

**Measuring humanitarian need**  
**A critical review of needs assessment practice and its influence on**  
**resource allocation**

**Preliminary findings**

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## Summary

This discussion paper describes some of the preliminary findings and provisional conclusions from the ODI 'Measuring Needs' study, one part of the research programme commissioned under the Humanitarian Financing initiative. The study is due to be completed in April 2003. Based on five case studies and focussing on the international humanitarian system, it explores the link between needs assessment and decision-making (by agencies and donors) about response and resource allocation. The underlying concern is with global funding disparities: levels of funding do not seem to correlate with levels of need, and the most urgent cases are not consistently prioritised. Yet the humanitarian 'system' lacks a consistent and objective basis for deciding which those cases are, and the means to decide about the allocation of resources between competing priorities.

We propose two principles as a basis for decision-making in this context. The first is that *the primary goal of humanitarian action is to protect human life*. The second is that *the international response to a given situation should be proportionate in scale and appropriate in nature to unmet humanitarian needs in that situation*. We believe that consistent needs-based decision making – taking that to be our goal – depends on:

- (i) the definition of 'need' adopted and the criteria by which proportionality and appropriateness of response are judged;
- (ii) the ability to assess situations consistently against those criteria; and
- (iii) decision-making that is informed by consistent use of such assessments.

We explore each of these in turn in the study. Given the range of actors involved in the humanitarian 'system', we do not expect that a single set of criteria could be agreed to cover the whole gamut of humanitarian concerns. Reducing human suffering is clearly a guiding principle here, but one that it is open to many interpretations. However, if protecting life is agreed to be the primary goal, we would expect mortality rates (actual, potential) to be a 'core' criterion, together with health and nutritional status. These should be related to – but not dependent on – the use of relevant indicators, quantitative and qualitative, physiological and economic/social.

In examining the practice of needs assessment, we focus more on process and mechanisms – including the coordination issues – than on methodology, on which much work is being done elsewhere. The aim here is a process that can deliver a ‘good enough’ basis of analysis for the decisions that need to be taken. We propose, *inter alia*, criteria for good assessment and a minimum ‘package’ of information that might reasonably be expected to inform decision-making in relation to different types of crisis. We explore the benefits and disadvantages of multi-agency and multi-sectoral assessments, bearing in mind the goal of a system that is ‘needs responsive’.

In relation to the decision-making process, we consider how information is shared and communicated, and how it is used by decision-makers in agencies and donors. While recognizing that a range of other factors will influence the allocation and prioritisation of resources, a commitment to needs-based decision-making requires both an ability to generate objective analysis of needs, and a demand for and use of that analysis. The fundamental concern, we suggest, is to ensure that in those cases where life or health is threatened on a wide scale, the system consistently delivers a commensurate and appropriate response.

## **Introduction**

This paper describes some of the preliminary findings and provisional conclusions from the ODI ‘Measuring Needs’ study, which is still underway.<sup>1</sup> The study will be completed in April 2003 and a full report and recommendations published in May 2003. We would welcome feedback and comment on this preliminary document, which is intended to foster discussion rather than present a fully worked out set of conclusions.

The scope of the study and methodology followed are described below. It should be stressed that the study is not specifically CAP-focused, and that the range of assessment and decision-making processes considered includes those of UN agencies, the Red Cross Movement and INGOs on the one hand, and those of humanitarian aid departments in governmental and intergovernmental aid bodies on the other. ‘Agency’ is used in this paper as a blanket term for the former; ‘donor’ for the latter.

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<sup>1</sup> This study has its origins in a proposal on comparative indicators of need developed by the Humanitarian Policy Group of ODI, which was subsequently scaled up and incorporated into the current study funded by DfID, ECHO and AusAID.

## 1. The problem

It is widely agreed that the current system of international humanitarian financing does not ensure consistent and impartial response to need across the globe. The concern underlying this study is that many of those in most urgent need of assistance do not receive it; and that the financing ‘system’ is so unsystematic that it provides no safeguard against this. But on what basis can humanitarian funding be judged proportionate in scale and appropriate in type to needs in a given context? In focussing on needs assessment, the ODI study explores the objective basis for decisions about response by agencies and donors. It is concerned not just with the issue of scale and quantity of funding, but with the nature and appropriateness of the intervention funded; in other words, what is at issue is not only the money available, and how it is allocated, but how it is spent.

