



**Report of a Workshop on**  
***Tracking Health Performance and Humanitarian Outcomes***  
**Geneva, 1 - 2 December 2005**

## Introduction

1. A technical consultation workshop on *Tracking Health Performance and Humanitarian Outcomes* was organized by WHO on behalf of the Inter-Agency Standing Committee (IASC) in Geneva on 1-2 December 2005. This report<sup>1</sup> highlights issues that emerged from the expert papers, presentations and discussions, and ways to address them. It concludes with proposals for next steps in the eventual implementation of a *Health and Nutrition Tracking Service* that will enable the assessment and monitoring of the severity of humanitarian crises and responses, on a consistent system-wide basis.

## The context of humanitarian system reform

2. The *Humanitarian Response Review*, commissioned by the Emergency Relief Coordinator in 2005, examined the lessons learnt from recent major crises such as Darfur and the Tsunami, and concluded that major improvements were needed to the capacity, predictability, effectiveness, and accountability of international humanitarian action, the filling of gaps, and the establishment of measures and systems to assess needs, performance, and impact.

3. The IASC, ECOSOC, and the UN General Assembly have debated these conclusions and encouraged a package of measures to strengthen the organisation and financing of the international humanitarian system<sup>2</sup>. Of particular relevance here is the setting up of IASC clusters to improve predictability and accountability of humanitarian action in neglected and weak areas: WHO leads the Health Cluster, and UNICEF leads the Nutrition Cluster. The 2005 UK Presidency of the G8 and the EU has also been very active in promoting humanitarian system reform, as have donors, in general, through OECD/DAC and the Good Humanitarian Donorship Initiative.

## Framing the debate

4. Demonstrating effectiveness must be an essential component of the humanitarian enterprise. There is current concern on whether we are achieving what we set out to do: in terms of saving lives, reducing suffering, protecting livelihoods, and protecting and promoting the dignity and rights of people affected by disasters and crises. This debate is also concerned with the challenges inherent in the practical realisation of humanitarian principles, and in particular on the impartiality of responses at global and country levels.

5. Subsidiary themes include:

- the need to assess needs with objectivity and transparency.
- the requirement to focus on outcomes rather than inputs or processes only.

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<sup>1</sup> A three-page summary of this report has been published separately, and is available on <http://www.who.int/hac/events/benchmarkmeeting/en/index.html>

<sup>2</sup> See, for example, the latest UNGA Resolution (A/60/L.38) dated 12 December 2005 on the "Strengthening of the coordination of humanitarian and relief assistance..."

- 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.

6. Addressing these concerns requires, among other things, clarity of purpose, as well as means for measuring progress against the objectives set in particular crises. However, as lamented by the Humanitarian Response Review in July 2005: *"there is no consensus on the concept of a 'unique' set of benchmarks against which the 'international system' can be held accountable..."* and that *"...priority should be given to a limited number of process and impact benchmarks..."*

7. In practice, 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. Furthermore, while much valuable data are collected at the level of individual projects or on the outputs of particular interventions, there is rarely sufficient or consistent evidence on whether humanitarian outcomes are improving or deteriorating at the level of the crisis situation as a whole.

## **The relevance of mortality, health, and nutrition measurement**

8. The May 2005 World Health Assembly<sup>3</sup> was unequivocal in demanding *"timely and reliable assessments of suffering and threats to survival, using morbidity and mortality data"*. This recognises, as cogently put by Dr Ala Alwan the WHO Director General's Representative for Health Action Crises, in his opening remarks to the meeting: *"What brings us here today is the recognition that human survival and health are the common sense dimensions by which the severity of a crisis or disaster.....can be assessed"*. Furthermore, in the words of the September 2005 report of the IASC Health Cluster Working Group, *"...the monitoring and measurement of health outcomes, such as death, illness, and disability rates, are diagnostic of the adequacy and effectiveness of overall humanitarian action..."*

9. Mortality, health, nutrition, and performance 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 health and under-nutrition renders those affected by calamity simply invisible. In other words, data regarding trends in mortality, health and nutrition provide vital insights into the scale and severity of a crisis and into whether conditions are improving or further deteriorating.

