THE NEEDS ANALYSIS FRAMEWORK

STRENGTHENING THE PROCESS OF ANALYSIS AND PRESENTATION OF HUMANITARIAN NEEDS IN THE CAP

IASC CAP SUB-WORKING GROUP
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INTRODUCTION

What is the Needs Analysis Framework (NAF)?
The Needs Analysis Framework is a tool to help Humanitarian Coordinators and Country Teams organise and present existing information on humanitarian needs in a coherent and consistent manner. This will help strengthen the analysis of humanitarian need.

Why must we strengthen the presentation and analysis of needs?
The availability of consolidated information on humanitarian requirements will enable Humanitarian Coordinators and Country Teams to identify gaps in needs assessments, and to agree on priority needs. This in turn will help develop strategies and programmes that focus on addressing prioritised needs.

What are the incentives for agencies to participate?
- The process will increase accountability.
- It raises professionalism.
- It provides evidence for advocacy.
- Concrete elements to be used for fundraising are included.

What should Humanitarian Coordinators and Country Teams do with the Framework?
Humanitarian Coordinators and Country Teams should use the framework as a blueprint to consolidate existing needs assessments and analyse them prior to developing a CHAP. To this end, a series of steps need to be taken (see Sample Implementation Plan). Country teams (including NGOs and the Red Cross Movement), donors, and host authorities can be involved in the process. The HC, supported by OCHA, will ensure timely coordination and information sharing with other agencies involved in assessment exercises.

What are Country Teams *not* expected to do with the Framework?
Country Teams are *not* expected to:

- Fill out the framework from A to Z, if some of the information required is unavailable (e.g. security constraints, no existing baseline surveys or assessments). The indicators and descriptors are suggestions that help systematize existing information.
- Carry out additional or new needs assessments. Country Teams may wish to do so however, if significant amounts of data are missing and could be attained.
- Modify the needs assessment methodologies used by individual agencies. However, as much as possible agencies should involve other concerned agencies, NGOs, and donors in their assessments, discuss and agree on Terms of Reference and methodology and use the NAF as reference tool.

Requirements for the presentation and the analysis:
- Agencies organize themselves, e.g. by sectors or cross cutting theme, and plan for the process to consolidate and analyse the information they have together. This will require dedicated staff time.
- Agencies are to share with each other the assessment reports and any other relevant information they have with regards to their area of expertise.
- Agencies synthesise the available information, agree on a shared analysis and conclusions, and put their findings in an overview report coordinated by OCHA. The overview report should be no more than 25 pages, with a summary of no more than two pages. This will be incorporated in the CHAP.

Linking assessment to monitoring and reviews
The HC, supported by OCHA, guarantees the link between NAF and other instruments which are used for monitoring and reporting, as well as with other tools which address transition and development.

How is this document organised?
Pages 1-3: Explain the scope of the document and offer a diagram to provide a pictoral explanation of the context within which NAF is useful.
Pages 4-15: Needs Analysis Framework.
Pages 16-25: Annexes that facilitate the filling in the Framework. The annexes contain suggested areas of concern, useful background information, and links to reference documents.
Page 26: List of acronyms.

THE NEEDS ANALYSIS FRAMEWORK – A SHORT EXPLANATION

The Framework is nothing more, and nothing less, than a structure to document findings and conclusions in a systematic way within countries. It is meant to assist in the collection of information to construct the overall and sectoral needs.

The headings, indicators and descriptors related to each area of concern in the framework, are **suggestions** that help make descriptions in a systematic way. This also allows trend analysis, comparison between populations and areas within a crisis context, and aggregate information to an overall context level.

The assumption is that the overviews can be made based on available information.

Country teams may adapt the framework to the context, remove headings that are not useful, and add those who are.

If information required is deemed relevant but unavailable, this should be explained (e.g. security constraints, no capacity to carry out reliable surveys or assessments). Gaps in information may trigger additional or new needs assessments to fill the knowledge gap.

The process may also stimulate the synchronization in time and geographic coordination of sector-specific assessment in view of the formulation of the CHAP. It may also identify opportunities where joint assessments between sectors would have added value for the analysis and understanding of humanitarian needs.

The NAF does not enter into the subject of specific assessment methodologies, the choice of which remains with individual agencies and needs to be adapted to the information needs specific to the various sectors.

The NAF's indicators in blue are those linked to the MDGs and the CCA.

Quality control of information in the framework: teams filling in the framework should indicate the source of information; who collected the data; the methodology used (notably sampling) and the limits of this methodology; the specific population to which it relates; the time frame; and the context.

Data are politically sensitive in many situations and there may be discrepancies between official and unofficial numbers (e.g. refugee counts, malnutrition rates, etc.). Often information is not available and/or available information may be unreliable. The difficulties of obtaining reliable quantitative data, especially in crisis situations, can include: problems of methodology; problems of access to affected populations making data collection impossible; problems of capacity (such surveys require time and money, and qualified staff); and lack of baseline data, and basic demographic data.

The analysis framework diagram

This diagram (see below) presents the section titles of the framework in a graphic way. The sections are the most important areas of concern required to make judgments on needs and priorities. This provides a systematic structure for the information and it could also be used as a starting point to construct a causal framework in a crisis to determine what influences what, and how.

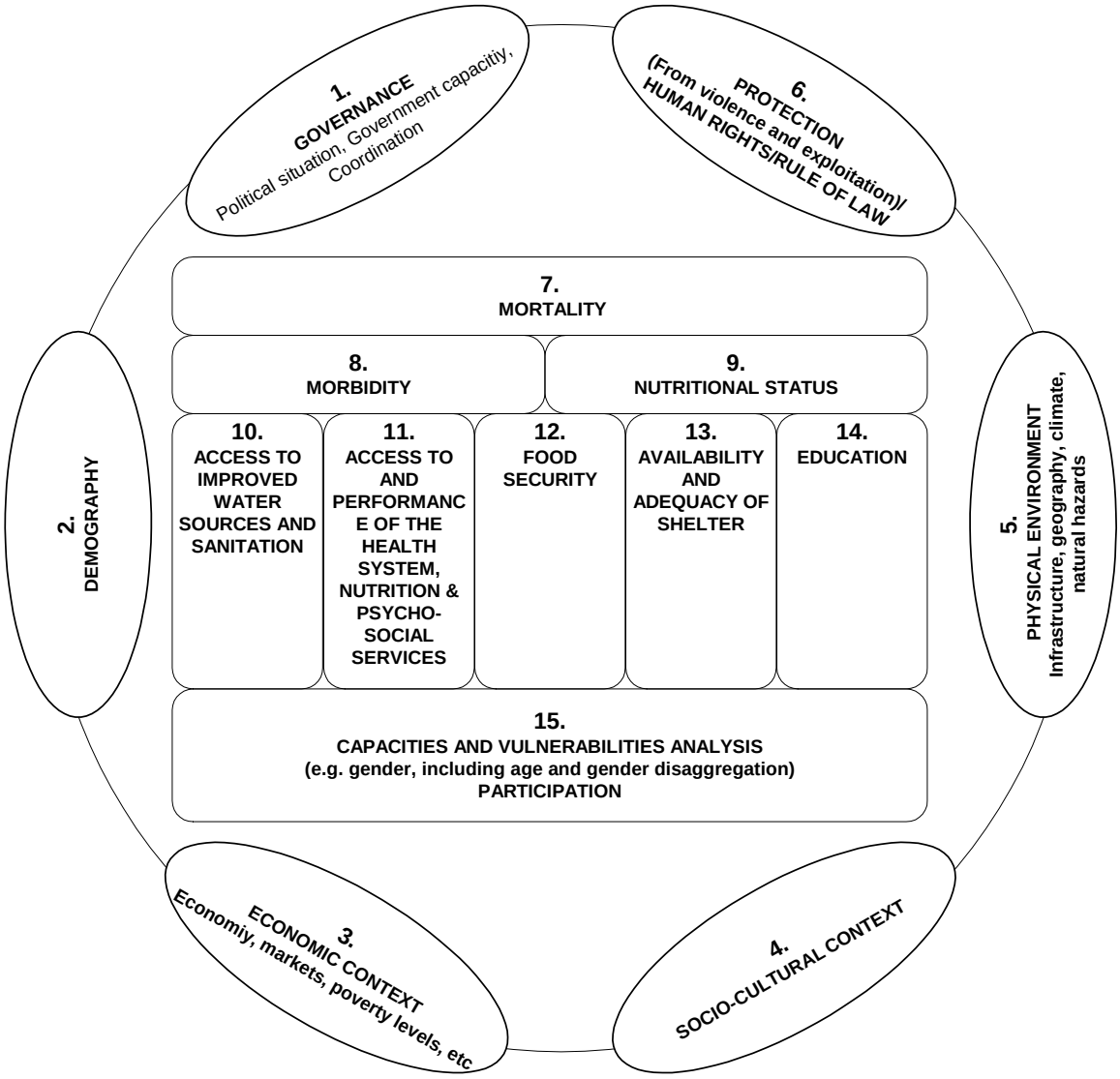
Humanitarian crises are the result of the complex interaction of a large number of factors, represented by the different areas in the diagram. The elements are interdependent, and problems multi-causal. Elements 'higher' in the diagram may influence areas of concern mentioned further down in the diagram. These interactions may differ in each context. To establish relevant insight in causalities and interdependence, when needs related to a specific area have been defined one should ask basic questions like 'what may have caused or contributed to these needs', and 'how does this factor influence other areas of concern?'.

