

Discussion Paper

Humanitarian diagnostics: the use of information and analysis in crisis response decisions

Prepared for the UN Food and Agriculture Organisation

July 2009

Contact: j.darcy@odi.org.uk



This paper was prepared with financial assistance from the European Union through the EC-FAO Food Security Information for Action Programme



1. Background

1.1 This discussion paper is produced as a contribution to current debates about the function and form of needs assessment and other diagnostic processes in crisis contexts. The term ‘diagnostics’ is used here to describe the whole range of techniques used to assess the existence and nature of a humanitarian crisis, the appropriate responses to it, and the impact and effectiveness of such responses. This paper forms part a three-year HPG project concerned with the way in which international humanitarian actors understand the contexts in which they intervene and their impact on those situations. Central to this is the link between situational analysis and decision-making about crisis response.

1.2 The theme of the overall project is evidence-based decision-making. If an aid agency or donor body is concerned with responding ‘according to need’, how does it satisfy itself as to what the ‘need’ is in a given context, with regard to its own potential to respond and more generally? While this paper concentrates on the link between situational and response analysis, two other related themes form part of the wider project. One concerns the link between different evidence-gathering and analytical mechanisms (early warning, needs assessment, monitoring, etc) and the corresponding links between different sectors of concern (food security, health, etc). The second concerns the type and quality of the analysis involved, and specifically the kinds of analysis that are brought to bear on these situations, including the application of economic, social anthropological, political, demographic and other social scientific techniques to the humanitarian ‘problem’.

1.3 The rationale for the project as whole derives from an analysis of shortcomings in current practice. Despite recent progress in some areas, fundamental questions remain as to the basis on which ‘needs’ are identified, relief responses designed and the effect of those responses assessed. Some of this concern stems from ambiguity about what constitutes a *crisis* such as to require intervention, and related (politically-loaded) questions about how to characterise a given situation. The majority of annual humanitarian expenditure goes towards protracted complex emergencies involving widespread insecurity and forced displacement, the dynamics of which are often poorly understood. Some of the situations described as ‘post-conflict’ or in ‘recovery’ show few signs of positive change and often remain highly unstable and insecure (e.g. Somalia, Afghanistan, DR Congo). This raises some difficult challenges for designing an appropriate response. How should ‘humanitarian’ needs be assessed and defined in relation to ‘recovery’ and ‘development’ needs? How does the humanitarian agenda relate to wider peace- and state-building agendas? More practically, how to assess ‘needs’ in volatile contexts where large areas may be inaccessible for protracted periods and where the situation (and needs) may change from month to month, year to year?

1.4 The problem is not confined to conflict or ‘post-conflict’ settings: the continued failure of effective diagnosis and response to recent food crises in the Sahel and the Horn of Africa highlights the need to review how we understand and respond to crises triggered by natural hazards and economic factors. In more rapid-onset crises, the process of needs assessment is often highly arbitrary, and assumptions and

Draft: July 25th 2009

crude estimates made in the initial stages often go untested in subsequent phases of the response. Here and in more protracted crises, the link between different ‘sectors’ and between different agency responses is often weak or non-existent, leading to fragmented analysis and disjointed responses. The understanding of local institutions and local response capacities is one particular areas of weakness.

1.5 In summary, more effective response to all kinds of crisis requires new thinking about diagnostics. This paper focuses on the use of evidence in the decision-making process and the credibility of that evidence.

1.6 This paper is informed by research undertaken by HPG during 2008-09, funded by EC/FAO Food Security Information for Action Programme Phase II - GCP/GLO/162/EC. It also draws on material gathered during a review undertaken for UN OCHA in early 2009 on the information needs of decision-makers, and on discussions held with donor government representatives at a Sida-organised training event on needs-based decision making in June 2009.

2. Understanding the problem

2.1 Despite progress on the technical and process aspects of needs assessment, there remain many questions about the analytical basis for decisions about humanitarian response. Earlier research by HPG¹ found that assessments in the humanitarian sector tend to suffer from various shortcomings. In too many cases, such assessments:

- are supply-driven and inflexible
- misrepresent the level of threat
- fail to track the evolution of crises & patterns of risk to communities over time
- are ‘snap-shot’ and front-loaded
- assume that crises are steady-state or linear
- take too little account of contextual specificities, including political, social, cultural and economic factors
- rest on doubtful assumptions about people’s need for (or dependence on) particular forms of relief
- tend to be done by ‘sector’, leading to a lack of joined-up thinking about multi-causal problems.

In addition, assessments were found to be lacking in the way problems were framed, analysing needs in terms of *deficit* rather than in terms of threatened outcomes, tending to focus on plugging gaps rather than tackling proximate causes and acute risk factors.² They were also found to be weakly linked to decision-making, insufficiently coordinated with other agencies and inadequately consulted with the potential beneficiaries. These weaknesses are compounded by inevitable difficulties in compiling adequate data (particularly in rapid onset crises), problems of secure

¹ Darcy, J. & Hoffman, C. (2003), *According to need? Needs assessment and decision-making in the humanitarian sector*, HPG Report 15. (London: Overseas Development Institute).

² A parallel study on risk analysis and risk management is currently underway at ODI

access, the complex and multi-dimensional nature of crises, the plurality of intervening organisations and the uncertain influence of political factors.