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<sup>3</sup> WHA 58.1, 20 May 2005; available at: [http://www.who.int/gb/ebwha/pdf\\_files/WHA58/WHA58\\_1-en.pdf](http://www.who.int/gb/ebwha/pdf_files/WHA58/WHA58_1-en.pdf)

10. 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. Thus, the effort to measure humanitarian needs and outcomes cannot remain a purely abstract "international" concern. 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, health, nutrition and performance can, however, be helpful in prompting questions about why things are deteriorating, provide insights into the nature of risks faced by populations, and so inform a coherent policy response by all with a role in the humanitarian system.

## **The genesis of this Consultation Workshop**

11. Not all crises are equal in terms of availability of information. On the one hand, there are *forgotten* - or, more accurately, neglected crises, about which little is known - or sought - until too late into a catastrophe (e.g. Niger). On the other hand, there are emergencies (e.g. Darfur) for which a wealth of information is collected, whose interpretation, though, poses challenges to humanitarian managers.

12. These considerations prompted a senior interagency meeting of humanitarian agencies in Geneva in November 2004, chaired by Margareta Wahlstrom, the Deputy Emergency Relief Co-ordinator to ask for "*reliable quantitative information on food security, nutrition, health and mortality patterns (and rates) to be obtained as early as possible, and updated in a systematic fashion at regular intervals*" as part of crisis management.

13. The IASC concurred, and this Consultation was requested by the Emergency Relief Coordinator, and organised by WHO in its capacity as lead of the IASC Humanitarian Health Cluster, working in association with UNICEF in its lead role for the IASC Nutrition Cluster.

## **Workshop process and objectives**

14. The workshop was generously funded by the UK Department for International Development (DFID) and preceded by consultations<sup>4</sup> with key stakeholders, both informally and by taking advantage of an Advisory Group that DFID established in mid-2005 in the context of their initiative for Humanitarian Benchmarking. Background<sup>5</sup> and expert review papers on mortality<sup>6</sup>, acute malnutrition<sup>7</sup>, and services performance

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<sup>4</sup> Including the launch in Geneva on the preceding day (30 November 2005) of an ODI Humanitarian Practice Network Paper on *Interpreting and using mortality data in humanitarian emergencies - a primer for non-epidemiologists* by Francesco Checchi and Les Roberts.

<sup>5</sup> By Mukesh Kapila, Alessandro Loretto, and Sandro Colombo (WHO/HAC) with Joanna Macrae and Sally Gregory (DFID/CHASE).

<sup>6</sup> By Francesco Checchi, London School of Hygiene & Tropical Medicine

<sup>7</sup> By Helen Young (Tufts), Susanne Jaspars (Independent consultant), Tanya Khara and Steve Collins (Valid International).

tracking<sup>8</sup>, were commissioned<sup>9</sup> to review areas of consensus and to identify major outstanding technical and policy questions for debate.

15. Some 80 experts and representatives of around 40 international organizations, NGOs, governments and academic institutions attended<sup>10</sup> the two-day Consultation<sup>11</sup>, the objectives of which were to:

- Review existing work on collection and use of selected data related to mortality, malnutrition and coverage/performance.
- Examine the demand for developing a common service to collect and analyse selected mortality, malnutrition and coverage data.
- Agree on the next steps towards establishing a tracking service for the systematic measurement of selected indicators of health performance, mortality and malnutrition in crisis situations.

