

OVERVIEW

The 2018 HNO will present district-level needs analysis, including estimates at the cluster and inter-cluster levels of the number of people in need and the severity of needs. These estimates will be based on data and expert consensus estimates (“Delphi method”) where there are gaps in data. This note refreshes the process based on HCT and ICCM steer for a lighter process and to continue with same methodology as of 2017.

CLUSTER NEEDS SEVERITY

As part of the HNO analysis, clusters will estimate the severity of needs in every district using two main information streams: 1) data from assessments and surveys, and 2) results from Delphi (expert consensus) group discussions in the field. For each stream, clusters will need to develop guidance for a 0-6 severity scale. This scale will be based on indicators identified by the clusters and will be populated by data from recent surveys, results from Delphi field discussions or a combination thereof. A visual representation of this scale appears on a separate page. All inputs – including data from surveys and results from Delphi discussions – would be due by 15 September, at which point national clusters would review all sources, assign a final severity score and complete brief sector narratives.

Data-driven needs severity estimates

The first information stream for the HNO will be data from assessments or other reliable sources. For needs severity estimates based on data, clusters first identify all available data sources, including new data from cluster assessments and other sources. For each data source they wish to include, clusters establish a 0-6 severity scale to “grade” results. This is the same process as last year, and clusters should review their 2017 severity scales and update them (if required) by adjusting severity thresholds, incorporating new data sources, etc. If the cluster determines that no changes are required, they can maintain their existing severity scale with no changes. The final severity scale should be completed by COB 13 August and shared with OCHA.

All data for inclusion in the HNO should be available by 15 September. Populated severity scales (i.e., with final severity scores based on data received by 15 September) should be provided to OCHA by COB 24 September. OCHA will provide templates to capture the final severity scores per district; clusters are responsible for calculating these scores and entering them into the template.

- Available cluster data sources (data should be at the district level):
 - TFPM Location Assessment: All clusters will have district-level data from the TFPM Location Assessment. Clusters should consider including severity scales based on TFPM sectoral results. The form has been circulated separately.
 - Other data sources: Clusters can also identify additional data sources (ideally with results at the district level). Data from these sources should already be available, or be possible to collect before 15 September (cut-off date for inclusion of data or assessments in the HNO). Clusters can use the existing severity scales to grade results coming from these sources or adapt existing scales for the 2018 HNO by COB 13 August.

Delphi-driven needs severity estimates

The second information stream for the HNO consists of structured group discussions in all field hubs. These discussions will seek to address gaps in data and also serve to triangulate data collected for the HNO and can be used to fill in any gaps. They will also ensure field perspectives are included and national authorities consulted in collective needs analysis.

RCTs, with support from OCHA and clusters, will provide Delphi-based needs severity scores for all districts in their hub, using the standard 0-6 scale. To facilitate this analysis, national clusters should establish corresponding “discussion questions” for each indicator in their severity scale and include answers along a 0-6 severity scale. To do this, clusters should review their existing structured

discussion guides and thresholds, and make any changes needed so that these guides correspond to any changes in their severity scale indicators. If clusters are absolutely confident that they will have reliable data for a given indicator in all districts, they can omit this indicator from the discussion guide.

OCHA will support in organizing dedicated RCT workshops before 15 September to facilitate these reviews. OCHA will invite RCT members only to attend these sessions. National clusters are responsible for inviting any additional key partners to attend these discussions. Clusters are also responsible for ensuring that discussions for their sectors are chaired by cluster staff in all hubs (i.e., sub-national coordinator or other cluster representative) and recording results of these discussions. OCHA will provide templates for this. If clusters prefer, they can organize and lead their own Delphi discussions, however, the structured discussion guides and thresholds should be shared with OCHA and data collected shared. All Delphi discussions should be finalized by 15 September.

Whilst some clusters may feel that the Delphi methodology may be inappropriate to determine needs severity in their sectoral areas, the purpose of this exercise is to also engage with the national authorities and provide an opportunity for them to engage in this collective needs analysis exercise. Cluster partners have often faced problems in the field due to differing perceptions from the authorities on needs analysis and this is an opportunity to try to overcome these obstacles or to identify areas that data may need to be revised with further assessments / evidence.

