

**ASSESSMENT AND SURVEILLANCE OF
HEALTH PROBLEMS:
REFUGEE POPULATIONS**

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Appreciation is extended to the medical epidemiologists and staff officers at CDC who provided technical assistance.

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INTRODUCTION

The Role of Assessment and Surveillance in Managing Relief Activities for Refugee Populations

The ultimate purpose of assessing health problems and conducting ongoing surveillance is to prevent unnecessary morbidity and mortality, thereby improving the quality of life. In order to achieve this purpose, it is necessary to accomplish the following objectives:

1. Determine the existing and potential health problems in both the refugee population and the directly affected host population.
2. Determine the effect of the health problems in each population on the other.
3. Determine which health-related services and resources are needed for the refugee population immediately, in the next three months, and for long-term relief.
4. Determine what additional information should be obtained.
5. Provide your assessment and your recommendations to the appropriate individuals (e.g., government officials, relief administrators, and refugee leaders).
6. Help members of the refugee population acquire the skills and knowledge needed to perform the data gathering and analysis functions.

Your functions as an epidemiologist may be to conduct an initial rapid assessment and/or to conduct ongoing surveillance. In either case, your functions are crucial to effective management of the relief activities in numerous ways:

1. Managers of the relief activities have limited resources and may be working in a rapidly changing situation; the data you provide them will allow them to more effectively identify problems, plan relief activities, set priorities, and evaluate the effectiveness of the relief activities.
2. The coordinating relief agency may be reluctant to exercise its authority over foreign health-care workers; therefore, you may be asked by the relief coordinators to provide guidance to the workers to enable them to more accurately diagnose and treat health problems. The information you provide will be particularly important because some health-care workers will not always be familiar with the health problems they are encountering in this setting (e.g., malnutrition, malaria).
3. Western-trained health-care workers are accustomed to ancillary services and laboratory support to make diagnoses and to assess the effectiveness of the treatments. These services may be unavailable (or, at best, severely limited) in this setting;

the information you provide will enable the health-care workers to determine which diseases exist (and to what extent) and to determine which of these diseases may be amenable to communitywide treatment in this setting.

Epidemiology in this setting is practical epidemiology. It is essential to always be aware of the rates of morbidity and mortality and to obtain only that information which, when used, will have the greatest impact on preventing unnecessary morbidity and mortality.

Since you will only be in the country for a limited period of time, one of your most important responsibilities is to help one or more members of the refugee population acquire skills and knowledge for gathering and analyzing data.

Description of the working conditions

The conditions that exist in this type of setting will be confusing and challenging. Although it is a stimulating experience in which one meets many capable and committed individuals from different cultures, the conditions will probably be difficult in many ways:

- The number of problems facing you initially may seem overwhelming.
- Time will be limited.
- Hours will be long.
- Amenities may be scarce or nonexistent.
- The values and customs of the other cultures may be foreign to you (e.g., there may be taboos which relate to medical care.)
- Communication may be difficult (e.g., a telephone system may be non-existent, and in politically sensitive situations local authorities may not permit the use of short-wave radios or walkie-talkies).
- You may not be able to speak either the local language or the languages of many fellow workers.
- Obtaining vehicles and fuel may be difficult.
- You will have to locate local resources (e.g., laboratory facilities, copying facilities, or individuals with expertise in specific areas); you may even have to work without resources (such as laboratories or hospitals within the camps).
- If you do locate individuals to assist you (such as technicians to do laboratory tests), you will need to monitor the work performed and, if it is not adequately performed, take corrective action.

- Many individuals (including not only the health-care workers, but also the relief coordinators) may not understand the need for and purpose of data collection, and they may not see how it can be useful to them in their efforts to aid the refugees.
- Health-care workers may have volunteered to have experiences more adventurous than helping collect data. Or they may be preoccupied with therapeutic intervention and place much less emphasis on prevention.
- If there are tensions between different ethnic groups or if there are armed conflicts in the vicinity, the situation may be unpredictable.