## Highlights from the Workshop

16. The Consultation worked its way through keynote presentations, plenary discussions and short working groups, to address the following questions:

- *What is the need and what are we aiming for?* Margareta Wahlstrom (Deputy ERC) spoke on the importance of timely political and policy decision-making and Manuel Aranda Da Silva (UN Resident and Humanitarian Coordinator, and Deputy Special Representative of the Secretary General for the Sudan) provided a practical perspective from experiences in Angola, Ethiopia, and Sudan on how surveys and surveillance can inform humanitarian decisions at country level. Joanna Macrae (DFID) explained why donors were interested in health, nutrition and mortality data from the perspectives of "good humanitarian donorship" that emphasised decision-making on the basis of impartial assessments of needs; and Costanza Adinolfi (Team Leader of the *Humanitarian Response Review*) stressed the importance of a common global vision implemented through a systematic approach to which the definition of standards and indicators in health and nutrition were crucial.
- *What has been achieved so far?* A number of building blocks for a system-wide Tracking Service existed, and their scope was elaborated. Alison Joyner described the pioneering role of the Sphere Project, Anne Ralte (USAID) introduced the SMART<sup>12</sup> initiative, Toby Lanzer (OCHA) presented the Needs Analysis Framework (NAF) that underpins the Consolidated Appeals Process, and Brian

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<sup>8</sup> By Andre Griekspoor, Alessandro Loretto, and Sandro Colombo (WHO/HAC)

<sup>9</sup> All papers are available on: <http://www.who.int/hac/events/benchmarkmeeting/en/index.html> & <http://www.mayeticvillage.com/QuickPlace/who-hactechnicalgroup/main.nsf>

<sup>10</sup> The agenda and list of participants are available on the webpage above.

<sup>11</sup> The Consultation was directed by Mukesh Kapila (WHO Department of Health Action in Crises), and chaired by Peter Walker (Feinstein International Famine Center, Tufts University). Isobel McConnan was the main facilitator, Rodger Doran (WHO Viet Nam) and Irshad Shaikh (WHO Somalia) acted as rapporteurs, and Martine Schwartz (WHO/HAC) was the conference administrator.

<sup>12</sup> Standardized Monitoring and Assessment of Relief and Transitions

Thompson (FAO) outlined the concepts of FIVIMS.<sup>13</sup> Claudine Prudhon (SCN) flagged several nutrition information initiatives by the interagency Standing Committee on Nutrition and others.

- *What are the critical issues that need further work?* Discussion touched on identifying gaps and seeking common ground on how the various initiatives underway could contribute to a system-wide approach.
- *What might a system-wide Tracking Service look like?* At the heart of the Consultation was an exploration of the essential and desirable characteristics of a Tracking Service with focused objectives that would enjoy the credibility and trust of all stakeholders, while also managing much wider, diverse expectations. Mukesh Kapila (WHO) and Flora Sibanda-Mulder (UNICEF) outlined the roles of the IASC Health and Nutrition Clusters in working together to establish an inclusive common framework for action. Debarati Guha-Sapir (CRED) identified possible components and characteristics of a Tracking Service, stimulating much debate, and sparking other suggestions on the "function and form" of a Tracking Service.

### The importance of the context

17. Mortality and acute malnutrition rates are not enough. Their interpretation requires an understanding of underlying causes. This includes complementary data on livelihood and food security, and indicators on the performance of life-saving health services. Such contextual information is critical in interpreting these data, understanding the causal chain leading to ill-health, malnutrition and death, guiding response, and assessing overall response effectiveness.

18. A common understanding of the context starts by looking at the potential and actual access to, and coverage of the populations in need - in terms of numbers of beneficiaries, but also of space and time (e.g. proximity, speed, continuity). Relief that reaches only a low proportion of the affected population, or only irregularly, can only partially meet the objective of saving lives and reducing suffering. When it comes to specific programmes, indicators of their performance need to be interpreted with an eye to their impact on the overall picture. Generally accepted common case definitions ("numerators") need to refer to generally accepted common denominators.

19. Putting data together within a consistent frame of analysis can be difficult and, especially in contexts that are information-poor, the risk of mis-attributing causation is high. For example, the inter-relationships between malnutrition, morbidity and mortality are self-evident but not straightforward. Frameworks exist for classifying different levels of food security and for managing selective feeding programmes, but they are not always consistent. Analysing the performance of health services and thus tracing those determinants of death that could be easier to influence can often only be done by proxy indicators that are, however, at the same time, not likely to remain un-questioned.

