Health Needs Assessment in Emergencies

Disaster-Development: different types of assessment and surveillance

DISASTER

- Manifestations
- Immediate causes
- Underlying causes
- Natural Hazards
- Man-made Hazards
- Socio-economic Vulnerabilities and Capacities
- Infra-structural causes
- Primary Vulnerabilities
- Environment
- Culture
- Society
- Economy
- Governance

Information for
- Rapid Assessment and Emergency Surveillance
- Surveillance for Early Warning
- Risk Assessment & Monitoring
  - "Vulnerability Analysis"
  - "Capacity Analysis"
  - "Disaster Profile"
Routine and non-routine information systems

Routine:
- Surveillance Systems
- Health (Unit-managed) Information Systems
- Civil registration (vital statistics)

Non-routine:
- Rapid Health Assessments (RHAs)
- Surveys

What a RHA is and for what is used?

“collection of subjective and objective information in order to measure damage and identify those basic needs of the affected population that require immediate response”
Rapid Health Assessment (RHA) Purpose

The purpose of a rapid health assessment is to:

• confirm the emergency;
• describe the type, impact and possible evolution of the emergency;
• measure its present and potential health impact;
• assess the adequacy of existing response capacity and immediate additional needs; and
• recommend priority action for immediate response.

RHA after Sudden-impact Natural Disasters Purpose

A rapid assessment should be initiated as soon as possible after a natural disaster to determine:

• the type of emergency, the affected areas and population, and the emergency’s likely evolution;
• its impact on health
RHA after Sudden-impact Natural Disasters

Purpose

A rapid assessment should be initiated as soon as possible after a natural disaster to determine:

• the immediate impact on health services; and
• the extent of damage to other sectors relevant to health operations.

RHA after Sudden Population Displacements

Purpose

The purpose of this rapid health assessment is to:

• describe the type, magnitude, and possible evolution of the displacement;
• assess the health and nutritional impact of the displaced and host populations;
• initiate a health and nutrition surveillance system;
• assess the adequacy of existing response capacity and immediate additional needs; and
• recommend priority actions for rapid response.
Which are the key questions in a RHA?

- Is there an emergency or not?
- What is the main health problem?
- What is the existing response capacity?
- What decisions need to be made?
- What information is needed to make these decisions?
Which information to collect?

- Why ask this question?
- Is the question clear?
- Where to find the information?
- What to do with the answers, once we have them?

Needs or capacity assessment?

- Both:
  - needs can have increased (augmented hazards to health, e.g. epidemic) or
  - capacity too meet “normal” or increased needs can have diminished (h.infrastructure destroyed, but health hazards not augmented)
RHA after Sudden-impact Natural Disasters Assessment Priorities by Stage (1)

• **Stage I (Day 1)**
  Situations: Emergency medical response is the highest health priority.
  To be assessed: injury estimates to guide requests for assistance.

• **Stage II (Day 2)**
  Situations: Most critical patients in accessible areas have already received initial medical attention and then immediate life-saving measure become less important.

To be assessed: Needs for emergency medical response in the less accessible areas, shortages in primary health care resources, secondary needs (health care, shelter, food and water for the population) and needs for additional national and international resources.
RHA after Sudden-impact Natural Disasters
Assessment Priorities by Stage (2)

• **Stage III (Day 3)**

Situations: Restoring primary health care, lifeline systems and adequate shelter become priorities.
To be assessed: Needs for: environmental health, food security and safety, and public health services; special protection and shelter for vulnerable groups; and re-establishing the primary health care system, and restoring health facilities.

1. Assessing the Impact on People’s Health

- Injuries
- Missing persons
- Survivors in need
- Other illness
- Deaths
RHA after Sudden-impact Natural Disasters

2. Assessing the impact on Health Services
   - Medical Services
   - Environmental Health

3. Assessing the impact on Health-related Sectors
   - Food
   - Shelter and housing; and
   - Transport and communication

RHA after Sudden Population Displacements

1. Before Assessment
   - Defining the area where the displaced are located
   - Deciding what information to collect
RHA after Sudden Population Displacements

2. Assessing Health Status

- Demographic characteristics
- Background health information
- Nutritional status
- Mortality
- Morbidity

RHA after Sudden Population Displacements

2. Assessing Environmental Conditions

- Water supply
- Sanitation
- Material possessions of displaced persons
- Characteristics of the location
RHA after Sudden Population Displacements
3. Assessing Local Response Capacity and Immediate Needs

• Coordination
• Food supplies and sources
• Feeding programmes
• Health services and infrastructure

Main steps of a RHA

• Set the assessment priorities
• Collect the data:
  ○ reviewing existing information
  ○ inspecting the affected area
  ○ interviewing key people
  ○ carrying out a rapid survey
• Analyse and interpret the findings
• Present results and conclusions
Preparing for a RHA

- What should I know before going to the field?
- What methods are appropriate, considering:
  - the given emergency context, and
  - the security, time, logistic, technical constraints?
- What composition of the NA team?
- Which logistics, communication & transport?

RHA: a few tips (1)

- Concentrate on your sector, but don’t lose sight of the context
- Concentrate on the NOW, but look at the past (WHY?) and think of the future (...WHAT IF...?)
- use local knowledge
- Don’t create excessive expectations! A NA, as a rule, should be followed by response
- Share with your team, report to your HQ, but leave something for who remains in the field
RHA: a few tips (2)

- Don’t be too ambitious: time is short
- Being *roughly right* is generally better than being *precisely wrong* or *precisely late*
- **Beware:** wrong conclusions from the RHA can do more harm than not taking any action

What is needed for a RHA?

- Clear lines of authority and reporting
- Partnerships
- Division of responsibilities and agreed procedures
- Maps
- Transport
- Guarantee of follow-up (response, other assessments)
- Radio or mobile/sat phones
What is needed for a RHA?

- Tent, food?
- Security clearance
- Qualified personnel
- Interpreters (if no local collaborators are part of the team)
- Data collection forms, containers for specimen, other equipment
- Guarantee of follow-up (response, other assessments)

Which information?

- The population:
  - numbers, characteristics, & trends
  - morbidity and mortality
- The vital needs:
  - security
  - food
  - water
  - shelter & sanitation
Which information?

- shelter & sanitation
- clothes and blankets
- domestic utensils and fuel
- health care

The support systems:
- information
- logistics
- coordination
- resource flow

Community Risk Map

- Drawn by the community and local health personnel
- Assists the community in identifying and assessing the different risks in the community
- Can help in devising preventive actions
- Helpful in tasking these risk areas to the members of the community