

**Guidance
for health sector assessment
to support
the post disaster recovery process**

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ACRONYMS

ADHS	Analysing disrupted health sectors
AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care
ARV	Anti-retro viral
BEmOC	Basic emergency obstetric care
BoD	Burden of disease
CCA	Common country assessment
CEmOC	Comprehensive emergency obstetric care
CESCR	Committee on Economic, Social and Cultural Rights
CFR	Case fatality rate
CHW	Community health worker
CMR	Child mortality rate
CS	Caesarean section
DaLA	Damage and Loss Assessment
DPT	Diphtheria, tetanus toxoid, and pertussis vaccine
DRR	Disaster risk reduction
EC	Emergency contraception
ECLAC	Economic Commission for Latin America
EPHS	Essential package of hospital services
EWARS	Early warning system
FBO	Faith-based organization
FGD	Focus group discussion
GAM	Global acute malnutrition
GFDRR	Global Facility for Disaster Reduction and Recovery
HeRAMS	Health Resources Availability Mapping System
HF	Health facility
HIS	Health information system
HIV	Human immunodeficiency virus
HMIS	Health management and information system
HRH	Human resources for health
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
IHP	International health partnership
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant mortality rate
INGO	International nongovernmental organization
IPC	Integrated food security phase classification
IPD	Inpatient department
IRA	Initial rapid assessment
KI	Key informant
LLITN	Long lasting insecticide treated nets
MD	Medical doctor
MDG	Millennium Development Goals
M&E	Monitoring and evaluation
MISP	Minimum Initial Service Package for reproductive health
MOH	Ministry of health
NGO	Nongovernmental organization

OPD	Outpatient department
PAHO	Pan American Health Organization
PDNA	Post disaster needs assessment
PEP	Post-exposure prophylaxis
PHC	Primary health care
PLHIV	Person living with HIV
PMTCT	Prevention of mother to child transmission
PTSD	Post-traumatic stress disorder
RF	Recovery framework
SAM	Severe acute malnutrition
SFT	Supplementary feeding therapy
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SWAp	Sector wide approach
TB DOTS	Tuberculosis directly observed treatment
TFC	Therapeutic feeding centre
UN	United Nations
UNDAF	United Nations Development Assistance Framework
U5	Under 5 (years)
U5MR	Under 5 mortality rate
WB	World Bank
WHO	World Health Organization

INTRODUCTION

This document provides guidance to national and international stakeholders involved in the health sector part of the Post Disaster Needs Assessments (PDNA). It is complementary to the health chapter of the Handbook for Estimating the Socio-economic and Environmental Effects of Disasters and the Damage and Loss Assessment (DaLA) methodology.¹

A main focus of the DaLA is to assess the financial impact of a disaster on the health sector for example in terms of infrastructure, equipment and furniture, medication, as well as unforeseen expenses, such as increased costs for emergency treatment of injuries, loss of revenues in health facilities and surveillance. A general objective for estimating recovery and reconstruction needs of the DaLA is to restore the pre-disaster situation. This guidance brings together all the elements that are needed to allow an integrated assessment including the health impact on the population, the impact on infrastructure, as well as an assessment on the performance of and access to health services and their management by national health authorities. This full analysis is needed to support the 'building back better' approach.

The first chapter of this guidance proposes a framework for the PDNA that allows a systematic analysis of the impact of a disaster on the health of communities, the identification of new risks they are exposed to, determining the post-disaster functionality of the health infrastructure and the performance of the health system building blocks. The next section provides guidance on how to manage the PDNA process, followed by a description of the information that will be required and on the data collection methods that can be applied. The next sections includes guidance on how to assess capacity, how to integrate disaster risk reduction into the recovery planning and how to address cross-cutting issues. The last section provides information on how to develop prioritized recovery response options in order to generate input for the RF from early- to long-term recovery.

Disasters can have profound impacts on the livelihoods and health of affected populations. Restoring lifesaving services and assisting communities to cope with former and new health threats is a necessity to mitigate the impacts of disasters on human development needs, as reflected by the health related Millennium Development Goals (MDGs). Disaster recovery also represents opportunities to catalyse action on health policy and to strengthen the capacity of countries and communities to manage risks of future events. Reconstructing infrastructure and provision of supplies will not be sufficient if the overall system inhibits effectiveness of essential health services.² For this reason, other aspects, such as management, performance, and other support systems have to be taken into consideration.

