GUIDELINES FOR UNFPA FIELD OPERATIONS

Guidelines on Data Issues in Humanitarian Crisis Situations

June 2010

UNFPA

Guidelines on Data Issues in Humanitarian Crisis Situations

June 2010

Acknowledgements

To enhance the implementation of its humanitarian strategy, the United Nations Population Fund (UNFPA) management in early 2007 constituted the Internal Working Group on Data in Crisis Situations made up of in-house experts from all regions, in the domain of data collection and analyses, with a wide experience of crisis situations. During a workshop organized in Dakar, Senegal in April 2007, it was strongly recommended that UNFPA synthesize available information and experiences on data issues during all phases of humanitarian crises in the form of Guidelines for Data Collection in Humanitarian Crisis Situations.

A task force made up of Abdallah Zoubi, Rachelle Djangone, Jason Onsembe and Samson Lamlenn (coordinator) was created to conceive the overall content of this document and prepare the various chapter drafts, under the overall supervision of a steering committee comprised of the other members of the Internal Working Group and coordinated by the then Chief of the Humanitarian Response Unit/Branch (HRB).

Acknowledgements are due to all task force members, who worked diligently over the past two years from various locations to produce the various chapter drafts, and to all steering committee members (Pamela Delargy, Basil Tambashe, Eduard Jongstra, Siti Batoul Oussein, Benoit Kalasa, Boubacar Sow, Jean-Louis Rallu, Jose Miguel Guzman, Kourtoum Nacro and Nami Takashi), whose thoughtful and timely comments and suggestions enhanced the development of this document. The UNFPA Humanitarian Response Branch is particularly indebted to all those (from Country, Regional and Sub-regional Offices and from regional training and research institutions) who participated in the workshop (organized in Bassam, Cote d'Ivoire, in May 2009) to review the final draft of this document, for their enriching comments and suggestions. The Guidelines were finalized for printing under the supervision of Jemilah Mahmood, Chief of HRB and Mabingue Ngom, Director of the Programme Division.

The Guidelines should be considered as an internal working document, which UNFPA is submitting to its various field units, regional research institutions and other stakeholders in the humanitarian community for practical application on the ground. During the course of this roll-out, the need for further revisions may be realized. Subsequent translations into the other official languages of the United Nations system will logically follow after such revisions.

Table of Contents

Foreword

Data issues cut across all activities in all of the humanitarian crisis phases. Each cluster essentially relies on some specific type of data or information for resource mobilization, decision-making of actions to be taken, or measuring the impact of interventions. It is perhaps because of this universal importance of data that no specific cluster, sub-cluster or even working group has thus far been foreseen within the humanitarian community to focus on data issues. Unfortunately, this has resulted in some confusion as to the most reliable sources of data and which approaches to adopt to avail such data. Since there are many sources of data and a multitude of estimation methods of related information, the tendency has been for various humanitarian agencies to go for the most available information without much concern as to its reliability.

UNFPA, as lead agency in the domain of data for development and with lengthy experience and expertise in data issues, has conceived the Guidelines for Data Issues in Humanitarian Crisis Situations to address key data issues related to the preparedness, acute, chronic and post-crisis phases of humanitarian emergencies. This document is not a manual since it does not delve into the technical issues of specific methods used in the field. On the other hand, it provides an overview of the main data needs for each phase, addresses the challenges to obtaining reliable data and information, recommends plausible approaches to data collection, management and use, and highlights the strengths and weaknesses of the methods considered. Where possible, links to various information sources have been provided in the text and relevant references are available either as footnotes or at the end of each chapter.

For each of the phases, the Guidelines provide a list of possible indicators and highlight a set of action points for UNFPA Country Offices according to broad data collection intervention, specifying the main stakeholders with whom they could collaborate to achieve expected deliverables. The essential goal here is to enhance the effective participation of UNFPA Country Offices during each phase of a humanitarian crisis by providing them with some directives on what to do and with whom.

Other stakeholders (humanitarian and development agencies and other NGOs) will find the Guidelines a useful working document to strengthen the capacity of their staff to collaborate with UNFPA in ensuring that timely and good quality data and information is produced, shared and used for decision-making during humanitarian crisis situations around the world. On their part, teaching and research institutions could use this document as a training tool to enhance trainee capacity to more effectively participate in data collection, processing, management and use in crisis situations. It could also serve as a valuable reference document with regards to technical assistance in specific humanitarian contexts.

Feedback from the roll-out and use of the Guidelines in various contexts and by various partners around the world will be very useful in updating the various components to the mutual satisfaction of all stakeholders and, above all, to ensure that humanitarian response is grounded in the use of reliable data and information for more effective interventions.

Acronyms

ALNAP. . . . . The Active Learning Network for Accountability and Performance in Humanitarian Action
CAP . . . . . Consolidated Appeals Process
CBD . . . . . Community-based Delivery
CCA . . . . . Common Country Assessment
CERF . . . . . Central Emergency Relief Fund
CHAP. . . . . Common Humanitarian Action Plan
CO . . . . . Country Office
CPAP . . . . . Country Programme Action Plan
CSO . . . . . Central Statistical Office
CST . . . . . Country Support Team
CWIQ . . . . . Core Welfare Indicator Questionnaire
DAC . . . . . Development Assistance Committee
DDR . . . . . Disarmament, Demobilization and Reintegration
DHS . . . . . Demographic and Health Survey
DPKO. . . . . Department of Peacekeeping Operations
ECHA. . . . . Executive Committee on Humanitarian Affairs
ECHO. . . . . European Commission's Humanitarian Aid Department
EmOC . . . . . Emergency Obstetric Care
FAO . . . . . Food and Agriculture Organization of the United Nations
GBV . . . . . Gender-based Violence
GIS . . . . . Geographic Information System
GPS . . . . . Global Positioning System
GTZ . . . . . German Technical Cooperation
HIV. . . . . Human Immunodeficiency Virus
HMIS . . . . . Health Management Information Systems
IASC. . . . . Inter-Agency Standing Committee
ICPD . . . . . International Conference on Population and Development
IDD. . . . . Internal Displacement Division
IDP . . . . . Internally Displaced Persons
IEC . . . . . Information, Education and Communication
IFORD . . . . . Institut de Formation et de Recherches Démographiques
IFRC . . . . . International Federation of Red Cross and Red Crescent Societies
ILO . . . . . International Labor Organization
INGO . . . . . International Non-Governmental Organization
IOM . . . . . International Organization for Migration
IPPF . . . . . International Planned Parenthood Federation
IRA . . . . . Initial Rapid Assessment
LSMS . . . . . Living Standards Measurement Survey
M&E. . . . . Monitoring and Evaluation
MDG . . . . . Millennium Development Goals
MICS . . . . . Multiple Indicator Cluster Survey
MISP . . . . . Minimum Initial Service Package

MOH . . . . . Ministry of Health
MoU. . . . . Memorandum of Understanding
NGO . . . . . Non-Governmental Organization
NRC . . . . . Norwegian Refugee Council
OCHA . . . . . United Nations Office for the Coordination of Humanitarian Affairs
OECD. . . . . Organization for Economic Cooperation and Development
OHCHR . . . . . Office of the United Nations High Commissioner for Human Rights
OPT . . . . . Occupied Palestinian Territory
OSOCC . . . . . Virtual Operations Coordination Center
PCNA. . . . . Post-crisis Needs Assessment
PDA . . . . . Personal Data Assistant
PDNA . . . . . Post-disaster Needs Assessment
PDS . . . . . Population and Development Strategies Programme
PPM . . . . . Policies and Procedures Manual
PRSP. . . . . Poverty Reduction Strategy Papers
QC . . . . . Quick Counts
REDLAC. . . . . Risk, Emergency, and Disaster Working Group for Latin America and the Caribbean
RH . . . . . Reproductive Health
SADD. . . . . Sex and Age Disaggregated Data
STD . . . . . Sexually-transmitted Disease
SGBV . . . . . Sexual and Gender-based Violence
SWAP . . . . . Sector-wide Approach
TBA . . . . . Traditional Birth Attendant
TRF. . . . . Transitional Results Framework
UK . . . . . United Kingdom
UN . . . . . United Nations
UNAIDS. . . . . United Nations Joint Programme on HIV/AIDS
UNCT. . . . . United Nations Country Team
UNDAF . . . . . United Nations Development Assistance Framework
UNDP. . . . . United Nations Development Programme
UNFPA. . . . . United Nations Population Fund
UNHCR . . . . . United Nations Refugee Agency
UNICEF . . . . . United Nations Children's Fund
UNIDO . . . . . United Nations Industrial Development Organization
UNOPS . . . . . United Nations Office for Project Services
UNSD. . . . . United Nations Statistics Division
UNIFEM. . . . . United Nations Development Fund for Women
WASH . . . . . Water, Sanitation and Hygiene
WFP. . . . . World Food Programme
WHO. . . . . World Health Organization
WPS. . . . . Women, Peace and Security

Lyndsey Addario

Chapter I:

Introduction

The international community is increasingly concerned about the number of humanitarian crisis situations and the growing number of populations affected. Recent decades have seen a rise in armed conflicts as well as natural disasters in different regions of the world. Following the 1994 International Conference on Population and Development (ICPD), the United Nations Population Fund (UNFPA) has directed its efforts towards its fight against poverty, targeting the most vulnerable.

Today, crisis situations seem to have become the norm at a global level. They put an enormous burden on countries' national development and hinder the achievement of the Millennium Development Goals (MDGs).[1] More importantly, they put a strain on vulnerable population groups, who, as they are looking for a safer environment, end up being displaced within their own countries or even as refugees abroad. For this publication, we differentiate two types of crises–those linked to natural and climate related disasters and those caused by armed conflict. Natural disasters such as earthquakes, cyclones, floods and drought are increasingly affecting societies all over the world. Humanitarian crises caused by armed conflict or by natural disasters aggravate poverty and reduce access of the most vulnerable populations to basic information and social services and essential needs such as water, hygiene, nutrition, health, food security, shelter, education and protection.

The humanitarian community generally recognizes four main phases of an emergency situation whose delimitation may not be

[1] For more details about the MDGs, see http://www.undp.org/mdg/basics.shtml

quite clear on the ground but whose features are distinctive. These include:

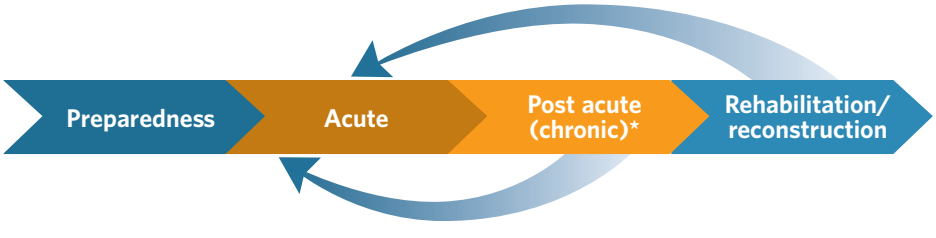
- ***The Preparedness Phase***: The period preceding a humanitarian crisis—use of early warning signals to avert crises and/or to prepare response.
- ***The Acute Phase:*** Outbreak of a crisis situation—massive destruction of lives and property, massive population displacements.
- ***The Chronic Phase:*** Due to prolonged crisis—displaced populations (forced migrants) are settled in temporary locations, either in camps or within host communities.
- ***The Post-crisis Phase:*** Return to (relative) peace and relative security—period of reconciliation, recovery, resettlement and reconstruction.

All or most of these phases could be prevalent in different parts of the same country and there are instances when a chronic or even post-crisis phase could degenerate into an acute phase due to further outbreaks.

Ever since the Humanitarian Cluster Approach was put in place to strengthen overall levels of accountability for humanitarian response and to ensure that gaps in response do not remain unaddressed because there are no clearly assigned responsibilities, UNFPA has become increasingly involved in humanitarian interventions around the world. The traditional role of UNFPA as lead agency in the domain of data for development in normal development settings is increasingly being recognized as a cross-cutting issue, requiring involvement in the activities of almost all the clusters and during all phases of an emergency as well. Data is increasingly required during the preparedness phases for contingency planning, vulnerability analyses and baseline indicators; during the acute phases for preparation and targeting of response to make an impact; during the chronic phases for short-term humanitarian-oriented programme design and delivery, monitoring and evaluation, as well as during the post-crisis phases for programming reconstruction.

Timely and accurate information is recognized as integral to humanitarian action in both natural disasters and complex emergencies. The international humanitarian community's ability to collect, analyze, disseminate and act on key information is fundamental to effective response. Better information leading to improved response directly benefits affected populations. Over time, improved assessment of impacts and responses through better data collection and management contributes to more complete global databases on disaster impacts, leading to better risk assessment and targeting of prevention and preparedness activities. Overall, within the humanitarian community, UNFPA has a traditional comparative advantage in the domain of data collection, scrutiny, analyses and interpretation for decision-making. The challenge is how to adapt its expertise in this domain to emergency environments where rapid response is needed to save lives.

Phases of Emergency



* This includes recovery and transition or a protracted situation

The Guidelines introduce approaches and proposed methodologies for data collection and management within the context of a humanitarian crisis resulting from natural disaster or conflict. They cover the different phases starting from preparedness, outbreak and escalation of a crisis, chronic situation and post-crisis situation. They touch on the different possible data collection processes during humanitarian crisis situations and UNFPA's current and potential role in terms of collaboration and developing partnerships with other UN entities, regional and other international partners, as well as national authorities and civil society.

This document is based on UNFPA's humanitarian interventions in emergency preparedness, humanitarian response and transition and recovery defined respectively in the 2006 Policies and Procedures Manual (PPM), the three-year institutional humanitarian strategy (2007-2009)[2] and the UNFPA strategic plan (2008-2011). More specifically, it also takes into account the existing field manuals and guidelines for (i) reproductive health (RH) in refugee situations; (ii) Inter-Agency Standing Committee (IASC) Gender Handbook in Humanitarian Action; (iii) IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings; (iv) IASC Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response and (v) IASC Guidance on Profiling of Internally Displaced Persons.

1.1 Strategic Considerations for UNFPA Implication in Data Collection

Consistently, crisis and emergency situations have been more and more integrated in "normal" programming and planning of UNFPA and other UN agencies; and inter-agency collaboration has evolved towards defining common standards of response, including in data collection. As chronic humanitarian situations have also become more frequent, strong emphasis has been given to transition and recovery as well as prevention, leading to mainstreaming of crisis and emergency situations in UNFPA programming.

Due to its lengthy experience in population data collection, UNFPA was involved in data collection in crisis situations soon after ICPD, in the frame of a Memorandum of Understanding (MoU) with the United Nations Refugee Agency (UNHCR) in 1995 and the recent MoU with the International Organization for Migration (IOM).

UNFPA's humanitarian mandate and commitment at institutional level started taking a firmer shape following Executive Board Decision 2000/13,[3] through which the joint United Nations Development Programme (UNDP) and UNFPA Executive Board encouraged UNFPA, within its mandate, to:

> *"(a) provide appropriate and timely support in emergencies; (b) ensure close cooperation with partners within existing coordination mechanisms; (c) seek extra-budgetary resources through the United Nations consolidated appeal process; and (d) evaluate its organizational capacity and systematize its responses to reproductive health needs in special circumstances."*

Accordingly, the Executive Board allowed UNFPA to spend yearly $1 million of regular resources for reproductive health (RH) and population in emergencies and transition. This covers humanitarian activities in RH, gender as well as data collection. UNFPA is also participating in UN Humanitarian

[2] DP/FPA/2006/14**:** *UNFPA role in emergency preparedness, humanitarian response, and transition and recovery* - Integrating the Programme of Action of the International Conference on Population and Development into emergency preparedness, humanitarian response, and transition and recovery programmes: a strategy to build commitment and capacity. Second regular session 2006.

[3] See the Executive Board Database at http://cl-t077-040cl.privatedns.com/exbrd/decisions/deciset.htm

Reform[4] and cluster approach developed by IASC since 2005.

During the meeting at Rye,[5] New York, in March 2005, UNFPA field, Country Support Team (CST) and headquarters staff identified a number of actions required to transform the Fund to be able to respond to crisis and post-crisis situations in a more effective way. Participants identified as a priority the need to mainstream humanitarian and emergency dimensions throughout UNFPA's policies, structure and programmes.

The 2005 Executive Board meeting acknowledged that "the growing recognition of data, gender and RH needs in emergencies has resulted in increased demand for UNFPA technical and programme support in crisis situations." And the role of data in emergency situation is emphasized in all phases of emergency: "Accurate demographic and health data are the cornerstone of effective humanitarian response, national reconstruction, emergency preparedness and conflict prevention." A special focus was set on recovery: "Reliable data is critical for effective recovery planning; UNFPA is a recognized leader in this area."

In September 2005, the Executive Board of UNDP/UNFPA endorsed an immediate increase in the ceiling of regular resources for RH and population in emergencies and transition from $1 million to $3 million per year. UNFPA was tasked to develop a comprehensive strategy document and report back to the Executive Board in September 2006.

The August 2006 Executive Board of UNDP/UNFPA adopted a three-year strategy for 2007-2009. The strategy is designed "to increase the commitment and capacity of the international humanitarian system to ensure that RH, gender and data issues are addressed in all phases of relief and transition." "At the country level, UNFPA will work with national authorities and local NGOs to improve their capacity…In addition, UNFPA will provide technical expertise in gender mainstreaming to support United Nations humanitarian coordinators during crises and will second technical experts to the Office for the Coordination of Humanitarian Affairs (OCHA)." This leads to more precisely addressing data issues in crisis situations with the development of orientation packets on basic issues (for example, on the need for sex- and age-disaggregated data). For each year of the plan, "UNFPA will support the development of national preparedness plans or the integration of ICPD issues into existing plans in five countries." With the 2006 Executive Board report, the emergency response reached the level of systems development: "UNFPA will recruit specialized experts during the initial phases of the programme to assist in designing more flexible, timely and efficient systems to respond to crisis and recovery in the areas of logistics, information management, resource mobilization, inter-agency liaison, field communication and data systems."

Specific crisis situation issues are addressed at all levels of the 2008-2011 Strategic

[4] For more details, see the OCHA website at http://ochaonline.un.org/ocha2006/chap6_6.htm
[5] *UNFPA's Response to Humanitarian Crisis, Transition and Recovery: Proposal to the Executive Committee.* 1st June 2005.

TABLE 1: Summary of Key Activities for Possible UNFPA Support in the Four Phases

		Emergency Preparedness	Acute Emergency Assistance	Chronic Humanitarian Situations	Post-crisis Transition and Recovery
RH	Major Key Activities	Advocacy and awareness re RH needs Preparation of contingency plans MISP Training	MISP Prevention of GBV (Psychosocial support)	MISP+ Comprehensive RH package	Rehabilitation of RH services Comprehensive RH package
	Partners	Government MOH/EmPrep NGOs UNCT World Bank Regional Banks	Government UNCT MOH/EmMan NGO/INGOs OCHA, UNHCR, IOM, IFRC, UNICEF, WHO, ICRC Bilaterals	Government, UNCT MOH/EmMan NGO/INGOs OCHA, UNICEF, WHO, UNHCR, IFRC, IOM, ICRC Bilaterals	Trans. Authority Government UN Mission/UNCT DPKO NGOs/INGOs World Bank Regional Banks Bilaterals, IOM, IFRC
	Tools and Resources	RH for Refugees Manual Contingency Planning Guidelines	RH for Refugees Manual HIV & Emergencies GBV & Emergencies Clinical Mgmt Rape	RH for Refugees Manual HIV & Emergencies GBV & Emergencies Clinical Mgmt Rape	RH for Refugees Manual HIV & Emergencies GBV & Emergencies Clinical Mgmt Rape HIV & DDR, PDNA
PDS	Major Key Activities	Monitor/Project pop movements Training, development of protocols Vulnerability analyses Surveys/Census	Rapid pop assessments Sectoral assessments	Site specific surveys Pop enumerations	Rehab of statistical system Enumerations/ Census Post-crisis needs assessments
	Partners	Government Civil society UNCT Bilaterals Development agencies World/Regional Banks	Government Civil society OCHA, UNHCR, WFP, IOM, IFRC, UNICEF Humanitarian agencies OCHA/IDD	Government Civil Society UNHCR/ WFP, OCHA, OCHA/IDD IOM, IFRC, UNICEF Humanitarian agencies	UN Mission DPKO Trans Authority Government Civil Society Humanitarian & dev agencies IOM, IFRC, WFP, IDD, UNICEF, WHO World/Regional Banks
	Tools and Resources	Poverty mapping, GIS databases, routine demographic software	Mobile population methodologies	Rapid demographic assessment IDP Profiling Guideline	Post-disaster Needs Assessment (PDNA) IDP Profiling Guideline, Principles and Recommendations for Population and Housing Censuses

TABLE 1: Summary of Key Activities for Possible UNFPA Support in the Four Phases *(continued)*

		Emergency Preparedness	Acute Emergency Assistance	Chronic Humanitarian Situations	Post-crisis Transition and Recovery
Gender	Major Key Activities	Gender analysis of vulnerability, Surveys, Gender analysis/ advocacy Integration into sectoral planning	Gender analysis/ Advocacy Gender integrated in humanitarian response Prevent/Mgmt GBV Psychosocial Counselling	Gender analysis/ Advocacy Gender integrated in humanitarian response Prevent/Mgmt GBV	Support for women's organizations Gender integrated into all sectors Prevent/Mgmt GBV
	Partners	Government Civil society UNCT Development agencies World/regional banks	Government Civil society OCHA, IOM, IFRC Humanitarian agencies UNHCR, UNIFEM, UNICEF, WHO	Government Civil society Humanitarian agencies UNHCR, UNIFEM, OCHA IOM, IFRC, UNICEF, WHO	UN Mission/DPKO Trans. Authority Government Civil society Humanitarian & development agencies, IFRC, IOM, UNICEF, WHO World/Regional Banks
	Tools and Resources	Women, War, Peace recommendations Women, Peace & Security (WPS) checklists UNIFEM series	IASC Gender Guidelines WPS Checklists UNIFEM Series GBV & Emergencies Clinical Mgmt Rape	IASC Gender Guidelines WPS Checklists UNIFEM series GBV & Emergencies Clinical Mgmt Rape	Gender and DDR Guidelines WPS Checklists UNIFEM Series GBV & Emergencies Clinical Mgmt Rape

Plan,[6] including data: "UNFPA will also play a key role to improve data collection, analysis and utilization before, during and after crises; and for more coordinated programme and policy planning by relevant humanitarian and development partners," including humanitarian relief agencies and other members of the IASC for humanitarian assistance. Besides participating in IASC clusters on health, logistics and nutrition, UNFPA leads the sub-clusters on RH, sexual and gender-based violence (SGBV) and gender, is involved in developing the Gender Standby Capacity (Gencap) project,[7] and has been advocating for development of a sub-cluster on demographic data.