### The building blocks for a Tracking Service

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<sup>13</sup> Food Insecurity and Vulnerability Information and Mapping Systems

20. Over past years, there has been substantial convergence around indicators for measuring humanitarian outcomes and performance, as well as on methods for deriving them:

- From the Sphere Project we have a set of minimum standards and performance indicators (including in the areas of health care, nutrition and mortality) that are the result of an inclusive and long consensus-building process.
- The OCHA/NAF links needs assessment to planning and resource mobilization, by providing a tool for structuring and analysing information on needs. The NAF serves as a basis for the formulation of Common Humanitarian Action Plan (CHAP) and for the Consolidated Appeal Process (CAP); it has a cross-sectoral focus and is consistent with Sphere-based indicators.
- The major success of SMART has been the consensus that it was able to catalyse on Crude Mortality Rate (CMR) and under-fives acute malnutrition as the most vital, basic public health indicators of the severity of a humanitarian crisis. SMART is encouraging the development of best-practice methodologies for collecting mortality and nutrition data as well as assessing food security in a standardized way, through the household economy approach.
- The Complex Emergencies Database (CEDAT) at the Centre for Research on the Epidemiology of Disasters (CRED) is a repository of baseline data for countries in crisis, which allows trend analysis on mortality, morbidity and nutritional status.
- The UN Standing Committee on Nutrition (SCN) issues regular Reports on Nutrition Information in Crisis Situations (RNICS) that provide analysis over time on key outcome indicators for emergency-affected populations. RNICS collects information from a wider network of UN and NGOs.
- The FIVIMS framework has national and global components. At country level, it seeks to contribute to the reduction of food insecurity and vulnerability through improving data quality, integration, exchange, and utilisation. Globally, there is a common database and an information exchange network, as well as efforts to define common standards, methods, and tools.
- In many crises, the Humanitarian Information Centres (HIC) provide useful country-level platforms for information exchange and dissemination.
- At global and regional levels, a quick mapping exercise done during the workshop revealed that there are more than 50 electronic data bases, virtual networks, initiatives and systems for data collection, forecasting, early warning and assessments in crises. They reflect a wide range of perspectives, and serve a variety of needs and clients.

21. Significant resources have been invested in these initiatives, and good progress has been made. But certain gaps remain. The most significant relate to the ownership and handling (especially in relation to national and local authorities) of the information, as well as the difficulty of quality control and validation of data from the field. Capacity-building and the progressive upgrading of country-based information systems that would ultimately feed into a Tracking Service remain a neglected area. Policy makers and programmers need the results of different assessments and surveys to be consolidated into authoritative, objectively-judged, and trusted overviews. This requires a common framework and institutional arrangements that provide structured procedures and dedicated capacities and resources that can be accessed from both country and global levels.

22. At the same time, caution was expressed that data and information analysis were simply means towards an end. By themselves they could not be expected to resolve political, policy, and management dilemmas and challenges that required leadership, dialogue and negotiation elsewhere. Realistically, not all the diverse perspectives and expectations of the various stakeholders in the international humanitarian system may be accommodated into a workable Tracking Service, and choices will have to be made on what was feasible and affordable in terms of agreed objectives and outputs.

## **Considerations for a Health and Nutrition Tracking Service**

23. The emerging consensus was that a common Tracking Service for the systematic measurement of selected indicators in crisis situations would be useful. This should grow upon the "building blocks" represented by the best elements of current initiatives, as validated through impartial expert scrutiny. While some new or additional elements may be needed, the priority effort should focus on consolidating and improving what exists. Institutional barriers between different initiatives and the systems of different organizations (or even between different departments of the same organization) need to be removed, and local capacity in information management needs to be strengthened and nurtured.

24. In this respect, the value of initiatives such as Sphere, SMART, the NAF or the SCN derives not only from the information or the instruments that they produce, but also from the processes of research, consensus, dissemination and field testing that underpin them. These processes can also serve the Tracking Service.