2.2 Any concern with needs analysis must extend to understanding the wider context and the contribution of aid relative to other factors in people's survival and well-being. In other words, needs assessment is not *just* about multi-sectoral analysis (health, food etc) but about understanding the overall context in which assistance is being provided – including, for example, an understanding of how markets are functioning, how the household economy is affected and what options are available to people to meet their basic needs. For aid to be relevant and effective, it has to be based on an understanding of people's behaviour, priorities and options. Related to this, good demographic information (population figures, movement trends and other) is an essential complement to sector-specific analysis. So too is analysis of local and national response capacities, essential to informing decisions about the appropriate forms of assistance (e.g. in-kind or cash, service provision or capacity support), the phasing and prioritisation of assistance, and decisions about exit and transitions.

This contextual understanding is particularly important and sensitive in slow-onset and protracted crisis responses. In politically complex environments, particularly those involving protracted conflict or violent insecurity, an understanding of the political context and the role aid plays in the wider political economy – including its relation to people's physical security – is essential. Judgements about collective strategy need to be better informed by such analysis, rather than considered programme by programme.

2.3 Beyond the realm of needs assessment and situational classification systems, there are other mechanisms relating to the business of 'diagnostics' as understood here. Many are concerned with prediction or *prognosis*, including risk analysis and vulnerability mapping, scenario and contingency planning. Some, like FEWSnet, are concerned specifically with early warning based on key predictive indicators. Others are concerned with monitoring and surveillance, aiming to spot and communicate significant changes in critical 'outcome' indicators, typically relating to health or nutritional status.

The final category of diagnostic functions included here concerns assessing the impact of humanitarian interventions. This is notoriously difficult, but we believe that part of the difficulty stems from the failure to relate the impact assessment function (typically part of an evaluation process) with the earlier stages of diagnostic and prognostic analysis. In particular, demonstrating a reduction in known risk factors as a result of intervention seems to us to provide a necessary corollary to demonstrating changes in (predicted) outcome indicators. Neither on its own is adequate, just as quantitative analysis without qualitative assessment – including consultation with the intended beneficiaries – is a grossly inadequate basis for needs and impact assessment.

2.4 Each of the above functions is important, but problems persist concerning the quality and reliability of the data and analysis, the lack of synergy between different assessment processes, and the weak link to decision-making. The past four years have seen some progress on each of these fronts, due partly to pressure from donors

Draft: July 25th 2009

struggling to apply the Good Humanitarian Donorship principle of funding according to assessed need. The lack of trust that characterised donor attitudes to agencies' needs assessments and appeals has to some extent been addressed by changes in agency practice, not least in the form of greater transparency of the assessment process. But major reservations persist about the quality of the evidence base and more generally about the quality of the analysis that informs interventions.

The HPG project is concerned with two specific factors that contribute to weak analysis: the lack of 'linkage' in all the senses mentioned above; and the lack of strong contextual analysis. We believe that many of the problems relating to credibility and use of analysis by decision-makers relate to these factors. There remain, of course, important questions about the quality and reliability of the data gathered and the ways in which these are analysed and interpreted. While we continue to follow these essentially methodological debates, they are not the main focus of our study. We believe they are better tackled through peer discussions within and across sectors and 'clusters'.

3. Recent policy developments

3.1 Since HPG conducted its original research in 2002, there has been some progress in this area. A variety of initiatives have been launched, some related to the 'Cluster' system of sectoral coordination, concerned with revisiting and strengthening the way in which humanitarian needs are assessed and priorities for intervention established within and between sectors. These include the SMART project on standardising indicators and methods of data collection; the Health and Nutrition Tracking Service (HNHS) at WHO; the WFP 'Strengthening emergency needs assessment capacity' project (SENAC); the Integrated Phase Classification (IPC) system developed by FAO/FSAU in relation to Somalia but now being trialled more widely; the regional VAC process in southern Africa; inter-sectoral work on assessing health, nutrition and water/sanitation needs ³; and ongoing work by OCHA (ACE project) and by UN country teams to find an appropriate framework for consolidated humanitarian needs assessment and priority setting across all sectors.

Most recently, an IASC Needs Assessment Group (now being constituted as a Task Force) has elaborated a detailed work plan for strengthening cross-sectoral needs assessment processes. The major donors, meanwhile, are considering a package of support to this and related initiatives and are laying increasing emphasis on multi-sectoral needs assessment.⁴

3.2 OCHA's Assessment and Classification of Emergencies (ACE) project is developing a multi-sectoral tool for decision-makers (provisionally called the 'humanitarian dashboard') to consolidate core and common humanitarian situation and response analysis information. This tool is intended to work with whatever data and systems are in place in a given crisis, such as information provided by the

³ Coordinated between the relevant Clusters led by UNICEF and WHO

⁴ One symptom of this is the letter written by the donors to the UN ERC, John Holmes, on 3rd July 2009 urging renewed attention to joint needs assessment. Another is the training organised in June this year by Sida for the GHD donors on needs-based decision-making.

clusters. Field testing of the prototype is currently being conducted in the Horn of Africa.

3.3 In addition to the various agency and global initiatives, a number of assessment processes at country level have made progress in harmonising the efforts of the various agencies and clusters. Of these, the process in DR Congo perhaps deserves particular mention. Here more than in most countries, progress has been made towards achieving a process of consolidated, multi-sectoral analysis (based on a shared needs analysis framework) that is directly linked to the decision-making process about resource allocation via a common Humanitarian Action Plan coordinated by the UN Humanitarian Coordinator (who is also Deputy SRSG).. To a considerable extent, this has provided a basis for the kind of prioritisation and joint strategising that the donors have been calling for. There are significant gaps in the diagnostic chain, and monitoring and impact assessment remain a major challenge. Nevertheless, this represents one of the most advanced joint analysis and planning initiatives in the sector, from which much can be learned.