Ideally, for each crisis the interagency country team should develop such a model, specifying the key variables and the relations between them. Such a model helps focus attention on what information to collect, the nature of the relationship between variables, and to determine how each contributes to the humanitarian outcomes examined. There are some examples of models used in certain sectors, like nutrition and food security.

- While people acknowledge a certain hierarchy of concerns reflected in the diagram, this does not imply a consequent prioritised response. Each element represented in the diagram is an issue of concern, not needs per se, and should be assessed both in its own right and as part of the overall analysis.
- Categories are interdependent - assess them individually & as part of the integrated analysis
- Protection/human rights/rule of law are overarching issues, which need to be addressed separately and as part of all other issues
- The process should lead to an overview and analysis of needs related to the crisis
- The analysis of the humanitarian situation requires a combination of evidence and judgment

The quality of the assessment process and hence the relevance of subsequent programming depends on the depth and quality of the analysis.

ANALYSIS FRAMEWORK DIAGRAM



NEEDS ANALYSIS FRAMEWORK

1. GOVERNANCE

1.1 General situation

- Political situation
- Description of the crisis context, its historic background
- Functioning of national government and ministries, at central and peripheral levels
- What is public opinion toward international assistance and presence, towards the government and toward the parties to the conflict?
- Ability of government to meet people's needs
- Legal frameworks for addressing emergencies, displacement, etc (see annex)
- Aspects of the regional and international context that might affect the national context, e.g. instability, possible overflow of a conflict, cross-border tensions, etc

1.2 Coordination

- Coordination mechanism in place
- Quality of coordination mechanism

1.3 Security situation

- General description: open conflict, mines, lootings, and kidnappings.
- Impact on population, in terms of freedom of movement; access to food (crops, cattle...), water, health services, markets.
- Security response: Who ensures the safety of the population (military, police, militia, peacekeeping forces)?
- Who ensures humanitarian demining? Is the overall response sufficient and appropriate?
- Do these security involved actors put the population more at risks - by their own behaviour, or by there presence?
- List potential security threats to humanitarian action
- Other context-specific relevant factors

2. DEMOGRAPHICS

Group description:

- Total population
- Displaced and/or refugee populations, migration pattern, places of origin
- Nomadic populations
- Birth and fertility rates
- Legal status
- Geographical location
- Number of people missing
- Average household size
- Female headed households
- Head of household dependency ratios
- Numbers of orphans and/or abandoned children
- Other context-specific relevant factors

Data should be disaggregated by age and sex as far as is practical (Sex Ratio (M:F), % under 5, % of women who are aged 15 – 49, % of population aged 15 – 19, above 65)

3. ECONOMIC CONTEXT

- Economic situation, GDP per capita, GDP growth
- % of GDP spent on health and education
- Cost of minimum food basket
- Proportion of population below $1 (PPP) per day
- Employment to population of working age ratio
- Unemployment rate
- Informal sector employment as percentage of total employment
- Other context-specific relevant factors

4. SOCIO-CULTURAL CONTEXT

Describe briefly the social, and cultural context at community level

- Human development index
- Social stratification,
- Classes,
- Ethnic groups,
- Political groups,
- Linguistic
- Religious diversity
- Other context-specific relevant factors

5. PHYSICAL ENVIRONMENT

- Geography
- Infrastructure
- Climate
- Natural hazards
- Significant threats caused by ecological factors
- Other context-specific relevant factors

6. PROTECTION

6.1 General

- Status of ratification of, reservations to, and reporting obligations under, international human rights instruments
- Status of follow-up to concluding observations of United Nations human rights treaty bodies
- Description of the institutional framework providing protection to individuals including structure, accessibility, and functioning of security organs, the judiciary as well as human rights institutions, such as ombudsmen.
- Description of progress made and remaining deficits in the protection of the right to life and freedom from torture, including genocides acts, extra-judicial executions, level of protection against crimes committed by non-state actors;
- Description of violations of international humanitarian law;
- Description of violations of the principle of non-refoulement of refugees;
- Are citizens, stateless persons, asylum-seekers and refugees, IDPs and returnees subject to arbitrary arrest or detention? Provide indications about length, harshness, and impact of detention on communities.
- Are there deficits in the individual registration and documentation of persons staying in the country? Specify who is affected and provide indications on the impact of such deficits for the individuals concerned?
- Do asylum-seekers, refugees and stateless persons staying in the country have a clear legal status? Are the rights accorded to them in accordance with international law?
- Describe existence of discriminatory legislation or practices.
- What are the trends, including reference to the pre-crisis situation if possible or relevant.

To complete this chapter, where available and relevant, it is recommended to use the findings of treaty bodies as well as national reports submitted according as per international conventions.

6.2 Child Protection

1. What are the risks and threats faced by children in terms of abuse, exploitation, violence and deprivation of parental care - if possible numbers (when relevant). Otherwise give indications available on the nature and extent of the problem.

- Children without primary care-givers (including separated and unaccompanied children)
- Domestic abuse and neglect
- Recruitment in armed forces
- Abduction
- Trafficking
- Arbitrary and illegal deprivation of liberty
- Sexual abuse, exploitation and violence
- Corporal punishment
- Safety or injury risks, including landmines/UXOs and small arms; child casualties during armed conflict
- Early marriages and arranged marriages
- Female genital mutilation
- Psychological and social consequences of emergency situations
- Other context-specific relevant factors

2. Which groups of children are the most at risk of abuse, exploitation and violence in general, and vis-à-vis the above mentioned risks and threats in particular?

