and analysis of secondary information. It is based on the recognition that secondary data plays a crucial role in the early stages of an emergency, particularly when primary data collection is limited by human resources, time, and access constraints.
- **Community level assessment.** The primary data collection method of the MIRA approach, it is a standardized methodology to systematically collect, collate and

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<sup>1</sup> Of which the main players are government agencies, United Nations agencies, nongovernmental organizations and the International Red Cross and Red Crescent Movement.

analyse primary data gathered directly from affected communities. It takes into account the limitations inherent to primary data collection in the early stages of emergencies (e.g. limited number of sites, non-representative sampling) and is the essential counterpart of the review of the secondary data.

- **Analytical framework.** Underpinning each step of the MIRA approach, the analytical framework supports the identification of information needs and sources, facilitates the collation of secondary and primary data and provides a structure for reporting on findings. It thus helps humanitarian actors reach a common understanding on key strategic priorities.

For the purpose of the MIRA, primary data is post-disaster data collected by the assessment team in the field, or by others using the same instrument. Primary data is collected through first-hand experience, using questionnaires, checklists, observations, interviews or other methods that involve direct contact with the respondents (adapted from WFP and the FAO). All other data sources that feed into the MIRA report are considered secondary and can be divided between pre- and post-disaster sources.

## Deliverables

The preliminary scenario definition (PSD) is the first output of the MIRA approach. It should be produced within the first 72 hours following a disaster in order to inform initial response planning and funding appeals (such as flash appeals and requests to the Central Emergency Response Fund or to specific emergency response funds). The PSD may be updated to reflect the evolution of the situation.

The final output is the MIRA report. It should be produced within 2 weeks of the disaster in order to inform in-depth response planning, including revised appeals where applicable.

## Larger Frame of Coordinated Assessments

The MIRA was not developed in isolation and is, in fact, part of a larger vision on coordinated assessments. It is the first part of the assessment framework developed by the IASC, which outlines, in four Phases,<sup>2</sup> all the steps required to improve the coordination and harmonization of assessments in humanitarian crises and to provide a concise picture and robust understanding of a crisis as it unfolds.

The MIRA takes place during Phases 1 and 2, when the main goals of the response are to save and sustain lives and to re-establish essential services. (See the IASC *Operational Guidance for Coordinated Assessments in Humanitarian Crises* for more information on Phases 3 and 4).<sup>3</sup>

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<sup>2</sup> Ranging from preparedness to early recovery.

<sup>3</sup> During Phase 3 and 4 (from week 3 on to the second month and further depending on the severity of the crisis) the main goals are to save livelihoods and re-establish essential services. The deliverables are in-depth single or multi-sectoral assessments feeding into the Humanitarian Dashboard.

## PROCESS

The process behind the MIRA approach can be divided into six broad stages, which cover all the steps from the moment the assessment is requested all the way to the dissemination of its results. For each step, clear responsibilities must be agreed upon and distributed among the stakeholders.

While the overall coordination lies with OCHA, an assessment coordination structure – such as an assessment and information management working group (AIM Working Group) – should be set up to gather all actors, support the design, coordination and harmonization of assessments, and ensure the dissemination of results among all participants.

The following chart provides a simple visual overview of the process. Table 1 specifies each step of the process and indicates the contribution of each stakeholder.

**Figure 1. MIRA Process Flowchart**

Calling for the joint assessment	Establish an assessment coordination structure and working arrangements with Government and HCT.	
Getting started	Develop PSD.	Launch secondary data review.
	Define scope, specific objectives and time frame.	
Designing and planning the assessment	Draw up assessment and analytical plan.	Assemble and train field assessment team. Appoint team leader.
	Define information requirements and data collection methods.	Prepare equipment and briefing kits. Arrange transport, security and communication.
	Customize MIRA tools so data collection instruments are tailored to specific context.	
Collecting and processing data	Collect and process field data.	
Analysing the data and drawing joint conclusions	Analyse data per sector.	
	Consolidate joint analysis.	
Preparing and disseminating the report	Compile basic information. Prepare MIRA report.	
	Disseminate findings.	

Table 1. MIRA Process and Roles and Responsibilities of the Various Participants							
Step	Actions	Who?					
		Country / Region / HQ	In-country				
		Overall coordination	Decision- makers	Assessment and Information Management (AIM) Working Group members			
		OCHA	HC / RC / HCT / Government	AIM Coordinator	AIM Expert		Cluster / sector leads
					Assessment expertise	IM expertise	
Calling for the joint assessment	Determine need and launch call for assessment. <sup>a</sup> Ensure buy-in from principal stakeholders, including Government.		x				
	<b>Reconfirm or establish assessment coordination structure, <sup>b</sup> such as an AIM Working Group, for coordination, technical expertise and leadership, and information management, and working arrangements with Government and HCT.</b>		x	x			

Getting started. coordinating the joint assessment	Examine assessment capacity in Clusters/Sectors. <sup>c</sup> Request any additional support required.		X				
	Promote use of CODs across Clusters/Sectors.		X				
	<b>Launch secondary data review (incl. pre- and post-crisis data).</b>	X	X	X			X
	Participate in secondary data review (provide information, updates, etc.).					X	X
	<b>Develop PSD (within 3-4 days).</b>		X	X		X	X
	Disseminate PSD.		X				
	Ensure that PSD informs Phase 2 assessment.	X		X			
	<b>Define scope of assessment, specific objectives and time frame.</b>			X	X	X	X
	Identify any additional human, financial or logistic needs and act on them.	X		X			
Designing and planning the joint assessment	<b>Define information requirements and data collection methods.</b>			X	X	X	X
	<b>Adapt/customize MIRA tools so data collection instruments are tailored to specific context.</b>				X	X	X
	<b>Draw up assessment and analytical plan.</b>			X	X	X	X
	Select sites to be assessed.				X		
	Draw up assessment schedule.			X	X		X
	<b>Assemble and train field assessment team. Appoint team leader.</b>			X	X		X
	Develop field notes to accompany data collection tools – including sampling, definitions/terminology, procedures, etc.				X	X	X

	Field-test data collection tools.			X			X
	Arrange for translation of data collection tools as appropriate.				X		
	Prepare budget based on assessment plan and schedule.			X			
	Define special equipment needs (radios, phones, clothing, etc.). Ensure that they are available to all field team members.			X			X
	<b>Prepare/supply equipment and security briefing kits. Arrange transport, security and communication.</b>			X			X
	Ensure field teams have necessary security clearance and have attended security briefings.			X			X
	Ensure administrative arrangements, including accommodation and lodging for field teams.			X			X
Collecting and processing data	Analyse pre- and post-disaster secondary information according to analytical framework.			X	X	X	X
	Keep up-to-date with any changes in context. Adapt scope of assessment and tools accordingly.			X	X		X
	<b>Collect and process field data.</b>				X		X
	<b>Carry out daily in-field structured debriefs amongst field teams.</b>				X		X
	Collate information from field teams.					X	X
	Update field teams on affected populations and geographical areas of concern.			X	X		X
	Share initial analysis by data analyst with field teams – provide team leader with a preliminary synthesis.				X	X	X
	Consolidate collected information.				X	X	



