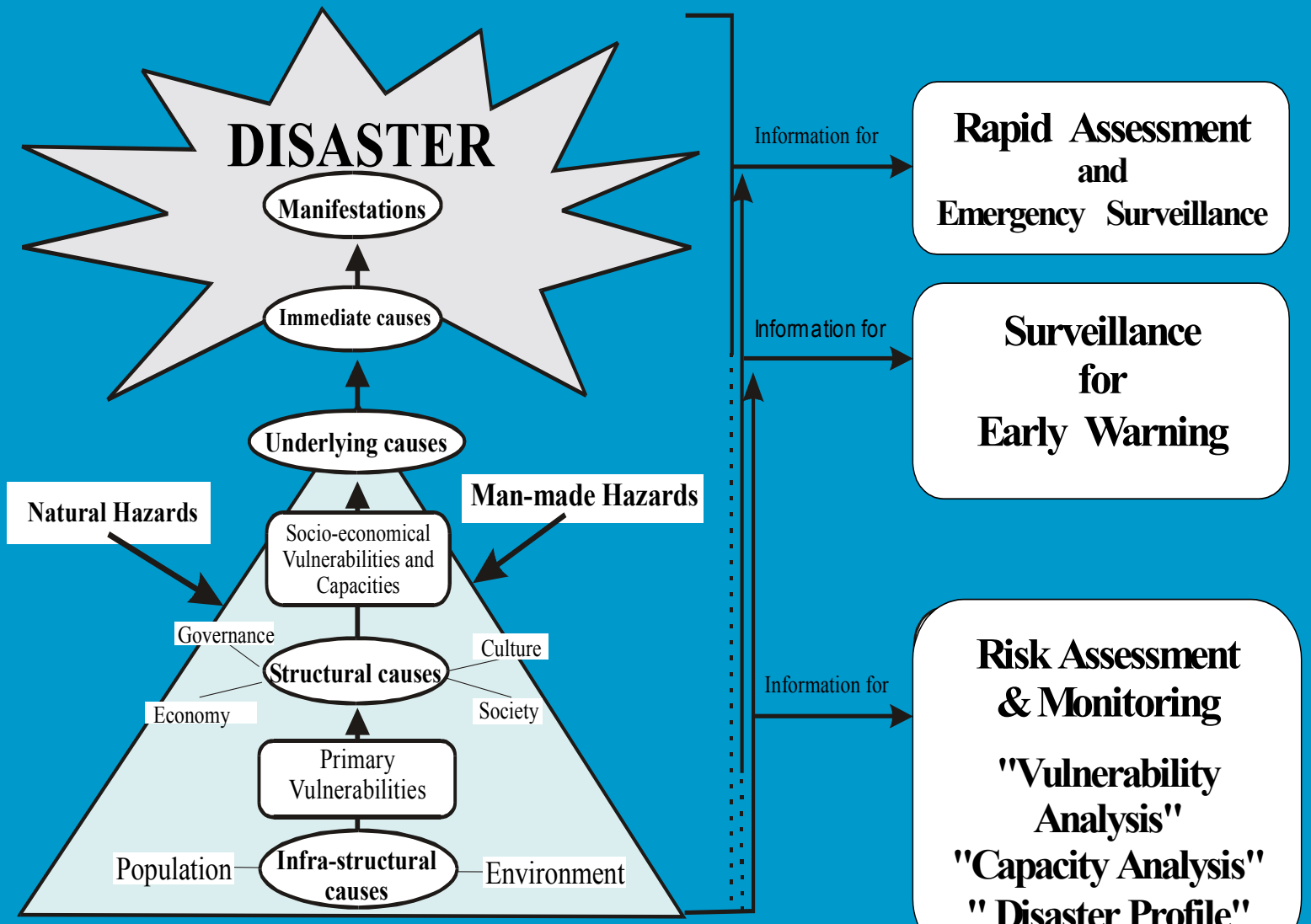
Rapid Health Assessment in Emergencies

March 2005

Disaster-Development: different types of assessment and surveillance



Routine and non-routine information systems

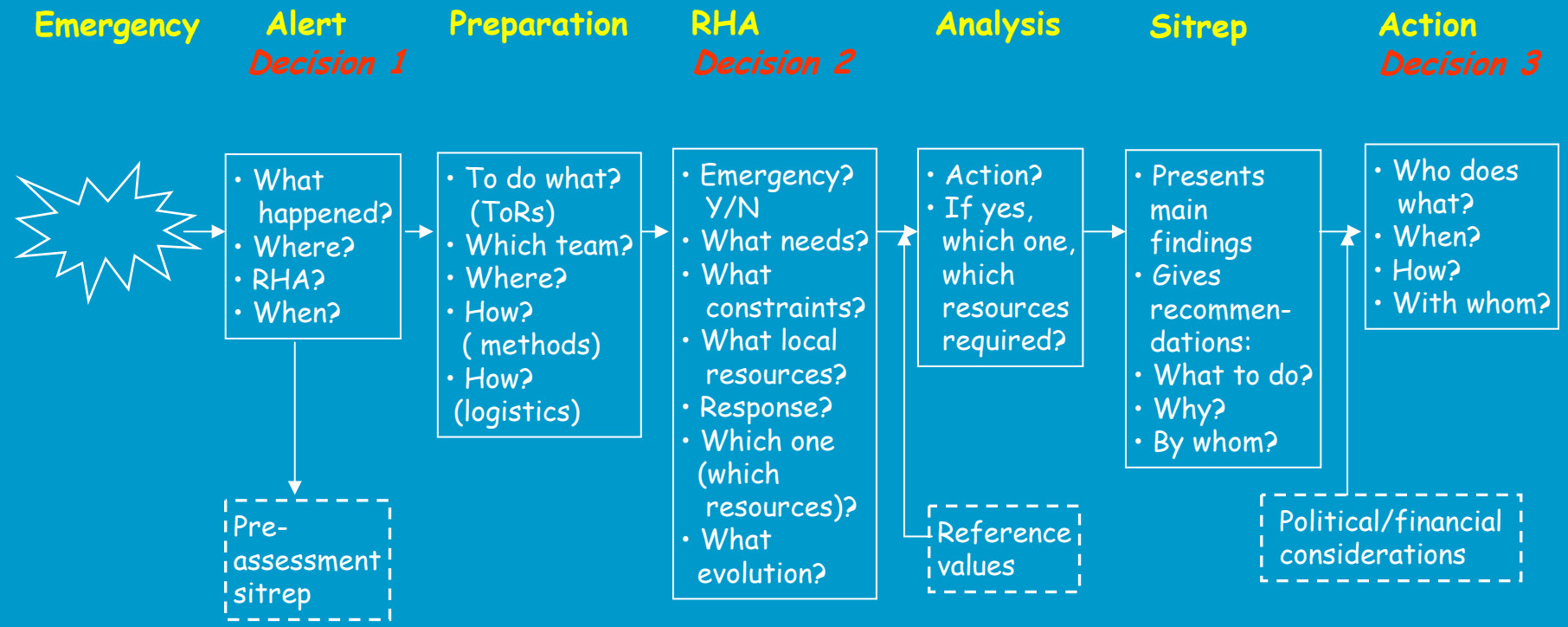
- **Routine:**
  - Surveillance Systems
  - Health (Unit-managed) Information Systems
  - Civil registration (vital statistics)

- **Non-routine:**
  - **Rapid Health Assessments (RHAs)**
  - Surveys
  - Desk studies

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"

From: RHA protocols for emergencies, WHO, 1999



Hypothetical Timeframe

0	??	few hours/ days	1-4 days	possibly during RHA	1 day	??

Which are the key questions in a RHA?

- Is there an emergency or not?
- What is the main health threat?
- 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 can we do with the answers, once we have them?

Which information?

- The population:
  - numbers, characteristics, & trends
  - morbidity and mortality
- The vital needs:
  - security
  - food
  - water
  - shelter & sanitation
  - clothes and blankets
  - domestic utensils and fuel
  - health care
- The support systems:
  - information
  - logistics
  - coordination
  - resource flow

Needs or capacity assessment?

