

**Inter-Agency Standing Committee (IASC)  
INITIAL RAPID ASSESSMENT (IRA):  
FIELD ASSESSMENT FORM**

**ASSESSMENT TEAM**

| Name (Team Leader first) | Institution | Title/position | Profession/qualifications |
|--------------------------|-------------|----------------|---------------------------|
|                          |             |                |                           |
|                          |             |                |                           |
|                          |             |                |                           |
|                          |             |                |                           |

**IRA SUMMARY**

Date(s) of field assessment \_\_\_ / \_\_\_ / \_\_\_ - \_\_\_ / \_\_\_ / \_\_\_      Admin level 1 name \_\_\_\_\_  
 Principal contact(s) at the site \_\_\_\_\_      Admin level 2 name \_\_\_\_\_  
 Position in community \_\_\_\_\_      Admin level 3 name \_\_\_\_\_  
 Telephone # \_\_\_\_\_      Site name \_\_\_\_\_  
 GPS coordinates in decimal degrees \_\_\_\_\_      P-code \_\_\_\_\_

**Summary of the crisis**

- overall judgment of humanitarian situation and the severity of needs identified
- short-term outlook (whether the crisis is worsening or becoming less serious)
- underlying causes of problems and risks
- threats to security (natural hazards, population movements, armed groups, etc)
- population groups that are inaccessible (and if so, why)
- risk-factors that could worsen humanitarian conditions or impede relief operations (bad weather, insecurity etc.)

**Problems and priorities identified by the affected population**

**Source of information code**

KI - Key Informant interviews    GD - Group Discussions    O - Observation



**Key issues identified, by section, by severity ranking**

| Key for severity ranking       | Red    | Severe situation: urgent intervention required   |   |   |   |                 |
|--------------------------------|--------|--|---|---|---|-----------------|
|                                | Orange | Situation of concern: surveillance required  |   |   |   |                 |
|                                | Yellow | Lack of/unreliable data: further assessment required   |   |   |   |                 |
|                                | Green  | Relatively normal situation or local population able to cope with crisis; no action required |   |   |   |                 |
| Section                        | R      | O  | Y | G | Key issues identified<br>(maximum of 3) | Recommendations |
| Population                     |        |  |   |   |   |                 |
|                                |        |  |   |   |   |                 |
| Sites and shelter              |        |  |   |   |   |                 |
|                                |        |  |   |   |   |                 |
| Essential non-food items       |        |  |   |   |   |                 |
|                                |        |  |   |   |   |                 |
| Water supply                   |        |  |   |   |   |                 |
|                                |        |  |   |   |   |                 |
| Sanitation                     |        |  |   |   |   |                 |
|                                |        |  |   |   |   |                 |
| Hygiene                        |        |  |   |   |   |                 |
|                                |        |  |   |   |   |                 |
| Food security                  |        |  |   |   |   |                 |
|                                |        |  |   |   |   |                 |
| Nutrition                      |        |  |   |   |   |                 |
|                                |        |  |   |   |   |                 |
| Health risks and health status |        |  |   |   |   |                 |
|                                |        |  |   |   |   |                 |
| Health facilities and services |        |  |   |   |   |                 |
|                                |        |  |   |   |   |                 |
| Other (specify)<br>_____       |        |  |   |   |   |                 |
|                                |        |  |   |   |   |                 |

## SECTION 1 POPULATION DESCRIPTION

### 1.1 Resource persons and other information sources

|  |
|--|
|  |
|--|

### 1.2 Registration:

1.2.1 Are the crisis affected people being registered, or have they been registered (*Check one*)?

Yes  No  Not necessary  DNK

1.2.2 If yes, by which institution(s)?

|  |
|--|
|  |
|--|

### 1.3 Size of crisis-affected population:

1.3.1 Total estimated current population of site: # People:

1.3.2 Source of these population data (*several responses possible*)

- Estimate by local authorities  Estimated from # households and # people per household  
 Estimate by affected population  Census/name list (*specify date of census*) \_\_\_\_\_  
 Registration  Other (*specify*) \_\_\_\_\_

### 1.4 Movement to and from this site:

1.4.1 Is the population at this site increasing, decreasing, or staying about the same? 1.4.2 If changing, by how much (*note time period, e.g. # per day*)