The problem identified in the original concept note from DFID<sup>2</sup> for the current Humanitarian Financing initiative centres on the issue of maximising the impact of global humanitarian assistance. No assumption is made here about whether the global funding ‘pot’ is adequate for the scale of global needs. Indeed we suspect it is not, and we are not proposing through this study a system for rationing inadequate resources. Our main concern is to explore the question: are we at least funding the most urgent cases, and how do we know? That question must be asked at a global, regional, country and local level; and it must be asked between different sectors of humanitarian activity<sup>3</sup>. The amount of funding available at these different levels certainly has a bearing on the allocation issue. Many of the dilemmas in prioritising allocations arise from the limited quantity of available funds, a question that is likely to be politically determined. We believe the ODI study, while mainly concerned with the issue of effective prioritisation, has some bearing on the question of absolute resource requirements.

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<sup>2</sup> Draft *Concept Note for the Study into Reform of Basic Needs and Global Funding of Humanitarian Assistance*, 14 January 2002. Available on ReliefWeb.

<sup>3</sup> Whether the programmes funded are effective in achieving their objectives is a separate question. The subject of needs assessment has a critical bearing on this too.

Our approach in this study is based on a belief in two basic principles. The first is that *the primary goal of humanitarian action is to protect human life*. The second is that *the international response to a given situation should be proportionate in scale and appropriate in nature to unmet humanitarian needs in that situation*.<sup>4</sup> Proportionality is an extension of the basic humanitarian principle of *impartiality*, that assistance is given on the basis of (and in proportion to) need, without adverse distinction. Appropriateness needs little explanation, but demands agreement on criteria.

To act on these principles requires a large measure of agreement on definitions and criteria – and an ability to assess situations consistently and objectively against them. At present, the system lacks either the necessary agreement or the means of consistent measurement. It is the purpose of this study to examine whether and how this might be achieved; allowing that the process of judgement cannot be reduced to applying formulae.

We recognize that for any given donor or agency, there will be organisational and other factors shaping the scale and nature of their response<sup>5</sup>. Our concern here is with the response of the international ‘system’ taken as a whole, and the extent to which it is proportionate and appropriate. This raises issues of coordination and collective responsibility that are largely beyond the scope of this study. One issue that has a bearing on it is an apparent lack of trust within the system as it currently operates. Put crudely, donors are sceptical about the validity of agency needs assessments; and agencies doubt that a concern with objective needs assessment is central to donor thinking. Part of our concern through this study is to establish a basis on which trust can be built in this area, given the necessary organisational commitment on both sides.

In view of the above, it is clearly not the case that if only the assessment of needs could be made more robust, then the problem of inconsistent funding would be resolved. Too many other factors influence the decision-making process. Yet the lack of agreed definitions and ambiguity in the categorisation of situations makes inconsistency more likely and harder to spot; and the ability to provide credible evidence (quantitative and

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<sup>4</sup> We discuss the meaning of these terms below.

<sup>5</sup> These are explored in the Tufts study on Donor Behaviour.

qualitative) of humanitarian needs through the use of recognised procedures and agreed scales of comparison, is a precondition for more consistent needs-based decision-making.

It is a feature of the humanitarian system at all levels that there is no collective responsibility among agencies and donors for overall outcomes; nor is there accountability for the relative success or failure of the total humanitarian response to a given situation. In part, this reflects the lack of explicit overarching targets and objectives, together with a limited ability to measure outcomes and to gauge the impact of interventions. Alongside issues of definition and measurement, this study has been concerned to examine the processes by which a 'shared' analysis is generated, and how the information generated is used to inform allocation of resources at a global and country level. In this respect, the study is not primarily about the methods of assessment, but about the kinds of information they generate, and the way this influences organisational and collective responses.