- Both:
  - needs can have increased (augmented threats to health, e.g. epidemic) or
  - capacity too meet "normal" or increased needs can have diminished (e.g.health threats not augmented, but health infrastructure destroyed)

What is the GAP between needs and capacity?

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 RHA team?
- Which logistics, communication & transport?

What is available on the WHO webpage?

- Short introduction with objectives
- SitrepTemplate
- Instructions
- Reference Values

Purpose of the template

- selecting what information to collect in the initial RHA, and
- summarising this information in a simple and standard reporting format
- **Help draw conclusions for action**

Advantages of using a standard template

- Quicker and comparable analysis
- Ensures all important items of information are included
- Consolidates information from different sources into a single document
- But, remember, the standard template is just a guide and can be adapted to your needs

HAC first sitrep

First Situation Report

Sitrep No.#

Location (country, region/area affected):

Organisation:

Covering period (from .... to ...)

Date of transmission:

Prepared by:

Cleared/authorized by:

1. **Executive Summary**: main problems & needs, the likely evolution, the local response capacity and the additional requirements.

2. **Main issue**

2.1 *Nature of the emergency:*

- Main causative hazard
- Additional hazards
- Projected evolution
- Others as relevant

2.2 *The affected area*

- Administrative division
- Access to area:
  - Main routes and their conditions

http://www.who.int/disasters/sitrep.cfm

Reference Values

Standards in health emergency.

The following table of reference values aims at helping in the interpretation of the findings from the rapid health assessment and in drawing the conclusions and recommendations for the first sitrep. The values are presented according to the specific items of the sitrep template[1].

Sitrep item; indicator	Reference Values	
2.3 age breakdown	0-4 y	12.4%
	5-9	11.7
	10-14	10.5
	15-19	9.5
	20-59	48.6
	pregnant	2.4
3.1: CMR	> 1 x 10,000 per day > 2 x 10,000 per day: critical	
3.1: under-5 mortality rate	> 2 x 10,000 per day > 4 x 10,000 per day: critical	
3.1 common causes of morbidity: expected attack rates in emergencies		
ARI in children<5	10% per month in cold weather	
Diarrhoeal diseases in children<5	50% per month	
Malaria, in non-immune population	50% per month	
3.1: malnutrition:		
– individual level, total		
◆ Children 6-59.9 months	<- 2Z scores WfH or 80% median or <12.5 cm MUAC +/or nutritional oedema	
– individual level, moderate		
◆ Children 6-59.9 months	<- 3Z to <2Z scores WfH or 70-80% median or 11.0 to <12.5 cm MUAC	
– individual level, severe		

CMR: reference values

- "normal" in developed countries: 0.2 per 10,000 per day
- "normal" in developing countries: 0.5 " " "
- crisis (under control): < 1.0 " " "
- very serious: > 1.0 " " "
- out of control: > 2.0 " " "
- famine, major epidemic, catastrophic: > 5.0 " " "
- Ajiep, South Sudan, in 1998: 26.0 " " "
- Rwanda, 1994: 19.4-30.9 " "

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 RHA, 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

DECIDE:

Do you need to take action?

What?

With whom?

How?

By when?

What is needed for a RHA?

- Clear lines of authority and reporting
- Partnerships
- Division of responsibilities and agreed procedures
- Maps
- Transport
- Radio or mobile/sat phones
- 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)

Non-routine data collection methods

Type	When	What	How
Rapid reconnaissa-nce	Immediately after a disaster	A quick, preliminary inspection of the disaster area	• Satellite imagery • Overflights • Mapping • Drive/walk through
RHA	As soon as it is possible to go to the area	A quick collection of information to confirm the emergency, measure the impact, identify health needs and guide response	• Visual inspection • Analysis of records • Interview of key informants • Rapid surveys (MUAC, etc)
Surveys	When the situation stabilises and response has been activated	A detailed study in which information is systemati-cally collected in a sample of population (morbidity, mortality, nutrition, KAP)	• Probability sampling • Non-probability s.