The reference for analysing health system performance is the health system framework using the six building blocks, as defined by WHO in 2007.³ The framework facilitates consistency in the data requirements for pre-disaster baselines, the assessment of the impact of the disaster including the estimation of damage and losses, and the analysis of the needs for recovery and reconstruction. The health systems framework can link the planning for recovery and reconstruction with the longer term national health development plans. Health systems must be based on a primary health care approach looking at four main principles (1) universal accessibility and coverage on the basis of need (2) community participation (3) intersectoral approaches (4) appropriate technology and cost effectiveness in relation to the available resources.⁴ While this guidance focuses on assessing the

¹ Economic Commission for Latin America and the Caribbean (ECLAC) 2003.

² Potter, C and Brough, B. Systemic capacity building: a hierarchy of needs. *Health Policy and Planning* 19(5): 336–345

³ *Everybody's business. Strengthening health systems to improve health outcomes. A framework for action.*

http://whqlibdoc.who.int/publications/2007/9789241596077_eng.pdf

⁴ <http://www.who.int/whr/2003/chapter7/en/index3.html>

impact of the disaster on health and the delivery of health services, the health sector assessment also needs to take into account other determinants of health, such as nutrition and livelihood, water and sanitation, environment and education.

Managing the assessment process for the PDNA is as important as the report and Recovery Framework (RF) that results from it. The health sector PDNA is led by the Ministry of Health in consultation with sub-national health authorities. It needs to be linked with humanitarian coordination mechanisms as well as with pre-existing sector wide coordination with (multi-sectoral) development partners and civil society.

While PDNAs strive for consistency, they also need to be adapted to each specific country. As such, the guidance is informed by each new PDNA. Updates and additional tools PDNAs and guidance for recovery in the health sector can be found on the websites of the International Recovery Platform⁵, ECLAC⁶, World Bank (WB) Global Facility for Disaster Reduction and Recovery (GFDRR)⁷, WHO⁸ and PAHO⁹.

⁵ <http://www.RecoveryPlatform.org>

⁶ <http://www.eclac.org/default.asp?idioma=IN>

⁷ www.gfdr.org

⁸ <http://www.who.int/hac/en/>

⁹ <http://new.paho.org/disasters/>

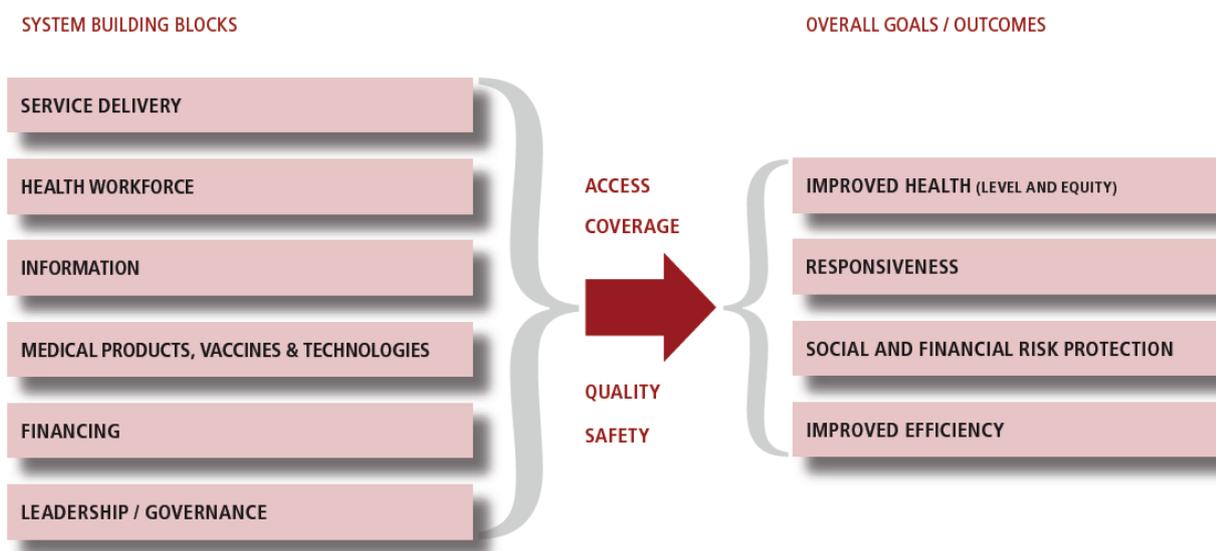
HEALTH SECTOR ASSESSMENT AND ANALYSIS FRAMEWORK