	Consider and act on any needs or opportunities for re-orienting and/or scaling-up the assessment.			X	X		
	Revise analytical framework on the basis of new information if warranted.			X	X	X	X
Analysing the data and drawing joint conclusions	Set deadlines for sectoral input (technical sector analysis).			X			X
	Encourage Cluster/Sectors to focus on priority information. Promote information disaggregation by sex and age.			X			
	<b>Ensure Clusters/Sectors adhere to the MIRA analytical framework.</b>			X			
	Update AIM Working Group on affected populations and geographical areas of concern.			X			
	Continue analysis of secondary data.				X	X	X
	Call AIM Working Group meeting for cross-sectoral analysis.			X			
	<b>Consolidate joint analysis. Include contextual and cross-cutting issues, and ensure coherence and cross-validation of findings between sectors.</b>			X	X	X	X
	Incorporate updates into PSD.			X	X	X	X
	Prioritize needs and operational recommendations.			X	X		X
	Transmit key analyses emerging from the assessment to HC/HCT.			X			
	Transmit early information and analyses to HC for input into revised flash appeal.			X			
	Ensure that analyses from the MIRA are incorporated into revised flash appeal.	X		X			

Preparing and disseminating the report	<b>Compile basic information and prepare MIRA report.</b>					<b>x</b>	<b>x</b>
	Prepare preliminary findings.				<b>x</b>	<b>x</b>	<b>x</b>
	Clear report with AIM Working Group.			<b>x</b>			
	Prepare presentation of findings for a wider group of partners.			<b>x</b>		<b>x</b>	<b>x</b>
	Finalize MIRA report.					<b>x</b>	<b>x</b>
	Prepare dissemination plan.	<b>x</b>		<b>x</b>			
	<b>Disseminate findings.</b>	<b>x</b>		<b>x</b>			
<p>a Where the Government leads the assessments, such as in the Philippines, this should be acknowledged in any reference to the HCT engagement in assessments. The leadership and endorsement of the Government is critical to the success of assessments. There should be synergy where there are well-established arrangements.</p> <p>b Preparedness missions may have already identified and clarified the assessment coordination structure based on existing in-country structures. For smaller-scale crises, it is likely that agencies already present in the country can carry out assessments and cover the key roles of assessment coordination and information management expertise. In large-scale crises, countries are more likely to require support from regional offices and/or from surge capacity to cover these functions.</p> <p>c Preferably this has already been carried out during a preparedness mission.</p>							

## APPROACH

### **Define Specific Objectives and Scope**

The objectives and scope of the assessment must be identified at the beginning of the MIRA process to ensure that all actors agree on and understand the work to be undertaken. Specific items for consideration are.

- The geographical scope or coverage of the assessment. which areas will be assessed?
- The level of assessment. is information required at district, provincial or national level? The level will vary for each type/item of information and should always be the lowest at which data is needed.
- The linkages to decision-making and funding mechanisms. is the assessment expected to inform ongoing decision-making and funding mechanisms? Which ones and how?

As the assessment is implemented, the scope may need to be revised according to new evidence or changes in the situation, as highlighted in the section on the Assessment Cycle.

### **Design / Adapt the Analytical Framework**

Because the analytical framework clearly defines and aligns intra- and inter-sectoral information needs, it helps structure the collation of sectoral secondary data and their integration with community level assessment data. It serves both as a common repository and as a support for data analysis and interpretation. Like the scope and objectives, it needs to be agreed upon collectively. Because it. The framework suggested in Table 2 as part of the MIRA approach is a basis that can be adapted at the country level.

**Table 2. MIRA Analytical Framework**

	Question / information field	Information		
		Context	Risks and vulnerabilities	Trends (including projected trends during the early stages)
Topic	1. What are the underlying factors of the crisis?	Describe the main characteristics of the crisis. For example you may refer to socio-political, weather, security, health and economic factors. You need to give the audience a solid overview of the crisis nature.		Explain how the main drivers are most likely to develop in the short, medium and/or long term. Explain how recent developments are likely to affect the nature of the crisis. Where possible, analyse how these trends are likely to affect the provision of humanitarian assistance.
	2. What is the geographical extent of the affected area?	Indicate what areas are affected by the crisis. Provide an overview of the entire country indicating which areas are most affected. Describe also the severity, extent and nature of the crisis in each of the affected areas.		Describe how the extent and nature of the crisis are likely to evolve in the short, medium and/or long term in each affected area. Provide a country-wide overview of whether the geographical extent of the crisis is likely to increase or decrease.
	3. How many people are affected?	Indicate how many people are affected by the crisis. Describe who is affected, how they are distributed geographically and the number of people in need of humanitarian assistance.	Identify potential risks of deterioration as well as groups that are most at risk including, for example, IDPs, women, ethnic minorities and unemployed people.	Describe how the number, type and location of affected people in need of humanitarian assistance are likely to change in the short, medium and/or long term, taking into account pre-identified risks and vulnerabilities.
Humanitarian Access	4. What are the logistic considerations in terms of effects of the emergency and options for response?	Identify and describe the main logistic considerations that affect the humanitarian response. For example you may include information on the availability and quality of air/road/water	Identify which affected areas or groups are most likely to be adversely effected by these logistic constraints.	Describe how the changing nature of the crisis and response is most likely to affect logistic considerations in the short, medium and/or long term. Identify services that are most at risk of disruption

		transportation networks, telecommunications and storage facilities.		and the plans to overcome these obstacles.
	5. What are the security considerations?	Identify and describe the main security considerations that affect the local population and the delivery of humanitarian response. For example, you may include information on the actions of armed groups, gender-based violence, sexual exploitation and abuse, and UXOs.	Identify which areas or groups are most affected by and most at risk from these security considerations.	Describe how security considerations are most likely to evolve in the short, medium and/or long term.
	6. How do civil-military relations feature in the context?	Explain whether civil-military relations are a feature of the context. If yes, describe these relations and how they affect the local population and the humanitarian response.	Identify which areas or groups are most affected by and most at risk from these civil-military relations.	Describe how civil-military relations are most likely to evolve in the short, medium and/or long term.
Needs	7. How and to what extent does the crisis affect populations (outcomes)?	Describe affected populations based on status (or level), impact on dignity and excess mortality and morbidity.	Identify which areas or groups are most affected and most at risk.	Describe the sustainability of the current situation and how likely it is to evolve either positively or negatively in the short, medium and/or long term.
	8. How and to what extent does the crisis affect livelihoods?	Describe how and the extent to which the crisis affects local livelihoods and income opportunities.	Identify which areas or groups are most affected by and most at risk from a disruption in livelihoods.	Describe how the changing nature of the crisis and response is most likely to affect livelihoods in the short, medium and/or long term.
	9. How does the crisis affect access to basic services and goods?	Describe how and the extent to which the crisis affects access to basic goods and services including, for example, food, health and water/sanitation.	Identify which areas or groups are most affected by and most at risk from a disruption in access to basic goods and services. Examine how these disruptions already affect vulnerable groups.	Describe how the changing nature of the crisis and response is most likely to affect access to basic goods and services in the short, medium and/or long term.