We believe that the problems identified above set an agenda of shared concern for agencies and donors. It is our intention through this study to present options for progress that reflect the real-world constraints of both, and which can form the basis of a mutual commitment to progress. We do not wish to suggest that current practice is universally inadequate: there is much good practice, and we attempt to highlight and build on this in the study.

## **2. The ODI study**

The basic purpose of the study is described above. The methodology followed has mainly involved interviews with key informants in agencies and donor bodies. These have been focussed around five case studies, which are being separately documented: two field studies, in Southern Africa and South Sudan/Somalia; and three 'desk' studies, on Afghanistan, Serbia, and a range of recent rapid-onset natural disasters. The idea has been to explore the way in which needs are assessed and decisions taken in a range of different types of situation.

The focus of the study has been on the international system, with a specific focus on the food and health sectors. The Southern Africa study, for example, was conducted with the assistance of a specialist seconded from WHO. Sectoral specialists have been involved both in the field studies and in the more general discussion about assessment methodology. An advisory group of experienced sectoral and general experts is advising the research team at various points. This includes representatives from UN agencies, the Red Cross Movement, a number of INGOs, and academic institutions.

The ODI study considers three main clusters of issues:

- (i) How 'needs' and 'crisis' are conceived, and the ways in which their defining characteristics (mortality, malnutrition, food insecurity etc) are used to set entry and exit criteria.
- (ii) The processes by which needs are assessed in different situations, how comparative judgements are made, and how this assessment is translated into a quantified requirement for resources at various levels.
- (iii) The extent to which agency and donor decision-making about response and resource allocation is based on objective assessment of needs; and the ways in which needs assessment processes influence those decisions.



### 3. Key findings

The preliminary findings of the study are presented below in three main parts:

- Definitions and criteria for decision-making
- Assessing needs in practice
- Needs-based decision-making

#### *3.1 Definitions and criteria for decision-making*

To act on the basic principles outlined above regarding proportionately and appropriateness of response to need requires some agreement on the definition of humanitarian need itself. This is more than a semantic issue: depending on how situations are defined, different sources of funding are tapped, different types of intervention mounted, and different groups entitled to more or less assistance. We suggest below some of the main implications of the lack of definitional and conceptual clarity in the current system, and some of the areas in which action is needed. The main study report will contain fuller recommendations for action.

#### *The purpose of humanitarian response remains poorly defined*

We believe that the primary goal of humanitarian action is to protect human life. Yet humanitarianism cannot be limited to that goal. Freedom from suffering, and basic human well-being that extends beyond physiological status, are essential humanitarian concerns. The phrase ‘life with dignity’, while lacking precision, conveys an essential part of that concern. The working assumption of this study is therefore that while *the first goal of the humanitarian enterprise is to protect life, the second is to reduce excessive human suffering*. What is included within this second goal is harder to define, though it will often be the case that the factors that threaten life will also be the greatest cause of suffering – and that the steps needed to tackle both are the same.

What is generally lacking in organisational policy statements is a clear articulation of the humanitarian agenda - one result of which is that it may be seen to compete with other goals. Similarly lacking is a stated commitment to the humanitarian imperative as a universally applicable principle.

*The basis on which humanitarian response is triggered is inconsistent*

As the system currently operates, need is largely *interpreted*, not *defined* and measured. We do not suggest that the assessment process can be reduced to measurement. But while judgement and estimate are an inherent part of that process, there are few consistently applied scales of measurement, and even fewer agreed triggers for action. Our study shows a dramatic lack of consistency between assessed levels of malnutrition in various contexts and the scale of humanitarian response in those contexts, which cannot be easily explained by factors like access and security. This is particularly evident in chronic crises, in which very poor indicators of well-being are assumed to be ‘normal’, and thus fail to attract proportionate and appropriate response. This was very evident from our study of South Sudan and Somalia, where very high assessed levels of acute malnutrition have failed to trigger action; in contrast to the response in Southern Africa, where – despite an undoubted crisis of food security – malnutrition levels have been comparatively normal.

