

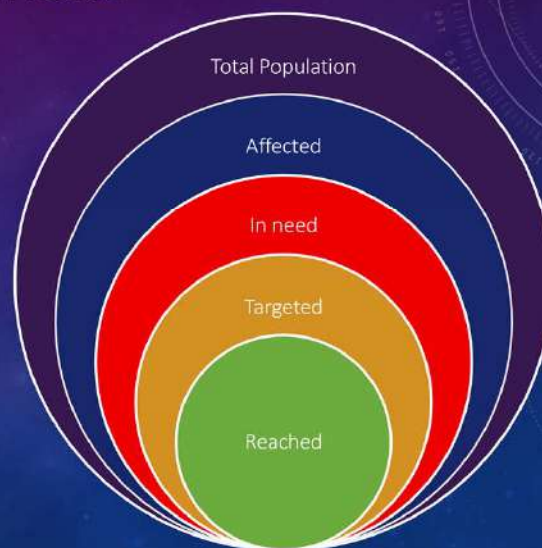
The background of the cover is a gradient from dark purple to dark blue. On the left side, there are several overlapping circular patterns, some solid and some dashed, with arrows indicating a clockwise direction. A prominent circular scale is visible, with numerical markings from 150 to 260 in increments of 10. The title 'HUMANITARIAN CASELOADS' is centered in the right half of the image in a white, sans-serif font.

# HUMANITARIAN CASELOADS

DEFINITIONS, ESTIMATION, STANDARDS AND GOVERNANCE

## TERMINOLOGY AND DEFINITIONS

*The "onion model"*



Respondents were asked how they define within their cluster or operation the following categories: "population living in affected area", "population affected", "population in need," "population targeted" and "population reached" (see onion model).

### **AFFECTED POPULATION**

Population in affected area was the first category, but this was confused with the second (understandably). The first should read total population (of a country or region of concern).

Respondents confirmed the use of geographic boundaries of a crisis (where occurred or is occurring) to delineate an "affected area" and relied upon census data and/or pre-existing figures of the total population to calculate the population living in this area.

Many respondents didn't know the definition used

or used the same figures for the "population living in affected area" to define the category.

**Affected but not requiring a response (i.e. not in need of anything).** Some respondents highlighted that there is a need to take into consideration criteria such as "coping mechanisms" and "vulnerability" to determine who is "affected" as those with low

vulnerability and a high capacity to cope might not be in “need” and thus are simply “affected”.

When asked specifically about the definition of being “affected”, many of the respondents talked about populations that experienced negative effects as a result of a crisis.

*Directly & indirectly affected:*

When making the distinction between being “directly” and “indirectly affected”, respondents defined “directly” as (i) being exposed to a human right’s violation/protection incident; (ii) being faced with an immediate threat from a crisis; (iii) being (geographically) in close proximity to a crisis; or as being physically/emotionally impacted.

Indirectly affected was defined as having experienced secondary effects of a disaster/crisis, such as (i) economic fallout or infrastructure being damaged; (ii) as not being directly impacted physically and/or emotionally; or (iii) as having been geographically distant from the center of a crisis. Host communities were cited as a population group being “indirectly affected”.

## **POPULATION IN NEED**

“Population in need” was defined as those that require some type of humanitarian assistance or intervention due to the crisis.

The type of population being “in need” was sometimes linked to a specific sector, e.g. the protection cluster or a sub-set of the population of a specific age group, **e.g. malnourished children.**

### *Severity Parameters*

Participants were asked what parameters they use to determine the degree/severity of needs of the affected population and to differentiate, for instance, between “**people at risk**”, “**people in moderate need of assistance**” and “**people in acute (urgent) need of assistance**”. Respondents in their answers did not differentiate between parameters for conflict or sudden onset disasters.

