2. TOOLS

2.4. Rapid Health Assessment
2.4. Rapid Health Assessment
Overhead Transparencies

2.4.1. Rapid Health Assessment, Definition
2.4.2. RHA, Objectives
2.4.3. RHA, Methods
2.4.4. What is needed for RHA?
2.4.5. When to do a RHA?
2.4.6. Which Information to Collect? 1.
2.4.7. Which Information to Collect? 2.
2.4.8. Which Information to Collect? 3.
2.4.9. Keep the Data Disaggregated
2.4.10. RHA Constraints that Need Addressing
2.4.11. How to Collect the Information?
2.4.12. Presenting the Information .1
2.4.13. Presenting the Information, continued
2.4.14. Rapid Assessment, Tips
2.4. Rapid Health Assessment
Trainers' Guide

Objective:
*To introduce definitions, objectives, methods and limitations of Rapid Health Assessment. (Knowledge and Skills)*

Key-message:
*Rapid Health Assessment (RHA) needs Preparedness and Readiness. RHA must always involve nationals or local staff. Lack of information is information. Information that is not understood or not seen is useless. Only proper health care can guarantee that food relief is cost effective. Only food can ensure that health care is effective.*

2.4.1. Rapid Health Assessment, Definition
Present and discuss. *Key words: measuring, basic needs, immediate response.*

2.4.2. RHA, Objectives
Present and discuss. *RHA answers to many questions: 1) has something happened? 2) What has happened? 3) What does it mean for the people's health? 4) What is locally available? 5) What is needed from outside? 6) What must be done first?*

2.4.3. RHA, Methods
Present and discuss. *The sequence of the different steps of RHA*

2.4.4. What is needed for RHA?

2.4.5. When to Do a RHA?
Present and discuss. *Before a disaster or After a disaster. Different emergencies call for different times of reaction.*

2.4.6. Which Information to Collect? 1.
Present the key-message: *TIMELY and RELEVANT*

2.4.7. Which Information to Collect? 2.
Present and discuss. *Think of the vital needs of any population caught in an emergency.*
2.4.8. Which Information to Collect? Present and discuss. On the basis of the common Vital Needs, it is easy to decide what one must look at.

2.4.9. Keep the data disaggregated
Present and discuss. Each country has its own administrative division: disaggregate the data accordingly.

2.4.10. RHA Constraints that Need Addressing
Present and discuss. A list of possible constraints that one can face and needs to be taken into consideration. Give and ask for short examples.

2.4.11. How to Collect the Information?
Present and discuss. There are many ways of gathering information and all of them have their pitfalls. Combine different techniques.

2.4.12. Presenting the Information
Present and discuss. Layout of a report after a RHA. Use standard formats and standard benchmarks.

2.4.13. Presenting the Information, continued
Present and discuss. Clarity; standard benchmarks and formulas; recommendations. Circulate the report.

2.4.14. Rapid Assessment, Tips
Present and discuss. More guidelines or general hints.

Stand-alone.

Essential Reading:
- Public Health Action in Emergencies Caused by Epidemics, P. Brès, WHO, 1986
- Coping with Natural Disasters, The role of local health personnel and the community, WHO/IFRC, 1989
- UN-DMTP Training Modules, UN-DMTP, 1990
- Rapid Health Assessment in Complex Emergencies, WHO/PTC, 1995
- Rapid Health Assessment, WHO/EHA 1999
RAPID HEALTH ASSESSMENT

Definition

The exercise of collecting information, in order to measure the damages and identify the basic needs that require immediate response in the aftermath of a disaster.
RAPID HEALTH ASSESSMENT

Objectives

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

METHODS

• Set the assessment priorities
• Collect the data:
  - by review of existing information
  - by inspection of the affected area
  - by interview of key persons
  - by rapid survey
• Analyse the data
• Present results and conclusions
2.4.4. What is needed for RHA?

WHAT IS NEEDED FOR A RAPID ASSESSMENT?