Suggestions for being effective

Epidemiologists who have worked in this type of setting suggest that effectiveness depends on more than technical expertise:

- Determine specifically what you need to accomplish and set priorities based on these decisions.
- Determine the activities you will have to perform and the supplies you will need to take with you.
- Be sensitive to the customs and manners of individuals from different countries. Since there aren't rules that apply to all societies, it is necessary to be alert to the clues that the individuals are providing. In addition, it is wise to observe conservative dress codes.
- Use only locally applicable standards for assessing health problems.
- Identify individuals with authority and note their titles. Observe the lines and levels of authority in each situation.
- Try to build relationships with many individuals for support and consultation.
- Help as you can. For example, if the camp director asks you to do something that you can easily accomplish, even though it isn't in your assigned area of responsibility, do it.
- However, relief workers may ask too much of you. There is one criterion to use to determine whether to do other types of work: assess whether or not it will interfere with getting your epidemiologic functions done.

Description of the guide

This guide is actually two handbooks: one for conducting an initial rapid assessment and one for conducting ongoing surveillance. The guide is designed primarily for epidemiologists at the Centers for Disease Control with little experience in an assessment/surveillance

operation for refugee populations. The guide provides a definition of the objectives of each of the operations, a description of the tasks to be performed to achieve the objectives, and guidelines for performing those tasks. Although one of the objectives is to obtain information on the host population, the guidelines' primary emphasis is for obtaining information on the refugee population.

The guidelines have been designed to be applicable in the many and varied conditions in which relief is being provided to refugees. Some of the conditions which vary are described below:

- You may be working under the authority of one of several organizations: the host government, the United Nations High Commissioner for Refugees (UNCHR), the International Committee for Red Cross (ICRC), the U.S. State Department, etc.
- The country in which you work may or may not have:
 - a relatively well-organized and effective governmental administration
 - good system of transportation or communication
 - hospitals or laboratories within or near the camps
 - a literate local or refugee population
- The host government may or may not want the international community to assume primary responsibility for coordinating the relief activities.
- The number of refugees may range from several thousand to several hundred thousand. The country may have any number of camps of varying sizes. The camps may be closed or still open to new arrivals.
- Records about the number of people in a camp, the number dying, the relief services being provided, etc., may not have been kept.

Since the conditions vary, it is likely that you will adapt the tasks described in the guide and the order in which you perform them. For example, when conducting an initial rapid assessment, you may need to design the survey before you travel out to the population or you may not be able to do so until after you arrive.

Organization of the guide

The major functions to be performed in an assessment/surveillance operation for refugee populations are depicted on the Overview Flowchart at the end of this introduction. The guide is divided into three sections, corresponding to these major functions:

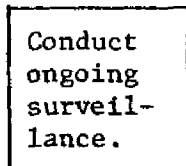
- | | | |
|----------|--------------------------------------|--|
| Part 1.0 | Conduct an initial rapid assessment. | |
| Part 2.0 | Conduct ongoing surveillance. | |
| } | Part 3.0 | Determine if CDC epidemiologists are still needed. |
| | Part 4.0, and | Discontinue CDC's involvement in the surveillance operation. |
| | Part 5.0 | Conduct a final evaluation of the surveillance operation. |

Each of these sections consists of:

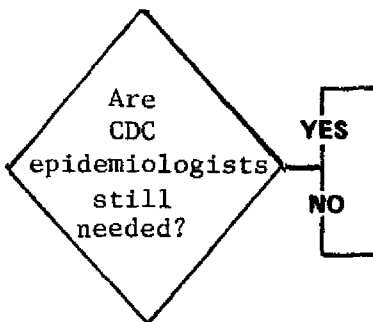
- A flowchart of the major tasks that should be performed, and
- Guidelines for performing those tasks.

How to read the flowcharts in this guide

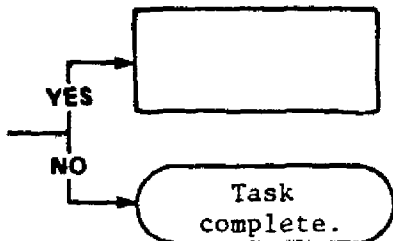
The guidelines below provide some general rules for reading flowcharts:



A box, either a square or rectangle, indicates that an essential task must be performed.



A diamond indicates that a decision must be made and that two or more alternatives will follow.

