

## In brief

- This Briefing Paper summarises the results of a year-long study on needs assessment and decision-making in the humanitarian sector.
- The study is informed by an overarching concern with the application of principles of impartiality and universality. It explores how responses by the international humanitarian system can be judged to be proportionate and appropriate to the needs of those affected by disaster and conflict, both within a given context and globally.
- Consistent needs-based decision-making depends on the definitions and criteria adopted; the ability to assess situations against those criteria; and the extent to which decisions are based on reliable evidence about needs.
- The study forms part of wider research commissioned by the Montreux group of donors, looking at the current system of international humanitarian financing.

## About HPG

The Humanitarian Policy Group at the Overseas Development Institute is dedicated to improving humanitarian policy and practice. It conducts independent research, provides specialist advice and promotes informed debate.



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# Humanitarian needs assessment and decision-making

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Putting into practice the humanitarian principle of impartiality – that assistance should be given on the basis of (and in proportion to) need alone – demands both an understanding of what constitutes ‘need’ and a way of measuring it with reasonable consistency. This study considered ways of achieving a more consistent and accurate picture of the scale and nature of the problems people actually face in humanitarian crises, and how to ensure that decisions about response are properly informed by that understanding. Three main problems underlie the study: first, international humanitarian financing is currently not equitable, and amounts allocated across various contexts do not reflect levels of need; second, there is no system-wide framework for judging the relative severity of situations and for aligning decisions about response accordingly; and third, donors are sceptical about agencies’ assessments, while agencies doubt that objective assessment is central to donor thinking and decision-making.

The way in which needs are defined and prioritised has real-world implications for millions of people. Improving

humanitarian needs assessment demands greater consistency in the way problems are framed, in terms of observable symptoms, proximate causes and acute risk factors. It also demands that assessment be given greater priority in practice. Improving assessment practice cannot of itself address the issue of inequitable resource allocation; but it is a necessary condition for effective prioritisation and appropriate response.

## Concepts, definitions and thresholds for response

While there is no shared definition of the humanitarian agenda, the study found broad agreement around four related ‘core’ elements: the protection of life, health, subsistence and physical security. Though the humanitarian agenda cannot be reduced to these elements alone, they represent agreed priorities, and reflect a more general concern with alleviating suffering and preserving human dignity.

Just as the scope of the humanitarian agenda is undefined, so too is the concept of ‘humanitarian need’. The term is used in at least three different senses:

- 1 To describe basic human needs.
- 2 To describe a lack of the above.
- 3 To describe the need for (a particular form of) relief assistance or some other humanitarian intervention.

These senses are often confused, and needs assessment tends to be conflated with the formulation of responses. Assessment typically is subsumed within a process of resource mobilisation, with assessments being conducted by agencies in order to substantiate funding proposals to donors. The concept of need as deficit, and consequent deficit-based analysis, reinforces the tendency to define need in terms of the goods and services on offer, which people are found to lack.

Instead of an analysis based on the ambiguous concept of need, the study recommends one based on *acute risk*, understood as the product of actual or imminent threats and vulnerabilities. Such an analysis, in relation to the four ‘core’ threats to life, health, subsistence and security, provides a stronger basis for analysis than need alone. A clearer distinction is needed between the definition of the problem and the formulation of solutions to it.

## Standards and thresholds

Different sets of standards and benchmarks are commonly used to gauge the severity of a situation and the response requirements. Some attempt to define minimum requirements for survival, while others represent benchmarks against which severity is measured. These standards and thresholds are not consistently applied, and do not constitute a set of universal benchmarks defining a common agenda. Moreover, the application of these standards demands that situations are consistently assessed against them, yet often the relevant data is not collected, or not in a form that allows comparison or reliable extrapolation. While data may be difficult to collect, the main reason for this deficiency is the lack of importance attached to collecting it.

Even where data is collected, standards are not consistently applied; and the study found a tendency in contexts like southern Sudan to accept high levels of acute malnutrition as ‘normal’ and so not demanding the response that might be expected elsewhere. As a minimum, any indication that the relevant thresholds may have been exceeded should trigger further investigation.