3. Mapping of key elements of a protective environment for children

6.3 Protection from gender based violence (rape, sexual exploitation and abuse, trafficking, domestic violence)

- SV considerations in provision of shelter, food, water, and sanitation structures and management, and fuel collection. Remember special vulnerability of disabled persons.
- Security monitored and a protection strategy defined including establishment of coordination group that includes also women group's representatives
- Networks with judges, prosecutors, police, and traditional systems established to ensure that existing laws relating to sexual violence are upheld, and that protection is provided in accordance with needs.
- Advocacy being done for compliance and implementation of international instruments
- Confidential reporting mechanism in place and referral and appropriate services available including refuges, counselling, rehabilitation and support services for women who are victims of violence or who are at risk of violence
- Uniformed services, cultural leaders, authorities and women's groups sensitised on GBV and availability of SV services and reporting mechanism, and arms-bearers informed/trained on IHL
- Considerations of sex balance in recruitment of staff and management of human resources in place

7. MORTALITY

What information is available on the **mortality** of the affected population?

- Life expectancy in years (Male/Female)
- Crude mortality rate (CMR per 10,000/day, and/or per 1,000/month,)
- Under five mortality rate (U-5MR per 10,000/day, and/or per 1,000/month)
- Infant mortality rate
- Maternal mortality ratio (per 100,000 live births)
- One or more of the following (per 1000 births)
- Neonatal mortality rate (0-4 weeks)
- Perinatal mortality rate (22 weeks-7 days)

- Stillbirth rate
- Main causes of death or cause specific mortality rates (CSMR, % of total deaths)
- Other mortality related information like grave counts, # of orphan-headed households, etc
- Magnitude of civilian casualties.
- What are the **trends**? Over what timeframe?

CVA/gender: using disaggregated data by gender and age, are there any significant differences between and within groups and/or locations (e.g. groups most affected due to gender, age, disability, people living with HIV/AIDS, ethnicity, poverty, etc)?

Protection concerns: e.g. executions, reports of massacres, deaths from landmines and violence, suicides, etc.

Conclusion: Judgment on mortality. *Compare to reference values, estimates of excess death if possible.* What are the most vulnerable groups with the highest mortality rates, which areas are most affected? What development is expected the coming year?

8. Morbidity

Provide information on the **morbidity pattern** of the most important and/or life threatening diseases and/or health conditions:

- What is the morbidity pattern? (list the % most common diseases in order of importance, provide information on incidence, prevalence and/or number of episodes of illness during the last 2 weeks at household level) Separate for children under 5, adults above 60.
- What are the **trends**? Over what timeframe? Possible evolutions?
- Other endemic important diseases?
- Diseases known to have caused epidemics?
- Reproductive health, including maternal and neonatal health
- Mental health
- Description of the **HIV/AIDS** situation (usually prevalence % female population 15-49 years, who is at risk, why, etc)

CVA/gender: using disaggregated data by gender and age, are there any significant differences between and within groups and/or locations (e.g. groups most affected due to gender, age, disability, people living with HIV/AIDS, ethnicity, poverty, etc.)?

Protection concerns: (e.g. non-accidental injuries resulting from violence or landmines, sexual and gender based violence, stigmatisation, neglect of people in institutions etc.)

Conclusion: Judgement of the severity and risks for morbidity. Compare to time/seasonal trends, epidemic threshold levels, neighbouring countries, links to food security, nutrition, environment, watsan, etc. What are the most vulnerable groups, which areas are most affected? What are the most important risks for increased morbidity the coming year?

9. Nutritional Status and Nutrition Related Morbidity

What information is available on the **nutritional status** of the affected population?

- For example for children aged 6-59 months:
- Acute malnutrition rate, wasting (<-2 Z scores Weight/Height, or <80% median Weight for Height, and/or oedema),
- Severe malnutrition (<-3 Z scores Weight/height or <70% median Weight for height), and oedema
- Chronic malnutrition rates, stunting (< -2 Z scores Height/age or <80% median height/age)
- Prevalence of underweight children under five years of age (<-2 Z scores Weight/age or <80% median Weighgt/age
- Proportion of population below minimum level of dietary energy consumption
- For adults; % underweight BMI <18.5

- **Micro-nutrient deficiencies** (e.g. any cases of scurvy, pellagra, beriberi; rates of xerophthalmia, Vitamin A, and iodine deficiency disorders; anaemia).
- Anaemia in pregnant and lactating women
- What are the **trends**? Over what timeframe?

CVA/gender: using disaggregated data, are there any significant differences between and within groups and/or locations (e.g. groups most affected due to gender, age, disability, people living with HIV/AIDS, ethnicity, poverty, etc.)? If so, why?

Protection concerns which affect malnutrition due to potential vulnerability factors, deliberate exclusion or marginalisation, etc

Conclusion: Judgement of the severity. *Compared to reference values, trends, seasonal influences, within context of food security, links with diseases, etc.* What are the most vulnerable groups, which areas are most affected?

10. ACCESS TO IMPROVED WATER SOURCES, SANITATION AND HYGIENE PRACTICES

10.1 What information is available to describe the water supply system:

Describe the water distribution system available

- Water distribution system available to each population group (small town system, boreholes, hand dug wells, gravity supply, spring catchment, rainwater, river/lake/stream, etc)
- Percentage of population that has access to what distribution system.

Describe the access to quality and quantity of water and water use facilities and goods

- Do people have safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene?
- Are public water points sufficiently close to households to enable use of the minimum water requirement?
- Is the water palatable, and of sufficient quality to be drunk and used for personal and domestic hygiene without causing significant risk to health?
- Do people have adequate facilities and supplies to collect, store and use sufficient quantities of water for drinking, cooking and personal hygiene, and to ensure that drinking water remains safe until it is consumed?
- Proportion of population with sustainable access to an improved water source, urban and rural

CVA/gender: using disaggregated data, are there any significant differences between and within groups and/or locations (e.g. accessibility of groups most affected due to gender, age, disability, people living with HIV/AIDS, ethnicity, poverty, etc)?

Protection concerns: e.g. abuse, violence and/or exploitation, which compromises the ability to have equal access to water due to potential vulnerability factors (e.g. gender, age, disability, people living with HIV/AIDS, ethnicity, discrimination related to citizenship, refugee or other legal status, etc.)

Conclusion: Judgement of the severity and associated risks for potential consequences with regard to water supply. Which are the most vulnerable groups? Which areas are most affected? Compared to what reference values? What are the trends? Over what time frame (including reference to the pre-crisis situation if possible or relevant)?

10.2 What information is available to describe sanitation and hygiene practices:

Describe the excreta disposal systems available

- Excreta disposal system available to each population group (piped sewage system, septic tanks, flush & pit latrines, dry pit latrines, compost latrines)
- Percentage of population that has access to what excreta disposal system

Describe access to, number, design and use of toilets

- Do people have adequate numbers of toilets, sufficiently close to their dwellings, to allow them rapid, safe & acceptable access at all times?
- Are they sited, designed, constructed and maintained in such a way as to be comfortable, hygienic and safe to use?
- Proportion of population with access to improved sanitation

Vector control

- Do people have the knowledge and means to protect themselves from disease and nuisance vectors that are likely to represent a significant risk to health?
- Are numbers of disease vectors that pose a risk to people's health kept at an acceptable level?