Increasing  Decreasing  About the same \_\_\_\_\_ per \_\_\_\_\_

### 1.5 Displaced population (only complete this section if part or all of the affected population is made up of internally displaced people and/or refugees)

1.5.1 Quadrat location (or name) for place of origin of displaced people (*If different displaced groups are in this site, indicate the origins separately for each.*)

|  |
|--|
|  |
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1.5.2 Organization of the settlement (*Check all that apply. If refugees and IDPs are present in this site and you want to perform specific analysis for each group, use separate questionnaire per group*)

- Camp in rural area  Staying with host families in a rural area  
 Camp in urban area  Staying with host families in an urban area  
 DNK  Collective settlement in large buildings  
 Other (*specify*) \_\_\_\_\_

1.5.3 Relations between the displaced and the host community? (*Check all that apply.*)

Host community willing to assist  Tensions  Other (*specify*) \_\_\_\_\_  DNK

### 1.6 People dead, missing or injured due to the crisis

1.6.1 Dead \_\_\_\_\_ People last \_\_\_\_\_ days  DNK

1.6.2 Missing \_\_\_\_\_ People last \_\_\_\_\_ days  DNK

1.6.3 Injured \_\_\_\_\_ People last \_\_\_\_\_ days  DNK

### 1.7 Vulnerable groups:

1.7.1 If there is information suggesting that some groups are under- or over-represented (e.g. women or girl children, ethnic minorities), explain here:

|  |
|--|
|  |
|--|

1.7.2 Estimated number of unaccompanied children : # \_\_\_\_\_

### 1.8 Additional information (free variables):

|             |  |             |  |
|-------------|--|-------------|--|
| 1.8.1 _____ |  | 1.8.3 _____ |  |
| 1.8.2 _____ |  | 1.8.4 _____ |  |

## SECTION 2 SHELTER AND ESSENTIAL NON-FOOD ITEMS

### 2.1 Resource persons and other information sources

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### 2.2 Shelter quality

2.2.1 For houses and temporary family shelters housing people affected by the crisis, note the following points

|   | Very poor/ none          | Poor                     | Acceptable               | DNK                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Protection from cold, heat, wind, rain, snow etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Privacy   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal security and security of belongings      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protection from fire                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Covered space for essential household activities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2.2.2 For collective shelters housing people affected by the crisis, note the following points

Average number of people sleeping in the shelters \_\_\_\_\_

Types of building:  Emergency  Temporary  Permanent

|   | Very poor/ none          | Poor                     | Acceptable               | DNK                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Protection from cold, heat, wind, rain, snow etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Privacy   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal security and security of belongings      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protection from fire                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Covered space for essential household activities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### 2.3 Is support available for people who cannot build their own shelter?

Yes  No  DNK

### 2.4 Access to essential non-food items (NFIs):

2.4.1 Proportion of households with sufficient: (tick appropriate box)

|                      | < 1/4                    | ≥ 1/4, < 1/2             | ≥ 1/2, < 3/4             | ≥ 3/4                    | DNK                      |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Clothing             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Blankets and bedding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooking utensils     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plastic sheeting     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 2.4.2 Main types of fuel used for cooking and heating |  | Is there enough cooking fuel? | Is there enough heating fuel? |
|---|--|-------------------------------|-------------------------------|
| <input type="checkbox"/> Firewood                     | <input type="checkbox"/> Petrol                | <input type="checkbox"/> Yes  | <input type="checkbox"/> Yes  |
| <input type="checkbox"/> Coal                         | <input type="checkbox"/> Gas                   | <input type="checkbox"/> No   | <input type="checkbox"/> No   |
| <input type="checkbox"/> Diesel                       | <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> DNK  | <input type="checkbox"/> DNK  |

### 2.5 What are the priorities expressed by the population concerning shelter and non-food items?

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|  |
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### 2.6 Additional information (free variables):

|             |             |
|-------------|-------------|
| 2.6.1 _____ | 2.6.3 _____ |
| 2.6.2 _____ | 2.6.4 _____ |

## SECTION 3 WATER SUPPLY, SANITATION AND HYGIENE

### 3.1 Resource persons and other information sources

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|  |
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### 3.2 Existing capacities and activities

|                       | Organisation or person(s) responsible | Since when? (date: dd/mm/yyyy) | Normal / current activities | Limitations to capacity or performance (lack of staff, materials and equipment, funds, access etc.) |
|-----------------------|---------------------------------------|--------------------------------|-----------------------------|---|
| 3.2.1<br>Water supply |                                       |                                |                             |   |
| 3.2.2<br>Sanitation   |                                       |                                |                             |   |
| 3.2.3<br>Hygiene      |                                       |                                |                             |   |

