What are the practices to identify and prioritize vulnerable populations affected by urban humanitarian emergencies?

A systematic review protocol of methods and specific tools used to target the most at-need individuals, households and/or communities in urban crises.
What are the practices to identify and prioritize vulnerable populations affected by urban humanitarian emergencies?

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Picture

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1 BACKGROUND

1.1 AIMS AND RATIONALE FOR REVIEW

International organizations working in humanitarian crisis settings recognize the need to improve urban emergency response and preparedness, which necessitates improved methods for assessing vulnerability within urban populations. Currently, the Sphere Handbook of guidelines and best practices for humanitarian response is being adapted to include the urban context (The Sphere Project, 2015). The Inter-Agency Standing Committee’s (IASC’s) strategy report on meeting humanitarian challenges in urban areas explains the need for targeting and enumerating vulnerable individuals and communities to better direct services (IASC, 2010). Similarly, the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) highlights the need for ‘specific efforts [to] be made to identify those groups who have particular need or high levels of need’ in urban emergencies (Sanderson and Knox-Clarke, 2012). More prominently and very timely, the first ever World Humanitarian Summit (WHS) will review current practice and help inform future humanitarian challenges through global and expert consultations. Various working groups are an integral part of this process. They are charged with drafting the urban charter and recommendations for urban crisis response, such as the urban expert working group, to which the review team belongs and currently contributes. The Global Alliance for Urban Crises has also evolved out of these efforts. The alliance brings together a broad array of stakeholders to specifically recognize the growing and unique challenge of urban crises, promote this agenda at the WHS and beyond and work to improve operational practice in urban crises.

Recent crises have further emphasized the need for vulnerability assessment criteria and functional targeting methods. In Nepal, efforts by the government to equitably distribute resources in the wake of the earthquake resulted in many organizations being spread too thin and caused concern within humanitarian organizations that the most vulnerable were being overlooked because they lacked title deeds and/or proper identification. The Disaster Emergency Committee (DEC) and the Humanitarian Coalition’s review of the Nepal earthquake response pushes for improved targeting that considers the proportional impact of a disaster on vulnerable groups – the targeting needed either before or after a crisis to identify those most vulnerable to the impact of a shock (DEC/HC, 2015). Similarly, relief efforts in Port-Au-Prince following the 2010 Haiti earthquake also highlighted the need for improved resource targeting, where, for example, a majority of the population lived below Sphere standards prior to the earthquake and inadequate targeting of response resulted in uneven resource distribution (ALNAP/DAC/UNEG, 2010).

As organizations struggle to identify vulnerable populations in urban crises, they are challenged by the fact that in many rapidly growing and fragile cities, many people are living in extreme vulnerability even before the onset of an acute crisis. We find that large urban populations live well below Sphere minimum standards at baseline, as found in a forthcoming paper by the review principal investigator and previous data collection in Nairobi slums (Concern Worldwide, 2014). This baseline vulnerability calculates directly into risk to health and well-being and translates back into loss when an acute crisis strikes (WHO, 2002). In these environments, practitioners report being overwhelmed by need and may adopt blanket targeting or essentially arbitrary/non-vulnerability based selection. The increasing need for guidance in urban crises, where Sphere and previous practices do not hold relevance, makes this review question particularly important and inviting to this team.

The answers to the review question also play an important role in preparedness, as the practices used to identify vulnerable populations in urban crises can be complementary to the pre-disaster phase of the humanitarian crisis cycle.
1.2 DEFINITIONAL AND CONCEPTUAL ISSUES

1.2.1 Timeframe

In the past 30 years the urban environment has greatly expanded (UN, 2015) and there has been an increase in humanitarian disasters occurring in urban settings (Pantuliano, 2012). These developments have resulted in a focused humanitarian effort to understand and address the particularities of urban environments. This review focuses on urban disasters over the past three decades, with the recognition that the Mexico City earthquake of 1985 represents a seminal learning event in urban humanitarian response that provoked the development of unique, urban-focused response. In the wake of the Mexico City earthquake, the United Nations High Commissioner for Refugees (UNHCR) published several iterations of policies focused on urban displacement. The 1995 UNHCR report acknowledged a growing concern over ‘the dearth of policy guidelines regarding urban refugees’ (UNHCR, 1995) an acknowledgement that created the foundation for urban-focused humanitarian policies and research (Pantuliano, 2012). As a result, a focused look at identifying and targeting vulnerable populations within urban humanitarian crises of the last 30 years allows the review to be inclusive of the resources relevant to the review’s question but applies a clear boundary – reaching back to the pivotal event of the Mexico City earthquake, and ensuring a large enough time-frame to capture pertinent studies that motivated UNHCR’s transition in focus during the early 1990s.

1.2.2 Vulnerability

The research question has been altered slightly from the wording in the call for proposals to reflect the fact that vulnerable populations can make up nearly the entirety of some cities, depending on the definition and metrics used. During an acute crisis, identifying target beneficiaries is not simply a single step process of dividing the population into two groups of needy and not needy. Given the wide diversity of populations occupying urban areas, there is a spectrum of vulnerability. Thus, vulnerability in many cities is both large and diverse. The vulnerability and needs among these populations are complex and multisectoral, such that enhancing security for women can improve access to pediatric care for children. While categorizing vulnerability or segregating vulnerability is theoretically and operationally precarious, humanitarian practice must identify and prioritize target individuals and groups for assistance on a timescale (immediate to delayed) and on a substantive scale (amount and type of aid needed). This review aims to guide these practices. Policy and practice should aim to identify and differentiate these varying degrees or types of vulnerability for effective targeting with limited resources. Thus, we have reframed the question into the following: What are the practices to identify and prioritize vulnerable populations affected by urban humanitarian emergencies?

Additionally, we recognize that many organizations have focused on specific areas of vulnerability, such as food insecurity and child protection; however, this review aims to take a broad approach and synthesize findings across the various categories. Recognizing that this might not be possible, we will be flexible to narrowing our focus if the literature search results indicate that this is needed.

