Tracking humanitarian outcomes: towards a common service for the measurement of mortality and malnutrition in emergencies
Background paper for workshop convened by WHO, Geneva, 1-2 December 2005

Purpose

1. This background paper, seeks to stimulate discussion and advance the consensus on *measures* (standards and indicators), *methods*, and *systems* for assessing the performance and outcomes of humanitarian action. Specifically it proposes that trends in health and nutrition measures are vital indicators of humanitarian need and of humanitarian outcome. Selective coverage data can also provide insights into the speed and effectiveness of health and related responses. The paper recognises that these indicators are neither definitive nor comprehensive, but argues that they provide a strong starting point for discussion about the scale, nature and severity of crises and the strategy for response. The paper proposes the establishment of a *tracking service for the systematic measurement of these selected indicators in crisis situations*, and outlines a strategy for how this could be further developed.

Introduction

2. Contemporary debate on humanitarian system reform is about whether we are achieving what we set out to do: saving lives, reducing suffering, and protecting and promoting the dignity and rights of people affected by disasters and crises. It is concerned also with realising in practice humanitarian principles, and in particular a shared commitment to impartial response at a global and country level. These debates have been characterized by a number of themes.. These include:

- the need to assess needs with objectivity and transparency.
- the requirement to focus on outcomes rather than inputs or processes only.
- the importance of ensuring that resources are allocated according to assessed priorities.
- the importance of adequate and appropriate capacity to deliver assistance predictably, when and where it is needed.
- the crucial role of clear, accountable leadership at global, country and sectoral levels.

3. Addressing these concerns requires, among other things, clarity of purpose, as well as means for measuring progress against our objectives in a particular crisis. However, humanitarian actors, including international and national workers, host governments and donors, seldom know whether, and to what extent, their actions have impact on the survival, livelihoods, and dignity of those affected by a crisis. Additionally, data are too often derived from varied sources using un-standardized methods and cannot be easily collated to establish baselines, make comparisons,

track trends, and otherwise use for evidence-based decisions and actions. Finally, while much valuable data is collected at the level of individual projects or regarding the outputs of particular interventions, there is rarely either sufficient or consistent evidence on whether humanitarian outcomes are improving or deteriorating at the level of the crisis situation as a whole.

4. Mortality and malnutrition data provide one important part of a wider foundation for monitoring trends in humanitarian outcomes. They are not definitive, of course. It would be insulting to those affected by catastrophe to assume that their suffering could be reduced to cold statistics. Equally, however, failure to measure how many people are dying and how many are suffering from acute malnutrition renders those affected by calamity simply invisible. In other words, data regarding trends in mortality and malnutrition provide vital insights into the scale and severity of a crisis and into whether conditions are improving or further deteriorating.

5. Humanitarian assistance actors are not the only or even the primary bodies that determine humanitarian outcomes. As the Rwanda evaluation starkly concluded, national governments and other political actors have the primary responsibility for determining whether people have access to the means of survival and are protected from violence. Humanitarian outcomes have to be understood as the result of the collective efforts of communities themselves, responsible political parties as well as the international community. Trends regarding mortality and malnutrition can, however, be helpful in prompting questions about why things are deteriorating, provide insights into the nature of risk facing populations and so inform a policy response by the humanitarian system.

Scope

6. This nexus of issues and challenges is what we wish to address through a potential *"Humanitarian Outcomes and Performance Tracking System".* Insights for the development of such an approach come from a number of perspectives. These include the significant development of standards, indicators and shared methodologies by the NGO, academic and donor sectors. Of these Sphere and SMART are the most notable and widely known. It has been informed also by the efforts of the ERC to promote greater sectoral coherence and effectiveness, the Good Humanitarian Donorship Initiative[1], and debates on aid harmonisation and effectiveness. Each of these different initiatives is concerned with different elements of a benchmarking system as they might be applied in the humanitarian sector (see Box 1).

Box 1: What do we mean by a 'benchmarking' system?

[1] The Good Humanitarian Donorship initiative seeks to enhance the quality of donor performance in humanitarian response by promoting the concept that their resources should be allocated on the basis of most urgent humanitarian needs. To achieve this, (ie respond proportionately to need and identify and meet resource gaps) , donors need to understand the severity and scale of needs in a crisis situation, and to have the mechanisms for responding in a timely and predictable manner, with minimum transaction costs imposed on agencies receiving their grants.

