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| **ACT ALLIANCE****EMERGENCY ASSESSMENT GUIDELINE****Final May 2014** |

**Emergency Assessment Guideline:** This guideline is an effective tool and reference document to ensure that the key areas of emergency analysis have been examined by members in the emergency-affected country, as a primary basis for planning an emergency response. **In view of the great differences between emergencies, this guideline should be adapted to the specific context in which members are operating (especially the sectorial assessment chapters). They should be considered as a “memory aid”, to ensure that key issues are adequately and effectively covered.**  While the guideline is taken mainly from the Sphere Handbook[[1]](#footnote-1), they also benefit from other important reference documents found in Annex 4.

ACT Rapid Emergency Assessment Guideline and annexed Inter-Agency Standing Committee (IASC) Initial Rapid Assessment (IRA) Field Assessment form should be used by ACT Alliance members undertaking an emergency assessment, and planning to submit a preliminary/full Appeal or Rapid Response Fund proposal. They are intended for all members of ACT Alliance, but should always be done in coordination with other relevant actors in the field (government, UN, INGOs and local partners). When carrying out the assessment, you need to look both at the emergency situation and the administrative capacity to respond. Additionally, Emergency Preparedness and Response plan (EPRP) already developed by ACT forums in country should serve as foundation for these assessments. It is mainly a methodology or tool that should be adapted to each circumstance or reality on the ground.

This guideline was finalized and adopted in March 2009 but was later reviewed and revised by ACT Alliance secretariat and Humanitarian Policy and Practice Advisory Group (HPPG) in May 2013. The Community of Practice on Protection and the Community of Practice on Security made contributions on protection and security respectively. This guideline also referenced to Emergency Manual of ACT member, Lutheran World Federation/Department of World Service edition 2012, while reviewing and revising the document.

**Types of emergency assessments**: ACT Alliance uses emergency assessments for two phases of onset of emergency:

**- Rapid Emergency Assessment:** conducted by ACT members/forums during the first days following the emergency (ideally during days 1-3). This assessment should provide the basis for delivering immediate emergency assistance. Assessment and emergency assistance planning must be based on sex and age disaggregated data from the start. Results of the Rapid Emergency Assessment should determine what the main needs are, what the planned intervention will be, whether the members have sufficient capacity to conduct the emergency response, or whether external financial resources will be required (thus leading to a request for resources from the ACT Rapid Response Fund by day 2 of the emergency or a Preliminary Appeal proposal by day 5 of the emergency). ***Please use Annex 1 to carry out assessment at this stage***.

**- Detailed Emergency Assessment:** Over the next 1-3 weeks, the Rapid Emergency Assessment should be followed by a Detailed Emergency Assessment, which will gather more specific and complete information on the emergency and the proposed emergency response (in some cases leading to the Appeal proposal by day 25 of the emergency). A detailed assessment could take up to several weeks, but could be faster depending on the scale of the emergency, the area affected, the complexity of the issues and the amount of resources available. Both assessments should be seen as first steps in a continuous process of reviewing and updating as part of overall monitoring. ***Please use Annex 2 to carry out assessment at this stage***.

**Types of information/data collection**: With participatory assessment as the main element, members must decide what kind of information and data collection will be carried out, from among a number of possibilities which include: focus group discussions; individual interviews; household interviews; meetings with local leaders or community representatives; sector interviews; random sampling, and surveys.[[2]](#footnote-2)

**Terms of Reference for an emergency assessment**: ToR for every emergency assessment (rapid and detailed) should be drawn up.

They should include:

* Names/profiles of team members (including gender, age and expertise)
* Locations to be visited
* Type assessment (rapid or detailed)
* Type checklist to be used (especially for detailed assessments, where the standard checklist should be modified/adapted to meet requirements of the specific emergency)
* Categories of informants (groups, individuals, leaders)
* Questions to be asked (and which member covers which set of questions)
* Methods of collecting information and data
* Timing of the assessment (how long will it take)

**Emergency assessment reporting**: Results of the rapid and detailed emergency assessments should be compiled on the respective Reporting Templates.

**Duty of Care:** In line with the ACT Alliance Safety & Security Principles and HAP standards on Duty of Care, ACT members undertaking an emergency assessment must consider the safety and security environment for members, partners and communities involved in an emergency response programme. The ACT Safety & Security Community of Practice (SSCP) has provided an easy tool -ACT Humanitarian Emergency Security Risk Assessment Tool and Matrix[[3]](#footnote-3)- for conducting a security risk assessment as part of the overall emergency assessment. This risk assessment can be used for management, administrative, programme and donor funding purposes.

**Protection:** The protection of crisis-affected populations is a priority within ACT’s Strategic Plan and elaborated within the ACT Humanitarian Protection Policy. The Annex 3 on Protection designed by the ACT Protection Community of Practice is meant to support ACT members and forums in conducting Emergency Assessments in adherence to these standards.

Originated by the ACT Coordinating Office

Geneva, March 2009

Reviewed and revised by ACT Alliance Secretariat / Humanitarian Policy and Practice Advisory Group

Geneva, May 2014

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# ANNEX 1

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| --- |
| ACT RAPID EMERGENCY ASSESSMENT GUIDELINE AND REPORTING TEMPLATE |

* RAPID EMERGENCY ASSESSMENT GUIDELINE

Check to find out what assessments have already been done and if coordinating organizations like OCHA are responding to this emergency. Be prepared to share your own assessment findings with these organizations.