1.2.3 Urban

For this study, we recognize that the academic conversation has struggled to find one, clear definition of ‘urban’ due to the variety of definitions across time and location. The United Nations (UN) World Urbanization Prospects 2014 (UN, 2015) stated:

Of the 233 countries or areas for which estimates and projections of the urban and rural populations were produced, 125 use administrative criteria to distinguish between urban and rural areas. Sixty-five of these countries use administrative designations as the sole criterion. In 121 cases, the criteria used to characterize urban areas include population size or population density, and in 49 cases such demographic characteristics are the sole criterion. However, the lower limit above
which a settlement is considered urban varies considerably, ranging between 200 and 50,000 inhabitants. Economic characteristics were part of the criteria used to identify urban areas in 32 countries or areas, including all the successor states of the former Union of Soviet Socialist Republics. Criteria related to the functional nature of urban areas, such as the existence of paved streets, water supply systems, sewerage systems or electric lighting, were part of the definition of urban in 54 cases, but only in 10 cases were such criteria used alone. Lastly, in seven cases no definition of ‘urban’ was available and in eight cases the entire population of a country or area was considered to be urban.

To ensure that we do not exclude relevant urban crises in our review, we will incorporate a broad understanding of urban that fall into one or more of these various administrative, population, economic and functional categories. In this way, we will include urban areas that traditionally fall into the political-jurisdictional category of formally recognized and demarcated towns and cities, including their dense urban centers and suburbs, as well as new informal spaces that exist on the periphery of cities or within them, including urban slums or informal settlements.

A useful concise formulation for these considerations can be found in the UN-Habitat definition of urban spaces as ‘defined by one or more of the following: administrative criteria or political boundaries (e.g. area within the jurisdiction of a municipality or town committee), a threshold population size (where the minimum for an urban settlement is typically in the region of 2,000 people, although this varies globally between 200 and 50,000), population density (typically 400/ square km), economic function (e.g. where a significant majority of the population is not primarily engaged in agriculture, or where there is surplus employment) or the presence of urban characteristics (e.g. paved streets, electric lighting, sewerage)’. (UNICEF, 2012). This definition allows for the inclusion of towns and cities, as well as peri-urban settlements with non-agriculture-based economies and informal spaces that lack official recognition as represented by the UN document as well.

1.2.4 Humanitarian action

The process of defining humanitarian action or assistance is complex due to the variety of definitions and the constant evolution of the term. However, across practicing organizations there is an understanding that humanitarian assistance must be non-coercive, action-oriented and ‘provided solely for the benefit of those we seek to assist’ (Davis, 2002). The definition has expanded to include new areas of focus as humanitarian crises increase and the role of humanitarian assistance adapts to current environments.

Borrowing from the ALNAP, for the purposes of this study we recognize humanitarian action as ‘assistance, protection and advocacy actions undertaken on an impartial basis in response to human needs resulting from complex political emergencies and natural hazards’.

1.2.5 Emergency

For this review, a humanitarian emergency, disaster or crisis is defined as ‘an event or series of events that represent a critical threat to the health, safety, security or wellbeing of a community or other large group of people, usually over a wide area’ (Humanitarian Coalition, 2013). Categorization of humanitarian emergencies can be made based on the type of emergency (e.g. natural or technical disaster (such as a hazardous chemical spill or nuclear accident), conflict-related crisis (complex emergency), or by more ambiguous temporal categorization (e.g. ‘sudden onset’ for emergencies such as earthquakes, ‘slow onset’ for droughts or conflict-related emergencies, and ‘protracted’ for emergencies enduring for many years) (Doocy and Tappis, 2015). However, complex emergencies can include a combination of natural and man-made factors, making categorization difficult. As we acknowledge in this review, many urban population live below Sphere standards at baseline, which can result in greater vulnerability when overlapped with other types of emergencies (Humanitarian Coalition, 2013). Thus, no categorization will be used and the definition above allows us to remain flexible applying a wide variety of stressors that activate a response by aid agencies, local or international. Functionally, the search terms will drive the discovery of
relevant reports that identify a crisis or humanitarian emergency but the authors will apply this broad lens to determine inclusion.

1.2.6 Low and middle income countries

We will limit the populations under study to those countries that are low and middle income, excluding high income countries, according to the World Bank classification by Gross National Income (GNI) per capita in 2015 (World Bank). This allows the review to remain pertinent to the audience and context implied in the call for proposals. Users of this review in the humanitarian system, including donors, policymakers and operational agencies, are likely focused on the applicability of the identification practices in non-high income countries. The guidance note also refers to the cluster system approach, which is almost exclusively activated outside of high income countries. The specific issue of identification practices is also most relevant to cities in low and middle income countries experiencing rapid urbanization and creating the density, heterogeneity and acute or chronic vulnerability that makes these contexts challenging, and likely places the humanitarian system will engage where evidence-based guidance is needed.

This classification places three countries: Argentina, Chile and Venezuela, in the high income category. We will make an exception for these as they are surrounded by very similar countries experiencing rapid urbanization. They simply fall into the high income classification due to small changes in their GNI, but remain relevant places from which to review identification practices.

1.3 RESEARCH, POLICY AND PRACTICE BACKGROUND

Currently, there is no existing systematic review of this question, creating an opportunity for this evidence synthesis to draw together existing research. There are multiple efforts underway by several organizations to create new tools to drive sector-specific interventions in urban areas. For example, the Norwegian Refugee Council (NRC) and the Internal Displacement Monitoring Centre (IDMC) along with the UN Office for the Coordination of Humanitarian Affairs (OCHA) and other NGOs are creating new guidelines for the provision of shelter in urban settings. Similarly, the World Food Programme (WFP) has reviewed food distribution practices to improve targeting for urban crises (IASC, 2009). Moreover, UNHCR along with other NGOs has worked to develop a toolkit to identify at-risk urban refugees for resettlement (UNHCR, 2015). Médecins Sans Frontières (MSF) has developed a vulnerability assessment tool to identify victims of violence and improve targeting to prioritize areas of high need (MSF, 2015). Additionally, Concern Worldwide has recently received funding from the US Office of Foreign Disaster Assistance (USAID/OFDA) in order to develop a tool for slow onset urban emergencies. This would function as an early warning system to alert governments and humanitarian organizations in the case of escalating concern. Many other organizations are also working on tools for targeting vulnerable populations, including but not limited to, the Joint IDP Profiling Service (JIPS) and the Feinstein International Center’s work on urban profiling (JIPS, UNHCR, FIC, 2013). The idea behind the very specific metrics is to prompt early response to crises, and facilitate the distribution of aid quickly and effectively to the most vulnerable to small shocks (Chudhuri et al., 2015).