Solid waste management

- Do people have an environment that is acceptably uncontaminated by solid waste, including medical waste?
- Do people have the means to dispose of their domestic waste conveniently and effectively?

Hygiene

- Availability of soap for personal hygiene and for washing clothes etc.
- Availability of culturally appropriate sanitary napkins and underwear for menstruation age women and girls

CVA/gender: using disaggregated data, are there any significant differences between and within groups and/or locations (e.g. groups most affected due to gender, age, disability, people living with HIV/AIDS, ethnicity, poverty, etc)?

Specific protection concerns, e.g. abuse and/or exploitation, which compromises the ability to have equal access to sanitation and to practise safe hygiene due to potential vulnerability factors (e.g. gender roles, age, disability, people living with HIV/AIDS, ethnicity, discrimination related to citizenship, refugee or other legal status, etc.)

Conclusion: Judgement of the severity and associated risks for potential consequences with regard to sanitation and hygiene practices. What are the most vulnerable groups, which areas are most affected? Compared to which reference values? What are the trends? Over what time frame (including reference to the pre-crisis situation if possible or relevant)?

11. ACCESS TO AND PERFORMANCE OF THE HEALTH SYSTEM, REPRODUCTIVE HEALTH, NUTRITION AND MENTAL HEALTH/PSYCHOSOCIAL SERVICES

11.1 What information is available to describe health system

- How is the health system organised?
- What is the capacity and availability of the health infrastructure?
- What is the situation with regards to human resources in the health and nutrition sector?
- How is the health system financed?
- How are medicines procured?

Are health services adequately coordinated, also with other sectors, to achieve coherence and maximum effectiveness?

How does the Health Information System function, including surveillance, early warning mechanisms, etc?

- Are services guided by ongoing coordinated collection, analysis and utilisation of public health data?

11.2 What is the national capacity for disaster/outbreak preparedness and response?

- Are there contingency plans and/or other measures to be prepared for and respond to the known hazards in the country, including outbreaks of infectious diseases?
- Do people have access to information and services that are designed to prevent communicable disease?
- Are there adequate services to diagnose and treat large numbers of the potentially epidemic infectious diseases?
- Are there services for care of pregnant women?

Performance of health services
Describe the performance of the health services.

- Do people have equitable access to adequate preventive and curative health services to address the most important causes for mortality and morbidity?
- Are services based on appropriate standards, protocols and guidelines?
- Are there adequate referral mechanisms?

Mental health/psychosocial services
Describe availability and performance of social and mental health services to reduce mental health morbidity, disability and social problems

- Do people have access to psychosocial and mental health services to reduce mental health morbidity and social problems?

Other non-communicable diseases:

- Are there adequate services for people with disabilities, injuries and/or physical trauma
- Are there adequate services for people with chronic diseases?

Reproductive health
Describe the reproductive health services available

- Do people have access to a Minimal Service Package to respond to their reproductive health needs?
- Are health services able to detect and address gender based violence?
- Is there good coverage for Essential and Emergency Obstetric Care?
- Do people have access to skilled birth attendants to reduce maternal and neonatal mortality and morbidity?

Nutrition programs

Describe the availability and performance of nutritional programs to reduce malnutrition and correct micronutrient deficiencies

- Do people have access to adequate services correcting Moderate Malnutrition?
- Do people have access to adequate services correcting Severe Malnutrition?
- Do people have access to adequate services correcting Micronutrient Malnutrition?

CVA/gender: using disaggregated data by gender and age, are there any significant differences between and within groups and/or locations that make certain people more vulnerable for specific health problems, and/or reduce their access to available services? (e.g. describe groups most affected and/or excluded from services either due to gender and gender roles, age, pregnant or post-partum women, disability, people living with HIV/AIDS, ethnicity, poverty, socio-cultural aspects, etc.)? If so, what makes people vulnerable, what capacities exist among these groups? Are there specific target groups and/or areas that should receive prioritised attention?

Specific protection concerns, violence, deliberate exclusion, stigmatisation, etc, which compromises the ability to have equal access to services due to potential vulnerability factors

Conclusion: Judgement on performance of the health system and nutrition services, if they are adequately organised and managed to deliver prioritised services. What are constraints that prevent the delivery of, or access to services? Do the health services effectively prevent and/or addresses the most important health needs (causes of Mortality, morbidity, malnutrition, etc), with adequate coverage. What are most important gaps and/or constraints? Compared to which reference values? What are the trends? Over what time frame (including reference to the pre-crisis situation if possible or relevant)? What are the most vulnerable groups, which areas are most affected?

12. FOOD SECURITY

12.1 Characterisation of the event and context

The nature and context of the event(s), and its likely effects on:

- People, crops, animals and other food resources (fisheries, forestry and wild food),
- Infrastructure and the economy - Also note the season consideration: what impact has / will this have on the capacity for the affected households to recover?)

12.2 Affected areas and populations:

Describe which areas are (or will be) affected: in which areas has there been an impact on food supplies (including markets), people's access to and use of food, and nutritional status?

Describe which population groups are (or will be) affected and may have been impacted differently, and why?

12.3 Analysis of the effects on food security for those areas and population groups (present and future Situation):

Describe what are (present situation) and will be (projected situation in the coming months) the effects of the crisis on:

Food availability in the area:

- The effects on food stocks, supply systems and markets

People's access to and consumption of food:

- The effects on people's own production, access to wild food, income, purchasing power, access to markets, food receipts/transfers from other sources, dietary diversity (% staples in diet, % of total energy provided by protein and fat, variety over a given period of time)

People's use of food:

- The effects on their ability to store, prepare and cook the food they have, and on their ability to obtain full nutritional benefit from the food they eat

People's nutritional status,

- As a result of changes in food availability, access or use, social and environmental care and/or public health-related factors?

12.4 Analyse the counter measures already taken or planned

Describe the measures have been taken, and what more are planned in terms of:

- Action by the government, traders and agencies in relation to aggregate food supplies and markets
- Household coping strategies to acquire food while covering their other essential needs (shelter, health, transportation, protection etc.)
- Community, government or other safety nets for the most disadvantaged households?
- Actions to address malnutrition

12.5 Analyse the results, problems and risks

What are the net results (outcomes) and the nature and scale of problems and risks in relation to:

- Food supplies – what will be the aggregate deficit, if any?
- Markets functioning? - is there food in the markets? How have prices changed, particularly compared to labour wages and asset prices (livestock, household properties and other valuables)? Are markets integrated and able to respond to an increase in demand? Is access secure?
- Household food access – what food access shortfall ('gap') will households experience

- Households' food use and consumption?
- Nutritional status?
- Livelihoods and long-term household food security?

12.6 Conclusions – Severity and Risk:

- What are the most vulnerable groups, which areas are most affected?
- To what extent do people have access to adequate and appropriate food and non-food items in a manner that ensures their survival, prevents erosion of assets and upholds their dignity?
- Are there any special provisions made for pregnant and lactating women, and children?
- What has been (or will be) the impact of a crisis on people's food security and nutritional status?
- How are people and food supply systems coping? How will they be able to cope in the coming months?
- What are the likely outcomes in terms of future food security and nutritional status?
- How compatible are potential short-term crisis response measures with medium and longer-term food security objectives and strategies?