## The practice of needs assessment

Good assessment practice is about having enough relevant information on which to base sound analysis and judgements

### Box 1: Rights and needs

The study found examples where needs-based and rights-based approaches were portrayed as being in opposition. The two are different in kind – but in no sense incompatible. A statement about *need* (or *risk*) is of itself value-neutral. In traditional humanitarian terms, it acquires moral force when the need is of a certain kind, by reference to the principle of humanity and the ‘humanitarian imperative’. A statement about *rights* involves a moral (and perhaps a legal) claim about entitlements, and is as significant for its identification of related responsibilities as for the rights claim itself, but it cannot be said to supersede the language of needs.

about response. What constitutes ‘enough’ may depend on the context and the level of risk that people face. The study found that, in many of the most serious humanitarian situations, there was a lack of crucial information available to decision-makers, and the kinds of needs assessment required to generate this are conducted only sporadically. The result is that few situations are assessed as a whole, making prioritisation within and across contexts difficult. The same lack of data makes impact almost impossible to gauge.

Within the UN system, the task of ensuring that adequate assessments are conducted falls to the Resident/Humanitarian Coordinator or lead UN agency, working with OCHA. Given that a large proportion of assessment information comes from international NGOs, a system of coordinated assessment should be established that includes these agencies and relevant government bodies. For situations of greatest concern, it is recommended that the Inter-Agency Standing Committee should request progress reports from the Emergency Relief Coordinator.

### The function of assessment

Assessment appears to inform decision-making in relation to four main questions: whether to intervene; the nature and scale of the intervention; prioritisation and allocation of resources; and programme design and planning. Formal needs assessments may also aim to force a decision by others, to influence the nature of others’ decisions, or to verify or justify decisions already taken.

## Recommendations for criteria and thresholds for response

### *Core criteria and risk analysis*

Humanitarian needs assessment in any given situation should consider actual or imminent threats to life, health, subsistence and physical security. It should distinguish levels of acute risk faced under these headings to allow effective targeting of response, based on an analysis of people’s vulnerability and ability to cope.

### *Verification indicators and response thresholds*

Judgements about levels of risk should be tested against key ‘outcome’ indicators for mortality, morbidity and malnutrition. Common ‘protection’ indicators should be developed. Thresholds should be agreed against the four main bases of concern, beyond which intervention is indicated as a matter of priority.

The results of formal assessments, involving systematic data collection and analysis, derive their validity from the methods used and the way they are applied, rather than from the judgement of the individual. In practice, questions about validity and accuracy often surround the results of such assessments; error and bias are hard to exclude.

The study found that formal assessment was not the only or even the most important trigger for response. Formal assessment may not be the best use of resources, or the best means by which to judge trends. Many programme decisions in chronic situations are based on a 'rolling' review of programmes. While there may be no formal reassessment, a decision to continue, amend, or wind down a programme is made on the basis of such criteria as the success of the previous year's interventions and their continued relevance. It is suggested that this question of relevance can only be judged by reference to changes in the external environment, including changes in key indicators. Surveillance systems that allow such changes to be monitored are the essential complement to the use of cross-sectional surveys as an assessment tool. The study found that in southern Africa and elsewhere, too little priority was given to surveillance.

Agencies and donors should not be prepared to operate without expanding and reviewing their evidence base over the course of their intervention, and to amend their responses accordingly. In practice, after the initial assessment and securing of funding, continuing or repeat assessment may not happen at all.

### Coordination of assessments

The study found few examples where individual assessments were undertaken according to an agreed common strategy in an attempt to provide a complete picture of relative need. Agencies tend to assess situations in relation to their own programmes, making it hard to generalise from results or to aggregate data. In general terms, the benefits of joint agency approaches to assessment – including consistency of results and the countering of individual agency biases – outweigh the disadvantages, which

can include a tendency to cumbersome processes, the danger of creating false consensus, and the collection of data which remains unanalysed and therefore useless. It is vital that individual agencies are free to conduct their own assessments where necessary.

The results of single-sector assessments may be hard to interpret on their own, and should be considered in the light of other available information. The study concluded that what is essential is not the use of combined methodologies (since approaches will necessarily vary between sectors) but the close geographic and temporal coordination of different sectoral assessments to allow the effective correlation of data.

