

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**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• overall judgment of humanitarian situation and the severity of needs identified</li> <li>• short-term outlook (whether the crisis is worsening or becoming less serious)</li> <li>• underlying causes of problems and risks</li> </ul> | <ul style="list-style-type: none"> <li>• threats to security (natural hazards, population movements, armed groups, etc)</li> <li>• population groups that are inaccessible (and if so, why)</li> <li>• risk-factors that could worsen humanitarian conditions or impede relief operations (bad weather, insecurity etc.)</li> </ul> |
|---|---|

**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

<b>Key for severity ranking</b>	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 (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) _____						

## SECTION 1 POPULATION DESCRIPTION

### 1.1 Resource persons and other information sources

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### 1.2 Registration: (KI,O)

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)?

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### 1.3 Size of crisis-affected population: (KI,O)

1.3.1 Total estimated current population of site: # People:

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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: (KI,GD)

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.*): **(KI,GD)**

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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*): **(O)**

- 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*): **(KI)**

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

### 1.6 People dead, missing or injured due to the crisis: (KI)

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: (KI)

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

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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: (GD,O)

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: <input type="checkbox"/> Emergency <input type="checkbox"/> Temporary <input type="checkbox"/> 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? : (KI,GD)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DNK
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### 2.4 Access to essential non-food items (NFIs): (KI,O)

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? (GD)

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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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### 3.2 Existing capacities and activities: (KI)

	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 Water supply				
3.2.2 Sanitation				
3.2.3 Hygiene				

### 3.3 Water supply: (KI,O)

<b>Water resources</b> : note in this table data concerning sources of water available for the population at the site	3.3.1 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): (GD,O)**

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): (GD,O)**

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: (GD)**

	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: (GD)**

≤ 20       21-50       51 – 100       > 100       DNK

**3.4.3 (O)** Total # of functioning toilets \_\_\_\_\_

**3.4.4 (O)** If there are latrines, are there separate facilities for girls and women?       Yes       No       DNK

**3.4.5 (O)** Is there adequate lighting?       Yes       No       DNK

**3.4.6 (O)** If there are latrines, are the openings small enough to prevent children falling in?       Yes       No       DNK

**3.4.7 Presence of human faeces on the ground on and around the site: (O)**

substantial presence close to shelters (<20m)       no substantial presence       DNK

substantial presence close to water sources (<20m)       no substantial presence       DNK

**3.5 Hygiene: (GD,O)**

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? : (GD)

**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: (KI)**

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

**4.3 Changes in the total amount of food that people are eating since the crisis began, on average: (KI,GD)**

<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?:(KI,O,GD)**

<input type="checkbox"/> Most	<input type="checkbox"/> About half	<input type="checkbox"/> Some	<input type="checkbox"/> None	<input type="checkbox"/> DNK
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**4.5 On average, how long will food stocks last in the households, according to the community?:(KI,O,GD)**

	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulses and legumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oils and fats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.6 Does the community have physical access to functioning markets?:(KI,O,GD)**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DNK
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**4.7 Have infant milk products and/or baby bottles/teats been distributed since the beginning of the emergency?: (KI)**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, by whom? _____
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**4.8 What percentage of infants in your area are formula fed /formula dependent?: (KI)**

<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
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**4.9 Has the community/health staff identified any problems in feeding children <2 years since crisis started?: (KI)**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, what problems? _____
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4.10 Describe the current livelihood/food situation in this area: (KI,GD)

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 <input type="checkbox"/> Agro-pastoralists <input type="checkbox"/> Pastoralists <input type="checkbox"/> Small businesses/trading <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Livelihoods disrupted <input type="checkbox"/> Food prices increased <input type="checkbox"/> Food stocks disrupted / depleted <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 <input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Elderly people <input type="checkbox"/> Different religious / cultural / socio-economic groups (specify) _____ <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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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? : (KI,O)		
# Births (total) _____	# Births (w/ skilled attendant) _____	# visibly pregnant women at site _____

Morbidity (disease in population): (KI,O)

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: (KI,O)

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: (KI,O)

	# 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: <b>(KI,O)</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____	# Cases in last 7 days _____
5.2.6 Are there any institutions (e.g. orphanages, mental hosp., old-age home) severely lacking basic services (e.g. WATSAN, food, shelter, health care)? If so, describe: <b>(KI)</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____	# Beneficiaries _____
5.2.7 Have there been reports of NON-INFECTIOUS RISKS (e.g. cold, heat, radiation, poisons, toxins)?: <b>(KI)</b>	
<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)?: <b>(KI,O)</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____	

