Standard Operating Procedures (SOPs) – Rapid Needs Assessment

When a sudden onset disaster strikes at a small to medium level emergency, a rapid needs assessment (RNA) is one of the first steps to take as part of the humanitarian community's emergency response. The RNA is a lighter, faster process that allows for the quick identification and analysis of needs in order to inform the development of initial response priorities. The RNA aims to facilitate decision-making and fast-track emergency response at the early onset of an emergency by providing consolidated needs information to the humanitarian community.

The RNA supports these objectives by following a standardized approach that will yield fundamental information on the needs of affected populations and the priorities for initial distribution of aid at the community level. The RNA provides an initial common understanding of the most pressing needs of affected areas and most affected groups. The RNA also informs and supports the design of subsequent needs assessments (MIRA, cluster-specific assessments) and analysis which are often more detailed and operational in focus.

A harmonized tool allows for various humanitarian partners (based on capacity, accessibility, availability, etc.) to support a common understanding of humanitarian needs.

Aims/Objectives of RNA: The overall objective is to help key humanitarian decision makers collectively understand and communicate on the nature and dynamics of a crisis in the first days after impact and to support the development of strategic humanitarian priorities.

I. Collect information on the scale and severity of the situation to enable decision-making on the immediate response.
    a. Location and estimated size of the affected population
    b. Identification of humanitarian needs and priorities of the different affected groups
II. Highlight information gaps that need to be addressed by MIRA or other cluster-specific assessments

Phase of emergency

The RNA should be deployed in the first phase of an emergency, under one week of the event. An initial report should be available within one week of the occurrence of the emergency.

Methodology/Sampling

<u>Secondary data collection</u>

A list of pre-existing sources of information should be made during the preparedness phase. Information should be compiled and analyzed within 48 hours of an event, and an initial report (approximately 3-6 pages) based on this secondary data should be made available within 72 hours of an emergency. Any initial field-level verification should also be included in this report.

Sources may include, but are not limited to: cluster and partner assessments, Department of Meteorology and Hydrology and other relevant previous-government or de facto authority reports, local partners, media, UNDSS. Main questions to address are:

- Which are the affected areas?
- What was the situation before the event?
- What is already known about the impact of the event?
- What/where are significant information gaps?
- Has a similar crisis happened in this area or any neighboring areas before?
- What were the lessons learned?
- How many administrative areas are affected?
- Estimated number affected? (if available, include SADD+Disability)
- Information on pre-existing vulnerabilities
- Existing population and demographic data
- Any other relevant information

Primary data collection

Key informant (KI) interviews: Given the need for rapid information after a sudden onset emergency, KIs for RNA data collection should ideally be pre-identified in order to both reach KIs and conduct data collection faster. Purposive sampling will be employed during the preparedness phase to identify KIs who have a strong understanding of the village/site/town they represent and who can provide information to the best of their abilities about the wider realities on the ground. Snowball sampling may be used to obtain additional KIs who have a strong knowledge of their communities.

Sample size: Given that KIs are speaking on behalf of the entire affected population for the RNA, ensure representation of vulnerable groups in the data collection with multiple KIs per affected location (site/village/town) in order to best triangulate data. To the extent possible, at least three key informants should be surveyed per affected location, with KIs from more than one category (see below), including women. When conducted in person, the same tool or paper-based form can be used with KIs together for a more rapid data collection.

KIs may include community members/representatives who have a strong understanding of their community and can speak on the overall needs on the ground, including:

- teachers
- health workers
- community leaders
- religious leaders
- camp/site leaders
- women and sectoral groups representative (if available and willing) from PWDs and LGBTIQ+
- youth and children (with parental consent/support)
- staff members or volunteers of local organizations located within the community with knowledge of the situation
- any other relevant KI

Enumerators/data collectors:

A pre-identified list of partners with the technical capacity to conduct data collection should be identified in the preparedness phase. These enumerators should receive training on RNA data collection - including handling possible disclosures of GBV, child protection or protection related incidents and its proper referral, prior to an emergency in order to be familiar with tools (paper-based, KoBo) and the direct observation component of the RNA.

Remote data collection: if access, insecurity, or capacity hinders on-site data collection, partners may conduct data collection remotely with a pre-identified list of KIs as a last resort. In a remote data collection scenario, the direct observation component of the RNA tool would be skipped, given that there is no enumerator at field level, unless it is conducted by a trusted partner with prior operational experience who can be guided through this component of the RNA.

Data protection and sharing

- Enumerators will not record any identifying personal information on the forms or in the KoBo except for the primary contact person for follow-up, with their consent. This information is not to be shared beyond the data collection agency and/or OCHA. Other names, personal information or shelter numbers should not be collected.