There are numerous definitions of benchmarking, but essentially it involves learning, sharing information and adopting best practices to bring about step changes in performance. In practice, benchmarking may be considered as a process of setting standards for various criteria and periodically confirming that these standards are being met. Benchmarking of services often requires more than one standard / criteria statement in order to provide a comprehensive picture of the response. In many fields, standards and related indicators and method statements (*benchmarks)* are applied in an operational framework. This links the definition of standards, with planning and monitoring systems that can identify existing practice, assess its impact and identify the need for change.

7. Against this background, the focus of the workshop and this background paper are on the systems and arrangements that need to be established to track indicators for health outcomes of crisis-affected populations, and some indicators for coverage/performance of critical public health and nutrition interventions.

Where are we now?

8. Mortality and acute malnutrition are now widely accepted as key humanitarian outcome indicators, which can be used to judge the severity of a crisis and to support advocacy and response efforts. Indeed, mortality and acute malnutrition data provide "powerful numbers". When properly expressed they can force attention, for example in the IRC landmark mortality survey of 2000 that put the tragedy of the Democratic Republic of Congo on the humanitarian agenda. The work of SPHERE and SMART - have pioneered work on standards, indicators, their reference values, and on methods for their collection in the field of mortality and malnutrition, amongst others.

9. In order to make any comment on the adequacy of response, it is recognized that mortality and malnutrition statistics alone are not enough: they must be complemented by other indicators of coverage and performance of the humanitarian response. There is also the need to consider other contextual factors to help explain geographical differences and time trends. Furthermore, even if there are best practice methods for collecting data for these indicators, the security and logistic challenges in many crisis situations pose practical problems for the deployment of adequate technical capacity to do the necessary work to the desired standards.

10. The Needs Analysis Framework for the Common Humanitarian Action Plan (CHAP) has made a start towards becoming more explicit and consistent in how needs are to be described, by using, among others, SPHERE as a basis for indicators. The CHAP is a substantive coordination tool and it deserves a mention here because it provides a model of inter-agency use of information for planning. It is led by the UN Humanitarian Coordinator, but provides a framework for the UN family of agencies to work together with NGO and Red Cross partners and others to provide an analysis of need and to prepare a strategic response. The CHAP is the pre-cursor to the CAP – the resource mobilisation tool. The CAP/CHAP processes are the nearest things we have to a shared analysis of need and a costing of the required response. In some countries, such as Sudan and the Democratic Republic of Congo, systems exist for monitoring and evaluating the implementation of the humanitarian work plans over time. In many countries, however, both CAPS and CHAPs remain somewhat cumbersome processes and quality improvement is slow.

Box 2. Technical papers for this workshop

In preparation of the workshop, experts were commissioned to review current debates and areas of consensus on mortality, acute malnutrition and coverage. There papers will be available to the workshop. In outline:

The review on **mortality** covers current indicators, standards and methodological approaches relating to mortality in crises. It discusses pros and cons of relative versus absolute emergency thresholds, the three main approaches in collecting information on retrospective mortality and the relative merits of surveys versus prospective surveillance. The review concludes by raising a number of technical and institutional questions around indicators, thresholds, and data collection and measurement issues.

The review on acute **malnutrition** deals with the role of nutritional information, and in particular of acute malnutrition among young children for assessing the nature of severity of the crisis. It identifies the areas of consensus and outstanding technical and institutional issues and makes recommendations on establishing an international system for assessing the nature and severity of the crisis. It then identifies a range of technical, institutional and capacity issues that need to be addressed and require wider discussion between both technical experts, and senior policy makers and within the context of the wider UN reform processes.

As far as **coverage** is concerned, indicators and standards are examined that are currently used to measure coverage of the entire population and, where relevant, of the target population for specific basic services. Different calculations are currently in use for measuring the coverage of interventions, and broader programmes and services, respectively. Some indicators can also be used to establish baselines and measure changes in coverage over time, for example, after an intervention.

11. These matters prompted the Deputy Emergency Relief Coordinator to convene an interagency meeting on Geneva in November 2004 which recommended the development of standard procedures and coordination mechanisms for the collection, interpretation and communication of mortality, nutrition, etc data to inform these inter-agency planning and resource mobilisation processes. WHO was asked to take this forward. DFID has supported this work, as part of its commitment to promoting improved benchmarking of global humanitarian response.

