Rapid Health Assessment Guidance

Whether the project is a large mine, biofuels development, major water resources construction site, or an exploration well in a remote desert setting, on the ground rapid assessment is a critical task that is often required. While many projects can be managed as desktop exercises, experience indicates that the desktop analysis often triggers the need for an in-country assessment. For large projects, particularly where resettlement is likely, health related field work is inevitable. Even "small or remote" projects have the potential to have significant unintended consequences. Disease transmission does not recognize project fence lines or legal contracts.

Desktop review

Prior to initiating field work, the team should perform a "desktop review" of the available published health literature. A key consideration in this review is understanding the underlying burden of disease that is likely to be present in both the workforce and host communities. There are a number of resources for this purpose, but a good listing can be found in Appendix A of IFC's Introduction to Health Impact Assessment.

After the desktop review is complete, the team should have a general idea of the overall burden of diseases that is likely to be found in local communities. While there will always be "data gaps," in most developing country settings, infectious diseases are likely to be a dominant cause of community morbidity and mortality, particularly for children under age five. The field team should not "worry" about the lack of precise disease rates, it is more than sufficient to know the general spectrum of communicable diseases that are likely to be encountered, i.e., malaria, dengue, schistosomiasis, geohelminths, etc. It is unlikely that the basic burden of disease for the host country is unknown.

Understand the Goals and Objectives of the Project

Understand the current project and think about the future of the project when preparing the assessment as it may raise questions that inform the future direction and design. Once a basic understanding of the project is established, more in-depth planning for the health assessment can commence.

The following checklist will help to organize initial planning and highlight particular questions to consider as part of the rapid health assessment and to organize the priority areas and materials by EHA issue.

Issue	Key materials to reference	EHA Impacted
Current and potential locations	Descriptive and technical material including area maps	
The current physical layout of existing facilities	Project design plans	
How it currently operates and anticipated changes	Operations plans and schedules	
Important potential exposures to the community from physical, biological and chemical substances (what, how much, how often)	Routes of exposures include food, air, water, soil, chemical products, wastes and medications	
Workforce size	Number of staff per project development phase, including expatriates and local nationals	
Workforce countries of origin	Include locations within the country where workers will be obtained	
Workforce housing	Maps; facility housing design drawings; compound/community layout	
Adjacent Communities or accommodation camps – identify those that are downstream and downwind	Maps	
Transportation corridor(s)	Maps of transportation corridors, truck trips and crew sizes per day during construction and after construction; construction schedule	
Development timing	Project schedule	
Funding	Key multi-laterals, e.g., IFC, local financial institutions	

Organize health issues using the Health Environmental Health Area (EHA) Framework

Using the IFC environmental health areas framework (see Table 1 below) is extremely useful in helping to organize the information that is developed in the desktop exercise and in preparation of a plan of action that addresses all areas of potential risk. It is essential to understand (i) the underlying goals and objectives of the existing project, (ii) the manner and method of how the project organizes its daily work practices, and (iii) the existing patterns of interface between the project and local communities.

Environmental Health Areas (EHAs) Framework	Potential Impacts	Corresponding Health Module
Housing and Respiratory Issues	Acute respiratory infections (bacterial and viral), pneumonia, and tuberculosis; respiratory effects from housing, overcrowding, and housing inflation	
Vector-Related Diseases	Malaria, trypanosomiasis, onchocerciasis, lymphatic filariasis, dengue and ectoparasites (fleas, ticks, lice), etc.	
Sexually Transmitted Infections	HIV/AIDS, syphilis, gonorrhea, chlamydia, hepatitis B	
Soil- and Water-Borne Diseases	Geohelminths, (giardia, hook and pin worms, etc.)	
Food and Nutrition Related Issues	Changes in subsistence practices; stunting, wasting, anemia, micronutrient diseases (including folate, Vitamin A, iron, iodine), gastroenteritis (bacterial and viral); food inflation	
Accidents/Injuries	Road traffic-related accidents; spills and releases; construction (home and project related) accidents; drowning	
Exposure to Potentially Hazardous Materials	Road dust; air pollution (indoor and outdoor related to industrial activity, vehicles, cooking, heating or other forms of combustion/incineration); landfill refuse or incineration ash; any other project-related solvents, paints, oils or cleaning agents	
Social Determinants of Health (SDH)	Psychosocial effects; resettlement/relocation; violence; security concerns; substance misuse (drugs, alcohol, smoking); depression and changes to social cohesion	
Cultural Health Practices	Changing role of traditional medical providers; loss of indigenous medicines and unique cultural health practices	
Health Services Infrastructure and Capacity including Program Management Delivery Systems	Excess strain on physical infrastructure; inadequate staffing levels and competencies, or technical capabilities of health care facilities	
	Coordination and alignment of the project to existing national and provincial level health programs, (e.g. TB, HIV.AIDS), and future development plans	
Non-Communicable Diseases	Hypertension, diabetes, stroke, and cardiovascular disorders	
Veterinary Medicine/Zoonotic Issues	Potential disease distributions secondary to changes in animal migration patterns due to project-related activities or infrastructure	

Task	Considerations
Perform a desktop analysis of existing published information	• Consult available published health literature to understand underlying burden of disease
Understand the goals and objectives of the current project	• In order to develop an appropriate plan for the assessment predicated on the dynamics of the project
Organize EHA materials by specific health area	• Prioritize and focus on issues relevant for the workforce and for the targeted communities as their issues may be different
	• Plan and implement a health needs assessment (HNA) for the workforce and one for community
Define the geographic context of the assessment	• Initially define a list of potentially affected communities
	• A definitive and all inclusive set of communities does not have to be defined at this stage of the field work
	• There does need to be an initial overview of the geographical locations of the communities that are going to be evaluated at this stage in the process.
Think about community participation	• For greenfield projects:
	• Develop a stakeholder management plan
	• The proposed project may never develop. A large number of exploration efforts occur; however, relatively few, particularly for mining, actually develop into an operating mine.
	• Expectations are always raised regardless of the level of disclaimers that are offered. The presence of the project, even if at a small exploration stage, raises community expectations. This is absolutely true of local communities that are in remote rural settings that are underserved by the host government.
	• When conducting an appraisal, the team needs to engage the community in order to obtain accurate and meaningful information. Yet the team navigates a difficult course between responsible but limited engagement and the bitter aftertaste that lingers if communities feel they have been unfairly exploited.
	• For existing projects:
	• Existing methods and patterns used by the project for community engagement must be understood by the health appraisal team and their work should take place with this framework.
	• The most useful health information can be best obtained by a participatory process that treats the community as a partner who has an important self-interest in producing an appropriate work product.

Participatory epidemiology	• Participatory epidemiology (PE) is the use of participatory approaches and methods to improve understanding of community diseases and health services, and to potentially design solutions to health and disease related problems that are documented.
	• Features of PE:
	• Respect for traditional and local knowledge and concerns: community residents often possess detailed knowledge and facilitate focus to those issues that really matter to the community itself
	• Use of small group and individual participatory methods: informal interviews, visualization and ranking/scoring methods
	• Triangulation: using different methods and sources of information to crosscheck findings
	• Participatory disease searching: a way to search for disease using participatory methods to capture local knowledge

Additional Resources

To reference the complete modules on rapid health assessment, see the IFC/NewField's series of rapid assessment health modules.

Introduction to Health Impact Assessment, International Finance Corporation

Good Practice Guidance on Health Impact Assessment, International Council on Mining and Metals

IFC stakeholder engagement handbook

Rapid Rural Appraisal (RRA)

Participatory Rural Appraisal (PRA)