IM in Emergency: Bangladesh
Good Enough?
Carolyn MEYER
Humanity & Inclusion (Handicap International)
HI in Bangladesh – Timeline

• 1997- HI began development activities in the country
  • Low volume, personalized follow up and care
  • Data managed on a case by case basis for donor reporting
• August + September 2018 – Small scale emergency response by development teams
• September-November 2018 – Scaling up of emergency response
• November 2018 – First MEAL/IM position deployed (3 weeks)
HI activities + IM

- Inclusive Education
- Livelihoods
- Distributions – NFIs + Dry Food
- Specific Needs activities - Rehabilitation, PSS, Basic Health care, etc.
  - Mobile Teams
  - Static Points/Health Centers
  - Cox’s Hospital
Mobile Teams -

Phase 1 – No standardized data collection, each team member keeping some case notes for their own follow up

Phase 2 – Full pack of data collection paper forms available, case files kept on paper, no database

Phase 3 – Creation of database, entering key data from backlogged case files, 3-month delay

Phase 4 – MDC system implemented, data available immediately
January 2018 – Actors situation

- Hundreds of NGOs/Actors present in the camps
- Sectors forming
- Confusion between the roles of the UNHCR and IOM.
- Strong government presence
- IM – Too much of a good thing
  - ID Cards, Population data, maps, referrals, data collection tools
Map showing the new camp boundaries in Kutapalong

- All camps were rezoned and new boundaries were decided and diffused.
- For months, some organizations/coordination mechanisms using “old” zones and some using “new camps”
The problems

- Beneficiary volume extremely high – hundreds of visits per day
- Previous development-based data management system not equipped to manage this volume
- Excessive and uncoordinated requests for data and reporting from the government, sectors, and donors.
The solutions

- Development of Mobile Data Collection system (SurveyCTO) for all mobile teams
- Growth of a MEAL/IM team with an IM Officer
What is good enough?

• Data to collect
  • Standard pack tools to collect and analyze basic data
  • Sacrifices can be made on what to collect – less data to lighten operational teams’ workload and facilitate analysis – not on the analysis (avoid a “collect-everything-now-figure-it-out–later” attitude)

• System
  • MDC from the beginning whenever possible

• HR
  • For high volumes of data collection – need a dedicated IM person
Good Enough

IM systems in emergencies should

• rely on standardized and pre-existing tools to
• streamline data and information needs from different stakeholders in an efficient way,
• ease and facilitate field activities, by integrating data collection into existing operational setups to
• avoid adding additional workload for field teams and
• provide simple but timely summaries and products to relevant stakeholders.