### 3.3 Water supply

| <b>Water resources</b> : note in this table data concerning sources of water available for the population at the site | 3.3.1<br>Number of water sources of each type | 3.3.2 Water source most used for human consumption at this site | 3.3.3 Water source most used for animal consumption at this site | 3.3.4 Any water sources producing dirty-looking water | 3.3.5 Any sources for which it is likely that the quantity of water available will fall in the near future |
|---|---|---|--|---|--|
| Borehole or well with functioning motor pump  |   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>   |
| Borehole or well with functioning hand pump   |   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>   |
| Protected spring  |   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>   |
| Protected open well   |   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>   |
| Piped water   |   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>   |
| Unprotected spring  |   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>   |
| Unprotected open well   |   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>   |
| Surface water ( <i>specify if a lake, a river or other</i> )  |   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>   |
| Traditional water sellers ( <i>specify the source</i> )   |   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>   |
| Other ( <i>specify</i> )  |   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>   |
| Borehole or well with non-functioning motor pump  |   |   |  |   |  |
| Borehole or well with non-functioning hand pump   |   |   |  |   |  |

**3.3.6 Average quantity of water used per day for all uses (in litres)**

Drinking, cooking and hygiene

<25 litres       26-50 litres       51-75 litres       >75 litres       DNK

Animals \_\_\_\_\_ l      Washing clothes \_\_\_\_\_ l      Other \_\_\_\_\_ l

**3.3.7 # minutes on average it takes to collect total water supply for a household (incl. travel, waiting and filling the containers)**

0 - 15       15 - 30       30 - 60       > 60

**3.4 Sanitation:**

| 3.4.1 Percentage of people currently using each of the places listed below to go to defecate           |                              |  |
|--|------------------------------|--|
|  | Adults                       | Children                                     |
| In the open, not in a defined and managed defecation area  |                              |  |
| In a defined and managed defecation area   |                              |  |
| In public toilets (pit latrines, pour-flush latrines, flushing toilets etc.)                           |                              |  |
| In family toilets and shared family toilets (pit latrines, pour-flush latrines, flushing toilets etc.) |                              |  |
|  | <input type="checkbox"/> DNK | <i>Check that each column adds up to 100</i> |

**3.4.2 Average number of users per functioning toilet**

≤ 20       21-50       51 – 100       > 100       DNK

|       |  |                              |                             |                              |
|-------|--|------------------------------|-----------------------------|------------------------------|
| 3.4.3 | Total # of functioning toilets _____   |                              |                             |                              |
| 3.4.4 | If there are latrines, are there separate facilities for girls and women?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNK |
| 3.4.5 | Is there adequate lighting?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNK |
| 3.4.6 | If there are latrines, are the openings small enough to prevent children falling in? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNK |

**3.4.7 Presence of human faeces on the ground on and around the site**

|   |  |                              |
|---|--|------------------------------|
| <input type="checkbox"/> substantial presence close to shelters (<20m)      | <input type="checkbox"/> no substantial presence | <input type="checkbox"/> DNK |
| <input type="checkbox"/> substantial presence close to water sources (<20m) | <input type="checkbox"/> no substantial presence | <input type="checkbox"/> DNK |

**3.5 Hygiene**

| Proportion of households possessing: (tick appropriate box) |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | < 1/4                    | ≥ 1/4, < 1/2             | ≥ 1/2, < 3/4             | ≥ 3/4                    | DNK                      |
| Soap  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mosquito nets (in good condition)                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Narrow-necked water container (e.g. Jerrycan)               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3.6 What are the priorities expressed by the population concerning water supply, sanitation and hygiene?**

**3.7 Additional information (free variables):**

|             |  |             |  |
|-------------|--|-------------|--|
| 3.7.1 _____ |  | 3.7.3 _____ |  |
| 3.7.2 _____ |  | 3.7.4 _____ |  |