An illustrative example of practices that we will seek to include in this review are the tools used by Oxfam GB to identify the most vulnerable populations following the 2010 earthquake in Port-Au-Prince given its wide impact and baseline vulnerability. While the following examples are not comprehensive on their own, they illustrate how a specific tool can be used identify specific needs and allocate resources. No single tool may be sufficiently comprehensive, but sector- or category-specific practices such as these are clearly valuable and easy to operate. The Interagency Emergency Market Mapping Analysis (EMMA), the Rapid Oxfam Emergency Food Security and Livelihood (EFS) assessment, and the Emergency Food Security Assessment (EFSA) provided wealth categories that helped direct Oxfam GB in targeting resources in the immediate aftermath of the earthquake and provided
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A foundation for the reconstruction planning process. The EMMA allowed for a market approach to resource distribution, which facilitated expansion of livelihoods and economic recuperation, while the specified wealth categories for aid distribution (very poor, poor, middle) helped to ensure that each group’s specific, immediate needs were met (Young et al., 2010).

This review provides a necessary analysis of the approaches to target vulnerable populations. Synthesizing and comparing the approaches utilized within various sectors, it will emphasize the evidence behind these approaches, with the ultimate goal of better informing practice.

1.4 OBJECTIVES

The aim of our research is to consolidate the practices (including tools, methods, and metrics) reported by practitioners and academics to identify and prioritize vulnerable people, households or communities within populations affected by humanitarian emergencies, including those displaced within and to urban areas. This review limits itself specifically to humanitarian practice due to time and feasibility constraints, but the authors recognize the important influence that development practice is having on humanitarian practice and vice versa. Specific examples of development practice influencing humanitarian practice include new advocacy for area-based approaches in humanitarian practice from the development literature, as well as specific tools such as cash transfers. While this review can be used by development organizations to understand the current state of humanitarian practice and reflect on how the two fields interact, it will have to exclude the wider body of development practice. The consolidation of practices will serve as a resource for local actors, development organizations, academics, donors and responders working in humanitarian settings.

In identifying the practices relevant to this review, we will focus on practices that are replicable or adaptable to other contexts (as discussed in the PICO framework in section 2.2.1). We will utilize our combined expertise to consolidate the relevant findings and qualitatively categorize and assess the practices by similarity of operation and area of targeting. We will engage the humanitarian clusters, working groups and typical operational categories as a means of categorizing practices, which include: water and sanitation, shelter, food security, livelihoods, education, protection (specific vulnerable groups such as women, children and disabled people), health, gender-based violence, nutrition, environment, age and disability, refugees and the displaced. Additionally, this review aims to ensure that women, girls, and other systematically excluded groups are acknowledged within the analysis. Our review recognizes gender as affecting individuals’ experiences of humanitarian crises. The review team will seek and analyze sex- and age-disaggregated data where possible, and aims to acknowledge the potential bias in studies that do not take the perspectives of male and female respondents into account or utilize sex-disaggregated data.

Further, we will refine and expand or narrow the categories identified based on the available evidence during the literature search. This consolidation approach will lead to an output that categorizes by common operational areas, with operational actors being our primary target audience. These categories can be very limiting given the intersectoral nature of many issues (healthcare access and outcomes as a function of water and sanitation, security and the urban planning of a city) and the artificial and even arbitrary structure of humanitarian operation such as the cluster system. However, they are the most commonly understood way of approaching humanitarian actions and targeting practices may very well fall into these categories. The authors will remain flexible and submit a protocol revision if the search yields a better strategy for consolidating the findings.
2. METHODS USED

2.1 USER INVOLVEMENT

The review will be of interest to organizations and individuals dedicated to humanitarian response and development within urban areas, and the findings will be directed primarily toward the following groups:

a. Humanitarian and non-government organizations (NGOs) (both international humanitarian NGOs and local and regional agencies that respond to crises)

b. International agencies, such as the various UN agencies and the International Committee of the Red Cross (ICRC)

c. Governments (ranging from national to regional to local municipal authorities and even sub-city scale bodies such as neighborhood councils) that have targeted programs for disaster-affected urban populations

d. Donors

e. Academics

f. Private sector. As private providers are increasingly involved in response through facilitating aid, such as cash-based interventions, or directly in providing services (shelter, water, insurance, etc.), the evidence behind this review can aim to inform their involvement.

2.1.1 Approach and rationale

Initial cursory searches by the authors indicate that this review will not likely find many experimental studies, such as randomized controlled trials, testing a specific methodology for targeting populations or comparing two methods for targeting urban populations. Instead, we expect to find reports of methods/tools based on theoretical background or empirical lessons from the field or observational reports. As a result, limiting our review to certain types of studies would not be appropriate, and instead we will use a more comprehensive approach in order to search for relevant literature and incorporate a variety of formats as well as a wide array of evidence, detailed below in section 2.2. This is in line with the Humanitarian Evidence Program’s approach to the types of potentially includable evidence, as detailed in its guidance note for evidence synthesis in the humanitarian field.