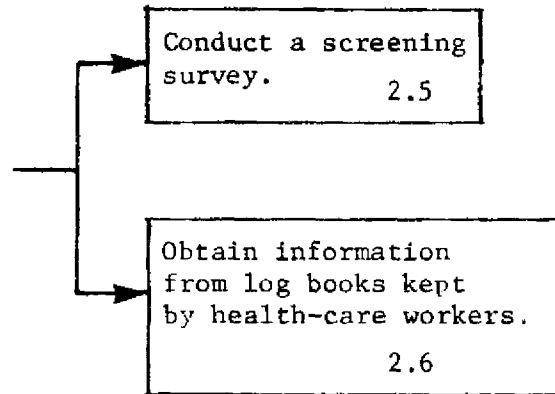


An oval indicates that a sequence of steps is completed. It is frequently used whenever there is a decision and one of the alternative paths indicates completion of the work.

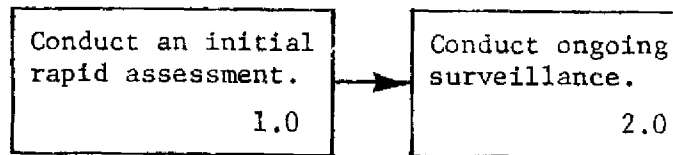
Flowchart structure

- The tasks are diagrammed in the sequence in which they should be performed. Read each flowchart from left to right, following the lines and arrows rather than the numbers of the steps, since the numbers do not always indicate the order of performance.
- When two or more steps which do not immediately follow a decision are joined by a vertical line, it means that they can be

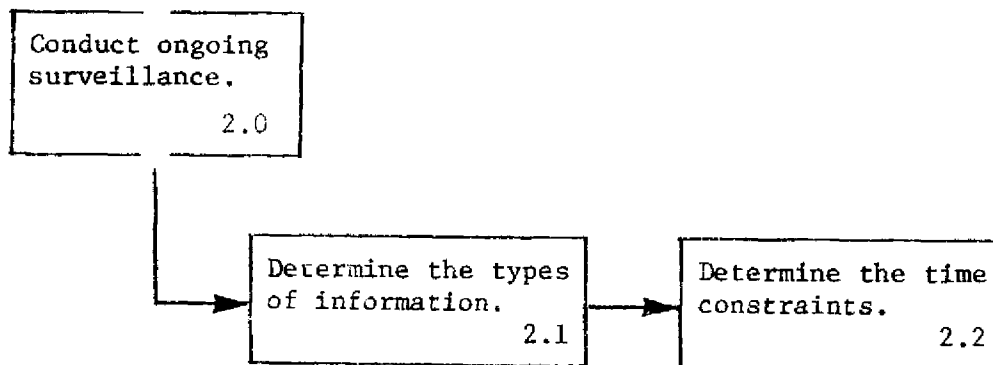
performed simultaneously or in any order. For example, in the diagram below, Step 2.5 does not necessarily precede Step 2.6.



- The steps in the overview flowchart describe the major functions to be performed. Each overview step is numbered with a whole number, decimal, and zero (e.g., 1.0, 2.0, 3.0). For example, the first two steps of the overview flowchart are:



- The steps in the subsystem flowcharts describe in more detail each of these major functions. For example, in order to perform Step 2.0, one must perform Sub-steps 2.1 and 2.2, as described below:



Fold out the flowchart located at the back of this section and refer to it as you read the guidelines.

1.0 Conduct an initial rapid assessment.

The objectives for conducting an initial rapid assessment are to:

1. Determine the existing and potential health problems in both the refugee population and the directly affected host population.
2. Determine the potential effect of the health problems in each population on the other.
3. Determine which health-related relief services and resources are needed for the refugee population immediately and which are needed within the next three months.
4. Determine what additional information should be obtained through follow-up assessments and/or ongoing surveillance.
5. Provide your assessment and your recommendations to the appropriate individuals (e.g., government officials, relief administrators, medical personnel working in the camps, and refugee leaders).
6. Determine availability of health-care personnel or other individuals among the refugee population who can be trained to assist with subsequent data collection.

This initial assessment should be completed as rapidly as possible. The amount of time required will vary, depending on such factors as the number of epidemiologists, the number of camps to be assessed, the difficulty of obtaining needed supplies, the distance to the camps, the ease of transportation to the camps, and the weather conditions. Time must be allowed to gather preliminary information, obtain needed resources (such as transportation), prepare forms, etc., in order to conduct the assessment. The time required for these activities will vary widely and may be lengthy.