*Need or risk?*

We suggest in the study that the use of the concept of *need* can be problematic. It is certainly ambiguous. We have found that need is used in at least three senses: to describe basic human requirements; to describe a *lack* of these; and to describe the need for relief assistance or some other form of humanitarian intervention. The tendency to equate ‘need’ with lack of a basic commodity or utility which the system can supply leads, we believe, to responses that are supply-driven. A more objective approach would ask *why* people lack their basic requirements and what form of intervention would help them overcome that lack. This would tend to encourage responses that prioritised recovery-based strategies in parallel with the necessary relief assistance, and which identified more clearly the related agenda for ensuring the fulfilment of political responsibility.

We believe that the ‘deficit’ model of needs, while appropriate in some contexts, is generally unsuited to the analysis of threats to life and health. In the main study report we explore the comparative benefits and disadvantages of using a model based on the concept of *risk*.

### *The scope of humanitarian need*

Formal assessment techniques relate primarily to specific sectors and the need for essential commodities and services (food, water, health etc). However, interventions in fields such as education and livelihoods seem increasingly to be included under a ‘humanitarian’ heading. The changes that occurred in the Consolidated Appeals since their inception in 1992 reflect this trend. We explore in the study the degree to which there is consensus over the scope of the humanitarian agenda and over “non-relief” requirements. The case study on Serbia reveals an interesting development of the concept of humanitarian need that relates it more closely to concepts of social welfare and acute poverty.

### *When to stop?*

Just as there are no agreed ‘entry’ points, nor are there clear thresholds to inform when humanitarian actors should exit. One result seems to be that decisions about withdrawal of relief assistance are inconsistent and often apparently arbitrary, driven by factors other than a judgement about needs. This we believe is incompatible the principles outlined above. In the case of the Southern Africa crisis, many of our respondents felt that food aid was unlikely to be continued at anything like current levels, not because needs were likely to change in the foreseeable future (even assuming good harvests) but because current policies were felt to be ‘unsustainable’ and likely to result in dependency on the part of both beneficiaries and host governments. It is unclear whether this attitude was a rationalisation of a presumed lack of political will to fund food aid in the medium term.

### *Accountability for what?*

The accountability of the international humanitarian system and its various components is, we believe, compromised by the lack of consistency in defining what constitutes humanitarian need, and any agreed basis on which to triage such need.

### *Humanitarian need is not necessarily identical with the need for relief*

There is a tendency by both agencies and donors to portray their interventions as life-saving; but this often represents a distortion of a much more complex reality, in which a variety of factors – not least the affected people’s own adaptive strategies – are at work. It is important to be able to distinguish between those situations in which large-scale

relief assistance may be necessary to avert widespread loss of life, from those which call for much more targeted ‘life-support’ interventions together with support for livelihoods or the alleviation of suffering in other ways. Failure to do so risks blurring the nature of situations in a way that makes effective prioritisation difficult or impossible. In Afghanistan, for example, although the food aid requirements indicated by food production and import deficits have remained high for many years, the interruption of the food aid supply caused by the US bombing campaign in the winter of 2001 did not result in the human catastrophe predicted by many agencies. Afghans, clearly, have learned to cope in ways that are not yet adequately understood. This is not necessarily an argument for less aid: lives were surely saved and much suffering avoided. But it is an argument for ‘smarter’ aid, based on a clearer understanding of capacities and specific vulnerabilities; and for greater transparency between agencies and donors as to the expected outcomes.

*What kind of crisis?*

In order for assistance to be provided proportionately, more careful definition and differentiation is required of ‘humanitarian’ need, the intensity of crisis and the potential significance of relief aid to saving lives. The Southern Africa case study reveals range of different characterisations of crisis – from ‘food crisis’ to ‘governance crisis’ – mixing symptomatic and causal analysis. In reality there are a number of distinct crises in the region, which share a range of causal and symptomatic features in common. All are ‘complex’ in the sense of having multiple symptoms and multiple causes. There is no such thing as a ‘simple’ food crisis, and we found agencies and donors in Southern Africa rather too fixated on food insecurity (and food aid as the solution to it) without the necessary depth of analysis of related health and social factors. It is striking that although the HIV/AIDS pandemic features in the analysis of food security, the humanitarian system has not tended to treat it as a humanitarian crisis in its own right – even though it dwarfs the food crisis as a cause of excess mortality. This attitude can only partly be ascribed to the problems inherent in devising effective preventive and palliative responses.