A PPM, *Policy for UNFPA Support to Emergency Preparedness, Humanitarian Response and Transition/Recovery,* was developed in 2006 acknowledging that "accurate demographic and health data are the cornerstone of effective humanitarian response, national reconstruction, emergency preparedness and conflict prevention." The new PPM on Programme Development will include data collection for humanitarian situations. The summary of key activities for possible support by UNFPA has been presented in Table 1. The tools and resources, which stem from the collaboration of various humanitarian partners, contain the directives concerning data collection issues.

In January 2007, UNFPA put in place an Internal Working Group on Data in Crisis Situations made up of in-house experts in the domain of data collection and analyses

[6] DP/FPA/2007/17: *United Nations Population Fund Strategic Plan, 2008-2011: Accelerating progress and national ownership of the ICPD Programme of Action,* Second regular session 2007.
[7] For more details, see http://www.humanitarianreform.org/Default.aspx?tabid=460

with a wide experience of crisis situations from all the regions. On the Executive Director's recommendations, a joint UNFPA/UNHCR workshop on Collaboration on Demographic Data Collection in Emergencies and IDP Situations held in Geneva in February 2007 resulted in a revised 1995 MoU between UNHCR and UNFPA to improve data issues and recommendations to explore institutionalization of an internally displaced person (IDP) "demographic methodology" group. UNFPA also collaborated with UNHCR in the Protection Cluster in the area of "Logistics and Information Management Support for the Cluster". UNFPA then organized a more elaborate workshop in Dakar in April 2007 during which it was strongly recommended that a working group be designated to prepare the *Guidelines for Data Collection in Humanitarian Crisis Situations.*

In addition to data for response to emergencies, and monitoring of crisis situations and refugee/IDP needs, recent approaches to conflict management and resolution is focused on sustained planning for transition of post-conflict countries to stable states. The methodologies described in the Guidelines build on extensive UNFPA experience in data collection in crisis situations,[8] mostly in Africa, the Middle East and Asia, but also in Europe, Latin America and the Pacific.

From specific field actions, a comprehensive approach to demographic data collection has been developed for each of the four emergency phases of a humanitarian situation: preparedness, acute, chronic and post-crisis phases. UNFPA support in this area is characterized by close partnerships with technical/operational partners such as UNHCR, IOM, national statistical offices, regional institutions, UN integrated missions, etc.

For conducting quick population estimates and needs assessment in the acute and chronic phases, the Guidelines have reviewed tools for flow estimates, using aerial photography and satellite imagery and the rapid enumeration/registration of population/households as well as collection of basic individual characteristics (such as reproductive age of women, pregnant women, children by sex and age). At a later stage, information on population dynamics (fertility, mortality and migration) for better camp management, protection of vulnerable groups, provision of long-term service delivery as well as for eventual resettlement can be collected and analyzed.

More extensive data collection is needed for transition/recovery phases: household surveys and censuses, with a specific focus on refugees/IDP issues such as identification, extent of resettlement and poverty situation, as well as progress towards MDGs and ICPD goals in the frame of assessing the impact of the crisis at the local and national levels and defining ways towards resuming economic development.

In broad perspective, the post-crisis environment provides opportunity for advocacy for improved, human rights-based and gender-sensitive policies and for the rehabilitation/development of national statistical, health, education and protection systems. At the end of each of the main chapters, recommendations for action are proposed to enhance UNFPA Country Office participation during each of the phases. Specific indicators for the four phases of a crisis situation are developed, taking into account human rights as well as confidentiality and security concerns.

[8] UNFPA has undertaken a number of enumeration studies during and after crises, in the more than 40 UNFPA countries having experienced crisis situation in recent years. These studies include rapid population estimates, specific surveys on issues related to the specific mandate of UNFPA: SGBV, HIV prevention, RH, as well as more extensive household surveys and censuses (IDP enumeration in Congo-Brazzaville and the censuses of Rwanda, Mozambique, Sudan, Burundi, Sierra Leone, Liberia, Central African Republic, Congo, Afghanistan and East Timor censuses for instance).

References

1. IASC (2006) — Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response.
2. UN General Assembly (2001) — Road map towards the implementation of the United Nations Millennium Declaration: Report of the Secretary-General. Fifty-sixth session (A/56/326).
3. UN General Assembly (2006)**:** UNFPA role in emergency preparedness, humanitarian response, and transition and recovery — Integrating the Programme of Action of the International Conference on Population and Development into emergency preparedness, humanitarian response, and transition and recovery programmes: a strategy to build commitment and capacity. Second regular session 2006 — DP/FPA/2006/14.
4. UN General Assembly (2007): United Nations Population Fund Strategic Plan, 2008-2011: Accelerating progress and national ownership of the ICPDProgramme of Action, Second regular session 2007 (DP/FPA/2007/17).
5. UNFPA (2006): Policies and Procedures Manual: Policy for UNFPA Support to Emergency Preparedness, Humanitarian Response and Transition/Recovery.

UNFPA

Chapter II:

Data Collection and Analyses During Emergency Preparedness Phase

UNFPA is recognized by most development and humanitarian agencies as a lead agency in the domain of Data for Development due to its lengthy experience in the domain of data collection through censuses and demographic surveys. In this capacity, UNFPA possesses the requisite technical expertise and serves as a repository of knowledge and tools for demographic information. Most agencies, during peacetime, would thus naturally turn to UNFPA to provide the needed baseline information for preparedness planning—vulnerability analyses, contingency planning, response scenarios. It is therefore the responsibility of UNFPA to guide various humanitarian agencies during the preparedness phase by providing sound, quality data that is properly disaggregated and up-to-date.

2.1: Data and Related Issues to be Addressed During Peacetime in Anticipation of a Humanitarian Crisis Situation

Most humanitarian crisis situations are unexpected but some can be detected through early warning systems, which scan the physical and social environment for evidence of natural or man-made disasters. This underscores the need for countries and humanitarian agencies to engage in

contingency and preparedness planning to enhance their level of preparedness during peacetime to help avert conflicts and/or mitigate human casualties and suffering in the event of an outbreak.

In this direction, countries and individual agencies prepare contingency plans depending on perceived threats of disasters or conflicts. They are assisted in this exercise by past experiences and by various other sources of early warning information. Among these are the UN Web sites on humanitarian early warning, such as HEWSweb,[9] Virtual OSOCC,[10] ReliefWeb,[11] which display the latest forecasts, reports and alerts on drought, floods, tropical storms, locust infestation, El Nino, earthquakes and volcanic activity with pages for each of these natural hazards, including additional references and resources. Other sources provide a scan of the sociopolitical environment as a complement.

For action to be taken in terms of preparedness against perceived hazards, countries and individual agencies need to have some specific details on the population that is likely to be affected. Most of the estimates that need to be made in contingency plans refer to the estimated number of affected persons, their location and their individual characteristics, behavioral patterns and livelihoods.

In this connection, UNFPA, as the lead agency in the domain of data for development and given its long-established experience and expertise in the domain of demographic data collection and analyses, has a prominent role to play within the humanitarian assistance community. Indeed, most of the members of the United Nations humanitarian agencies and partners of the IASC have limited competencies in this domain and often tend to rely on summary projections from international sources and sometimes on rough estimates from their own sources.

Samples of UN websites for humanitarian early warning.

The likely outcome is that contingency plans may carry estimates for such basic components as food, shelter, health care, protection, which are based on varying estimates of a country's population.

An ideal situation, therefore, would be for the agencies to agree on the basic national and international sources of demographic information upon which to base their various estimates for contingency planning. UNFPA could then provide the expertise to guide the agencies in arriving at such a consensus by highlighting the quality, strengths and weaknesses of each data source for a given country.

Table 2 provides summary information on the various kinds of information that may be required during peacetime for contingency planning and the main sources that could provide such information.

[9] For more details, see http://www.hewsweb.org/home_page/default.asp
[10] For more details, see http://ocha.unog.ch/virtualosocc/(o22iux450mtsjffw42mjqh45)/VOLogin.aspx
[11] For more details, see http://www.reliefweb.int/rw/dbc.nsf/doc100?OpenForm

TABLE 2: Data Needs and Sources in Anticipation of a Humanitarian Crisis Situation

Data Needs	Sources
Population size and spatial distribution by administrative unit and locality	Census, Population projections
Age-sex structure of the population for identification of various categories, especially the vulnerable groups	Census, Population projections
Socioeconomic characteristics of the population (literacy, economic activity, etc.)	Census
Sociocultural characteristics of the population (ethnic group, language, religion, etc.)	Census
Location and other details on the basic social infrastructure	Census mapping, Administrative sources
Reproductive behavior patterns of the population (fertility, contraceptive practice, family size, household size and composition, etc.)	Surveys, Census
Income levels and basic indicators of well-being and vulnerability	Surveys, Census

2.2: Components of the Inter-agency Contingency Planning Process

The main activity of the preparedness phase of any humanitarian crisis is contingency planning,[12] which requires that various international agencies with their national partners develop a coordinated approach, in collaboration with the government, to gather and regularly update relevant data and information to support decision-making and facilitate response planning for identified potential disasters or crises. As shown in Table 3 , the main components of the contingency planning process include preparation (gathering of relevant data and information, prioritization and identification of likely triggers to be monitored), analyses, response planning and implementation (including updating).

DEVELOPMENT OF A CONTINGENCY PLAN

2.3: Strengths and Weaknesses of Various Sources of Data and Related Information

For each country, the main sources would therefore be population censuses, population projections from national or international sources, demographic and other household surveys and administrative sources. Each of these sources has its strengths and weaknesses with regards to the information it could provide for contingency planning. UNFPA has the responsibility to ensure that the most reliable and up-to-date information is made available for use during the preparedness phase. The information provided in the sections that follow is meant to draw the attention

[12] Richard Choularton (2007): *Contingency planning and humanitarian action: A review of practice*. Network Paper. Commissioned by the Overseas Development Institute, UK.

TABLE 3: Basic Steps in the Contingency Planning Process and Related Activities

Steps	Actions	Suggested Data-related Activities
1. Preparation	Prepare for and organize the inter-agency contingency planning process.	*Baseline information* – census data, health and demographic data, socioeconomic data *Early warning system* – Demographic data to ensure the monitoring of triggers/defined indicators; Data related to monitoring and projection of population movements, surveys (enumeration, profiling)
2. Analysis	Analyze hazards and risks, build scenarios and develop planning assumption.	Desk review/surveys/study/, rapid needs assessment/ enumeration and profiling to determine the scale of the crisis, how many people are affected, where, how, and for how long Demographic/health profile of populations at risk (in areas prone to natural disasters, and/or uneven population movements) ; data for gender and vulnerability analysis
3. Response Planning	Define response objectives and strategies. Define management and coordination arrangements. Develop and consolidate response plans.	If need be, same as above. Data/information to define who is doing what, when and how – mapping of capacity/services Rapid needs analysis, projection of populations likely to be affected Support M&E plan.
4. Implementing Preparedness	Enhance preparedness and continue the planning process.	Rapid needs assessment; security assessment; collecting baseline disaggregated data sets; gender and vulnerability analysis; training humanitarian actors in rapid needs assessment techniques Support analysis of simulation exercises and review of early warning system indicators based on triggers identified Support M&E. Rapid assessment may be made and findings used to validate/review the assumptions of the contingency plans which are then translated or adapted into a response plan.

of country offices and various partners in planning processes to the attributes and pitfalls of any available sources of data and information. The decision to use information from one source rather than another should be guided by objective criteria of relevance, quality and reliability.

2.3.1: Population Censuses

The population census involves the exhaustive enumeration of every resident within the national territory of any country within a specific period. A few persons are exempted from this count. The population census collects information on basic demographic characteristics, such as age and sex by place of usual residence at the time of the enumeration. In addition, it collects information on socioeconomic and sociocultural characteristics of eligible individuals as well as household and housing characteristics. During the census mapping phase that precedes the enumeration and even during the enumeration, some detailed information is usually collected on characteristics of various localities, the location of various types of community infrastructure, such as health facilities, schools, churches, community halls, markets, roads, etc. According to United Nations recommendations,[13] each

[13] UN Department of Economic and Social Affairs, Statistics Division (2007): *Principles and Recommendations for Population and Housing Censuses - Revision 2*. ST/ESA/STAT/SER.M/67/Rev.2

country is expected to conduct a population census every 10 years.

Strengths of the Census:

- The census provides data on the entire resident population in a country by administrative area and often by locality of residence at a given period.
- The census provides a detailed disaggregation of the population according to specific categories and by administrative area/locality.
- The census provides details on the key elements of population dynamics— fertility, mortality and migration—and thus lays the groundwork for future population projections.
- The census provides details on some household and housing characteristics and therefore enables the study of living conditions of the population including elements of its vulnerability.
- Analyses of census data often provide early warning signals of potential humanitarian crisis situations—very high densities where everyone depends on land, unconventional population structures, etc.
- Census mapping enables the collection of valuable information on the location and characteristics of vital social infrastructure, such as health facilities, schools, churches, community halls, markets, roads, which are usually very useful during humanitarian crisis situations.
- Census mapping culminates in the delimitation of the entire national territory into small enumeration areas, which fit into the boundaries of existing administrative units. Thus in the event of any disaster affecting only part of the territory, more realistic estimates of the population affected could be reconstituted using information on the enumeration areas affected.
- Most of the surveys conducted in countries draw their samples from master sampling frames provided by the most recent census.
- Census results are usually published and widely disseminated and used for development planning. They therefore constitute a recognized and official source of information.
- Census datasets, when available in national databases, can be better conserved and are more easily available for contingency planning for smaller units of the national territory.

Limitations of the Census:

- Most countries, particularly countries prone to humanitarian crisis situations, hardly ever respect the 10-year interval for census-taking. Hence, the last census may be several years old and its figures may no longer reflect the actual situation on the ground.
- Some censuses are victims of incomplete coverage such that the results have to be adjusted before publication. Under such circumstances, the raw data files contain information different from the adjusted and published information. This renders reconstruction of information for parts of the country rather difficult.
- Census data does not provide all the information that may be needed for contingency planning for estimation of needs in terms of food.
- Information collected during the census is not sufficiently detailed. It does not cover details relating to behavior, aspirations, motivations or consequences.

- Though the published reports from censuses may be easily available, they provide only aggregate information, which may not be very useful if focus is on smaller units of the national territory. On the other hand, the raw data files, which should enable breakdown of data to smaller units, are usually never easily accessible. Most of them are poorly conserved and degenerate with time to the extent that they are no longer retrievable.

2.3.2: Geographic Information Systems (GIS)

The GIS is a means of capturing, managing, analyzing, and displaying all forms of geographically-referenced information. It allows us to view, understand, question, interpret and visualize data in many ways that reveal relationships, patterns and trends in the form of maps, globes, reports and charts. A map is therefore only one way to work with geographic data in a GIS, and only one type of product generated by a GIS. A GIS can provide a great deal more problem-solving capabilities than a simple mapping programme or adding data to an online mapping tool. All the same, maps and other graphics generated by the GIS allow the viewer to visualize and thereby understand the results of analyses or simulations of potential events.

It is in this light that products from GIS technology are considered very useful for guiding decision-making during the preparedness planning and especially for contingency planning. The GIS combines the rich geographical database from existing maps and information collected during the census mapping phases with the census demographic database. It therefore becomes an invaluable tool for planning. By providing the visual perspective of locations of the population and of various infrastructures and even the relief, it becomes easier to appraise distances and other obstacles to access various sites. A variety of scenarios for response in the event of a crisis can then be planned and rehearsed with ease. Besides, detailed maps of all areas likely to be affected can easily be made available for this exercise. With time, information on the GIS database can be updated as new developments occur in various parts of the country, i.e. roads, new structures, new administrative units, new settlements, etc.

The various national institutions that contribute to the development and updating of the GIS database include National Geographic Institutes, the department of lands and surveys, the department of transportation, national and regional departments of planning and research institutions. International sources of information include base maps, satellite imagery and aerial photographs in addition to the requisite hardware and software.

Strengths of the GIS:

- Maps produced with GIS technology provide valuable information on the location and characteristics of vital social infrastructure, such as health facilities, schools, churches, community halls, markets, roads, which are usually very useful during humanitarian crisis situations.

- GIS technology enhances the production of detailed maps of specific areas likely to be affected and along with the size and location of their populations thus facilitating decision-making on possibilities for response.

- Once created, GIS databases are easier and cheaper to upgrade and access than ordinary printed base maps. In the long run, there is abundant savings in terms of time and resources.

- GIS databases are useful both for development planning and during humanitarian emergencies.

Limitations of the GIS

- GIS databases require more time, financial and specialized human and material resources to be established. Though this one-time expenditure is usually offset with time and by the benefits that accrue from the database, it is usually not easy to raise the required funds.

- When the GIS database is created using inappropriate geographical or demographic information, its outputs may lead to wrong decision-making, which could lead to loss of life during disaster situations.

- With time, advances in technology may require frequent changes of both software and hardware for efficient management of GIS databases. This requires regular monitoring and staff training that some institutions can hardly afford or to which less priority is given.

- Frequent staff turn-over involving departure of knowledgeable employees from the organization may deal a great blow to the maintenance and monitoring of the GIS.

- Most developing countries fall victim to unscrupulous vendors of varying versions of GIS, who may deliver versions that do not properly meet the needs of the organization nor provide the requisite technical backstopping for training and maintenance.

2.3.3: Population Projections

Population projections provide an estimate of the expected population at various periods in the future (and even in the past) depending on a certain number of assumptions. Methods of population projections vary in their level of sophistication from simple mathematical methods to sophisticated cohort component methods, which require refined input data and varying underlying assumptions for their production. The latter methods also produce more detailed and disaggregated results.

Sources of data on population projections include national and international sources. At the national level, the national statistical service or the census bureau could organize to prepare population projections for the country (and even its regions and sectors) at the end of a census project. But oftentimes, various national institutions prepare their individual projections. International sources of population projections also vary. While it is recognized that the United Nations Statistics Division and the United Nations Population Division have been producing projections for all countries of the world using identical methodology and updating them as fresh data becomes available, other developing partners and even UN agencies have had the tendency to produce alternative population projections, which are equally available. Most often there is no basis for comparison between population projections from different sources given that the underlying assumptions and even the methods applied are never readily available.

Since contingency planning has to do with the expected situation in the future, they must unavoidably depend on projected population figures to arrive at their estimates of needs. The question here is: What projected figures do they usually employ?

Strengths of Population Projections:

- Projected figures provide the base from which future estimates of needs can be made during contingency planning.

- Several sources of population projections exist and some of them can be accessible on-line unlike most census data. Some sources provide detailed data by year of projection and disaggregated by single ages and by sex, thus rendering projected needs for sub-populations much easier.

Limitations of Population Projections:

- The further away from the census date, the more unreliable population projections are likely to be irrespective of the robustness of the underlying assumptions and/or of the methods used.

- Most available sources of population projections do not provide information on the methods used and on the underlying assumptions employed for the projections. So it is not possible to assess their quality. The tendency has always been for humanitarian agencies to go for the source, which provides the most disaggregated information covering the period for contingency planning.

- Most projected population figures are available for five-year intervals and publish data in five-year age groups. But contingency planning is best done on yearly bases and needs are usually estimated based on information on sub-populations, which may not always fit into five-year intervals.

- Most projections are only done at the national level and sometimes with urban, rural and city disaggregation. On the other hand, for proper contingency planning, such data is needed at sub-national levels and by year of projection. The general tendency has been for humanitarian agencies to make various kinds of intermediate projections between projection periods by linear interpolation or some other crude technique and to operate a proportional breakdown by administrative unit and by age category. The needs are then estimated using either patterns observed in the past or theoretical benchmarks towards an expected target.

- Expertise in population projection is relatively scarce. But many kinds of software are readily available for making population projections. The tendency has been for most agencies to autonomously carry out their own projections without sufficient regard to the constraints that underlie the use of the methods in the software. As long as the syntax of the input data is acceptable, the various baseline information is simply mechanically inserted and the results appraised to adjudge whether they are "good" or not. Otherwise, the input data is modified at will without due concern about reality.

HRU/Josef Maerien

- The ease of access to projected population figures or the ease with which some of them can be produced has greatly contributed to the decline in funding for the conduct of regular census operations in most developing countries. Hence some countries have been found to be proceeding with various types of development frameworks—PRSPs, UNDAF, SWAPs, contingency plans–even though their last census was two decades or more ago.

2.3.4: Household Surveys

Various countries and development partners resort to national sample surveys to collect more detailed data from sampled households. The results are then generalized over the entire country and may be valid down

to the level of large administrative units. These surveys usually cover such domains as household consumption, household living conditions and poverty (LSMS, CWIQ, MICS, etc.), agriculture and food production, nutrition (DHS), fertility behavior and other RH dimensions (DHS, MICS, CWIQ), migration, labor force, employment and time allocation, informal sector activities, gender, infant mortality, etc.

Strengths of Household Surveys:

- Surveys are generally cheaper and thus can be conducted much more frequently and on a regular basis than censuses. They are therefore likely to provide more up-to-date information on the population than censuses.

- Survey data provides more detailed information on behavioral aspects, aspirations and motivations for specific actions by the population and could therefore enhance anticipation, which is primordial in contingency planning.

- Some surveys focus on specific vulnerable categories of the population and could thus make it possible for special attention to be given to such sub-populations during contingency planning.

- Some survey data could also provide early warning signals of potential outbreaks of humanitarian situations.

Limitations of Household Surveys:

- Not all survey data can be generalized. It depends largely on the method of sample selection, which generally determines to what level of disaggregation the results are considered valid. In most cases, in developing countries, survey results are valid only down to the second level of the geographical administrative hierarchy (the region or province or county) and rarely can be valid at the third level (the division or district). This implies that contingency plans that focus on smaller administrative units of a country may not benefit from the results provided by most surveys. However, this constraint is often overlooked and indicators are used at any level without consideration of their validity.

- Not all surveys are sample surveys. Thus not all survey results can be generalized. A study on gender-based violence (GBV), for example, may provide very tangible evidence of the existence of such practices within a particular part of the country during a specific period. But such evidence cannot be considered during contingency planning to estimate the likely cases of GBV in all parts of that country. Many other qualitative studies provide very illuminating evidence of what obtains during situations of humanitarian crisis especially when they are conflict-related. However, such evidence must not be generalized. Yet this can be read in very many contingency plans.

- Surveys are usually conducted by different ministerial departments and development partners, at various periods and in different parts of the country. Often, there is no central coordination and the terminology and approaches used differ. This renders the results difficult to compare across space and over time.

- Furthermore, since most executing agencies tend to keep the datasets, it becomes difficult to have access to the datasets from most surveys for purposes of harmonization and study of trends. Such problems are encountered during national or regional database creation. There are disparities in the methods used to collect, capture, process, store and even analyze the data and disseminate the results. Under these circumstances, contingency plans prepared with data from different surveys, for the same country, will obviously differ.