The main differences reported in approaches to determine severity parameters related to:

- The conceptual and measurement model (i.e. **measuring risk based on physical environment criteria, vulnerability criteria or being part of an affected group**)
- ~~The type of data available (and the method used to obtain them) and the different possible categorizations based on each type.~~

Different conceptual and measurement models were described by respondents, based on several data sets:

**Estimations based on physical environment criteria:** This model uses **characteristics of the impacted geographical area** that increases **exposure to threats or risks of the population living** in this geographic area. **Distance to the main event** (e.g. to the center of the storm/typhoon), intensity of impact (i.e. category of the hurricane, magnitude of the earthquake, etc.), aggravating factors (i.e. altitude) or vulnerability of infrastructures to specific types of disasters are captured and used as a proxy to identify the most (severely) impacted geographical areas. Consequently, the number of people living in the affected area (or a segment of them) is used to estimate the number of people at risk or the number of people affected. The list of parameters can vary according to the type of disaster, the time of the year (i.e. winter or summer, rainy season, harvest period) and the location (i.e. crops affected by a typhoon in a highly agricultural dependent area).

**Estimations based on vulnerability criteria: Demographic, socio-economic,** political or religious characteristics of the population are used to determine the vulnerability of specific segments of the population or their exposure to specific threats. Most common criteria are:

- Demographic based, i.e. sex and age
- Livelihood based: farmers, pastoralists who can be affected differently by different types of hazards
- Religious, ethnic or political affiliation based, i.e. targeted violence against a certain minority group
- Family composition/status: Female-headed household, unaccompanied children, etc.

The choice of vulnerability criteria is highly dependent on the type of crisis and lessons learnt from past disasters. The number of people who match the vulnerability criteria or a combination of them is used to estimate the number of people at risk, the number of people affected or the number of people in need.

**Estimation based on the humanitarian profile:** An extension of the vulnerability criteria is commonly used when affiliation to a pre-defined affected group is determined. This is typically the case when the humanitarian profile classification is used, distinguishing between population groups who are displaced or not displaced and subsequent sub-categories, i.e. IDPs in public buildings, IDPs with host family, etc. The number of people within each category or sub-category is used to estimate the total number of people at risk, affected or in need.

In some instances, a combination of the above methods are used, each estimate being used as a “boundary” of the others (i.e. the estimates obtained based on the humanitarian profile cannot exceed the estimates based on physical environment criteria).

**Estimations based on conditions and status at different sector level:** The last measurement model is based on information related to the conditions and status of the population, typically obtained through field assessment or random surveys, i.e. SMART, EFSA, Cluster surveys, etc. Based on an agreed threshold (Sphere standards, international thresholds, cut-off points, etc.), the number of people falling over or below the threshold is used to estimate the number people affected, the number of people in need and the number of people moderately or severely in need. (Example: number of people having

access to 15 litres safe water per day).