## SECTION 4 FOOD SECURITY AND NUTRITION

### 4.1 Resource persons and other information sources

|  |
|--|
|  |
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### 4.2 Existing capacities and activities

|   | Activity specification<br>(present / absent)  | List organisation<br>or person(s)<br>implementing<br>these programs<br>NOW | Since<br>when?<br>(dd/mm/<br>yyyy) | #<br>beneficiaries | Geographic<br>coverage | Comments |
|---|---|--|------------------------------------|--------------------|------------------------|----------|
| 4.2.1 Management of severe acute malnutrition (facility or community based) | <input type="checkbox"/> Inpatient therapeutic feeding (TF) only<br><input type="checkbox"/> In- & outpatient TF<br><input type="checkbox"/> Outpatient TF only |  |                                    |                    |                        |          |
| 4.2.2 Management of moderate acute malnutrition                             | <input type="checkbox"/> Selective supplementary feeding<br><input type="checkbox"/> Blanket supplementary feeding  |  |                                    |                    |                        |          |
| 4.2.3 Micronutrient supplementation programs (e.g., vitamin A, iron)        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |                                    |                    |                        |          |
| 4.2.4 General food distribution   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |                                    |                    |                        |          |
| 4.2.5 Other nutrition programs  | Specify<br>_____  |  |                                    |                    |                        |          |

### 4.3 Changes in the total amount of food that people are eating since the crisis began, on average:

|  |  |
|--|--|
| <input type="checkbox"/> Amount consumed has increased | <input type="checkbox"/> Amount consumed is the same |
| <input type="checkbox"/> Amount consumed has decreased | <input type="checkbox"/> DNK                         |

### 4.4 How many people in the community currently have food stocks in their households?

|                               |                                     |                               |                               |                              |
|-------------------------------|-------------------------------------|-------------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> Most | <input type="checkbox"/> About half | <input type="checkbox"/> Some | <input type="checkbox"/> None | <input type="checkbox"/> DNK |
|-------------------------------|-------------------------------------|-------------------------------|-------------------------------|------------------------------|

### 4.5 On average, how long will food stocks last in the households, according to the community?

|                          | <input type="checkbox"/> less than 1 week | <input type="checkbox"/> 1-2 weeks | <input type="checkbox"/> more than 2 weeks |
|--------------------------|---|------------------------------------|--|
| Cereals and roots/tubers | <input type="checkbox"/> less than 1 week | <input type="checkbox"/> 1-2 weeks | <input type="checkbox"/> more than 2 weeks |
| Pulses and legumes       | <input type="checkbox"/> less than 1 week | <input type="checkbox"/> 1-2 weeks | <input type="checkbox"/> more than 2 weeks |
| Oils and fats            | <input type="checkbox"/> less than 1 week | <input type="checkbox"/> 1-2 weeks | <input type="checkbox"/> more than 2 weeks |

### 4.6 Does the community have physical access to functioning markets?

|                              |                             |                              |
|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNK |
|------------------------------|-----------------------------|------------------------------|

### 4.7 Have infant milk products and/or baby bottles/teats been distributed since the beginning of the emergency?

|                              |                             |                        |
|------------------------------|-----------------------------|------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If YES, by whom? _____ |
|------------------------------|-----------------------------|------------------------|

### 4.8 What percentage of infants in your area are formula fed /formula dependent?

|                               |  |                                 |  |                              |
|-------------------------------|--|---------------------------------|--|------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Less than 10% | <input type="checkbox"/> 10-25% | <input type="checkbox"/> More than 25% | <input type="checkbox"/> DNK |
|-------------------------------|--|---------------------------------|--|------------------------------|

### 4.9 Has the community/health staff identified any problems in feeding children <2 years since crisis started?

|                              |                             |                              |
|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If YES, what problems? _____ |
|------------------------------|-----------------------------|------------------------------|

**4.10 Describe the current livelihood/food situation in this area**

|   |   |
|---|---|
| 4.10.1 What are the major livelihoods in the area?  | 4.10.2 Has the crisis had an impact on livelihoods, markets & food stocks?  |
| <input type="checkbox"/> Agriculturalists<br><input type="checkbox"/> Agro-pastoralists<br><input type="checkbox"/> Pastoralists<br><br><input type="checkbox"/> Small businesses/trading<br><input type="checkbox"/> Other (Specify) _____   | <input type="checkbox"/> Livelihoods disrupted<br><input type="checkbox"/> Food prices increased<br><input type="checkbox"/> Food stocks disrupted / depleted<br><input type="checkbox"/> Other (Specify) _____ |
| 4.10.3 What population groups are most affected?  | 4.10.4 What are the priorities expressed by the population concerning livelihoods, food security or infant and young child feeding?   |
| <input type="checkbox"/> Children / youth<br><input type="checkbox"/> Women<br><input type="checkbox"/> Men<br><input type="checkbox"/> Elderly people<br><br><input type="checkbox"/> Different religious / cultural / socio-economic groups (specify) _____<br><input type="checkbox"/> Other (Specify) _____ |   |