	10. What are the national/sub-national private sector, non-governmental and government capacities and how have they been affected?	Describe existing capacities at national/sub-national private sector, non-government and government levels, and how they have been affected by the crisis. Make sure to take into account both regular capacities, such as health care systems, and capacities that are specifically designed for crisis response.	Identify whether the needs of any vulnerable groups or areas are not covered by these capacities. Examine how these disruptions already affect vulnerable groups.	Explain how the changing nature of the crisis and response is most likely to affect these capacities in the short, medium and/or long term.
National Authorities Response Capacity	11. What are their initial interventions to respond to the emergency?	Describe any initial assistance or interventions undertaken by the actors identified in Question 10 in response to the crisis. Identify where they have occurred, how many people have been targeted, reached and covered. Describe any lessons learnt through the initial interventions.	Identify whether the needs of any vulnerable groups or areas have not been covered by this initial response.	Explain how the changing nature of the crisis and response is most likely to affect these capacities in the short, medium and/or long term.
	12. What is the local coping capacity of affected communities and what are their initial interventions?	Describe the coping capacities of local communities and how they have been affected by the crisis. Make sure to take into account both regular capacities, such as health care systems, and capacities that are specifically designed for crisis response. Describe the adaptability and sustainability of these capacities, and how they coordinate with the humanitarian response.	Identify whether the needs of any vulnerable groups or areas have not been covered by this initial response by the local community.	Explain how the changing nature of the crisis and response is most likely to affect the coping mechanisms of affected local communities in the short, medium and/or long term.
In-Country International Response Capacity	13. What is the in-country international response capacity and how has it been affected?	Describe in-country international response capacities and how they have been affected by the crisis. Make sure to take into account both regular capacities and capacities that are specifically designed for crisis response. Describe any preparedness and coordination	Identify gaps in the capacity of the in-country international response to cover the needs of certain groups or areas.	Explain how the changing nature of the crisis and response is most likely to affect this in-country international response capacity in the short, medium and/or long term.

		procedures in place. Explain whether the cluster system functions, if any, and what reporting tools are functional.		
	14. Which agencies/organizations are operating where and in what sectors of intervention?	Outline which agencies/organizations are operating where and in what sectors of intervention.		
	15. What have they been doing and what are they likely to do in response to the situation?	Describe what and where the agencies/organizations identified in Question 14 are already providing assistance in response to the crisis. This should be presented with activities sorted by sector. Describe what processes are in place for the coordination of assessments.		Explain the most likely changes in the international humanitarian response particularly what activities are planned where and by which organization in the short, medium and/or long term. Outline any planned coordinated assessments.
Coverage & Gaps	16. What proportion of the population in need is reached by humanitarian interventions?	Indicate what proportion of the population in need and the population targeted is reached by humanitarian interventions.	Identify any groups or areas that are in need that are not or not sufficiently reached or covered by humanitarian interventions.	Explain how the proportion of the population in need reached by humanitarian interventions is likely to evolve in short, medium and/or long term.
	17. To what extent are the needs addressed?	Indicate what proportion of the population reached has had its needs covered. Make sure to include data by cluster/sector and disaggregated by sex and age, where relevant and feasible.	Identify any vulnerability in the population that can affect the humanitarian response, for example if there are factors that increase the risk of sexual exploitation and abuse.	
Strategic Humanitarian Priorities	18. What are the priority sections for intervention?	Present an overview of the priorities for humanitarian intervention based on a review and analysis of the information presented in Questions 1 to 17 of the Framework. Give a summary of key	Identify priority areas and groups to be targeted for each intervention.	

		priority interventions per sector.		
	19. Are there other key issues to be considered (protection, environment, gender, etc.)?	Give an overview of key cross-cutting issues affected by the crisis and influencing the response. For example, you may include information on gender, protection, environment, and sexual exploitation and abuse. Where relevant, supplement with information from the “vulnerabilities” sections of Questions 1 to 18 of the MIRA report.	Identify priority areas and groups to be targeted for each intervention.	



## Secondary Data Review

Secondary data review is a continuous process of collation and analysis of pre- and post-disaster qualitative and quantitative secondary information. It plays a crucial role in the early stages of an emergency, when collecting primary data is limited by human resource, time and access constraints. The analysis of secondary data should be undertaken on a rolling basis as new information becomes available.

Pre-disaster information is particularly important as it helps perceive pre-existing vulnerabilities and risks that may have been exacerbated as a result of the disaster. Lessons learnt from similar past events – in terms of priority needs and interventions – are also valuable.

Post-disaster secondary information<sup>4</sup> includes all the information directly related to the disaster and not collected through the community level assessment. It gives an accurate appreciation of the current crisis situation and, when compared with pre- and post-disaster information, helps assess the impact of both disaster and humanitarian interventions. One of the main sources of information is the Common operational datasets (CODs).<sup>5</sup>

Information should be structured based on the analytical framework and organized around three key variables: date, group (i.e. homogenous groups of people who share similar characteristics on how they are affected) and location.

When analysing secondary information, a comparative analysis of pre- and post-disaster situation (a “before” and “after” comparison) is necessary to assess the impact of the disaster. It is also important to compare the differences between the various affected populations at the geographical (i.e. which areas need priority attention) and sectoral levels (i.e. should the response emphasise health and/or water and sanitation, etc.). Information gaps and needs should be identified for further assessment phases.

More detailed information on conducting a secondary data review is provided in Annex 1.

### Reliability

It is essential to evaluate the reliability and credibility of secondary information by carefully appraising the sources and methodologies used, the age and relevance of the information, how it compares with other sources, and any other parameters that may introduce biases.

## Community Level Assessment

The community level assessment, which focuses mostly on qualitative information, provides a unique opportunity to integrate the needs and priorities as perceived by affected populations into the broader assessment of key humanitarian priorities.

The community level assessment is limited to a few selected communities to allow for more time and better-quality investigation in each site. As such it uses assessors<sup>6</sup> to conduct interviews with generalist and specialist key informants and direct observation and use their expert judgment to identify humanitarian priorities. Expert judgment is expressed through a systematic debriefing of the situation following each visit (first level of analysis) to capture more informal (and unstructured) elements.

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<sup>4</sup> Post-disaster secondary information can be gathered from the Government, national and international media, national and international NGOs, civil society, monitoring systems and faith-based organizations.

<sup>5</sup> Common operational datasets (CODs) are predictable core sets of data needed to support operations. They are made available by OCHA within 48 hours of an emergency and are needed by all actors involved in the response.

<sup>6</sup> Assessors are meant to be experienced investigators as opposed to data collectors.

Further information on conducting direct observation and key informant interviews is provided in Annexes 3 and 4.

