

## *RHRC CONSORTIUM MONITORING AND EVALUATION TOOLKIT*

### *RAPID ASSESSMENT PROTOCOL*

**Purpose** The purpose of this tool is to help you rapidly gather information and identify the basic reproductive health needs of the population. In the emergency phase, the information will be used to quantify the emergency, measure its current or potential health impact, assess the existing response capacity and adapt strategies and plans accordingly. The assessment is meant to be “rapid,” i.e., carried out in a limited time. Once a project has begun, periodic assessments can be used to evaluate its progress towards achieving objectives.

**Description** Four primary methods of collecting data for rapid assessments include:

- Review of existing information
- Visual inspection of the area (mapping)
- Key informant interviews
- Rapid survey (with a smaller sample size than in a traditional sample survey)

#### ***Ethical Considerations***

##### *Approvals*

Before you begin a study, you must obtain certain permissions for ethical, political and logistical reasons. Some groups you may need to obtain permission from include UNHCR, Ministry of Health, civil authorities in your district, community representatives, your own organization and partner organizations. The consent of the individuals interviewed is always required.

##### *Informed Consent*

Every respondent has the right to refuse the interview, or to refuse to answer specific questions. The interviewers must respect this right.

##### *Privacy*

It is important that an interview with each respondent (key informants, survey respondents) be conducted in a manner that is comfortable for her or him, and in which she or he is able to speak openly and honestly.

No other adult man, woman or older child should be present or able to hear the interview. Small children may be present. If the respondent indicates that she or he is uncomfortable holding the interview at the home, the interview can be done at another place or at a later time.

##### *Confidentiality*

The interviewers may not discuss the respondent's answers with anyone, except the supervisor when clarification is needed. Respondents' names or other identifying information should not appear on questionnaires; there should be no way to link specific responses to a specific respondent.

## **Data Collection Forms**

### *Review of existing information:*

Before beginning your field work, review any information on the displaced population and the host country that has already been gathered by others such as Ministries of Health, UN agencies and NGOs. If you have internet access, many types of data and information can be found on the web.

### *Visual Assessment/Mapping:*

Mapping can be as simple as walking around the affected area or camp and drawing roads and structures on a piece of paper or as sophisticated as using Global Positioning System technology.

### *Key informant interviews:*

The information collected should include the key informant's view of pre-existing conditions and practices, current situation, size and distribution by age and sex of the population, changes in practices since movement, adequacy of current services and priority needs of the population. [Click here](#) to review the RHR Consortium's Needs Assessment Tool for Refugee Leader questions.

### *Rapid survey:*

[Click here](#) to see the protocol for community-based survey. In a rapid assessment, however, the survey tool should be short and contain questions pertaining only to the information needed to identify basic RH needs.

### *Rapid Assessment Checklist:*

This is a checklist of topics and information to gather prior to departure from home base or headquarters, at the country level but pre-field assessment, and then at the time of the field assessment. [Click here](#) for an example of a rapid assessment checklist. . [Click here](#) for an example of a rapid assessment checklist specific to reproductive health.

## **Sampling Plan**

It is recommended that you collect data from at least two different sites within the area of interest to increase your confidence that the information collected applies to the area in general.

When conducting a visual assessment of the setting, you should take note of the location of latrines, water sources, health facilities, resources, security, population distribution, etc.

Key informants are individuals who would have knowledge of local culture, health status, roles, etc. They may include refugee leaders, leaders of women's groups, leaders of youth groups, health workers, local government officials or camp administrators.

A rapid survey should be carried out following the cluster sampling procedure described in the [Community-based survey protocol](#).

### **Data Collection Procedures**

Data collection procedures for specific methods are described in each protocol.

- [Click here](#) for the In-depth interview protocol.
- [Click here](#) for the Community-based survey protocol.
- [Click here](#) for the Facility assessment protocol.

### **Assessment Team Characteristics**

An assessment team may consist of 1-3 people, including those with clinical, research, management and public health skills. Ideally, there should be at least 2 teams so that data collection can take place in two sites simultaneously. When selecting a team, gender, age, ethnicity and social status should be considered. For example, in some cultures it may be inappropriate for a man to ask a married woman questions about her reproductive history. It is good to include some refugees/IDPs in the assessment teams.

The ideal team members:

- have technical skills, training and experience,
- have good communication skills in the local languages and are familiar with the population being assessed,
- are comfortable with discussing reproductive health topics, and are open to learning about reproductive health,
- have good analytical skills,
- are able to make sound decisions in emergency settings based on sparse data,
- will reflect well on your organization in the field.

Interviewers for the survey should have the characteristics listed in the Community-based Survey protocol.

### **Interviewer Training**

Team members should be made aware of the objectives of the assessment and of the different data collection methods to be used.

**Time frame** To be determined by your organization and the time available. A rapid assessment is usually completed within 2 to 4 weeks.

### **Analysis plan**

The analysis should be clear and as specific as possible to allow for timely decisions on interventions to be made.

The data for quantitative analysis can be processed using any database or survey software, such as Microsoft Access, Epi Info, Epi Info 6, SPSS or SAS. (The advantage of Epi Info is that it can be downloaded for free from the CDC web site [www.cdc.gov](http://www.cdc.gov).)

**Use of Data**

The results should clearly prioritize needs and offer suggestions on how to address them.

**Dissemination**

Copies of the final report should be shared with all organizations involved in the emergency response.

**Additional Resources**

Weiss W M, Bolton P, Shankar AV, *Rapid Assessment Procedures (RAP): Addressing the Perceived Needs of Refugees & Internally Displaced Persons Through Participatory Learning and Action*, 2<sup>nd</sup> Edition, September 2000. Center for Refugee and Disaster Studies, Department of International Health, The Johns Hopkins University, School of Public Health.

Links to .pdf files of this document: [Part 1](#) [Part 2](#) [Part 3](#) [Annexes](#).