**4.11 Additional information (free variables):**

|              |              |
|--------------|--------------|
| 4.11.1 _____ | 4.11.3 _____ |
| 4.11.2 _____ | 4.11.4 _____ |

**SECTION 5 HEALTH RISKS AND HEALTH STATUS**

**5.1 Resource persons and other information sources**

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|  |
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**5.2 Health profile:**

|   |                                       |  |
|---|---------------------------------------|--|
| 5.2.1 How many BIRTHS have there been during last 7 days? How many of these with skilled attendant present? |                                       |  |
| # Births (total) _____  | # Births (w/ skilled attendant) _____ | # visibly pregnant women at site _____ |

**Morbidity (disease in population)**

5.2.2 Main health concerns from clinic records or reported by health professionals (list)

|   | # cases in last 7 days | # deaths in last 7 days |   | # cases in last 7 days | # deaths in last 7 days |
|---|------------------------|-------------------------|---|------------------------|-------------------------|
| <input type="checkbox"/> Measles                      |                        |                         | <input type="checkbox"/> Cholera                      |                        |                         |
| <input type="checkbox"/> Malaria                      |                        |                         | <input type="checkbox"/> Injuries                     |                        |                         |
| <input type="checkbox"/> Diarrhoeal diseases          |                        |                         | <input type="checkbox"/> Pregnancy-related conditions |                        |                         |
| <input type="checkbox"/> Acute Respiratory Infections |                        |                         | <input type="checkbox"/> Other (Specify) _____        |                        |                         |

5.2.3 Have there been any reports of any unusual increases in illness or rumours of OUTBREAKS? If so, describe

No  Yes (Specify) \_\_\_\_\_

5.2.4 Patients suffering from CHRONIC DISEASES for which sudden interruption of therapy could be fatal and are NOT able to receive treatment

|   | # Patients not able | Total # in need |   | # Patients not able | Total # in need |
|---|---------------------|-----------------|---|---------------------|-----------------|
| <input type="checkbox"/> Hypertension                         |                     |                 | <input type="checkbox"/> Epilepsy               |                     |                 |
| <input type="checkbox"/> Insulin-dependent diabetes           |                     |                 | <input type="checkbox"/> Others (Specify) _____ |                     |                 |
| <input type="checkbox"/> Kidney disease (in need of dialysis) |                     |                 |   |                     |                 |



|  |                              |
|--|------------------------------|
| 5.2.5 Have there been reports of SEXUAL VIOLENCE? If so, describe                                    |                              |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____                             | # Cases in last 7 days _____ |
| 5.2.6 Is there evidence of PSYCHOSOCIAL TRAUMA among the affected population? If so, describe        |                              |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____                             | # Patients _____             |
| 5.2.7 Have there been reports of NON-INFECTIOUS RISKS (e.g. cold, heat, radiation, poisons, toxins)? |                              |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____                             |                              |
| 5.2.8 Have there been reports of HAZARDOUS SUBSTANCE USE (e.g. injecting drugs, heavy alcohol use)?  |                              |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____                             |                              |

|   |   |
|---|---|
| Disease Control and Prevention  |   |
| 5.2.9 Is there a functioning EARLY WARNING SYSTEM in place? How regularly is data reported? |   |
| <input type="checkbox"/> No <input type="checkbox"/> Yes                                    | <input type="checkbox"/> at least weekly <input type="checkbox"/> at least monthly <input type="checkbox"/> Other (Specify) _____ |
| 5.2.10 Local measles vaccination coverage of children (at 12 months of age)                 | 5.2.11 Existence of special disease control programmes?   |
|   | <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify)  |

