

First Needs Assessment Situation Report

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:**
$$\frac{\text{number of deaths occurring the period}}{\text{average population over the period}} \times 10,000$$

Ex. 21 deaths occurred during one month in a population of 13,500; $CMR = 0.5 \times 10,000$ 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: average population of under 5 children
 - **Malnutrition:** for surveys specify the indicator (eg. 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
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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

3.4 **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 programmes). 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.

2[31] This is an approximate formula, the denominator should include the average population, i.e. the population at mid period