2.2 IDENTIFYING AND DESCRIBING STUDIES

2.2.1 Defining relevant studies: Inclusion and exclusion criteria

Literature selected for the review will include both quantitative and qualitative studies that meet the inclusion criteria listed below. The following publication types will be excluded in the selection phase: editorials, expert opinions without reference to a body of work, evidence or other literature, and brief or cursory reports (or very limited and incomplete descriptions of a practice used in targeting). The review will exclude expert opinions and anecdotes as they represent individual, personal reflections that are incomplete accounts of targeting practices, rather than purpose-driven, systematic reporting of practices using qualitative methods. Editorials and expert opinions will play an important role in the initial information-gathering phase to help frame the background and context, but they will be purposely excluded from the review, as they will not meet the quality standards for data extraction. The choice not to include editorials, expert opinions and anecdotal papers is not intended to exclude qualitative research, which will remain very informative.
Our research question is central to both development and humanitarian practice given that the process and pattern of rapid urbanization, as driven by specific political economies and interests, often creates pre-existing vulnerability to disasters and conflict for large numbers of urban dwellers. The political and economic incentive and disincentive structures that drive urbanization and vulnerability are complex and often poorly understood. They underlie how these urban areas are shaped. Similarly, specific political and economic interests drive humanitarian response. These pre-existing urban forces and humanitarian forces intersect during and after a crisis. This review focuses on practices and remains cognizant of these political and economic forces, but does not address them. The findings will be relevant to development practitioners, but our source material focus is humanitarian practice. As such, the development literature and lessons from development practice, while still relevant, will not be included in this systematic review. The lines between humanitarian and development practice are blurry and the two fields have much to learn from one another. Both fields would benefit greatly from a more integrated approach ranging from disaster preparedness to post-crisis reconstruction that addresses pre-existing vulnerability. Unfortunately, that remains out of the scope of this review given the complexity and feasibility of taking on such a large-scale review where definitions and areas of practice are blurring. This will exclude lessons and forms of practice used in non-crisis settings but keep this review focused. The existing evidence on this topic comes from many sources but commonly resides in post-crisis reports of strategies used rather than predetermined methods, for example in evaluations of agencies and collated lessons papers produced by ALNAP.

Additionally, the team maintains email connections within the ‘urban community of practice’ hosted by ALNAP, with close to 90 full and associate members including humanitarian NGOs, donors, international agencies, private sector and academic organizations as well as a number of independent expert members. These connections will facilitate recommendations for literature and databases that should be included in the review. In addition, the team will utilize personal contacts and working relationships with individuals and organizations that are engaged in humanitarian practice in urban areas.

In deciding upon search strings, the team consulted with an information specialist at the Harvard Medical School and School of Public Health Countway Library. Additionally, in selecting search strings related to humanitarian crises, we used search terms that were validated in Doocy and Tappis’ 2015 systematic review of cash-based programming in emergency settings.

We will use the following search term for retrieving studies from the relevant databases:

urban OR peri-urban OR city OR slum OR metropolitan OR megacity OR town OR township OR municipal

AND

identif* OR target OR address OR aim* OR prioritis* OR prioritize* OR locate* OR locating OR determine* OR profil* OR find* OR allocate* OR distribute*

AND

‘humanitarian emergencies’ OR ‘humanitarian emergency’ OR ‘emergency responses’ OR ‘emergency response’ OR ‘emergency relief’ OR emergencies OR humanitarian OR disasters OR ‘disaster planning’ OR ‘relief planning’ OR ‘relief work’ OR ‘mass casualty’ OR ‘rescue work’ OR earthquakes OR earthquake OR flood* OR tsunami* OR avalanches* OR landslide* OR rockslide* OR mudslide* OR cyclone* OR ‘cyclical storm’ OR hurricane* OR tidal wave* OR tidalwaves OR typhoon* OR ‘volcanic eruption’* OR drought* OR famine OR famines OR starvation OR ‘food insecurity’ OR ‘food security’ OR war OR ‘armed intervention’ OR ‘armed conflict’ OR ‘conflict affected’ OR ‘conflict-affected’ OR displaced OR displacement OR refugee

Grey literature databases

A separate strategy will be used for searching grey literature databases. Within small databases such as HHI/HIP/WFP, we will search through publications using only one search term: ‘urban’. We will not use further specification if this search returns less than 1,000 results. Otherwise, we will use the search strategy for larger grey databases.
For larger grey databases, we will use their search tool to maximum effect if a refined search is permitted, for example: UNHCR has an advanced search and so we will use the word ‘urban’ combined with (‘identify’ OR ‘target’ OR…).

For large grey databases with a simple search bar, we will first try a single word: ‘urban’ but if more than 1,000 results are found we will use multiple specific search terms, keeping them broad to retrieve the most documents possible. Example search terms include the following:

- Urban crisis
- Urban disaster
- Urban poor
- Targeting urban
- Identifying urban
- Urban vulnerability
- Displaced urban population
- Urban displacement

Further, in order to be included in the review, studies or reports must abide by the following inclusion criteria:

- Urban populations of any size and any geographical location; vulnerability, targeting, profiling or needs assessment done or described; these broad inclusion criteria will allow the review process to identify all possible practices of needs assessments in urban areas from the humanitarian literature.

Studies will be excluded based on the following characteristics:

- Any publication before 1985. This date is chosen because relevant methods of identifying vulnerable urban populations can likely be limited to the last 30 years in the context of modern urbanization and modern humanitarian practice, as explained in section 1.1.

**PICO framework**

The above strategy encompasses the PICO approach, which states more succinctly:

**Population:** All urban populations that have experienced a humanitarian crisis response since 1985 in urban areas. This population, by definition, will focus on the vulnerable when looking at identification practices but this will be among the general urban population. This will be inclusive of pre-existing urban residents affected by a disaster and those displaced into urban areas.

**Intervention:** Relying on the joint expertise and knowledge of the authors, the review will identify practices for targeting vulnerable populations that are replicable in, or able to be adapted to, other contexts. For example, practices may include a profiling method whereby individuals or households are identified by meeting a set of criteria that define targeting or used to decide targeting. Another example is a registry of a specific type of person or household such a refugee registration or registry of households under a certain poverty line. Yet another is a certain score to define vulnerability such as the Household Food Insecurity Access Scale (Coates et al., 2007). The practices will also be categorized according to the humanitarian clusters, working groups and common operational categories: water and sanitation, shelter, food security, livelihoods, education, protection, access, gender, gender-based violence, nutrition, environment, age and disability. This approach is an active decision to systematically group practices to allow a structured synthesis process. While other approaches could be taken, such as type of practice, this method remains most relevant to the sectors of operation.

