

PART 1: FACT SHEET

The fact sheet is the first of four parts contained in this module. It provides an overview of health assessments in emergencies and the link with nutrition. Part 2 provides detailed technical information on health assessments in emergencies and links with nutrition. Part 3 provide guidance on how to design a training course and give examples of exercise that the trainer may use/adapt in training on health assessment and links with nutrition. Part 4 of the module provides a list of key resources related to health assessment in emergencies, including guidelines and manuals, a list of training courses, training materials and useful websites. Words in italics are defined in the glossary.

Introduction

Assessments are a vital component of planning and implementing an emergency response and a variety of health assessments will be undertaken during [the various phases of an emergency](#) to assess: the health status and the risks for the affected population; the availability and capacity for provision of services; and the health system performance. Given the close links between health and nutrition status and programming, it is essential that staff conducting emergency assessments approach the work from a holistic perspective: nutrition staff should ensure that key health issues are appropriately included/considered in nutrition assessments; while health staff must ensure key nutrition issues are appropriately included/considered in health assessments. Other sectors which influence health and nutrition status will also need to be considered (E.g. *food security*, shelter availability, water supply and sanitation).

The link between *undernutrition* and health

Undernutrition has multiple causes. It is not simply due to lack of food but is closely linked to the presence of diseases resulting from an unhealthy environment, inadequate health services and a poor social and care environment.

Infectious diseases often suppress *immunity* and can cause undernutrition, while undernutrition itself leaves an individual more open to infections. Common childhood diseases such as *measles*, *acute respiratory infections* and *diarrhoea* often occur in emergencies. Therefore strategies should be put rapidly in place for the prevention, identification and treatment of these diseases. Inadequate reproductive health (RH) services will have a negative impact on the nutritional status of both mothers and children and so it is important to ensure appropriate provision of basic RH services is adequately supported in an emergency scenario.

Why are health assessments important in an emergency?

In emergency situations the health environment often deteriorates rapidly. An emergency-affected population may be living in overcrowded situations with inadequate shelter and may not have access to adequate food supplies, clean water or sanitation facilities, or access to basic preventative and curative health services. In addition, the population may have been subjected to psychological trauma as a direct result of the emergency, while in a conflict situation there will be an increased incidence of physical trauma/injury. The health of an emergency-affected population is impacted by all of these issues and so health assessments and interventions must consider and appropriately address them.

Different types of health assessments

Over the years a wide variety of tools and methodologies have been developed for health assessments in emergencies, incorporating many different types of assessments, focussing on various aspects and objectives, to be conducted over the course of an emergency. The Health Cluster Guide developed by the Global Health Cluster (GHC) outlines four different phases of an emergency and the various types of information collection and assessment to be undertaken during each phase.

While it is important to appreciate the various phases of an emergency and that different data is required at these different phases, it is also important to recognise that in practice the phases are not so clear cut; and the essential issue to understand is that **health information collection/assessment is a process** and that each assessment activity should be built on previous assessment activity, to give a deeper understanding of the situation and needs, but not replicate previous assessment(s).

The GHC has also defined three core areas of health information needs for planning, implementing and monitoring an emergency health response – the health status and the risks for the affected population; the availability and capacity for provision of services; and the health system performance (at community and facility levels) – and suggests some tools and methodologies for collecting/analysing the information in relation to each of the three core areas.

The United Nations Inter-Agency Standing Committee (IASC) cluster approach aims to improve coordination and response to humanitarian emergencies. Three clusters, namely health, nutrition and WASH (water, sanitation and hygiene), have collaboratively developed a tool for Initial Rapid Assessments (IRA), which will assist with multi-agency (involves several agencies) and multi-sector (involves several technical sectors) assessments approach, ensuring that in the initial stages of an emergency the inter-linked health and nutrition needs of emergency-affected people are met through integrated analysis and response.

An Early Warning and Response System should be rapidly established for Disease Surveillance Systems to detect selected *epidemic*-prone conditions and implement immediate outbreak control measures. As an emergency progresses, more in-depth and specialised subsector assessments and surveys will be conducted, and a Health Information System (HIS) should be established to inform decisions on response and monitor impact of interventions.

Key messages

1. A variety of health assessments will be undertaken during the various phases of an emergency to assess the health status and the risks for the affected population; the availability and capacity for provision of services; and the health system performance.
2. Assessment is a process not a single activity event. Initial and Rapid Assessments provide the basis for subsequent in-depth assessments that deepen understanding from (but do not repeat) earlier assessments.
3. Coordinated multi-sector assessment and analysis of an emergency affected population is essential to identify the health and nutrition status of the population and risks for the population and to prioritise programming interventions.
4. Important assessments to make in an emergency include:
 - *Crude Mortality Rate* and *Under-Five Mortality Rate*, as these are indicators of the overall health status of a population
 - Morbidity trends in the emergency-affected population, including the main changes in morbidity from the pre-disaster situation, to provide an understanding of the main health risks.
 - Provision of child health care services and reproductive health care (RH). Children's access to basic services for prevention and treatment of infections will have a positive impact on nutritional status, while adequate RH services will have a positive impact on both maternal and child health and nutrition status. Furthermore, many of the nutrition interventions will be implemented with/through these services.
5. An Early Warning and Response System (EWARS) is rapidly required (may be built around pre-disaster EWARS) to detect selected epidemic-prone conditions and implement immediate outbreak control measures as needed.
6. It is important that assessors appropriately consider specific groups vulnerable to health and nutrition problems in an emergency, including those with chronic diseases such as HIV&AIDS, unaccompanied elderly and unaccompanied children.
7. Gender based violence and mental health and psychosocial issues will also impact the nutritional status of infants and young children and should be assessed.
8. Assessors should also consider other gender issues in relation to health when conducting assessments. As soon as possible data should be disaggregated by age and sex. A detailed breakdown may not be possible at the early stage of an emergency, nevertheless it is essential to differentiate the **needs** of adults/children and men/women immediately.
9. Up to date information is required on a continuous basis during a crisis to inform decisions on response and monitor the effects of health interventions. The HIS should be built on the existing system and adapted to the context of the crisis as necessary.
10. In the initial phase of an emergency, HIV prevention is addressed through implementation of the Minimum Initial Service Package (MISP) for Reproductive Health. However, after the initial response there is need for reestablishment of core HIV-related services, so an assessment of the needs of the emergency-affected population for HIV treatment, care and support and an assessment of the capacity of existing health services to provide priority services, should be conducted.
11. Health assessments are conducted using a variety of qualitative and quantitative methods. The selection and mix of methods used depends on the type of information required