2.3.5: Administrative Sources

In most countries, it is possible to obtain some vital information from administrative sources that could be useful for preparedness and contingency planning. Various administrative units generally collect systematic service or programme data such as educational statistics, information on staff, civil status registration, health management information systems, passenger and other transportation data, etc. Information may also relate to infrastructure details, such as roads and other communication lines, community centers, schools, health facilities, storage facilities, etc.

Administrative sources can provide details on the administrative set-up and the recognized boundaries of the country and its administrative units as well as legal texts relating to such vital issues as security, human rights, personal identification, immigration, migration, settlement, acquisition and alienation of property, etc. When well kept and updated, these various pieces of information can be invaluable inputs for preparedness and contingency planning.

Strengths of Administrative Sources:

- If properly kept and updated, administrative sources of data can provide very vital information for the appraisal of trends and for early warning. They constitute invaluable inputs for monitoring of specific developments in various parts of the country.
- The State is the main authoritative source of information on the number and delimitation of administrative units and on various legal instruments, which are usually essential for preparedness and contingency planning.
- Administrative information constitutes some of the groundwork for the development of other more robust sources of information, such as geographic information systems, censuses and household surveys.
- Information on the number and state of various public infrastructure such as transportation and communication lines, lodging and storage facilities and infrastructure for delivery of various services is vital for determining the various possible response scenarios during preparedness and contingency planning.

Limitations of Administrative Sources:

- In most developing countries, statistical data from administrative sources is usually incomplete, poorly managed and outdated. The coverage and quality of such data varies from one administrative unit to the other and from one period to the other thus making it difficult to appraise the exact situation on the ground and trends over time.
- Administrative sources mainly contain information on public (health, educational, communication, etc.) facilities and leave out prominent private facilities, which are equally vital for preparedness and contingency planning.
- Access to some administrative sources is sometimes difficult, either because information is available at several locations without any central coordination or because of various other bottlenecks such as confidentiality, red tape, cost-sharing, etc.
- Administrative sources are usually in crude form and may require much processing to arrive at the synthesized information that may be appropriate for preparedness and contingency planning.

2.4: Monitoring and Evaluation During Preparedness Phase

Essential monitoring and evaluation (M&E) activities during the preparedness phase would evolve around contingency and pre-

paredness planning using process indicators to ensure that:

- Key stakeholders and potential beneficiaries are involved in the planning process.
- The scenarios cover a wide enough range of potential hazards with adequate monitoring mechanisms in place, employing easily identifiable and verifiable triggers and using reliable sources of data and information.
- Appropriate simulations of response are conducted and that agency and sectoral staff are provided with the requisite training to update their response capabilities.
- Adequate resources are mobilized and stand-by capacity is in place, including prepositioned supplies as the signals become more precise.
- Vulnerability analyses are conducted and appropriate response options are envisaged.

Exhibit 2.1:
Role of UNFPA Country Offices During Preparedness Phase

Domain	Specific Role of Country Office	Possible Partners
Census	• Ensure that a list of minimum sectoral indicators for all geographic and administrative areas is available and easily accessible from the most recent census and from other sources of data. • Support the preparation of regional demographic monographs with details by administrative sub-units. • Provide technical support for the creation of a national sociodemographic database using both datasets from past censuses and surveys. This should provide possibilities for the generation of databases and indicators at the sub-national level and for sub-populations (IMIS).	National Statistical Offices, National Census Bureau, Research Institutions, and other stakeholders (national and international) National Statistical Offices, National Census Bureau, National Population Commission, Research Institutions, and other stakeholders (national and international) International Development and Statistical Institutions (UNSD, Census Bureau, World Bank, Regional Economic Commissions)
Population Projections	• Support for the preparation of detailed national annual population projections using base data and indicators from the most recent census data. Efforts should be made to derive both urban/rural and regional sex/age disaggregated projections and the projection of sectoral needs (education, housing, employment, health, etc.) • Provide a list of projected minimum sectoral indicators year by year. • Identify other sources of population and derived projections for the country (other national sources, UNSD, UN Population Division, UN Regional Economic Commissions, US Bureau of the Census, World Bank, IMF, etc.) • Make such sources accessible to various stakeholders (highlighting their strengths and weaknesses).	National Statistical Offices, National Census Bureau, National Population Commission, Research Institutions, and other stakeholders (national and international) International Development and Statistical Institutions (UNSD, Census Bureau, World Bank, Regional Economic Commissions)

Exhibit 2.1:
Role of UNFPA Country Offices During Preparedness Phase *(continued)*

Domain	Specific Role of Country Office	Possible Partners

Household Surveys	• Provide support for the updating of the national sampling frame, which is usually generated at the end of each census project to enhance the conduct of intercensal surveys.
	• Ensure UNFPA participation at least in the planning stages and in the funding of national sociodemographic sample surveys to:
	  ◦ Ensure that variables relevant to the ICPD in general and to UNFPA programmes in particular, are properly integrated, collected, processed, analyzed and disseminated to facilitate utilization.
	  ◦ Ensure that sectoral indicators are disaggregated to the lowest possible level of administrative units and are widely disseminated;
	• Support the merging of datasets from national and sub-national surveys into the national database for generation of updated comprehensive indicators for appraisal of trends and provision of early warning signals.
	• Support the conduct of vulnerability analyses in parts of the country at risk of specific natural or man-made disasters.
	• Provide support for in-depth qualitative studies by researchers and research institutions.
		National Statistical Offices, National Census Bureau, Research Institutions, and other stakeholders (national and international)
		
		Research institutions, other stakeholders

Geographic Information System	• Provide technical support for the establishment and/or updating of the geographic database for the country as one of the major outputs of each census project. This database should enhance the provision of relevant details for each administrative sub-unit of the country. • Support the collection of community-level information including the adequate geo-referencing of the location of main community-based services (places of worship, schools, health facilities, local civil society organizations, civil defense points, mail offices, transport points, energy supply points, etc.) to enrich the geographic databases and facilitate timely and adequate interventions in emergency situations. • Provide support for the development of village/settlement directories with basic information on community level details and indicators (population, target groups, types of services available, transport, etc.)	National Statistical Offices, National Census Bureau, National Geographical Institutions, Survey Departments, Research Institutions, and other national stakeholders
Administrative records (school, health, registration, maps, etc.)	• Encourage the regular collection, collation, processing analyses and dissemination of routine data at sectoral level (statistics in the domains of health (HMIS), vital statistics, education, transportation, emigration/immigration, agriculture, etc.) • Contribute to strengthening national capacity in the domain of routine administrative data collection, collation, processing, analyses and use for decision-making, monitoring and evaluation and particularly, for detection of early warning signals of crisis situations.	Ministries of Planning/ Interior Ministries, Ministries of Education, Health and other Ministries, other partners (civil society, UN agencies)

Exhibit 2.1:
Role of UNFPA Country Offices During Preparedness Phase *(continued)*

Domain	Specific Role of Country Office	Possible Partners
Contingency Planning	• Contribute to the creation of an up-to-date database for high risk areas using the most recent data and information available. • Support preparedness activities, establishment of Long-term Agreements (LTAs) with suppliers of emergency materials, relief and supplies and with partners who can implement Minimum Initial Service Package (ISP). • Liaise with other partners in the identification and estimation of emergency needs and in identifying the best locations for prepositioning of emergency supplies including RH and emergency kits. • Employ estimates based on the database to engage in the local purchase and constitution of dignity kits and to place advance orders for some RH kits for prepositioning. • Provide training to health personnel in high-risk areas and staff of partner agencies and local NGOs on the implementation of MISP and other protocols relating to SGBV, Emergency Obstetric Care (EmOC), etc. • Provide training to health personnel in the high-risk areas and staff of partner agencies and local NGOs on specific data issues during the acute crisis and chronic phases – Initial Rapid Assessment (IRA), Sectoral Assessment, IDP profiling, Registrations, M&E, etc.; • Contribute to the regular update of the contingency planning scenarios. • Contribute to the regular review of early warning signals based on the identified triggers. • Provide support for the analyses of simulation exercises and review strategies as needed.	UNCT, Other humanitarian agencies, National Disaster Management Organization, Other line Ministries, Local NGOs

Exhibit 2.2:
Data Needs and Indicators for Preparedness Phase

Data needs	Indicators	Sources
Population size and spatial distribution by administrative unit and locality	• Population size by locality • Population density by administrative unit • Population in the urban and rural area • Average household size • Number of households	Census, Population projections
Size, age, sex structure of the population and areas frequently hit by natural disasters/ conflicts	• Total size of population at risk • Sex ratio • Population density by administrative unit • Population in the urban and rural area • Average household size in affected area • Size of (women of reproductive age, youth, adolescent, older people, disabled people, female-headed households, child-headed households)	Census, Population projections

Exhibit 2.2:
Data Needs and Indicators for Preparedness Phase *(continued)*

Socioeconomic characteristics of the population (literacy, economic activity, etc.), particularly in the areas likely to be affected	• Literacy rate • Language of literacy • Proportional distribution by broad area or main sector of economic activity • Levels of income (proportion below the poverty line) • Proportion of school-age children (men and women) • Schooling rates by sex and by level of education • Access to means of information/communication (radio, TV, telephone, etc.)	Census, surveys
Sociocultural characteristics of the population (ethnic group, language, religion, etc.) in the areas likely to be affected	• Proportional distribution by ethnic group • Proportional distribution by nationality • Proportional distribution by language spoken • Proportional distribution by religious affiliation	Census, surveys
Data needs	**Indicators**	**Sources**
Community-based facilities and resources in the areas likely to be affected	*Health*: • Number of health facilities (hospitals, health centers, etc.) • Distance and accessibility to health facilities • Number and quality of health personnel (doctors, nurses, midwives) • Number of health facilities offering specific services (maternal/child health, obstetric care, emergency care/ambulances, etc.) • Ratio of population by health facility • Ratio of population to health provider • Number and location of referral facilities *Education*: • Number and capacity of schools (primary and secondary) • Ratio of school children per school by educational level • Class-pupil ratio by educational level • Pupil-teacher ratio by educational level *Transportation*: • Availability of paved roads • Available means of transportation (mechanical, animal, other) *Other*: Availability of: • clean water • electricity • sewage system • community halls • warehouses • markets or shopping facilities • security services • services for the management of violence	Census mapping/GIS, Administrative sources

Exhibit 2.2:
Data Needs and Indicators for Preparedness Phase *(continued)*

Data needs	Indicators	Sources
Stand-by capacities for response - stakeholders (government, NGOs, UN agencies, civil society organizations, humanitarian agencies, uniform policies, etc.) in the areas likely to be affected	Number of NGOs and other stakeholders capable of working in humanitarian situation for : ▪ transportation & other logistics ▪ Human and material resource provision ▪ Stockage capacities/ prepositioning commodities ▪ Communications facilities/options	Country Disaster Management Team, OCHA/ HIC, Humanitarian Coordinator, Administrative sources
Health problems and priorities (RH, HIV, mortality, morbidity, disease epidemiology, vaccination coverage, nutrition, etc.)	▪ Number of births ▪ Number of pregnant women ▪ Number of deaths by age and sex (infant, maternal, age-specific) ▪ Life expectancy ▪ Knowledge of contraception ▪ Contraceptive prevalence ▪ Vaccination coverage ▪ Nutritional status of children and pregnant women ▪ Epidemic and common diseases ▪ Number /frequency of diarrhea disease among children ▪ Knowledge of HIV/AIDS ▪ Prevalence of HIV/AIDS ▪ Number of People living with HIV/AIDS ▪ Prevalence of other STIs ▪ Frequency of violence by category ▪ Number of female victims of violence (sexual, physical, other) by type of perpetrator	Surveys, Census Health Management Information Systems
Income levels and basic indicators of well-being and vulnerability in the areas likely to be affected	▪ Proportion of population below poverty line by sex, age, locality ▪ Proportion of population with access to potable water ▪ Proportion of population with access to electricity for lighting	Surveys, Census

2.5: References

1. Bridget S. and C. Lewin (2005): Research Methods in the Social Sciences. Sage Publications Limited.
2. Richard Choularton (2007): Contingency planning and humanitarian action: A review of practice. Network Paper. Commissioned by the Overseas Development Institute, UK.
3. Chava Frankfort-Nachmias, David Nachmias (2007): Research Methods in the Social Sciences, 5th Edition. Worth Publishers Inc.
4. John F. Long and D. B. McMillen (1987): A Survey of Census Bureau Population Projection Methods. Population Division. US Census Bureau, Washington D.C.
5. Sharlene Nagy, Hesse-biber and P. Leavy (2006): The Practice of Qualitative Research. Sage Publications Inc.
6. UN Department of Economic and Social Affairs, Statistics Division (2007): Principles and Recommendations for Population and Housing Censuses - Revision 2. ST/ESA/STAT/SER.M/67/ Rev.2.
7. United Nations Bureau of Social Affairs: UN Manual III – Methods for Population Projections by Sex and Age.

Lyndsey Addario

Chapter III:

Data Collection and Analyses in Acute Emergency Phase

3.1: Introduction

A situation of acute crisis is characterized by the immediate occurrence of a conflict or natural disaster. It could last for only a couple of days or continue beyond six months from the triggering of the crisis.[14] It is characterized by massive displacement of populations within or outside the boundaries of a country.

The emergency humanitarian response mechanism,[15] based on the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere Project) which helps ensure that people affected by disasters have access to at least the minimum requirements (water, sanitation, food, nutrition, shelter and health care) to satisfy their basic right to life with dignity, is implemented to provide appropriate and coordinated responses. The cluster approach is usually activated in countries where the humanitarian crisis exceeds the mandate of a single agency, where the needs are sufficiently great and complex to justify a multisectoral response and the intervention of a broad range of humanitarian actors. Across nine sectors or areas of activity, strategic actions aimed at ensuring more effective use of available resources, gaining a better understanding of the problems of the populations,

[14] The period varies according to the nature of the crisis. In situations of natural disaster, the acute phase may occur during the first six months; while in an armed conflict, it may extend over a period of a year.

[15] For more information, see http://www.sphereproject.org/index.php as well as the IASC guidelines for the cluster approach on the same site.

and finding adequate solutions with greater impact are implemented under the responsibility of the Humanitarian Coordinator, mostly through common processes, such as flash appeals, the Consolidated Appeals Process (CAP) and the Common Humanitarian Action Plan (CHAP) for the mobilization of external resources and monitoring/reporting activities.

As a United Nations agency with obligations towards affected populations, the UNFPA undertakes emergency actions involving (i) prompt supply of emergency RH kits consisting of items to provide care for victims of sexual violence, childbirths in or out of hospital, family planning, treatment of sexually-transmitted diseases (STDs) and care for persons living with HIV/AIDS; (ii) the provision of EmOC to affected populations and the introduction of mobile clinics specialized in reproductive health care; (iii) collaboration with other partners, including UNHCR, UNICEF, IOM, international NGOs (Norwegian Refugee Council (NRC), International Federation of the Red Cross (IFRC), etc.) in the provision of humanitarian services for affected populations and ensuring that RH concerns and the specific needs of women and men are taken into account when camps are being established. A number of common guidelines exist through IASC publications and tools, such as the MISP,[16] guidelines for gender-based violence in crisis situations, etc.).

The initial rapid assessment (IRA) helps to better define the humanitarian strategy in a country and therefore provides the basis for the mobilization of resources. It is very important to take into account the priority targets during the preparation of the joint documents for the mobilization of resources.[17] In order to do this, it is necessary to have greater participation by the UNFPA country offices during the preparation of these documents by providing information of a background nature, but also information that is specific to the programme. Most of this information must be made available during the preparedness phase, when UNFPA provides support for all countries to strengthen their system of statistics, collect country data and strengthen databases (see Chapter 2 on the preparedness phase).

The IRA combines three techniques for the collection of qualitative data, namely individual interviews, focus groups, and observation. A multi-disciplinary team composed of representatives of different agencies, humanitarian NGOs and government is established to carry out the work, with the involvement of communities and the use of interpreters where the local language is not understood. The tools used are most often semi-structured questionnaires and interview guides from which quantitative estimates are often made (extrapolations). Based on the aerial method, enumeration and profiling, information is collected about the quantifiable characteristics of the affected populations, particularly those fleeing the affected areas. Agencies such as UNHCR, UNICEF, WFP and IOM have lengthy experience in this field and have developed a variety of tools.

3.2: Information Needs and Identification of Data Collection Methods

In order to enhance the effectiveness of humanitarian actions, it is first necessary to identify target groups and their specific needs, as well as the political, physical, cultural and social barriers that prevent their access to services. Specific factors, such as age, gender, and handicaps due to illness, make it difficult for some people to adapt and survive in crisis situations, thereby necessitating the introduction of special measures to ensure a minimum of security for such groups. Women, children,

[16] For more information, see http://www.unfpa.org/emergencies/manual/2.htm#Objectives
[17] IASC (2007): Initial Rapid Assessment (IRA) – Guidance Notes for Country Level

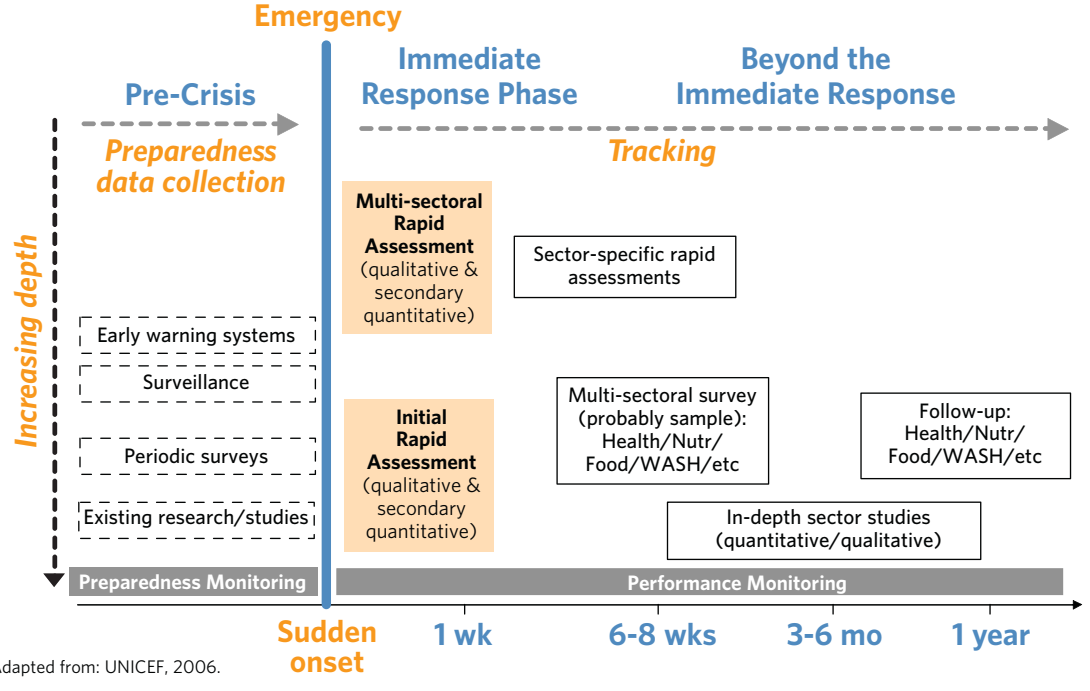
the elderly and persons living with HIV/AIDS are particularly disadvantaged in terms of access to services and to the support to which they are entitled. The collection and analysis of data and precise knowledge of the working environment are prerequisites for the proper evaluation of needs and the determination of priority targets. As the lead agency of the United Nations for the collection and analysis of population data, UNFPA should play a major role not only in providing the information necessary for effective decision-making by the humanitarian community but also for the implementation of its mandate in acute crisis situations.

3.3: Initial Rapid Assessment

Given the urgency with which information necessary for decision-making is expected, IRA[18] is the most appropriate data compilation technique. IRA essentially analyzes the nature of the conflict/disaster and its effect on the population. It identifies the affected people's capacities and available resources while assessing needs, vulnerabilities and gaps in essential services. It draws much information from existing sources and contingency plans. It is generally a simple, flexible, adaptable approach that can be implemented within a relatively short period of time. In view of the diversity of humanitarian situations, there are no standard methods for conducting IRAs. The methods must be adapted to the type of humanitarian crisis, information needed, degree of accuracy expected, and resources available.

IRA is usually launched some 48 hours after the outbreak of a crisis and can continue for up to two weeks under the supervision of the Humanitarian Coordinator and with the participation of the humanitarian community. The IRA outcome provides guidance for national authorities and the humanitarian community to determine key priority

FIGURE 1: Initial Rapid Assessment in the Emergency Assessment and Monitoring Process



Adapted from: UNICEF, 2006.

[18] One of the weaknesses of UNFPA in joint resource mobilization activities in humanitarian crisis situations is its failure to take into account priority targets during the preparation of these strategic documents and often the absence of country offices from the collection and supply of useful information..

TABLE 4: Types and Sources of Secondary Data and Information for Assessment

Indicators	Sources
• Size of the country's population and the affected zone (by gender, age group, etc.) • Estimate of the number women of reproductive age • Estimate of the number of unplanned pregnancies	Census
• Mortality rate (maternal, child, general) • Proportion of the population living below the poverty line (by gender and by zone with emphasis on the affected zone) • Proportion of women giving birth in hospitals	DHS, MICS, LSMS, Census
• Number of service-providing centers (by type) • Proportion of service delivery points in the affected zone • Number of service providers in the affected zone (by category, with emphasis on providers of childbirth care)	Administrative sources
• Traditions and customs in the affected zone • Perception of the role of men and women • Cultural habits • Number of school establishments in the country and proportion of establishments in the affected zone • Total number of children enrolled in schools	Other sectoral sources (qualitative, monographs, etc.)

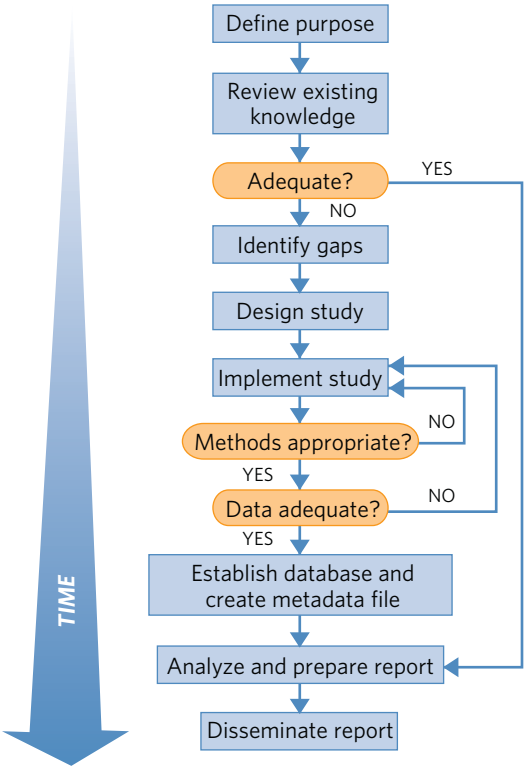
interventions, cost them, launch flash appeals, and apply for Central Emergency Relief Funding (CERF).