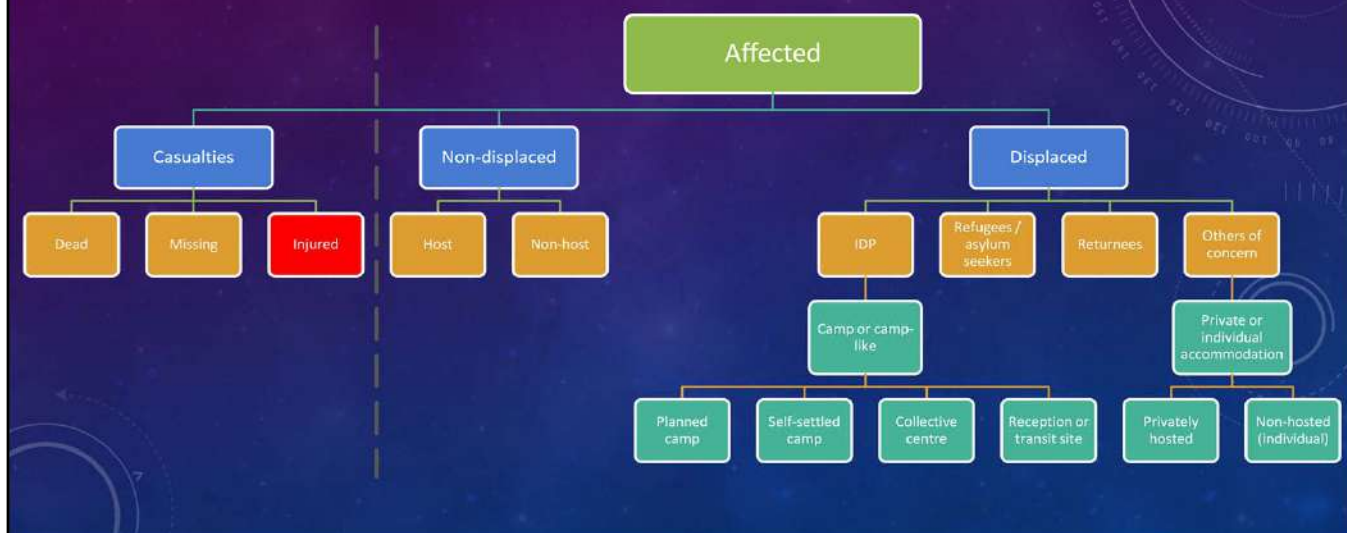
### **POPULATION TARGETED**

When asked what definitions were used for “population targeted”, several responded that they didn’t know the definitions used for targeted populations or used the category itself as the definition. The remaining, when defining targeted populations, talked about prioritizing those that have the greatest need, referencing Sphere, or those that have special needs and are particularly vulnerable. They talked about populations that require life-saving interventions. The ability to access populations was noted when defining targeted populations, as well as organizations’ capacity to respond and available funding. It was mentioned that organizations’ programming determined the “population targeted” and that often for the protection sector/cluster “population in need” and “targeted” were one and the same.

### **POPULATION REACHED**

When asked how they defined “population reached” the majority of respondents said it was an estimate of the number of people who had received humanitarian assistance or services of some kind. They cautioned that summing up the number of people receiving assistance within or across clusters can lead to double counting and that often times those that receive assistance aren’t always those that have been targeted.

## HUMANITARIAN PROFILE CATEGORIES



This approach aligns to methods of estimation using vulnerability criteria.

The number of people in each category is used to estimate the total number of people at risk, affected or in need.

### **AFFECTED POPULATION**

Population in affected area was the first category, but this was confused with the second (understandably). The first should read total population (of a country or region of concern). Respondents confirmed the use of geographic boundaries of a crisis (where occurred or is occurring) to delineate an “affected area” and relied upon census data and/or pre-existing figures of the total population to calculate the population living in this area.

Many respondents didn’t know the definition used or simply used the same figures for the “population living in affected area” to define the category. However, some respondents made a difference between those being “affected”, i.e. IDPs versus those being “non-displaced” or being the “host community”. Some respondents highlighted that there is a need to take into consideration criteria such as “coping mechanisms” and “vulnerability” to determine who is “affected” as those with low vulnerability and a high capacity to cope might not be in “need” and thus “affected”.

When asked specifically about the definition of being “affected”, many of the respondents talked about populations that experienced negative effects as a result of a crisis.

*Directly & indirectly affected:*

When making the distinction between being “directly” and “indirectly affected”, respondents defined “directly” as (i) being exposed to a human right’s violation/protection incident; (ii) being faced with an immediate threat from a crisis; (iii) being (geographically) in close proximity to a crisis; or as being physically/emotionally impacted.

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***Humanitarian Profile***

**The humanitarian profile, which is explained in more detail in the IASC Guidelines, uses a hierarchical structure of 21 different mutually exclusive categories to systematize different types of the overall population with “affected” and “not affected” as the primary classifying element. Consequently, the survey asked about how operations were using (if at all) this classification tool to identify and define “affected population”.**

**Only 5 out of 19 respondents indicated using the humanitarian profile or a variation of it to categorize affected populations. Six indicated not using it at all, and two responded that they didn’t know if it was used.**

**Overall, respondents identified 54 other categories to systematize the humanitarian profile which were not mentioned in the IASC Guidelines. Out of the 21 categories suggested by the IASC Guidelines, 10 were reportedly used; however, as many as 7 categories were reportedly used out of the 10 so-called standard categories.**

## ESTIMATING 'PEOPLE IN NEED'

### First days

- Census with a geographic component
- Situation reports
- Satellite imagery
- Few used estimation techniques over assessment