**1. SITUATION ANALYSIS; DETAILS OF THE EMERGENCY**

What was the type/nature of the emergency?

When did the emergency occur?

Where exactly did the emergency occur?

Provide map of affected area.

What information is available on damage to the affected area, and impact on the affected population (women, men, boys and girls)?

What is the general physical, social, economic and political working environment? What is the security risk environment? How might this affect the ability to respond?

What is the presence and strength of networks of member(s) in the affected area?

**2. INFORMATION ON AFFECTED POPULATION**

What is the estimated total of persons affected, including casualties (mortalities, injured or wounded)?

What disaggregated data by age and sex is available (by percentage, or exact/approximate figures if available)?

|  |  |
| --- | --- |
| **% sex ratio** | **Age** |
| **M** | **F** |
|  |  | under 5 years old |
|  |  | 6- 17 years old |
|  |  | 18-65 years old |
|  |  | over 65 years old |

What is the number of girls and women?

What is the number of households and average family size?

What is the number of persons by age/sex with specific needs (unaccompanied children, persons with disabilities, chronically ill, elderly, single-with children-headed households, pregnant and lactating women)?

Are there major issues which divide the population? How have different parts of population been affected differently?

What is the situation of the affected population based on the following emergency indicators[[4]](#footnote-4)?

|  |  |
| --- | --- |
| **Indicator** | **Emergency level** |
| Mortality rateNutritional status of childrenFoodWater quantityWater qualitySite spaceShelter spaceNon-food items | Over 2 per 10,000 per dayOver 10% with less than 80% weight for heightLess than 2,100 calories/person/dayLess than 7.5 - 10 litres per person per dayOver 25% of people with diarrhealLess than 30 sq. m. per personLess than 3.5 sq. m. per personLess than one full set of clothing, blanket/bedding/mat, soap, and kitchen utensils per person |

**3. ACTIONS TO DATE**

What actions thus far have been taken by the ACT member(s) individually?

Have locally available stocks of ACT member(s) been distributed (as applicable)?

Which type of data collection is being used by the ACT member(s) to ensure participation of affected populations and communities?

What actions thus far have been taken by the ACT member(s) collectively through the ACT Forum (as applicable)?

What actions have been taken by others – government, United Nations agencies, NGOs, affected populations themselves? How did ACT members coordinate their actions with these?

**4. SUMMARY OF OVERALL EMERGENCY NEEDS**

There are two components to each of assessment types (rapid and detailed): situation analysis and administrative capacity.

1. **Situation Analysis:**

According to ACT Alliance sectors for ACT Response to Emergencies[[5]](#footnote-5), what are the needs of the affected population in the following sectors?

* Food security[[6]](#footnote-6)
* Water, sanitation and hygiene[[7]](#footnote-7)
* Health[[8]](#footnote-8)
* Nutrition[[9]](#footnote-9)
* Non-food items[[10]](#footnote-10)
* Shelter and settlement[[11]](#footnote-11)
* Emergency preparedness (Emergency Preparedness and Response Plan / EPRP of your own country ACT forum)
* Protection[[12]](#footnote-12)
* Psychosocial support[[13]](#footnote-13)
* Education[[14]](#footnote-14)
* Early recovery and livelihood restoration[[15]](#footnote-15)
* Mine action[[16]](#footnote-16)

What are the needs of the affected population in the following areas of activity?

* Logistics[[17]](#footnote-17)
* Environment[[18]](#footnote-18)
* Advocacy[[19]](#footnote-19)

In sector assessments, have analysis of gender differences been taken into account in the design of services, access to services, and equitable participation of women, men, girls and boys? [[20]](#footnote-20)

Have ACT policies and guidelines been taken into account in your assessment, including: Gender Policy Principles; Policy on HIV in Humanitarian Emergency Assistance Programmes; Principles of ACT Security and Safety? Have the Sphere Standards been taken into account?[[21]](#footnote-21)

What are the capacities and strategies to cope with the emergency needs of the affected population? With the needs of the government and humanitarian agencies?

**B. Administrative Capacity Analysis**

Coordination (RRF/Appeal writing, staff leadership, interagency, need for Rapid Support Team assistance)

Communication (With donors/ international media, local population/ media, affected population)

Human Resources (Available people, training needs, use of ACT Code of Conduct, care for caregivers)

Logistics

Financial (Systems in use, experienced staff, banking systems, accountability, etc.)

Security (UNDSS Saving Lives Together, other NGO security support structures, training)

What gaps in the emergency response exist between emergency needs and planned responses?

Will you consider deployment of Rapid Support Team from ACT RST roster? If so, for which sector would you need and for which task? ACT alliance members’ members surge capacity should also be taken into account.