**Context:** Urban humanitarian practice in urban contexts since 1985 within low and middle income countries.

**Outcomes:** A needs/vulnerability assessment described in the study. Studies/reports must have some form of a needs/vulnerability assessment or target population/beneficiary identification process.
Identification of potential studies: Search strategy

Database searches will include: PubMed, EconLit, ProQuest Social Sciences Premium Collection, International Bibliography of Social Sciences (IBSS) and Applied Social Sciences Index and Abstracts (ASSIA). An example of the search terms used in one database is included as Appendix A.

Other websites searched will include:

- Think-tanks
  - Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) (www.alnap.org)
  - Assessment Capacities Project (ACAPS, www.acaps.org)
  - Groupe URD (urgence, réhabilitation, développement, www.urd.org)
  - Center for Global Development (CGDev, www.cgdev.org/section/publications)
- Consortiums, working groups and partnerships, including:
  - The Cash Learning Partnership (CaLP, www.cashlearning.org)
  - The Inter-Agency Standing Committee (IASC) Reference Group on Meeting Humanitarian Challenges in Urban Areas (www.interagencystandingcommittee.org/meeting-humanitarian-challenges-urban-areas)
  - Communicating with disaster affected communities Network (CDAC, www.cdacnetwork.org)
  - Solutions Alliance (www.endingdisplacement.org)
  - Asian Disaster Risk Relief Network (ADRRN, www.preventionweb.net/organizations/1516)
  - Humanitarian Innovation Fund (www.elrha.org/hif/home)
  - Enhancing learning and research for humanitarian assistance (ELRHA, www.elrha.org)
  - Asian Disaster Preparedness Centre (ADPC, www.adpc.net/igo)
  - Citizens Disaster Response Center (CDRC, www.cdrc-phil.com)
  - Symbiotic Cities Network (www.symbioticcities.net)
  - Joint IDP profiling service (JIPS, EMMA, IIED (Human settlements group), www.jips.org)
  - Gender and Disaster Network (www.gdnonline.org)
  - ProVention Consortium (PreventionWeb, www.preventionweb.net/english/professional/publications)
  - Global Facility for Disaster Reduction and Recovery (GFDRR, www.gfdr.org/publications)
- Conference proceedings
  - Global Facility for Disaster Risk Reduction (www.gfdr.org)
  - Groupe URD conferences (www.urd.org/Conferences)
  - World Urban Forum (WUF) (http://wuf7.unhabitat.org)
  - International Conference on Urban Health (www.alnap.org/event/955.aspx)
  - Conference of Parties 21 (COP21, www.cop21paris.org)
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- UN agencies and international bodies
  - WHO including WHO Kobe Centre (www.who.int/kobe_centre/en)
  - UNHCR (www.unhcr.org)
  - UN-Habitat (www.unhabitat.org)
  - Cities Alliance (www.citiesalliance.org)
  - UN Office for Disaster and Risk Reduction (UNISDR, www.unisdr.org)
  - World Humanitarian Summit (WHS, www.worldhumanitariansummit.org)
  - Habitat III (www.unhabitat.org/habitat-iii-conference)
  - UN Office for the Coordination of Humanitarian Affairs (OCHA, www.unocha.org)
  - International Organization for Migration (IOM publications, www.publications.iom.int)

- Government agencies
  - International Development Research Centre (IDRC, www.idrc.ca/EN/Resources/Publications/Pages/default.aspx)
  - Swedish International Development Cooperation Agency (Sida, www.sida.se/English/publications/Publication_database)

- University and institution-based research programs
  - Institute for Development Policy and Management (IPDM) at Manchester University (www.seed.manchester.ac.uk/subjects/idpm)
  - University College London (UCL) Centre for Urban Sustainability and Resilience (www.ucl.ac.uk/usar)
  - Centre for Development and Emergency Practice (CENDEP) at Oxford Brookes University (www.architecture.brookes.ac.uk/research/cendep)
  - Centre for Disaster Resilience at Salford University (www.salford.ac.uk/built-environment/research/research-centres/disaster-resilience)
  - Institute of Development Studies (IDS, www.ids.ac.uk)
  - International Institute for Environment and Development (IIED, www.iied.org)
  - Kings College Humanitarian Futures Programme (www.humanitarianfutures.org)
  - London School of Economics and Political Science LSE Cities (www.lsecities.net)
  - Global Development Research Centre, Japan (www.gdrc.org)
  - Private foundations
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- Ford Foundation (www.fordfoundation.org/library)
- Rockefeller Foundation (www.rockefellerfoundation.org/our-work/search)
- Gates Foundation (www.gatesfoundation.org)

- Major humanitarian organizations
  - Médecins Sans Frontières (MSF, www.msf.org/resources)
  - International Medical Corps (IMC, www.internationalmedicalcorps.org)
  - Catholic Relief Services (CRS, www.crs.org/our-work-overseas/research-publications)
  - Save the Children International (www.resourcecentre.savethechildren.se)
  - Concern Worldwide (www.concern.net/resources)
  - Care (www.care.org)
  - World Vision (www.worldvision.org/about-us/publications-resources)
  - The British Red Cross (www.redcross.org.uk/)
  - International Federation of Red Cross and Red Crescent Societies (IFRC, www.ifrc.org/publications-and-reports)
  - International Rescue Committee (IRC, www.rescue.org)
  - Norwegian Refugee Council (NRC, www.nrc.no/?aid=9137110)
  - Action Against Hunger (ACF, www.actionagainsthunger.org/media/publications)

These literature searches will also include ongoing pilots such as the Camp Coordination and Camp Management Urban Displacement and Out of Camps Desk Review (CCCM UDOC) pilots in Lebanon and Gaza, as well as the unpublished work by Concern Worldwide on the Indicator Development for Slow Onset Urban Emergencies (IDSUE) project, and any learning from the recent earthquake in Nepal. We will solicit ongoing or unpublished work by emailing key stakeholders and utilizing the list-serves for ALNAP’s urban community of practice, the food for cities network, the urban working group for the World Humanitarian Summit (WHS), and the urban advisory group for Sphere.