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 5.2.12 Impact of crisis on disease control programmes? (check one box for each programme) |                          |                          |                          |
| Disease control programme   | Completely interrupted   | Somewhat disrupted       | Unaffected               |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**5.3 Humanitarian Health intervention:**

|   |  |               |
|---|--|---------------|
| Current humanitarian health interventions | <input type="checkbox"/> No <input type="checkbox"/> Yes |               |
| Organisation                              | Since when? (date: dd/mm/yyyy)                           | Main activity |
|   |  |               |
|   |  |               |
|   |  |               |

**5.4 What are the priorities expressed by the population concerning health?**

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|--|
|  |
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**5.5 Additional information (free variables):**

|             |  |             |  |
|-------------|--|-------------|--|
| 5.5.1 _____ |  | 5.5.3 _____ |  |
| 5.5.2 _____ |  | 5.5.4 _____ |  |

**SECTION 6 Health Facility/Outreach site Assessment (fill one per facility/site visited)**

**6.1 General information**

|  |  |   |  |
|--|--|---|--|
| 6.1.1 Name of point of delivery  |  | 6.1.2 GPS location in decimal degrees (if relevant)   |  |
| Name:<br>Contact :   |  |   |  |
| 6.1.3 Point of delivery type   |  | 6.1.4 Management  |  |
| <input type="checkbox"/> Hospital <input type="checkbox"/> Health post <input type="checkbox"/> Outreach<br><input type="checkbox"/> Health centre <input type="checkbox"/> Clinic <input type="checkbox"/> Other                    |  | <input type="checkbox"/> Ministry of Health <input type="checkbox"/> Other<br><input type="checkbox"/> NGOs   |  |
| 6.1.5 Is facility/outreach site temporary or permanent?  |  | 6.1.6 Has facility/material been damaged?   |  |
| <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
|  |  | If so,                      Full damage                      Partial damage   |  |
|  |  | Building <input type="checkbox"/> <input type="checkbox"/>  |  |
|  |  | Equipment <input type="checkbox"/> <input type="checkbox"/>   |  |
|  |  | Medical supply <input type="checkbox"/> <input type="checkbox"/>  |  |
| 6.1.7 Physical access to facility (check one):   |  | 6.1.8 Financial access to facility (check one)  |  |
| <input type="checkbox"/> Easy<br><input type="checkbox"/> With obstacles (Explain) _____<br><input type="checkbox"/> Very difficult (Explain) _____<br>Distance in km: .....<br>Number of hours by normal means of transport : ..... |  | <input type="checkbox"/> Free of charge<br><input type="checkbox"/> Small payment (Explain) _____<br><input type="checkbox"/> Large payment (Explain) _____<br><br>Cost per consultation in local currency: ..... |  |
| 6.1.9 Name and type of closest referral facility?  |  | 6.1.10 Are vehicles or other means of transport available for referrals?  |  |
|  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK   |  |
| 6.1.11 Are community-based health services delivered in the catchment area of the health facility? If yes, who provides & how many?  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> # _____ village midwives<br><input type="checkbox"/> # _____ community health worker(s)   |  | <input type="checkbox"/> # _____ traditional healer(s)<br><input type="checkbox"/> # _____ others (specify) _____   |  |

**6.2 Resources**

|   |           |                     |  |           |                     |
|---|-----------|---------------------|--|-----------|---------------------|
| 6.2.1 Who provides health care in this facility? (Check all that apply) |           |                     |  |           |                     |
|   | # staff   | # consultations/day |  | # staff   | # consultations/day |
| <input type="checkbox"/> Nurse  |           |                     | <input type="checkbox"/> Midwife               |           |                     |
| <input type="checkbox"/> Medical doctor                                 |           |                     | <input type="checkbox"/> Lab technician        |           |                     |
| <input type="checkbox"/> Medical assistant                              |           |                     | <input type="checkbox"/> Public health officer |           |                     |
| <input type="checkbox"/> Vaccinator                                     |           |                     | <input type="checkbox"/> Other _____           |           |                     |
| 6.2.2 Essential drugs, vaccines and supplies                            |           |                     |  |           |                     |
|   | Available | Unavailable         |  | Available | Unavailable         |
| Antibiotics   |           |                     | Tetanus toxoid                                 |           |                     |
| ORS   |           |                     | Measles  |           |                     |
| Anti-malarials  |           |                     | DPT  |           |                     |
| Antipyretic   |           |                     | Polio  |           |                     |
| Contraception   |           |                     | BCG  |           |                     |
| Dressing materials  |           |                     | Functioning cold chain?                        |           |                     |