13. AVAILABILITY AND ADEQUACY OF SHELTER AND SETTLEMENT

Describe availability and adequacy of shelter and settlement

Covered living space

- Do people have sufficient covered space to provide dignified accommodation.
- Can essential household activities be satisfactorily undertaken, and livelihood support activities can be pursued as required?
- Number of persons per room, or average floor area per person

Design

- Is the design of the shelter acceptable to the affected population and provides sufficient thermal comfort, fresh air and protection from the climate to ensure their dignity, health, safety and well-being?

Clothing and bedding

- Do people affected by the disaster have sufficient clothing, blankets and bedding to ensure their dignity, safety and well-being?

Cooking and eating utensils

- Is there access to cooking and eating utensils for disaster-affected households?

CVA/gender: using disaggregated data, are there any significant differences between and within groups and/or locations (e.g. groups most affected due to gender, age, disability, people living with HIV/AIDS, ethnicity, poverty, etc)?

Specific protection concerns, e.g. abuse, violence and/or exploitation, which compromises the ability to have equal access to shelter and safe settlement due to potential vulnerability factors (e.g. gender, age, disability, people living with HIV/AIDS, ethnicity, discrimination related to citizenship, refugee or other legal status, etc.)

Conclusion: Judgement of the severity and associated risks for potential consequences with regard to shelter and settlement. What are the most vulnerable groups, which areas are most affected? Compared to which reference values? What are the trends? Over what time frame (including reference to the pre-crisis situation if possible or relevant)?

14. EDUCATION

- Net enrolment *ratio* in primary education (by gender)
- Proportion of pupils starting grade 1 who reach grade 5 (by gender)
- Literacy rate of 15-24 year olds (by gender)
- Adult literacy rate (by gender)

Secondary school enrolment as a percentage of corresponding age group

Number of institutions, students (male and female) and teachers at various levels:

- Pre-school
- Primary
- Secondary
- Vocational
- Other

How many individuals participate in 'child friendly spaces'?

Describe the state of schools and schools supplies?

- Potable water in school area
- Latrines
- Building condition
- Furniture
- Textbooks
- School supplies

Describe the extent to which education needs of this specific population are met (e.g. percentage and/or number of people enrolled in what type of education, student/teacher ratio)

CVA/gender: using disaggregated data, are there any significant differences between and within groups and/or locations (e.g. groups most affected due to gender, age, disability, people living with HIV/AIDS, ethnicity, poverty, etc)?

Specific protection concerns: e.g. abuse by teachers, rebel attacks, exploitation, which compromises the ability to have equal access to education due to potential vulnerability factors (e.g. gender, age, disability, people living with HIV/AIDS, ethnicity, discrimination and/or special needs relating to legal status or displacement, e.g. language barriers and religious freedom, etc.)

Conclusion: Judgement of the severity and associated risks for potential consequences with regard to education. What are the most vulnerable groups, which areas are most affected? Compared to which reference values? What are the trends? Over what time frame (including reference to the pre-crisis situation if possible or relevant)?

15. CAPACITIES AND VULNERABILITIES ANALYSIS, AND PARTICIPATION OF AFFECTED POPULATION

15.1 Using the CVA matrix of the CHAP, describe the key capacities and vulnerabilities at national and community level:

Capacities: Describe the existing strengths in individual and social groups. What are people's materials and physical resources, their social resources and their beliefs and attitudes? What is the ability of people to cope with crises and recover from it?

Vulnerabilities; describe the long-term factors that weaken the ability of people to cope with sudden onset or drawn-out emergencies. What makes people more susceptible to disasters?

Capacities and Vulnerabilities can be categorised into material/physical, social /organisational and attitudinal/ motivational.

A. Physical/Material

- Health and disability
- Livelihoods/ Vocational skills
- Livestock
- Access to markets
- Transport
- Staple crops
- Housing
- Technologies
- Water supply
- Food supply
- Access to capital or other assets
- Relative poverty and wealth
- Features of land, climate, environment
- What physical/material resources exist in the community?
- What are the access and control patterns for these resources?
- How do these patterns change in crisis?

B. Social/Organizational

- Family structures
- Kinship groups, clans
- Formal social and political organizations
- Informal social gatherings
- Divisions of: gender, race, ethnicity, class, caste, religion
- Social capital (systems of support and power)
- Education
- Systems for distributing goods and services
- What social/organizational institutions and relationships exist in the community?
- How does crisis impact these structures?
- How do these structures transform during crisis?
- What are the opportunities and challenges to people's capacities provided by this transformation?

C. Motivational Attitudinal

- Psycho social profile
- History of crisis
- Expectation of emergency relief
- Existing coping strategy
- Cultural and psychological factors
- Change in power structures and relations
- How does the community perceive the crisis?
- What are the capacities for coping strategies in the community

Specific protection concerns: i.e. abuse and/or exploitation, which influences capacity and vulnerability factors (e.g. gender, age, disability, people living with HIV/AIDS, ethnicity, discrimination related to citizenship, refugee or other legal status, or situation of displacement and/or return- if population of concern has been defined other than in these terms, etc.):

Conclusion: What are the key capacities and vulnerabilities relevant for priority setting and targeting, support to longer-term development programmes in addressing underlying vulnerabilities of the population, and support to and maximize local capacities and coping strategies for humanitarian response?

15.2 Participation

Describe briefly the existing forms of participation in the ongoing humanitarian programmes, e.g.:

The most important reasons for participation:

Who participates: With whom will we work? Stakeholder analysis, including issues of representation, and consideration of the humanitarian principles of impartiality, independence and neutrality

How people participate:

- Practically non existent – people are not even informed of what is going to occur
- People are informed
- People participate by supplying information
- People are consulted in setting priorities but have no decision-making power
- People participate in implementation of responses by supplying materials/labour
- People are actively involved in the decision making process, monitoring and evaluations of the relief programmes

CVA/gender: using disaggregated data by gender and age, are there any significant differences in participation between and within groups?

Conclusion: What are the most appropriate approaches to participation in this particular context (with which potential partners, how, why)?

ANNEX I.
TO THE ASSESSMENT FRAMEWORK:

This annex provides some further clarifications, suggested indicators or descriptors, and references to relevant guidelines and standards, including the Sphere handbook. It does not claim to be comprehensive in this.

1. GOVERNANCE

Legal frameworks for addressing emergencies, displacement, etc. This includes: a) the international legal framework(accession to human rights and International Humanitarian Law instruments such as ICCPR, CESCR , CERD, CAT, CRC , CEDAW, Migrant Workers Convention, Geneva Conventions relative to the Protection of Civilian Persons in Time of War of 12 August 1949, Protocol I, Protocol II, 1951 Convention relating to the Status of Refugees, its 1967 Protocol, Convention relating to the Status of Stateless Persons, 1954, Convention on the Reduction of Statelessness, 1961 Protocol relating to the Status of Refugees, 1967, Accession to regional human rights instruments, etc.); b) the national protection framework and legislation (constitutional framework, declaration of a state of emergency, application of emergency legislation, minority protection legislation, anti-discrimination legislation, legislation related to registration or limitation of freedom of movement, etc.); and c) the human rights situation in the country as addressed by specific resolutions of the UN General Assembly or Commission on Human Rights, group-specific protection consideration and challenges, in particular as reflected in observations and recommendations of treaty monitoring bodies and reports of special rapporteurs.