2.2.3 Screening studies: Applying inclusion and exclusion criteria

The research assistant for the project will independently review all titles to identify studies for further screening. Two members of the team will independently review the abstracts, executive summaries or table of contents to further sort studies and identify those that potentially meet the inclusion criteria. If the two members disagree on whether or not a publication should be included for further review, one of the two remaining team members will independently review the abstract and act as an arbitrator. Full text publication selection will involve all four reviewers who will use a standardized process to individually determine if the papers resulting from the search meet the inclusion and exclusion criteria by initial review of abstract/executive summary if available. In order to standardize the data extraction process, the group will work through an example paper together over Skype with the data extraction form. The group of four will discuss all publications that are not agreed to unanimously for final decision.
2.2.4 Data extraction for included studies

We will obtain the following information independently from each study or report:

1. Study type (research study such as a comparison trial, case report of a use, lessons learned from practice)
2. Author
3. Sector/cluster of operation
4. Location(s)
5. Population
6. Date of publication
7. Source (operational NGO, research group, government or global agency)

Data will be extracted on a standardized form (included in Appendix B) that indicates the method of analysis – quantitative, qualitative or mixed methods as well as the type of publication – peer reviewed, non-peer reviewed or unpublished. Given the wide variety of data expected, the standardized form will allow the study investigators to extract relevant data for evidence-based synthesis as while retaining notes that do not provide data but information for the report narrative. Some data extraction may require transcribing summary
What are the practices to identify and prioritize vulnerable populations affected by urban humanitarian emergencies?

2.2.5 Identifying and describing studies: Quality appraisal

The quality of each publication will be calculated based on the following criteria: Representativeness of urban population described (whether the publication drew from a systematic or random sample of the target population versus a convenience sample); scope and size of urban population(s) assessed; number and diversity of indicators used in determining needs/vulnerability; and relevance to current contexts. Efforts will be made to ensure a broad representation of urban humanitarian crises, including size of the city, rapid and slow onset and profile of the response by the international community. Our search criteria will aim to discover publications that add value but may not have been large crises, or may not have drawn international attention or a wide humanitarian response. These include smaller or more local and contained crises that employed a targeting practice. Findings from such crises are just as relevant and worthy of inclusion. Given the search is limited to the electronic databases and websites above, some of these smaller scale responses and findings will naturally be excluded if they are not discoverable by these means. However, as the protocol describes, we hope the community of practice we reach out to during the search will lead us to these publications.

2.2.6 Assessing the quality of studies

Using BOND’s Quality of Evidence in Evaluations checklist, we will determine the quality and reliability of findings and recommendations from all studies reviewed. The versatility of the BOND framework allows for quality to be checked for both peer reviewed and grey literature, as well as quantitative, qualitative and mixed methods studies. The checklist and an explanation of the scoring are included in Appendix C.

2.3 SYNTHESIS PROCESS

2.3.1 Selection of studies for synthesis, and identification of outcome data for synthesis

Studies or reports that meet the inclusion criteria, as detailed in section 2.2.1, will be included for synthesis. For the quantitative studies identified, two team members will review the full text reports and extract data according to the criteria outlined above in section 2.2.4. For all other studies, each team member will take 25 percent of the full text reports or all authors will review the papers. The data extracted will be combined into a standardized form, which will include: metrics/tools used; an assessment and explanation of effectiveness; and a section for free text in which lessons from the paper can be discussed. The team will convene over Skype to review the procedure for data extraction and participate together in extracting data from a sample paper. This will help to ensure a standardized process for data extraction among team members.

2.3.2 Process to combine/synthesize data

The synthesis process will begin with a full team meeting after individual review of data extraction forms and personal notes to discuss the overall lessons and recommendations. This process will dive into the complexity of the issue by detailing the multiple and diverse findings from the search, and organizing the themes that emerge within this process – grouped according to the categories of operation, clusters, and working groups.

Given the unique nature of this review, in that it does not include a narrowly defined intervention and outcome, we will engage a fluid yet standardized approach to selecting and
synthesizing the lessons and practices for inclusion. The team will then vote on which practices to include based on the quality and quantity of evidence, and will include an explanation of the quantity and quality of evidence supporting each of the practices and lessons reported in the finalized review. This approach to synthesizing may be refined as the papers are reviewed, but the fundamental process will remain as above and reported by the various categories of operational activity. This will keep the research team focused on operational lessons, given the primary target audience.

2.3.3 Deriving conclusions and implications

Team members will individually apply the approach to take in the complexity from the search findings and distill evidence results. Given that many of the findings will not be the result of rigorous study design or quantitatively supported, the synthesis approach must remain flexible and employ the expert judgment of the team members to derive conclusions. All team members will then discuss the shared findings for inclusion in the report.

Given the broad nature of types of vulnerability, as well as practices that we expect to find, a quantitative meta-analysis is likely not suited or even possible. The project team will remain open to a quantitative meta-analysis if sufficient and appropriate data is found.

The conclusions of the review will be compiled and presented in a paper. The lead investigators will decide on an outline for an academic paper as well as an easily readable plain form publication. The research assistant will lead the initial draft of the report, which will then undergo successive rounds of individual and shared editing by the lead investigators. At each step, the research assistant will apply the changes to the draft paper to work towards a finalized product. The final paper will be shared with and through organizations and individuals outlined in the Network Mapping document.
What are the practices to identify and prioritize vulnerable populations affected by urban humanitarian emergencies?

REFERENCES


What are the practices to identify and prioritize vulnerable populations affected by urban humanitarian emergencies?