1.1 Obtain preliminary information and resources needed immediately from appropriate officials.

First, contact the local Ministry of Health, and then the national relief coordinator. Following these meetings, contact such groups as the parent coordinating relief agency, other relief agencies, public health officials, and, if available, health facilities near each camp.

Determine their perceptions of the problems and needs. In addition, find out who has been in the field and can give you guidance, who can recommend an interpreter, who has a laboratory, who has supplies, who can give you a map, who has data, who has specific expertise you may later need to tap. Establish rapport with as many individuals as possible, since you may need their assistance later.

Obtain all needed resources, such as transportation and drivers. (It may be necessary to find a ride with individuals going out to the camps.) Also, obtain a translator to stay with you all of the time. Locate (or draw) maps of the region where camps are located, a map of each camp (if available).

1.2 Determine the information to be obtained.

All situations will differ; accordingly the information requirements and priorities will vary. The following checklist of information to be gathered during an initial rapid assessment may be useful to you as you determine the most important information you will obtain. You will not be able to gather all of the information. Obtain information only on those issues which will have a major impact on the health status of the refugees.

A. The health status of the refugee and the host population.

- What are the characteristics of both populations (i.e., the number by age, sex, geographic location of origin, ethnic group)? (For the refugee population, also determine the characteristics of those people arriving.)
- How many deaths are occurring or have occurred?
- What are the causes of the deaths, by age and sex?
- How many births have occurred?
- What is the nutritional status of the population?
- What is the prevalence of the major diseases?
Diseases to consider include the following:

Malaria

Tuberculosis

Dysentery, gastroenteritis, nonspecific diarrhea

Pneumonia, bronchitis, and other respiratory diseases

Anemia

Low birth weight/neonatal deaths

Protein-calorie malnutrition

Measles

Pertussis

Fungal diseases

Parasitic diseases (such as schistosomiasis, onchocerciasis)

- What is the degree of interaction between the refugee and host populations, e.g., how many refugees have been assimilated into the host population?
 - How does the health status of refugees compare with that of the host population?
- B. The conditions in which the refugee population is living.
- Do the shelters adequately protect the population from elements (such as harsh weather)?
 - Are there disease vectors (e.g., mosquitoes, flies, rats)?
 - What are the seasonal weather conditions?
 - Is an adequate amount of land allotted for the population?
 - Is there an adequate supply of fuel for the population?
- C. The health-related relief activities which are occurring and the resources (i.e., facilities, personnel, materiel, funds) available for the refugee population.
- Is there an effective administrative structure running the relief operation? What, if any, problems exist (e.g., in intra- and inter-agency communications, in delegation of responsibilities, in routine inspection of work performed, in the procurement and transportation of materiel, e.g., vehicles, fuel)?
 - Is there an effective record-keeping system for monitoring acquisition and distribution of all materiel? If so, is it being used to make decisions?
 - Is the water supply adequate for the current and predicted population? Is the quality of the water adequate? Are the water sources protected from contamination? Is the water distribution system effective? Is the water supply close enough for the people to carry water back to the camp? Do the people have adequate water containers? How effective will any plans be to correct problems related to the water supply?

- Are food supplies (normal and supplementary feeding) adequate for the current and expected population? Is the quality of food adequate? Is the type of food appropriate for the population? Is the food distribution system effective, i.e., is food reaching all members of the population? Do the people have sufficient and appropriate cooking containers? Is there enough firewood for cooking?
- Is the system for disposal of refuse adequate for the population and for existing and expected weather conditions? Is refuse from health facilities disposed of properly? If there are garbage containers, are they being emptied and cleaned frequently enough?
- Is the system for disposal of human waste adequate for the population, considering the weather forecasts? If there are latrine facilities, are they being cleaned and maintained?
- Is there an effective vector control program? Will a vector control program be necessary (e.g., for flies) if a rainy season is approaching?
- Does the population have sufficient and appropriate clothing and blankets?
- What health facilities (e.g., dispensary, hospital, local "traditional" health-care facilities, laboratory) exist? Are they adequate (types, sizes, locations, quantity, and quality) for the current and expected population? Are they being used? Are there adequate medical supplies (e.g., medications, vaccines) for the current and expected population? Is the distribution system for medical supplies adequate? Is the necessary equipment available and functioning?
- What are the types and numbers of personnel (health-care workers and refugee workers) providing health care? Are the types and numbers adequate? Which personnel are lacking requisite skills and knowledge?
- Is supplementary or therapeutic feeding needed, and, if so, available for malnourished children (especially those 0-4 years old), for pregnant women, for lactating women, for the ill, for the elderly?