### First weeks

- Sector specific with increased info on vulnerability
- More demographic attributes (sex, age, special needs, specific on children)
- Mostly through assessments (as opposed to estimation)

### First months

- More detailed demographics
- More detailed sectoral factors
- More primary data collection
- Registration (counting)

*Protracted crises: there was an expressed need to have access to more detailed, disaggregated demographic information*

### **First Days of an emergency**

In the first days of a crisis, respondents reported that data with estimations derived from census or other population data with a geographic component are used to establish figures for “people in need”, e.g. IDPs in a certain geographic area. “People in need” were often defined in general terms, e.g. “number of IDPs” or “children with SAM/MAM”. The data sources on which those estimations are based vary greatly, from government/partner reports to satellite imagery and Situation Reports. Many different methodologies are used to establish these figures with “assessments” being the most commonly mentioned; estimation, observation and information from government were mentioned less often.

### **First Weeks**

In the first weeks of a crisis, the data used to estimate/calculate the number of “people in need” becomes more sector-specific and includes increasingly more information on specific vulnerabilities per sector. The data collected contains more demographic attributes such as age and sex disaggregation, special needs and specifics about children. With regards to data sources to estimate figures, more and more actors undertake assessments which then are subsequently used as the basis for estimations.

### **First Months**

As the crisis evolves, the data used to calculate “people in need” becomes more detailed



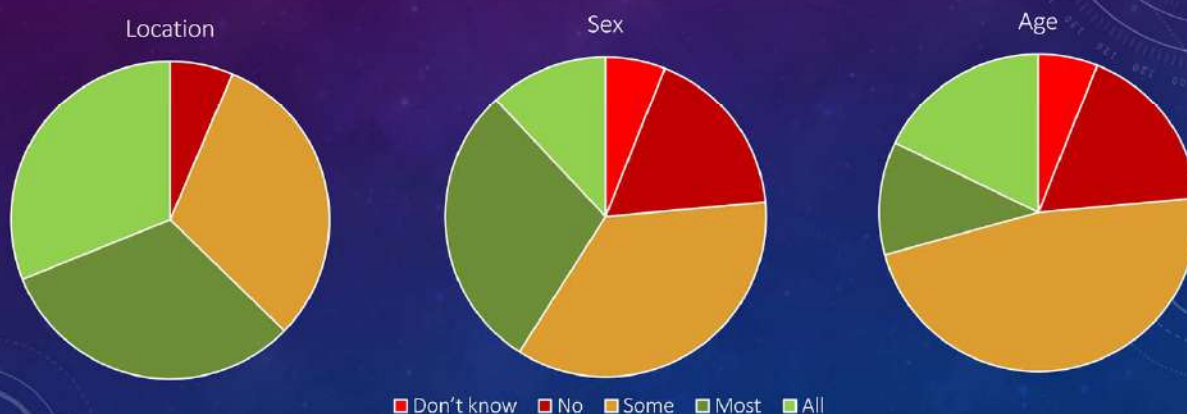
demographically and more sector-focused with more primary data being used than earlier in the emergency. Instead of “number of IDPs”, “number of households” are used as defining criteria. Different vulnerable groups start being used for disaggregating further sectoral data, from the early days. Registration or “counting” was cited as being one of the main methods for establishing figures of “people in need” at that point.

### **Protracted Crisis**

For protracted crises, there was a need to have more detailed data (e.g. PALW, persons with disabilities) to define the numbers of “people in need”. Data sources and methodology used are the same as for sudden onset emergencies, i.e. governments, assessments, etc.

## LOCATION, SEX AND AGE

*Are you typically able to collect data disaggregated by location, sex or age?*



Data disaggregation in the first months of an emergency varies, depending on the disaggregation type. According to the respondents, data by location is more readily available than other types of disaggregation, followed by sex and then age.

It was also noted that country-wide coverage for any disaggregated data was difficult, meaning it may only be available for some parts of the country. The graphs illustrate the availability of the three different types of disaggregation in the first months of a crisis.

