

First Needs Assessment Situation Report

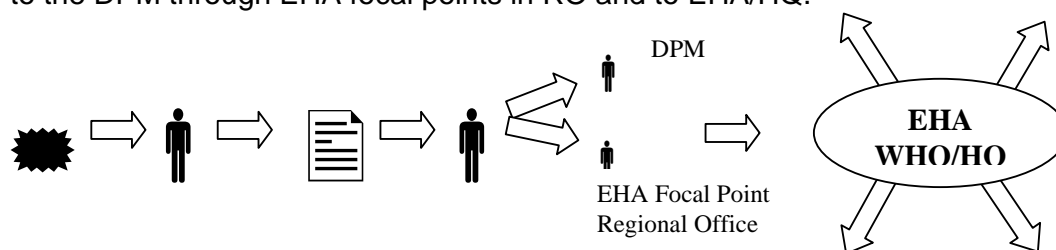
Introduction and Objectives

This template aims to help you in:

- ◆ Selecting which information to collect in the initial rapid health assessment, and
- ◆ Summarising this information in a simple and standard reporting format.

Using a standard format allows for a quicker and comparable analysis, thus making quicker decisions. Additionally, it helps you to remember important items of information that need to be collected and transmitted. Another advantage is that the information from different sources (e.g. from health staff working in different geographical areas of a country), can be consolidated into a single document.

As for WHO officials, the initial sitrep should be sent immediately through the WR to the DPM through EHA focal points in RO and to EHA/HQ.



A different, simpler template can be used for progress reports (i.e. follow-up reports that inform regularly on changes or progress of the general and health situation, i.e. a cease-fire, an outbreak, the arrival of emergency supplies, etc.). Its main use is to update programme resource requirements and to indicate progress of the response. Progress reports should be sent at regular, established intervals, following the same path as for the initial sitrep.

Specific instructions for gathering the information and completing the sitrep can be downloaded by clicking the link included in the Situation Report web page on the WHO/EHA web site <http://www.who.int/disasters>. Internationally accepted standards are also provided for helping in the analysis and interpretation of the information collected.

First Situation Report

Sitrep No.#

Location (country, region/area affected):

Organisation:

Covering period (from...to...)

Date of transmission:

Prepared by:

Cleared/authorized by:

1. **Executive Summary:** main problems & needs, the likely evolution, the local response capacity and the additional requirements.

2. Main issue

2.1. Nature of the emergency:

- ◆ main causative hazard
- ◆ additional hazards
- ◆ projected evolution
- ◆ others as relevant

2.2. The affected area

- ◆ administrative division
- ◆ access to area:
 - main routes and their conditions
 - distance from the closest town outside the affected area
 - closest operational airport, port or navigable river
 - other information as relevant to the access

2.3. The affected population

- ◆ Characteristics (e.g residents, refugees, IDPs)
- ◆ Number/estimates
- ◆ Sex/age breakdown
- ◆ Patterns of settlement/movement
- ◆ Source of information & method of data collection

3. Health impact

3.1. The direct impact: reasons for alert:

- ◆ The three main causes of morbidity and mortality*
- ◆ CMR (specify formula utilised)
- ◆ Is the CMR exceeding the threshold of 1 x 10,000 per day?
- ◆ Under-5 mortality rate
- ◆ Is the Under-5 MR exceeding the threshold of 2 x 10,000 per day?
- ◆ Is acute malnutrition present*?
 - If yes, which population groups are more at risk?
 - Is malnutrition exceeding the threshold of 5-10%=moderate; >10% severe?

* provide source of information, date/period of reference

- ◆ Reports/rumours of outbreak:
 - Likely diagnostic
 - Case definition utilized
- 3.2. Other reasons for concern (e.g traumas/injures due to landmines, etc.)
- 3.3. Indirect health impact (e.g damage to water plants, other vital infrastructures or lifelines)
- 3.4. Pre-emergency baseline morbidity and mortality data, when available:
- 3.5. Projected evolution of the health situation: main causes of concern in the coming months

4. Vital needs. The current situation:

- 4.1. *Water*
- 4.2. *Excreta disposal:*
- 4.3. *Food:*
- 4.4. *Shelter and environment on site*
- 4.5. *Soap and buckets*
- 4.6. *Fuel and cooking utensils*
- 4.7. *Other vital needs (e.g clothing and blankets)*

5. Critical constraints

- 5.1. *Security*
- 5.2. *Transport and logistics*
- 5.3. *Social/political and geographical constraints*
- 5.4. *Other constraints*

6. Response capacity: resources that are functioning and close to the affected area

- 6.1. *Activities already underway*
 - ◆ Measles coverage
 - ◆ Others
- 6.2. *National contingency plans, procedures, guidelines and special expertise*
- 6.3. *Operational support*
 - ◆ Location of field forward control post
 - ◆ National system (MOH): closest functioning health unit and referral system
 - ◆ External assistance: closest organisation/agency and relevant resources
 - ◆ Capacity for reprogramming the resources above
 - ◆ State of communications: good/fair/insufficient
 - ◆ Storage capacity close to affected area and supply lines
- 6.4. *Operational coordination:*
 - ◆ Lead agency
 - ◆ Mechanisms
 - ◆ Flows of information: good/fair/insufficient
- 6.5. *Strategic coordination*
 - ◆ Relations between government and UN country team
 - ◆ National institutions for emergency management
 - ◆ Standing agreements with neighbouring countries
 - ◆ Relations between government and international community at large