- Clear lines of authority and reporting
- Partnerships
- Division of responsibilities and agreed procedures
- Maps
- Data collection forms, containers for specimen, other equipment
- Reference laboratories and special shipment procedures
- Communication channels and systems
- Qualified personnel
- Guarantee of follow-up:
  - relief
  - other assessments
2.4.5. When to Do a RHA?

WHEN TO DO A RAPID ASSESSMENT?

1. When there are early warning signals of an impending disaster

2. After a disaster:
   - Immediately after an earthquake or a chemical spill
   - Within 2-4 days after the notification of an outbreak or floods
2.4.6. Which Information to Collect?

WHICH INFORMATION TO COLLECT?

- Useful for **timely** decisions
- Important for public health
## Which Information to Collect?

<table>
<thead>
<tr>
<th>VITAL NEEDS</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td>№ of population&lt;br&gt;Nо of new arrivals/week&lt;br&gt;Nо of deaths/day&lt;br&gt;Nо of deaths/day among under-5&lt;br&gt;First causes of death</td>
</tr>
<tr>
<td>1.1. Security</td>
<td>№ of intentional and landmines injuries (new cases)&lt;br&gt;Attacks against health facilities or agencies</td>
</tr>
<tr>
<td>1.2. Water</td>
<td>№ of cases of diarrhoea&lt;br&gt; Litres per person per day&lt;br&gt;Distance between settlement and water source&lt;br&gt;Type of water sources/ № households per source&lt;br&gt;Availability of Chlorine</td>
</tr>
<tr>
<td>1.3 Food</td>
<td>№ of cases of acute PC malnutrition&lt;br&gt; № of cases of growth faltering&lt;br&gt;Distribution of general and supplementary rations&lt;br&gt; № of cases for therapeutic feeding&lt;br&gt; № of cases of clinical micro- nutrient deficiencies</td>
</tr>
<tr>
<td>1.4. Shelter and /sanitation</td>
<td>№ of cases of diarrhoea&lt;br&gt;State of shelters&lt;br&gt;State of environment&lt;br&gt; № of latrines/households&lt;br&gt;Availability of tools for digging latrines, etc.</td>
</tr>
<tr>
<td>1.5. Soap buckets and Pots</td>
<td>№ of cases of diarrhoea&lt;br&gt; № of cases of eye and skin infection&lt;br&gt;Activities of health education</td>
</tr>
<tr>
<td>1.6. Health Care</td>
<td>№ cases of measles, cholera, dysentery, meningitis&lt;br&gt;State of stockpiles against epidemic outbreaks&lt;br&gt; № of cases of ARI, malaria and STD&lt;br&gt;Immunisations by antigens and age-group&lt;br&gt; № of MCH consultations&lt;br&gt;Availability of condoms&lt;br&gt; № of TB patients under treatment&lt;br&gt;State of personnel&lt;br&gt;State of drugs and materials&lt;br&gt;State of infrastructures and equipment</td>
</tr>
</tbody>
</table>
2.4.8. Which Information to Collect?

<table>
<thead>
<tr>
<th>2. Support Activities</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1. Information</td>
<td>Flow of epidemiological and nutritional surveillance</td>
</tr>
<tr>
<td></td>
<td>Circulation of health information to other sectors</td>
</tr>
<tr>
<td>2.2. Logistics and Communications</td>
<td>State of the system for reception, distribution warehousing of medical materials</td>
</tr>
<tr>
<td></td>
<td>Number and state of the agency’s vehicles</td>
</tr>
<tr>
<td></td>
<td>Number and state of means of communication</td>
</tr>
<tr>
<td>2.3. Coordination</td>
<td>Number of the coordination meetings:</td>
</tr>
<tr>
<td></td>
<td>of the Health sector</td>
</tr>
<tr>
<td></td>
<td>inter-sectoral</td>
</tr>
<tr>
<td></td>
<td>Circulation of minutes from sectoral meetings</td>
</tr>
<tr>
<td></td>
<td>Circulation of bulletins, newsletters, etc</td>
</tr>
<tr>
<td>2.4. Training</td>
<td>Training activities organized by agency</td>
</tr>
<tr>
<td></td>
<td>Training activities in which agency participated (includes supervision)</td>
</tr>
<tr>
<td>2.5. Resource Mobilization</td>
<td>List of health projects submitted for funding</td>
</tr>
<tr>
<td></td>
<td>Funds confirmed</td>
</tr>
<tr>
<td></td>
<td>Funds disbursed</td>
</tr>
</tbody>
</table>
KEEP THE DATA DISAGGREGATED ACCORDING TO THE COUNTRY’S ADMINISTRATIVE DIVISION