3.4 Some generic factors about *resource allocation* in the humanitarian sector provide a necessary backdrop to this discussion. In particular regarding funding allocation:

- Based on known funding allocations in the past 5 years, around 75% of annual humanitarian response expenditure goes on protracted crises. This figure rises to around 95% when including post-acute (recovery phase) and slow onset crises.
- Related to this, most resource allocation decisions are about *forward* allocation (i.e. based on predictive analysis or *needs projection*)
- The UN agencies and INGOs each receive about one third of donor humanitarian funding annually – but much of the UN funding goes in sub-contracting INGOs.

For an increasing number of donors, substantial funds are allocated either to the CERF or to country-level pooled or common funds. This in effect means that decisions about priorities for response either globally or at a country level are increasingly delegated to the relevant decision-making mechanism.

4. The use of information by decision-makers

4.1 In the course of a review undertaken for OCHA (related to the Dashboard initiative) on the information needs of decision-makers, a range of donors, UN agencies and NGOs were consulted mostly at headquarters level. For a list of those consulted, see the Annex to this report. This was not an attempt to be comprehensive or necessarily representative, but to consult a useful cross-section of decision-makers in the sector.

For the purposes of this review, the initial questions were focused on decision making in relation to the following situation types:

- Sudden onset crisis (e.g. earthquake, hurricane, sudden displacement)
- Slow onset and recurrent crises (e.g. drought)
- Protracted instability, conflict, ‘post-conflict’ and ‘transitions’

The consultations involved semi-structured discussions around a common set of questions, as follows:

- ◆ What are the main decision-making processes for your organisation in relation to new or ongoing humanitarian responses?
- ◆ What key information do you consistently require on a crisis to make resource-allocation and programming decisions (e.g. scale, severity, timeframe; threats to life, health, basic subsistence, physical security and dignity)?
- ◆ On what basis do you currently assess crisis situations with regard to severity or priority? In particular, is the information on needs and trends provided in Flash and Revised Flash Appeals, CAP and other funding instruments sufficient to make equitable funding decisions? If not, what changes would be useful?
- ◆ Do you require a basis for making *predictive* judgements about need in different contexts? How do you monitor the evolution of actual or potential crises?
- ◆ What have been the major incentives and disincentives (both political and technical factors) to improving comparability and fostering multi-sectoral analysis and how can these be addressed?

In addition, questions were asked about basis for decision-making about (i) risk reduction interventions and (ii) institutional support (by donors), since it became clear that these were significant additional areas of concern for those interviewed. Some discussion also concerned support to thematic programmes (e.g. HIV/AIDS). In all cases, the questions concerned the basis on which such decisions were informed, in particular the kinds and sources of information relied upon, and the perception of gaps in the available information.

4.2 In practice, conversations tended to revolve around a limited sub-set of these questions, since many of those questioned were unable to answer the questions as posed, at least in detail – either because it fell outside their sphere of responsibility, or because the questions were ones that did not make sense to them, given the way in which decisions were taken in practice in their organisations. In particular, respondents struggled with the concept of ‘information needs’: many did not think of themselves as having such needs before the question was posed.

For many at HQ level, particularly senior managers, the information they received was packaged and ‘pre-digested’ by others further down the management line or in the field. Thus decision-makers at HQ level were often responding to analysis presented to them by staff they trusted to be better informed, more expert or closer to the field. Many felt they had relatively little input to make on substance, and relied on the judgement of others in this respect. Higher up the line, decisions tended to be more about relative priorities for resource allocation across different contexts or different institutions. This was as often a matter of organisational strategy and priorities (e.g. geographical) as about the specific assessed needs in a given context.

Crisis types and information needs

Rapid Onset crises

- Main causes:
 - weather-related: cyclone, flood, etc
 - geophysical: earthquake, volcano, landslide, etc
 - conflict-related: military strikes, sudden displacement, etc
- Typical characteristics:
 - High degree of initial uncertainty and limited access
 - Short decision-making windows for initial response
 - Most severe impact occurs at onset
 - Phased response: relief, recovery/reconstruction
- Recent examples: Cyclone Nargis, Szechuan earthquake; Georgia, Gaza

Comments: with information ‘chaos’ in first phase of acute crises, decision-makers rely heavily on credible anecdote, ‘standard’ response packages, local knowledge, local partners and pre-existing response plans. It was sometimes hard to disentangle real needs from political hype, e.g. Georgia, Gaza. Highly politicised contexts make it harder to get a dispassionate read on needs. Lack of access may mean ‘we are working in the dark’ in the initial phases. The use of rough estimates and proxy indicators predominates.

Slow onset and recurrent disasters

- Main causes:
 - Weather-related: drought, flood (progressive), etc
- Typical characteristics:
 - Data rich
 - Greater scope for prevention and mitigation
 - Relatively longer decision-making window for response
 - Impact occurs incrementally
- Recent examples: Droughts in Horn of Africa, Sahel, southern Africa; floods in Bangladesh and India

Comments: the main problem here is in identifying when a situation becomes critical. There is often lack of consensus on this, and there may be resistance from government in question. Early warning data is increasingly useful and there is scope for effective preventive action, but this depends on reliable prognosis and credible analysis – and on institutional will and resources. Reaching early consensus is essential here. These are responses that can be ‘systematised’, unlike most rapid onset crises.