6. PROTECTION

Child protection

The following groups of children should be given special attention in the assessment and analysis:

- children deprived of primary caregivers, including separated children and children living in foster families
- children deprived of liberty
- children with disabilities
- children without birth certificates
- children involved in armed forces
- children from minority groups
- children living in single parents households
- refugee and displaced children
- street and working children
- children born out of wedlock
- children affected by HIV/AIDS or whose parents are affected
- (Others)

The mapping of key elements of a protective environment for children should include following elements:

- Obligations of the parties under human rights law, humanitarian law and refugee law
- Degree of respect for and enforcement of the principles and provisions of relevance to children
- Ability and willingness of the government to take the lead in coordinating child protection interventions, including resources allocated to child protection
- Laws, policies, structures, services, mechanisms and programmes pertaining to abuse, exploitation, violence and deprivation of parental care, including prevention, detection, referral, rehabilitation and reintegration, at the national and/or sub-national levels
- How efficiently are they protecting children and their families during emergency situations - Any specific discrimination in the targeting?
- Traditions, customs, beliefs, practices, attitudes and values within the community that are strengthening -- or weakening -- the protection of children against abuse, exploitation, violence

and deprivation of parental care. Any traditional way within the community to prevent and respond to abuse, exploitation and violence and deprivation of parental care.

- Any formal or informal monitoring mechanism in place to identify children who are victims of abuse, exploitation and violence
- Awareness in the concerned population of the issue of child abuse, exploitation and violence -- willingness/readiness to discuss these issues openly
- Awareness by children and adolescents of their rights to be protected against abuse, exploitation and violence and of how to protect themselves
- Type of training received by professionals who are working with children pertaining to abuse, exploitation and violence, including on detection and response

7. MORTALITY

BASELINE REFERENCE MORTALITY DATA BY REGION		
Region	CMR (deaths/10,000/ day)	U5MR (deaths/10,000 U5s/day)
Sub-Saharan Africa	0.44	1
Middle East and North Africa	0.16	0.36
South Asia	0.25	0.59
East Asia and Pacific	0.19	0.24
Latin America and Caribbean	0.16	0.19
Central and Eastern European Region/CIS and Baltic States	0.30	0.20
Industrialised countries	0.25	0.04
Developing countries	0.25	0.53
Least developed countries	0.38	1.03
World	0.25	0.48

CAUTION: in general, emergency thresholds for mortality are arbitrarily defined as a more than a doubling of baseline rates. For example, for Sub-Saharan Africa, this would be above 1/10,000/day for the CMR. This rate cannot necessarily be applied to other regions and it also poses some important ethical dilemmas (for example, one can argue that entire sub-Saharan Africa is an emergency on this assumption, as CMR is double that of Europe, east Asia, and the America's).

Further information on measuring mortality rates can be found under www.smartindicators.org

8. MORBIDITY

Incidence rates cannot fully reflect severity or true needs as they are influenced by access. Cause-specific mortality (including deaths in community) is therefore crucial as it may reflect those not being able to access health care.

The trends and distribution of "clinic attendances or consultations" (stable, decreasing, increasing) of important diseases (major M&M or those with potential to cause major M&M e.g. epidemic-prone), with some alert thresholds for action, are important for priority setting. In some cases the actual number is also important, as whilst they don't indicate the true picture (i.e. they are often an underestimate), they will require priority action because they warn of potential morbidity and mortality to come. This is the case for some (not all) epidemic-prone diseases but also for non-accidental injury including rape (where both incidence and trend are important).

Disease trends not only give an indication of severity, but they can also infer the needs of the population.
E.g.:

- Increasing level of diarrhoea = basic human needs - safe water, adequate sanitation facilities (as specified by Sphere guidelines)
- Increasing trend in malnutrition = need for regular, nutritious food.
- Increasing trend in malaria cases = need for better shelter and planning, better protection against mosquito vectors, better quality curative health services (for case management)
- Increasing respiratory infections = need for shelter (warm, ventilation, no overcrowding); need for clothing
- Cases of non-accidental injuries including rape = need for security, law and order, protection of civilians; need to advocate for human rights
- One case of measles or pertussis = need for protection of children against vaccine-preventable disease; need for quality preventative health care
- Increasing levels (cases) of maternal deaths or maternal morbidity; increasing reproductive tract infection/obstetric fistula = need for better care during pregnancy, child birth
- Increased number of STIs/HIV cases among women, girls and young boys= need for security, protection; better family planning services

Confirmation of the existence of an outbreak: it is not always straight forward to determine whether an outbreak is present and clear definitions of outbreak thresholds do not exist for all diseases

a. Diseases for which one case may indicate an outbreak: cholera, measles, yellow fever, Shigella, viral haemorrhagic fevers.
b. Meningococcal meningitis: for populations above 30,000, 15 cases/100,000 persons/week in one week indicates an outbreak; however, with high outbreak risk (i.e. no outbreak for 3+ years and vaccination coverage <80%), this threshold is reduced to 10 cases/100,000/week. In populations of less than 30,000, an incidence of five cases in one week or a doubling of cases over a three-week period confirms an outbreak.
c. Malaria: less specific definitions exist. However, an increase in the number of cases above what is expected for the time of year among a defined population in a defined area may indicate an outbreak.

9. NUTRITIONAL STATUS AND NUTRITION RELATED MORBIDITY

Further information on measuring malnutrition can be found in Appendix 5 of the Food section of the Sphere handbook. Among others, this gives indications how to measure malnutrition among older children, adolescents, adults, older people and disabled people.

The following references also have useful information:

The management of nutrition in major emergencies. WHO, Geneva, 2000.
Field guide on rapid nutritional assessment in emergencies. WHO, EMRO, 1995.
http://www.who.int/topics/nutrition/publications/emergencies/en/

Additional information on measuring malnutrition rates can be found under www.smartindicators.org

10. ACCESS TO IMPROVED WATER SOURCES, SANITATION AND HYGIENE PRACTICES

The chapter in the Sphere handbook on “Access to water and sanitation & hygiene promotion” (pages. 51-99) provides additional guidance for this sector. Note that all standards must be read in conjunction with the identified indicators and the guidance notes throughout the chapter.

11. ACCESS TO AND PERFORMANCE OF THE HEALTH SYSTEM, REPRODUCTIVE HEALTH, NUTRITION AND MENTAL HEALTH/PSYCHOSOCIAL SERVICES

Chapter 5 in the Sphere handbook on "minimum standards in health services (pages. 249-308) provides additional guidance for this sector. Note that all standards must be read in conjunction with the identified indicators and the guidance notes throughout the chapter.