APPENDICES

APPENDIX A. EXAMPLE SEARCH STRATEGY FOR PUBMED

Concept 1: Humanitarian crisis


Concept 2: Targeting/identifying


Concept 3: Urban

APPENDIX B. DATA EXTRACTION FORM (DRAFT)

<table>
<thead>
<tr>
<th>Field</th>
<th>Field guidance/detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study type</td>
<td>Qualitative, quantitative, mixed methods</td>
</tr>
<tr>
<td>Author/name of organization</td>
<td></td>
</tr>
<tr>
<td>Document title</td>
<td>First line of text (if no title)</td>
</tr>
<tr>
<td>Date of publication</td>
<td></td>
</tr>
<tr>
<td>Sector</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Population</td>
<td></td>
</tr>
<tr>
<td>Source</td>
<td>Operational NGO, research group, government, global agency, journal</td>
</tr>
<tr>
<td>Country classification</td>
<td>Upper-middle income, lower-middle income and low income (as categorized by the World Bank)</td>
</tr>
<tr>
<td>Link to full text</td>
<td></td>
</tr>
<tr>
<td>Reference added to EndNote</td>
<td></td>
</tr>
<tr>
<td>Quality Score--BOND</td>
<td>Relevance/usefulness to practitioners</td>
</tr>
<tr>
<td>Sample size</td>
<td>Insert detail or N/A</td>
</tr>
<tr>
<td>Methodology</td>
<td></td>
</tr>
<tr>
<td>Aim of research/problem to be tackled</td>
<td>Driver or prompt for research being done</td>
</tr>
<tr>
<td>Cluster/working group/operational category</td>
<td></td>
</tr>
<tr>
<td>Any models/framework/guidance mentioned</td>
<td>Insert detail or N/A</td>
</tr>
<tr>
<td>Practices identified</td>
<td></td>
</tr>
<tr>
<td>Field</td>
<td>Field guidance/detail</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Assessment of implementation</td>
<td></td>
</tr>
<tr>
<td>effectiveness</td>
<td></td>
</tr>
<tr>
<td>Limitations (author identified)</td>
<td></td>
</tr>
<tr>
<td>Limitations (reviewer identified)</td>
<td></td>
</tr>
<tr>
<td>Comments, quotes, relevant findings</td>
<td>Useful info for final</td>
</tr>
<tr>
<td>or conclusions</td>
<td>review, any</td>
</tr>
<tr>
<td></td>
<td>particularly informative</td>
</tr>
<tr>
<td></td>
<td>description or quotes</td>
</tr>
</tbody>
</table>
### APPENDIX C. SAMPLE BOND CHECKLIST FOR ASSESSING QUALITY OF EVIDENCE

<table>
<thead>
<tr>
<th>Evidence being assessed:</th>
<th>Name of assessor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principle</td>
<td>Criteria</td>
</tr>
</tbody>
</table>
| 1) Voice and Inclusion | 1a. Are the perspectives of beneficiaries included in the evidence?  
We present beneficiaries' views on the effects of the intervention, and identify who has been affected and how. |
| | 1b. Are the perspectives of the most excluded and marginalised groups included in the evidence? |
| | 1c. Are the findings disaggregated according to sex, disability and other relevant social differences? |
| | 1d. Did beneficiaries play an active role in the assessment process? |
| | Score for voice and inclusion: 0/16 |
| 2) Appropriateness | 2a. Are the data collection methods relevant to the purpose of the assessment and do they generate reliable data?  
We use methods that are justifiable given the nature of the intervention and purpose of the assessment. |
| | 2b. Is the size and composition of the sample in proportion to the conclusions sought by the assessment? |
| | 2c. Does the team have the skills and characteristics to deliver high quality data collection and analysis? |
| | 2d. Do the methods for analysis unpack the data it in a systematic way and produce convincing conclusions? |
| | Score for appropriateness: 0/16 |
| 3) Triangulation | 3a. Are different data collection methodologies used and different types of data collected?  
We make conclusions about the intervention's effects by using a mix of methods, data sources, and perspectives. |
| | 3b. Are the perspectives of different stakeholders compared and analysed in establishing if and how change has occurred? |
| | 3c. Are conflicting findings and divergent perspectives presented and explained in the analysis and conclusions? |
| | 3d. Are the findings and conclusions of the assessment shared with and validated by a range of key stakeholders (e.g. beneficiaries, partners, peers)? |
| | Score for triangulation: 0/16 |
| 4) Contribution | 4a. Is a point of comparison used to show that change has happened (e.g. a baseline, a counterfactual), comparison with a similar group?  
We can show how change happened and explain how we contributed to this. |
| | 4b. Is the explanation of how the intervention contributes to change explored? |
| | 4c. Are alternative factors (e.g. the contribution of other actors) explored to explain the observed result alongside an intervention's contribution? |
| | 4d. Are unintended and unexpected changes (positive or negative) identified and explained? |
| | Score for contribution: 0/16 |
| 5) Transparency | 5a. Is the size and composition of the group from which data is collected explained and justified?  
We are open about the data sources and methods used, the results achieved, and the strengths and limitations of the evidence. |
| | 5b. Are the methods used to collect and analyse data and any limitations of the quality of the data and collection methodology explained and justified? |
| | 5c. Is it clear who has collected and analysed the data and is any potential bias they may have explained and justified? |
| | 5d. Is there a clear logical link between the conclusions presented and the data collected? |
| | Score for transparency: 0/16 |
**APPENDIX D. SAMPLE BOND SCORE CARD**