**RAPID EMERGENCY ASSESSMENT REPORTING TEMPLATE**

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| --- |
| **1. SUMMARY:**Date of reportType, location and date of emergencyNumber of people affectedReason for assessmentSummary of rapid assessment conclusions, including whether an ACT response is planned, and whether a Rapid Response Fund or Appeal proposal will be made. If so, complete section 3, below.Availability of in-country ***Emergency Preparedness and Response Plan (EPRP***) – indicate when it was adopted by the forum if available.**2. BACKGROUND:*** Names/agencies of assessment team (including gender, age, and expertise)
* Locations visited
* Itinerary
* Categories of informants
* Methods of information and data collection used (including sources)
* Sources of secondary information (including other assessments)
* Constraints
	1. **ACT MEMBER(S)’ EMERGENCY RESPONSE PLANNING:**

**Goal:** What is the planned overall goal of the emergency response? Outcomes by sector?**Target population:** What is the target population for the planned member(s)’ response?If available, provide disaggregated data, by age and sex.In which locations will the proposed response take place?**Proposed activities of member(s):** What are the proposed activities, by sector? By target group?What are the expected outputs of the activities, which are necessary to achieve the objective?What indicators will be used to measure the outputs?**Proposed implementation arrangements:**Which member(s) will implement the emergency response? What is the member(s) capacity to implement the response: cooperatively through the ACT Forum; using its own resources and church/ecumenical networks; through non-member partners (does a local MoU or cooperation agreement exist?)**Coordination:** To what extent are the member(s) involved in in-country, inter-agency coordination mechanisms in this emergency?To what extent will the ACT Forum in the country be the prime focus of member coordination (and implementation) for this emergency response?**Communications and visibility:**Do the member(s) have pre-established, well developed contacts with media and public information/awareness networks?Is a local communicator identified to assist the member(s) and Forum with communications and media activities? Forum media officer? **Planned implementation period:** what is the planned duration of activities (if known at this time)? **Resources**: extent of human/staffing, financial and material resources, and security assessment and resources available among members to conduct the emergency response? Are there gaps in human resource requirements or expertise?**ANNEX 1:** Terms of Reference for the Assessment Team**ANNEX 2:** Humanitarian Emergency Security Risk Assessment Tool[[22]](#footnote-22) |

# ANNEX 2

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| INTER-AGENCY STANDING COMMITTEE (IASC) INITIAL RAPID ASSESSMENT (IRA) FIELD ASSESSMENT FORM |

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| ASSESSMENT TEAM |
| Name (Team Leader first) | Institution | Title/position | Profession/qualifications  |
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| --- | --- |
| IRA | SUMMARY  |

|  |  |
| --- | --- |
| Date(s) of field assessment \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ | Admin level 1 name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Principal contact(s) at the site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Admin level 2 name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position in community \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Admin level 3 name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Site name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| GPS coordinates in decimal degrees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | P-code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
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| Summary of the crisis* overall judgment of humanitarian situation and the severity of needs identified
* short-term outlook (whether the crisis is worsening or becoming less serious)
* underlying causes of problems and risks
 | * threats to security (natural hazards, population movements, armed groups, etc.)
* population groups that are inaccessible (and if so, why)
* risk factors that could worsen humanitarian conditions or impede relief operations (bad weather, insecurity etc.)
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| Problems and priorities identified by the affected population |
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| SECTION 1 – POPULATION DESCRIPTION |

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| --- |
| Key issues identified, by section, by severity ranking |
| Key for severity ranking | Red | Severe situation: urgent intervention required |
| Orange | Situation of concern: surveillance required |
| Yellow | Lack of/unreliable data: further assessment required |
| Green | Relatively normal situation or local population able to cope with crisis; no action required |
| Section | R | O | Y | G | Key issues identified(*maximum of 3*) | Recommendations |
| Population |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Sites and shelter |  |  |  |  |  |  |
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| Essential non-food items |  |  |  |  |  |  |
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|  |  |  |  |  |  |
| Water supply |  |  |  |  |  |  |
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| Sanitation |  |  |  |  |  |  |
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|  |  |  |  |  |  |
| Hygiene |  |  |  |  |  |  |
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|  |  |  |  |  |  |
| Food security |  |  |  |  |  |  |
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|  |  |  |  |  |  |
| Nutrition |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Health risks and health status |  |  |  |  |  |  |
|  |  |  |  |  |  |
| Health facilities and services |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Other (*specify*)\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
|  |  |  |  |  |  |

1.1 Resource persons and other information sources

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| --- |
|  |

1.2 Registration

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| --- |
| 1.2.1 Are the crisis affected people being registered, or have they been registered (*Check one*)? |
| □ Yes  | □ No  | □ Not necessary  | □ Do not know (DNK) |
| 1.2.2 If yes, which by which institution(s)?  |
|  |

1.3 Size of crisis-affected population

|  |  |
| --- | --- |
| 1.3.1 Total estimated current population of site:  | # People:  |
| 1.3.2 Source of these population data (*several responses possible*)  |
|  □ Estimate by local authorities □ Estimate by affected population □ Registration | □ Estimated from # households and # people per household□ Census/name list (*specify date of census*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Other (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1.4 Movement to and from this site

|  |  |
| --- | --- |
| 1.4.1 Is the population at this site increasing, decreasing, or staying about the same?  | 1.4.2 If changing, by how much (*note time period, e.g.* # *per day*) |
| □ Increasing □ Decreasing □ About the same | \_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_\_\_ |

1.5 Displaced population (only complete this section if part or all of the affected population is made up of internally or internationally displaced people)

|  |
| --- |
| 1.5.1 Quadrat location (or name) for place of origin of displaced people (*If different displaced groups are in this site, indicate the origins separately for each.*) |
|  |
| 1.5.2 Organisation of the settlement (*Check all that apply. If different displaced groups are in this site,*  *answer separately for each.*) |
| □ Camp in rural area □ Camp in urban area□ DNK □ Other (*specify*) | □ Staying with host families in a rural area □ Staying with host families in an urban area□ Collective settlement in large buildings  |
| 1.5.3 Relations between the displaced and the host community? (*Check all that apply.)* |
| □ Host community willing to assist | □ Tensions  | □ Other (*specify*) | □ DNK |