The main objectives of the IRA are to furnish the needed baseline data for decision-making and preparation of the flash appeal. It seeks to respond to the following key questions:

- What happened? Does an emergency situation exist? If so, what are its main characteristics?
- To what extent has the population been affected by this crisis? Who is likely to be more vulnerable and why? How many persons have been affected and where are they?
- Are any specific interventions needed to avoid further harm, accidents or loss of life? If so, what are the priorities in terms of humanitarian assistance?
- What are the persistent or likely threats that could worsen the emergency situation?
- What resources and capacity are available on the spot (e.g., infrastructure, institutions, etc.) to assist in humanitarian response? What capacity gaps have been identified?
- What pertinent information is lacking that could be obtained through follow-up surveys or qualitative studies?

The following decision-making tree demonstrates the main steps in determining information needs and data collection methods. Depending on the objectives pursued, a thorough review of existing data and information should be undertaken. If the available data and information is sufficient to fill the identified gaps, a situational report should be prepared, based on these analyses. Otherwise, field data and information collection should be envisaged to better identify the needs of the affected persons as well as the priority areas for intervention. Data collection methods are chosen depending not only on the available budget but also on time and security constraints, among others. Information collected by the field assessment teams should be collated

FIGURE 2: Conceptual approaches for the different stages of rapid assessment from "The Ramsar Convention on Wetlands, 2005"



and analyzed at country level by appropriate sector specialists with proven expertise in the processing and interpretation of such data and information, in close collaboration with national authorities. This collaboration is essential to ensure contextual issues are properly taken into account. Often, it is difficult to separate pre-existing overwhelming poverty conditions from the direct or indirect effects of conflict or disaster.

Depending on the urgency of response, an initial analysis can be prepared during the early days of the crisis from essentially secondary sources (see Table 1) and a quick situational report highlighting key priorities could serve as the basis for initial deployments and appeals for funding. Such reports may then be updated once more detailed data and information are obtained from the field.

Improved assessment and analysis enhances the identification of acute humanitarian needs and helps create a solid evidence base for humanitarian decision-making regarding the level and type of action required to respond to those needs. Since global resources to help deal with conflicts and natural catastrophes are limited, it is increasingly imperative for humanitarian actors to target their assistance strategically, taking into account the severity, scale and underlying causes of the disaster.

3.4: Data Collection Methods For Assessment

Several methods for data collection may be employed during the course of assessment in acute crisis phase. Though the details of their application are universally known, they need to be adapted to the specific context of each crisis situation. The combination of methods to be used essentially will depend on the type of assessment, the nature of the information sought and its purpose.

The types of operations used during rapid assessment are:

- **The inventory or collection and analysis of data from secondary sources**: The secondary sources are data obtained from different data-collecting operations carried out prior to the conflict or disaster for the pursuit of joint or individual actions. These include all surveys (both quantitative and qualitative) of conflict areas, information from published documents and monographs, data from general population censuses, etc. Increasingly, in view of the policy decentralization being pursued in different countries, data is disaggregated down to decentralized units and projections are made for these entities. If the phase of preparation for a humanitarian crisis is carried out effectively, the databases, including the projections and all useful information are made available at both the central and decentralized levels,

TABLE 5: Methods of Data and Information Collection for Assessment

Methods	Types of Operation	Sources	Duration
Inventory or documentary review	Collection and analysis of secondary sources	Canvassing, projections, surveys, sectoral data	Hours - days
Qualitative surveys	Individual interviews (key informants)	Decision-makers, service providers, etc.	Hours - days
	Focus Group	Affected population	Days
	Observations	Affected zone	Days
Quantitative surveys	Rapid counting	Affected population	Weeks
	Aerial method	Affected zone	Days - weeks
System of monitoring and evaluation of specific actions	Quantitative and qualitative	Populations targeted by the activity, Service delivery points, etc.	Ongoing

Table adapted from Johan Von Schreeb (2007)

thereby facilitating the analysis of the secondary sources. The exploitation of this data will provide information on the socio-demographic characteristics and cultural traits of the populations fleeing combat or affected areas. It should be noted, however, that this data does not offer an overview of the situation after the onset of the conflict or disaster. Nevertheless it contains useful indicators and elements on which to base the calculation of certain other relevant indicators.

- **Qualitative surveys**: Structured individual interviews and in-depth discussions are carried out with persons likely to provide sufficiently representative information about a particular situation. These may be service providers, individuals at clinic entrance or other service points, community leaders, persons selected at random, NGO officials, etc. Focus group discussions[19] are "carefully-planned discussions designed to obtain perceptions in a defined area of interest in a permissive, non-threatening environment."[20] They generally consist of homogenous groups of 6-12 persons and enable information to be foraged and analyzed in greater detail and in particular, make it possible to compare different opinions on subjects that are difficult for a single individual to fully grasp, such as perceptions, beliefs, etc. They may only provide anecdotal information but can save time and help direct fuller needs assessment. Observation consists in taking notes and even participating while taking notes, photos and often video recordings of buildings or practices in the communities visited so as to better situate the comments derived from other qualitative techniques.

- **Quantitative surveys**: During the acute crisis phase, the types of quantitative methods are:

  (i) *The aerial method* which is a technique using aerial photographs, real-time satellite maps and topographic maps to estimate the size of displaced populations. This makes it possible to determine the types of aid needed and facilitates the rapid provision of assistance in areas of initial transit. The aerial method may not provide a correct estimate of widely

[19] Melinda Lewis (2000): Focus group interviews in qualitative research: a review of the literature. Health Science Education, Faculty of Health Sciences, University of Sydney.
[20] Kreuger, RA (1988): Focus groups: A practical guide for applied research (London: Sage), p. 18.

dispersed populations or of populations moving in several directions at the same time.

(ii) *Flow monitoring* is most appropriate where there are sudden population movements to an area or from an area of which the population profile is known. This method involves the placing of enumerators at all significant entry and/or exit points such as road junctions, bridges, border crossings, ports of entry, etc. In addition to counting individuals, systematic short interviews can be conducted with some of the displaced persons. They generally require ample prior programming and may not provide an accurate estimate of fleeing populations especially where there are many exit/entry points and if the threat is too close.

(iii) *Enumeration or profiling*: This consists of the immediate collection of preliminary information about the affected populations through headcounts, registration or exhaustive household-based canvassing. The process begins by preparing lists of all the individuals who have migrated to a specific zone or camp with a view to providing an estimate of the total number of displaced persons or of persons seeking refuge in the zone/camp. This constitutes a framework that represents the first step towards the collection of additional data at a later stage. Enumeration may be initiated at the start of the crisis and continue for as long as displaced persons continue to move within a specific zone/camp. Those who leave the camp for other zones are also inventoried and deducted from the total number. This procedure therefore helps to provide an accurate estimate of the total number of affected persons in general or of displaced persons in the camp or community.

(iv) *Rapid data collection using PDAs*: Modern technological tools such as the personal digital assistants (PDA) with customized software are increasingly being employed during rapid-onset crisis situations (especially in East Asia) to rapidly capture vital data and information, centralize it through network connections, perform real-time analyses and publish situational reports incorporating maps and graphics. However, their use requires proper prior planning, trained staff and good communications networks.

UNFPA/Arlene Alano

3.5: Sector-specific Rapid Assessment

As shown in Figure 1, the IRA is a precursor to a series of other more detailed assessments and surveys designed to collect sector-specific data that guide interventions in the various sectors. In general, sector-specific assessment uses a similar array of methods to obtain the required information. However, the range of respondents can vary and the choice of study sites may differ depending on the priority focus of each cluster/sector (WASH, shelter, health, food and nutrition, protection, logistics, etc.). Cross-cutting issues need to be intergraded.

The main problem at this stage concerns assessment coordination. How to avoid "over-assessing" victims of a crisis and

raising expectations in the process? Is it feasible to organize a joint sector-specific rapid assessment using a common composite tool and focusing on specific sites to enhance coordination? The teams may become unwieldy and analysis even more complicated. It may be more realistic to have well-structured sectoral/cluster teams with tools that contain elements of cross-cutting issues and properly-coordinated interventions in the field. The analysis of such assessments is best done at the sectoral level. Even though UNFPA may not be directly involved in rapid assessment in all sectors, reliable basic demographic data information should be made available to all sectoral/cluster teams so ensure that all estimates and evaluations refer to identical base information. In the same vein, UNFPA could also monitor the coverage of major gender, age, RH and sexual violence issues in the tools used for data collection by various clusters. The tools used by other partners need to be updated to better highlight priority RH actions.[21] For this to be possible, the capacity of country offices needs to be strengthened accordingly to ensure that staff strength and competency are enough to live up to such expectations.

The expected outcome from sector-specific rapid assessment would be clearly articulated projects and/or action plans with specific activities, a time-line, budget estimates and benchmarks for monitoring and evaluation. These projects are then prioritized and submitted for CERF funding and subsequently for CAP appeals.

3.6: Specific Role of UNFPA

As the lead agency for the sub-clusters: (i) RH; and (ii) gender-based violence, UNFPA must rapidly coordinate the provision of information for quick decision-making. This involves implementing mechanisms for the functioning of the RH and sexual violence sub-cluster, monitoring the activities of partners, and organizing, in collaboration with the other agencies and based on common available documents, data collection and analysis activities (secondary, in the field).

BOX 1 Strengthening the Office Team

The availability of information to better identify needs and actions taken to assist priority targets is essential for the mobilization of external resources, particularly in crisis situations. In most countries in crisis, UNFPA is not part of the mechanism for the collection and analysis of data, even though it has a clear comparative advantage in this field. Thus, relatively limited resources are mobilized to address priority questions in the field of RH and sexual violence, which are major problems and pose critical human rights questions. In order to address these weaknesses, within two days to a week after the onset of a crisis, the UNFPA country office should put in place an effective information management strategy and recruit a qualified staff member to deal with questions of demography/statistics. This staff person, if possible, should have experience in the collection and analysis of data in emergency situations as well as in the implementation of emergency plans for the collection, analysis and dissemination of information within the humanitarian community. This mechanism should be adapted as the crisis unfolds taking into account the different needs corresponding to the particular phases of the crisis.

[21] In Indonesia, following the December 2004 Tsunami, the data from the profiling of displaced persons in the camps prepared by the High Commissioner for Refugees did not identify pregnant women or nursing mothers, nor was it disaggregated by gender and age. A recent study commissioned by the UNFPA/HRB (human-rights based approach) revealed that several tools employed by humanitarian partners in the field do not provide for the production of sex-age disaggregated information (SADD Project, 2009).

The specific questions that need responses are the following:

- What are the real problems in the area of RH?
- Are the service providers, including persons responsible for delivering babies in hospitals, still in place or have they left the affected zones?
- Have arrangements been made in the receiving zones or camps to care for pregnant women and female victims of sexual violence?
- How many emergency RH kits are needed for the populations of affected zones?
- Are the tools used in the field (in camps and transit zones) by other partners adequate to cover the specific issues of RH and sexual violence?
- What resources are available to the Country Office to deal with this crisis (human, financial, logistics, etc.)?
- What emergency partnerships must be developed in order to respond effectively to the needs of the populations?
- What types of support can UNFPA provide to the humanitarian community?

In the field of RH, the humanitarian community has established standard evaluation norms and tools that are contained in the following documents:

(i) the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere Project)

(ii) the minimum emergency RH plan for crisis situations

(iii) the field-friendly guide to integrate EmOC in humanitarian programmes.

The rapid assessment tool for RH is based on these three documents. It presents a list of questions whose answers are key to understanding RH priorities. In September 2009, a generic Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages was released through a joint effort of the International Planned Parenthood Federation (IPPF), UNFPA, WHO, UNAIDS and some international NGOs[22]. Overall, the essential components of health sector specific assessment include the location of health facilities and determine their functional capacity, range of services, and staff strength and competency.

With regards to gender-based violence, the document *Sex-specific violence: manual of tools for the initial assessment, design, follow-up and evaluation of programmes in conflict situations*, the Sphere Project and the IASC-GBV guidelines[23] all identify the humanitarian priorities. Based on these indications, a standard tool for the rapid assessment of gender-based violence[24] is prepared to guide the actions of workers in the field.

Procurement and Distribution of Emergency Reproductive Health (RH) Kits

In situations of acute crises, most UNFPA actions are concerned with the activation of the inter-agency mechanism called the Minimum Initial Service Package (MISP),[25] which is a set of priority activities to be implemented during the early stages of an emergency (conflict or natural disaster to save lives and prevent illness, especially

---

22 IPPF, UNFPA, WHO, UNAIDS, GNP, ICW and Young Positives (2009): Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide. London, UK.

23 IASC (2005): Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.

24 For Gender-Based Violence Tools Manual, see http://www.rhrc.org/resources/gbv_manual_chapters/GBV16-34%20-%20assessment%20tools%201.pdf

25 For more information on the IASC Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: A Distance Learning Module, see http://misp.rhrc.org/

UNFPA/Bill Ryan

among women and girls). This involves mainly the procurement and distribution of emergency RH Kits.

The various aspects of RH covered by these kits are:

- Prevention and treatment of the consequences of sexual violence;
- Prevention and treatment of cases of sexually transmitted diseases/HIV/AIDS;
- Prevention and treatment of complications from abortion and miscarriages;
- Reduction of maternal and perinatal morbidity and mortality rates.

In all, there are 13 different types of kits with three-month supplies that fall into three broad categories: Kits 0-5 for primary health care/health center level supplies for 10,000 people; Kits 6-10 for health center level or referral level supplies for 30,000 people and Kits 11 and 12 for referral level supplies for 150,000 people. Consequently, the type and quantity of kits to be procured will essentially depend on ample knowledge of the size and composition of the affected (or likely to be affected) population and the facilities available in the targeted areas and their functionality.

Even though it is generally accepted that RH kits under MISP can be rapidly procured and deployed without elaborate sexual and reproductive health needs assessment in the affected areas, it is evident that data and information gathered during contingency planning and even during IRA could be vital for targeted procurement and allocation of kits.

The kits are distributed through humanitarian NGOs, agencies working in the camps in affected zones, the government, etc. In letters of understanding or agreements between UNFPA and the different partners involved in the implementation of the plans, follow-up and evaluation must be mentioned as a key element. It is also necessary to supply the standard tools for the evaluation of the kits, define the periodicity and mechanisms for the collection of questionnaires, and establish an information base for their periodic compilation.

3.7: Monitoring and Evaluation of Interventions During the Acute Crisis Phase

The urgency of emergency response during acute crisis situations has often been at the detriment of consistent monitoring and evaluation mechanisms. Mechanisms for the proper documentation of performance by humanitarian actors as compared to the expected outcomes are rare. In spite of the great strides that the humanitarian community has made over the last two to three decades in the design of and management of humanitarian response interventions, very few strategies exist for consistent measurement of the impact of such interventions, in terms of clear indicators.

The Sphere Project was conceived in 1997 in reaction to criticisms of the humanitarian assistance provided to Rwandan refugees in Goma in 1994. Its main goal is to "... improve on the quality and accountability of humanitarian assistance by establishing minimum standards for good practice in the

humanitarian field" in four main sectors. The minimum standards are accompanied by some broad process indicators (quantitative and qualitative), which are meant to measure the impact of the implemented interventions. Admittedly, in the initial phase of a response, focus is more on providing basic facilities for all affected populations rather than on attaining specific indicators.

In the specific domain of monitoring, the Sphere Project's minimum standards have identified the following key indicators for follow-up to ensure the effectiveness of interventions:

- The information collected for monitoring is timely and useful. It is recorded and analyzed in an accurate, logical, consistent, regular and transparent manner, and it informs ongoing programmes.
- Systems are in place to ensure regular collection of information in each of the technical sectors and to identify whether the indicators for each standard are being addressed.
- Women, men and children from all affected groups are regularly consulted and involved in monitoring activities.
- Systems are in place and enable a flow of information between the programme, other sectors, the affected population groups, the relevant local authorities, donors and other actors as needed.

Other process indicators have been identified for the monitoring of compliance to minimum standards in the specific sectors of WASH, food security, nutrition and food aid, shelter, settlement, non-food items and health.

Since disasters are characterized by rapid changes and a high degree of uncertainty, the minimum standards concede that humanitarian assistance programmes and interventions during the acute phase are rather difficult to evaluate.

The opportunity for contingency planning during the preparedness phases, the prioritization of interventions for flash appeals, and the preparation of sectoral project proposals for CERF, UNFPA emergency funding and subsequently CAP appeals should be employed to integrate benchmarks and other easily verifiable process indicators, which could enhance the follow-up of implementation. Since identified priority projects and programmes are essentially grounded in some form of background evidence (baseline) and target-specific goals during the intervention (outputs/outcomes), they essentially constitute a broad range into which time-bound benchmarks could be integrated.

Subsequent monitoring and evaluation can be done through regular project/programme reports, field follow-up assessment, routine service-delivery data collection and such other ad-hoc survey and information processes as key-informant interviews, exit or on-site individual interviews (participant) observations, focus group discussions and even media reports. In all sectors, several tools have been developed either through joint efforts or by individual agencies for capturing vital data and information on the implementation process. Unfortunately, not much evidence is available on the effective coordination, collection, collation, processing, analysis and consistent reporting from such routine data collection processes during the acute crisis phase. Where such data and information has been published, there have often been genuine concerns as to the completeness of coverage, estimates of the reference population for computation of some indicators and the validity of the sampling procedures, among others.

The Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP), an inter-agency forum at the Overseas Development Institute, is particularly focused on reviewing and synthesizing humanitarian exercises around the

world for over a decade now and proposes an array of approaches for evaluation of humanitarian action during the acute phase, including:

- **Real-time evaluations,**[26] which are conducted by various agencies a few months after the onset of response to check compliance with broader standards and with a focus on providing feedback to operational staff and vital orientations to management for programming orientations as the crisis unfolds and when sudden changes are occurring. Its participatory nature and use of both qualitative and quantitative approaches makes it an important resource.

- **OECD-DAC criteria for evaluation of humanitarian action,**[27] with a specific focus on such criteria as relevance/appropriateness, coverage, efficiency (how preparedness leads to more efficient response) and effectiveness.

The bottom line is that humanitarian agencies, which usually mobilize substantial funds from the donor community on the grounds of specific (sometimes quantifiable) evidence and priorities from the field (to achieve specific targets within a specific time), should be able to provide evidence of the impact of their interventions or of progress towards the achievement of set goals.

3.8: Human Rights and Ethical Issues in Data Collection, Analysis and Use

The Humanitarian Charter affirms the fundamental importance of the following principles:

- The right to life with dignity including the right to provision of humanitarian and impartial assistance when the civilian population lacks essential supplies. These must be identified through data collection. The priorities of the affected population must come first.

- The distinction between combatants and non-combatants, implying the need to distinguish between those actively engaged in hostilities, civilians and others. Data collection enables the identification of vulnerable categories of the population to provide targeted protection.

- The principle of *non-refoulement:* displaced persons whose lives or freedom would be threatened on account of race, religion, nationality, membership in a particular social group, or political opinion must not be forcefully returned to their places of origin. Information on them should not be disclosed if it would endanger their security.

It would be ethically unacceptable to conduct studies during an acute crisis phase, in the midst of disaster, that would not be of immediate benefit to the affected population. This underscores the need to collect only essential information, recognize the legal rights of the respondents not to provide certain information, and ensure that data so collected is rapidly processed and the results used to provide life-saving assistance. It also highlights the need to "over-assess" victims of disasters. Coordinated work is primordial.

Most often, the unpredictable nature of some crises/disasters and their often rapid onset inhibits normal study design and application of ethical principles. During IRA and especially during sectoral assessment, it should be mandatory to seek the consent of persons

[26] ALNAP (2009): Real-time evaluations of humanitarian Action – An ALNAP Guide. See Pilot Version at http://www.alnap.org/pool/files/rteguide.pdf

[27] ALNAP (2009): Real-time evaluations of humanitarian Action – An ALNAP Guide. See Pilot Version at http://www.alnap.org/pool/files/rteguide.pdf

selected for interviews and to provide possibility for them to end the interview at any stage.

The issue of confidentiality should apply from the data collection stage (non-disclosure of information), to data handling and analyses (no leakage of information) and to avenues and formats of dissemination of results (avoid disclosing personal information and publishing photos which may expose individuals). While the sharing of information among partners and other stakeholders is always recommended, how others might use, misappropriate or misinterpret this information must also be anticipated. The sharing of information should not result in some unfavorable backlash on the communities covered (target for further attacks, friction with/rejection by the host community, etc.).

The universal principle of "Do No Harm" should permeate all data collection interventions. Asking people about sensitive/controversial issues can put them at risk, especially in crisis and unstable settings. There may be psychological stress, legal liabilities, political or military repercussions, and even ostracism by peers, neighbors or others for talking publicly.

Exhibit 3.1:
Specific Role of the UNFPA Country Office during Acute Crisis Phase

Option	Specific Role of the Country Office	Possible Partners
Initial Rapid Assessment (Existing data, qualitative, quantitative)	Work with other partners to: • Provide support for a clear delimitation of the affected area(s). • Develop small-scale area-specific indicators for affected areas from existing databases and other sources and documentation prepared during the preparedness phase. • Recruit and deploy specialized consultants to rapidly avail minimum set of basic indicators. • Enhance accessibility to various sources of baseline data at national and international levels. • Provide guidance to UNFPA partners and other humanitarian partners on the use of the most updated and reliable data sources for decision-making. • Participate in the preparation of common tools for rapid assessment data collection exercises (to be sure UNFPA data needs are incorporated). • Fully participate in the implementation and monitoring processes (where possible). • Establish partnerships and agree on procedures for data sharing.	Humanitarian Agencies, NGOs, Consultants, Local Communities, Statistical Services, National Emergency Task Force
Sectoral Rapid Assessment (Existing data, qualitative, quantitative)	• Develop a coordination mechanism with sectoral partners (sister agencies, NGOs and line ministries). • Jointly identify key sectoral needs to meet the challenges of the specific emergency and to highlight the key gaps requiring further data/information collection. • Develop consensus on the methods and tools for collecting, collating, processing, analyzing and using data/information for planning (estimation of needs), monitoring and evaluation, ensuring that ICPD concerns are fully addressed. • Operate through UNCT and the Humanitarian Coordinator to ensure that cross-cutting issues of concern to UNFPA (gender, HIV/AIDS, RH, data) are taken into account during assessment in all sectors. • Mobilize resources to meet identified data needs and gaps. • Participate in qualitative data and information collection, processing, analyses and use for decision-making.	Other humanitarian agencies, NGOs, Line Ministries, Consultants, Statistical Offices

Exhibit 3.1:
Specific Role of the UNFPA Country Office during Acute Crisis Phase *(continued)*

Option	Specific Role of the Country Office	Possible Partners
Sectoral Rapid Assessment (Existing data, qualitative, quantitative) *continued*	• Contribute to the development of consensus on the implementation, monitoring and coordination of key sectors. • Contribute to the development of modalities for reporting and sharing information among sectoral partners.	Other humanitarian agencies, NGOs, Line Ministries, Consultants, Statistical Offices
Administrative Records	• In collaboration with national counterparts and other partners, assess any relevant data made available during preparedness phase and identify most useful components. • Explore other relevant data sources from administrative records of line ministries. • Ensure the effective use of available, most relevant and updated administrative data for planning and implementation of humanitarian interventions. • Utilize the available expertise provided by the national and local authorities.	Ministries of Planning, Territorial Administration, Health, Transportation, Education, and Defense, Civil Society, UN agencies.

