

First Situation Report

Sitrep No.#

Location (country, region/area affected):

Organisation:

Covering period (from to ...)

Date of transmission:

Prepared by:

Cleared/authorized by:

1. Executive Summary: main problems & needs, the likely evolution, the local response capacity and the additional requirements.

2. Main issue

2.1 *Nature of the emergency:*

- Main causative hazard
- Additional hazards
- Projected evolution
- Others as relevant

2.2 *The affected area*

- Administrative division
- Access to area:
 - Main routes and their conditions
 - Distance from the closest town outside the affected area
 - Closest operational airport, port or navigable river
 - Other information as relevant to the access

2.3 *The affected population:*

- Characteristics (e.g residents, refugees, IDPs)
- Number/estimates
- Sex/age breakdown
- Patterns of settlement/movement
- Source of information & method of data collection

3. Health Impact

3.1 The direct impact: reasons for alert:

- The three main causes of morbidity and mortality*
- CMR (specify formula utilised)
- Is the CMR exceeding the threshold of 1 x 10,000 per day?
- Under-5 Mortality Rate
- Is the Under-5 MR exceeding the threshold of 2 x 10,000 per day?
- Is acute malnutrition present*?
 - If yes, which population groups are more at risk?
 - Is malnutrition exceeding the threshold of 5-10%=moderate; >10% severe?
- Reports/rumours of outbreak*:
 - Likely diagnostic
 - Case definition utilized

3.2 Other reasons for concern (e.g. traumas/injures due to landmines, etc)

3.3 Indirect health impact (e.g. damage to water plants, other vital infrastructures or lifelines)

3.4 Pre-emergency baseline morbidity and mortality data, when available:

3.5 Projected evolution of the health situation: main causes of concern in the coming months

4. Vital needs. The current situation:

4.1 Water

4.2 Excreta disposal:

4.3 Food:

4.4 Shelter and environment on site

4.5 Soap and buckets

4.6 Fuel and cooking utensils

4.7 Others vital needs (e.g. clothing and blankets)

5. Critical constraints

5.1 Security

5.2 Transport and logistics

5.3 Social/political and geographical constraints

5.4 Other constraints

* Provide source of information, date/period of reference

6. Response capacity: resources that are functioning and close to the affected area

6.1 *Activities already underway*

- Measles coverage
- Others

6.2 *National contingency plans, procedures, guidelines and special expertise*

6.3 *Operational support*

- Location of field forward control post
- National system (MOH) : closest functioning health unit and referral system
- External assistance: closest organisation/agency and relevant resources
- Capacity for reprogramming the resources above
- State of communications: good/fair/insufficient
- Storage capacity close to affected area and supply lines

6.4 *Operational coordination:*

- Lead agency
- Mechanisms
- Flows of information: good/fair/insufficient

6.5 *Strategic coordination*

- Relations between government and UN country team
- National institutions for emergency management
- Standing agreements with neighbouring countries
- Relations between government and international community at large

7. Conclusions:

- 7.1 Are the current levels of mortality and morbidity above the average for this area and this time of the year?
- 7.2 Are the current levels of mortality, morbidity, nutrition, water, sanitation shelter and health care acceptable by international standards?
- 7.3 Is a further increase in mortality expected in the next two weeks?

8. Recommendations for immediate action

- 8.1 What must be put in place as soon as possible[#] to reduce avoidable mortality and morbidity ?
- 8.2 Which activities must be implemented for this to happen ?
- 8.3 What are the risks to be monitored ?
- 8.4 How can we monitor them ?
- 8.5 Which inputs are needed to implement all this (8.2-8.4) ?
- 8.6 Who will be doing what ?

9 . Emergency contacts: (only those relevant to the recipients of the sitrep, e.g. contact details of local donor representatives, MoH counterparts, etc).

[#] Within 1-3 weeks, depending on local circumstances (access, logistics, etc). Additional requirements will be object of special operational planning and resource mobilization