1.6 People dead, missing or injured due to the crisis

|  |  |
| --- | --- |
| 1.6.1 Dead | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ People last \_\_\_\_\_\_\_\_\_\_\_\_\_ days □ DNK  |
| 1.6.2 Missing  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ People last \_\_\_\_\_\_\_\_\_\_\_\_\_ days □ DNK  |
| 1.6.3 Injured  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ People last \_\_\_\_\_\_\_\_\_\_\_\_\_ days □ DNK  |

1.7 Vulnerable groups

|  |
| --- |
| 1.7.1 If there is information suggesting that some groups are under- or over-represented (e.g. women or girl children, ethnic minorities), explain here:  |
|  |
| 1.7.2 Estimated number of infants without mothers (or other long-term primary carers): | # \_\_\_\_\_\_\_\_  |

|  |  |  |
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| SECTION 2  |  | SHELTER |

2.1 Resource persons and other information sources

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2.2 Shelter quality

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| 2.2.1 For houses and temporary family shelters housing people affected by the crisis, note the following points |
|  | Very poor/none | Somewhat poor | Acceptable | DNK |
| Protection from cold, heat, wind, rain, snow | □ | □ | □ | □ |
| Privacy | □ | □ | □ | □ |
| Personal security and security of belongings | □ | □ | □ | □ |
| Protection from fire | □ | □ | □ | □ |
| Covered space for essential household activities | □ | □ | □ | □ |
| 2.2.2 For collective shelters housing people affected by the crisis, note the following points |
| Average number of people sleeping in the shelters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Types of building:  | □ Emergency  | □ Temporary | □ Permanent |
|  | Very poor/none | Somewhat poor | Acceptable | DNK |
| Protection from cold, heat, wind, rain, snow | □ | □ | □ | □ |
| Privacy | □ | □ | □ | □ |
| Personal security and security of belongings | □ | □ | □ | □ |
| Protection from fire | □ | □ | □ | □ |
| Covered space for essential household activities | □ | □ | □ | □ |

2.3 Is support available for people who cannot build their own shelter?

|  |  |  |
| --- | --- | --- |
| □ Yes | □ No | □ DNK |

2.4 Access to essential non-food items (NFIs)

|  |
| --- |
| 2.4.1 Proportion of households with sufficient: (*tick appropriate box*) |
|  | Less than ¼ | More than ¼, less than ½ | More than ½, less than ¾ | More than ¾ | DNK |
| Clothing | □ | □ | □ | □ | □ |
| Blankets and bedding | □ | □ | □ | □ | □ |
| Cooking utensils | □ | □ | □ | □ | □ |
| Plastic sheeting | □ | □ | □ | □ | □ |
| 2.4.2 Main types of fuel used for cooking and heating | Is there enough cooking fuel? | Is there enough heating fuel? |
| □ Firewood | □ Petrol | □ Yes | □ Yes |
| □ Coal | □ Gas | □ No | □ No |
| □ Diesel | □ Other (*specify*) \_\_\_\_\_\_\_\_\_ | □ DNK | □ DNK |

2.5 What are the priorities expressed by the population concerning shelter and non-food items?

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| SECTION 3  | WATER SUPPLY, SANITATION AND HYGIENE  |

3.1 Resource persons and other information sources

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3.2 Existing capacities and activities

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| --- | --- | --- | --- | --- |
|  | Organisation or person(s) responsible | Since when? | Normal/current activities | Limitations to capacity or performance (lack of staff, materials and equipment, funds, access etc.) |
| 3.2.1Water supply |  |  |  |  |
| 3.2.2Sanitation |  |  |  |  |
| 3.2.3Hygiene |  |  |  |  |

3.3 Water supply

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Water resources: note in this table, data concerning sources of water available for the population at the site  | 3.3.1Number of water sources of each type | 3.3.2 Water source most used for human consumption at this site | 3.3.3 Water source most used for animal consumption at this site | 3.3.4 Any water sources producing dirty-looking water | 3.3.5 Any sources for which the quantity of water available will fall in the near future  |
| Borehole or well with functioning motor pump |  | □ | □ | □ | □ |
| Borehole or well with functioning hand pump |  | □ | □ | □ | □ |
| Protected spring |  | □ | □ | □ | □ |
| Protected open well |  | □ | □ | □ | □ |
| Piped water |  | □ | □ | □ | □ |
| Unprotected spring |  | □ | □ | □ | □ |
| Unprotected open well |  | □ | □ | □ | □ |
| Surface water (*specify if a lake, a river or other*) |  | □ | □ | □ | □ |
| Traditional water sellers (*specify the source*) \_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ | □ | □ | □ |
| Other (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | □ | □ | □ | □ |
| Borehole or well with non-functioning hand pump |  |  |
| Borehole or well with non-functioning motor pump |  |
| 3.3.6 Average quantity of water used per day for all uses (in litres) |
| Drinking, cooking and hygiene |
| □ <25 litres | □ 26-50 litres  | □ 51-75 litres  | □ >75 litres | □ DNK |
| Animals \_\_\_\_\_\_\_\_\_ l | Washing clothes \_\_\_\_\_\_\_\_\_ l | Other (*specify*) \_\_\_\_\_\_\_\_\_ l |
| 3.3.7 # minutes on average it takes to collect total water supply for a household (incl. travel, waiting and filling the containers) |
| □ 0 - 15 | □ 15 - 30 | □ 30 - 60 | □ > 60 |