Exhibit 3.2:
Data Needs and Indicators for Acute Phase

Data Needs	Indicators	Sources
Size, age, sex structure of the population and area affected or frequently hit by natural disasters/ conflicts	• Total size of population at risk • Sex ratio • Population density by administrative unit • Population in the urban and rural areas • Average household size in affected area • Size of (women of reproductive age, youth, adolescents, older people, disabled people, female-headed households, child-headed households)	Census, Population Projections
Socioeconomic characteristics of the population (literacy, economic activity, etc.), particularly in the area affected	• Literacy rate • Language of literacy • Proportional distribution by broad area or main sector of economic activity • Levels of income (proportion below the poverty line) • Proportion of school-age children (men and women) • Schooling rates by sex and by level of education • Access to means of information/communications (radio, TV, telephone, etc.)	Census, Surveys
Sociocultural characteristics of the population (ethnic group, language, religion, etc.) in the affected area	• Proportional distribution by ethnic group • Proportional distribution by nationality • Proportional distribution by language spoken • Proportional distribution by religious affiliation	Census, Surveys
Community-based facilities and resources in the affected area	**Health:** • Number of health facilities (hospitals, health centers, etc.) • Distance and accessibility to health facilities • Number and quality of health personnel (doctors, nurses, midwives)	Census Mapping/GIS, Administrative Sources

Exhibit 3.2:
Data Needs and Indicators for Acute Phase (*continued*)

Data Needs	Indicators	Sources
Community-based facilities and resources in the affected area (continued)	• Number of health facilities offering specific services (maternal/child health, obstetric care, emergency care/ambulances, etc.) • Number and location of referral facilities **Education:** • Number and capacity of schools (primary and secondary) • Ratio of school children per school by educational level • Class-pupil ratio by educational level • Pupil-teacher ratio by educational level **Transportation:** • Availability of accessible roads • Available means of transportation (mechanical, animal, other) **Other:** Availability of: • clean water • electricity • sewage system • community halls • warehouses • markets or shopping facilities • security services • services for the management of violence	Census Mapping/GIS, Administrative Sources
Stand-by capacities for response - Stakeholders (government, NGOs, UN agency, civil society organization, humanitarian agencies, Uniform policies, etc.)	Number of NGOs and other stakeholders working in the area for: • transportation and other logistics • human and material resource provision • stockage capacities/prepositioning commodities • communications facilities/options	Country Disaster Management Team, OCHA/HIC, Humanitarian Coordinator, Administrative Sources
Health problems and priorities (RH, HIV, Mortality, morbidity, disease epidemiology, vaccination coverage, nutrition, etc.)	• Number of births • Number of pregnant women • Number of deaths by age and sex (infant, maternal, age-specific) • Life expectancy • Knowledge of contraception • Contraceptive prevalence • Vaccination coverage • Nutritional status of children and pregnant women • Epidemic and common diseases • Number /frequency of diarrhoeal disease among children • Knowledge of HIV/AIDS • Prevalence of HIV/AIDS • Number of people living with HIV/AIDS • Prevalence of other STIs • Frequency of violence by category • Number of female victims of violence (sexual, physical, other) by type of perpetrator	Surveys, Census Health Management Information Systems

3.9: References

1. ALNAP (2006): Evaluating humanitarian action using the OECD-DAC criteria – An ALNAP Guide for Humanitarian Agencies, http://www.alnap.org/pool/files/eha_2006.pdf
2. ALNAP (2009): Real-time evaluations of humanitarian action – An ALNAP Guide. Pilot Version (by J. Cosgrave, B. Ramalingam and T. Beck),http://www.alnap.org/pool/files/rteguide.pdf
3. IASC – Initial Rapid Assessment Toolkit, http://www.who.int/hac/network/global_health_cluster/ira_form_v2_7_eng.pdf
4. IASC - The Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: A Distance Learning Module. http://misp.rhrc.org/
5. IASC (1994): Consolidated Appeals Process Guidelines (*As endorsed by the Inter-Agency Standing Committee on 13 April 1994)*
6. IASC (2005): Guidelines for Gender-based Violence Interventions in Humanitarian Settings - Focusing on Prevention of and Response to Sexual Violence in Emergencies, http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf_gender-gbv
7. IASC (2007): Initial Rapid Assessment (IRA) – Guidance Notes for Country Level
8. IASC (2008): Kits pour la Santé Reproductive Inter-organisations à utiliser en situations de crise, 4ieme édition
9. IPPF, UNFPA, WHO, UNAIDS, GNP, ICW and Young Positives (2009): Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages; A Generic Guide. London. UK.
10. Melinda Lewis (2000): Focus group interviews in qualitative research: a review of the literature. Health Science Education, Faculty of Health Sciences, University of Sydney.
11. ODI (2003): According to Need? Needs Assessment and Decision-making in the Humanitarian Sector, London, Humanitarian Policy Group Report 15.
12. REDLAC (2006): Methodology of Rapid Assessment for Humanitarian Assistance.
13. Von Schreeb J. (2007): Needs Assessment for International Humanitarian Health Assistance in Disasters. Division of International Health (IHCAR) Karolinska Institute.
14. WHO (2003): Technical Guide to Rapid Assessment and Response (TG-RAR) WHO/HIV/2002.22 http://www.who.int/docstore/hiv/Core/Index.html

Chapter IV:

Data Collection and Analyses in Chronic Humanitarian Crisis Situations

4.1: Introduction

As mentioned in the introductory section, chronic humanitarian crisis situations are usually caused by long-lasting conflicts accompanied by violence or frequent natural disasters, such as droughts, floods, etc. They may lead to sustained political instability or complete breakdown of political systems, the emergence of extremist groups and expanded hostilities among ethnic or religious groups. These in turn further exacerbate the complexity of issues causing the crisis and make it more difficult to bring about solutions that meet the aspirations of the conflicting groups.

Examples of chronic crisis situations include Somalia (which suffers from both conflict and frequent droughts and floods), the Occupied Palestinian Territory (with more than six decades of violence and human suffering), Afghanistan and Iraq (about three decades of armed conflicts), Western Sahara, Chad, Ethiopia, Eritrea, Sudan, etc.

The particular situation of IDPs is aggravated by the fact that no particular humanitarian agency has a clear mandate over their plight. Often, national governments are not prepared to acknowledge their existence. In some cases, IDPs face many kinds of discrimination and can even be targeted

for extermination. Under such circumstances, governments tend to give priority to IDP security rather than the need to expose their plight. This renders IDP profiling difficult. Generally speaking, refugees are those people who are forced to migrate across international borders and who have no or very little resources. They may also be assigned to live in predefined areas. Others, who are better-off, may not wish to be ascribed as refugees.

Overall, during prolonged crisis situations, sustainable development processes deteriorate and national institutional capacities become severely dysfunctional if not completely destroyed. This is compounded by an environment of insecurity, causing more human suffering especially among vulnerable groups (women, children and the elderly) and imposing on them the difficult decision to migrate. Forced migration, which is usually viewed as a temporary measure to escape risky (insecure) situations, becomes a long-lasting issue, where frustrated and hopeless IDPs or refugees live in harsh conditions and depend largely on external assistance for basic needs. Such displacements end up creating an imbalanced distribution of the population with consequences on the receiving areas as well as the areas left behind.

Nevertheless, loss of hope and absence of foreseen solutions usually pushes people in chronic humanitarian crises to cope with the situation and minimize associated risks, supported and facilitated by external aid organizations (UN, bilateral, NGOs, CSOs) as well as national authorities (if any). This usually raises demand for data to identify the basic services needed for people at large as well as target groups (school for children, protection for women and girls against violence, shelter and sanitation, fuel and food requirements, etc.).

Collecting population data in humanitarian situations and chronic situations in particular is a challenge to concerned national and international agencies working in this area. One of the major challenges is the weak or dysfunctional national statistical systems and their inability to provide reasonably acceptable data, either because data they have from past sources, such as population censuses, surveys and administrative records and statistics, are considered obsolete and do not represent the emerging situation, or because they do not have the capacity to generate any data (Somalia, Afghanistan, Southern Sudan). Furthermore, the accumulated depression due to the prolonged situation and the loss of hope hinder cooperation of the people in crisis to provide data. There is also the persistent fear and mistrust among displaced persons that the information they provide may be used against them by hostile groups. This situation is compounded by demographic changes in the form of increased risk of injuries, death, and forced and frequent migration of the affected groups. In some instances, there is a lack of cooperation on the part of government itself and/or rebel groups that refuse to acknowledge the existence of any IDPs within a particular area. There is even further risk of such information being used against the profiled population.

These constraints notwithstanding, the international community has been fairly active in assisting national authorities to establish efficient statistical agencies, the Occupied Palestinian Territory (OPT) for example. However, such agencies do encounter various challenges in the field as evidenced in box 2.

The increasing demand for data in chronic humanitarian crisis situations may not be met by standard statistical procedures. Due to a lack of capacities, infrastructure and resources, national statistical bureaus may not be in a position to conduct such complex activities. Moreover, most affected populations, for whom the data is needed, live in hostile environments. Others, who are forced to leave the crisis areas, become

refugees, emigrants, or IDPs in camps who live in host communities in receiving areas.

The UNHCR Guidance on Profiling Internally Displaced Persons[28] acknowledges that there are several methodologies available for obtaining statistical information during chronic humanitarian crisis situations. Essentially, the added advantage of collecting additional data must be substantial when compared to the risks and potential backlash of attempting further data collection exercises. However, when a decision is made to conduct additional data collection, there are various methods available. Choosing the right method will be influenced by various factors among which are: level of detail, accessibility, time availability, geographical spread, available resources (human, financial, material), IDP perceptions and sensitivity, positive and negative implications (Do No Harm principle), possible backlash if the exercise does not lead to further amelioration of conditions, and above all, whether the government is collaborative.

Consequently, statistical procedures should be reviewed, modified and adapted to the situation at hand. Only options that can be easily adapted to the conditions on the ground should be adopted. Running a population census can only be successful if all areas of a country are securely accessible for all census field operations.

Population censuses, sample surveys or other standard statistical procedures do not adequately respond to data needs in emergencies. These tools are usually suit-

BOX 2 Consequences of long-lasting conflict situations, frequent natural disasters, and data collection activities in chronic situations

In Somalia, the breakout of the civil war in the early 1990s and the collapse of the government created a situation of discomfort, insecurity, instability, and massive forced mobility within and across borders to neighboring countries forming IDP or refugee camps living in conditions not suitable for humanity. The long-lasting violence—compounded by frequent natural disasters and a lack of credible statistics required for humanitarian assistance, reconstruction and development—impeded efforts by the international community to restore order and peace in Somalia. UNFPA supported UNDP/Somalia in conducting an RH-based survey but the results were deficient and not very useful. Supported by the World Bank, UNFPA also initiated a Population Head Count exercise for Somalia to provide reasonable data on population size and distribution. UNFPA conducted two important pilots in two districts, but the initiative was unsuccessful. Recently UNFPA conducted a comprehensive assessment of the population estimates of Somalia in collaboration with UNDP.

In Iraq, the hostile environment presents a serious challenge to data collection personnel. Household members hesitate to reveal information to persons whose identity they are unsure of. Even if officially designated personnel are properly introduced, a lack of trust of governments minimizes the chances of obtaining accurate data.

In the OPT in 1997 and 2007, UNFPA conducted two population censuses and other data collection activities. A major challenge was the reluctance of the Arab residents of Jerusalem to provide information to statistical personnel. The residents feared negative consequences by the occupying authorities.

[28] UNHCR and NRC (2008): Guidance on Profiling of Internally Displaced Persons, see http://www.humanitarianreform.org/humanitarianreform/Portals/1/cluster%20approach%20page/clusters%20pages/Protection/IDP_Profiling_Guidance_2007.pdf

BOX 3 Census data collection in chronic crises curtailed

Due to the long-standing war between North and South Sudan, several states or areas in the south were not covered by the 1993 population census of Sudan. The census was further hindered by an influx of IDPs moving from the South to major cities in the North, living in camps or merging with the host populations and as refugees in neighbouring countries. Consequently, the population size, distribution and characteristics of South Sudan during that long period of conflict, started in 1983 and sustained for more than two decades, do not represent the normal situation and completely different from that of the 1983 population census.

After several years of international collaboration and huge resource deployments, the final results of the 2007 census of Sudan were contested. The most controversial element of the census results was clearly the regional population breakdown. So when results began to leak that the census would count the South's population as 8.2 million, tensions escalated quickly on suspicions that the figures were being "deflated in some regions and inflated in others," making the final tally "unacceptable." Southern officials further discounted the census by taking issue with the results for Darfur, saying that, given the ongoing crisis and massive displacement and insecurity in that region, the jump from the 1993 census that counted Darfur's population as 3 million, to the leaked results of the latest census of 7.2 million, was inaccurate. It has also been posited that Darfur's numbers were inflated to reduce the population of southern Sudan, which in 1983 was estimated at over 8 million. It is further contended that the number of southern Sudanese living in northern Sudan, many of them displaced during the two-decade civil war that ended in 2005, is far too low, according to the Sudan Peoples' Liberation Movement (SPLM). The United Nations and other humanitarian agencies have provided estimates for southerners living in the north that were much higher *(Sudan Tribune, 22 May 2009)*.

In 1997, Iraq conducted a population census that did not cover three major governorates of the north. These governorates were inaccessible to census staff and hence the 1997 population of Iraq was a truncated one. Hence, relying on curtailed or obsolete censuses, surveys or even administrative records for providing data for humanitarian assistance is not feasible.

able for use in normal development planning rather than during emergency situations, because they require a long time to design and implement. For several years after the 2003 invasion of Iraq, national statistical authorities put tremendous effort in a national comprehensive population census without being able to implement it successfully. Consecutive decisions to postpone were primarily driven by the unfavorable situation on the ground. Due to a lack of functional governmental institutions in Somalia since the collapse of the government in the early 1990s, no single proper data collection activity has been conducted without criticism. The National Authority of the OPT conducted a population census in 1997, but was unable to have access to and enumerate the entire population. Since the late 1970s, Afghanistan has not enjoyed any form of peace or stability. During this period, no recognized data collection activities have been recorded. For the past several years, the international community lead by UNFPA has begun preparations with the national authorities for a proper population census for Afghanistan, which is yet to materialize due to security and other technical barriers.

These examples demonstrate that during chronic humanitarian crisis situations, especially where identification and location of displaced persons is problematic, it is difficult to properly plan or conduct standardized types of statistical data collection activities, such as population censuses and national sample surveys, which are usually viewed as developmental tools. Moreover, these activities are costly and their results may not be valid by the time they are revealed due to the volatile conditions.

4.2: Approaches for Data Collection, Analysis and Use

During chronic crisis situations, alternatives to data collection may be more suitable to the prevailing conditions. Such alternatives should be tailored to meet emerging data needs especially of the population subgroups who are under sustained crisis situations and the affected population at large. In other words, any data collection activity should consider: *a) specific and short-term objectives; b) the feasibility of the process* that facilitates relevant assistance; and *c) the timely availability of the results* to ensure the purpose of collecting the data is served. Under these circumstances, other non-conventional approaches may better generate data to meet urgent needs. The data may not have to be as accurate and fully representative as that generated through standard data collection procedures. They may include activities such as:

- quick head counts or quick listing and profiling with very basic characteristics
- rapid sample surveys
- qualitative data collection from focus groups
- community-based studies that combine collection of qualitative and quantitative data
- compiling information from records generated during the crisis, etc.

In addition to data collected on the population, there is a need to collect other information in the context of providing assistance, which may take the form of assessment. During chronic humanitarian crisis situations caused by natural disasters or armed conflict, relevant assessment of displaced persons, where feasible, should be incorporated in any Common Country Assessment (CCA) exercises. The CCA generally covers the environmental, sociocultural, economic, governance and demographic contexts. If specific assessment of displaced persons is not incorporated into the CCA process, humanitarian assistance, such as clean water, sanitation, food, health service, education, transportation, communication and protection, will not be provided effectively even if data on the served population is available.

The following sub-sections provide a brief description of each of the above suggested methodologies and approaches for data collection activities that can be undertaken during a chronic humanitarian crisis along with strengths and weaknesses. These suggestions should not be viewed as replacements for standard statistical operations whenever prevailing circumstances allow them. However, they are alternative approaches to fill in data gaps within relatively short periods of time and facilitate timely humanitarian interventions. All data collection activities in chronic and other stages of humanitarian situations are expected to serve the needs of multiple national and international users individually and jointly.

4.2.1: Quick Counts

Quick Counts (QC) are usually planned and implemented in collaboration with partners including the government, civil society, and sister agencies such as UNHCR, World Food Programme (WFP), OCHA, IOM, UNICEF, and other humanitarian agencies. These

UN Photo/Logan Abassi

rapid estimation techniques have been described in more detail in the Guidance on Profiling IDPs (pp. 23-36). A QC avails data on targeted population totals and sometimes can provide numbers of males and females. QC methods are likely to be used for many IDP situations, for example, during early phases of displacement when people are still on the move; the influx is rapid and security is of general concern; and/or when access to the area is restricted. QC approaches are simple and relatively reliable methods for collecting and providing simple but crucial data on population counts within a short period of time. They require limited mapping/cartographic preparations on the ground and basic training of field personnel. The results so obtained may provide baseline data for more detailed data collection approaches.

QC may take different forms, one of which adopts the approach of counting houses in each of the well-defined communities of an administrative unit without necessarily conducting home visits. It is preferred for situations where the population is located in a geographically well-defined area, such as a camp or a settlement. It attempts to count each habitation in an area at a particular time, whether it is occupied or not. .Based on these house counts, total population estimates can be reached by applying the average number of persons per house at the community level extracted from independent sources. The major risk factor here is that such an approach could yield false population estimates if not implemented correctly, especially when the population is mobile.

Remote methodologies can also be adopted to estimate the total number of people in communities using satellite or aerial imagery to provide an approximate number of houses/structures. These are suitable for areas where ground access is either too difficult or where the area of interest is too large for a quick ground-based estimation. They can be used along with estimates of average number of people per house to produce the estimated total population. These approaches can provide valuable information about access points for assistance, such as roads, airstrips, ports, navigable rivers or canals, towns and villages, highlighting any particular access constraints. Accuracy of this approach depends on how recent the images are and how accurate the delineation of communities. The major constraints of these approaches are their cost, the difficulty in obtaining the requisite inputs for accurate images, and the absence of direct contact and provision of protection to the affected population.

A third approach is to delineate communities and visit all households, list the name of the household head and record the total number of household members, males and females, in simple record—the headcount. It is preferred for situations where the population is located in a geographically well-defined area, such as a camp, settlement, or distribution point. This information will provide reasonably accurate figures on the population by sex for each community. An extended step to this approach would be to also record the age and sex of all household members. Collecting the age of the population has a significant value added and multiplies the advantages and utilization of data classified by age and sex. Its main constraint may be that it can be labour-intensive and may not provide rapid results for a wide area.

It should be noted that each of these approaches has advantages of simplicity but also has limitations in the degree of accuracy. Identifying the plausible approach should be based on propensity to application in a given context or time frame, depending on available resources and security.

4.2.2: Listing and Profiling

Listing and profiling procedures applied in humanitarian situations are mostly household-based surveys used for collecting information on IDPs and refugees. The process starts by listing all individuals who moved to specific areas or camps to provide an estimate of the total number of IDPs/refugees in an area/camp. Profiling involves household-based canvassing during which IDPs are identified either in the camps or within host communities. This is the first step towards collecting additional data at later stages. Listing can be initiated at the beginning of the crisis and continue as long as IDPs are moving in a defined area/camp. IDPs that leave the camp to other areas are also listed and discounted from the total number. Hence, this procedure provides an update on the total number of IDPs in the camp. The field work must be done in the same manner in order to be certain that the data can be comparable.

Profiling can be done at the same time of listing if conditions allow. However, in most cases, collecting more data from individuals as they enter the camp may not be feasible because they reach the camp exhausted and unable to respond positively or provide accurate information, especially with regard to other members of their families. Nevertheless, for ease of future reference, profiling should take into consideration members who belong to the same family and treat them as one unit. The following information can be collected: *name of head* of the family, *relation* of other family members to the head, *sex*, *age*, *place of origin*, *intention to return, other members of the family left behind*, *relatives in other areas* whom they would like to join, *health status* of members who *need special medical or other attention*, pregnant women, high risk pregnancies, *disabled* persons, children of school age, elderly persons, etc.

Even though it is recommended that IDP listing and profiling be carried out at the early stages of the outbreak of a crisis, it is needed and doable in cases where this was not done before. IDP profiling enhances the detection of specific protection challenges, provides details on both the IDPs and the host communities, provides useful indicators for other sectors of assistance, and highlights individual intentions, fears and aspirations.

It also has some drawbacks. In spite of the fact that this process is not complex and does not require heavy expertise and other inputs, lack of basic knowledge and human resources can be a limitation. It often takes much longer for profiling results to be made available, and they require regular updating as well as the management of a database, mainly during the chronic stage. In some cases, national authorities may conceal

certain realities and raise objections to the results, which hinder actions to be taken. There is also the fear that IDP profiling could be overly intrusive and may lead to expectations of additional assistance to those profiled. Most often, IDP listing and profiling is usually targeted to camps, such that IDPs residing in communities with other families or in independent households are usually under-covered by such exercises. This requires additional efforts to cover them in such data collection activities. Community leaders are usually good sources to facilitate identifying IDP families or individuals in their communities.