25. At the same time, no individual organization has the technical capacity and resources for developing and implementing a Tracking Service with the scope and scale that is needed. To maximize buy-in and ensure effective linkage with the policy and response decision-making arrangements of the international humanitarian system (including especially the ERC, the Humanitarian Coordinators' system and the Good Humanitarian Donorship initiative) the Tracking Service needs to be based within the framework of the IASC. The IASC is a uniquely inclusive body with a mandate given by Member States<sup>14</sup> with membership consisting of UN agencies, the Red Cross/Crescent system, IOM, and NGOs: it operates globally and increasingly at country level.

26. More specifically, IASC Health and Nutrition Clusters, led by WHO and UNICEF respectively, were asked to work together on a common Tracking service, on behalf of the IASC as a whole. The workplans of both clusters include responsibilities for information management, and this arrangement will promote coordination and coherence of approach, while ensuring accountability through the cluster lead agencies<sup>15</sup>.

27. The Tracking Service would be expected to provide impartial and timely analysis on the health, mortality and nutrition status of populations of humanitarian concern, as well as on the quality and coverage of response. This would enable objective judgments on the severity and trends of a crisis, and to guide effective humanitarian action

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<sup>14</sup> Under UN General Assembly resolution 46/182 of 1991.

<sup>15</sup> This has been endorsed subsequently by the IASC Principals at their meeting in Geneva on 12 December 2005.

including the allocation of resources and the targeting of interventions. This would be required through the analysis and presentation of key indicators and explanatory contextual variables presented in a standardized format that permits comparisons of trends over time within a crisis, and between different crisis situations.

28. Different information products and services from the Tracking Service can be expected, according to the needs of the customers and data availability: country briefs, reports summarizing the health profile of a crisis with trend and geographical analysis, tables comparing indicators with reference values, maps, etc.

29. Overall, the Tracking Service could be envisaged as having the following key components:

- the capacity to deliver information and analysis that: i) reflects the views and the needs of as many partners as possible, ii) is objective and non-partisan, iii) is rapid, iv) is scientifically credible, v) is relevant, focused, simple and user-friendly, and vi) is of free and public access;
- an Expert Support Service that can deliver: i) a virtual help desk function, ii) templates, survey checklists, result reporting forms, iii) field assistance to assessments and surveys, iv) peer reviews (methods, ethics), v) feedback to field, vi) assistance with training, and
- a central data repository that can provide i) a facility for receiving and collating surveys and studies from various sources, ii) an objective peer-review assessment of these surveys iii) baselines and bench-marks, and iv) terms of comparison for monitoring progress and evaluating impact

30. The Tracking Service would start by first achieving formal IASC adoption of the package of indicators to be used, including agreed standards, methods, tools and guidelines for data collection, processing, analysis, publication, and quality control, incorporating or building on agreements that had been reached already. These would form the basis of an independent peer review system to assess the quality and relevance of surveys that are conducted by agencies for a variety of programmatic reasons. Surveys and reports from a variety of sources (including from surveillance, other information systems and needs assessments) - with the appropriate "quality seal" given by peer reviewers, would be installed in a repository that could be consulted by all concerned. Thus the Tracking Service would rely principally on assessing and synthesizing existing surveys and surveillance data where quality standards had been met.

31. In addition, the Tracking Service should have the capacity to conduct surveys and studies itself where there were information gaps or contradictions that needed to be sorted out. This could be done either by commissioning the survey to an agency that already operates in the field or, where local capacity is inadequate, by deploying experts from outside.

32. Capacity building would be essential, for example, by helping to improve local data collection and information management systems, training, and co-opting developing country universities and other institutions as service providers for the Tracking Service. Training represents an immediate priority, because technical capacity in field epidemiology and information management needs to be expanded quickly, both at country and headquarters levels, to respond to potential demands.

