# Integrating epidemic risk into eVCA tools - Checklist

The lists below are condensed versions of the more detailed accompanying document (providing specific examples). Both documents should be used with the tools already developed by eVAC.

### Integration of epidemiological risk into the eVCA tool[[1]](#footnote-0) :

#### **Secondary data**

| **Factors to be taken into account** | **Yes/No** |
| --- | --- |
| Have a health specialist in each team to find, read, understand and analyse health data |  |
| Ensure the diversity (gender) and reliability of sources :   * Ministry of Health, * National/international health organisations (working in the municipality concerned), * Hospitals, * Health centres, * Community-based health worker |  |
| Here are a few links to help you gather information before visiting the communities:   * [GIEWS - Global Information and Early Warning System](http://www.fao.org/giews/en/) * [WHO Global Health observatory](https://www.who.int/data/gho/data/countries) * [UNICEF Fact Sheet](https://www.unicef.org/reports/unicef-fact-sheet) |  |
| Ensure that the following information is collected:   * History of risks in the community, including epidemic risks such as ebola or malaria. * -Health problems (malnutrition, infant mortality, vaccination rates, etc.). Source: government/UN publication. * Health services (number of health centres, services per level of health centre, number of people served by each health centre, etc.) Source: government publication. |  |

#### **Seasonal calendar**

| **Factors to be taken into account** | **Yes/No** |
| --- | --- |
| Involve a health specialist in the discussions. |  |
| Know the nature of the pathogen[[2]](#footnote-1) and its route of transmission (can be found on the [epidemic control toolkit](https://epidemics.ifrc.org/fr/volunteer/disease) website). |  |
| Encourage the group to talk about events in the "health/illness" category, discuss links with the season and cultural, economic (e.g. fair) and community events. |  |
| Note the correlation between the time of risk of an outbreak and the season of the year |  |
| Related facilitation issues :   * + Risk: What are the times of year when the risk to people's health and lives is lowest? The higher risks?   + Possible actions: What actions should be considered during the low and high risk months?   + Change in frequency: Has there been a change in the calendar of events in recent years? How has this changed?   + Impact of the changes : What effects have these changes had on your household and/or community?   + Other questions: The facilitator should note other important events and discuss them with the group. |  |

#### **Maps of the locality (risk and capacity map)**

| **Factors to be taken into account** | **Yes/No** |
| --- | --- |
| Involve a health specialist in the discussions. |  |
| Know the nature of the pathogen[[3]](#footnote-2) and its route of transmission (can be found on the [epidemic control toolkit](https://epidemics.ifrc.org/fr/volunteer/disease) website). |  |
| Identify on the map :   * + Open defecation sites and non-functional latrines.   + Water sources near contaminated sites.   + Bodies of water (clean or muddy, stagnant or not).   + Neighbourhoods with poor housing/shelters where people are highly exposed to mosquito bites.   + Places where livestock (buffalo, sheep, goats and camels) are kept in close contact with humans.   + Very poor families without adequate shelter, often living in overcrowded conditions, with poor hygiene and lacking basic necessities such as insecticide-treated mosquito nets, drinking water, hygienic toilets and soap.   + Families that include people with special needs (elderly, disabled, people with chronic illnesses such as HIV/AIDS).   + Families with malnourished children. |  |
| Map the local capacities that enable communities to manage the risk of health epidemics:   * + Health infrastructure and facilities (health centres, hospital, local pharmacy or first aid point).   + Social care facilities (retirement homes, primary schools).   + Presence of trained health staff in the community (trained midwife, Red Cross and Red Crescent volunteers, community health worker, veterinary surgeon, traditional healer, etc.).   + Sites/places where health information is communicated (churches, local NGOs, Red Cross branch).   + Informal water vendors, water pump technicians, plumbers, latrine builders, latrine emptiers, etc.   + Availability of tools and manpower for communal clean-up, debris removal and water evacuation. |  |
| Complement the mapping with cross-sectional walks and direct observations when assessing the risk of epidemics. |  |