Protracted crisis and transitions

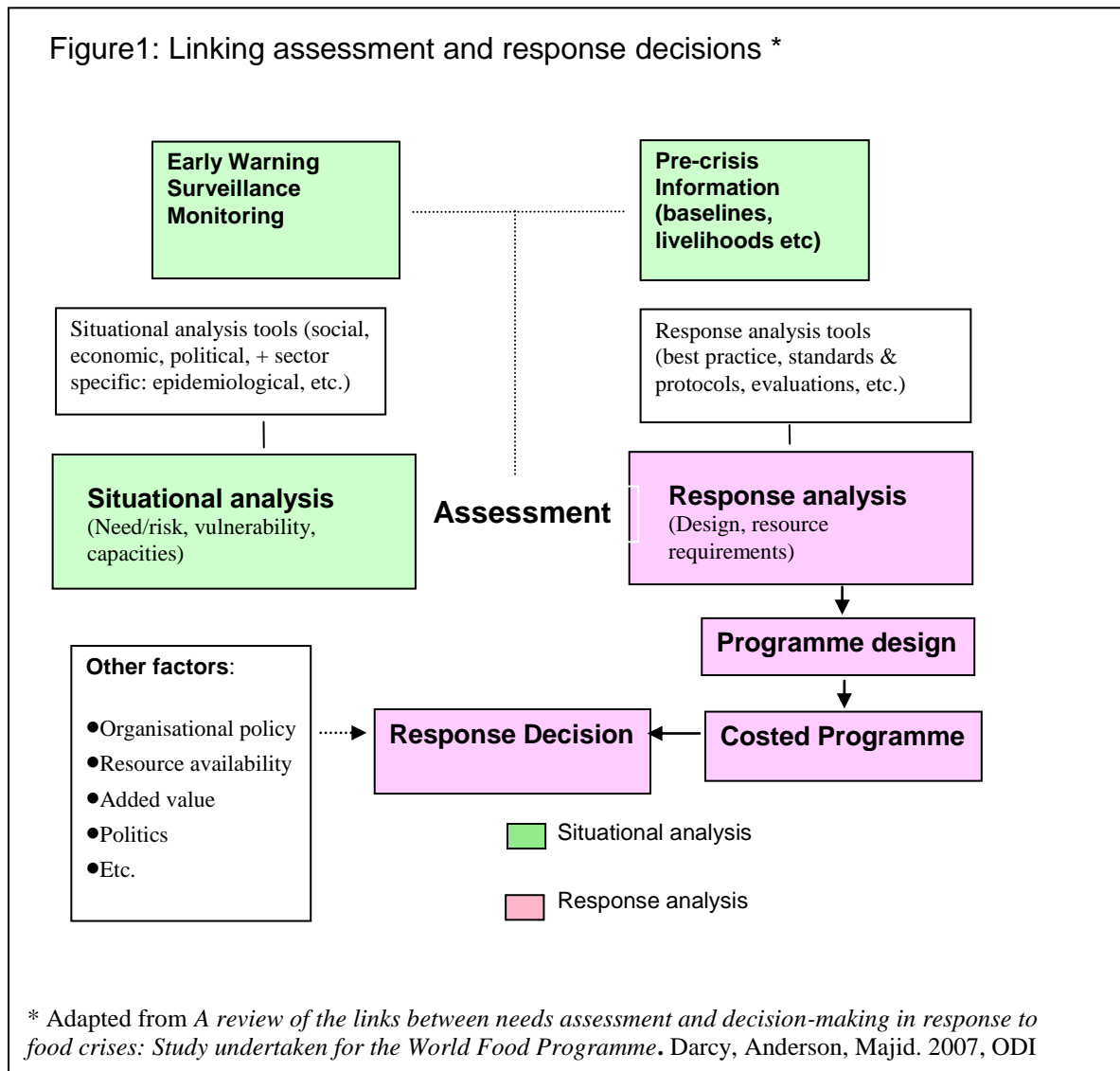
- Main causes:
 - Conflict-related: protracted insecurity, prolonged displacement, chronically disrupted livelihoods and services
- Typical characteristics:
 - Sectors of population chronically exposed to high levels of risk
 - Most programmes are based on forward plans set out in appeals, country/regional plans and strategy documents
 - Impact fluctuates, with acute peaks
- Recent examples: DRC, Somalia, Darfur, Afghanistan, Iraq, Sri Lanka, Colombia, Haiti; Zimbabwe, North Korea.

Comments: these are usually highly politicised and unstable contexts, involving problems of access, fragmented information (e.g. Iraq) and lack of a ‘whole picture’. It is possible to dramatically underestimate needs, to miss whole areas (e.g. DRC) and for there to be creeping ‘acceptance’ both of access limitations and of unacceptably high levels of mortality, acute malnutrition etc.

4.3 The review identified 3 broad categories of information and evidence used by humanitarian decision-makers:

- (i) Pre-crisis contextual information (e.g. capacities, vulnerabilities, livelihood patterns);
- (ii) Information concerning the nature of an evolving crisis (e.g. early warning, assessment and monitoring data); and
- (iii) Evidence about ‘what works’ in response to particular kinds of crisis, including best practice, standards and protocols.

In practice, category (ii) tends to dominate, with category (iii) being the domain largely of experts and specialist advisers. What appears to be critical is the link between the situational analysis, largely informed by (i) and (ii); and the response analysis - largely informed by (iii), but needing to be adapted to the context. The diagram below illustrates the process that is involved. In practice, the ‘other factors’ listed may have as great an influence on the nature of the response as any of the situational or response analysis.



4.6 Four main types of decision were identified in the review:

- *Strategic* decisions about whether and how to respond – or to change a response – including macro resource allocations
- *Programme design* decisions (sectoral approach etc)
- *Micro resource allocation* decisions: What resources (\$, people etc) to allocate and how to allocate them
- *Tactical and operational* decisions, including how to work with others

The particular factors influencing each of these decision types are considered in the following section.