33. The envisaged "help desk" function, if adequately resourced, could provide those conducting surveys with timely technical assistance at critical stages. This could be particularly cost effective if it helped to pre-empt likely quality assurance problems by making the design of studies and surveys more robust before they were carried out. This function could be provided by experts from different agencies - working to common standards set by the Tracking Service - on call during defined periods. On-line expert systems could also be developed for technical support to data collection in the field.

34. Coordination of all actors -national and local authorities, NGOs and UN agencies- will be critical to the success of the Tracking Service. The basis for effective coordination in information management is that each agency collects data according to its needs, but makes sure that there is a common, shared, mutually intelligible core data set, with a commitment to using best-practice, standard methods. A better connection with donors' efforts on advancing the *Good Humanitarian Donorship* initiative will be crucial - so that donor funding decisions are based on a progressively better-informed and impartial basis.

35. Some initial resistance can be expected: agencies geared towards operations often do not realize how weak their information base is, how they could exchange their information with something of equal value and how it is possible to reduce the wastages, the costs and the risks<sup>16</sup> associated with un-coordinated surveys, studies and other such exercises. The key to overcoming this resistance is by demonstrating that the Tracking Service adds value in terms of support for agencies' efforts to provide better services that are also better resourced. The approach to improving the coordination, quality and standardization of the collection of mortality, nutrition and performance data is likely to be incremental and build on existing mechanisms and structures at country level.

36. The framework for the Tracking Service would be established globally as a network of collaborating institutions, selected on the basis of an objective appraisal of their comparative advantage, track record, and capacity, to deliver agreed components of the Service, (including the objective of building the capacity of developing country collaborating institutions that are part of this network).

37. At the same time, the Tracking Service should not be "supply driven". Therefore, the stimulus for its utilization in a particular country would be expected to come from the Humanitarian Coordinator and the country IASC Teams, or in exceptional cases of extreme gravity, from the ERC or the IASC. Thus, the Tracking Service would be demand driven, designed to fit into the seasonal, funding and other contextual requirements of specific emergencies.

38. It can be expected that the Tracking Service will bring overall savings to the humanitarian community, by reducing duplication and wastage and improving efficiency in information generation and analysis. Funds will be needed to kick-off the Service in 2006, to cover:

- the global component, concerned with the normative aspects (production of standards, protocols, guidelines, quality assurance, etc), training activities under the

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<sup>16</sup> Many surveys are conducted in areas where security is poor

HEARNET<sup>17</sup> umbrella, and the establishment of a network of institutions available to conduct aspects of the tracking work; and

- resources within country humanitarian programmes and appeals that would 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 include some limited funding for "pump priming" a first generation of tracking studies - to demonstrate their benefit, learn methodological and organizational lessons and, on this basis, refine the Service.

## Conclusions and next steps

39. In summary, a commonly accepted and inclusive Tracking Service, starting with Mortality, Health, Nutrition and Performance indicators, that will enable the assessment and monitoring of the severity of humanitarian crises and responses, would be a desirable "global good". This would be based on a network of collaborators, building on the best of initiatives to date, and dedicated to the provision of impartially assessed information and analysis on a universal access basis. It would be a critical element of the wider effort to improve the effectiveness and accountability of the international humanitarian system.

40. WHO has committed, in its role as lead for the IASC Health Cluster, to work jointly with UNICEF in its role as lead for the IASC Nutrition Cluster<sup>18</sup> to develop a full proposal for a Tracking Service, including institutional and oversight arrangements, based on the principles identified in this workshop. A small Expert Design Group would be convened in January 2006 to undertake this task, the outcome of which would be put to a wider Reference Group. It would subsequently go to IASC members for their review, and eventually to donors for funding. Subject to agreements and availability of resources, elements of the Tracking Service could be operational from April 2006.

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<sup>17</sup> Health Emergency Action Response Network is a WHO-organised IASC Health Cluster Programme, to provide trained human resources for deployment in crisis situations.

<sup>18</sup> As subsequently agreed in discussions with UNICEF and the Nutrition Cluster at its meeting in Florence on 5-7 December 2005