Find below a range of suggested indicators and/descriptors

Organisation of the health system

- How is health sector organised nationally, MoH, # health district, zones, management structures, district health committees, etc
- Numbers and coverage of health structures supported by humanitarian agencies
- How are different health programs organised nationally,
- Existence of national health policies
- Existence of PRSPs

Capacity and availability of the health infrastructure:

- Numbers and types of health facilities in a health district/zone, (e.g. hospital, health centres, health posts, specialised institution like for mental health, etc)
- Population per zone/ catchment area per facility
- Types of services for each level
- Public vs. Private/faith based

Human resources for health:

- Numbers of key health workers per 100,000 population and/or per health facility (include skilled birth attendants, community health workers, psychosocial workers, etc)
- Distribution of health workers in the country
- Describe capacity and quality of the health education system
- Salaries

Health financing:

- Budgets per capita
- Government expenditures, % of GDP
- Out of pocket payment/cost recovery
- Insurance schemes
- Humanitarian budget vs. developmental budget

Procurement of medicines:

- Essential medicines guidelines
- Quality control
- Distribution mechanisms (Ministry of Health, private, etc)

Performance of health services

- Accessibility of health services
- Geographic coverage (% of population within 5 Km radius of a Primary Health Care facility
- Financial accessibility
- Other factors influencing access
- Existence of minimum packages of curative and preventive services, extend to which it is introduced and functioning
- Utilisation rates, # new consultations per capita per year
- Measles and other vaccine preventable diseases: vaccination coverage
- Proportion of one year old children immunized against measles
- Coverage of DTP3 vaccination
- Proportion of health facilities with adequate supplies to carry out universal precautions to prevent iatrogenic transmission of diseases, incl. HIV.
- Use and quality of protocols and guidelines
- Performance of second/referral level services
- Referral mechanisms, and accessibility of secondary care

- Blood transfusion practices, safety, proportion of units of blood transfused that are screened for HIV, Hepatitis
- Health promotion activities, IEC programs, knowledge of healthy behaviour, etc
- Health seeking behaviour (of episodes of illness, when and where did the patient seek treatment)
- User fee mechanisms for first and second level of health care
- Availability of essential drugs, medical store/pharmacy management
- Physical condition of the infrastructure,
- Availability of adequate water and sanitation facilities
- Communication options, transport, electricity, etc

Examples of common health programs

- Prevalence and death rates associated with malaria
- Proportion of population in malaria risk areas using effective malaria prevention and treatment measures
- Malaria: what is known about current national malaria treatment protocol and adherence to that protocol, drug/insecticide efficacy studies, availability of drugs, diagnostics (use of RDTs, microscopy), coverage of ITNs and IRS. Other vector control programs?
- Prevalence and death rates associated with tuberculosis
- Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)
- Diarrhoea
- ARI
- HIV/AIDS
- HIV prevalence among 15-24 year old pregnant women
- Condom use rate of the contraceptive prevalence rate
  a. *Condom use at last high-risk sex*
  b. *Percentage of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS*
- Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14
- Measles and other vaccine preventable diseases: vaccination coverage
- Proportion of one year old children immunized against measles
- Specific disease control programs for other endemic important diseases?

Reproductive health and HIV/AIDS

- Fertility rates
- Antenatal care: proportion of pregnant women who attend at least one antenatal visit, blood pressure was checked, counselled for Voluntary Counselling and Testing (if available), distribution of ITNs to pregnant women registered for ante natal care, malaria prophylaxis, syphilis tests, iron tablets, TT coverage (% of pregnant women), anaemia in pregnant women
- Delivery care: availability and training of midwifes, Traditional Birth Attendants, health workers who can perform EOC, % home deliveries,
- Proportion of births attended by skilled health personnel
- Emergency Obstetric care: % of complicated deliveries received EOC
- Low birth Weight (<2500 g) (%)
- Crude birth rate (per 1000 population)
- GBV related morbidity: description of types of GBV, number of incidents of SV reported in the specified time period per 10,000 population, numbers of GBV victims (rape, incest) referred to appropriate services
- Ability of health services to provide medical and psychosocial support to victims of sexual violence
- Admission for abortions (% of all admissions) and post abortion care
- STI diagnosis and treatment
- Adults living with HIV/AIDS (number of %)
- HIV prevalence among 15-24 year old pregnant women
- Percentage of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS
- Pregnant women (15-25) with positive syphilis test (%)
- Men reporting (15-49) urethritis in last year (%)
- Coverage PMTCT
- VCT services available,
- ART coverage

- Family planning: Contraceptive prevalence rate (all methods (% of women 15-49), contraceptive methods, condom use, Number of condoms distributed in the specified time period/10,000 population or target groups. Condoms use at last high-risk sex
- Privacy, youth friendliness, male/female health staff culturally appropriate to patients

Mental health/psychosocial services

- Accessibility of mental health/psychosocial services
- Mental health care available within general health services? (Is staff trained? Essential psychotropics available?)
- Mental health/ psychosocial care available outside general health services but elsewhere in the community? (eg through schools, youth centres, at people's homes, mental health mobile clinics etc.)?
- Number of psychiatry beds per 100,000 (number of psychiatry beds in general hospital and in mental hospital) (include distribution of beds in different districts/health zones)
- Utilisation rates of mental health care in primary and secondary care
- Utilisation of mental health/psychosocial care services outside the general health care system
- Use and quality of protocols and guidelines
- Performance of second/referral level services
- Mental health promotion activities, IEC programs, etc
- Help seeking behaviour

Nutrition services:

- Types and design of nutritional services available (supplementary and therapeutic feeding programmes, micronutrient supplementation, community-based therapeutic care, growth monitoring and promotion activities etc)
- Indicators for supplementary feeding programmes: e.g. Number of targeted beneficiaries; number of actual beneficiaries; quantity and quality of food being provided; admission and discharge rates).
- Indicators for therapeutic feeding programmes: e.g. criteria for set-up and closure of programme; coverage; referral and defaulter rates; mean weight gain; average length of stay in programme; staffing.
- Health inputs in nutrition programmes (e.g. provision of antihelminths, vitamin A supplementation, immunization).
- Breastfeeding and psychosocial support given
- Counselling as part of growth monitoring and referral systems in place

The following references also have useful information:
The management of nutrition in major emergencies. WHO, Geneva, 2000.
Field guide on rapid nutritional assessment in emergencies. WHO, EMRO, 1995.
http://www.who.int/topics/nutrition/publications/emergencies/en/
Reproductive health during conflict and displacement. A guide for program managers WHO Geneva 2000. WHO/RHR00.13

12. FOOD SECURITY

Food Security Analysis and Possible Information Requirements

1. Effects on *food supplies/ availability*

Normal pre-crisis (e.g. last 5 years average) data on:

- in-country food stock levels
- cultivated area, yields & production of main crops
- imports (gov't, commercial, food aid) of main food items

Current data on:

- in-country food stocks

and forecasts for:

- cultivated area, yield & production
- imports (gov't, commercial, food aid)

2. Effects on *markets*

Normal trade flows for main food items (map).

Pre-crisis data on:
- volumes of food commodities traded into/out of the area(s) now in crisis and the country
- prices of main food items and other essentials in markets

Current data on:
- estimated volumes of food moving into/out of the areas now in crisis and the country
- prices of main food items and other essentials in markets
- areas where there is no longer any exchange of goods with other areas

and, for projection purposes:
- trends in trade flows
- trends in prices
- perspectives of traders and relevant authorities

3. Effects on *households' access to food-*

Pre-crisis data on:
- Normal diets/food habits, food and income sources, essential expenditures of different population subgroups.
- Usual coping strategies of different population subgroups at times of stress.

For estimation of food assess shortfalls based on proxy indicators: current data on:
- Diet diversity, food frequency and/or other proxies for food consumption

and, for projection purposes:
- Qualitative changes in food and income sources and essential expenditures of different population subgroups
- Prospects for household food production, employment, other income generation activities, food or cash receipts

For estimation of food assess shortfalls based on economic analysis: current data on:
- Quantified changes in food and income sources and essential expenditures of different population subgroups.
- Prospects for household food production, employment, other income generation activities, food or cash receipts

For rough estimation of food assess shortfalls in the days following a sudden catastrophe:
- The proportion of 2100 kcal/person/day that people are able to provide for themselves.

4. Effects on households' *food use and consumption-*

Pre-crisis data on:
- Normal food storage and preparation habits, and any taboos.
- Normal feeding practices for young children, sick and elderly people, and pregnant and lactating women.