7. Conclusions:

- 7.1. *Are the current levels of mortality and morbidity above the average for this area and this time of the year?*
- 7.2. *Are the current levels of mortality, morbidity, nutrition, water, sanitation, shelter and health care acceptable by international standards?*
- 7.3. *Is a further increase in mortality expected in the next two weeks?*

8. Recommendations for immediate action

- 8.1. *What must be put in place as soon as possible[#] to reduce avoidable mortality and morbidity?*
 - 8.2. *Which activities must be implemented for this to happen?*
 - 8.3. *What are the risks to be monitored?*
 - 8.4. *How can we monitor them?*
 - 8.5. *Which inputs are needed to implement all this (8.2 – 8.4)?*
 - 8.6. *Who will be doing what?*
9. **Emergency contacts:** (only those relevant to the recipients of the sitrep, e.g. contact details of local donor representatives, MoH counterparts, etc.)

[#] within 1-3 weeks, depending on local circumstances (access, logistics, etc.). Additional requirements will be object of special operational planning and resource mobilization

Instructions for the first Situation Report

1. **Executive Summary:** fill this section only when you have finalised the full report, using few highlights.

Findings (2.x to 6.x)

use facts and figures, avoiding adjectives and adverbs" (remember that every time you feel like using an adjective, you are drawing a conclusion).

2.1 Projected evolution: clarify on which assumptions the projected scenario is based on, the sources of information and the timeframe

2.2 administrative division: specify if province, district, community, locality, etc; use the country's official nomenclature

2.3 the affected population: specify the year or period to which the affected population estimates refer

3.1 CMR:
$$\frac{\text{number of deaths}}{\text{population} \times \text{no. of days during the deaths occurred}} \times 10,000$$

Ex. 21 deaths occurred during one month in a population of 13,500; $\text{CMR} = 0.5 \times 10,000$ per day [1]

- **Under-5 mortality rate:** Numerator: the number of deaths among children under 5 years of age, in a given period of time x 10,000. Denominator: the number of live births in the same period of time.
- **Malnutrition:** for surveys specify the indicator (e.g. Weight for height, MUAC) and the threshold (Z scores or median for W/H or cut-off for MUAC) that you used for estimating the prevalence rate. If other methods were used (e.g. review of clinical records, direct observation, etc) specify the number of malnourished children and the total number of children registered or observed, and the period.
- **Reports/rumours of outbreaks:** you should describe the outbreak in terms of time, place, person and time: ideally you should specify, the date of start, the geographical area, the number of cases, the population affected, the historical trend, if samples were collected and sent for laboratory confirmation

3.3 **Indirect health impact:** you may want also consider: destruction of health and general infrastructure, loss of asset/stocks, increased market prices, reduced trade and lack of commodities, etc

3.3 **Pre-emergency baseline morbidity and mortality data:** when available, provide the following information: indicator and formula used, source of information and method of data collection, year/period of reference, geographical area of reference, cause/age/sex breakdown, if population or institution/hospital based

4.1 **Water:** if possible, describe: access (distance from dwellings to water point) and water quantity

4.2 **Excreta disposal:** if possible, describe: access (average distance from dwellings to toilets), no. of toilets, design of toilets, segregation by sex/household

NOTE: For 4.1 and 4.2 use data on diarrhoeal diseases to support your conclusions.

4.3 **Food availability:**

- If you are part of an assessment team, collaborate with the food specialist to gather the following information: local staple food, production deficit, existing stock from local production, market mechanism and prices, entitlements for special groups, gender differences in access, determine if there is food insecurity (i.e. people's ability to feed themselves; relate it to nutritional status), coping mechanisms, determine food needs/deficits for defining the ration size and type, estimate number and target of beneficiaries of food aid, specific needs of vulnerable groups; duration and type of programme (i.e. general food aid, supplementary, therapeutic feeding, etc).
- If you are alone, and malnutrition is an important health problem, or an hazard, discuss with local key informants the main problems concerning food availability (e.g. production deficit, availability and access to market commodities, the estimated number of food aid beneficiaries and the need for special nutrition programme). Give your observations: what are people eating now? Can they continue in this situation?