### *Sampling and site selection*

During the first two weeks following a major emergency, primary data can realistically be collected only at the level of communities. Given the time, access and logistics constraints, collecting meaningful quantities of data at household or individual levels is unrealistic.<sup>7</sup>

Because time constraints normally do not permit random or statistically representative sampling, a sample of sites that represent a cross-section of typical regions and affected populations are generally selected. This technique, called purposive sampling, takes into account:

- Urgent need. At the height of a crisis, data collection is a quick exercise limited to areas showing the greatest needs or where vulnerabilities<sup>8</sup> are believed to be the highest.
- Accessibility of the sites.
- Gaps in existing knowledge. Locations about which little is known or key information is lacking will be selected, particularly where there are no relief agencies already operating.

The sampling size or the number of visited sites is also determined by the availability of staff, time and logistical support, as well as by the geographic spread of the disaster, and the heterogeneity/ homogeneity of the population. Finally, other practical criteria linked to programme response also guide the selection.

Purposive sampling cannot represent the whole disaster-affected population and its results cannot be generalized beyond the target population. Its purpose is only to understand the most pressing issues/concerns/needs in order to give depth to the findings of the secondary data review and support the prioritization of interventions.

### *The investigation form*

The investigation form is built around four core modules.

- Metadata
- Generalist key informants
- Specialist key informants
- Assessment team module

Each of these modules is divided in sub-components that may be selected or discarded to quickly adapt the form to a specific context as illustrated in Table 5. Conversely, discarded modules can be reintroduced when access to affected areas increases hence ensuring continuity in the information collected.

Once the sampling and site selection have been agreed upon and the investigation form has been altered according to the context, take extra time to pilot test the form. Keep questions and observations as open as possible and leave extra space for additional comments from both key informants and assessors. Based on the findings of the pilot, the investigation form may be refined.

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<sup>7</sup> Attempts to do so have contributed significantly to the failure of past early needs assessments.

<sup>8</sup> Population size, density and influx, reported shortage of food and/or water or risks of epidemics and malnutrition.

More information on the structure of the investigation form is provided in Annex 2.

### *First and second level analysis*

A structured debriefing conducted after each visit constitutes the **first level analysis**. Team members systematically assess the situation (identifying priority needs, concerns, groups, etc.) based on formal and informal elements of the visit, and justify or expand on their conclusions so that these can be further analysed and interpreted at the central level.

All the information is consolidated at the central level. **Second level analysis** aims to identify recurrent issues and to compare the situation across sites, between population groups, etc.

## **Final Analysis and Interpretation**

The final analysis and interpretation of key humanitarian priorities can take place once the information gathered through the secondary data review and the community level assessment has been reconciled within the analytical framework. This analysis should follow the particular process arrangements described in Table 1 and lead to the identification of key humanitarian priorities.

## **Report, Disseminate and Communicate the Findings**

### *Phase I - preliminary scenario definition*

Approximately 72 hours after the onset of a sudden emergency, a reasonable picture of the situation should have emerged from the analysis of secondary and initial primary data. By then, assessors should have translated their conclusions into clear and easily accessible results so that a preliminary scenario definition can be circulated. Its added value is to provide a summary of the.

- pre-crisis situation,
- nature of the disaster,
- scope and magnitude (areas, population affected),
- immediate post-disaster developments,
- key humanitarian priorities.

The preliminary scenario definition is intended to promote a shared understanding of the situation in the humanitarian community. As such, it should be shared and discussed with the humanitarian country team and cluster/sector leads as early as possible before being made public.

As the review of secondary data continues on a rolling basis throughout Phases 1 and 2, assessment teams may wish to update the preliminary scenario definition periodically after its first production.

A template is provided in Annex 5.

### *Phase II - MIRA report*

Two weeks after the disaster, a final MIRA report is produced to inform the revision of the flash appeal. The report consolidates the findings of the secondary data review and the community level assessment into one single product. It responds to the same key questions as the preliminary scenario definition and has a similar structure based on the analytical framework.

The preliminary scenario definition can be updated as often as required until the final MIRA report is written. Updates may be prepared upon request or after any significant changes in the situation (e.g. an increase in the number of affected populations, a report of new affected areas or vulnerable groups, an increase in population movement, etc.).

### **Assessment Cycle**

The components of the MIRA approach should not be considered as a linear sequence. Although they are presented here in a logical flow, each step must be reconsidered regularly throughout the process to evaluate whether the assessment should be updated, re-oriented or scaled-up.

The process cannot begin until the objectives, scope and analytical framework of the assessment have been defined. However these are not immutable, and they may be revised along the way as newly accessible information brings a new, more accurate understanding of information needs and gaps.

As the preliminary scenario definition must be produced very quickly, most of it will be based on the secondary data review. In some instances, it may even be the sole source of information. If it is possible to investigate sites during this period, the community level assessment approach should be used to ensure consistency and continuity in the assessment over time. The modular approach facilitates this process.

As access to resources and affected areas increases, modules that were left out can be reintroduced to reinforce the weight of primary data in the overall assessment. Likewise, as secondary data is produced, particularly post-disaster data, it needs to be integrated into the secondary data review.

### **Conclusion**

The purpose of the MIRA approach is to reinforce the evidence-based identification of humanitarian priorities so that decision-makers – including the humanitarian country team, sector/cluster leads and members, the Government and donors – can make informed decisions. The structured approach of the MIRA increases both the quality and the transparency of humanitarian assessments and supports a better humanitarian response.

The MIRA approach was developed within the larger framework of coordinated assessments. As recommended by the NATF *Operational Guidance on Coordinated Assessments*, coordinated assessments should be part of preparedness and contingency planning work and should continue throughout the duration of a crisis.

## ANNEX 1. REVIEW OF SECONDARY DATA

### General principles

Secondary data analysis demands sectoral skills, general emergency programming skills, and good local knowledge of the geographic areas under discussion. It is a resource and time-consuming process, so enough dedicated staff should be available to capture and analyse the large volume of collected data.

If the review must be undertaken remotely (for instance because there is no dedicated human resources available in the country), there should be strong links between the field offices and the back-up team.

Although analysis takes place on a rolling basis, persons who did not participate directly in the data collection should be integrated in the final analysis to ensure a fresh perspective.

Information collated for the secondary data review must be timely, adequate and relevant to inform key decisions about the response (e.g. a flash appeal), and should be collected in an objective and transparent manner. As described in the Section on Approach, it should be organized around date, group and location. Table 3 reviews the most common areas of focus for secondary data review.

**Table 3. Organization of information**

Focus	Content
Pre-post crisis	Pre crisis vs post crisis data
Geographical	National key indicators vs “affected area” key indicators
Group	Total population vs specific sub-groups demographic data (refugees vs residents)
Livelihood	Characteristic of different sub-set of socio-economic profiles (farmers vs pastoralists)
Vulnerability	Characteristics of different vulnerable groups (disabled, food insecure, unemployed, etc.)
Catchment area	Characteristic of different livelihood zones (urban vs rural, mountainous vs riverine)
Gender and age	Characteristics of different categories of the population (Women vs men, elders vs youth)
Sector	Characteristics of different sectors (water and sanitation, health, food security, etc.)