3.4 Sanitation

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| 3.4.1 Percentage of people currently using each of the places listed below to go to defecate |
|  | Adults | Children |
| In the open, not in a defined and managed defecation area |  |  |
| In a defined and managed defecation area |  |  |
| In public toilets (pit latrines, pour-flush latrines, flushing toilets etc.) |  |  |
| In family toilets and shared family toilets (pit latrines, pour-flush latrines, flushing toilets etc.) |  |  |
| □ DNK | *Check that each column adds up to 100* |
| 3.4.2 Average number of users per functioning toilet |
| □ ≤ 20 | □ 21-50 | □ 51 – 100 | □ > 100 | □ DNK |
| 3.4.3 | Total # of functioning toilets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3.4.4 | If there are latrines, are there separate facilities for girls and women?  | □ Yes | □ No | □ DNK |
| 3.4.5 | Is there adequate lighting? | □ Yes | □ No | □ DNK |
| 3.4.6 | If there are latrines, are the openings small enough to prevent children falling in? | □ Yes | □ No | □ DNK |
| 3.4.7 Presence of human faeces on the ground on and around the site |
| □ substantial presence close to shelters (<20m) | □ no substantial presence  | □ DNK  |
| □ substantial presence close to water sources (<20m) | □ no substantial presence  | □ DNK  |

3.5 Hygiene

|  |
| --- |
| Proportion of households possessing: (*tick appropriate box*) |
|  | Less than ¼ | More than ¼, less than ½ | More than ½, less than ¾ | More than ¾ | DNK |
| Soap | □ | □ | □ | □ | □ |
| Mosquito nets (in good condition) | □ | □ | □ | □ | □ |
| Narrow-necked water container (e.g. Jerry can) | □ | □ | □ | □ | □ |
|  |  |  |  |  |

3.6 What are the priorities expressed by the population concerning water supply, sanitation and hygiene?

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| SECTION 4  | FOOD SECURITY AND NUTRITION |

4.1 Resource persons and other information sources

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| --- |
|  |

4.2 Existing capacities and activities

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Activity specification (present / absent) | List organisation or person(s) implementing these programs NOW | # children enrolled in Therapeutic Feeding Center (TFC) | Geographic coverage | Comments |
| 4.2.1 Management of severe acute malnutrition (facility or community based) | □ Inpatient therapeutic feeding (TF) only□ In- & outpatient TF□ Outpatient TF only |  |  |  |  |
| 4.2.2 Management of moderate acute malnutrition | □ Selective supplementary feeding□ Blanket supplementary feeding |  |  |  |  |
| 4.2.3 Micronutrient supplementation programs (e.g., vitamin A, iron)  | □ Yes □ No |  |  |  |  |
| 4.2.4 General food distribution | □ Yes □ No |  |  |  |  |
| 4.2.5 Other nutrition programs | Specify \_\_\_\_\_\_\_\_\_ |  |  |  |  |

4.3 Changes in the total amount of food that people are eating since the crisis began, on average

|  |  |
| --- | --- |
| □ Amount consumed has increased | □ Amount consumed is the same |
| □ Amount consumed has decreased | □ DNK |

4.4 How many people in the community currently have food stocks in their households?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  □ Most | □ About half  | □ Some | □ None | □ DNK |

4.5 On average, how long will food stocks last in the households, according to the community?

|  |  |
| --- | --- |
| Cereals and roots/tubers | □ less than 1 week □ 1-2 weeks □ more than 2 weeks  |
| Pulses and legumes | □ less than 1 week □ 1-2 weeks □ more than 2 weeks  |
| Oils and fats | □ less than 1 week □ 1-2 weeks □ more than 2 weeks  |

4.6 Does the community have physical access to functioning markets?

|  |
| --- |
|  □ Yes □ No □ DNK |

4.7 Have infant milk products and/or baby bottles/teats been distributed since emergency?

|  |  |
| --- | --- |
|  □ Yes □ No  | If YES, by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

4.8 What percentage of infants in your area are formula fed/formula dependent?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ None | □ Less than 10% | □ 10-25% | □ More than 25% | □ DNK |

4.9 Has the community/health staff identified any problems in feeding children <2 years since crisis started?

|  |  |
| --- | --- |
|  □ Yes □ No  | If YES, what problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

4.10 Describe the current livelihood/food situation in this area

|  |  |
| --- | --- |
| 4.10.1 What are the major livelihoods in the area? | 4.10.2 Has the crisis had an impact on livelihoods, markets & food stocks? |
| □ Agriculturalists | □ Small businesses/trading | □ Livelihoods disrupted |
| □ Agro-pastoralists | □ Other (*Specify*)  | □ Food prices increased |
| □ Pastoralists |  | □ Food stocks disrupted/depleted |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4.10.3 What population groups are most affected? |  |
| □ Children youth | □ Different religious/cultural/socio-economic groups (specify) \_\_\_\_\_\_\_\_\_\_ |  |
| □ Women |
| □ Men | □ Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ Elderly people |