- Electronic forms should be submitted as soon as internet access (wifi or 4G) is available. Electronic forms should be deleted from the tablet or phone immediately after submitting/uploading to the KoBo server. Tablets and phones should be checked at the end of each day to ensure the forms have been sent and then deleted. Tablets or phones should not be left unattended and are suggested to be password-protected.

- If completed on paper, hard copies of RNA should not be left unattended in cars, nor taken home. Completed hard copies should be delivered to the assessment coordinator as soon as possible. If they cannot be delivered in hard copy, soft copies should be sent through safe online channels and then destroyed. If sent via email, files should be password protected, with the password sent separately.

- Only the assessment coordinator and assessment team will have access to the full raw dataset.. All final reports and shared datasets will be de-identified. De-identified, anonymized data is to be shared by the Assessment Coordinator with OCHA as soon as possible.

- Pre-identified lists of key informants should be kept with local partners who have a trusted relationship with KIs, including consent to keep their information in case of a sudden onset emergency. Contact information should be kept confidential in a password-protected file, with only necessary information recorded. This information should not be shared further.

- Non-disclosure agreements shall be signed between organizations/individuals collecting the information.

Phases, Actions, and Divisions of Responsibilities

Phase	**Time**	**Key Steps/Actions**	**Responsibilities**	
			Lead	**Contribution / Participation**
Preparedness	Before rapid escalation	Monitoring humanitarian needs	OCHA	Cluster coordinators
		Compile list of pre-existing information available from partners to be used as secondary data sources	OCHA	Cluster coordinators
		Identify existing humanitarian responders and community support mechanisms that the response can build on	OCHA	Cluster coordinators, humanitarian partners
		Develop harmonized RNA tools (form, KoBo)	OCHA/ NMA WG	ICCG
		Pre-identify list of focal points with technical capacity for data collection, analysis, report drafting; regularly update list	OCHA	ICCG NMA WG
		Pre-identify and maintain up-to-date local partners for RNA data collection and response	OCHA	ICCG NMA WG
		Pre-identify and maintain up-to-date KIs in geographic areas	OCHA NMA WG	Assessment teams
		Provide trainings to stakeholders on RNA methodology and coordination	OCHA NMA WG	ICCG, humanitarian partners
Emergency Meeting	i) As soon as a disaster that is likely to require	Decision to carry out RNA	ICCG	NMA WG

	intervention is known to have occurred ii) When early warning signal indicate a disaster that is likely to require response is imminent iii) When triggers have been reached for slow onset events that indicate response is required	Determine specific coordination responsibilities: ● Overall coordination lead ● Coordination of secondary data compilation ● Community level coordination lead and team ● Coordination of information management	ICCG OCHA	Cluster coordinators Cluster IMOs
Secondary data (pre-existing) collection	Within 24-48 hours of an event	Collect/share secondary data available	Assessment Coordinator	Cluster coordinators Cluster IMOs Stakeholders/ partner organizations
		Organize/analyze secondary data:	ICCG Assessment Coordinator	Cluster coordinators Cluster IMOs Stakeholders/ partner organizations
	Within 72 hours	Produce initial findings/reports based on pre-existing /secondary data	Assessment Coordinator	Field assessment team coordinator Assessment team
Primary data collection	Within one week of an event	Define scope of RNA (sites/villages/towns/ respondents sampling size, modality -remote/in-person)	Assessment Coordinator	Field assessment team coordinator Assessment team
		Re-confirm field-level relationships and prepare RNA team	Assessment Coordinator	Field assessment team coordinator Assessment team
		Identify key informants (site/village/admin level) among local partners, community leaders, teachers, etc.	Assessment Coordinator	Field assessment team coordinator Assessment team
		Prepare mission protocols and logistics arrangements as needed	Assessment Coordinator	Field assessment team coordinator Assessment team
		Conduct RNA	Assessment Coordinator	Field assessment team coordinator Assessment team
Analysis and next steps	Within one week of an event	RNA data cleaning, processing, and analysis	Assessment Coordinator	IMO
		Share de-identified data/analysis with OCHA/ NMA WG	Assessment Coordinator	

		Produce initial findings/reports based on combined secondary and primary data	OCHA NMA WG	Cluster coordinators Assessment Team
		Circulate findings/reports (to HCT, ICCG and relevant field-level partners)	OCHA NMA WG	Cluster coordinators Assessment Team
		Review and agree on key findings and decide whether there is a need to initiate multi-sectoral primary data collection (MIRA) and response	ICCG	NMA WG Cluster coordinators Assessment Team
		SEE MIRA SOPs	OCHA NMA WG	