CROSS-CLUSTER NEEDS SEVERITY

- In addition to estimating the severity of needs within individual clusters, past HNOs have presented an estimate of cross-cluster needs severity. Based on individual cluster severity scores, OCHA will estimate inter-cluster needs severity by district using the same methodology as in 2017 (See 2017 HNO Annex methodology for explanation of this approach). Inter-cluster needs severity will also be estimated for areas of integrated programming, such as the cholera response (WASH and Health) and for famine prevention (FSAC, Nutrition, WASH and Health).

ESTIMATING CLUSTER NUMBER OF PEOPLE IN NEED

As part of the HNO analysis, clusters will also estimate the number of people in need (PIN) at the district level, distinguishing between people in “acute need” and “moderate need”. As in the 2017 HNO, clusters will be free to choose among three options for estimating the number of people in need in their cluster. These estimates should be provided to OCHA by COB 24 September. The options are described below:

Option 1: Cluster determines total PIN estimate and acute/moderate distinction

This option is appropriate for clusters that have sufficient district-level data to design their own methodology to estimate district level estimates of people in acute need and people in moderate need. This methodology should be agreed by cluster members and documented in the cluster submission to OCHA. In 2017, only FSAC took this approach.

Option 2: Cluster determines total PIN estimate and uses severity scores for acute/moderate

This option is appropriate for clusters that have sufficient data to estimate the total number of people in need by district, but that do not have enough data to establish a distinction between acute and moderate estimates of people in need. Under this approach, clusters generate total PIN estimates using their own methodology, and OCHA categorizes each district-level PIN estimate based on the cluster’s composite needs severity score. If a district received a score of 2 or 3, district PIN is categorized as “moderate”. If the district received a score of 4, 5 or 6, it is categorized as “acute”. PIN estimates for districts scored 0 or 1 are not included in total PIN estimates. In 2017, three clusters selected Option 2: Nutrition, Shelter/NFIs/CCCM & Education. The Multi-Sector for Refugees and Migrants also selected Option 2.

Option 3: Cluster relies on severity scores to estimate PIN and for acute/moderate distinction

This option is appropriate for clusters that lack sufficient data to generate district-level PIN estimates. Under this approach, severity scores are mapped to broad percentage estimates of the total district population (adjusted for displacement), with each score point (0-6) equivalent to 15 per cent of the population (0= 0 per cent; 6= 90 per cent). For example, a district that received a score of 5 would estimate 75 per cent of the adjusted population of that district to be in need, and those people would be categorized as acute PIN. In 2017, four clusters selected Option 3: WASH, Health, Protection and EECR.

OCHA will provide a template to record PIN estimates, which clusters are responsible for calculating in line with one of the options above. These should be submitted by COB 24 September.

