

POST-DISASTER NEEDS ASSESSMENTS GUIDELINES

Volume B

Social Sectors - Health

2014



GFDRR
Global Facility for Disaster Reduction and Recovery



ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BEmOC	Basic Emergency Obstetric Care
BoP	Balance Of Payments
BBB	Build Back Better
CBO	Community-Based Organizations
CEmOC	Comprehensive Emergency Obstetric Care
CFR	Case Fatality Rate
CHW	Community Health Worker
CMR	Child Mortality Rate
CSO	Civil Society Organizations
DaLA	Damage And Loss Assessment
DRR	Disaster Risk Reduction
DRM	Disaster Risk Management
ECLAC	Economic Commission for Latin America
EU	European Union
EWARN	Early Warning System
FP	Focal Point
GAM	Global Acute Malnutrition
GDP	Gross Domestic Product
GFDRR	Global Facility For Disaster Reduction and Recovery
GIS	Geographical Information Systems
HCT	Un Humanitarian Country Team
HDI	Human Development Index
HFA	Hyogo Framework For Action
HIMS	Health Information Management System
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
HRNA	Human Recovery Needs Assessment
IASC	Inter Agency Standing Committee
IFIs	International Finance Institutions
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IPD	Inpatient Department
MDG	Millennium Development Goals
MDTF	Multi Donor Trust Fund
MoH	Ministry of Health
NCD	Non Communicable Disease
NDMA	National Disaster Management Authority
NGO	Non-Government Organization
NHSP	National Health Strategic Plan
OPD	Outpatient Department
PAHO	Pan American Health Organization
PDNA	Post-Disaster Needs Assessment
PRSP	Poverty Reduction Strategy Paper
RBPF	Results-Based Planning Framework
RF	Recovery Framework
RS	Recovery Strategy

SADD	Sex- and Age-Disaggregated Data
SAM	Severe Acute Malnutrition
SGBV	Sexual- and Gender-Based Violence
SRH	Sexual and Reproductive Health
ToR	Terms Of Reference
U5MR	Under Five Mortality Rate
UN	United Nations
UNAIDS	Joint United Nations Programme On HIV/AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNDAC	United Nations Disaster Assessment And Coordination
UNDAF	United Nations Development Assistance Framework
UNISDR	United Nations Office For Disaster Risk Reduction
WB	World Bank
WHO	World Health Organization

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1. INTRODUCTION

This document provides guidance to national and international stakeholders involved in the health sector part of the Post Disaster Needs Assessments (PDNA) and recovery planning. While PDNAs strive for consistency in methods, they also need to be adapted to each specific country. The guidance is based on an integrated approach¹ undertaking the PDNA process. Updates and additional tools for PDNAs and guidance for recovery in the health sector can be found on the websites of the International Recovery Platform², ECLAC³, World Bank (WB) Global Facility for Disaster Reduction and Recovery (GFDRR)⁴, WHO⁵ and PAHO⁶.

This guidance brings together the four components that are needed for a comprehensive PDNA analysis;

1. Health **infrastructure** and assets
2. **Delivery** of health services, **access** to and changes in demand for services
3. Health **governance** processes
4. Vulnerability and health **risks** of the affected population

These elements will be used consistently for the description of the pre-disaster baseline, the effects of the disaster, the estimation of the economic value of damage and loss, the disaster's impact on the economy and human development, and what is needed for a recovery and reconstruction strategy, including elements of building back better and its costing.

Recovery and reconstruction should not only aim at restoring the health system to its pre disaster conditions, but also to address underlying vulnerabilities that may have contributed to the extent of the disaster's effects, to strengthen the resilience of the health system and communities to manage better future disasters and their risks to health.