We also distinguished *levels* at which decisions were made:

- (i) Within organisations: HQ, regional, national, local levels
- (ii) System-wide or inter-organisational

In each case, we asked about the *factors* shaping decisions, and the *information and analysis* on which they were based. In general, information *per se* was found to have limited relevance for decision-makers. Most decisions appear to be made within quite tight parameters: the range of options is limited by previously decided questions about strategic priorities, available resources and so on. What mattered as much as information was the understanding people had of the institutional framework for decisions, the implicit values and assumptions that they applied in making decisions, and the mental models by which they processed available information.

4.7 It also became clear that decision makers have strictly limited time to make decisions, and tend to rely heavily on the judgment of people they trust – particularly work colleagues and those in partner organisations with whom they have an ongoing relationship. This involves coming to consensus around a particular narrative or set of propositions, something that is much more likely to happen between people who trust each other. But it can also result in a rather unchallenging attitude to proposals and the evidence used to support them. Suppose for example that a proposal is received by a donor from a trusted agency colleague. It ticks all the right process boxes (it has a well constructed logframe, talks about consultation, etc) and makes a superficially plausible case for a particular form of response. If this matches the donor's need to find a partner to respond in that particular sector, it seems that the donor is much less likely to test the evidence on which the proposal is based or to seek corroborative evidence. Conversely, if the proposal is from a non-trusted partner or for an approach that is not 'mainstream', it will need to pass a much stricter test.

All this is relevant to the *use* made of information. The way in which information is presented can be crucial to its uptake and use by decision-makers. 'Killer facts' were sometimes cited as highly influential on decision-making (e.g. very high reported levels of acute malnutrition) even where these were speculative. Less dramatic facts, such as significant changes in underlying indicators, tended to go unremarked unless presented as part of a case for action. Succinct presentation of information was one key factor in its influence.

4.8 This relates to another important point about information. It can be used as evidence to support a case for action, but somebody generally has to *make* the case and structure the information in a way that supports it. The validity of the process depends partly on the reliability of the information, partly on the credibility of the case that is made using it. This involves a process of *interpretation* of information. Most decision-makers appear to use rules of thumb or mental models when processing information presented to them. They will have in their heads e.g. what constitutes an unusual or significant figure in relation to mortality rates in country X, and will use this to gauge the significance of what they are hearing. They will also have a sense of what constitutes the appropriate response given a combination of different factors. Mostly these are implicit rather than explicit analytical models and they tend to be highly individualised. More experienced practitioners have developed models that are very sophisticated and they are able to 'sift out' the relevant information from a mass of data presented to them. Many resented having to do so, however, and often felt overwhelmed by being presented with large quantities of 'undigested' information.

4.9 Part of the problem with current needs analysis stems from the fact that much of the information and analysis is being presented to substantiate a case for funding a particular agency to do a particular thing. This brings into question the reliability of both the diagnosis and the proposed remedy. Most of those interviewed for this study agreed that the lack of objectivity in needs analysis and presentation was a major distorting factor in the system.

5. The four decision types

The decision types identified above deserve closer attention. Each poses different kinds of challenge with regard to needs- and evidence-based decision making.

5.1 Strategic decisions

The most striking feature of decisions described as ‘strategic’ is the extent to which they are shaped by extraneous factors. Sometimes these factors are political and related to other dimensions of international policy. So for example, decisions made in the US State Department have a bearing on USAID/OFDA decisions about response. Donors have to decide how to channel their funds through one or other part of the ‘implementing’ wing of the international system – or whether to by-pass it altogether and give it to governments, local NGOs, private sector or military. Such decisions may be driven by political and other extraneous factors as well as by strictly humanitarian criteria. They tend to be influenced by previously agreed institutional strategic frameworks and also by factors like marketing and the need to be seen to respond.

That said, the assessments, appeals and proposals of the international agencies remain the main lens through which the donors see crisis situations. Often the resulting picture is highly fragmented and disjointed, a series of more or less reliable ‘snapshots’. Clusters and country teams hold the potential to provide more ‘joined up’ analysis, but this is not yet being realised except in a few cases. The current Needs Assessment Framework and the related Humanitarian Action Plan in DR Congo are notable exceptions. Here the plan is based on a strategy derived not from aggregating the results of different sectoral assessments, but from a genuine attempt to identify combinations of risk factors associated with outcomes of greatest concern (excess mortality, etc.). While not perfect, the method of determining response priorities across sectors is as good as any other we have seen.

Whether and how to respond to new crises

Most respondents cited a variety of sources of information for this kind of decision. First phase responses tended to depend significantly on media coverage and the need to be seen to respond. Apart from the humanitarian imperative, political pressure and organisational profile were important driving factors. Hard information tended to be scarce, and donors tend to respond to ‘plausible proposals’ from their key partners. Sometimes they actively solicit such proposals, either at HQ or country level through their field reps. Sometimes the proposals result from a conversation between field reps of donors and agencies.

Most of those consulted did not expect detailed assessment in the first phase of a rapid onset crisis, but looked for a demonstrated capacity to respond and a credible needs analysis. In the second phase, there was a big perceived gap in the lack of an overall 'framework' within which to locate recovery responses. Most felt that they had little available information about the capacity of the host government or local institutions, and there was 'not much pressure' for this. Most were looking for 'opportunities to respond effectively'. Those with pre-existing presence and partnerships were considered to have a comparative advantage, and were often approached as potential partners (the extreme case of this was Cyclone Nargis, where *only* those with a pre-existing presence could get access).