Disease Control and Prevention: <b>(KI)</b>	
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): <b>(KI)</b>			
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: **(KI)**

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?: (GD)

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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: (KI,O)**

<b>6.1.1 Name of point of delivery</b>		<b>6.1.2 GPS location in decimal degrees (if relevant)</b>													
Name: Contact :															
<b>6.1.3 Point of delivery type</b>		<b>6.1.4 Management</b>													
<input type="checkbox"/> Hospital <input type="checkbox"/> Health post <input type="checkbox"/> Outreach <input type="checkbox"/> Health centre <input type="checkbox"/> Clinic <input type="checkbox"/> Other		<input type="checkbox"/> Ministry of Health <input type="checkbox"/> Other <input type="checkbox"/> NGOs													
<b>6.1.5 Is facility/outreach site temporary or permanent?</b>		<b>6.1.6 Has facility/material been damaged?</b>													
<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		<input type="checkbox"/> Yes <input type="checkbox"/> No													
		<table border="1"> <thead> <tr> <th>If so,</th> <th>Full damage</th> <th>Partial damage</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Equipment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Medical supply</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		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"/>
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"/>													
<b>6.1.7 Physical access to facility (check one): (KI,O, GD)</b>		<b>6.1.8 Financial access to facility (check one)</b>													
<input type="checkbox"/> Easy <input type="checkbox"/> With obstacles (Explain) _____ <input type="checkbox"/> Very difficult (Explain) _____ Distance in km: ..... Number of hours by normal means of transport : .....		<input type="checkbox"/> Free of charge <input type="checkbox"/> Small payment (Explain) _____ <input type="checkbox"/> Large payment (Explain) _____  Cost per consultation in local currency: .....													
<b>6.1.9 Name and type of closest referral facility?</b>		<b>6.1.10 Are vehicles or other means of transport available for referrals?</b>													
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK													
<b>6.1.11 Are community-based health services delivered in the catchment area of the health facility? If yes, who provides &amp; how many?: (KI,O, GD)</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No												
<input type="checkbox"/> # _____ village midwives <input type="checkbox"/> # _____ community health worker(s)		<input type="checkbox"/> # _____ traditional healer(s) <input type="checkbox"/> # _____ others (specify) _____													

**6.2 Resources: (KI,O)**

<b>6.2.1 Who provides health care in this facility? (Check all that apply)</b>					
	# 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 _____		
<b>6.2.2 Essential drugs, vaccines and supplies</b>					
	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):**

<b>6.3.1</b> _____		<b>6.3.3</b> _____	
<b>6.3.2</b> _____		<b>6.3.4</b> _____	

6.4 Checklist of services available: (KI,O)

	Health sub sectors	Health Services (RH MISP Services in bold)	Y	N		
<b>C. Community Care</b>	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, injuries & 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			
<b>P. Primary Care</b>	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)		
	SEXUAL & REPRODUCTIVE HEALTH AREA	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	
				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				
	P65	<b>Basic emergency obstetric care (BEmOC):</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				
	P7 Sexual violence	P71	<b>Clinical management of rape survivors</b> (including psychological support)			
		P72	<b>Emergency contraception</b>			
		P73	<b>Post-exposure prophylaxis (PEP) for STI &amp; HIV infections</b>			
P8	Non communicable diseases, injuries & mental health	P81	Injury care and mass casualty management			
		P82	Hypertension treatment			
		P83	Diabetes treatment			
		P84	Mental health care: support of acute distress and anxiety, front line management of severe and common mental disorders			
P9	Environmental health	P91	Health facility safe waste disposal and management			
<b>S. Secondary &amp; Tertiary Care</b>	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/very severe diseases (parenteral fluids and drugs, O2)		
	S6	Maternal & newborn health	S61	<b>Comprehensive emergency obstetric care:</b> BEmOC + caesarean section + <b>safe blood transfusion</b>		
	S8	Non communicable diseases, injuries & mental health	S81	Disabilities and injuries rehabilitation		
S82			Outpatient psychiatric care and psychological counselling			
S83			Acute psychiatric inpatient unit			