### Further reading

ACAPS, March 2011, p6–7 (<http://www.acaps.org/newsletters/newsletter-1-march-2011>).

## ANNEX 2. UNDERSTANDING AND CUSTOMIZING THE COMMUNITY LEVEL ASSESSMENT INVESTIGATION

### Modular Structure

The community level assessment investigation form is built around four modules..

- The **Metadata Module** gathers a description of the assessment (date and team) and of the community assessed (location as well as type of settlement, setting and population) to ensure that data can be traced as well as stratified in the analysis..
- The **Generalist Key Informant Module** gathers all questions aimed at generalist key informants.<sup>9,10</sup> It is articulated around three components: screening questions, scoping questions, and ranking and identification of most affected groups.
- The **Specialized Key Informant Module** gathers all questions aimed at specialized key informants, including health staff, teachers, sanitation engineers, staff from local specialized NGOs, etc. It aims at identifying and, when appropriate, ranking key concerns within a given sector and may be led independently from the Generalist Key Informant Module.
- The **Assessment Team Module** is a two-fold discussion that takes place at the end of the field visit and that allows the team to draw its own conclusions. Serving as a first level analysis, it aims at gathering critical observations made during the field visit, such as potential sources of contamination (e.g. human faeces) visible near water sources or shelters. Second, it tries to identify, using the screening and ranking components of the Generalist Key Informant Module, which items constitute “serious problems”, based on the elements gathered during the visit. Team members must identify potential groups within the community that are most affected by any given problem. A severity index should be attributed to each issue identified as a key concern. Finally, the team is asked to provide elements to explain and justify their conclusions.

**Table 4. Screening questions, scoping questions, and ranking and identification of most affected groups**

Components	Description	Comments
Screening questions	The 27 screening questions are the “backbone” of the investigation form. They aim at identifying which items constitute a “serious problem” to affected communities.	The wording of the questions should remain unchanged as it is derived from an extensively tested tool (HESPER Scale <sup>a</sup> ). Only items identified as a “serious problem” are investigated using scoping questions.
Scoping questions	Scoping questions allow for a more in-depth investigation of the items identified as a “serious problem” to affected communities.	Scoping questions allow key informants to express and rank priority concerns related to each item. Semi-closed questions are recommended. Priority concerns should be categorized a priori to the extent possible, but should also permit the detection of unpredicted concerns.

<sup>9</sup> Key informants should be able to represent and express the views of their community on a variety of issues. They usually are community leaders or representatives.

<sup>10</sup> Key informants can also be called respondents as they respond to the questions asked by the assessor.

Ranking & identification of most affected groups	Ranking allows key informants to establish priorities among the items identified as a “serious problem” to the community. The ranking can be done, if relevant, by identifying the specific groups within the community that are more affected by the problem.	Key informants should rank/prioritize about ¼ of the total number of items assessed (if 26 items were assessed, up to 6 items should be ranked in order of importance). A standard breakdown of groups is provided as a reference. <sup>b</sup>
<p>a The Humanitarian Emergency Settings Perceived Needs Scale (HESPER) aims to provide a quick, scientifically robust way of assessing the perceived serious needs of people affected by large-scale humanitarian emergencies, such as war, conflict or major natural disaster.</p> <p>b The standard breakdown of groups is: men / women / boys / girls / older persons / persons with disabilities / particular ethnic or religious group (specify) / other, (explain) / all groups are affected in a similar way / do not know.</p>		

## Scalability of the Investigation Form

By combining the various modules and/or their components the investigation form can be scaled down easily to adjust to specific contexts, and time/resources constraints.

Similarly, not all 27 screening questions<sup>11</sup> need be included in the investigation form. Preliminary findings from the review of secondary data, disaster profiles and lessons learnt can be used as a basis to indicate which questions will be discarded or included. The questionnaire given as an example below only includes some of the screening questions and the related scoping questions.

**Table 5. Suggested Modular Approach Between Phases 1 and 2**

Module	Module components	High resources / time constraints (Phase I)	Lower resources / time constraints (Phase II)
Metadata	Assessment description	Yes (Mandatory)	Yes (Mandatory)
	Community description	Yes (Mandatory)	Yes (Mandatory)
Generalist key informant	Screening	Yes	Yes
	Scoping	No	Yes
	Ranking	Yes	Yes
Specialized key informant	Sectoral components	No	Yes
Assessment team	Observations	Yes (Mandatory)	Yes (Mandatory)
	Screening	Yes (Mandatory)	Yes (Mandatory)
	Ranking	Yes (Mandatory)	Yes (Mandatory)

<sup>11</sup> The full list of questions can be found in the *Humanitarian Emergency Settings Perceived Needs Scale (HESPER). Manual with Scale*. World Health Organization, King's College (2011).  
[http://reliefweb.int/sites/reliefweb.int/files/resources/Full\\_Report\\_2405.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/Full_Report_2405.pdf)

## Investigation Form Template

The questionnaire below is an example of the standard investigation form adapted to a particular situation. It includes all four modules but only 10 of the screening questions are used in the Generalist Key Informant Module as only these are applicable to this particular situation.

### *Metadata Module*

Date.	
Name of Assessor / Assessment Team.	
Province.	
District.	
Sub-District.	
Place Name.	
Settlement Type.	
Setting type.	
Population Type.	
GPS Coordinates.	X. _____ Y. _____

### *Generalist Key Informant Module*

Note the word “community” should be replaced with the term most suitable to the local geographical context (e.g., village, town, neighbourhood, camp, etc.) throughout the investigation form.

1. Is there a serious problem in your community because people do not have enough water that is safe for drinking or cooking?	
	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Unknown. <input type="checkbox"/>
What are the main sources of water in your community (Rank up to 4)?	
Borehole or well with functioning motor pump	<input type="checkbox"/>
Borehole or well with functioning hand pump	<input type="checkbox"/>
Protected spring	<input type="checkbox"/>
Protected open well	<input type="checkbox"/>
Piped water	<input type="checkbox"/>
Unprotected spring	<input type="checkbox"/>
Unprotected open well	<input type="checkbox"/>
Surface water	<input type="checkbox"/>