4.2.3: Rapid and Baseline Surveys

Rapid surveys help fill in gaps and respond to ad hoc data collection needs for programming and interventions. These surveys are not standard data collection activities and are not necessarily meant for generali-

BOX 4 Chad Experience — IDP Profiling in the East

Armed conflicts in the eastern part of Chad have unleashed substantial internal and external population displacements. The humanitarian actors have been doing their best to provide assistance and protection to the people. Implementation of humanitarian assistance programmes has long been confronted with unreliable data on the number and socio-economic characteristics of the IDPs in the area, all of which have affected the evaluation of their basic needs.

The UNFPA-CO in partnership with UNHCR and IFORD organized an IDP profiling operation whose main objective was to determine the profile of IDPs in order to highlight their assistance and protection needs. The specific objectives of the study were: (i) To determine the number of IDPs; (ii)To determine their socio-demographic characteristics; (iii) To determine their places of origin and causes of their displacement; (iv) To capture the past and present living conditions as well as their intentions to return to their places of origins and conditions for such return.

The main approach employed was the 2-stage stratified random sampling; households were drawn at the first stage and an adult household member aged 15 years and above was randomly selected to respond to the detailed individual questionnaire. The three main data collection tools employed include:

- (i) A household census questionnaire
- (ii) A recapitulation sheet
- (iii) An individual questionnaire.

The data collected and processed has so far been used to (i) constitute a database on the IDPs. In addition, mechanisms have been put in place for the regular update of the information on the IDPs in each site. This arrangement ensures possibilities of omissions and double-counting and has enhanced the reliability of data on the IDPs in the region; (ii) better organize, plan and distribute foodstuffs and other commodities provided by the WFP and the UNHCR; (iii) better plan the UNFPA interventions among the IDPs; and (iv) organize an RH and female genital mutilation survey in Abéché region.

BOX 5 Burundi Experience — An IDP Census Count and a Socio-demographic and RH Survey in 2002

An evaluation in 2002 revealed that the existence of divergent and varied sources of data on the situation of IDPs in Burundi rather complicated humanitarian interventions. This led to the organization of a count of all IDPs in seven communes within two of the country's provinces. Some 230 sites were covered using a questionnaire, which contained the following variables: name, age, sex, place of birth, date of birth, and date of arrival at the site. Overall, some 281,628 IDPs were identified. Analysis of the population structure by gender and age revealed an imbalance between the two sexes (89% women), a deficit of young people aged 20-24 years and 25-29 years, and a deficit of children 0-4 and 5-9 years, due to the higher mortality of infants and children in the camps. The census enhanced a better localization of IDPs in the country.

The purpose of the socio-demographic and RH survey was to (i) provide a description of the socio-demographic characteristics of population and households; and (ii) identify the impact of the crisis on demographic dynamics. This survey was considered more appropriate for the context than a conventional demographic and health survey (DHS), which pertains to the development phase.

zation of results to the population at large, because they are less likely to represent the population objectively. Hence, they do not necessarily need to have a fully accurate and up-to-date sampling frame. They also do not have to be nationally representative, because they are targeted to specific areas of focus in preparation for interventions, especially in emergency situations. Consequently, rapid assessment surveys do not replace standard statistical activities but are viewed as complementary to them. They adopt simple, action-oriented, time-saving and cost-effective application procedures.

Rapid assessment surveys are quick responses to the emerging needs of planners and other data users. In a way, they cost less, can be implemented within a short period of time, and deal with specific tasks. They adopt a participatory and multidisciplinary approach and are respectful to human rights.

Baseline surveys are used as tools for assessing the current situation with respect to humanitarian and developmental programming, and they establish benchmarks to measure change. Baseline surveys are robust tools for identifying gaps and setting priorities for intervention. They can also be used as tools for cost-benefit analysis and identify pathways to attain maximum mileage using available resources. Most important, baseline surveys set the groundwork for *monitoring progress* achieved through programmed interventions.

Baseline surveys may become complex tools, given the fact they should target quantitative as well as qualitative indicators. The most challenging task is to operationalize the indicators to be searched by the baseline survey and make them measurable by setting clear concepts, definitions and spelling out the computation elements of each indicator. This usually results in a diversity of approaches to be dealt with at the same time and the collection of information from a variety of groups, such as women, heads of households, community leaders, service providers, facilities, politicians, planners, etc.

Both rapid assessment surveys and baseline surveys are reasonably good tools to

BOX 6 The Southern Sudan Experience — The Availability and Accessibility of Emergency Obstetric and Neo-natal Care

The UNFPA-CO conceived a database containing most of the indicators of neonatal and maternal health, STIs, HIV/AIDS, family planning, maternal mortality, IEC, and health education. This database is expected to be supplied with data from various rapid data collection mechanisms including RH, SGBV and HIV/AIDS thematic groups, surveys conducted by consultants, rapid evaluations during field missions, weekly and monthly reports from various partners, training reports, results of surveys (MICS), results from the household health survey.

The updating of this database has however encountered a number of challenges among which are: i) Problems related to the generalized insecurity leading to restrictions on staff movements by the UN Department of Safety and Security (rendering field visits to collect relevant data difficult); ii) The inability of the staff employed in most of the government health facilities to read and properly complete data collection instruments prepared in any other language besides Arabic; iii) Poorly motivated health personnel especially in rural areas (no salaries); iv) Inadequate or no training for staff required to complete the data collection instruments.

The Côte d'Ivoire Experience

The country office of Côte d'Ivoire presented a series of studies on IDP living conditions. The survey covered 4500 households in host communities, selected through a two-stage random sampling approach. During the first stage, 15 districts were drawn within the five divisions covered by the study (Abidjan, Duékoué, Yakro, Daloa, Toulépleu). In the second stage, 30 households were drawn taking into account households with IDPs and those without. Three types of questionnaires were used, namely a household questionnaire, a questionnaire on household living conditions, and a questionnaire for IDPs, aged 15 years and above, in host households. The study results helped the government in advocacy and resource mobilization to support IDPs and implement projects designed to provide assistance to and reintegrate victims.

collect data during chronic situations. Their strengths are in their flexibility to respond to specific issues at hand. Their weakness is the sizeable and in-depth technical inputs needed for the design, implementation and analysis of results.

4.2.4: Qualitative Data Collection

Qualitative data collection is equally important and viewed as complementary to quantitative data systems. Issues of concern that cannot easily be measured, captured or appraised using quantitative survey approaches can be addressed using focus group discussions, key informant in-depth interviews and participant observation. These methods are generally more reliable in deciphering some hard-to-reach information on such sensitive issues as GBV, RH problems, neglect and abuse of women, children and the elderly, violation of rights, absence of protection, abductions, trafficking, gender issues, aspirations, expectations and intentions.

Qualitative research has gained more interest and become very useful and increasingly important in chronic humanitarian crisis situations, where it can fill wider data gaps created due to generally weakened or dysfunctional statistical systems. It should

always be viewed as integral to quantitative research and might even be considered a replacement Even though it may require fewer but relatively higher qualified human resources to organize, implement and properly analyze the results, qualitative approaches are quick to organize, can be conducted away from IDP sites and are generally less costly. However, they can be distorted by individual interests of the respondents or other external pressures, require ample background knowledge of the population and context to select persons likely to provide a "balanced" perspective and usually provide only approximate information.

4.2.5: Assessments/Common Country Assessments

Humanitarian assessments can take place independently or as an integral part of a common country assessment (CCA), which facilitates better coordination of humanitarian assistance among various partners. In such situations, diversified task forces should be formed to compile, organize, analyze and present information on humanitarian needs and priorities in a coherent and consistent manner and at the same time identify information gaps. This helps to strengthen the comprehensive analysis of humanitarian needs and, in turn, develop strategies and programmes that focus on addressing prioritized needs, increasing accountability, raising professionalism, providing evidence for advocacy and creating concrete elements for fundraising.

CCAs[29] are valid data collection tools in chronic situations where the UN system decides to conduct such exercises. The CCA's strength lies in the collective effort of the various organizations of the UN system, working with national counterparts to produce multifaceted and multidimensional analysis.

CCAs involve compilation of quantitative and qualitative data and provide integrated analysis of issues of concern. Identifying gaps and priorities for intervention are the main outputs. CCA should make use of available information about indicators such as those presented in the annex. These indicators should be disaggregated for sub-national level and for population sub-groups, especially by age and sex.

Assessments also have the flexibility of conducting impact studies on populations receiving IDPs especially where IDPs live among the population of receiving areas and not in separate camps. Such studies may focus on community resources and supportive environment, public services (including water supply, energy, houses, health services, education facilities), as well as on matching available resources with meeting needs within the prioritization process.

BOX 7 Conducting a CCA for Iraq

The UN system is in the final stages of conducting a CCA for Iraq. The CCA had covered various humanitarian and developmental issues pertaining to the Iraqi population's essential needs, including water, food, basic health and education services, poverty issues, unemployment, environmental issues and issues directly restoring state legitimacy. This important document outlines priorities for collaboration between the UN, national authorities, government, civil society and NGOs to reduce the incidence of violence and improve the living conditions of the population at large and of vulnerable groups in conflict areas.

[29] UN Development Group (1999): Common Country Assessment Guidelines, see http://www.humanitarianinfo.org/sanctions/handbook/docs_handbook/guide_cca.pdf

BOX 8 Country Experiences with Sample Surveys

1) Following the 2003 invasion of Iraq, the Statistical Office of Iraq conducted a series of sample surveys on living conditions, health, MIC III, and the labor force. These surveys provided a comprehensive database covering various demographic and socioeconomic issues. Sample design and implementation of these surveys faced difficulties of representation, where hot conflict areas were excluded either at the design stage or at later stages when filed workers could not have access to insecure areas. Moreover, vulnerable groups were not properly covered in such situations.

2) Sudan implemented a nationwide household sample survey, for which the sample was designed at the state level, including all states of the South and Darfur. This survey provided demographic and health data focusing on all household members, women and children. The survey also provided indicators on maternal mortality for all states of Sudan.

Assessments focus on specific issues within a broader context linking social, cultural, environmental and economic issues. They fully fit with the data needs in chronic humanitarian crisis situations, given the level of discomfort, depression and frustration that people face. Their weakness lies in the size of coordination work needed to plan for and implement such comprehensive assessments.

4.2.6: Sample Household Surveys

Sample household surveys, which employ conventional sampling approaches, such as simple random sampling, cluster sampling, stratified sampling, multi-stage sampling, are frequently undertaken in countries in normal situations and to some extent in chronic crisis situations to provide a wide range of indicators covering many fields. They are less costly than censuses and need less time to implement. As mentioned in Chapter 2, household surveys have an advantage of focusing on specific topics and have the flexibility of providing detailed data on studied ones. However, weaknesses of household surveys usually lie in their limited size and their results cannot be disaggregated beyond large administrative entities of a country, region, governorate or large district. Their potential to provide small-scale area indicators is usually limited. Moreover, such surveys require special technical skills and resources to plan and implement.

Another challenge lies in the fact that good sample surveys require the availability of sampling frames, which are generated by population censuses. Accuracy and goodness of design are very much dependent on updated frames. This requirement, however, is not objectively met in crisis situations, which in turn affects the level of representation of the samples designed and the generalization of findings. Hence, generalization should be taken with care especially for areas that are not completely accessible due to insecurity.

The potential for planning and implementing sample surveys in countries experiencing chronic crisis situations are also subject to availability of functional institutions that have the capacity to do so and can have access to all sample selected areas. In Iraq during the past few years, hot areas were excluded from the samples of surveys conducted, such as MIC III and the National Household Health Survey, Living Condition Survey and Income and Expenditure Survey.

Overall, due to the developmental nature of sample surveys, results of these surveys may not continue to be highly valid in

BOX 9 The Côte d'Ivoire Experience

The country office of Côte d'Ivoire conducted two studies: a) a situation of obstetrical fistulae and b) the effects of the crisis on gender-based violence.

a) The situational analysis of obstetrical fistulae was conducted in the districts of Man, Danané and San Pedro with the following objectives: i) To determine the level of prevalence of obstetrical fistulae in health facilities; ii) To evaluate the capacity of both the health facilities and the communities of these areas to handle cases of obstetrical fistulae.

Data was collected using the following tools: (i) the health register to count the number of recorded cases of fistulae in the health facilities; (ii) questionnaire for quantitative data collection on cases of obstetrical fistulae; (iii) a form for an inventory of staff within the health facilities; (iv) a form for the inventory of all materials/equipment in each health facility; and (v) a financial sheet for the estimation of the overall cost implications for the implementation of campaign activities against obstetrical fistulae in the region.

The data collected led to the development of a project to support the creation of a regional centee prevention and treatment of fistulae in Man.

b) The study on the crisis and GBV focused on the following objectives:

(i) To measure the level of prevalence of various forms of GBV in the Yamoussoukro, Bouaké, Man, Daloa, Korhogo, Danané, Duékoué and Guiglo Divisions;
(ii) To analyze the familial, social, cultural and economic contexts of GBV prevalence;
(iii) To correlate GBV suffered by women and the delinquent behavior of their children;
(iv) To determine the consequences of GBV on the victims;
(v) To study the response of victims to the violence they had suffered, their level of dependence on close family/community members and on institutional mechanisms in place for assistance.

The following varying approaches were used to implement this study:

(i) A mapping of GBV partners – a survey of all actors involved in the fight against GBV was conducted;
(ii) Data collection from health facilities – examination of all health registers from 2005-2007 to record cases of GBV;
(iii) Data collection in all law enforcement facilities - examination of all these institutions from 2005-2007 to record cases of GBV;
(iv) A quantitative survey of respondents aged 10-49 years – a total of 4,179 males aged 10-40 years and 8,234 females aged 10-49 years was conducted;
(v) A qualitative survey at community level consisting of (i) in-depth interviews with GBV victims, law enforcement personnel, staff of health facilities, members of the armed forces and social workers and (ii) separate focus group discussions with adults, youth, community leaders and religious leaders.

The results from these various studies served to:

(i) Provide evidence for the government to mobilize resources;
(ii) Provide orientation for the implementation of specific projects targeting identified vulnerable groups;
(iii) Provide a better positioning of UNFPA within the UN system as lead agency in the domain of data collection and analysis, and monitoring and evaluation (M&E). Currently UNFPA is the lead agency on M&E for the UNDAF.

chronic situations, especially if this stage is accompanied by high population mobility.

4.2.7: Administrative Records

Administrative records are very useful in providing up-to-date specific information on beneficiaries of specific services. Data is usually compiled at the facility level (school, health facility of all levels, water supply unit, etc.) and aggregated at administrative levels, such as sub-districts, districts, governorates and national levels. Administrative records also provide information on the facilities themselves, including availability and accessibility of services and their quality, standards and adopted protocols. Assessments may cover service providers including assessment of their commitment and dedication, professionalism and other aspects of work quality.

The strength of this administrative source lies in its potential to provide good, basic, diverse, sectoral, and readily-available information on services for the population in crisis areas. It can be used as a starting point for assessing various strategies for quick and first-hand interventions that cover basic service sectors.

In chronic humanitarian conditions, however, where the national statistical system has been weakened or rendered dysfunctional and where various aspects of the national social service infrastructure have been destroyed and require rebuilding, it may be rather difficult to count on administrative sources for good quality information. In some cases, entire parts of the country are no longer under the control of national authorities and it becomes difficult to collate national-level information.

4.3: Monitoring and Evaluation During Chronic Crisis Phase

Most of the monitoring and evaluation mechanisms contained in the Sphere Project for follow-up to ensure the effectiveness of interventions may also apply during chronic crisis situations, especially in camps and other locations where services are provided to refugees and IDPs.

With proper coordination, ample monitoring and evaluation can be done through regular project/programme reports, field follow-up assessments, routine service-delivery data collection and other surveys that are more feasible during the chronic phase than during the acute phase. In all these sectors, several tools have been developed either through joint efforts or by individual agencies for capturing vital data and information especially during the chronic phase.

Other guidelines and tools are available through the ALNAP forum; particularly those mentioned earlier relating to the use of the OECD-DAC criteria and real-time evaluations. Almost all DAC criteria would apply during this phase except perhaps "impact" analyses. Others tools specific to the chronic phase have been produced by the ODI on current practice in the domain of livelihoods[30] and complex emergencies[31].

[30] Longley, C and D Maxwell (2003): Livelihoods, Chronic Conflict and Humanitarian Response: A Synthesis of Current Practice. London: ODI, Working Paper 182, seehttp://www.odi.org.uk/publications/working_papers/wp182.pdf)

[31] Hallam, A (1998): Evaluating Humanitarian Assistance Programmes in Complex Emergencies. London: ODI, Good Practice Review 7.

Exhibit 4.1:
Specific Role of UNFPA Country Office During Chronic Crisis Phase

Option	Specific Role of the Country Office	Possible Partners
Quick Counts, Rapid Surveys/ Assessments (quantitative, qualitative)	In Refugee or IDP Camps: ▪ Advocate and partner with mandated agencies (UNHCR, IOM), government and other humanitarian agencies to ensure the tools and methodologies developed/adapted will lead to full coverage of the camp populations and that various groups identified on the basis of age and sex will be objectively covered. ▪ Ensure that measures are in place for the processing, analyses, sharing and use of data on IDPs and other displaced persons in camps to facilitate joint quick response and sustained service delivery. ▪ Provide support for processing, analyses, sharing, use and updating of such data. Outside the Camp: ▪ Advocate for coordination of interventions targeting IDPs in the communities. ▪ Provide assistance for capacity development in government and other research institutions and at the level of the other humanitarian partners to collect data and information collection on refugees/IDPs in communities and on the host community. ▪ Provide support for processing, analyses, sharing, use and updating of such data.	UNHCR, IOM and other humanitarian agencies, NGOs, community leaders, consultants, statistical service and line ministries.
IDP Surveys (quantitative, qualitative)	▪ Advocate and partner with mandated agencies (UNHCR, IOM), government and other humanitarian agencies to ensure the proper conduct of IDP profiling exercises using adapted tools and methodologies for rapid data collection on IDPs in camp sites and within communities, including information on the host communities. ▪ Ensure that the range of information collected will meet most of the basic needs of IDPs and host communities. ▪ Make provision for proper and rapid processing, analyses, sharing, updating and use of data on IDPs.	UNHCR, IOM and other humanitarian agencies, NGOs, community leaders, consultants, statistical service and line ministries and task forces
Specific Case (chronic situation) – Census, Sample Surveys, MICS, CCA, etc. (Iraq, Sudan, Somalia example)	▪ Advocate with government, donor agencies and implementing agencies and provide technical assistance and financial contributions to ensure that variables focusing on ICPD domains of focus are fully captured by post-crisis censuses and surveys. ▪ Ensure that the specific concerns of IDPs/refugees are taken into consideration particularly during data collection and analyses. ▪ Make sure that humanitarian issues, particularly the concerns of IDPs, refugee populations and their host communities are given due consideration during the various phases of routine national programming cycles and policy/programme development (situational analyses, CCA, UNDAF, CPAP, PRSP, etc.)	National statistical offices, line ministries, research institutions, donor agencies, NGOs, UN and other humanitarian agencies.
Administrative Records	▪ Provide technical assistance and resources to government and local administration for routine data and information gathering, processing and dissemination on the situation of IDPs within their areas of jurisdiction. ▪ Encourage routine data collection/collation, processing and analyses at service delivery points that serve IDPs and host populations even if national systems are not functional. ▪ Explore the quality, accessibility and usability of data and information from administrative records. ▪ Encourage the use, by humanitarian partners, NGOs and other stakeholders, of available and reliable data from administrative sources for planning and implementation of interventions.	National and regional statistical offices, ministries of planning, interior ministries, other line ministries, NGOs, civil society.

Exhibit 4.2:
Data Needs and Indicators for Chronic Humanitarian Phase

Data Needs	Indicators	Sources
Estimated number of persons affected by the crisis	• Number/estimates of persons by age and sex • Number of households • Number of housing units occupied by IDPs, refugees, local community or vacant • Number of female-headed households • Number of homeless persons/households • Number of IDPs in camps • Number of IDPs outside the camps • Number of refugees in camps, • Number of refugees outside the camps • Number of orphans under age 18 by sex and age	Past census, population projections, surveys (in camps and within the host community), administrative records, rapid assessments, registration, reports by other humanitarian agencies
Causes and itinerary of displacements	• Number of IDPs/refugees by place of birth/origin • Number of IDP/refugees by place of previous (most recent residence) • Number of IDPs/refugees by itinerary of displacement • Number of IDPs/refugees by cause of displacement • Proportion of IDPs/refugees wishing to return to place of origin • Proportion of IDPs/refugees wishing to return/settle elsewhere • Proportion of IDPs/refugees wishing to remain at current location	Surveys, registration, reports by other humanitarian agencies, administrative records
Human capacity/ skills by sector/ occupation	• Number of health service providers (nurses, midwives, doctors, traditional birth attendants (TBAs), community-based development (CBD), social worker/outreach) in the camps • Number of health service providers (nurses, midwives, doctors, TBAs, CBD, social workers/outreach) among camp management • Number of health service providers (nurses; midwives; doctors, TBAs, CBD, social worker/outreach) outside the camp • Number of fully/partially functional health facilities • Prevalence of various infectious diseases • Declared causes of main diseases • Number of teachers in the camps • Number of educational initiatives in the camps • Number of pupils in educational programmes in the camps • Pupil-teacher ratios in educational programmes in the camps • Number of schools (functional and partially functional)	Surveys (in camps and within the host community), administrative records (service data, health management information System and reports), rapid assessments, reports by other humanitarian agencies
RH needs	Inside and Outside Camp • Number of women of reproductive age • Number of pregnant women • Number of pregnant women with complications • Number of pregnancies ending in miscarriage • Number of pregnant women with anemia • Number of high risk pregnancies • Number of cases receiving/requiring EmOC • Number of births by place of delivery (home, health center, hospital) • Number of women who received antenatal care in health facilities • Number of deliveries attended to by skilled health personnel • Number of women who have post-natal care • Number of lactating women • Number of women of reproductive age using a modern contraceptive method • Existence of functional distribution and availability of condoms • Main sources of contraceptives • Unmet need for contraception	Surveys (in camps and within the host community), administrative records (service data, health management information system and reports), rapid assessments, reports by other humanitarian agencies

Exhibit 4.2:
Data Needs and Indicators for Chronic Humanitarian Phase *(continued)*

Data Needs	Indicators	Sources
	• Number of unwanted pregnancies • Prevalence/incidence of STIs • Prevalence of HIV/AIDS • Proportion of HIV positive cases on antiretroviral treatment by age and sex • Number of maternal deaths • Number of death by age and sex • Prevalence of sexual assault • Number of persons to receive health treatment	
Livelihoods	• Number of household/family heads by type of current economic activity, age and sex • Number of household/family heads by type of previous economic activity, age and sex • Number of household/family heads by previous profession, age and sex • Number of household/family heads by current profession, age and sex • Number of household/family heads by current sources of income, age and sex • Number of household/family heads by previous sources of income, age and sex • Average household size by age and sex of household head • Number of household/family heads by type of current economic activity, age and sex • Number of household/family heads by main source of food supply • Number of household/family heads by alternative sources of food supply • Number of household/family heads by type of energy for cooking • Number of household/family heads by main source of water supply • Number of household/family heads by alternative sources of water supply • Number of household/family heads by main sources of supply of clothing • Number of household/family heads by type of lodging and by sex • Number of household/family heads by type of toilet facility • Number of household/family heads having access to a means of communication (radio, telephone, etc.) by sex • Number of household/family heads by literacy status and by sex • Number of literate household/family heads by language of literacy and sex • Main aspirations of IDP/refugees by sex and age	Surveys (in camps and within the host community), administrative records, sectoral assessments, reports by other humanitarian agencies
Protection	• Number of IDP/refugees holding identification papers • Number of IDP/refugees receiving protection from security forces • Number of household/family heads with experience of physical violence to household member • Number of household/family heads with experience of sexual violence to household member • Main security concerns of IDP/refugees by sex and age	Surveys (in camps and within the host community), administrative records, sectoral assessments, reports by other humanitarian agencies

4.4: References

1. ALNAP (2003): Humanitarian Action: Improving Monitoring to Enhance Accountability and Learning. ALNAP Annual Review 2003. London
2. Hallam (1998): Evaluating Humanitarian Assistance Programmes in Complex Emergencies
3. Kate Macintyre (1999): Rapid assessment and sample surveys: trade-offs in precision and cost in *Health Policy and Planning* 14(4): 363–373 http://heapol.oxfordjournals.org/cgi/content/abstract/14/4/363
4. Longley, C and D Maxwell (2003) Livelihoods, Chronic Conflict and Humanitarian Response: A Synthesis of Current Practice. London: ODI, Working Paper 182, http://www.odi.org.uk/publications/working_papers/wp182.pdf)
5. OECD-DAC (1999): Guidance for Evaluating Humanitarian Assistance in Complex Emergencies.
6. UN Development Group (1999): Common Country Assessment Guidelines http://www.humanitarianinfo.org/sanctions/handbook/docs_handbook/guide_cca.pdf
7. UNHCR and NRC (2008): Guidance on Profiling of Internally Displaced Persons http://www.humanitarianreform.org/humanitarianreform/Portals/1/cluster%20approach%20page/clusters%20pages/Protection/IDP_Profiling_Guidance_2007.pdf

UNFPA

Chapter V:

Data Collection and Analyses during Post-crisis (Transition and Recovery) Phase

5.1 Introduction

The post-crisis phase (transition, recovery and reconstruction) is marked by the complete cessation of hostilities or the end of a natural disaster. The terminologies—transition, recovery, and reconstruction—are generally not consecutive but often overlap and may occur simultaneously.