<table>
<thead>
<tr>
<th>1. REGION</th>
<th>Collectivity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>2. SUB-REGION</th>
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<tr>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>1. ZONE</th>
<th>5. Groupement/Quartier</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6. Locality: village a</td>
</tr>
<tr>
<td></td>
<td>“ b</td>
</tr>
<tr>
<td></td>
<td>“ c</td>
</tr>
<tr>
<td></td>
<td>etc…</td>
</tr>
</tbody>
</table>

D. R. Congo: administrative division
### RAPID HEALTH ASSESSMENT

**CONSTRAINTS THAT NEED ADDRESSING**

<table>
<thead>
<tr>
<th>Category</th>
<th>Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time</strong></td>
<td>Urgency of suffering, Urgency for results, Security considerations, Team-work requirements, Ideological bias</td>
</tr>
<tr>
<td><strong>Political considerations</strong></td>
<td>Institutional pressures, Beneficiaries’ expectations</td>
</tr>
<tr>
<td><strong>Cost and sustainability</strong></td>
<td>profile of team, training needs, inter-disciplinary approach</td>
</tr>
<tr>
<td><strong>Human skills and know-how</strong></td>
<td>availability of records, access to equipment (e.g. lab)</td>
</tr>
<tr>
<td><strong>Institutional capacities</strong></td>
<td>national environment, political environment</td>
</tr>
<tr>
<td><strong>Accessibility</strong></td>
<td>gender issues, representativeness of sources, language</td>
</tr>
<tr>
<td><strong>Socio-cultural aspects</strong></td>
<td>attitudes of team</td>
</tr>
<tr>
<td><strong>Logistics and communications</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Others …</strong></td>
<td></td>
</tr>
</tbody>
</table>
2.4.11. How to Collect the Information?

HOW TO COLLECT THE INFORMATION?

Reviewing existing information

**But** data may not be disaggregated
they may be incomplete

Inspecting the affected area

**But** the most severely injured may be beyond
the hill, or in the houses

Interviewing key informants

**But** they may have personal or community’s agendas (e.g. hoping for more relief)

Conducting a rapid survey

The quickest survey can be done through a random sample of 50 households,

**But** - take a sample that can represent the affected area: choose randomly 30 villages from a list of all villages in the affected area
- avoid sampling only the most accessible households: choose randomly one house in each village and then the closest houses.
PRESENTING THE INFORMATION

1. Reasons for emergency

2. Affected area (add at least a sketch map)

3. Affected population
   - number, structure, special risks and special vulnerabilities
   - estimated total number of deaths and injuries

4. Impact
   - number of deaths/day × 10,000 population
   - malnutrition rates (% of target population)
   - loss of vital infrastructures and systems
   - financial losses

5. Existing response capacity

6. Additional requirements

7. Recommendations:
   - priority actions
   - responsible office/agency
   - time-frame
   - breakdown of requirements by projects
PRESENTING
THE
INFORMATION

Be clear: decision-makers are not experts

Use standard formulas: some experts will see your report

Indicate the highest priority needs: under-development cannot be addressed by emergency relief

Circulate your report: information that is not seen is useless
RAPID ASSESSMENT

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?**) 

Share with your team, report to your HQ, leave something for remains in the field

Do not be too ambitious: time is short