**6.3 Additional information (free variables):**

|             |  |             |  |
|-------------|--|-------------|--|
| 6.3.1 _____ |  | 6.3.3 _____ |  |
| 6.3.2 _____ |  | 6.3.4 _____ |  |

### 6.4 Checklist of services available

| Area/Sub-sectors               |   | Health Services (RH MISP Services in bold)  |   | Y   | N   |                 |
|--------------------------------|---|---|---|---|-----|-----------------|
| C. Community Care              | C0  | Collection of Vital Statistics              | C01   | Deaths and births   |     |                 |
|                                |   |   | C02   | Others: e.g. population movements; registry of pregnant women, newborn children   |     |                 |
|                                | C2  | Child Health                                | C21   | IMCI community component: IEC of child care taker + active case findings  |     |                 |
|                                |   |   | C22   | Home-based treatment of: fever/malaria, ARI/pneumonia, dehydration due to acute diarrhoea   |     |                 |
|                                |   |   | C23   | Community mobilization for and support to mass vaccination campaigns and/or mass drug administration/treatments   |     |                 |
|                                | C3  | Nutrition                                   | C31   | Screening of acute malnutrition (MUAC)  |     |                 |
|                                |   |   | C32   | Follow up of children enrolled in supplementary/therapeutic feeding (trace defaulters)  |     |                 |
|                                |   |   | C33   | Community therapeutic care of acute malnutrition  |     |                 |
|                                | C4  | Communicable Diseases                       | C41   | Vector control (IEC + impregnated bed nets + in/out door insecticide spraying)  |     |                 |
|                                |   |   | C42   | Community mobilization for and support to mass vaccinations and/or drug administration/treatments   |     |                 |
| C43                            |   |   | IEC on locally priority diseases (e.g. TB self referral, malaria self referral, others)   |   |     |                 |
| C5                             | STI & HIV/AIDS                              | C51   | Community leaders advocacy on STI/ HIV  |   |     |                 |
|                                |   | C52   | IEC on prevention of STI/HIV infections and behavioural change communication  |   |     |                 |
|                                |   | C53   | <b>Ensure access to free condoms</b>  |   |     |                 |
| C6                             | Maternal & Newborn Health                   | C61   | <b>Clean home delivery</b> , including distribution of clean delivery kits to visibly pregnant women, IEC and behavioural change communication, knowledge of danger signs and where/when to go for help, support breast feeding   |   |     |                 |
| C8                             | Non-Communicable Diseases and Mental Health | C81   | Promote self-care, provide basic health care and psychosocial support, identify and refer severe cases for treatment, provide needed follow-up to people discharged by facility-based health and social services for people with chronic health conditions, disabilities and mental health problems |   |     |                 |
| C9                             | Environmental Health                        | C91   | IEC on hygiene promotion and water and sanitation, community mobilization for clean up campaigns and/or other sanitation activities   |   |     |                 |
| P. Primary Care                | P1  | General Clinical Services                   | P11   | Outpatient services   |     |                 |
|                                |   |   | P12   | Basic laboratory  |     |                 |
|                                |   |   | P13   | Short hospitalization capacity (5-10 beds)  |     |                 |
|                                |   |   | P14   | Referral capacity: referral procedures, means of communication, transportation  |     |                 |
|                                | P2  | Child Health                                | P21   | EPI : routine immunization against all national target diseases and adequate cold chain in place  |     |                 |
|                                |   |   | P22   | Under 5 clinic conducted by IMCI-trained health staff   |     |                 |
|                                |   |   | P23   | Screening of under nutrition/malnutrition (growth monitoring or MUAC or W/H, H/A)   |     |                 |
|                                | P3  | Nutrition                                   | P31   | Management of moderate acute malnutrition   |     |                 |
|                                |   |   | P32   | Management of severe acute malnutrition   |     |                 |
|                                | P4  | Communicable Diseases                       | P41   | Sentinel site of early warning system of epidemic prone diseases, outbreak response (EWARS)   |     |                 |
|                                |   |   | P42   | Diagnosis and treatment of malaria  |     |                 |
|                                |   |   | P43   | Diagnosis and treatment of TB   |     |                 |
|                                |   |   | P44   | Other local relevant communicable diseases (e.g. sleeping sickness)   |     |                 |