We will propose in the main study report, *inter alia*, a basis on which levels of food insecurity might be categorised so as to avoid the ambiguity over the use of terms like

‘food crisis’ and ‘famine’. We also examine some of the current initiatives to resolve these ambiguities.

We suggest the need to distinguish the identification of symptoms from the analysis of causes. The tendency to conflate the two leads to confusion and a lack of clarity as to the scale and nature of the humanitarian concerns.

We have found in the case studies that the complex nature of crises and the threats they pose to life, health and subsistence is poorly reflected in the conceptual models - usually implicit - that underpin agency and donor analysis. These tend to be either too simplistic or too abstract and impractical. Either way, they tend to provide an inadequate basis on which to design appropriate interventions. We will propose some ways in which these models could be strengthened and applied.

*Current approaches ignore the need for protection*

There is a tendency to construe suffering in humanitarian terms as consisting in the lack of basic commodities - food, water, shelter and so on. For the most part these are considered in relation to desired physiological outcomes: maintaining health, ensuring adequate nutrition. While lack of access to the basic requirements for survival is often a key determinant of people’s vulnerability, the other critical aspect of basic human welfare for the humanitarian agenda is human security and the need for protection. This is understood here to include freedom from violence or fear, from coercion, and from deprivation of the means of survival. The two areas of concern are inextricably linked: underlying the need for assistance in the first place are often factors like human displacement or the destruction of essential infrastructure. Relief access is an area of concern that straddles the two.

The humanitarian protection agenda is not susceptible to the commodity-based approach that tends to characterise humanitarian assistance - nor to the kind of quantitative analysis that may underpin it. But while the need for protection cannot be easily quantified, it is an essential component of assessment in conflict-related crises, in order to establish both the threats to people’s basic security and the context within which assistance efforts must be conducted.

## *Recommendations on definitions and decision-making criteria*

Based on this analysis, the study draws the following conclusions:

- The definition of humanitarian need should be clarified, in a way that moves from an emphasis on commodity-based response to an analysis of known and specific threats, vulnerabilities and risk factors.
- Threats to life and health can be linked to measurable quantities: crude mortality rate, morbidity patterns, nutrition levels.
- Where a case is made for life-saving intervention this should be based on a demonstrable threat to life or health. This should be related to indicators as far as possible; but there may be a demonstrable need for intervention in the absence of indicators, given the presence of known risk factors.
- There is a need for ‘trigger’ definitions and agreed thresholds to ensure that situations reaching a certain level of severity cannot be ignored by the system.
- Defining food security crisis, health crisis etc. In the main study report, we propose some simple classifications based on defining characteristics and levels of crisis
- An appropriate humanitarian response to conflict-related crises depends on an understanding of the protection context, and grounding assistance programmes in a wider analysis of human security.

### ***3.2 Assessing needs in practice***

The main study report gives a more detailed account of the needs assessment process as we have found it to work through the case studies. We present here a summary of what we believe are some of the key features of that process as it relates to decision-making, and a summary of our conclusions and recommendations.

Needs assessment involves making *estimates* that are reasonably accurate. Real-world constraints – time, resources, access, and so on – may determine the information base, depth of analysis and degree of accuracy; but a *good approximation* is normally as much as should be expected as a basis for decision-making in the humanitarian context. Despite the title of this study, ‘measuring’ needs is not usually an option. Most

assessments of need involve *extrapolation* from often very limited data to arrive at more general conclusions, and all involve a *judgement* as to the significance of the various data available.

The credibility of the assessment relies crucially on the quality of the data, the validity of the extrapolations made and the quality of the judgement involved in interpreting the results. Much of the art of assessment concerns anticipation of possible outcomes and understanding the range of factors that may determine them. Experience as well as observation are involved here – ‘what do we know about situations like this?’ – and local knowledge may count for as much as international experience. In any case, the skill and experience of the assessors is, we believe, a crucial factor in the reliability of the judgements involved. This cannot be reduced to a formula or methodology; though good training can make a significant difference.