### Baseline data and demographic information

In the aftermath of rapid-onset disasters, there is frequently an absence of adequate baseline data against which to measure the impact of the disaster. Agencies report that they rely most upon their collective experience of responding to such disasters, and base planned responses upon informed estimates of need, known capacity to respond and available funding.

A related issue concerns demographic information. In conflict zones, uncertainty over population figures and demographic information constitutes one of the main barriers to accurate needs assessment. Field-based Humanitarian Information Centres and associated rapid-assessment methods should help to provide more reliable demographic data. This should be complemented by flexibly deployable specialist capacity and by the use of remote sensing and other relevant technology.

### Vulnerable groups and targeting

The identification of vulnerable groups normally forms the basis for the targeting of interventions. The notion of the 'vulnerable group' – typically based on assumptions about socio-economic status – can introduce artificial distinctions. Agencies and donors may concentrate resources heavily on a particular group while

#### Box 2: The need for protection

Physical security and the need for protection, specifically in conflict-related situations, is a critical aspect of basic human welfare. This includes freedom from violence or fear, from coercion, and from deprivation of the means of survival. The humanitarian protection agenda is not susceptible to a commodity-based approach, or to quantitative analysis. Risk analysis is essential here.

In conflict-related situations an assessment of threats to the security of civilians should be considered the *essential* framework of analysis for the entire humanitarian response, both protection and assistance. However, this study found no satisfactory overarching method of assessing such risks. Assessment should provide an understanding of:

- the threats faced by civilians of the kind outlined above, and their causes;
- the link between threats to life, health and subsistence on the one hand, and security on the other;
- the dynamics of the political economy within which any intervention (protection or assistance) will be mounted; and
- the responsibilities of belligerents and others as stipulated in international humanitarian law and other relevant legal and normative frameworks.

The answers to these questions should inform decisions about whether and how to provide relief assistance, or to pursue strategies aimed at securing the protection of the civilian population. The success of any such strategy is likely to be contingent on the ability of the organisation in question to influence (directly or indirectly) those with the power to protect.

neglecting others. Not belonging to a ‘vulnerable group’ can itself be a major vulnerability factor. Assumptions about the needs and risks faced by particular groups may indeed be well-founded and based on previous evidence, but they should also be made explicit, and should be tested.

### Consultation and assessment of capacity

Consultation with and the involvement of potential beneficiaries in the assessment process is inconsistent and sometimes absent altogether. An assessment of people’s capacity to cope should state the risks to which they are most susceptible, and should differentiate more clearly the levels of risk faced, as a basis for determining appropriately prioritised and targeted responses. Any assessment must also consider the question of state and local capacity and responsibility. The extent of the need for supplementary or substitute services from the international humanitarian system will depend in part on the capacity and willingness of the controlling authorities to provide for the needs of the affected population. An awareness of the primary responsibility of those authorities for people’s welfare, and the extent to which it is fulfilled, should inform every needs assessment.

### Assessing food security and health risks

There is a wide range of approaches to the assessment of food security, and a wide variation in the methodologies adopted by different agencies to collect data, in the conceptual models against which this data is analysed, and in the kinds of conclusions reached. The study reaches a number of conclusions about the various approaches:

- Overall food security assessments must provide a basis for determining a broader range of intervention options than is currently the case.
- As a minimum, there should be a common minimum data set for all agencies (raw data that all agree to collect).
- Common principles and minimum standards for emergency food needs assessment are desirable.
- Optimal and adaptable means of combining and coordinating nutrition and food security assessments need to be developed.
- Assessments should distinguish more clearly between situations where the primary rationale for food assistance is to save lives, and situations where the main rationale is to protect assets or livelihoods.

Health assessment methodologies vary widely, though there are well-established techniques based on epidemiological principles and medical practice. A lack of clear common objectives for health interventions was apparent. Greater leadership is required, specifically from WHO and UNICEF. These agencies could also play a stronger role in establishing basic health information systems, where national systems are not functioning.

