**UNHCR Public Health Toolkit Assessment Tool**

Introduction

UNHCR has vast resource materials on assessments openly available on UNHCR´s website. The “UNHCR Needs Assessment Handbook”[[1]](#footnote-1) provides an assessment framework in a variety of contexts. The needs assessment for refugee emergencies, NARE[[2]](#footnote-2) , is designed to assist UNHCR operations with the guidance and tools required to undertake an initial multi-sectoral needs assessment. This can be followed by a more detailed public health and nutrition assessment. The UNHCR Public Health Assessment Tool provides guidance on completing an emergency assessment on public health and health system needs in a new-onset refugee emergency; it guides users in a stepwise decision-making process to navigate from situation assessment to action plans. UNHCR is committed to coordinated needs assessments in public health and nutrition in line with its Grand Bargain commitments on strengthening coordinated needs assessments.

This assessment tool builds on the existing UNHCR assessment tools and guidance, drawing the key principles to coordinate and conduct a joint initial emergency public health assessment by UNHCR and partners.

Role of UNHCR

In refugee situations, as per the Refugee Coordination Model (RCM), UNHCR prepares for, co-leads with a government counterpart, or support the government to coordinates a multi-sector response in partnership with other agencies and government. The UNHCR Representative in a country is responsible for leading and coordinating an overall refugee needs assessment, through sectoral coordination. Depending on the size of the emergency, different coordination mechanisms will be established but, in all cases, initial needs assessments are multi-sectorial, based on facts and use different methods to collect information. UNHCR adheres to the following principles as outlined in the updated Health Cluster Handbook[[3]](#footnote-3)

**Do no harm.** Information sources should be protected by complying with best practices regarding privacy, confidentiality and seeking informed consent.

**Coordination**. All stakeholders know when and where assessments are being carried out.

**Participation and inclusion**. Action should be taken to ensure the participation of a diverse sample of the population.

1. **Validity**. Standardized and rigorous procedures for the collection and analysis of data should be used to ensure credible results and minimize bias.
2. **Relevance**. Only data pertinent to the overall objective are collected and analyzed.

**Adequacy**. The scope of the assessment should reflect the extent and nature of the crisis.

1. **Timeliness**. Information must be produced in sufficient time in order to help inform decision-making.
2. **Continuity**. Steps should be taken in the design and implementation of each assessment to maximize comparability between data collected at different points in order to monitor trends.
3. **Age, gender and diversity**. Include consideration of the dynamics that accompany the interaction of various groups when planning primary data collection.
4. **Secondary data**. Maximum use should be made of available secondary data.

These principles aim to:

1. Ensure that humanitarian aid is based on needs.
2. Ensure that humanitarian aid promotes and does not undermine safe local coping mechanisms.
3. Identify and understand the unique and respective needs of different populations.
4. Make sure that decisions on humanitarian aid are based on facts.
5. Ensure “do no harm” principle in humanitarian aid is upheld.

In mixed situations involving internally displaced populations and refugees, the RCM is designed to adapt to a situation where cluster structures also exist, to reduce duplication and harmonize approaches.

General Issues on Initial Assessments

In emergencies, there are key cross-cutting areas relevant to all sectors, such as:

* Background to the displacement (context)
* Population involved
* Host country issues
* Partners on the ground

UNHCR has established clear guidance on initial, rapid and in-depth assessments[[4]](#footnote-4), regarding, inter alia, the objectives, timeframes, sampling strategies, data collection methods and outputs. This assessment tool focuses on the key areas of the initial public health assessment in refugee emergencies including WASH. The aim of an initial health assessment is to define the level of an emergency, identify basic problems and needs and establish priorities. The table below, extracted from UNHCR NARE health needs assessments[[5]](#footnote-5), summarizes the methodology of a public health assessment:

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|  | **Health status and risks** | **Health resources and service availability** | **Health system performance** |
| **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, utilization, quality and effectiveness of the services currently available |
| **Tools** | * NARE, Multi-cluster/sector initial rapid assessment (MIRA), Early warning, alert and response (EWARS), UNHCR health information system (HIS), Basic Indicator Report (BIR) | * UNHCR Rapid Health assessment; Health Resources and Services Availability Monitoring System (HeRAMS); Who, what, where (and when) (3W/4W); WHO Surveillance System for Attacks on Health Care (SSA) | * Health Information System (HIS)[[6]](#footnote-6) or DHIS2 or partner reports |
| **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 |