Our case studies reveal a wide divergence of practice, but also common features according to the types of situation involved. In the chronic conflicts, such as South Sudan, there is a tendency to move from formal assessments to ‘rolling’ assessment based on some form of surveillance and trend-monitoring. This, we found was rarely systematic, and tended to use as its frame of reference not absolute standards but *changes* in conditions – tending, we believe, to encourage the ‘normalisation’ of what would otherwise be considered catastrophic situations. Different views were expressed as to the sensitivity of the system to changes on the ground. The failure of the system to ‘spot’ the 1998 famine in Bahr el Ghazal in South Sudan cannot be attributed to a lack of data – there was plenty of evidence of high malnutrition and mortality rates – but perhaps to the fact that agencies and donors alike had become ‘de-sensitized’ to a situation where the indicators were chronically bad.

Elsewhere, we found interesting local adaptations of assessment methodologies. Thus in Angola (visited briefly as part of the southern Africa study), OCHA and WFP have collaborated on an adaptation of the VAM methodology, to allowing new forms of rapid-assessment in the light of the sudden opening of access with the cessation of the war. It is striking that here – as in Orissa and elsewhere – the agencies have lacked access to ready made tools to carry out such rapid assessments, and have had to invent their own. This process, while positive in fostering local coordination, wastes time and

carries with it the disadvantages of ‘design by committee’. In the case of the response to the Orissa cyclone, the rapid assessment tool that resulted, while useful, was a far more cumbersome and lengthy questionnaire than was perhaps required. Arguably, the Vulnerability Assessment Committee food security assessment methodology in Southern Africa is similarly over-elaborate for the purpose it serves (deciding on food aid allocations). It certainly generates far more information than can be processed, which calls into question the rationale for such an approach. It is however a striking example of a coordinated approach to needs assessment, and one which has the potential to deliver a more nuanced analysis - effectively combining a range of different factors in ways that allow for more differentiated responses.

A feature of our discussion with agencies and donors has been the difficulty of accessing written assessment material. In some cases, this is because it does not exist, or it exists in scraps of emails and other correspondence; in other cases we detect some reluctance to share material that may contain sensitive analysis of the organisation’s own capacity and that of others. Whatever the reason, there is remarkably little written evidence available, and this seems to be the case at the time of the response, when it is most needed.

Much of our concern in this part of the study is with the process and mechanisms for needs assessment, and the extent to which these are coordinated so as to provide adequate sectoral and geographic coverage of the area affected. We found a mixed picture, but a common feature is the gulf between the kind of macro-level analysis generated by early warning systems and by the FAO-WFP crop and food supply assessments – often dependent on secondary data of doubtful validity – and the more detailed but much more geographically limited micro-level assessments conducted by NGOs and local groups. These two forms of assessment are hard to reconcile, and tend not to give a convincing picture of need when aggregated. It is very apparent that they do not, in general, form part of a coordinated assessment strategy.

A related issue is the apparent over-reliance of the system on *ad hoc* processes of assessment. Too often, as seems to have been the case in Malawi in late 2001, the system has been galvanized into action by the results of one or two INGO surveys conducted on a small scale. While this is an important and sometimes critical function



played by NGOs, it is too haphazard a basis on which to ensure consistent humanitarian responses.

This study explores the feasibility of reaching agreement on minimum basic criteria for good assessment – related to criteria for good decision-making – that can be agreed by both agencies and donors. This is seen to be a task for the whole humanitarian community, not least because good assessment is a prerequisite of impartial and effective responses.

The criteria suggested relate both to process and content. They include:

- Timeliness
- Effective coordination
- Coverage adequate to the scale and nature of the problem
- Reasonable accuracy as to numbers, with focus on priority cases
- Includes protection assessment and estimate of *unassessed* need
- Provides information and analysis necessary to the decisions to be taken
- Consistency/comparability
- Results shared and communicated

These criteria are elaborated in the main study report, where other methodological criteria are suggested such as the use of recognised, statistically valid assessment techniques wherever possible, and a commitment to transparency about methodology.