### Specialist working groups

More consistent collaboration amongst sectoral experts from different organisations working on a given situation would facilitate the prioritisation of response and resource allocation. Ad hoc working groups fulfil an essential function, and could be

strengthened to allow more comprehensive sector-based assessments. The nominated heads of such groups could play an important role in cross-sectoral coordination and priority setting as part of the CHAP process.

### Needs analysis and decision-making

Needs assessment, at least in the formal sense, often plays only a marginal role in the decision-making of agencies and donors. Assessment is often taken to be a ‘front-end’ process, which culminates in the design of a response and appeal for funds. Initial assessments, especially of rapid-onset or fast-evolving situations, depend as much on assumption, estimate and prediction as they do on observed fact. The checking of these assumptions and estimates should be considered essential. Monitoring is typically focused on the input–output equation of project management, rather than on assessment of the external environment and the changing nature of risks.

Overwhelmingly, needs assessments are conducted by operational agencies, often to substantiate funding requests. This allows for the close correlation of needs analysis with the design and execution of responses, but raises major questions about objectivity of analysis. It also encourages supply-driven responses, and risks distorting the scale of the threat and the importance of the proposed intervention. The lack of independent ‘reality checks’ makes it difficult for the system to ensure that responses are appropriate, proportionate and impartial.

A wide range of factors influences decisions about humanitarian response, some of which are extraneous to the consideration of need – notably, the political interests of donors, and the marketing interests of agencies. This introduces biases into the analysis of situations and subsequent responses. The apparently mutual tendency of agencies and donors to ‘construct’ and ‘solve’ crises with little reference to evidence erodes trust in the system.

#### Box 3: General criteria for good assessment practice

*Timeliness* – providing information and analysis in time to inform key decisions about response

*Relevance* – providing the information and analysis most relevant to those decisions

*Coverage* – adequate to the scale of the problem

*Continuity* – providing relevant information throughout the course of a crisis

*Validity* – using methods that can be expected to lead to sound conclusions

*Transparency* – being explicit about the assumptions made, methods used and information relied on to reach conclusions, and about the limits of accuracy of the data relied on.

Good assessment practice would also involve effective *coordination* with others, the *sharing* of data and analysis, and the *communication* of significant results.

## Recommendations for assessment practice

### The subject of assessment

#### *Assessing core outcome and risk indicators*

In all situations where an immediate and widespread threat is known or suspected to exist to life or health, data on mortality, morbidity and acute malnutrition should be collected as a priority. This should be done in the areas believed to be worst affected, from the outset of a crisis and continuously thereafter, for as long as a high level of risk continues. The resulting data should be correlated with agreed indicators of risk, including food security and environmental health risks.

#### *Food security and health assessments*

Key implementing agencies, in collaboration with WFP, should agree a common minimum data set to underpin food security methodologies; and as far as possible, agree on the methods to measure them. They should also agree a symptomatic classification of different levels of food insecurity, from periodic food crisis to famine.

Given the lack of comparable indicators relating to three main bases of analysis in health assessments (morbidity, risks to health, health care), this study recommends that a consultation process be initiated among the key actors in emergency health, including those concerned with environmental health risks, to establish a common basis for gauging the severity of situations against these three factors, and for establishing the linkages between them.

#### *Demographic assessment*

A specialist demographic assessment function should be established within the UN system, reporting to the ERC, tasked with establishing the location, numbers and demographic characteristics of disaster- and war-affected populations. Assessing the numbers, location and situation of inaccessible populations should be given particular priority, and full use should be made of remote-sensing technology for this purpose.

#### *Assessing the needs of inaccessible populations*

Where it is difficult or impossible to reach conflict-affected populations, a best estimate should be made of their number and location (based on census and other data), their demographic profile and the nature and severity of the risks they face. This should be confirmed as far as possible by remote sensing and other relevant techniques. Where large numbers of people are at severe risk, they should be considered a priority for humanitarian action.

### The process of assessment

#### *Framework assessment, surveillance and health information*

WHO and UNICEF should work together to conduct baseline health assessments in crisis situations (on the model of the joint FAO/WFP assessments); to establish surveillance systems for epidemic disease; and to establish and maintain basic health information systems where there is no functioning national system, or where the system cannot meet information needs.