|                                | P5  | STI & HIV/AIDS                              | P51   | Syndromic management of sexually transmitted infections   |     |                 |
|                                |   |   | P52   | <b>Standard precautions:</b> disposable needles & syringes, safety sharp disposal containers, Personal Protective Equipment (PPE), sterilizer, P 91   |     |                 |
|                                |   |   | P53   | <b>Availability of free condoms</b>   |     |                 |
|                                |   |   | P54   | Prophylaxis and treatment of opportunistic infections   |     |                 |
|                                |   |   | P55   | HIV counselling and testing   |     |                 |
|                                |   |   | P56   | Prevention of mother-to-child HIV transmission (PMTCT)  |     |                 |
|                                |   |   | P57   | Antiretroviral treatment (ART)  |     |                 |
|                                |   |   | P6  | Maternal & Newborn Health   | P61 | Family planning |
|                                | P6  | Maternal & Newborn Health                   | P62   | Antenatal care: assess pregnancy, birth and emergency plan, respond to problems (observed and/or reported), advise/counsel on nutrition & breastfeeding, self care and family planning, preventive treatment(s) as appropriate                          |     |                 |
|                                |   |   | P63   | Skilled care during childbirth for <b>clean and safe normal delivery</b>  |     |                 |
|                                |   |   | P64   | <b>Essential newborn care:</b> basic newborn resuscitation + warmth (recommended method: Kangaroo Mother Care - KMC) + eye prophylaxis + clean cord care + early and exclusive breast feeding <b>24/24 &amp; 7/7</b>                                    |     |                 |
|                                |   |   | P65   | <b>Basic essential obstetric care (BEOC):</b> parenteral antibiotics + oxytocic/anticonvulsant drugs + manual removal of placenta + removal of retained products with manual vacuum aspiration (MVA) + assisted vaginal delivery <b>24/24 &amp; 7/7</b> |     |                 |
| P66                            |   |   | Post partum care: examination of mother and newborn (up to 6 weeks), respond to observed signs, support breast feeding, promote family planning   |   |     |                 |
| P67                            |   |   | Comprehensive abortion care: safe induced abortion for all legal indications, uterine evacuation using MVA or medical methods, antibiotic prophylaxis, treatment of abortion complications, counselling for abortion and post-abortion contraception  |   |     |                 |
| P7                             | Sexual Violence                             | P71   | <b>Clinical management of rape survivors</b> (including psychological support)  |   |     |                 |
|                                |   | P72   | <b>Emergency contraception</b>  |   |     |                 |
| P8                             | Non Communicable Diseases and Mental Health | P73   | <b>Post-exposure prophylaxis (PEP) for STI &amp; HIV infections</b>   |   |     |                 |
|                                |   | P81   | Injury care and mass casualty management  |   |     |                 |
|                                |   | P82   | Hypertension treatment  |   |     |                 |
|                                |   | P83   | Diabetes treatment  |   |     |                 |
| P8                             | Non Communicable Diseases and Mental Health | P84   | Mental health care: support of acute distress and anxiety, front line management of severe and common mental disorders  |   |     |                 |
|                                |   | P91   | Health facility safe waste disposal and management  |   |     |                 |
| S. Secondary and Tertiary Care | S1  | General Clinical Services                   | S11   | Inpatients services (medical, paediatrics and obstetrics and gynaecology wards)   |     |                 |
|                                |   |   | S12   | Emergency and elective surgery  |     |                 |
|                                |   |   | S13   | Laboratory services (including public health laboratory)  |     |                 |
|                                |   |   | S14   | Blood bank service  |     |                 |
|                                |   |   | S15   | X-Ray service   |     |                 |
|                                | S2  | Child Health                                | S21   | Management of children classified with severe or very severe diseases (parenteral fluids and drugs, O2)   |     |                 |
|                                | S6  | Maternal & Newborn Health                   | S61   | <b>Comprehensive essential obstetric care:</b> BEOC + caesarean section + <b>safe blood transfusion</b>   |     |                 |
|                                | S8  | Non Communicable Diseases and Mental Health | S81   | Disabilities and injuries rehabilitation  |     |                 |
|                                |   |   | S82   | Outpatient psychiatric care and psychological counselling   |     |                 |
| S83                            |   |   | Acute psychiatric inpatient unit  |   |     |                 |