Based on this analysis, the study draws the following conclusions:

- Coordination of assessments – we draw a number of lessons from the case studies, not least the need for sector-based assessment *strategies*, which might normally be coordinated through OCHA. We examine some of the current initiatives in this field. While we do not think it feasible or desirable to de-link assessment from the design of responses, the nature and scale of those responses tends to ‘define’ the scale of the problem. We recommend more regular, joint

agency, sector-specific assessments as a basis for determining priorities and developing a common agenda.

- ‘Numbers affected’ – establishing a credible *denominator* is fundamental to the process of estimation. Yet concepts like ‘numbers affected’ tend to aggregate groups who may face quite different levels and types of risk. Allowing for the many uncertainties involved, we suggest that more consistent attempts to distinguish specific vulnerabilities (‘numbers at risk of...’) would provide a sounder basis for response and would help re-establish the credibility of such estimates.
- The design of an appropriate response depends in part on a better understanding of people’s relative dependence on assistance. Assessing coping capacity and survival strategies is likely to depend on good local knowledge and may demand approaches that draw on anthropological and sociological techniques as much as on more established ‘sectoral’ expertise.
- Beneficiary consultation was an inconsistent feature in the needs assessment processes we have observed – and was sometimes absent altogether. Amongst other concerns, this raises questions about the appropriateness of the responses, the basis on which they are designed, and the use made of them. A concern with ‘objective’ needs assessment cannot be taken to preclude such consultation or the use of qualitative assessment techniques.
- We have found both advantages and disadvantages to multi-agency assessments. On the one hand they foster collaboration and consistency, and avoid some of the dangers of institutional bias. On the other hand, they can be slow and bureaucratic, and tend to encourage consent and discourage dissent. It is vital to the responsiveness of the system as a whole that individual agencies are free (and have capacity and resources) to conduct their own assessments where necessary. INGOs have a particularly important role to play in this respect.
- One-off ‘snapshot’ assessments have limited use, though they may be essential in ‘flagging’ problems and providing a basis for initial response. Interpreting their significance and understanding the causal factors involved generally requires other information. Establishing baseline data and creating systems for continuous surveillance are essential in this regard. So too is the use of multi-

sectoral assessments. Single sector or single indicator assessments may be hard to interpret on their own. Our study found that what is essential here is not so much unified methodologies, but the close geographic and temporal coordination of sectoral assessments to allow the correlation of data across sectors.

- There are costs associated with assessment: money, time, human resources and opportunity costs. What we are concerned with is ensuring the right balance between assessment (initial, continuous) and response. We suggest in the main report a minimum ‘package’ of data and analysis that might reasonably be expected to be provided to underpin decisions in relation to various types of humanitarian crisis.

### ***3.3 Need-based decision-making***

Given the current stage of progress of the study, this is the part currently least elaborated, depending as it does on a series of interviews with headquarters staff at agencies and donors that is still in progress. What follows is an indication of the issues raised so far and conclusions we are tending towards.

To the extent that the purpose of needs assessment is to inform decision-making, we find that it does so in at least three main areas:

- (i) Whether to intervene, in what way, with what scale of resources
- (ii) How to allocate resources, e.g. between districts (prioritisation, targeting)
- (iii) Programme design and planning

In practice, we found a disconnect between the assessment and decision-making processes in all of our case studies. Decisions of the first type seem only rarely to be based on any degree of systematic assessment. Rather, assessments are used to decide on allocation, targeting and programme design – and even here practice is not consistent. Only in rare cases was any form of continuous assessment process found, such as to allow for changes in the external environment and adaptation of the response accordingly.

Just as we propose criteria for good assessment, we have proposed above some basic principles that we believe should inform decision-making by agencies and donors. These concern the primary objective of saving lives, and of ensuring that the response of the system as a whole is proportionate and appropriate. This, we believe, demands a more explicit commitment to needs-based decision-making.