Main characteristics of the post-crisis phase include:

- Complete cessation of fighting, when main protagonists have laid down arms
- A signed peace agreement by main protagonists
- A functional elected/legitimate government in place
- End of natural disaster, with no indications of impending ones
- Existence of development programme (UNDAF, agency specific programme, etc.), driven by development partners
- Design/existence of short-/long-term national development programme.

In most countries, this phase is characterized by sustained efforts to re-launch normal development programmes and to implement palliative projects and programmes aimed at improving quality of life of the affected

population (refugees, local community, IDPs, etc.). The availability of reliable data, which is usually among the first casualties of conflict/disaster situations, becomes a major bottleneck in making informed decisions. The task is made more complicated because of the need to provide information for various sectors of national development, relating different areas and population groups, including refugees, IDPs, displaced persons hosted in local communities. Building a reliable population database therefore becomes an important task, which is hindered by a rather weakened and poorly coordinated national statistical system.

In the post-crisis phase, "external assistance is most crucial in supporting or underpinning still fragile cease-fires or peace processes by helping to create the conditions for political stability, security, justice and social equity."[32] However, due to these and other urgent competing needs, it takes some time before post-crisis data issues can be recognized as crucial.

The post-crisis transition period presents opportunities for UNFPA partnerships and action. The presence of UNFPA "at the table" during transition/recovery planning will ensure that its concerns, specifically RH, gender and data issues, are adequately integrated.

This chapter addresses a number of issues related to the re-establishment of a socioeconomic and demographic database during the post-crisis (transition, recovery and reconstruction) phase. Specific issues addressed include: data needs, rehabilitating statistical capacities, methodologies/procedures for needs assessments and estimating population sizes, and more conventional data collection operations during the post-crisis period. At the end of the chapter, some practical roles the UNFPA Country Office could play in order to fully confirm its role as lead agency in the domain of data for development have been highlighted.

5.2: Post-crisis Data Needs

Post-crisis data needs arise from the changed situation in affected parts of the country. Since most conflicts/disasters trigger massive population displacement from usual places of residence and result in loss of property, disruption to agricultural activities, and loss of life, they invariably render pre-existing socioeconomic and demographic datasets and information obsolete. In some cases, entire statistical records and even the physical infrastructure and equipment may have been destroyed or looted. Furthermore, conflicts/disasters may incur the death or flight of national expertise that is vital for the proper functioning of the national statistical system. In other words, the national institutional memory may have been totally destroyed.

The data needs during recovery/reconstruction are both for short-term and long-term planning. During the recovery and transition periods, humanitarian and development agencies collaborate with national authorities to lay the groundwork for the rehabilitation programmes that eventually should usher in more sustained development programmes. The data needs for all key sectors vary, depending on whether issues addressed are related to transition or to recovery and reconstruction as shown in Table 6.

In effect, during the transition phase, conditions cannot allow for the availability of very detailed information on a country's demographic situation and infrastructure. Even the security conditions may not warrant the organization of elaborate data collection operations. The most recommended option therefore is to employ post-crisis needs assessment approaches

[32] UNDG/ECHA (2004): Report of the UNDG/ECHA Working Group on Transition Issues. See definition of transition, page 12.

TABLE 6: Data Needs During Transition, Recovery and Reconstruction

Transition
• Identification of number of persons affected by the crisis • Identification of persons requiring resettlement (mainly returning refugees, ex-combatants, IDPs, and persons settled with local communities) • Human capacity by sector • Identification of management and coordination matters • Urgent RH needs • Infrastructure requiring rehabilitation (schools, hospital, health centers, etc.) • Cases of SGBV • Identification of special population groups (youth, children, elderly, the sick, orphans, etc.)
Recovery/Reconstruction
• Identification of population, age, size, structure and distribution • Sociodemographic characteristics of the population (refugees, IDPs, local communities, etc.) • Demographic dynamics of the population (fertility, mortality, migration, relationships, etc.) • Identification of the current fertility behavior (sexuality, nuptiality, procreation, contraceptive use, etc.) • The sociodemographic impact of the crisis on the population • Existing skills in all sectors of the economy including doctors, statisticians, nurses, teachers, etc.) • Levels of poverty, landlessness, food distribution, housing and household amenities • Number and distribution of sub-population groups of interest (children, youth, women of child-bearing age)

or rapid surveys *(Box 10)* to rapidly obtain some updated demographic information on the size, location, and needs of vulnerable populations as well as basic information on infrastructure and the capacity of existing national institutions and partners. Such information is vital for:

- assessing and prioritizing urgent national needs for transition to recovery
- conceiving strategies for repatriation, disarmament, demobilization, rehabilitation, resettlement, etc.
- designing evidence-based advocacy for resource mobilization to implement emergency projects and programmes at a time when most humanitarian agencies are folding up their activities in-country and humanitarian assistance funds are becoming scarce.

Development partners including UNFPA have always advocated and supported the collection of relevant data to better understand the nature and extent of the crisis. This is affirmed by what is stated in the UNFPA PPM: "By understanding precise numbers and profiles

BOX 10 The Rwanda Experience

After the devastating genocide in Rwanda (1994), the Government prepared the comprehensive National Reconciliation and Rehabilitation Programmes and Socioeconomic Revival Package. The programmes in the document could not, however, be finalized and implemented without reliable data. To address the problem, the donor community, including UNFPA, was requested to assist in up-dating the socioeconomic and demographic database for Rwanda. A sociodemographic survey was conducted in the country in 1996 and the results served as the main basis for most of the post-crisis development planning in Rwanda until the detailed results of the 2002 census were released in 2005.

of the post-conflict/disaster population, the needs and concerns, motivation of migration, there is a possibility to design better development and protection programmes, and to implement, monitor and evaluate them."

For recovery and reconstruction purposes, national authorities and development partners require more detailed demographic data for design of policies and programmes that constitute the groundwork for more sustainable development in the spirit of "building back better." Such data and information also serve to measure the profound impact of the crisis/disaster on the population, enhance the proper identification and location of vulnerable categories and provide clues for averting or better managing similar situations in the future.

Such detailed information can only be obtained through the use of conventional demographic data collection approaches, such as national sample surveys, censuses and routine service data collection systems. These require a functional national statistical system, viable infrastructure and appreciable levels of security.

Other activities may require information that is not directly obtainable through conventional sources and which may require sector-specific surveys or registration systems. Among these are issues relating to security (including DDR, de-mining, etc.); good governance and rule of law; protection issues including GBV, trafficking and other exploitation; economic management (including economic policy); infrastructure (including roads, railways, ports, irrigation); agriculture; livelihoods; natural resources; and capacity development.

5.3: Rehabilitating Statistical Systems and Post-crisis Capacity Enhancement

As mentioned earlier in this chapter, the situation of statistical systems in most post-crisis countries may be indeed deplorable. Entire statistical records and even the physical infrastructure and equipment may have been destroyed and/or looted and most of the staff is dispersed. In order to avail any reliable demographic, social and economic data under such circumstances, substantial efforts should be made to rehabilitate the system and strengthen its capacity to design and implement data collection operations and analyze them and

BOX 11 Challenges in Post-crisis Sierra Leone

The number of challenges facing the country after the conflict included:

(i) An increasing need for data during the post-crisis period – the available data sources are not detailed enough to satisfy some specific short and long-term programming needs for peace consolidation and reconstruction.
(ii) The weakness of the national statistical system and the scarcity of human resources for data collection, processing and analysis – the country is in search of resources to design and implement the national strategy for statistical development.
(iii) The need for detailed data for the monitoring, evaluation and reporting of progress made in the implementation and progress toward the achievement of various national rehabilitation and development frameworks.
(iv) Difficulties of access to certain parts of the country due to non-repair of infrastructure destroyed during the war and persistent insecurity in some parts of the country.

BOX 12 The Situation in Rwanda, 1994

As a result of the genocide in Rwanda in 1994, the National Statistical Office was looted. The files and computers containing important statistical information, including the 1992 census, were destroyed or stolen. On the part of personnel, almost all had either fled the country or had been killed (Onsembe, 1996).

provide timely data and information for planning.

An evaluation of the capacity of national statistical systems in some five post-conflict/disaster countries, during post-crisis needs assessments by GTZ in 2004 (See Table 7), reveals that the situation may vary depending on the type/level of governance in the country and on whether statistical systems had been specifically targeted. It is however evident from Table 7 that in all five countries national statistical capacities were either non-existent and at best, medium. Thus, capacity development must be improved before any large-scale data collection and analysis exercises can be successfully undertaken.

Rehabilitation/strengthening the capacity of national statistical systems in a post-crisis environment could entail several interventions, which may require more than one development partner to address. Some of these may include:

- Rebuilding or refurbishing structures or providing rented premises as a temporary measure
- Providing state-of-the-art equipment and requisite furniture, logistics support and supplies to jump-start activities and ensure sustainable operations
- Ensuring sustained advocacy/sensitization campaigns to ensure buy-in from national authorities, political/rebel factions and humanitarian and civil society partners on the need for various data collection operations all over the national territory
- Organizing advocacy for resource mobilization to ensure sustainable funding of data collection operations during the post-crisis period
- Recruiting and providing basic training and refresher courses for national staff in both the national statistical service and its regional components, and in the line ministries

TABLE 7: Status of Post-crisis Statistical Systems and Governance

Issue	Timor Leste (1989)	Afghanistan (2001)	Sri Lanka (2003)	Iraq (2003)	Liberia (2003)
Administrative Authority	UN transition administration	National Government	Joint governance mechanisms by rebels/ Government	Occupation forces with appointed national councils	Nascent transitional government
National Statistical Capacity	Non-existent	Low	Medium	Medium	Low

Source: PCNA by the GTZ, August 2004

- Providing international technical assistance to support the initial design of policies and programmes and to ensure that they are launched and properly managed

- Designing a comprehensive national statistical action plan for the country on the basis of existing national and international development frameworks in order to ensure that statistical processes are in place and specific activities programmed to ensure the timely availability of the requisite indicators for their monitoring and evaluation

- Enhancing the creation of national and sectoral databases

- Ensuring easy access and wide dissemination of results from various statistical operations carried out within the country

Government alone cannot rebuild the destroyed statistical system. Experience shows that the international community is an important partner. Organizations that have participated in rebuilding statistical data in post-conflict/disaster countries (Timor Leste, Iraq, Afghanistan, Sri Lanka) include World Bank, IMF and several UN agencies, such as UNFPA, FAO, UNHABITAT, ILO, IOM, OHCHR, UNHCR, UNICEF, UNIDO, UNOPS, WFP, WHO, and UNDP (*PNCA Report, GTZ).*

In the recent past, UNFPA has supported the rehabilitation of demographic and census programmes in a number of countries, such as Sierra Leone, Liberia, Angola, etc. The support has been given through regular planning procedures, UNDAF, and CPAP. In the OPT and Liberia, for example, UNFPA has provided support in developing national capacities in demographic data systems.

The UNFPA has continually provided technical and financial support to countries coming out of conflict/disaster, more especially for the planning and implementation of population and housing censuses. It has also assisted them in undertaking studies and analyses of local population, migration and poverty issues in support of DDR programmes. Other domains of focus have been the impact of disasters on population structures and the social impact and factors affecting re-integration of returnees into society.

The UNSD has also played an active role by assisting countries in post-conflict/disaster situations through the development of a national statistical system. In particular, it has supported countries in the planning, conducting and technical review of population census in a manner that supports national statistical capacity building. For example, the UNSD provided advisory services in planning and conducting censuses in Timor Leste, Afghanistan, Sierra Leone and the Democratic Republic of the Congo. It also has been providing technical manuals and guidelines for the compilation of official statistics to post-crisis/disaster countries in order to strengthen their statistical capacities.

5.4: Methodologies for Data Collection and Analyses During Post-crisis Phase

5.4.1: Post-crisis Needs Assessment

A Post-crisis Needs Assessment (PCNA)[33] usually maps the terrain of key needs in a country emerging from conflict. During this exercise, national and international technical experts conduct field and desk assessments, which provide a baseline of analysis for both national and international actors. The Transitional Results Framework (TRF), which is the outcome of these analyses, lays out a selective group of priority actions and outcomes (including indicators on social and economic welfare) and access to services and their financial implications. It offers a tool that national and international stakeholders use to align efforts to maximize the opportunities for a successful transition and may result in

substantial external financial commitments for recovery and reconstruction. Though the PCNA is essentially an activity of the early recovery phase, it charts the course for most of the reconstruction and return to development activities.

UNFPA must be engaged in every stage of the PCNA process starting from the pre-assessment stage, during which some vital background data may be needed and key assessment indicators are decided upon, through to the assessment stage, when the vital data itself is collected, to the prioritization/budgeting stage which charts out the main domains of post-crisis interventions. This crucial exercise offers the opportunity for UNFPA to:

- Reaffirm its key role in the domain of data for development by providing vital background data and information and other estimations for the country (existing databases, location of infrastructure, gender profiles, etc.) and actively participating in the data collection processes.
- Ensure that issues relating to its mandate and domains of interest are not overlooked. Indeed, the main clusters/themes that are often highlighted are political, security, economic and social while cross-cutting issues such as gender and data collection operations usually are overlooked.
- Develop partnerships and advocate the mobilization of resources in support of its interventions in data collection, analyses and use during the post-crisis phase.
- Provide the requisite support to government and national partners to enhance their capacity for the much-needed data collection and monitoring.

5.4.2: Post-crisis Surveys

a. Sector-specific Surveys

Most crisis situations tend to be cyclical and many post-crisis countries go through prolonged periods of transitions with periods of set-backs, which render the application of routine nation wide data collection operations rather difficult. Under these circumstances, most humanitarian and development agencies have resorted to the conduct of localized surveys on specific themes. Though the purpose of such surveys may not be for generalization of findings, their results may provide evidence for specific project or programme orientations in specific domains. The main drawback of such surveys is that, most often, results from such surveys end up being flagged as evidence for the entire country.

UNFPA has been involved in the conduct of similar surveys in many countries emerging from crisis and has usually shared the findings for use by national authorities and other partners for their interventions.

b. Household-based Sample Surveys

In many post-crisis countries, security conditions are not conducive for the organization of national-wide population and housing censuses, and the requisite funds and human and material resources may not be easily available. However, such conditions are favorable for the conduct of internationally recognized sample surveys, using adapted sampling frames from the previous census.

It is thus that the Demographic and Health Surveys (DHS) were successfully conducted and the results published in Rwanda in

[33] UNDG/World Bank (2007): Joint Guidance Note on Integrated Recovery Planning using Post-conflict Needs Assessments and Transitional Results Frameworks, see http://www.undg.org/docs/7818/PCNA-F%20GUIDANCE%20NOTE%20Working%20Draft%209-2007.pdf Needs Assessments and Transitional Results Frameworks, see http://www.undg.org/docs/7818/PCNA-F%20GUIDANCE%20NOTE%20Working%20Draft%209-2007.pdf

BOX 13 Surveys in Côte d'Ivoire

Survey on Sex Workers and HIV

The study on sexual behavior of sex workers vis-à-vis high HIV prevalence was essentially a situational analysis conducted in eight cities in Côte d'Ivoire. The main objectives of the study were to: (i) measure the level of use of condoms; (ii) measure the level of involvement of sex workers in HIV/AIDS control campaigns and (iii) determine factors that compel women into prostitution.

The investigation was conducted using a questionnaire and in-depth interviews with sex workers, peer educators, staff of health facilities and owners of prostitution venues and hotels. A prevention and support programme for STI and HIV/AIDS cases among street women and their sexual partners was put in place.

Survey on Gender-based Violence (GBV)

The main objectives of the survey on the crisis and GBV were to: measure the level of prevalence of various forms of GBV in eight divisions of the country (Yamoussoukro, Bouaké, Man, Daloa, Korhogo, Danané, Duékoué and Guiglo); determine the consequences of GBV on the victims and their response and coping strategies.

Implementation strategies included: a mapping of GBV partners – a survey of all actors involved in the fight against GBV was conducted; data collection from health facilities and in law enforcement facilities from 2005-2007 to record cases of GBV; a quantitative survey of 4,179 males aged 10-40 years and 8,234 females aged 10-49 years and a qualitative survey at community level – consisting of (i) in-depth interviews with GBV victims, law enforcement personnel, staff of health facilities, members of the armed forces and social workers and (ii) separate focus group discussions with adults, youth, community leaders and religious leaders.

The results from these various studies provided an evidence-base for the government to mobilize resources; provide orientation for specific project implementation targeting identified vulnerable groups; and to better position UNFPA within the UN system as lead agency in the domain of data collection and analysis, and monitoring and evaluation (M&E). Currently UNFPA is the lead agency on M&E for UNDAF.

2000, in Congo (Brazzaville) in 2005, in DRC in 2007 and in Liberia in 2007, way ahead of the censuses in these countries. The same applies to several MICS conducted in Angola and Côte d'Ivoire, and to the LSMS and CWIQ conducted elsewhere. Results from these surveys have been widely used for the design of various programmes, especially by UNFPA.

In post-crisis situations, UNFPA involvement, in collaboration with national statistical services, in such surveys is crucial for:

- Contributing to the updating of the existing sampling frame or providing fresh information from an ongoing field mapping exercise in preparation of the census (as in Liberia)
- Ensuring that modules which specifically collect information on UNFPA areas of intervention—family planning and contraception, domestic violence, female genital cutting, maternal mortality, AIDS and STIs, etc.—are taken into consideration and that questions are designed in such a way as

UNFPA

to capture likely impacts of the crisis/ disaster

- Providing technical assistance for the training of field staff and field supervision of the survey implementation within the context of statistical capacity enhancement

- Collaborating in the analysis of the results and more especially in the in-depth analyses of thematic issues of interest to UNFPA domains of intervention and ensuring that actionable recommendations and policy/programme orientations for post-crisis interventions are highlighted

- Ensuring a wide dissemination and use of the results and other findings from these surveys for programming in all sectors

When the basic conditions for sample surveys are respected, the results from the household module of most of these socio-economic and demographic surveys can provide plausible post-crisis information at country and even regional level concerning such aspects as population structure and composition, household size and composition, female and child-headed households, poverty indicators and their correlates, mortality indices, status of women and children, among others. The other key attributes of household surveys have been discussed at length in Chapter 2.

However, in spite of the robustness of the methodology and indicators derived from these internationally recognized surveys, the following concerns need to be addressed in specific post-crisis conditions:

- Draw a representative sample of enumeration area using a sample frame from a census conducted more than 15 years ago and/or within a country where it is known that the crisis/disaster had caused massive population displacements and loss of life. In some cases, parts of the country are not considered when drawing the samples or are not covered during the survey. Yet information obtained at both household and individual level is easily extrapolated unto the entire population.

- Ensure adequate capacity enhancement of the national statistical services when most of the technical components of the surveys – sample size determination and

drawing of the sample, core questionnaire design and module structure, data processing and report writing, etc. – are done by international expertise, sometimes out of the country.

- Limit the extent to which the survey designs can be adapted to specific post-crisis/disaster conditions in order to more adequately capture the specific impacts of such crises/disasters.

5.4.3: Post-crisis Population Censuses

a. Circumstances when a population census is NOT recommended

- If the peace accord is still fragile and especially if the conflict was widespread and resulted in massive destruction of life and property, displacement of the population, disruption of national infrastructure, economic, political and statistical systems
- If there are potential risks to the life and security of the field staff
- If there are potential risks to the respect of established norms, full coverage of the territory and population and, hence, to the quality of the collected data
- If there are potential risks of political or armed interference with threats to universal acceptability of the results

b. Circumstances when a population census is feasible

- If tacit agreements can be signed between the various factions and the international community for all census processes to be carried out in all regions of the country under the same conditions and without any interference
- In the case of chronic conflict situations, if only a small part of the national territory and the population is still being severely affected by the crisis while the rest of the country is relatively secure

However:

- There must be guarantees that there are alternative, recent sources of data and information on the affected area. Projections and other simulations can be made based on certain assumptions.
- A rapid coverage of the affected area should be envisaged a soon as peace is restored/tacit agreements are negotiated, with subsequent merger of information with national data.

c. Implementing a post-crisis population census

During the post-crisis phase, when focus is on recovery, reconciliation, reconstruction and return to development programming, the post-crisis census is considered to be one of the crucial components of the planning process.