Slow onset crises presented different challenges. Some of these related to the question of whether a crisis threshold was reached, or whether a situation fell within the 'normal' pattern of e.g. rainfall and food production variability. When and how to intervene, or to switch from developmental to humanitarian modes of programming, created a perpetual problem for those working in drought-prone areas. Reliance on outcome indicators did not work here: waiting for levels of acute malnutrition to rise significantly could mean missing the window of opportunity to mitigate the crisis. 'Leading' (risk) indicators – such as changes in the price of staple foods – were more helpful, but there was often a shortage of available data that was sufficiently current to base an analysis on. Most working on drought in sub-Saharan Africa said they looked to FEWS-Net as a primary source of early warning information and analysis.

To continue or change a response (esp. in protracted crisis)

Most respondents admitted that this aspect of decision-making received less organisational attention than the 'new' crises – and were surprised to hear that protracted crises accounted for more than 70% of humanitarian spend. There was a big perceived gap here in terms of monitoring and re-evaluation. Donors said that it was bureaucratically much easier to renew funding for an established programme than to create new programmes – but this meant that too little attention was devoted to re-assessment of those existing programmes. Most struggled with the question of programme modification and (particularly) exit strategies – this was partly a problem of lack of criteria, partly a lack of relevant information on which to base a decision.

Most felt that situational monitoring in protracted crises was inadequate. At the moment, most information received concerned the progress of a given project or programme against objectives. Donors in particular felt that this did not necessarily present them with an objective view either of the evolving situation or of the impact and continued relevance of a given intervention.

To appeal for funds/submit funding proposal (agencies)

As noted above, these decisions tended to be based on an ongoing relationship with a particular donor or donors. For INGOs this tended to be the government of their country of origin, who might encourage them to apply for funds. For the agencies, key factors in this kind of decision were their own capacity, profile of the crisis and pressure to respond, and the perceived availability of resources to respond.

Draft: July 25th 2009

To provide 'systemic' support: thematic, institutional, pooled funds, etc. (donors)

For the larger donors, this was a major head of humanitarian expenditure (e.g. over 30% for DfID). The considerations here were the credibility and perceived effectiveness of the recipient organisation, with which donors often had multi-year agreements. The relevant information came from largely from annual reports and evaluations.

In summary, senior decision-makers were making strategic decisions based on:

- Their own and others' assessments
- Policy frameworks, strategic plans and priorities;
- Pressure from media, politicians etc;
- Experience and judgements about relative institutional priorities
- The availability of plausible proposals/appeals and capacity to respond

(Note: 'strategic' shifts in response may be the result of an accumulation of separate decisions rather than a more deliberate change in overall strategy).

The major *gap* identified under this heading concerns information about how other organisations are responding, in particular how much they are allocating to what crises. On the donor side, the FTS was considered a very inadequate source in this respect, given the patchiness of the data and the time lag involved in donations being registered. Most donors were sceptical also about the analysis presented in appeals documents. For the larger donors, the CAP was only one amongst a range of reference points. For the smaller donors, this is a crucial source of information and analysis. But considerable scepticism remained about the analysis of priorities in the CAP and Flash Appeals.

For the agencies, coordination mechanisms exist within families of agencies but many decisions are made without knowledge of other agencies' responses. This depends in part on the degree to which decisions are taken at field level, where coordination (through formal or informal mechanisms) works more effectively than at HQ level.

5.2 Programme design decisions

These include modes of engagement, decisions about target population, operational plans (budget etc) and collaborative arrangements

For the most part, programme design decisions are based on assessment by relevant technical experts in the field, backed up by HQ specialists. However, these in turn often depended on other available information (e.g. on population figures) that is often highly uncertain. Thus the 'affected' and 'target' population figures were often conjectural. Often the target population (and scale of programme) seems to be a notional figure derived from the capacity that a given agency believes it can deploy and funds it can raise – i.e. it is a supply-driven figure. It is not necessarily, or even usually, based on an analysis of overall need. Similarly, some of those interviewed commented on the fact that agency assessments of need were heavily influenced by the 'lens' through which they were looking. Sending a water engineer to do an assessment is unlikely to result in a recommendation to run a feeding programme.

Draft: July 25th 2009

Some noted a tension between specialist advisors, who applied established guidelines and thinking about best practice and tended to adopt a critical approach to proposals, and desk officers and country programme teams who tended to want to 'get a proposal through'. The demand for evidence in such cases tended to come from the specialists.

The largest donors often had their own experts in the field to cross-check information from the agencies. The smaller donors lack this capacity and tend to be much more reliant on the analysis as presented in proposals and funding appeals. While this was often mistrusted, donors seem to rely on the reputation of the agency in question. Part of this reliance depends on an assumption that agencies are using rigorous and established methods for gathering and analysing information, which is not always the case. Some donors (ECHO, CIDA) have established their own indexes against which to cross-check propositions about relative needs on a country by country basis.

One area where information was felt to be particularly lacking was on the question of local capacities – both people's own coping capacities and the capacity of local institutions and the government to respond. This was agreed to be a critical variable, but most of those consulted confessed that they had no consistent way of gauging it. More information and analysis in this area would be welcomed, not to answer the question 'is there need?' but the question 'is there a need for *us*?'.

5.3 Micro resource allocation decisions

These are the decisions that involve allocating the available resources (money, people etc.) to particular functions. Many of the issues identified above apply here as well. The major gaps in information here appear to relate to the capacity of others to respond and the scale on which they are doing so. This is another area where supply rather than demand seems to dictate decisions.

Decisions about comparative priorities for resources were felt to be largely subjective. Partly this was a matter of 'who shouts loudest' and how a given context related to organisational strategic priorities for that context. A credible needs assessment was agreed to be potentially very influential in changing managers' thinking.