- Are major diseases being treated correctly? Are drugs and vaccines being dispensed appropriately? Is there an effective follow-up program when necessary (e.g., for TB)?
- Is there an emphasis on preventive medicine (i.e., immunization, environmental sanitation, chemoprophylaxis, nutritional supplements, etc.)?
- Is there an effective information-gathering system for morbidity and mortality? If so, is it being used to make decisions? What are potential changes in the situation that would warrant additional surveillance?
- Is there an effective health education program for the population?
- Is there an effective outreach program for the individuals who don't enter the health facilities?
- What health care is provided to citizens in the host country?
- What health care was provided to the refugees in their own country?
- What effects will therapeutic and preventive measures extended to one group have on the other?
- Might there be competition between the refugee and the host populations for relief (e.g., for health care, food, medicines, supplies)?

1.3 Determine the methods to be used to obtain the information.

Use any combination of methods to obtain the needed information, including the following:

- Consult with the Ministry of Health, regional/district/local public health officials, coordinators and representatives from relief organizations.
- Consult with the relief director, the refugee leaders, and relief workers.
- Inspect the camp.

- Observe conditions in which people are living.
- Analyze records which have been kept (such as those kept by health-care workers) and any surveys already conducted.
- Conduct sample surveys.

1.4 Prepare forms and checklists needed to obtain the information.

Design, develop, and duplicate forms and checklists to use in obtaining information. Keep the format as simple as possible for ease in recording. If you are working with a team, you will want to ensure standardization of data collection. Sample forms are included in the appendices. The table on the following page depicts, for each type of information, the sample form included and its appendix number.

IF YOU WANT TO OBTAIN THIS INFORMATION:	AND:	THEN REFER TO THIS FORM:	IN APPENDIX:
Conditions in which the population is living	→	Camp Assessment Form	1
Health-related relief activities and resources	→		
The number of people who live in the camp (by age, sex, social or political group, home geographical location)	→	Population Structure Survey	2
Assessment of the population's nutritional status	→	Nutritional Assessment Worksheet	3
Number of deaths and causes of deaths	Records <u>have been kept</u>	Daily Mortality Log	4
		Aggregated Daily Mortality	5
	Records <u>have not been kept</u>	In-Camp Mortality Survey	6
Number of admissions, discharges, out-patients for a health facility	→	Number of Admissions, Discharges, Out-patients	7

1.5 Obtain information from regional/district officials.

Contact regional/district governmental and public health officials. They will be able to provide guidance, know who has supplies and who has particular expertise in their area. Determine their perceptions of the problems and needs.

1.6 Obtain information from the refugee population's leaders, the camp director, and any health-care personnel working in the camp.

These individuals will provide essential information. Their cooperation and active assistance will be of crucial importance. Introduce yourself, explain your function, and ask for suggestions. Obtain information such as the following:

- a description of how the camp is organized (There may even be a map of the camp.)
- the estimated population of the camp
- sources of data potentially available, e.g., how deaths are handled, how births are recorded, if people are evacuated for medical care, how records are kept
- the names and locations of refugees who could assist you
- the individual's perceptions of the problems and needs

If records have been kept, ask sufficient questions to ascertain the reliability of the data.

1.7 Obtain information by observing the conditions in which the population is living.

Walk through the camp inspecting the whole camp and all of the facilities in order to obtain information about the conditions in which the population is living. (Refer to Sections B and C in the checklist provided in Step 1.2 for information which can be obtained.) In addition to obtaining information from the visual assessment, it is important to sit down and talk with individuals and families living in the camp and discuss their perceptions of the problems and needs.

1.8 Conduct a sample survey of the population.

To obtain information about the health status of a large population, it will often be necessary to conduct surveys of samples selected from the total population. In a sample survey only some of the specified units (e.g., children, households) in the entire population are selected to be surveyed. A sample survey is less difficult, less time-consuming, and less costly than surveying the entire population. In order for you to be able to draw any valid conclusions, however, the sample selected must represent the entire population.