## CALCULATING/ESTIMATING FIGURES

- The type of data used and needed becomes more detailed over time
- Operations tend to focus on geographic characteristics, e.g. # IDPs in affected areas, followed by more detail on conditions and/or status and vulnerability
- Depending on the phase, methods start with rapid estimation methods (secondary data and purposive sampling) shifting later towards representative techniques

## POPULATION TARGETED

- Many did not know of any definitions used
  - Many used the category itself as the definition
  - Some definitions offered:
    - Those with the greatest need (referencing standards like SPHERE)
    - Those most vulnerable
    - Those that require life-saving interventions
    - Those who can be accessed
    - Those where there is capacity to respond
  - ‘In-need’ and ‘targeted’ were sometimes used synonymously
- } Response triggers
- } Response opportunities

### POPULATION TARGETED

When asked what definitions were used for “population targeted”, several responded that they didn’t know the definitions used for targeted populations or used the category itself as the definition. The remaining, when defining targeted populations, talked about prioritizing those that have the greatest need, referencing Sphere, or those that have special needs and are particularly vulnerable. They talked about populations that require life-saving interventions. The ability to access populations was noted when defining targeted populations, as well as organizations’ capacity to respond and available funding. It was mentioned that organizations’ programming determined the “population targeted” and that often for the protection sector/cluster “population in need” and “targeted” were one and the same.

## POPULATION REACHED

- The 'number of people in need who have been the beneficiary of one or several humanitarian activities'
- Activities include goods, services, training, etc.

## POPULATION COVERED

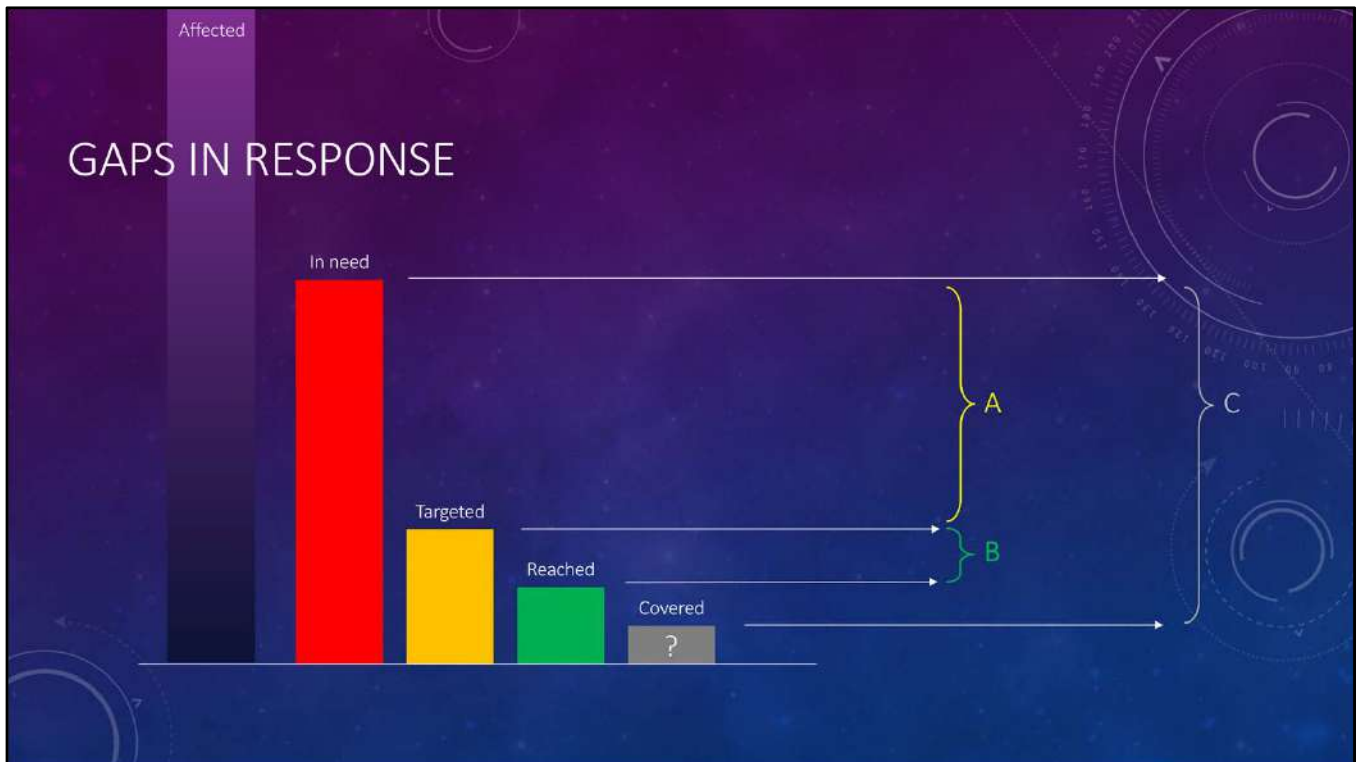
- The 'number of people' whose needs across sectors have been fully met or whose status/condition has returned to normal
- Once classified as 'covered' those people are deducted from the in-need figures
- The challenge of covering needs of a repetitive nature (water, food, education, etc) was not mentioned