5.4 Tactical/operational/implementation decisions

These decisions were mostly taken at field level. They relied heavily on local and real-time information sources, but also on discussion and negotiation with other parties to establish gaps, agree respective roles etc. The Clusters were beginning to become a key forum for these discussions.

The main comment received on information in relation to this kind of decision was the lack of effective situational monitoring systems. Decisions were often being made on the basis of anecdotal evidence.

The other comment here was the lack of evidence as to the effectiveness of existing approaches. Agencies were tending to replicate programmes without any strong evidence (other than anecdote and opinion) of their effectiveness or their continued relevance.

6. Comments from the consultation workshop

The workshop held at ODI in London on 9th March 2009 at the request of OCHA brought together senior decision makers from donor bodies and aid agencies to review the kinds of information they used (or required) in making decisions (see Annex 2 for the list of participants) At the same workshop, a prototype version of the ‘Dashboard’ was presented by Dr Nicholas Haan. This section records some of the main points arising from that consultation.

Process issues

It was noted that ‘we need to bring assessment and programme design closer together’. Assessments don’t have to be done jointly but need to be much better harmonised. There is also a need for common (cross-sectoral) tools of analysis – but what rules govern interpretation? Who decides? Who is quality controller? How to get comparable results across time and contexts?

Presentation of data

Participants agreed that it was important to disaggregate data: severity/capacity to respond; situational/response analysis. We need a ‘more logical’ way of analysing capacity gaps. There are no absolute figures here.

Types of analysis

The major analytical gap was felt to be capacity analysis, of various kinds. The capacity question breaks down into capacity to cope, capacity to respond with own resources, and capacity to implement a programme with external resources. It was stressed that this is not just about governments. People’s coping capacity is a critical variable but we often know almost nothing about it. How is it that people survive when ‘essential’ assistance is denied (e.g. Sudan expulsions, Zimbabwe)? We are missing something vital here. It was suggested that we might need to consider an indicator on the affected population’s relative dependence on external assistance. How existing aid provision be factored in?

Three particular issues were raised in relation to forms of analysis:

- It is essential that the link between situational and response analysis strengthens over the course of a crisis, even if to start with it is relatively weak.
- It is vital that we narrow the area of disagreement over the basic numbers: population, numbers seriously affected, etc.
- On predictive analysis: it may be reasonable to assume a fairly static caseload, but not to assume a static need profile within that population. Things evolve, vulnerabilities change over time.

Participants agreed that it was important to locate ‘hard’ data (anthropometric etc) against a backdrop of social, economic and political context, especially when making predictions. Context is especially important in relation to security/protection concerns (which often, in turn, dictate patterns of relief need). Protection may not be amenable

Draft: July 25th 2009

to a heavy data-driven process – it depends on spotting patterns. The humanitarian agenda should not be reduced to relief by just insisting on ‘measurables’.

Information and analysis must help demonstrate actual and likely outcomes *without intervention*. There is too much wishful thinking at the moment, and false assumptions about outcomes, which may be predicted as more catastrophic than they would actually be. There are sometimes pressures here to overstate the case in order to unlock resources – we need a counter to this tendency.

It is essential to get a sense of *trends*, not just snapshots, given that our interventions may happen well after the assessment. It’s a moving target. We need to know where we are at in a crisis at any one time – get some sense of the trajectory – are we at beginning, middle or end?

Different information needs

Various comments were made by participants under this heading:

- Different groups (host government, donors, UN, NGOs) have different information needs. We need to identify common core requirements. One size does not fit all.
- Different organisations take decisions at different levels. Some are highly decentralised, some highly centralised, most somewhere in between. It is possible to have different ‘takes’ on a situation within an agency family.
- From the point of view of donors providing funds to pooled funding mechanisms, they don’t necessarily need to have all the information – but they want to know that those making the allocation decisions are making fully informed decisions.
- Donors need better evidence against which to justify their funding decisions
- Just because you ask for money and don’t get it, that doesn’t make it a funding gap!
- How much reliance should we put on analysis based on the available data which may be of very poor quality and highly unreliable? As one participant put it, ‘This is like icing on a burnt cake...’

7. Conclusions

Our inquiries into the way that information and analysis is used by decision-makers suggest that we need to re-think some of our assumptions about the nature of the problem and the likely solutions to it. We draw four main conclusions from the findings documented above.

First, if response decisions are not adequately grounded in evidence about needs, *the problem lies as much with the decision-making process as with the quality and availability of information*. There are many examples of poor decisions made *in spite of* the availability of evidence that should have led to other decisions. In other words, the availability of good evidence and analysis is no guarantee of good decisions.

Second, it is in the *interpretation* of information by individuals and organisations – seen through a filter of institutional agendas and capacities – that determines the extent to which it influences decisions. Personal opinion counts for much here, particularly the opinion of acknowledged experts inside or outside the organisation. Too much weight can be placed on *experience over evidence*. Although judgement is a crucial element of good needs analysis, it has to be informed judgement. Our study found that evidence, where is used at all, is often used highly selectively. Untested assumptions (often implicit rather than explicit) about need and vulnerability tend to dominate thinking both by individuals and by organisations. Making those assumptions explicit and testing them against available evidence is an essential step towards more genuinely needs-based responses. Crucially, this includes making clear the link between situational analysis and response analysis.

Third, an understanding of the context in which aid is to be provided is as important as the detailed analysis of different sectoral needs (food, health etc.). In more politically complex environments, particularly those involving protracted conflict or violent insecurity, an understanding of the role aid plays in the wider political context – including its relation to people's physical security – is essential. More generally, it is likely to be essential to understand how markets are functioning, how the household economy is affected, and what options are available to people to meet their basic needs. This and related analysis of *local and national response capacities* are crucial to informing decisions about the appropriate forms of assistance (e.g. in-kind or cash, service provision or capacity support), the phasing and prioritisation of assistance, and decisions about exit and transitions. For aid to be relevant and effective, it has to be based on an understanding of people's behaviour, priorities and options.

