Health needs assessment

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Key points

- Disease outbreaks and malnutrition are the major public health concerns in emergencies. They are the main causes of high mortality that relate to public health.

- Ensure linkages between the rapid health and nutrition assessment. Ideally the findings are presented in the same report describing the health and nutrition status of the new arrival refugee population.

- The identification of health risks and disease surveillance are absolute priorities

- Health, nutrition and WASH are interlinked. Ensure these sectors coordinate closely at all levels.

- Initial assessments should be multi-sectoral in character and the teams should include expertise in public health, nutrition, WASH and shelter / site planning.

1. Overview

Emergency public health interventions must be evidence-based, needs-based and context-specific. Ideally following the multi-sectoral needs assessment for refugee emergencies (NARE), a more detailed initial health and nutrition assessment is conducted. This examines refugees’ most immediate health problems and needs; reviews public health risks (disease outbreaks, malnutrition); and maps the resources that are available and the resources that are needed to deliver effective assistance. The Health Assessment should be carried out by public health technical experts with appropriate qualifications and relevant experience.

2. Main guidance
Underlying policies, principles and/or standards

The priority needs of the disaster-affected population are identified through a systematic assessment of the context, risks to life with dignity and the capacity of the affected people and relevant authorities to respond. UNHCR, Global Strategy for Public Health, 2014-2018.

Good practice recommendations

An assessment of health and nutritional status of the refugees is an essential first step to providing health services and should take place in the first days of an emergency. Factors that affect the health and nutrition status of refugees must be identified and a surveillance and reporting system established.

The aim of an initial health assessment is to define the level of an emergency, identify basic problems and needs, and establish priorities. The assessment should be coordinated and supervised by an experienced Public Health Officer. This expertise can be made available quickly and can be requested through the Public Health Section at DPSM in HQ.

Initial Rapid Assessment

Objective
Obtain an overview of the situation (define the level of emergency). Identify immediate needs and gaps. Establish priority actions.

Public Health priorities
Identify major causes of mortality & morbidity. Map availability of, and access to, basic and emergency health care. Map the resources that are available and the resources required. Assess the level of risk of outbreaks of possible diseases.

Methodology
An initial health assessment needs to collect information on health and nutrition status, risks, resources and performance. Data is derived from different sources, require specific tools and methodologies and is expanded over time.
**Information needs**

The current health status of the affected populations: mortality, morbidity health risks (potential outbreaks), nutrition.

Initial focus on existing facilities and services of national health authorities, other national and non-state actors, and international partners.

Access, coverage, utilisation, quality and effectiveness of the services currently available.

**Tools**

- NARE, Early Warning and Response System (EWARS), UNHCR health information system (HIS).
- UNHCR Rapid Health and Nutrition assessment, Health Resources Availability Mapping System (HeRAMS), 3W.
- Health Information System (HIS).

**Data sources**

- Direct observations during initial assessment.
- Secondary data from pre-emergency sources.
- Primary data collected at provider level.
- Surveys.
- Direct observations during initial assessment.
- Secondary data from national authorities.
- Direct observation/assessment.
- Coordination mechanism/information management.
- Direct observations during initial assessment.
- Data collection and direct observations/assessments.
- Surveys.


Not all the information needed can be obtained by an initial rapid sectoral assessment. Adopt a phased approach that starts by collecting key indicators and advances to a comprehensive assessment with complex sampling methodologies.

**Presentation of results**

The findings of the initial assessment should be factored into the development of the response plan.

**Monitoring and surveillance**

A health information system (HIS) should be put in place from the start of an emergency. The integrated refugee health information system (iRHIS) is designed especially for this purpose. It is widely accepted by partners and governments.
The objectives of any health information system are to:

- Rapidly detect and respond to health problems and epidemics.
- Monitor trends in health status and continually address health-care priorities.
- Evaluate the effectiveness of interventions and service coverage.
- Ensure that resources are correctly targeted to the areas and groups in greatest need.
- Evaluate the quality of health interventions.

In the first stages of an emergency, it is essential to collect health information on:

- Demography.
- Mortality (crude and under-five).
- Morbidity.
- Health care utilisation.
- Reproductive health
- Nutritional status.
- Water and sanitation.

**Considerations for practical implementation**

The initial health assessment must be done by technical experts with experience in emergencies and refugee/displaced public health programming. If possible, they should also have local knowledge. Appropriate expertise can be made available quickly and should be requested through the network of national, regional or Headquarters experts.

**Resources and partnerships**

Initial assessments should involve several agencies and partners and are multisectoral. It is important that UNHCR leads this process in refugee emergencies.

**Staff**
An experienced UNHCR Public Health Officer.

**Partners**
The key technical partners are: Ministry of Health, NGO partners (international and national), UN agencies WHO, UNICEF (for child and maternal health, vaccination, and linkages to nutrition and WASH), UNFPA (reproductive health), and WFP (links to nutrition and food security).

**Annexes**

[The Sphere Project, Handbook, Health Assessment Checklist, pp 338-340](#)

3. Links

UNHCR Public Health iRHIS The Sphere Handbook

4. Main contacts

DPSM/PH at: HQPHN@unhcr.org.