12. Over the past year, health, mortality and nutrition surveys of varying degrees of comprehensiveness have been conducted in Darfur, northern Uganda, Niger, and currently in progress in Malawi. Important lessons have been learnt on design, data collection and analysis, and reporting and management aspects.

13. In parallel, the 2005 Humanitarian Response Review commissioned by the Emergency Relief Coordinator has set out specific areas for improvement to the predictability and accountability of the international humanitarian system. At the heart of this is the "cluster approach" under the framework of the IASC which assigns critical responsibilities to specific agencies to lead and convene sectoral areas, including responsibility for tracking performance and outcomes, as a core function.

What should a *mortality and malnutrition Tracking Service* look like*?*

14. As already argued, current information arrangements are poorly coordinated, untimely, methodologically expensive, and fragmented. We need to generate a predictable, robust overview of key trends that can be disaggregated to shed light on

particular, spatial, demographic, gender, cause-specific, etc. aspects, so as to provide a more informed context for humanitarian action.

15. Thus the purpose of the proposed Tracking Service could be to provide impartial and timely analysis on the health, mortality and nutrition status of populations of humanitarian concern, so as to permit objective judgments to be made on crisis severity and trends, and to guide effective humanitarian action including the allocation of resources and the targeting of interventions.

16. The outputs of the Tracking Service would be an analysis and presentation of key health and malnutrition indicators, together with selected indicators for health coverage, and explanatory variables. These would be presented in a standardized format that would permit comparisons of trends over time within a crisis, and between different crisis situations. The specific targets for 2006 would be, subject to resource availability and agreement on methods and framework, to "track" new major disasters and an agreed number (eg 2 or 3) of current, major disasters. The longer-term intent would be to enable a global picture to be built up and maintained of the status of populations of humanitarian concern around the world.

17. The specific activities to deliver the above outputs would entail

- Adoption of the package of health, mortality, and nutrition indicators to be used by the Tracking Service, including agreed standards and methods for data collection, processing, analysis, and publication, and quality control;
- Production of a standard manual and operating procedures for the Tracking Service;
- Selection and training [2]of service partners and supporting the development of their capacity to conduct the work (collaborating institutions and individuals);
- Arrangements for the management and governance of the Tracking Service;
- Confirmation of targets (see above) to be delivered over the first year;
- A predictable system of financing and mobilization of resources for the Tracking Service

18. It would be most efficient to utilise existing mechanisms and capacities and to enhance them further as needed to take on this work. Thus, the Health and Nutrition Clusters could be asked to take on responsibility for such a Tracking Service, as a joint activity, as part of their normal workplans, and on behalf of the IASC Working Group, reporting results and progress through the Cluster machinery currently being established, including the common website set up by the IASC Secretariat.

19. While the framework for data collection and analysis would need to be established globally, at a country level, demand to establish a tracking service in a particular country would be expected to come from the Humanitarian Coordinator, or in rare cases through the ERC at the request of the IASC. Thus, the service would be demand driven, designed to fit into the seasonal, funding and other contextual requirements of specific emergencies.

20. In similar spirit, the Tracking Service would be expected to take full advantage of the information systems already in place, and benefit from what agencies are

[2] This will require tailored training and could also be supported in the context of HEAR-NET (Health Emergency Action Response Network) - a flagship initiative of the IASC Humanitarian Health Cluster.

already doing when collecting data according to their programmatic needs. The basis for effective coordination in data management is that each agency collects information according to its needs, but makes sure that there is a common, shared, mutually intelligible core data set. Thus the proposed Service will draw on existing information, with the aim of incrementally improving the coordination, quality and standardization of the collection of mortality, nutrition and performance data, thus reducing the wastages and the costs associated with un-coordinated surveys, studies and other such exercises.

21. Solid technical quality is an important guarantee of political independence. The entire data collection and analysis process should be backed by robust technical and operational protocols, as well as implemented by independent experts, who should not be influenced by political considerations. External experts - with proven track record in field epidemiology and health information management - can best ensure this. They would also be called-upon to act as short-term trouble-shooters in the field or distance-based peer-reviewers in critical phases of the survey (design of the protocol, data analysis, release of the report). They can be also requested by the Humanitarian Coordinator to validate the results of surveys, in consultation with the local group of experts.