	Traditional water sellers	<input type="checkbox"/>
	Humanitarian assistance	<input type="checkbox"/>
	None	<input type="checkbox"/>
2. Is there a serious problem with food in your community; for example because there is no food or not good enough food or because it is not possible to cook food?		
	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Unknown. <input type="checkbox"/>	
2a.	What are the main concerns related to food in your community (Rank up to 4 concerns)?	
	Not enough food	<input type="checkbox"/>
	Not good enough food	<input type="checkbox"/>
	No cooking facilities	<input type="checkbox"/>
	No utensils	<input type="checkbox"/>
	No cooking fuels	<input type="checkbox"/>
	Loss of agricultural land	<input type="checkbox"/>
	Loss of agricultural assets (e.g. tools, storage capacity, seeds, etc.)	<input type="checkbox"/>
	No physical access to markets - no markets	<input type="checkbox"/>
	No income, money, resources to purchase food	<input type="checkbox"/>
	Other.	<input type="checkbox"/>
2b.	Are there significant changes in the total amount of food that people are eating since the disaster, on average?	
	Amount consumed has increased	<input type="checkbox"/>
	Amount consumed has decreased	<input type="checkbox"/>
	Amount consumed is the same	<input type="checkbox"/>
	Do not know	<input type="checkbox"/>
	Not applicable	<input type="checkbox"/>
2c.	What are the main sources of food in your community (rank up to 3)?	
	Subsistence production	<input type="checkbox"/>
	Local market	<input type="checkbox"/>
	Humanitarian assistance	<input type="checkbox"/>
	Other (Specify).	<input type="checkbox"/>
	Other (Specify).	<input type="checkbox"/>
2d.	Do people in your community have access <sup>a</sup> to the following nutrition programmes?	
	Management of severe acute malnutrition (facility-based)	<input type="checkbox"/>
	Management of severe acute malnutrition (community-based)	<input type="checkbox"/>
	Management of moderate acute malnutrition	<input type="checkbox"/>

	Other (Specify).	<input type="checkbox"/>
	Not applicable	<input type="checkbox"/>
3. Is there a serious problem in your community because people do not have an adequate place to live in?		
	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Unknown. <input type="checkbox"/>	
3a.	What are the main types of shelter people from your community live in (Rank up to 4)?	
	House or apartment	<input type="checkbox"/>
	Improvised shelter (e.g. made from salvaged construction materials, etc.)	<input type="checkbox"/>
	Tents	<input type="checkbox"/>
	Planned temporary or transitional shelter other than tents (e.g., made from distributed items)	<input type="checkbox"/>
	Repaired partially damaged homes	<input type="checkbox"/>
	Buildings used as collective accommodation	<input type="checkbox"/>
	Other buildings (e.g. host family homes, rented accommodation etc.)	<input type="checkbox"/>
	No shelter	<input type="checkbox"/>
3b.	What are the main situations people from your community live in (Rank up to 3)?	
	Not displaced	<input type="checkbox"/>
	Host families	<input type="checkbox"/>
	Collective centres	<input type="checkbox"/>
	Planned camps	<input type="checkbox"/>
	Spontaneous camps	<input type="checkbox"/>
	Dispersed settlement	<input type="checkbox"/>
	Other (Specify).	<input type="checkbox"/>
3c.	What are the main concerns with meeting shelter needs (Rank up to 4 concerns)?	
	There is no shelter	<input type="checkbox"/>
	Shelters are over-crowded	<input type="checkbox"/>
	Homes are so damaged that they are inhabitable	<input type="checkbox"/>
	Building materials to repair/build shelter are unavailable	<input type="checkbox"/>
	Skills to repair/build shelter are unavailable	<input type="checkbox"/>
	Potential grievances on land issues	<input type="checkbox"/>
	People are lacking basic household items	<input type="checkbox"/>
	Other (Specify).	<input type="checkbox"/>
4. Is there a serious problem in your community because people do not have easy and safe access to clean toilets?		
	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Unknown. <input type="checkbox"/>	

5. Is there a serious problem in your community because it is difficult for people to keep clean; for example because there is not enough soap, water or suitable place to wash?		
	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Unknown. <input type="checkbox"/>	
6. Is there a serious problem in your community because people do not have enough, or good enough, clothing, shoes, bedding or blankets?		
	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Unknown. <input type="checkbox"/>	
7. Is there a serious problem in your community because people do not have enough income, money or resources to live?		
	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Unknown. <input type="checkbox"/>	
7a.	What are traditionally the main sources of income of people in your community (Rank up to 4)?	
	Agriculture	<input type="checkbox"/>
	Agro-pastoralism	<input type="checkbox"/>
	Pastoralism	<input type="checkbox"/>
	Small businesses/trading	<input type="checkbox"/>
	Skills to repair/build shelter are unavailable	<input type="checkbox"/>
	Daily work	<input type="checkbox"/>
	Other (Specify).	<input type="checkbox"/>
	Do not know	<input type="checkbox"/>
7b.	Were the following sources of income affected by the disaster (Highly, Moderately, Not Affected, Favoured)?	
	Agriculture	<input type="checkbox"/>
	Agro-pastoralism	<input type="checkbox"/>
	Pastoralism	<input type="checkbox"/>
	Small businesses/trading	<input type="checkbox"/>
	Skills to repair/build shelter are unavailable	<input type="checkbox"/>
	Daily work	<input type="checkbox"/>
	Other (Specify).	<input type="checkbox"/>
	Do not know	<input type="checkbox"/>
8. Are there serious problems within your community regarding physical health; for example because people have physical illnesses, injuries or disabilities?		
	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Unknown. <input type="checkbox"/>	
9. Is there a serious problem in your community because people are not able to get adequate health care for themselves; for example treatment or medicines or health care during pregnancy or childbirth?		
	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Unknown. <input type="checkbox"/>	
	Do people in your community have access <sup>a</sup> to the following health services <sup>b</sup> ?	

	Free condoms	<input type="checkbox"/>
	Clean home delivery	<input type="checkbox"/>
	Hygiene promotion	<input type="checkbox"/>
	Outpatient consultations	<input type="checkbox"/>
	Routine vaccination	<input type="checkbox"/>
	Basic essential obstetric care	<input type="checkbox"/>
	Post-exposure prophylaxis for STI & HIV infections	<input type="checkbox"/>
	Inpatient	<input type="checkbox"/>
	Surgery	<input type="checkbox"/>
	Comprehensive essential obstetric care	<input type="checkbox"/>
10. Is there a serious problem in your community because people are not safe or protected where they live now; for example because of conflict, violence or crime in your community, village or city?		
	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Unknown. <input type="checkbox"/>	
10a.	What are the main concerns related to security (Rank up to 3)?	
	There are no problems	<input type="checkbox"/>
	There is not enough security provided	<input type="checkbox"/>
	Security actors are abusing people from the community	<input type="checkbox"/>
	Do not know	<input type="checkbox"/>
10b.	What are the main issues people in your community are facing in terms of safety (Rank up to 5)?	
	Attacks or bombings	<input type="checkbox"/>
	Combats or clashes between armed groups	<input type="checkbox"/>
	Armed violence	<input type="checkbox"/>
	Presence of landmines or explosive remnants of war	<input type="checkbox"/>
	Continuation of threats from natural disasters (e.g., earthquake aftershocks, etc.)	<input type="checkbox"/>
	Deliberate killings of civilians by the military or armed groups	<input type="checkbox"/>
	Executions or other killings	<input type="checkbox"/>
	Enforced or involuntary disappearance	<input type="checkbox"/>
	Maltreatment of the population (e.g., extortion, forced labour, physical abuse, torture)	<input type="checkbox"/>
	Gender based-violence	<input type="checkbox"/>
	Arrests and detention	<input type="checkbox"/>
	Abduction or taking of hostages	<input type="checkbox"/>
	Displacement	<input type="checkbox"/>

	Forced military recruitment	<input type="checkbox"/>
	Other	<input type="checkbox"/>
	Do not know	<input type="checkbox"/>
10c.	What are the main security mechanisms in your community (Tick all that apply)?	
	Police	<input type="checkbox"/>
	Police – particular group.	<input type="checkbox"/>
	National armed forces	<input type="checkbox"/>
	Community security groups / neighbourhood watch	<input type="checkbox"/>
	Other.	<input type="checkbox"/>
	None	<input type="checkbox"/>
	Do not know	<input type="checkbox"/>
<p>a. Access includes physical, financial and cultural considerations.</p> <p>b. Services (or packages) to be selected from the HeRAMS Standard Checklist of Services (the Health Resources Availability Mapping System). It is recommended to choose services that give a broader understanding of the situation in terms of access to health services, such as basic essential obstetric care.</p>		

### *Ranking and Identification of Most Affected Groups*

Please identify priority concerns within your community among all the items identified as being a “serious problem” (Rank up to 6) and list groups within your community that may be most affected.