*\*Adapted from IASC, Health Cluster Guide, 2020*

The Initial Public Health Assessment

UNHCR Public Health Officers coordinating joint health assessments should keep in mind UNHCR key objectives for the provision of health services in refugee emergencies:

* To ensure that refugees enjoy access to health and WASH services that are equivalent to the services enjoyed by their host population; in all circumstances, these services must meet minimum humanitarian standards
* To ensure public health interventions save lies and address the most urgent survival needs. Implementation should start at the earliest possible stage.
* When existing services, such as those provided by the Ministry of Health, are insufficient, overwhelmed or do not exist in the area of displacement, UNHCR and its partners must support or provide the core services meeting humanitarian standards.
* To respect the right to health.

UNHCR recommends following five steps in the initial health assessment of a country or a particular geographical area:

1. **General Assessment**

It looks at the global picture of the emergency, collecting information on geography, context and population. It also looks at the available information on the overall health situation collecting key health indicators such as vaccination coverage, reproductive health, mental health, mortality rates, burden of disease (communicable and non-communicable diseases), nutrition and WASH. If the public health assessment tool is used at the country level, it will help to compare the health situation of refugees hosted in various regions. If available, a simple counting of all the health facilities operational in the area hosting refugees and its classification (e.g., community health centre, basic health centre, rural hospital) would be very helpful. If possible, a mapping of the same health facilities would be very useful at this stage.

1. **Health Facilities Matrix Assessment**

In the second step, once the health assessment team has a rough idea of the overall health situation, there is a need to know how health facilities are equipped to respond to the refugee emergency. For each and every health facility, the UNHCR assessment tool provides the checklist of the specific areas to be assessed (e.g., staffing, funding, catchment area, services provided) in the domains of primary and secondary health care. The UNHCR NARE checklists on public health describe all the relevant methodologies, sources of primary and secondary data and topics to ensure a relatively complete picture of the refugee health situation. The NARE lists of indicators are very helpful to guide public health officers on what should be in place, particularly in situations where there are no health facilities at all, or with very limited resources. As an example, some NARE indicators are listed below:

* The number of health facilities is sufficient to meet the essential health needs of all the disaster-affected population.
* At least one basic health unit is available for every 10,000 people. (Basic health units are primary healthcare facilities that offer essential health services). However, the final number will be determined by factors such as distance (health facility accessible within 5km) and settlement layout.
* At least one health centre is available for every 50,000 people.
* Referral to secondary level hospital care is identified and organized.
* Ambulance services is available 24/7.

This assessment step is very much linked with the standard UNHCR indicators for health in emergencies, and the assessment team has to process simultaneously what is available on the ground and what are the minimum standards to develop a sound plan of action in the final step of the assessment.

1. **Consulting the Community**

The views of communities should inform humanitarian decision making and UNHCR has a long history of policies and strategies to involve persons of concern. The initial assessment might not be the right time to engage in a full participatory assessment with the community, but nevertheless the key information should be sought from the community to inform the health assessment and action. Issues like barriers to access health care, cultural practices, user fees, health insurance schemes and perceived health priorities are informed with the community views and engagement.[[7]](#footnote-7)

1. **Completing the 3Ws**

The UNHCR Public Health Assessment tool matrix provides guidance on compiling information on the 3Ws (What, Who, Where) at various levels, namely way stations, transit centres, camps and rural dispersed settings.