4.4 **Shelter and environment on site:** for planning camps' site inform on: access, water availability, drainage, conditions for sanitation, estimate % of households with protected and adequate habitats (i.e coverage area, ventilation, insulation, etc)

5.1 **Security:** security phase, security problems: type of security problems (e.g landmines, violence, etc), area(s) affected, source(s) of information (if possible cross- check the info), report recent incidents, type, victims and damages with sources; compulsory (i.e. need for security clearance, escorted convoys and precautionary measures (e.g visibility material, etc) ,

5.2 **Transport & logistics:** local fleet capacity (private, public or from humanitarian organization) between the affected area and the centre where storage capacity of emergency supplies exists and there is an airport or other links with the capital, fuel availability, spare parts and mechanic capacity, etc

5.3 **Social/political and geographical constraints:** special restrictions or threats against specific groups (e.g. ethnic or gender), limited accessibility due to floods, snow, etc.

- 6.1 **Activities already under way:** they include activities that can be mobilised to meet the health needs in the affected area (e.g. outreach, surveillance system, etc)
- 6.2 **National contingency plans, procedures, guidelines and special expertise:** do they exist? Are capacities to implement them readily available?
- 6.3 **Operational support, location of field forward control post:** it is the closest centre to the affected area where there are capacities (human, material and logistic) for the first response to the emergency
- 6.4 **Operational coordination, mechanisms:** specify the structures and mechanisms of coordination, when relevant (e.g. inter-sectoral or sectoral committees, periodicity of meetings, main objectives (e.g. information sharing or joint planning, etc)
- 6.5 **Strategic coordination:**
- *Relations between government and UN country team:* is the government's legitimacy recognised by the UN? Are there common mechanisms of consultation, coordination, joint action?

 - *Standing agreements with neighbouring countries:* particularly relevant when there are cross-border population movements and/or regional outbreaks.

Conclusions and recommendations (p. 7 and 8):

This part of the sitrep involves your appraisal and reflects your professional opinions. Be honest in the conclusions and practical in the recommendations. Remember that, in an emergency, recommendations that cannot be put into practice quickly are useless. Be crisp, use actions and not objectives, and prioritise the health problems (in terms of magnitude and severity and of feasibility of response interventions).

Annexes:

Use them to include all detailed information that you feel is relevant and important. Remember that the first sitrep can become the main piece of institutional memory for your agency on the emergency and the base for monitoring and evaluation.

[1] this is an approximate formula, the denominator should include the average population, i.e the population at mid period.

Reference values in health emergency

The following table of reference values aims at helping in the interpretation of the findings from the rapid health assessment and in drawing the conclusions and recommendations for the first sitrep. The values are presented according to the specific items of the sitrep template [1]

Sitrep item; indicator	Reference values
2.3 age breakdown [2]	0-4 y 12.4% 5-9 11.7 10-14 10.5 15-19 9.5 20-59 48.6 pregnant 2.4
3.1: CMR	> 1 x 10,000 per day > 2 x 10,000 per day: critical
3.1: under-5 mortality rate	> 2 x 10,000 per day > 4 x 10,000 per day: critical
3.1 common causes of morbidity: expected attack rates in emergencies	
ARI in children <5	10% per month in cold weather
Diarrhoeal diseases in children<5	50% per month
Malaria, in non-immune population	50% per month
3.1: Malnutrition: - individual level, total	
◆ Children 6-59.9 months	<-2Z scores WfH or 80% median or <12.5 cm MUAC +/- nutritional oedema
- individual level, moderate	
◆ Children 6-59.9 months	<-3Z to <2Zscores WfH or 70-80% median or 11.0 to <12.5 cm MUAC
- individual level, severe	
◆ Children 6-59.9 months	<-3Z to <2Zscores WfH or <70% median or <11.0 cm MUAC +/- nutritional oedema
- severity (aggregate level) for under –5	Serious: 10-14% below median or –2Z scores Critical: => 15% “ “ “
- Growth Faltering Rate in Under-5 - Low Weight at birth (<2.5 kg)	30% of monitored children 7% of live births
4.1 Water - Quantity	15 litres per person per day
- Access	1 water point per 250 people
- Distance	No more than 500 metres from housing

- Quality	No more that 10 faecal coliforms per 100 ml at the point of delivery
- Storage	For household: 2 water vessels of 10-20 litres
- Facilities	1 washing basin per 100 people
4.2 Excreta disposal - Access to toilets	No more that 20 people per toilet Toilets no more than 50 metres from housing Toilets segregated by sex
4.3 Food - Food aid requirements	2,100 Kcals per person per day 10-12% of total energy protein 17% of total energy from fat
4.4 Shelter - Covered area	3.5 – 4.5 m ² per person
4.5 Soap - Availability	250 gr. Per person per month
4.6 Fuel for cooking - Availability	15 kg of firewood per household per day
6.1 Measles coverage - Coverage	90% for 6m-12y

[1] a more complete list of reference values, as well as a discussion on their use and limitations, is given by the Humanitarian Charter and Minimum Standards in Disaster Response, the Sphere Project. Reference values for rapid health assessment are presented in the following WHO documents: Rapid Health Assessment Protocols for Emergencies and the Handbook for Emergency Field Operations.

[2] the demographic profile can vary largely across populations; the following breakdown is from WFP, UNHCR and WHO. This average profile should be cross-checked with local estimates, if available.