Our purpose in the other parts of the study is to explore the basis on which such needs-based judgements might be made. The information and analysis provided by the needs assessment process must be such as to allow decision-makers to meet these criteria. The responsibility flows both ways: to generate this information on the one hand; and to demand and use it on the other. Information and analysis should be appropriate to the kind of decision it is supposed to inform, and presented in such a way that it can be interpreted by non-specialists. This demands a clearer understanding between those conducting the assessments and those who use the results.

Crucially, good assessment relies on a 'system' wide effort and depends on a degree of coordination that cannot be taken for granted. We consider in the main report the role of OCHA in particular in the coordination of assessments and in fostering assessment strategies based on an 'information needs' assessment - together with initiatives like the Humanitarian Information Centres and other information mechanisms.

The issue of coordination extends to decision-makers as well. Mechanisms for coordinated programmatic decision-making among agencies exist and function more or less well at the field level. Coordination of funding decisions between donor representatives in the field, and between donors and agencies, we found to be very inconsistent. For both agencies and donors, we found little evidence of sustained coordination between head offices either on programmatic or funding decisions.

It is a feature of the current system that, for the most part, the business of assessment and analysis is left to implementing agencies, raising the question: how can such an analysis be expected to be objective, when the agency itself has an apparent vested interest in the result? Why, more specifically, would a donor - assuming it is concerned with objectivity - trust the analysis of an agency that is asking it for funds? The answer probably lies in the development of a relationship of trust established over time. An

agency that consistently misrepresented situations would no doubt lose credibility. This assumes that agencies are to some extent held to account for the quality of their analysis as well as the effectiveness and efficiency of their responses, but the study found that this does not happen in any consistent way, and is not routinely part of the evaluation process. We explore this further in the full report, along the question of whether it is feasible or desirable to attempt to establish some form of global independent assessment mechanism. We tend to favour an approach that tries to build objectivity into the current system through consistent and transparent use of sound methodologies, along with greater collaboration and triangulation of data; but we recognise the crucial role of independent specialists in this process.

We reiterate the apparent lack of trust within the system on the question of needs assessment, which has been one of the factors behind the (significant) development of donors making their *own* assessments, based on proximity to operational partners in the field. The interviews with donors conducted so far for this study indicate that, as found in recent reviews of the CAP, funding decisions are often only loosely related to the Consolidated Appeal document. Many see their bilateral discussion with agencies as more important; it was on this basis that trust was built and judgements made about programme priorities and capacity to deliver.

The CAP's acknowledged weakness as an effective prioritisation tool is we believe in part attributable to the lack of agreed criteria of the kind discussed above. We explore this theme further in the main study report.

### **A Humanitarian Index?**

There has been some discussion of the desirability of having some form of 'index' or ranking system by which the relative severity of different humanitarian crises could be compared, to give some more objective basis for decisions about resource allocation globally. At least one donor body (ECHO) has developed its own system of ranking *country* contexts, based on a number of 'risk' criteria. This system does not attempt to provide a basis for making judgements about severity on a more localised basis.

We consider in the main study report the feasibility of designing a comparable system that could be sensitive enough to gauge the (changing) severity of situations against a

basket of indicators for food security, nutrition, disease prevalence, and so on. While doubtful about the feasibility of devising a system that could gain widespread acceptance, we are sympathetic to the endeavour. It seems to us to be a potentially valuable management tool, for which there is currently no equivalent.

## **5. Conclusions**

In summary, we believe that consistent needs-based decision making – taking that as our agreed goal – depends first on the agreement of criteria for the ‘needs’ in question; second on an ability to assess situations consistently against those criteria; and third, on decision-making that is informed by consistent use of such assessments. The fundamental concern, we suggest, is to ensure that in those cases where life or health is threatened on a wide scale, the system consistently delivers a commensurate and appropriate response. Whether such a response is forthcoming depends, crucially, on political will and attitudes within the humanitarian ‘system’ itself. At present, the failings of the system in this regard are too easily masked by ambiguity and inconsistency in the analysis of situations, and uncertainty in the aims of the humanitarian enterprise itself.