#### *Multi-sectoral assessments*

Sectoral assessments should be coordinated as closely as possible in geographical and temporal terms. A field-level assessment 'task force', made up of the heads of sectoral working groups, could facilitate this.

#### *Specialist working groups*

In all major humanitarian crises, inter-agency sectoral working groups should be tasked with providing an overview assessment (or strategy for assessment) as a basis for prioritising needs within and between sectors. This should constitute a part of the CHAP process, where it exists.

#### *Sharing the results of assessments*

Agencies and donors should share the results of their formal assessments, and should see both the process of assessment and the sharing and communication of the results as an essential part of the humanitarian response. Agencies should record assessment findings so that they can be shared externally. Donors should encourage this process.

#### *Funding of assessments*

Donors should be prepared to fund or to reimburse the costs of agencies' assessments if they are well conducted, can be read independently of funding proposals and are shared with the system as whole.

## Recommendations for needs-based decision-making

### *Criteria for funding and response*

Donors and agencies should make an explicit commitment to needs-based decision-making that is grounded in relevant evidence.

### *Prioritisation*

Allowing that the application of absolute standards will set a minimum resource requirement, the prioritisation of responses should reflect a process of joint assessment of comparative risk against the four suggested bases of analysis. The CAP/CHAP currently represents the best available mechanism for achieving this, informed by more consistent use of specialist working groups.

### *Monitoring and surveillance*

Agencies and donors should consider risk analysis and needs assessment essential throughout a programme. The study recommends the more consistent use of surveillance systems, and a better balance of investment between one-off surveys and on-going surveillance.

### *Evaluating assessments*

Evaluations should explicitly consider the way in which needs were assessed and the extent to which assumptions and estimates were tested against the changing external environment. They should consider the accuracy of the results of the assessment, the logical connection with the subsequent response, and the extent to which the analytical basis for that response is articulated.

## Gauging relative severity

There is arguably a need for a simple basis of comparison between humanitarian contexts. This study recommends that the ECHO system for gauging countries against a basket of indicators might be more widely adopted. However, constructing a global system more sensitive to short-term changes and local-level conditions would demand far greater intensity of data collection and analysis – with attendant financial and opportunity costs that would arguably be disproportionate to the potential benefit. This study recommends an approach focused more on consistent sector-based surveillance in each situation of humanitarian concern, including the routine measurement of mortality rates and the prevalence of acute malnutrition. Sectoral specialists should be encouraged to work together to determine relative priorities within and between their spheres of concern. Done consistently, this would foster greater consistency of usage and methodology, and more consistent application of common standards. This would allow greater comparability between contexts.

## Prioritisation and the CAP

In theory, the Consolidated Appeal Process provides the basis for coordinating and linking decision-making of agencies and donors. In practice, however, field-level coordination mechanisms tend to provide information about decisions already taken, or progress reports on existing programmes. Effective coordination between headquarters is the exception, and the triaging of responses happens largely through appraisal by individual donors of agencies' funding requests.

The CAP is not seen as an effective prioritisation mechanism. The appeal is constructed around agency projects (almost exclusively UN), and so does not reflect a process of issue-based or sectoral prioritisation between agencies, based on joint assessment and analysis. The way in which the appeal document is presented gives little sense of relative priorities. Donors' response to

appeals reflects preferences for certain forms of response over others, and for certain geographic areas over others.

Although improvements in the CAP and CHAP have resulted in a stronger process of joint analysis, the sense persists of a disconnect between the analytical/strategic component and the related portfolio of agency projects. Developing the role of sectoral working groups would help to overcome some of the perceived weaknesses of the process, and strengthen its ability to establish priorities for response.

## Conclusion

Needs assessment as currently practiced is inadequate to provide the information upon which to base genuinely impartial responses. Too little priority is given to the process of assessment throughout the course of a crisis; and it is too closely aligned to the 'front-end' fund-raising process. While there is room for improvement in assessment methodology, current techniques should allow reliable information to be consistently generated against key 'outcome' and risk indicators. Doing so may be as important to gauging the impact of interventions as it is to informing their design. This requires that decision-makers demand and make use of critical information, and consistently ground their decisions in evidence-based judgements about acute risk and related needs.

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