¹ [An integrated approach refers to the use of the standard DaLA methodology and the inclusion of a recovery strategy that pays special emphasis on the human condition..](#)

² <http://www.RecoveryPlatform.org>

³ <http://www.eclac.org/default.asp?idioma=IN>

⁴ www.gfdr.org

⁵ <http://www.who.int/hac/en/>

⁶ <http://new.paho.org/disasters/>

2. ASSESSMENT PROCESS

2.1 Multi-sectoral process

When a country is affected by a disaster, the analysis of its effects and the formulation of the needs for recovery and reconstruction are done through a multisectoral process, to acknowledge the differences between sectors but also their interdependency. Sectors and their accompanying sub-sectors are defined by the National Accounting Framework of a country. Broadly speaking, PDNAs often distinguish between 3 main groups of sectors: the Productive, Social and Infrastructure Sectors. Health falls under the social sector, together with Education, Housing and Culture. Nutrition is often integrated under health.

2.2 Recovery coordination and consultation

The health sector PDNA process is led by the Ministry of Health (MoH). The Minister of Health needs to designate a Focal Point (FP) to manage the health part of PDNA and recovery process. The MoH recovery FP will work together with the other sectoral FP appointed by the government, which will allow synergies with other sectors relevant to health. Depending on national context, the recovery process may fall under a National Disaster Management Authority (NDMA). When the MoH has a FP responsible for health Disaster Risk Management functions connected to such NDMA, this person may also be appointed as the FP for recovery.

The MoH recovery FP will establish a health sector recovery coordination mechanism that allows mobilisation of technical resources from relevant departments in the MoH and consultation with sub-national health authorities. When a government requests support for a PDNA process, the MoH recovery FP will be supported by recovery experts from WHO, the WB and the EU. Together, a smaller Steering Group can be established with clarified roles and responsibilities assigned to different stakeholders involved. For examples of practical steps to take in managing the PDNA process, including timelines, see [Annex 1](#).

Beside the UN, WB and EU, it is important to involve all relevant health development partners in the PDNA process, such as other UN agencies, development banks, donors, NGOs, faith and community based organisations, civil society, professional associations, and private sector.

Link to Health Sector Development Coordination

Where a national health sector development coordination mechanism exists, such as the Sector Wide Approach or the International Health Partnership, the recovery FP should be connected to this group, and the development partners need to be consulted to assist in the PDNA process. This ensures optimal harmonization and alignment of the recovery strategy to the National Health policy and Strategic Plan. If such sector wide development coordination mechanism does not yet exist, the PDNA process can be used as opportunity to initiate this.

Link to Humanitarian Coordination

It is particularly important to ensure that the PDNA builds on the humanitarian assessments to the extent possible. Information collected to inform the humanitarian response, for example through the Multi-sectoral Initial Rapid Assessment (MIRA) and the Health Resources Availability Mapping System (HeRAMS), is also essential for the PDNA and recovery strategy.

As such, the PDNA process also needs to be linked to the national and subnational coordination for the humanitarian response. Since the humanitarian reform of 2005, the national emergency coordination mechanisms are supported through the Inter Agency Standing Committee's Cluster Approach as indicated.

2.3 Health Sector Recovery Assessment Framework

While the health sector part of the PDNA is harmonised with the other sectors, it makes use of the existing specific health system frameworks and assessment methods. This section will describe how these can be used to identify the relevant issues that need be assessed to inform the various elements of the PDNA.

Health sector assessment and analysis framework

Health sector analyses are based on the health system framework using the six building blocks, as defined by WHO in 2007.⁷ The health system framework is used in an assessment and analysis matrix that guides the health recovery team to establish the baseline, a systematic assessment of changes in the epidemiology of the burden of disease, the performance of the main health programmes and the six health system building blocks. It takes into consideration the assets, stakeholders, and processes that are typically included in the sector and how they may be affected by a disaster. This enables analysis of how pre-existing performance and constraints may affect the recovery needs to restore access to essential services, meet new health needs, and identify priorities for Building Back Better. Using the health systems framework allows linking recovery planning with the longer term national health development plans.

Health system framework

WHO defines the health sector as a system which 'consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities.'⁸ The health system framework is made up of six building blocks, with a strong interdependence between the building blocks.⁹

THE WHO HEALTH SYSTEM FRAMEWORK



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