4.11 What are the priorities expressed by the population concerning livelihoods, food security or infant and young child feeding?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| SECTION 5  | HEALTH RISKS AND HEALTH STATUS |

5.1 Resource persons and other information sources

|  |
| --- |
|  |

5.2 Health profile:

|  |
| --- |
| 5.2.1 How many BIRTHS have there been during last 7 days? How many of these with skilled attendant present? |
| # Births (total) \_\_\_\_\_\_\_\_\_ # Births (w/ skilled attendant) \_\_\_\_\_\_\_\_\_ | # visibly pregnant women at site \_\_\_\_\_\_\_ |
| Morbidity (disease in population) |
| 5.2.2 Main health concerns from clinic records or reported by health professionals (*list*) |
|  | # cases in last 7 days | # deaths in last 7 days |  | # cases in last 7 days | # deaths in last 7 days |
| □ Measles |  |  | □ Cholera |  |  |
| □ Malaria |  |  | □ Injuries |  |  |
| □ Diarrhoeal diseases |  |  | □ Pregnancy-related conditions\* |  |  |
| □ Acute Respiratory Infections |  |  | □ Other (*Specify*) \_\_\_\_\_\_\_ |  |  |
| 5.2.3 Have there been any reports of any unusual increases in illness or rumours of OUTBREAKS? |
| □ No □ Yes (*Specify*) |
| 5.2.4 Are patients suffering from CHRONIC DISEASES for which sudden interruption of therapy could be fatal (e.g. heart disease, insulin-dependent diabetes, kidney dialysis, epileptics) still able to receive treatment? |
| □ No □ Yes (*Specify*) | # Patients \_\_\_\_\_\_\_\_\_\_\_\_ |
| 5.2.5 Have there been reports of SEXUAL VIOLENCE?  |
| □ No □ Yes (*Specify*) | # Cases in last 7 days \_\_\_\_\_\_\_\_\_ |
| 5.2.6 Is there evidence of PSYCHOSOCIAL TRAUMA among the affected population? If so, describe |
| □ No □ Yes (*Specify*) | # Patients \_\_\_\_\_\_\_\_\_\_\_\_ |
| 5.2.7 Have there been reports of NON-INFECTIOUS RISKS (e.g. cold, heat, radiation, poisons and toxins)? |
| □ No □ Yes (*Specify*) |
| 5.2.8 Have there been reports of HAZARDOUS SUBSTANCE USE (e.g. injecting drugs, heavy alcohol use)? |
| □ No □ Yes (*Specify*) |
| Disease Control and Prevention |
| 5.2.9 Is there a functioning EARLY WARNING SYSTEM in place? How regularly is data reported? |
| □ No □ Yes | □ at least weekly □ at least monthly □ Other (*Specify*) \_\_\_\_\_\_\_ |
| 5.2.10 Local measles vaccination coverage of under-5s (at 12 months) | 5.2.11 Existence of special disease control programmes? |
|  | □ No □ Yes (*Specify*) |
| 5.2.12 Impact of crisis on disease control programmes? (*check one box for each programme*) |
| Disease control programme | Completely interrupted | Somewhat disrupted | Unaffected |
|  | □ | □ | □ |
|  | □ | □ | □ |
|  | □ | □ | □ |

5.3 Humanitarian Health intervention

|  |  |
| --- | --- |
| Current humanitarian health interventions  | □ No □ Yes |
| Organisation | Since when? | Main activity |
|  |  |  |
|  |  |  |
|  |  |  |

5.4 What are the priorities expressed by the population concerning health?

|  |
| --- |
|  |

\*including severe anaemia, hypertension, pre-eclampsia, eclampsia, and diabetes.

|  |  |
| --- | --- |
| SECTION 6  | Health Facility Assessment (fill one per facility visited) |

6.1 General information

|  |  |
| --- | --- |
| 6.1.1 Name of facility | 6.1.2 GPS location in decimal digress |
| Contact :  |  |
| 6.1.3 Facility type | 6.1.4 Management |
| □ Hospital □ Health centre  | □ Health post □ Other  | □ Ministry of Health □ NGOs  | □ Other (*specify*) |
| 6.1.5 Is facility temporary or permanent? | 6.1.6 Has facility been damaged? |
| □ Temporary □ Permanent | □ Yes □ No |
| 6.1.7 Physical access to facility (*check one*): | 6.1.8 Financial access to facility (*check one*)  |
| □ Easy □ With obstacles (*Explain*)□ Very difficult (*Explain*)Distance in km: …… Number of hours by normal means of transport (specify): ….. | □ Free of charge □ Small payment (*Explain*)□ Large payment (*Explain*)Cost per consultation in local currency: …… |
| 6.1.9 Name and type of closest referral facility? | 6.1.10 Are vehicles or other means of transport available for referrals? |
|  | □ Yes □ No □ DNK |
| 6.1.11 Are community-based health services delivered in the catchment area of the health facility? If yes, who provides & how many? | □ Yes □ No |
| □ # \_\_\_\_\_ village midwives □ # \_\_\_\_\_ community health worker(s)  | □ # \_\_\_\_\_ traditional healer(s) □ # \_\_\_\_\_ others (*specify*) \_\_\_\_\_\_\_\_\_ |