Current data on:
- The quantity and quality of water available to households for cooking and domestic hygiene purposes.
- The utensils, cooking stoves and cooking fuel available to households.
- If cooking facilities and fuel are scarce, the appropriateness of shared or communal cooking facilities.
- Changes in feeding practices for young children, sick and elderly people, and pregnant and lactating women.

5. Effects on the *nutritional situation* (and mortality)

Pre-crisis data on:
- Normal rates of global malnutrition and seasonal variations.
- Endemic micronutrient deficiencies, if any.
- Causes of malnutrition.
- Epidemiology of the area – normal disease patterns and seasonal variations.

Current data on:
- Moderate and severe acute malnutrition rates.
- Clinically diagnosed micronutrient deficiencies.
- Diets and any associated risks of micronutrient deficiencies.

6. Effects on *livelihoods* –

Pre-crisis data on:
- Normal food and income sources of different population subgroups.
- Livelihood assets of different population subgroups.
- Main sources of paid employment in the area.
- The natural resource base on which livelihoods depend.
- Markets and trade patterns on which livelihoods depend.

Current data on:
- Changes in livelihood assets of different population subgroups.
- Changes in employment opportunities, the natural resource base, markets and trade patterns on which livelihoods depend.

7. *Contextual factors* influencing food security response options-

Pre-crisis data on**:**
- Human and other productive resources of households in different population groups.
- Social structures and relationships, including underlying ethnic or social tensions, if any.
- Gender roles.
- Logistics capacity.

Current data on:
- Changes in the human and other productive resources of households in different population groups.
- Social structures and relationships, including ethnic or social tensions, if any.
- Changes in gender roles and the effects of this on food security.
- Current logistics capacity.

Reference Materials:

Save the Children, *The Household Economy Approach: A resource Manual for Practitioners*, 2000

Shoham, Jeremy and Jaspars, Susanne: *A Critical Review of Approaches to Assessing and monitoring Livelihoods in Situations of Chronic Conflict and Political Instability,* ODI Working Paper 191, December 2002.

The Sphere Project - Chapter 3 Minimum Standard in Food Security and Nutrition, Page 103

Taylor, A and Seaman, J "*Targeting Food Aid in Emergencies*", ENN Special Supplement, July 2004

UNHCR, UNICEF, WFP and WHO, *Food and Nutrition Needs in Emergencies*

UNHCR and WFP, *Joint Assessment Guidelines*, June 2004

WFP *Provisional EFSA Handbook*, February 2005
FAO- Emergency Needs Assessment Guidelines, (draft version) August 2003

FAO – Food and Nutrition Division, Protecting and promoting good nutrition in crisis and recovery: a resource guide, February 2005

Young, Helen, Jaspars, Susanne. 2001. *Food security assessments in emergencies: a livelihoods approach.* Humanitarian Practice Network (HPN) Paper No. 36, 2001

13. AVAILABILITY AND ADEQUACY OF SHELTER AND SETTLEMENT

The chapter in the Sphere handbook on "Minimum standards in shelter, settlement and non food items' (pages. 203-248) provides additional guidance for this sector. Note that all standards must be read in conjunction with the identified indicators and the guidance notes throughout the chapter.

14. CAPACITIES AND VULNERABILITIES ANALYSIS (CVA), AND PARTICIPATION OF AFFECTED POPULATION

CVA and participation are crosscutting issues that need to be considered when addressing each category of the framework. (When defining humanitarian needs, capacities are one facet of the same coin: i.e. needs exist when there is no local capacity to meet them.) They relate to national capacity (macro-level) and to capacity at the household/individual level (micro-level). Vulnerabilities need to be assessed in order to identify people who are more at risk than others and to understand why this is the case. Capacities and Vulnerabilities Analysis (CVA) is relevant to (a) improve targeting and prioritisation of needs; (b) support longer-term development programmes in addressing underlying vulnerabilities of the population; and (c) support and maximize local capacities and coping strategies in humanitarian response. To better understand humanitarian needs, these should be assessed simultaneously with capacities and vulnerabilities. There is a need for gender analysis supported by disaggregated information (e.g. by gender, age, disability, location, ethnicity, etc). Capacities and vulnerabilities are also included in the framework as a separate area to be assessed at the micro and macro level under the category, 'Social, Economic and Cultural Context'.

For further information on these issues, please consult pp 9-13 of the Sphere handbook.

The CVA section of the document should:

- Describe the most vulnerable groups, as well as the local capacities and coping mechanisms available to help support the humanitarian response.
- Disaggregate data by gender, and age.
- What are the primary short-term and longer-term problems facing the affected population? [The discussion on longer-term needs could link with the section, "Complementarity with Other Actors"; i.e. development programmes that seek to address underlying root causes of vulnerability]
- What are the projected humanitarian needs of this population over the next year?
- How are local capacities contributing to humanitarian response and how have or could such efforts be supported by the international humanitarian community?
- Clearly state which vulnerable groups will be the focus of this year's CHAP.

Writing tip: When preparing this section, it may be possible to draw extensively on existing information available within the CAP Country Team. For example, the following resources—among others—may be available in country: WFP Vulnerability Analysis and Mapping (VAM), WHO Vulnerability Assessment, Socio-Economic and Gender Analysis (SEAGA - FAO), Oxfam's CVA. You may also refer to the following CVA Matrix (Annex II) as a guide for defining the most vulnerable groups. The Matrix is adapted from M. Anderson and P. Woodrow, *Rising from the Ashes: Development Strategies in Times of Disaster* (1989).

15. PARTICIPATION

Participation is also an important cross-cutting issue when defining humanitarian needs. Wherever possible the assessments should be done in a participatory way, and the opinion of the affected population on their situation and how they perceive their needs should be taken into consideration. Participation is also addressed as a separate issue to allow analysis of the way affected populations and their representatives participate in ongoing humanitarian programmes, and/or to determine types of participation that may be most suitable in future operations. Thirdly, this would help to identify the best way population representatives can partake when formulating the CHAP.

Further support on how to involve affected people in assessments can be found in the Sphere Handbook, Common Standard 1, pp. 28-29.

Participation by Crisis Affected Populations in Humanitarian Action. A handbook for practitioners. ALNAP.

ANNEX II.
LIST OF USED ACRONYMS

ARI	Acute Respiratory tract Infection
ART	Anti Retroviral Therapy
BMI	Body Mass Index
CAT	Convention Against Torture
CCA	Common Country Assessment
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CERD	International Convention on the Elimination of All Forms of Racial Discrimination
CESCR	International Covenant on Economic, Social and Cultural Rights
CHAP	Common Humanitarian Action Plan
CMR	Crude Mortality Rate
CRC	Convention on the Rights of the Child
CSMR	Cause Specific Mortality Rate
CVA	Capacities and Vulnerabilities Analysis
EOC	Emergency Obstetric Care
GBV	Gender based Violence
GDP	Gross Domestic Product
ICCPR	International Covenant on Civil and Political Rights
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IHL	International Humanitarian Law
IRS	Indoors Residual Spraying
ITN	Insecticide Treated Bed Net
MDG	Millennium Development Goals
NAF	Needs Assessment Framework
PMTCT	Prevention of Mother To Child Transmission
PPP	Parity Purchasing Power
PRSP	Poverty Reduction Strategy Paper
RDT	Rapid Diagnostic Test
STI	Sexually Transmitted Infection
SV	Sexual Violence
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
UXO	Unexploded Ordnance