The following challenges to the conduct of a census are typical of most post-crisis environments:

- Massive displacement of the population, return migration, resettlement, family reconstitution, which render the use of pre-existing data and documentation difficult
- Destruction of infrastructure and disruption of major social programmes
- Lingering insecurity, uncertainty and mutual suspicion
- Problems of governance, ineffective central and local administrations, existence of factions, etc.
- Dysfunction of the national statistical system, depletion of the national institutional memory (datasets/databases, material and structures, staff, etc.)

BOX 14 The 2008 Post-crisis Population and Housing Census of Burundi

In addition to the information that is usually found in the conventional census questionnaire, the 2008 census of Burundi collected the following information to capture the sociodemographic effects of armed conflict/disaster on the population:

(i) For returnees since the year 2000 – migration status, year of return and country of previous residence

(ii) For deaths occurring during the crisis period – cause of death (specifying among others, assassination, criminal causes, etc.)

(iii) Questions on place of residence before October 1993 – to capture displacements possibly linked to the war

(iv) Special focus on vulnerable sub-groups – handicapped persons, orphans, child and female-headed households)

- Scarcity of trained personnel at all levels
- Transition from humanitarian assistance to development programmes – diminished funding, closure of some vital services, resistance from some agencies, etc.
- A poor, indebted economy confronted with several competing needs – reconstruction, resettlement, security, governance/credibility, etc.
- Huge demands for more up-to-date and reliable data for planning, monitoring and evaluation – potential users require information on too many variables (some unconventional), early availability of results
- In the absence of proper analyses and dissemination - risk of erroneous interpretations of partial results, risk of political/factional interferences, etc.
- Most post-crisis censuses are relatively more expensive

A successful post-crisis census therefore requires multisectoral consensus and meticulous planning and foresight as follows:

- Proper scanning of the environment to evaluate potential chances of its success
- Detailed project design including data analyses and dissemination
- Meticulous advocacy for both resource mobilization and buy-in by all stakeholders
- Ample sensitization of the population to dispel any suspicions and misconceptions and ensure massive participation
- Detailed census mapping using modern technologies (GPS, GIS, Satellite imagery) to collect information on community level variables, enumeration area and recent administrative boundaries and other relevant spatial details
- Census questionnaires designed to collect specific information on:
  - Place of residence at a particular period in the past
  - Duration of residence in current residence
  - Disabilities including causes related to the crisis

- Orphanhood – survivorship of biological parents
- Destruction of dwelling units
- Possession of birth certificates

- Enumeration of special populations (IDPs, refugees, homeless persons, street children, other collective households, etc.)
- Proper institutional and human capacity strengthening of the national statistical system
- Availability of external expertise to complement gaps in national competencies while ensuring transfer of knowledge to enhance sustainability
- In-depth data analyses covering as many themes as possible, including regional monographs
- Wide dissemination of the results and easy access to data for use in planning at all levels

d. Products of a post-crisis population census

The main outputs of a properly implemented post-crisis census usually include:

- Updated information on the number, structure, location and other characteristics of the resident population of the country
- Updated information on specific sub-populations of interest such as:
  - Population of voting age
  - Persons with disabilities
  - Female and child-headed households
  - Street children and homeless persons
  - Cases of school retardation and drop-outs among children
  - Poverty and poor households
  - IDPs, refugees and other internal migratory movements
- Updated national sampling frame based on the most recent administrative configuration

e. Specific uses of data and information from a post-crisis population census

In general, the main uses of data and information from the post-crisis would include:

- Groundwork for the restoration of democratization processes through the use of information on the voting-age population by sex and administrative unit (released with the provisional results) for:
  - Determining constituencies for equitable national representation
  - Carving out electoral districts
  - Monitoring voter registration and the electoral process
- Groundwork for the strengthening of the national statistical system through the:
  - Availability of an updated national sampling frame, which constitutes the basis for several other intercensal surveys
  - Re-establishment of the national vital registration system
  - Capacity strengthening of statistical services in the regions and line ministries with materials and better-trained staff
  - Availability of baseline data for the computation of specific indicators

- Creation of national, regional and sectoral databases

- Availability of data for development – provision of detailed data, indicators and other information for the design and monitoring of national, regional and sectoral development programmes and for the monitoring of efforts towards compliance with international development frameworks

- Basis for the design of focused policy programmes and projects to redress the ravages of the crisis by targeting vulnerable segments of the population. These include:

  - Pro-poor programmes and projects in urban and rural areas

  - Remedial educational programmes and policies
  - Policies and programmes for handicapped and other vulnerable persons

  - Resettlement and rehabilitation programmes

5.5: Human Rights Approach in Developing Post-crisis Data Systems

The establishment of data systems should consider human rights issues by examining all processes. This can only be achieved with the participation of all stakeholders. Specifically, human rights are better achieved through:

- Participation and transparency in decision-making – ensuring participation throughout the development process of the state and other actors

- Non-discrimination – ensuring that equity and equality cut across all rights and are key ingredients for development and poverty reduction

- Accountability of actors – ensuring that public and private institutions and actors promote, protect and fulfill human rights in throughout the process of collection, analysis and reporting of information

The re-establishment of data systems and institutional building should determine the relationship between individuals and groups with valid claims (rights-holders) and State and non-state actors with correlative obligations (duty- bearers). It should identify *rights-holders* (and their entitlements) and corresponding *duty-bearers* (and their obligations) and work towards strengthening the capacities of rights-holders to make their claims, and of duty-bearers to meet their obligations.

Specific activities required include: ensuring confidentiality of information, aligning collection instruments to avoid sensitive issues, and improving communications.

5.6: Evaluation of Humanitarian Action Post-crisis

The post-crisis period is generally the time when most humanitarian agencies and donors decide to conduct a thorough review of the response provided during the particular crisis with the view to not only measure the impact of the interventions but also to draw lessons to improve on policy and future practice and to enhance accountability. While data may be required in order to properly meet all the criteria for evaluation of humanitarian action, it is most needed to provide crucial information for such dimensions as coverage, efficiency and impact of interventions.

As noted in the preceding chapters and sections to this chapter, reliable data and information may be difficult to obtain during acute and crisis phases because of the severe disruptions on the national programmes, including national statistical

systems and processes. Available information may be fragmentary and with the closure of interventions, most of the agency records and staff may no longer be available for consultation during a post-crisis evaluation. This underscores the need for the humanitarian coordination to emphasize detailed record-keeping and regular reporting during all phases of a humanitarian crisis. Alternative pathways have often included triangulation, interviews with key informants, stakeholders and beneficiaries.

Post-crisis data collection operations, even when they respect all the norms, cannot make up for information on the processes that led to what is being measured. They essentially provide information on current situations and may capture some details on previous trends but are usually not able to attribute the observed outcomes to specific interventions, especially when there were several actors and programmes. Most often, the impact is measured in comparison to what was obtained before the crisis with efforts to explain to what extent the observed disparities may have been caused by the crisis or to what extent the humanitarian interventions may have contributed to what is being observed. Examples of this include new patterns of population structure, distribution and settlement, living conditions, access to water, contraceptive prevalence and reproductive behavior, etc.

Absence of reliable data may severely compromise the appraisal of some of the basic components of an evaluation. These limitations should be highlighted in evaluation reports as lessons learned, with specific recommendations for data collection activities to be more consistently taken into consideration during humanitarian interventions.

Exhibit 5.1:
Specific Role of UNFPA Country Office during Post-crisis Phase

Option	Specific Role of Country Office	Possible Partners
Post-crisis Needs Assessments	▪ Provide reliable background data and information on the demographic and social characteristics of the population of the country for the most recent period to enhance PCNA. ▪ Actively participate in the desk reviews, field assessments, and especially in the analyses and prioritization processes, which lead to the design of the TRF to ensure that UNFPA issues are retained.	Humanitarian agencies and other development partners, national and international NGOs, government institutions
Post-crisis Census	▪ Provide early technical assistance and resources to strengthen the capacity of national statistical offices or census bureaus in preparing a detailed project document and advocacy paper for the launch of a post-crisis census project, which will capture the main impacts of the crisis on the population and its well-being. ▪ Advocate and assist with rapid rehabilitation and development of national statistical system in the country. ▪ Ensure that preparations for the post-crisis census project are conducted with full participation of stakeholders and that their concerns are objectively and transparently reflected. ▪ Advocate with the government, donor agencies, national and international development partners and stakeholders, civil society and NGOs for funding and participation in all phases of the census project. ▪ Play a key role with the central management of the census and the technical supervisory organs of census implementation to ensure quality control and the timely execution of all activities throughout all phases and timely availability of data.	National statistical offices, line ministries, research institutions, NGOs

Exhibit 5.1:
Specific Role of UNFPA Country Office during Post-crisis Phase *(continued)*

Option	Specific Role of Country Office	Possible Partners
Post-crisis Census *(continued)*	• Ensure proper collection and processing of the census data and detailed analyses plans to deliver various forms of census products and make them available to various audiences. • Ensure a wide dissemination of the results of the post-crisis census, highlighting the specific impact of the crisis on the population. • Advocate for greater access of the public and of key stakeholders to the results and other products of the census. • Encourage the use of census results for planning at all levels, particularly for peacebuilding and mitigating the impact of the crisis. • Provide funds and technical assistance for national capacity building for the in-depth thematic analyses of census data by highlighting specific dimensions that are crucial to UNFPA programmes.	National statistical offices, line ministries, research institutions, NGOs
Household Surveys	• Contribute funds and provide technical assistance to ensure active UNFPA participation during the planning stages of post-crisis surveys. • Ensure objective representation of the population, adoption of quality control processes and tools and consideration of ICPD domains, particularly among persons/groups affected by the crisis. • Advocate with government and other stakeholders for support to post-crisis surveys (qualitative and quantitative) designed to meet gaps in information for planning and meeting the specific needs of persons affected by the crisis. • Establish partnerships or initiate the data collection operations to inform interventions needed for rehabilitation and reintegration (especially for militia groups, military groups, IDPs, and other vulnerable groups). • Provide funds and technical assistance for national capacity building for in-depth thematic analyses of data from some of the surveys, to highlight crucial dimensions to UNFPA programmes, such as GBV, proximate determinants of fertility, birth interval analyses, adolescent RH issues, RH issues of IDPs, poverty and RH, panel analysis of fertility behavior throughout various stages of crises situations, etc.).	Statistical service, other development partners (national and international), NGOs, research institutions
Geographic Information System	• Provide funding and technical assistance for national capacity building to ensure that post-crisis census mapping operations culminate in the creation/rehabilitation/update of national geographical/GIS databases. • Ensure that national geographical/GIS databases are capable of producing detailed thematic maps down to the smallest administrative unit and even for enumeration areas if possible (through use of GPS equipment in capturing information during the mapping phase and GIS software for processing of such information and through digitization of existing maps). • Ensure that post-crisis census geographical databases are merged with the demographic databases to constitute updated national sampling frames needed for the design of intercensal national sample surveys. • Widely disseminate information generated and/or displayed using GIS products. • Advocate the regular use of the GIS database and its products by the government, development partners and other stakeholders.	Statistical service, the survey department, national geographic and cartographic institutions, research institutions
Administrative Records	• Provide technical assistance and resources for national capacity building for the rehabilitation of the national statistical system and sub-systems with its regional and sectoral components (health, education, employment, transportation, etc.). • Emphasize the development of tools and approaches for routine administrative data collection and collation as well as for data processing, analysis and use of findings for decision-making.	National and regional statistical services, statistical services of line ministries, research institutions, consultants

Exhibit 5.1:
Specific Role of UNFPA Country Office during Post-crisis Phase *(continued)*

Option	Specific Role of Country Office	Possible Partners
Administrative Records *(continued)*	• Provide technical assistance for national capacity building for the development/update of a national sociodemographic database with possibility of generation of regional databases. • Ensure that post-crisis census results are used for this exercise, which equally serves as a platform for the incorporation of datasets from past censuses and both past and other post-crisis surveys. • Ensure the use of the thus generated/updated databases for the production of indicators for planning, monitoring and evaluation of trends/impact of interventions. • Contribute to the identification of various other types and sources of vital information available from various levels of the national, regional and local administration that could be useful for planning and humanitarian response. • Enhance national capacity for the regular production and improvement of the quality of data and information available from administrative sources at national and regional levels.	National and regional statistical services, statistical services of line ministries, research institutions, consultants

Exhibit 5.2:
Data Needs and Indicators for Post-crisis Phase

Data Needs	Indicators	Sources
Population size and spatial distribution by administrative unit and locality	• % change in population size by locality • Change in population density by administrative unit • Change in population distribution by urban and rural areas • Number of households • Change in the average household size	Post-crisis census, PCNA, administrative records, surveys, reports from humanitarian agencies
Age-sex structure of the population for identification of various categories, especially vulnerable groups	Change in: (as compared to pre-crisis sources) • Sex ratio • Proportion of women of reproductive age • Population structure by age and sex • Age dependency ratios • Proportion of disabled people • Proportion in households by type/structure • Proportion of female-headed households • Proportion of child-headed households	Post-crisis census, PCNA, administrative records, surveys, reports from humanitarian agencies
Socioeconomic characteristics of the population (literacy, economic activity, etc.), particularly in the area likely to be affected	Change in: (as compared to pre-crisis sources) • Literacy rate • Language of literacy • Proportional distribution by broad area or main sector of economic activity • Proportion of school-age children (men and women) • Access to means of information/communication (radio, TV, telephone, etc.)	Post-crisis census, surveys
Sociocultural characteristics of the population (ethnic group, language, religion, etc.),	Change in: (as compared to pre-crisis sources) • Proportional distribution by ethnic group • Proportional distribution by nationality • Proportional distribution by language spoken • Proportional distribution by religious affiliation	Post-crisis census, surveys

Exhibit 5.2:
Data Needs and Indicators for Post-crisis Phase *(continued)*

Community-based facilities and resources	**Health:** ▪ Number of health facilities (hospitals, health centers, etc.) ▪ Distance and accessibility to health facilities ▪ Number and quality of health personnel (doctors, nurses, midwives) ▪ Number of health facilities offering specific services (maternal/child health, obstetric care, emergency care/ambulances, etc.) ▪ Ratio of population by health facility (changes over time) ▪ Ratio of population to health provider (changes over time) ▪ Number and location of referral facilities **Education:** ▪ Number and capacity of schools (primary and secondary) ▪ Ratio of school children per school by educational level (changes over time) ▪ Class-pupil ratio by educational level (changes over time) ▪ Pupil-teacher ratio by educational level (changes over time) **Transportation:** ▪ Availability of paved roads ▪ Available means of transportation (mechanical, animal, other) **Other:** Availability and changes over time of: ▪ clean water ▪ electricity ▪ sewage system ▪ community halls ▪ warehouses ▪ markets or shopping facilities ▪ security services ▪ services for the management of violence	Census mapping/GIS, administrative sources/official statistics, sectoral surveys, reports from humanitarian agencies
Health problems and priorities (RH, HIV, mortality, morbidity, disease epidemiology, vaccination coverage, nutrition, etc.)	▪ Fertility rate ▪ Number of pregnant women ▪ Number of deaths by age and sex (infant, maternal, age-specific) ▪ Life expectancy ▪ Knowledge of contraception ▪ Contraceptive prevalence ▪ Vaccination coverage ▪ Nutritional status of children and pregnant women ▪ Epidemic and common diseases ▪ Number of children with diarrhea disease ▪ Knowledge of HIV/AIDS ▪ Prevalence of HIV/AIDS ▪ Number of People living with HIV/AIDS ▪ Prevalence of other STIs ▪ Frequency of violence by category ▪ Number of female victims of violence (sexual, physical, other) by type of perpetrator	Surveys, post-crisis census, administrative records, reports from various humanitarian agencies/NGOs
Income levels and basic indicators of well-being and vulnerability	**Change in:** (as compared to pre-crisis sources) ▪ Proportion of population below poverty line by sex, age and locality ▪ Proportion of population with access to potable water ▪ Proportion of population with access to electricity for lighting	Surveys, census

5.7: References

1. GTZ (2004) Enhancing Multilateral Post-conflict Needs Assessment (PCNA): Lessons learnt from East Timor, Afghanistan, Sri Lanka, Iraq and Liberia: Working Paper No. 10 - Country Studies: Summary - Lessons learnt http://www.undg.org/archive_docs/4942-PCNA_-Lessons_Learned_from_Country_Studies.pdf
2. GTZ (2004): Practical Guide to Multilateral Needs Assessments in Post-conflict Situations. A Joint UNDG, UNDP and World Bank Guide, prepared by GTZ with the support of BMZ, see http://www.unddr.org/tool_docs/PCNA.Tool_Post-Conflict_Needs_Assessment.pdf
3. Onsembe J & O. Bocoum (1995): Review demographic data situation in Rwanda.
4. Onsembe (2003): Rapid assessment techniques for refugee/IDP population: A case for Rwanda and Ethiopia.
5. UNDG/ECHA (2004): Report of the UNDG/ECHA Working Group on Transition Issues, see http://www.undg.org/docs/9903/Bellamy-Report.pdf
6. UNDG/World Bank (2007): Joint Guidance Note on Integrated Recovery Planning using Post-conflict Needs Assessments and Transitional Results Frameworks http://www.undg.org/docs/7818/PCNA-F%20GUIDANCE%20NOTE%20Working%20Draft%209-2007.pdf
7. UNFPA (2006); Policies and Procedures Manual; Policy for UNFPA Emergency Preparedness, Humanitarian Response and Support for Transition/Recovery

Conclusion

Timely and accurate information is recognized as integral to humanitarian action in both natural disasters and complex emergencies. The international humanitarian community's ability to collect, analyze, disseminate and act on key information is fundamental to effective response. Better information leading to improved response directly benefits affected populations. UNFPA has employed its traditional comparative advantage in the domain of data collection, scrutiny, analyses and interpretation for decision-making to produce these Guidelines to enhance rapid and effective response to save lives. In the preceding chapters, the Guidelines examine the various data collection approaches and proposed methodologies for data collection and management within the context of a humanitarian crisis resulting from natural disaster or conflict. They also highlight UNFPA's current and potential role in terms of partnerships with other stakeholders to achieve expected outcomes.

Though some humanitarian crisis situations may be unexpected, many of them could be anticipated through early warning systems that scan the physical and social environment for evidence of natural or man-made disasters. Hence there is a need for contingency and preparedness planning during peacetime, to help avert a crisis or mitigate human casualties and suffering in the event of an outbreak. Countries and humanitarian and development agencies have been increasingly engaged in the preparation of contingency plans depending on perceived threats of disasters or conflicts. Among the requirements for such planning is a clear idea of the number, composition, characteristics and location of the population likely to be affected.

It is recommended that stakeholders agree on the basic national and international sources of demographic information to base their various estimates for contingency planning, which entails developing a coordinated approach, in collaboration with the government, to gather and regularly update relevant data and information to support decision-making and to facilitate response planning for identified potential disasters or crises. The main sources for such planning have been identified as population censuses, population projections from national or international sources, demographic and other household surveys and administrative sources. Each of these sources has its strengths and limitations, which have been highlighted to ensure caution when using such sources.

A substantial amount of the data and information needed for response during the early days of a crisis outbreak must be assembled during the preparedness phase. Based on the extent and intensity of the crisis, pre-existing information can then be reconstituted to provide the vital preliminary estimates needed for decision-making on early response and resource mobilization. The subsequent IRA essentially analyzes the nature of the conflict/disaster and its effect on the population. It identifies the affected people's capacities and available resources while assessing their needs, vulnerabilities and any gaps in essential services. This may be followed by more elaborate sectoral assessments to provide information for more focused interventions per sector. While actively collaborating with other stakeholders to ensure that the humanitarian community and national authorities have good quality data to plan relief response, UNFPA should, during the acute crisis phase, focus its interventions on reproductive health and gender-based violence with special emphasis on procurement and distribution of reproductive health and dignity kits. This chapter strongly underscores the need for sustained generation of data and information to demonstrate the level of response and its impact as justification

for the resource mobilized. Emphasis has also been placed on respect for the human rights of affected populations and ethical considerations when collecting and managing data and information during the acute crisis phase.

During chronic crisis situations, sustainable development processes deteriorate and national institutional capacities are severely affected, becoming dysfunctional if not completely destroyed. Forced migration, which is usually viewed as a temporary measure to escape risky (insecure) situations, becomes a long-lasting issue, where frustrated and hopeless IDPs or refugees live in harsh conditions and depend largely on external assistance for basic needs. Such displacements end up creating an imbalanced population distribution with consequences on the receiving areas as well as the areas left behind. This usually raises demand for data to help identify the basic services needed for people at large as well as for target groups (school for children, protection for women and girls against violence, shelter and sanitation, fuel and food requirements, etc.). One of the major challenges to avail such data is the weak or dysfunctional national statistical systems and their inability to provide reasonably acceptable data, either because data they have from past sources such as population censuses, surveys and administrative records and statistics are considered obsolete and do not represent the emerging situation, or because they do not have the capacity to generate any data. This is usually compounded by problems of accessibility, insecurity and mutual suspicion.

Under such circumstances, data needs during chronic humanitarian situations can hardly ever be met through the use of standard statistical procedures. Adapted alternative approaches, such as quick head counts, quick listing and profiling with very basic characteristics, rapid sample surveys, qualitative data collection from focus groups, community-based studies that combine collection of qualitative and quantitative data, collating and synthesizing information from records generated during the crisis by agencies and local administrations, are more feasible. Where the overall country situation permits, the specific situation of displaced persons may be considered during Common Country Assessments, national sample surveys and even censuses.

The post-crisis phase sets in with the complete cessation of hostilities or with the end of a natural calamity/disaster and is characterized by sustained efforts to implement palliative projects and programmes aimed at rehabilitating and improving quality of life of the affected population and relaunching normal development programmes. The availability of reliable multisectoral data becomes a major bottleneck in making informed decisions. Even though there may be several competing needs during the post-crisis period, which make it difficult to consider data collection operations as a priority especially during the transition period, the importance of reliable data for focused planning is recognized by all stakeholders.

Data issues addressed during the post-crisis phase include the re-establishment of socio-economic and demographic databases, post-conflict/disaster needs assessments, rehabilitation of statistical systems, post-crisis surveys, and more conventional data collection operations such as household-based sample surveys and censuses during the post-crisis period. For all approaches, the need to consider the peculiar post-crisis context of the country has been underscored with a view to highlighting the various impacts of the conflict/disaster on the population and overall environment.

United Nations Population Fund
220 East 42nd Street
New York, NY 10017
www.unfpa.org

ISBN: 978-0-89714-934-1