In order to obtain information through a sample survey, perform the following tasks:

1.8.1 Determine the objectives of the survey.

In order to do this, it is necessary to determine what information you need to obtain (such as specific age groups, race) and which population (camp residents, incoming refugees, host population, hospital patients, etc.) should be sampled. You will want to collect data only on those dimensions for which action can be taken. Also, collect data on the most vulnerable groups (i.e., children under five, the elderly, pregnant women).

1.8.2 Select the sample size.

A short-cut method for selecting the size of the sample is described in Appendix 14. There is a procedure more elaborate than this one for selecting sample size; however, the method described in Appendix 14, will work in this non-academic setting.

1.8.3 Select the appropriate sampling technique.

If the layout of the camp is organized and there is a map of it, then you can design a simple random sample survey based on visiting a proportion of units (e.g., household) in the camp. If the camp does not have a map, you must define roughly uniform units (e.g., rows of houses, based on ration distribution units, etc.) upon which to base your sample selection. In this case, you may decide to conduct a random cluster sample survey. This involves random selection of clusters (housing rows, etc.), in which every unit (house) is to be surveyed. The key to remember for any type of survey you conduct is that each individual in the target population must have an equal chance of being included in the sample. In this way, the sample will best represent the entire target population and should be free from obvious statistical bias.

1.8.4 Divide the total area to be surveyed into smaller areas.

1.8.5 Select the areas to be included in the survey.

- Divide the total sample size by 30. The result is the minimum number of areas that will need to be surveyed.

- If the minimum number of areas to be surveyed is the same as the number of areas determined in Step 1.8.4, plan to survey 30 to 50 units from each area determined in Step 1.8.4.
- If the minimum number of areas to be surveyed is less than the number of areas determined in Step 1.8.4, randomly select the areas to be included in the survey. Plan to survey 30 to 50 units from each area selected in this manner.

1.8.6 Select the units of analysis to make up the sample.

From each area to be included in the survey, 30-50 units of analysis must be selected to make up the sample. The actual selection of cluster samples is done in the field by the data collectors, but the selection procedure must be planned and specified at this point. The following procedure is suggested:

- Select a central location in the area. The location should be near the approximate geographic center of the area.
- Randomly select the direction in which the first unit of analysis in the sample will be located. If surveyors have compasses, they can select a random number* between 0° and 360° and use that direction. (Otherwise, they may spin a bottle on even ground and select the direction in which the bottle is pointing when it stops.)
- Count or estimate the number of units located along the chosen directional line from the central location to the edge of the area. Then select a random number between 1 and the total number of units in that direction. This random number will identify the first unit in the sample. For example, if the unit of analysis is households, and the random number 09 is chosen, the surveyor would go first to the ninth house from the central location along the chosen directional line.
- From the first unit (e.g., child, household) in the sample, include consecutive units in the same direction until the sample is complete.

*Random numbers may be selected from a random number table (see Appendix 15) or from the serial numbers of a currency note.

1.8.7 Design checklists and/or forms to use in obtaining information.

Obtain all essential information, but keep the format as simple as possible for ease in recording and analyzing the data. Collect only data you will use. Test the form to ensure that it is effective and easy to use, and that the questions to be asked will not offend the population.

1.8.8 Determine the time constraints.

You will want to have the information from the survey very quickly. Frequently, relief administrators and the host government will be waiting for the data you obtain to make decisions about relief.

1.8.9 Plan the survey team's activities.

Determine what activities will be performed and who will perform them. Ensure that methods to be used will not offend the population and that all responsibilities are delegated to team members.

1.8.10 Obtain the needed personnel and materiel.

Personnel needed may include individuals to conduct and supervise the survey, translators, etc. Materiel needed may include equipment for taking necessary measurements or specimens, writing materials, questionnaires, clipboards, etc.

1.8.11 Provide the survey team members with forms, supplies, instructions, and if needed, transportation.

- Explain the method to be used to collect the data and specific tasks to be performed.
- Provide personnel with forms, explain and demonstrate how to complete them.
- Teach personnel how to use any equipment with which they may be unfamiliar.
- Stress the importance of the work to be done and the need for care and accuracy.
- Emphasize the importance of not offending the population.
- Conduct a brief trial run to ensure that individuals can perform their tasks.