Finally, it is essential to understand the way in which different kinds of decision are reached and to tailor information and analysis accordingly. How information is communicated can be essential to its influence on decision-makers. Few senior managers have the time or inclination to review the detail of a response proposal. But they must be prepared always to test the logic of the argument being presented to them, and to question the strength of the evidence on which it is based. Unless a signal comes from the top that evidence matters, progress will not be achieved.

Annex 1 List of those consulted in the course of the study

Donor representatives

Riemer, Jan	Danida
Torehall, Pauline	Danida
Schober, Frank	German Federation Foreign Office
Thorin, Maria	Sida
Blondel, Ylsa	Sida
Eliasson, Jessica	Sida
Hendrick, Arthur	IrishAid
Liscan, Oana	Roumanian MFA
Loan, Christopher	CIDA
Mamdani, Anar	CIDA
Morris, Peter	USAID (OFDA)
Mulrean, Peter	US State Dept. (BPRM)
Haykin, Stephen	US Embassy, DRC
Náprestek, Martin	Czech Development Agency
Ndayisaba, Elysee	ECHO
Lebrun, Michelle	ECHO
Combes, Isabelle	ECHO
Wittebrood, Cees	ECHO
Martini, Richard	DfID
Lavy, Rachel	DfID
Fouquet, Sebastian	DfID DRC

Agency Representatives

Cocking, Jane	Oxfam GB
Loveless, Jeremy	Oxfam GB
Borrell, Annalies	UNICEF
McCluskey, Jean	UNICEF
Kelley, Ninette	UNHCR
Michel, Louis	UNHCR DRC

Draft: July 25th 2009

Guarnieri, Valerie	WFP
Donati, Daniele	FAO
Nielsen, Fleming	IFRC
Cox, Andrew	OCHA
McAvoy, Jenny	OCHA
Girard, Emanuela	OCHA
Rochanakorn, Cassidis	OCHA
Scott, Niels	OCHA
Rajasingham, Ramesh	OCHA
Wolf, Veronica	OCHA
Mountain, Ross	HC - DRC
Wylie, Andrew	OCHA DRC
Sacco, Esteban	OCHA DRC
Dieng, Abdou	WFP – DRC
Dekker, Robert	WFP – DRC
Vauthier, Pierre	WFP – DRC
Diop, Ibrahim	WFP – DRC
Greentres, Marjolaine	FAO – DRC
Blewitt, Richard	HelpAge International
Thomas, Manisha	ICVA
Badouja, Emanuel	Caritas DRC
Gneissez, Patrick	ICRC DRC
Sweetnam, Peter	Merlin

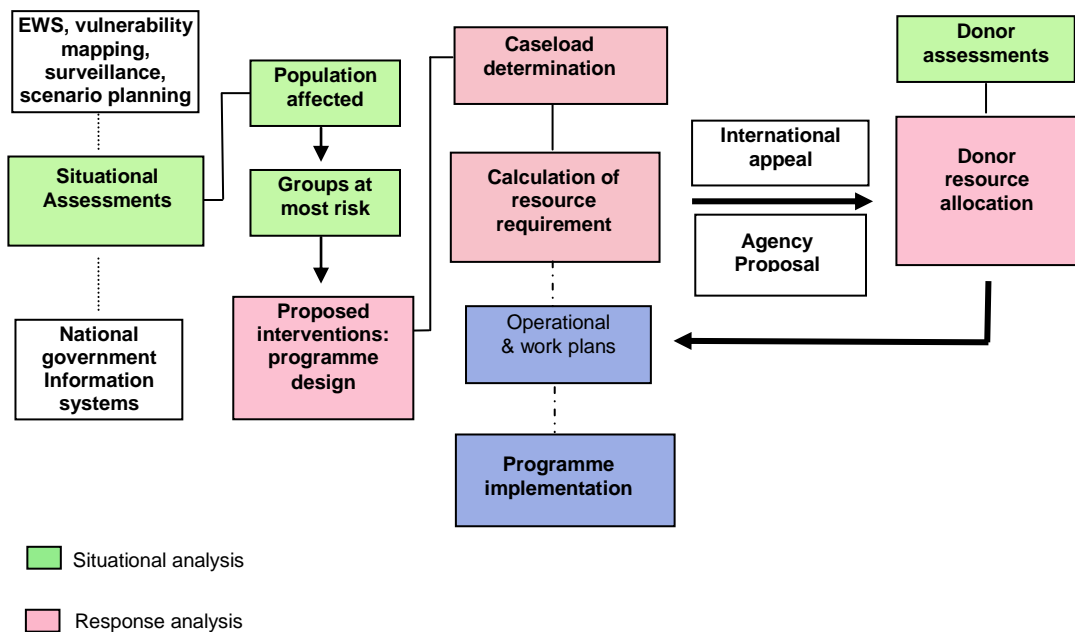
Field representatives from Premieres Urgences, NRC, MSF Holland in DRC

Independents/Academics

Garfield, Richard	Columbia University
Van Schreeb, Johan	Independent
Walker, Peter	Tufts University
Christopolos, Ian	Independent

Annex 2

Linking assessment and response decisions: getting to a number *



* Taken from *A review of the links between needs assessment and decision-making in response to food crises: Study undertaken for the World Food Programme - May 2007.*
 Darcy, J, Anderson, S and Majid, N. London: ODI