22. Timely dissemination of the information is a critical component of the service: once data become available, their prompt release is a humanitarian imperative, to reduce the human cost of each day lost to action. In the area of communication, best practice protocols and guidelines need to be developed in order to reduce the risk of mis-interpretation and manipulation of findings, which is so frequent in the case of mortality and nutrition data in complex emergencies. Use would be made of existing mechanisms for dissemination of malnutrition and mortality data, such as the Standing Committee for Nutrition, ReliefWeb, IRIN etc. See box 3 for the ideal characteristics of the Tracking Service.

Box 3. Ideal characteristics of a Tracking Service

Robust	Need for data to be credible and verifiable, methodologically sound, and current.
Timely	Data would need to be available at key times – both in terms of planning cycle, but also to respond to changing contexts
Comparable	Important to be able to compare data over time, between locations and over time
Useable	Findings would need to be presented in an accessible format, need for read across between mortality and malnutrition
Cost-efficient	*Not* replicating data/collection capacity, where possible uses existing data and/or data collection capacity
Accessible	Findings would need to be available in an appropriate format to all stakeholders (government, donors, UN, NGOs, RC etc) whether at HQ or field locations
Predictable	Need to know that these data would be collected for all crises, in a standardised way, as a core humanitarian service activity
Inclusive	Not just owned/managed by UN, but other stakeholders, particularly including NGOs
Flexible	Diverse contexts with different capacities, needs, time frames
Demand driven	Need to be done where there is demand, especially from HC, UNCT and/or IASC
Comprehensive	Need to maximise coverage of data to ensure all relevant populations included
Safe	Security of those undertaking surveys and participating in them is paramount

23. In substantive terms, the Tracking Service could be conceived of as an arrangement agreed by the IASC – which remains the sole inter-agency body that brings together the UN, Red Cross and NGO operational communities. The IASC, then, would ultimately 'own' the system. The IASC might then delegate responsibility for the development and management to the Health and Nutrition Clusters. The major advantage of these clusters is that they include NGO and Red Cross partners,

along with the major UN agencies working in these fields. The clusters acting jointly, would draw on a network of collaborating institutions to ensure that they have capacity to supply technical resources, when required, to conduct tracking studies according to the common agreed methodology. The call-down and management of that capacity for the conduct of a particular tracking exercise in a country crisis situation, would lie with the UN Resident or/and Humanitarian Coordinator concerned, following in-country UNCT/IASC Team discussions.

24. Financing the Tracking Service would thus have two components: (a) a global component, funded centrally, concerned with the normative aspects (standards, protocols, guidance, maintaining quality, reviewing trends), and establishment (including training and terms of contracting) of a network of institutions available to conduct the tracking work; and (b) funds within country humanitarian programmes and appeals to allow RC/HCs and country teams to buy the services of collaborating institutions to conduct specific tracking exercises, as decided by them. As this is still an emerging approach, there may be a need (as part of the first component) to allow some limited funding for "pump priming" a first generation of tracking studies - to demonstrate their benefit, learn methodological and organisational lessons, and refine the Service.

The workshop

25. During the course of the workshop, we will concentrate initially on what is known about the collection and use of health, mortality, malnutrition and coverage data, confirm points of consensus and identify the critical issues that need further work. The workshop will provide the basis for discussion on an institutional framework for a Tracking Service to be eventually endorsed by the IASC.

26. Subject to discussions at the workshop, it could consider recommending next steps as follows:

- Requesting the IASC to endorse the development of a common Tracking Service for health mortality and malnutrition, delegating responsible for this to the Chairs of the Health and Nutrition Clusters;
- Requesting the Health and Nutrition Clusters to develop a joint proposal to establish a Tracking Service, drawing on expertise from other relevant stakeholders and independent advisers and submit this to donors by the end of February 2006. This proposal would provide a strategy for developing standing capacity for developing the tools for such a tracking service as well as the institutional framework required to manage such a system – training, standard setting, and development of peer review processes. It would include plans for a roll-out in 2-3 new disasters in 2006 and 2-3 existing crises.
- As part of the Good Humanitarian Donorship initiative to request donors to review whether and how they use mortality and malnutrition data to inform resource allocation and other decisions.
- Requesting the CAP Unit within OCHA to consider implications and revise guidelines for preparation of CAPS and CHAPS.