6.2 Resources

|  |
| --- |
| 6.2.1 Who provides health care in this facility? (*Check all that apply*)  |
|  | # staff | # consultations/day |  | # staff | # consultations/day |
| □ Nurse  |   |  | □ Midwife  |  |  |
| □ Medical doctor |  |  | □ Lab technician  |  |  |
| □ Medical assistant |  |  | □ Public health officer |  |  |
| □ Vaccinator |  |  | □ Other \_\_\_\_\_\_ |  |  |
| 6.2.2 Essential drugs, vaccines and supplies |
|  | Available | Unavailable |  | Available | Unavailable |
| Antibiotics |  |   | Tetanus toxoid |  |  |
| ORS |  |  | Measles |  |  |
| Anti-malarials |  |  | DPT |  |  |
| Antipyretic |  |  | Polio |  |  |
| Contraception |  |  | BCG |  |  |
| Dressing materials |  |  | Functioning cold chain? |  |  |

# ANNEX 3

# Protection in ACT Emergency Assessments

The protection of crisis-affected populations is a priority within ACT’s Strategic Plan and elaborated within the ACT Humanitarian Protection Policy. The SPHERE Protection Principles, similarly, require that “**all**humanitarian agencies should be guided by the Protection Principles, even if they do not have a distinct protection mandate or specialist capacity in protection.”

This Annex is designed to support ACT members and forums in conducting Emergency Assessments in adherence to these standards. Assessment results are also to be used in preparing preliminary and final ACT Appeals, ensuring that the program design is sensitive to the protection risks identified during the Emergency Assessment. Additional, specialized assessment questions will be needed for protection sector programming.

*Note: Before collecting sensitive information, the potential negative consequences of doing so should be weighed, both on affected community members and on staff. While the information below may be collected through observation, individual interviews or focus group discussions, the questions are intended to be woven into the Emergency Assessment as appropriate, rather than asked in consecutive order.*

 ACT Emergency Assessment Protection Questions:

1. Who has limited, unsafe or ineffective access to the resources they need to survive (e.g. basic goods and services, natural resources, information and documentation, family and community support, security, police, justice, etc.)?
2. Are different groups (e.g. children, women, people with disabilities, minorities, etc.) being deliberately deprived of access to these resources (due to discrimination, hatred, revenge, etc.)?
3. Are vulnerable groups (at risk of) being exploited, coerced or abused when trying to access the resources or support they need? If so, how severe are the consequences?
4. Are any particular individuals, families or groups at risk of physical, sexual, emotional or psychological threats of violence (e.g. attacks, kidnapping, domestic violence, retributions, beatings, persecution, detention, etc.)?
5. How are at risk or affected individuals, families, groups, or communities coping with these threats? What negative coping strategies are being used (e.g. forced early marriage, survival sex, joining militia groups etc.)?
6. Out of the risks and specific threats identified, what recognisable characteristics or patterns are evident? When, where, how and why do they happen? Who is at most risk of future abuses?
7. Who has what responsibility for addressing the particular protection problems identified (e.g. parents, community leaders, police, the army, etc.)? Are they willing and able to provide protection?
8. What ways do affected or at risk groups suggest to address these issues? How can you support their strategies?
9. What else can be done to persuade perpetrators to stop abuses? What else can be done to encourage responsible authorities or other protection actors to intervene?

Questions to consider after the completion of the Emergency Assessment:

* What additional information do we need to collect?
* Which of these concerns can my agency respond to? What other protection actors have responsibility to address the concerns we discovered? Are any referrals, reporting or other urgent action required?
* How will we design our projects to adhere to SPHERE Protection Principles:
	+ Avoid exposing people to further harm *(e.g. avoid undermining people’s efforts to protect themselves; avoid creating division within, or between, communities; avoid strengthening armed groups or being subject to criminal expropriation; ensure internal mechanisms are in place to prevent sexual exploitation and abuse; etc.)*
	+ Ensure impartial access to assistance *(e.g. track freedom of movement; monitor access to programs; take measures to facilitate access across age, gender and diversities such as disability, minority, ethnicity; etc.)*
	+ Protect people from physical and psychological harm arising from violence and coercion *(e.g. refer those at risk or affected by abuses to relevant services; report emerging or changing patterns of abuse to competent protection agencies or government authorities; etc.)*
	+ Assist people to claim their rights, access available remedies and recover from the effects of abuse *(e.g. support community self-protection mechanisms; provide protection-related information to beneficiaries; advocate for documentation, freedom of movement, access to justice; include community mobilisation or training components in program design; etc.)*
* During implementation, how will we continue to monitor protection risks and, where required, adapt program activities to address changing patterns?

Further information is available in the following resources:

[ACT Alliance Humanitarian Protection Policy](http://www.actalliance.org/resources/policies-and-guidelines/humanitarian-protection/ACT-Humanitarian-Protection-Policy-1.pdf/view)

[ICRC Professional Standards for Protection Work](http://www.icrc.org/eng/resources/documents/publication/p0999.htm)

[IDP Protection Handbook](http://www.refworld.org/docid/4790cbc02.html)

[Minimum Inter-Agency Standards for Protection Mainstreaming](http://reliefweb.int/sites/reliefweb.int/files/resources/Full_Report_3752.pdf)

[The Global Protection Cluster Essential Guidance and Tools](http://www.globalprotectioncluster.org/en/tools-and-guidance/essential-protection-guidance-and-tools.html)