### **POPULATION REACHED**

When asked how they defined “population reached” the majority of respondents said it was an estimate of the number of people who had received humanitarian assistance or services of some kind. They cautioned that summing up the number of people receiving assistance within or across clusters can lead to double counting and that often times those that receive assistance aren't always those that have been targeted.

## DOCUMENTED STANDARDS

- Very few standards for estimating people **in need**
- It is generally agreed that estimating people **in need** should be sector specific
- No agreed standards for estimating people **targeted**
- Definitions of target figures varied between capacity to meet needs (caseload) vs. those most in-need
- No agreed standards for estimating people **reached**



Respondents were asked how they estimate gaps in response provision in their respective clusters or operations. Two distinct approaches were outlined one response-based and the other needs-based.

- Some operations are measuring the difference between population targeted by the response and population reached by humanitarian activities (based on activity and beneficiary tracking), to identify the gap. **Gap = People targeted – people reached.**
- Some operations assess gaps using a needs monitoring approach. **Gap = People in need (but unassisted).**

None of the respondents mentioned using **Gap = People in need – people covered** to estimate gaps, which reflects the most comprehensive method to measure gaps, however this requires regular and effective measurement of both needs and response.

## GOVERNANCE

- More than half of the survey respondents said that no governance or agreed processes were in place for validating or endorsing population figures
- The main challenges related to a lack of agreed definitions, or undocumented procedures for reconciling multiple datasets, or a lack of alternative sources to triangulate, verify and validate
- No jointly-agreed or harmonized methodologies for data collection were identified
- Very few were aware of existing guidance on the humanitarian profile (2011) as part of the Common Operational Datasets (CODs)

*“It is the responsibility of the Humanitarian Coordinator (HC) or delegated individual to decide how political concerns impact any Humanitarian Profile datasets that are published and address those concerns appropriately. Effectively, the HP needs not only a sound and documented technical basis but also the political approval from the HC as well as the Humanitarian Country Team (HCT)”*



## KEY OBSERVATIONS

- Population figures in the first days of an emergency are based on approximate estimates using available census data or other sources, to geographically delineate the “affected population” from the rest of the country’s population.
- As an emergency evolves, more sector-specific data is collected, using estimates that rely on secondary data and more reliable primary data to measure conditions of specific parts of the population.
- Definitions on categories (“people affected”, “in need”, “people reached”, etc.) are not consistently applied.
- The Humanitarian Profile is used to some extent; however, a great variety of other categories have been identified by operations which are not part of the IASC Guidelines.
- While many respondents noted a coordination body was responsible for agreeing on and validating figures, that process was seen as problematic; among the reasons cited were lack of (i) agreed upon definitions, (ii) documented procedures for reconciling and aggregating multiple datasets and (iii) sources to triangulate results.

## RECOMMENDATIONS

- Provide definitions for the different categories (“onion model”).
- Consolidate documentation of best practices for estimating population figures in those categories
- Develop minimum standards for data collection, processing, aggregation and dissemination
- Define governance (management of the process and validation) and process structure for validating and endorsing population figures
- Defining the why?
- How to operationalize the guidance?