Rank	Screening item	Most affected groups	
1	Priority concern #1	Men	<input type="checkbox"/>
		Women	<input type="checkbox"/>
		Boys	<input type="checkbox"/>
		Girls	<input type="checkbox"/>
		Older persons	<input type="checkbox"/>
		Persons with disabilities	<input type="checkbox"/>
		Particular ethnic or religious groups (Specify).	<input type="checkbox"/>
		Other (Specify).	<input type="checkbox"/>
		All groups are affected in a similar way	<input type="checkbox"/>
		Do not know	<input type="checkbox"/>
2	Priority concern #2	Men	<input type="checkbox"/>
		Women	<input type="checkbox"/>
		Boys	<input type="checkbox"/>
		Girls	<input type="checkbox"/>
		Older persons	<input type="checkbox"/>
		Persons with disabilities	<input type="checkbox"/>
		Particular ethnic or religious groups (Specify).	<input type="checkbox"/>

		Other (Specify).	<input type="checkbox"/>
		All groups are affected in a similar way	<input type="checkbox"/>
		Do not know	<input type="checkbox"/>
3	Priority concern #3	Men	<input type="checkbox"/>
		Women	<input type="checkbox"/>
		Boys	<input type="checkbox"/>
		Girls	<input type="checkbox"/>
		Older persons	<input type="checkbox"/>
		Persons with disabilities	<input type="checkbox"/>
		Particular ethnic or religious groups (Specify).	<input type="checkbox"/>
		Other (Specify).	<input type="checkbox"/>
		All groups are affected in a similar way	<input type="checkbox"/>
		Do not know	<input type="checkbox"/>

### *Assessment Team Module*

#### **Priorities and Severity Ranking**

Rank	Screening item	Most affected groups	Severity	Comments / justification
1	Priority concern #1	Men		
		Women		
		Boys		
		Girls		
		Older persons		
		Persons with disabilities		
		Particular ethnic or religious groups (Specify).		
		Other (Specify).		
		All groups are affected in a similar way		
		Do not know		
2	Priority concern #2	Men		
		Women		
		Boys		
		Girls		
		Older persons		
		Persons with disabilities		

		Particular ethnic or religious groups (Specify).		
		Other (Specify).		
		All groups are affected in a similar way		
		Do not know		
3	Priority concern #3	Men		
		Women		
		Boys		
		Girls		
		Older persons		
		Persons with disabilities		
		Particular ethnic or religious groups (Specify).		
		Other (Specify).		
		All groups are affected in a similar way		
		Do not know		

Severity index	
Red	Severe situation. Urgent intervention required
Orange	Situation of concern. Surveillance required
Yellow	Lack of/unreliable data. Further assessment required
Green	Relatively normal situation or local population able to cope with crisis; no further action required

## ANNEX 3. DIRECT OBSERVATION

Some very good resources exist on observation as a data collection method, so only the main points will be repeated here.

Although we unconsciously collect information by just looking around, a conscious effort is required to record what we see, hear, and smell, and to use it to shape our understanding of a situation or a problem. There are two types of observation.. structured, where we are looking for the existence of a specific behaviour, object or event, or conversely for its non-existence, and unstructured, where we are looking at how things are done and what issues exist. While the first requires only the use of a simple checklist to remember and record, the second demands a short set of open-ended questions that will be answered based on observations.

### **Strengths and Limitations of Direct Observation**

Direct observation is a quick and cost-effective data collection method in an emergency. It helps frame future discussions and cross-check people's answers in case of inconsistency between what you see and what you are told during interviews.

However, as a data collection technique, it only provides a snapshot of the situation and has therefore limited use when the crisis evolves rapidly or when there is a conflict. Similarly, it provides only partial information about a community's capacities and priorities. Finally, while it does not require specific training, some preparation is necessary to ensure that the observers are aware that their own perceptions and expectations are subjective and have an impact upon how they report and interpret their observations.

### **Basic Principles of Direct Observation**

Every data collection instrument should make provision for direct observation comments and notes as they help add context and meaning to the data collected.

Suitable pre-field visit preparation helps assessors understand the value of their observations and the importance of systematically recording them. Observations must be separated from the respondents' comments or responses.

Observation provides immediate information on schools, water points, health posts and other infrastructure such as public services and sanitation systems. It also helps assess people's physical condition, activities and economic circumstances (housing, livestock, etc.),<sup>12</sup> power relationships within the community as well as coping mechanisms and access to aid.

During each visit, the whole assessment team should meet at least once to review progress and decide which places still need attention to avoid gaps in essential data.

Finally a debriefing with all team members should be organized to tally up observations and pull together the final conclusions. This is where the expert judgement of team members can be harnessed to put together a first level analysis. Areas where team observations and population responses do not match can be highlighted so that discrepancies can be analysed and triangulation needs identified.

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<sup>12</sup> Particularly but not exclusively that of children, older persons, chronically ill persons, people living with disabilities, and where appropriate, women.



**Further reading**

*Technical brief. Direct observation and key informant techniques for primary data collection during rapid assessments* (ACAPS, June 2011).

*Child Protection Rapid Assessment Toolkit* (January 2011).

*Guidance on Profiling Internally Displaced Persons* (Norwegian Refugee Council's Internal Displacement Monitoring Centre and OCHA, April 2008).

## ANNEX 4. KEY INFORMANT INTERVIEWS

In addition to direct observation, key informant interviews<sup>13</sup> are a common data collection technique in rapid assessments. During this type of interview, an individual with prior knowledge of the affected community is questioned to gather key information on the impact of the disaster and on priority community needs.

Typically a local civil or religious leader, a key informant is well informed on the emergency, the area or the community,<sup>14</sup> or has specific knowledge about a given sector or a sensitive issue.<sup>15</sup> While not traditionally considered as key informants, regular people can also have personal experience of universal value to share. For example, a female household head can be a key informant on the priority needs of mothers. Likewise a person who is unable to walk without assistance can give a unique insight into the challenge of accessing aid when living with a disability.

### Strengths and Limitations of Key Informant Interviews

Key informant interviews help collect basic information quickly and with few resources and give a holistic and qualitative overview of the impact of a disaster on community members.