# ANNEX 4

# REFERENCE DOCUMENTS

|  |
| --- |
| ACT Alliance Policies and Guidelines (http://www.actalliance.org/resources/policies-and-guidelines)CARE Emergency Preparedness Planning GuidelinesCaritas Internationalis Emergency Response Tool KitChristian Aid Emergency Assessment GuidelinesCommunity Based Psychosocial Services in Humanitarian Assistance: A Facilitator’s Guide, Church of Sweden, Norwegian Church Aid, and Presbyterian Disaster AssistanceUNHCR Handbook for Emergencies (new, 2007 Third Edition)UNHCR Materials from Workshop on Emergency Management (WEM)UNHCR Handbook on Standards and IndicatorsMental Health in Emergencies (World Health Organization)IASC: Protecting Persons Affected by Natural DisastersIASC Women, Girls, Boys and Men: Different Needs – Equal OpportunitiesIASC Needs Analysis FrameworkIASC Guidelines on Mental Health and Psychosocial Support in Emergency SettingsIASC Guidelines for Gender-based Violence Interventions in Humanitarian SettingsIASC Inter-agency Contingency Planning Guidelines for Humanitarian AssistanceIFRC Guidelines for Emergency AssessmentInternational Network for Education in Emergencies (INEE)Livestock Emergency Guidelines and Standards (LEGS)Tacking Climate Change – Communities Making a DifferenceThe Good Enough Guide: Impact Measurement and Accountability in EmergenciesThe Sphere Project: Humanitarian Charter and Minimum Standards in Disaster ResponseUN Mine Action Service, UNMAS Handbook for Mine Action Programming World Vision Disaster Management Manual |

1. Sphere Handbook <http://www.sphereproject.org/handbook/> [↑](#footnote-ref-1)
2. The Guidelines for Emergency Assessment, International Federation of Red Cross and Red Crescent Societies (IFRC), contains an excellent chapter on various means of collecting information. The Good Enough Guide is another important reference on how to involve people at every stage of an emergency, and on how to conduct interviews and collect information. [↑](#footnote-ref-2)
3. <http://www.actalliance.org/resources/policies-and-guidelines/security/ACT%20Security%20Assessment%20Tool%20and%20Matrix_Eng.pdf> [↑](#footnote-ref-3)
4. From Sphere Handbook and UNHCR Handbook for Emergencies (3rd edition 2007). It is recognized that the above statistical information will likely not be immediately available, and may take some time to obtain. [↑](#footnote-ref-4)
5. Please refer to Annex 7.1 in ACT Alliance Response to an Emergency – Policy, Guidelines and Tools, and Annexes <http://www.actalliance.org/resources/policies-and-guidelines/act-response-mechanisms/2012_FINAL_ACT_Response_to_Emergencies_and_Annexes_APPROVED_ENGLISH.pdf> [↑](#footnote-ref-5)
6. Sphere, p.214 for food and livelihoods assessment checklist and p.216 for seed security. [↑](#footnote-ref-6)
7. Sphere, p.124 for initial needs assessment checklist. [↑](#footnote-ref-7)
8. Sphere, p.338 for health services assessment checklist. [↑](#footnote-ref-8)
9. Sphere, p.218 for nutrition assessment checklist. [↑](#footnote-ref-9)
10. Sphere, p.281 for non-food items assessment checklist. [↑](#footnote-ref-10)
11. Sphere, p.278 for shelter and settlement assessment checklist. [↑](#footnote-ref-11)
12. Sphere, p.33 for protection checklist, and protection questions in Annex 3 [↑](#footnote-ref-12)
13. Community Based Psychosocial Services in Humanitarian Assistance: A Facilitator’s Guide <http://www.actalliance.org/resources/policies-and-guidelines/psychosocial/CBPS_training_manual.pdf>

Prepared by Church of Sweden, Norwegian Church Aid, and Presbyterian Disaster Assistance. Also, IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, p.25 and Mental Health in Emergencies, WHO. [↑](#footnote-ref-13)
14. International Network for Education in Emergencies, INEE <http://toolkit.ineesite.org/toolkit/Toolkit.php?PostID=1012> [↑](#footnote-ref-14)
15. Livestock Emergency Guidelines and Standards, LEGS <http://www.livestock-emergency.net/resources/download-legs/> [↑](#footnote-ref-15)
16. UN Mine Action Service, UNMAS Handbook for Mine Action Programming <http://www.un.org/ar/peace/mine/pdf/MAPH.pdf> [↑](#footnote-ref-16)
17. Sphere, p.189 for supply chain management. [↑](#footnote-ref-17)
18. Tacking Climate Change – Communities Making a Difference <http://www.actalliance.org/resources/policies-and-guidelines/policies-group-a/forFILES_climateFull_low.pdf> [↑](#footnote-ref-18)
19. ACT Alliance Advocacy Policy <http://www.actalliance.org/resources/policies-and-guidelines/advocacy> [↑](#footnote-ref-19)
20. From Gender Handbook, sector checklists. [↑](#footnote-ref-20)
21. Please refer to Annex 13 of ACT Alliance Response to an Emergency – Policy, Guidelines and Tools, and Annexes. [↑](#footnote-ref-21)
22. <http://www.actalliance.org/resources/policies-and-guidelines/security/ACT%20Security%20Assessment%20Tool%20and%20Matrix_Eng.pdf> [↑](#footnote-ref-22)