1.8.12 Obtain the specified information.

Conduct the survey in all selected sample units according to your plan, ensuring that activities are supervised. For example:

- At each of the selected shelters conduct an interview, obtaining and keeping accurate records of the information you decided to obtain in Step 1.2.

For example:

- The number of people living in each dwelling
 - Their ages and sex
 - Their date of arrival in the camp
 - The geographic location of their origin
 - Their ethnic background
 - The number of children who have been born in the past (X) months.
 - The number of children who have died in the past (X) months, and the probable cause of death
 - If applicable, the number of individuals from each dwelling already in the health facility.
- Conduct a rapid physical examination, giving particular attention to communicable diseases and nutritional deficiencies.
 - Weigh and measure children under 5 years of age who are less than 110 centimeters in height.
 - If possible, collect specimens (sputum, blood, urine, etc.) when indicated.
 - Mark the dwelling (for control).

1.9 Analyze all available information.

Organize the information gathered from the survey and the other methods you used, and analyze it in order to achieve the first four objectives of the initial rapid assessment. In other words:

- Determine the existing and potential health problems in both the refugee population and the directly affected host population.
- Determine the potential effect of the health problems in each population on the other.

- Determine which health-related relief services and resources are needed for the refugee population immediately and which are needed in the next three months.
- Determine what additional information should be obtained through follow-up assessments or ongoing surveillance.

1.10 Write a summative report.

Write a report summarizing the information obtained and specifying the conclusions you draw and a set of alternative recommendations. Structure the report so that it is easy for the recipients to use.

For example, you might organize the information in this way:

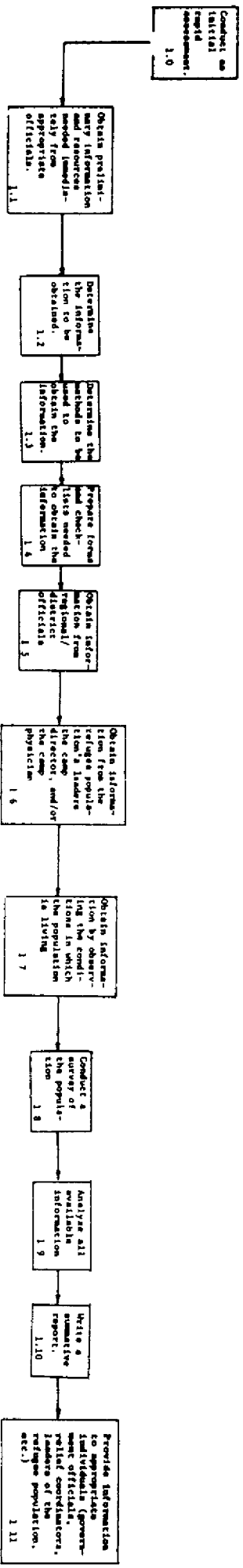
- I. Summary and Recommendations
- II. Current Situation in Selected Refugee Populations in
 X Region
 - A. Introduction
 - B. Background
 - C. Assessment of the Conditions in the Camps
 1. Administration/Organization of the Camps
 2. Food Supply/Distribution
 3. Water Supply/Distribution
 4. Sanitation/Vector Control
 5. Fuel Supply
 6. Shelter
 7. Other (e.g., clothing, blankets)
 - D. Assessment of the Health of the Population
 1. Population Structure
 2. Assessment of Nutritional Status
 3. Mortality Data
 - In-camp Mortality Survey
 - Mortality Data from Existing Sources
 4. Morbidity Data
 5. Other

E. Assessment of Health Activities and Resources

1. Facilities
2. Personnel
3. Materiel
4. Activities
 - Supplemental/Therapeutic Feeding
 - Preventive Health Care
 - Curative Health Care
5. Training of Professional and Auxiliary Health-Care Personnel
6. Data Collection and Reporting

- 1.11 Provide information to appropriate individuals (government officials, relief coordinators, medical team leaders, leaders of the refugee population, etc.).

Develop a distribution list in conjunction with the Relief Coordinator, the Ministry of Health (MOH), and other involved national officials. Then, provide the report as quickly as possible to the appropriate individuals. If, due to the complexity of the assignment, the detailed report will require more than a few days to write, submit initial impressions in a few days in the form of a summary and recommendations. Follow those up with a more detailed report. In addition, discuss the findings and recommendations with the leaders of the refugee population.



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