ESTIMATING CROSS-CLUSTER NUMBER OF PEOPLE IN NEED

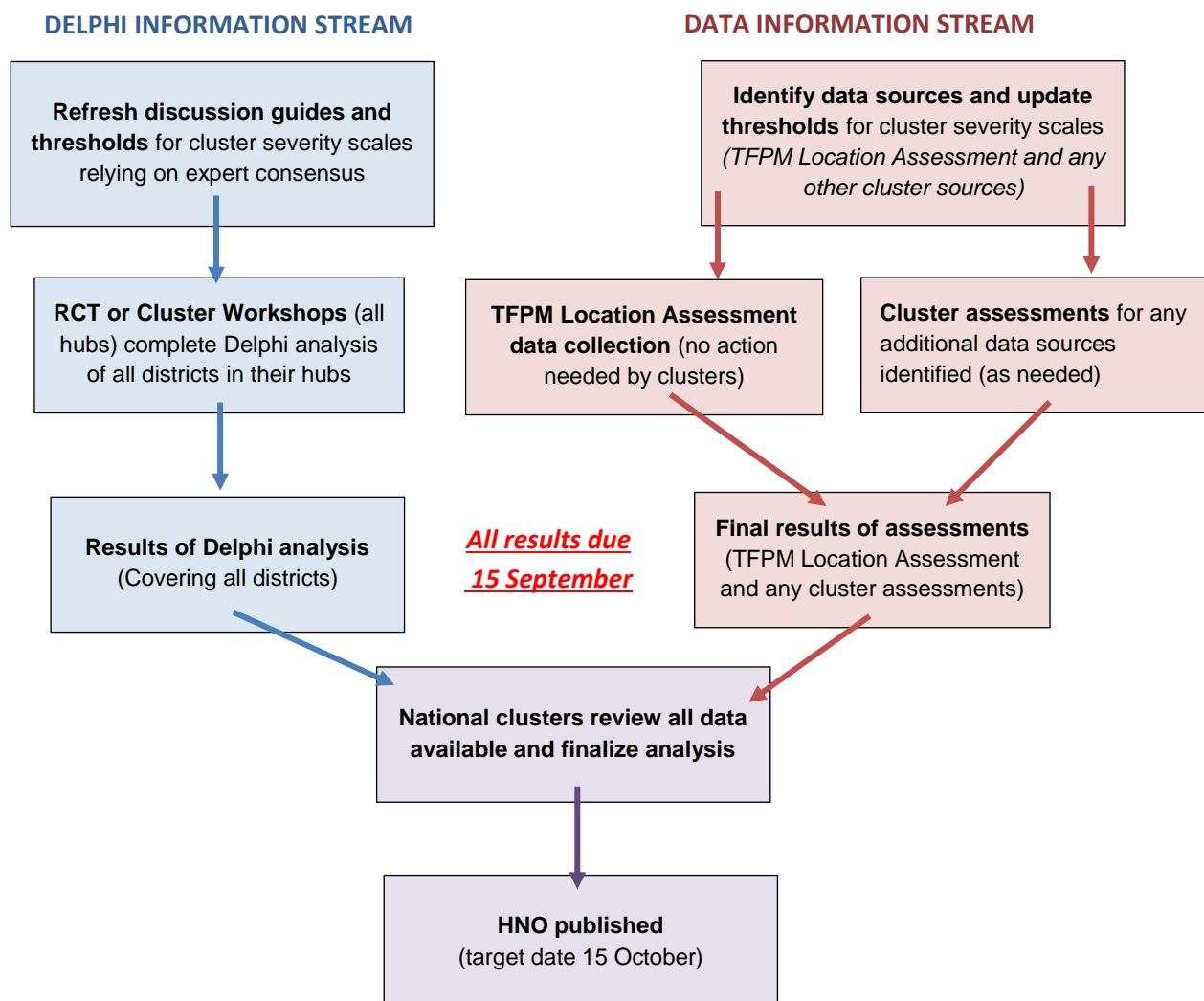
OCHA will estimate the cross-cluster number of people in need using the same methodology as in 2017 (See 2017 HNO Methodology annex for an explanation of how this worked).

COMMON REFERENCE DATASET

OCHA will prepare a common dataset as reference for all clusters (e.g., adjusted population figures, gender and age breakdowns, number of IDPs, etc.). This data set should be used for estimating people in need so that all clusters are using the same source data.

PROPOSED WORKFLOW

The diagram below summarizes the proposed workflow; a draft calendar is on a separate page.



KEY DATES FOR THE HNO

31 Jul	OCHA circulates clusters' 2018 HNO Guidance note and 2017 HNO severity scales and discussion guides
31 Jul to 8 Aug	Clusters review 2017 scales and discussion guides and revise as needed. OCHA develops 2018 HNO templates.
13 Aug	Clusters submit final revised severity scales and discussion guides to OCHA. OCHA provides HNO templates to record final information.
13 Aug to 14 Sep	Clusters accumulate data to populate severity scales. OCHA, clusters and RCTs or Clusters organize and carry out field Delphi discussions.
15 Sep	All data and discussion results are due. Clusters begin compiling results in OCHA templates.
24 Sep	Clusters return completed templates to OCHA, including HNO severity scores, PIN estimates and brief narratives.
1 Oct	Draft HNO circulated for comments (72 hours to HCT and ICCM)
5 Oct	Deadline for comments on draft HNO
10 Oct	2018 HPC Workshop (Sana'a and Aden) presenting HNO results and identifying top-line strategy for 2018 YHRP
15 Oct	Final 2018 HNO published