Their greatest limitation is that they provide a subjective perspective. The information is biased by the respondent's personal opinion and cultural background, both of which need to be taken into account when analysing the responses.

### Choosing Semi-structured or Structured Interviews

When you undertake a key informant interview, you can choose between semi-structured or structured. Here are a few issues you need to take into account.

- **A semi-structured interview (checklist)** is a guided interview where you decide on a limited set of open-ended questions ahead of time.<sup>16</sup> Analysing findings from semi-structured interviews is a labour-intensive process as there is often a greater range of answers than in other forms of information collection.
- **A structured interview (questionnaire)** involves one person asking another a list of predetermined questions about selected topics using a questionnaire. All interviews are rigorously uniform and presented in the same order so that answers can be accurately aggregated and that comparisons can be made with confidence between sample sub-groups or different assessment periods. Structured interviews are recommended for Phase 2 assessments, once the findings from Phase 1 have given you concrete evidence on information needs and areas requiring further investigation.<sup>17</sup>

### Open and closed-ended questions.

**Closed-ended questions** have specific answers, which are normally short (with yes or no answers) factual and easy to verify. They are generally easy to aggregate and analyse as they do not required complex recoding operations.

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<sup>13</sup> ACAPS, 2011.

<sup>14</sup> Norwegian Refugee Council's Internal Displacement Monitoring Centre and OCHA, 2008.

<sup>15</sup> WFP, 2009.

<sup>16</sup> UNDAC Handbook (OCHA, 2006).

<sup>17</sup> Phase 1 assessments support the design of the questionnaire and guide the site selection process.

**Open-ended questions** have no fixed set of responses, allowing the respondents to answer as they see fit. Respondents can think, reflect and voice their answers in their own words. The ability to rank priorities and compare qualitative responses holistically is needed for the analysis.

### **Selecting Key Informants**

Key informants are selected on the basis of the information they can provide. The number and type of informants selected in each location depends on the availability of people, their range of expertise or perspective, the nature of the disaster and the time that can be spent on site. Individuals of both gender and all age groups should be included and all social groups and religious and/or ethnic minorities should be represented. Where there are different population groups, such as host and displaced populations, it is important to have key informants from both groups. The wider the selection is, the smaller the risk of bias.

### **Basic Principles of key Informant Interviews**

The design and planning of the assessment, especially for the sampling, the site selection process and the design of the data collection instrument, requires the support of an expert. Whether the data collection instrument is an open-ended checklist or a closed-ended questionnaire, it must field-tested and refined.

The assessment team must in a lesser way be as diverse: it must be gender and age balanced and, when possible, it must include national/local authorities.

Respondents should understand why they are interviewed, what will be done with the information they share and that refusing to respond will not have a negative impact on them.

The order of the questions may have to be changed or the full list may not be covered during an interview. The more difference there is between the ways information is collected at different sites, the more challenging and time-consuming it will be to build an overall picture of the humanitarian impact in the affected area.

As with direct observation, a debriefing should be organized daily to allow assessors to compare findings and impressions and carry out a first level analysis based on their expert judgment.

### **Further reading**

*Technical brief. Direct observation and key informant techniques for primary data collection during rapid assessments* (ACAPS, June 2011).

*Guidance on Profiling Internally Displaced Persons* (Norwegian Refugee Council's Internal Displacement Monitoring Centre and OCHA, April 2008).

*WFP EFSA Handbook* (WFP, 2009).

*UNDAC Handbook* (OCHA, 2006).

*Initial Rapid Assessment Guidance Notes* (Global Health Cluster, 2009).

Annex 5. Preliminary Scenario definition

PRELIMINARY SCANARIO DEFINITION (NAME OF COUNRTY)	
<div><div>SITUATION OVERVIEW</div><div><div>Description of Crisis:</div><div>Overall Impact, Severity of Crisis:</div><div>Affected Groups:</div><div>Affected Sectors:</div></div></div>	<div><div>HUMANITARIAN PROFILE</div><div>(Common Operational Datasets)</div></div> <div><div>NEEDS</div><div>(Needs per sector)</div></div>

<b>HUMANITARIAN ACCESS</b>
Logistics:
Security Constraints:
Civil Military:

<b>RESPONSE CAPACITY</b>
(In country capacity and gap analysis)

<b>COVERAGE AND GAPS</b>
(In country capacity and gap analysis)

<b>STRATEGIC HUMANITARIAN PRIORITIES</b>
(In country capacity and gap analysis)

## SCENARIOS

Name of the Scenario		Probability level		
Most likely/middle scenario		Impact level		
Core Assumptions and Impact				
<b>Assumptions</b> (risks, opportunities and triggering factors):				
<b>General Impact</b> and effects of the crisis (estimates of affected population, and displacement patterns, price rises, market disruption, destruction of crops, etc):				
<b>Affected Areas:</b>				
<b>Response capacity and gap analysis:</b>				
Population at Risk and Anticipated Duration of tEmergency				
<b>Affected groups</b> (e.g. IDPs is a population at risk in the case of further flooding) <b>and their characteristics</b> (numbers, demographics, specific vulnerable groups, coping mechanisms):				
<b>How are they affected</b> (e.g. displaced in inadequate shelter, access to basic services, losses of assets):				
<b>Location</b> (e.g. in public building in urban areas, in camp settlement etc):				
<b>Duration of the emergency situation.</b> Time period during which assistance is required:				
Operational Constraints				
Security, access, communication:				
Priority Needs				
<b>Most affected groups:</b>				
<b>Most affected areas:</b>				
<b>Sectors requiring immediate assistance:</b>				
<b>Key interventions</b> (including intervention/assessment preparedness measures)				

Name of the Scenario		Probability level		
Most likely/middle scenario		Impact level		
Core Assumptions and Impact				
<b>Assumptions</b> (risks, opportunities and triggering factors):				
<b>General Impact</b> and effects of the crisis (estimates of affected population, and displacement patterns, price rises, market disruption, destruction of crops, etc):				
<b>Affected Areas:</b>				
<b>Response capacity and gap analysis:</b>				
Population at Risk and Anticipated Duration of tEmergency				
<b>Affected groups</b> (e.g. IDPs is a population at risk in the case of further flooding) <b>and their characteristics</b> (numbers, demographics, specific vulnerable groups, coping mechanisms):				
<b>How are they affected</b> (e.g. displaced in inadequate shelter, access to basic services, losses of assets):				
<b>Location</b> (e.g. in public building in urban areas, in camp settlement etc):				
<b>Duration of the emergency situation.</b> Time period during which assistance is required:				
Operational Constraints				
Security, access, communication:				
Priority Needs				
<b>Most affected groups:</b>				
<b>Most affected areas:</b>				
<b>Sectors requiring immediate assistance:</b>				
<b>Key interventions</b> (including intervention/assessment preparedness measures)				

## SCENARIOS

HEALTH

# FOOD SECURITY

NUTRITION

WASH

PROTECTION	
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SHELTER	
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EDUCATION	
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EARLY RECOVERY	
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## SITUATION MAP