#### **Cross walk**

| **Factors to be taken into account** | **Yes/No** |
| --- | --- |
| Involve a health specialist during the walk, who can explain the transmission routes. |  |
| Know the nature of the pathogen[[4]](#footnote-3) and its route of transmission (can be found on the [epidemic control toolkit](https://epidemics.ifrc.org/fr/volunteer/disease) website). |  |
| Observations of WASH facilities, hygiene practices at household level, schools, access for people with disabilities, sanitation facilities, etc. or discussions with community members and key informants on specific hazards observed. |  |
| Observe :   * + Open defecation sites and non-functional latrines.   + Water sources close to contaminated sites.   + Measure the distance between water sources and non-functioning latrines that present a high risk of leakage of contaminated faecal matter.   + Household latrines and their hygienic condition.   + How many latrines have a hand-washing station nearby, with signs of use?   + Visit the local market and check whether street food vendors sell food in hygienic conditions.   + If communal latrines in public spaces such as markets are maintained in good hygienic conditions. * Bodies of water (clean or muddy, stagnant or not). * Neighbourhoods with poor housing/shelters. * Cattle (oxen, sheep, goats and camels) are kept in closer contact with humans. * Areas where humans may come into contact with wild animals or animal corpses. * If meat from wild animals is available for sale on the local market. |  |
| Observe the vulnerability factors of a very poor neighbourhood to find out:   * if the habitat is suitable, * if families live in overcrowded conditions, * whether hygiene is good or bad, * if they have access to drinking water, * if they have insecticide-treated mosquito nets, * if they have hygienic toilets with soap and water. |  |
| Check local capacity to manage the risk of an epidemic:   * Walk to the nearest health centre (health centre, hospital, local pharmacy or first aid point) to check distance and accessibility. On site, check whether qualified staff and medical equipment are available. * Walk to the sites/places where health information is communicated (churches, local NGOs, Red Cross office) and look at the communication materials available, if they are easy to understand by all members of the community. |  |

#### **Direct observation**

| **Factors to be taken into account** | **Yes/No** |
| --- | --- |
| Involve a health specialist in direct observations. He/she can follow the following points and record his/her observations. |  |
| First look at the community information sheet or literature review to find out which disease to examine. |  |
| Know the nature of the pathogen[[5]](#footnote-4) and its route of transmission (can be found on the [epidemic control toolkit](https://epidemics.ifrc.org/fr/volunteer/disease) website). |  |
| Point to observe to identify basic healthcare and WASH (water, sanitation and hygiene) needs:   * + Sanitation (sewers, availability of running water, functionality and type).   + Typical sanitation used by individual families and communal sanitation facilities, the practice of handwashing with soap and the availability of soap in the household.   + The distance to travel to a health centre and the waiting time.   + Presence of qualified staff, medical equipment and medicines in the health centre.   + Existence of referral systems (ambulances) to the referral health centre.   + Source of water for the community and distance to be travelled, accessibility and waiting time.   + Quality of drinking water source (turbidity, colour, odour). |  |

#### **Focus group discussion - Semi-structured interview**

| **Factors to be taken into account** | **Yes/No** |
| --- | --- |
| Involve a health specialist to lead the discussion |  |
| Include community health specialists from the area in question in the discussion (see list in detailed document) |  |
| List of health-related questions for interviews and focus groups   * + Are there any health risks, safety issues or first aid needs in the community (e.g. landfill sites, lakes or ponds, dangerous roads)?   + What are the most common emergencies and priority health problems among the most vulnerable people?   + What epidemics and illnesses have occurred in the community in recent years?   + What factors do community members believe cause health problems? For example, is diarrhoea caused by a lack of hygiene and sanitation, or by a lack of health education and poverty?   + Are certain illnesses more common at certain times of year?   + Have you noticed that certain illnesses have increased or decreased over the last 5 to 15 years?   + Are certain illnesses more common when it rains?   + Are certain illnesses more common in dry weather?   If the answer is "yes" to any of the above questions, ask these questions:   * Which ones and/or where? * Why do you think this is the case? * Who is most affected? * What actions are people / the community taking? * If you know that it's going to rain / be dry / that a certain season is approaching when a disease is more common - what do you do? * What could you do differently? * Where do you get most of your information about health problems from? |  |

#### **Problem tree**

| **Factors to be taken into account** | **Yes/No** |
| --- | --- |
| Involve a health specialist to lead the discussion |  |
| First look at the community information sheet or literature review to find out which disease to examine. |  |
| Know the nature of the pathogen[[6]](#footnote-5) and its route of transmission (can be found on the [epidemic control toolkit](https://epidemics.ifrc.org/fr/volunteer/disease) website). |  |
| Start by indicating the disease in question on the tree (cholera, ebola, malaria, etc.). |  |
| List the effects of this disease at branch level, especially during an epidemic outbreak, and answer the question: how does it affect us? |  |
| Locate the causes of epidemics in the lower part of the tree, answering the question: "Why does this affect us? |  |

1. presented by the CRF at the training session for trainers in January 2023 [↑](#footnote-ref-0)
2. Describes something that causes disease, in particular a germ capable of causing infection. [↑](#footnote-ref-1)
3. Describes something that causes disease, in particular a germ capable of causing infection. [↑](#footnote-ref-2)
4. Describes something that causes disease, in particular a germ capable of causing infection. [↑](#footnote-ref-3)
5. Refers to something that causes disease, in particular a germ capable of causing infection. [↑](#footnote-ref-4)
6. Refers to something that causes disease, in particular a germ capable of causing infection. [↑](#footnote-ref-5)