<table>
<thead>
<tr>
<th>Column</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Was the perspective of beneficiaries included in the evidence?</strong></td>
<td>No beneficiary perspectives presented, or not integrated into analysis</td>
<td>Beneficiary perspectives presented, but not integrated into analysis</td>
<td>Beneficiary perspectives not presented, or not integrated into analysis</td>
<td>Beneficiary perspectives presented, and integrated into analysis, and beneficiaries have validated the findings, the evidence is strongly presented in the work of the entire population</td>
</tr>
<tr>
<td><strong>B. Was the evidence obtained from the most excluded groups included in the evidence?</strong></td>
<td>No perspectives from most excluded groups presented</td>
<td>Perspectives from most excluded groups presented, but not integrated into analysis</td>
<td>Perspectives from most excluded groups presented, but not integrated into analysis</td>
<td>Perspectives from most excluded groups presented, integrated into analysis, and excluded groups have validated the findings; the evidence is strongly presented in the work of the most excluded groups</td>
</tr>
<tr>
<td><strong>C. Are the findings disaggregated according to sex, disability and other relevant social differences?</strong></td>
<td>No disaggregation of findings to social differences</td>
<td>Findings are disaggregated, but a number of social differences are relevant to the intervention</td>
<td>Findings are disaggregated according to all social differences relevant to the intervention</td>
<td>Findings are disaggregated according to all social differences relevant to the intervention, and why these have been chosen has been clearly explained</td>
</tr>
<tr>
<td><strong>D. Did beneficiaries play an active role in the assessment process?</strong></td>
<td>Beneficiaries had no involvement in the assessment process</td>
<td>Beneficiaries had involvement in part of the following: (1) designing the process; (2) analyzing the data; (3) formulating the conclusions</td>
<td>Beneficiaries had involvement in part of the following: (1) designing the process; (2) analyzing the data; (3) formulating the conclusions</td>
<td>Beneficiaries had involvement in all of the following: (1) designing the process; (2) analyzing the data; (3) formulating the conclusions</td>
</tr>
<tr>
<td><strong>E. Are the data collection methods relevant to the purpose of the assessment and do they generate reliable data?</strong></td>
<td>The methods of data collection are not relevant to the purpose of the assessment and the data is unreliable</td>
<td>The methods of data collection are relevant to the purpose of the assessment, but there is uncertainty about the reliability of some of the data</td>
<td>Methods of data collection are relevant to the purpose of the assessment and generate reliable data</td>
<td>Methods of data collection are relevant to the purpose of the assessment and generate reliable data; there has been appropriate quality control of the data (e.g., spot checks, testing data collection)</td>
</tr>
<tr>
<td><strong>F. Does the size and composition of the assessment team and the conclusions derived by them make sense?</strong></td>
<td>Conclusion are not in proportion to the size and composition of the sample, and the quality of the sample is not valid</td>
<td>Conclusions are not in proportion to the size and composition of the sample, and the quality of the sample is not valid</td>
<td>Conclusions are in proportion to the size and composition of the sample and have a high degree of validity</td>
<td>Conclusions are in proportion to the size and composition of the sample and have a high degree of validity</td>
</tr>
<tr>
<td><strong>G. Does the data analysis in a systematic way that leads to the conclusions?</strong></td>
<td>The analysis is not relevant to the purpose of the assessment and the quality of the conclusions is not valid</td>
<td>The data is analyzed through a clear and systematic method that leads to the conclusions</td>
<td>The data is analyzed through a clear and systematic method that leads to the conclusions</td>
<td>The data is analyzed through a clear and systematic method that leads to the conclusions</td>
</tr>
<tr>
<td><strong>H. Are the findings and conclusions stated with enough clarity and precision?</strong></td>
<td>Findings and conclusions are not stated with enough clarity and precision of the intervention, but not validated</td>
<td>Findings and conclusions are stated with enough clarity and precision of the intervention, but not validated</td>
<td>Findings and conclusions are stated with enough clarity and precision of the intervention, but not validated</td>
<td>Findings and conclusions are stated with enough clarity and precision of the intervention, and their validity is included in the evaluation. The process is clear and concise, and the findings are expressible with an expert group</td>
</tr>
<tr>
<td><strong>I. Was a point of comparison used to show that change has happened (e.g., baseline, a control group, comparison with a similar group)?</strong></td>
<td>No data is available to use as a point of comparison</td>
<td>Data is available and has been used as a point of comparison</td>
<td>Data is available and has been used as a point of comparison</td>
<td>Data is available and has been used as a point of comparison</td>
</tr>
<tr>
<td><strong>J. Does the explanation of how the intervention contributes to change?</strong></td>
<td>No causal links or assumptions are explored</td>
<td>Causal links between the intervention and outcomes are explored</td>
<td>Causal links between the intervention and outcomes are explored</td>
<td>Causal links between the intervention and outcomes are explored</td>
</tr>
<tr>
<td><strong>K. Are alternative factors (e.g., the contribution of other actors) explored to explain the changes described, along with an intervention’s contribution?</strong></td>
<td>Analysis does not mention or explore the possible contribution of other factors outside of the intervention</td>
<td>Analysis does not mention or explore the possible contribution of other factors outside of the intervention</td>
<td>Analysis does not mention or explore the possible contribution of other factors outside of the intervention</td>
<td>Analysis does not mention or explore the possible contribution of other factors outside of the intervention</td>
</tr>
<tr>
<td><strong>L. Are the conclusions not dependent on chance?</strong></td>
<td>Untested changes are not identified</td>
<td>Untested changes are not identified</td>
<td>Untested changes are not identified</td>
<td>Untested changes are not identified</td>
</tr>
<tr>
<td><strong>M. Is the size and composition of the group from which data is collected explained and justified?</strong></td>
<td>Size and composition of sample are not explained</td>
<td>Size and composition of sample are not explained</td>
<td>Size and composition of sample are not explained</td>
<td>Size and composition of sample are not explained</td>
</tr>
<tr>
<td><strong>N. Are the methods used to collect and analyze data, and any limitations to the quality of the evidence explained?</strong></td>
<td>Methods for data collection and analysis are inadequately explained</td>
<td>Methods for data collection and analysis are inadequately explained</td>
<td>Methods for data collection and analysis are inadequately explained</td>
<td>Methods for data collection and analysis are inadequately explained</td>
</tr>
<tr>
<td><strong>O. Is it clear who has collected and analyzed the data and is any potential bias they may have explored and justified?</strong></td>
<td>Team collecting and analyzing data are not identified and/or potential issues are not mentioned</td>
<td>Team collecting and analyzing data are not identified and/or potential issues are not mentioned</td>
<td>Team collecting and analyzing data are not identified and/or potential issues are not mentioned</td>
<td>Team collecting and analyzing data are not identified and/or potential issues are not mentioned</td>
</tr>
<tr>
<td><strong>P. Are the conclusions the same as the conclusions presented and the data collected?</strong></td>
<td>Conclusions follow from the data collected and the steps linking them are clear explained</td>
<td>Conclusions follow from the data collected and the steps linking them are clear explained</td>
<td>Conclusions follow from the data collected and the steps linking them are clear explained</td>
<td>Conclusions follow from the data collected and the steps linking them are clear explained</td>
</tr>
</tbody>
</table>
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