This section provides a protocol to guide the PDNA assessment process for the health sector by identifying the relevant issues that need be assessed. The protocol is based on the health system framework. It is used in an assessment and analysis matrix that guides the assessment team in a systematic assessment of changes in the epidemiology of the burden of disease (BoD), the assessment of damage and loss, 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 restoring access to essential services and changed health needs.

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.¹⁰ The health system framework is made up of six building blocks, with a strong interdependence between the building blocks.^{11, 12}

THE WHO HEALTH SYSTEM FRAMEWORK



The elements within each building block to be taken into account during the assessment include the following examples:

1. **Service delivery:** availability and accessibility of essential services, damages of infrastructure (temporary structures, pre-hospital units, mobile clinics etc); packages of services; organization and management; delivery models; safety & quality;
2. **Leadership and governance:** health sector policies; harmonization and alignment; oversight and regulation; governance capacity; coordination mechanisms
3. **Health work force:** national workforce policies and investment plans; human resource norms, standards and data; (remaining) numbers and types of health workers, distribution and competencies of health workers. Supervision mechanisms. Effects on and capacities of training institutions.

¹⁰ Expanded from the World Health Report 2000. *Health systems: improving performance*.

¹¹ <http://www.who.int/health-systems-performance/about.htm>

¹² WHO 2007: *Everybody's business*; http://whqlibdoc.who.int/publications/2007/9789241596077_eng.pdf

4. **Information:** facility and population based information & surveillance systems; analysis capacity for decision making
5. **Medical products, vaccines and technologies:** access to essential medical products, vaccines and technologies, assured quality, safety, efficacy. norms, standards, policies; procurement and supply chains; quality; drug donations; health transport and logistics, warehouses, cold chain
6. **Financing:** national health financing policies; costing of services; tools and data on health expenditures and financial barriers to access services; ability to pay, catastrophic health expenditures; temporary waiving of user fees.

Under the first health system building block, health services, WHO lists a number of subsectors, under which a minimum of services should be available throughout the relief and recovery phase, before expanding to more comprehensive services.¹³ These are;

- General clinical services,
- Child Health, Nutrition,
- Communicable diseases,
- Sexual and reproductive health (including STI, HIV/AIDS, Maternal and Newborn Health, and clinical management of sexual violence),
- Non Communicable Diseases (including injuries and Mental Health), and
- Environmental Health.

These health sub-sectors also guide the systematic assessment of the pre-existing burden of disease related to each subsector, and how the disaster affected this, directly or indirectly. Changes in morbidity, and their related costs, that can be attributed to the disaster are then calculated as losses. Other information that is required in relation to these subsectors is the assessment of performance of respective health programmes to address the morbidity, and how this capacity is affected by the disaster.

For example, the incidence of certain communicable diseases may increase due to changes in the environment or increased susceptibility of the affected population. This may not occur until a later stage, for example related to the malaria transmission season. Similarly, the nutrition status might deteriorate due to lack of food as well as higher prevalence of diarrhoea. In terms of injuries, there might be a high need of surgery immediately after the event, which will be followed by the increased need for follow-up care and prevention of long-term disability. Moreover, exposure to adversity is a potent risk factor for both acute and long-term mental health problems. This evolution within the health subsectors implies that a different focus is required for the immediate relief response and the longer term recovery. The essential minimum service delivery package has to be reviewed in line with country epidemiological profile and the changing epidemiological needs after the disaster. This has to be reflected in the assessment.

Health sector assessment and analysis matrix

The analytical matrix (see Table 1) provides a step by step assessment and analysis for the health sector PDNA. It serves to undertake the assessment for the identification of critical issues under the various

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