* In way stations, the assessment should prioritize screening of people for further emergency health and nutrition interventions. The assessment is coupled with a set of priority interventions (e.g., distribution of high energy biscuits, referral mechanisms for life-saving surgery).
* In transit centres, the assessment should continue with screening and triage, while compiling information on the refugee’s health and nutrition status, these requiring chronic treatments (TB, HIV, NCDs) and surveillance. The assessment performed in both settings, way- stations and transit centres, prepares the ground for the provision of essential health services in either camps or open settings.
* Once sites/settlements/ camps have been established and building on the preliminary information compiled at way-stations, screening points and transit centres, the continuous assessment of the health situation is undertaken through a monitoring system. Initially, the UNHCR Basic Health Information System collecting data on deaths, surveillance for conditions of public health concern, BEmONC, immunizations and WASH should be established. This information should be summarized on a weekly basis onto a Basic Indicators Report (BIR). The data could be collected using standardized HIS tools where available or UNHCR Basic Paper based/tablet based basic registers and tally sheets.
* When refugees settle in urban or rural dispersed settings, the assessment becomes challenging due to the widespread location of refugees and the reliance on the local government health services. In this type of context, the priorities are:
* To ensure that refugees have access to the local health services, inclusive of BEmONC and referral to secondary level for pediatric, medical and obstetric emergencies.
* To support the national services with medicines, medical supplies, equipment, human resources, capacity strengthening, and other areas based on an initial needs assessment.
* Where necessary to engage other actors to support the Ministry of Health to meet the needs of refugees (e.g., MHPSS, SGBV, and non-communicable diseases).
* To engage national authorities in surveillance and outbreak preparedness and response.
* To assess and monitor the impact of the refugees on the national services.
* To establish a system to monitor refugee awareness of an access to health services and refugee health and nutrition status.

1. **How to Respond: The Action Plan**

The needs assessment and analysis is a process that aims to make sense of the information collected and to draw conclusions about the severity of the situation. The final outcome of the initial assessment is a report with a chapter describing the key actions and recommendations. The recommendations should clearly build on facts, on the objective findings of the assessment and its relationship with humanitarian standards.

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| *As an example, if the assessment detects a SAM rate above 15%, the action plan describes how SAM has been assessed, what are the current nutrition services on the ground, how is the existing UNHCR and partner’s capacity to deliver nutrition programs and if possible, SAM trends. The plan proceeds to explain what might be the underlying factors and processes that led to this high SAM level. Then, considering the amount of evidence and quality of findings, the plan describes and prioritizes the necessary nutrition interventions and resources to address SAM in the next three and six months. It is important to predict how the situation might evolve based on past and present data and if no actions are undertaken.* |

The plan of action is usually the first document to describe and link the situation on the ground in a new emergency with the actions needed to respond and is usually multi-sectorial; the plan of action will be shared with a broad audience of UN agencies, national and international NGOs, government, donors and the international community. Such an important document should contain a detailed and realistic budget.

Conclusion

UNHCR recognizes that needs assessment practices and requirements evolve over time as new operational environments emerge and new policies are introduced. Innovations and strengthened humanitarian partnerships will continue to drive the need for, and emergence of, new techniques and standards. In order to respond to and capture those changes, the Public Health Section at UNHCR commits to regularly update the Public Health Needs Assessment Tool and the Public Health Toolkit and has a dedicated email address available to receive feedback on an ongoing basis (HQPHN@unhcr.org).

References

UNHCR Global Public Health Strategy 2021-2025

[Health Cluster Guide: A Practical Handbook 2020](https://apps.who.int/iris/bitstream/handle/10665/334129/9789240004726-eng.pdf?ua=1)

[Sphere Handbook 2018](https://spherestandards.org/handbook-2018/)

1. <http://needsassessment.unhcr.org/> [↑](#footnote-ref-1)
2. <https://emergency.unhcr.org/entry/119844/needs-assessment-for-refugee-emergencies-nare> [↑](#footnote-ref-2)
3. https://apps.who.int/iris/bitstream/handle/10665/334129/9789240004726-eng.pdf?ua=1 [↑](#footnote-ref-3)
4. Table 4 in page 16 of UNHCR Assessment Handbook [↑](#footnote-ref-4)
5. <https://emergency.unhcr.org/entry/110832/health-needs-assessment#3,1532413570891> [↑](#footnote-ref-5)
6. Collects, analyses and reports data from health providers and facilities on causes of consultation and hospitalization, services provided (such as skilled attendance at delivery), and patient clinical outcomes. [↑](#footnote-ref-6)
7. See for example *Checklist to give affected communities a voice* in the 2020 Health Cluster Guide (page 347) <https://apps.who.int/iris/bitstream/handle/10665/334129/9789240004726-eng.pdf?ua=1> [↑](#footnote-ref-7)