**Activity factsheet 1 - Initial diagnosis**

**What is it?**

An initial diagnosis is gathering enough secondary and primary data in order to assess the needs and build a project addressing those needs, in accordance with basic quality standards: effectiveness, efficiency, relevance, sustainability and impact.

**Targets**

HI operational and technical project teams, Mine Action and local authorities, future involved stakeholders and communities.

**What for?**

The key objective of an initial diagnosis is to feed strategic programming related to armed violence reduction (AVR) interventions, covering HI scopes of activities. It enables to evaluate the environmental and human impacts of arms (mines/ERW/SALW/IED) to better inform stakeholders, allocate suitable resources and tailor appropriate responses.

This diagnosis allows to:

- Better understand the legal framework applicable in the country/area.
- Evaluate the human and environmental impacts to better understand the context and identify related needs in order to feed further programming:
  - Identify contamination type, nature and coverage;
  - Evaluate the sociological, economic and human impacts;
  - Identify risk factors, motivations, and at-risk groups to sharpen the project’s targeting;
  - Elaborate stakeholders’ mapping and available capacities to coordinate properly and define HI perspectives according to the findings.
- Contribute to feed the Communication and Advocacy units.
How?

The method used is a combination of secondary data review and semi-structured interviews (primary data collection). The assessor identifies a set of questions he/she wants to cover during the course of each meeting according to the interviewee’s profile and specific area(s) of knowledge/intervention. All information collected must be precisely sourced.

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<tr>
<th>Process</th>
<th>Required documents</th>
<th>Validation</th>
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<tbody>
<tr>
<td>• Conduct the needs assessment according to protocol</td>
<td>• Initial diagnosis report</td>
<td>Internal: Technical Advisors assess the relevance and feasibility to launch the design phase of the project</td>
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<tr>
<td>➔ See Tool 1: Initial diagnosis package</td>
<td>• Concept note</td>
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<td>• Define your project</td>
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<td>➔ See Tool 2: Project indicators package</td>
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Main standards and policies

All sources of information collected during the initial diagnosis must be properly referenced. Refer to IMAS 01-10; 02-10; 04-10; 07-30 and to related NMAS.

Monitoring, Evaluation, Accountability and Learning references

➔ See Transversal factsheet 2 - Information management
## Tips

<table>
<thead>
<tr>
<th>Remote activity</th>
<th>Focus on data accuracy and on information sources’ quality and transparency</th>
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<tr>
<td>Synergies</td>
<td>Refer to HI <em>Initial diagnosis practical guide</em> (coming soon) to liaise with other HI sectors, avoid overlaps, optimize data management and findings analysis</td>
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</table>
| Inclusion       | It is the basis for an inclusive project: disaggregate all data:  
• Identify the different target groups;  
• Ensure participation of all by adapting the methodology to allow the widest range of participation: make it child-, disability-, age- and gender-sensitive.  
It will result in building a project on relevant data, thus leaving no one behind.  
→ See *Initial diagnosis phase*, in Toolbox PME (Project Planning, Monitoring and Evaluation) on [GRAASP](#). |

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1. Ask access to HI PISE Unit.