



HEALTH ASSESSMENT FORM

Date of visit: ____/____/____ (dd mm yyyy)	Compiled by: _____	Organization: _____
Name of Location: _____	Urban / Rural (circle one)	P Code (reference to GIS code): _____

1. Summary Findings for the Health Sector

(to be completed at the end of the assessment):

1.1. Main problems and needs:

1.2. Likely evolution:

1.3. Residual local response capacity and additional requirements:

Findings

2. The context (consult with your team colleagues who will fill this section and compare the findings before filling your sectoral summary)

2.1 Nature of the emergency:

– Main causative hazard:

– Additional hazards

– Projected evolution:

– Others as relevant:

2.2 The affected area: (fill only if rural)

– Access to area:

☐ Main routes and their conditions: _____

☐ Distance from the closest town outside the affected area:

☐ Closest operational airport or bus station: _____

☐ Other information as relevant to the access:

2.3 The affected population:

– Characteristics: ☐ residents ☐ refugees ☐ IDPs ☐ other (specify) _____

– Number/estimate: _____

– Sex/age breakdown (if available): _____

– Patterns of settlement/movement: _____

– Source of information & method of data collection: _____

3. Health Impact

3.1 The three main causes of morbidity and mortality

Source: _____ period of reference: _____

Morbidity	Mortality
1. cause _____	1. cause _____
2. cause _____	2. cause _____
3. cause _____	3. cause _____

- Crude Mortality Rate, if available (specify formula utilised):

_____ per (population) _____ per (period) _____

Is the CMR exceeding the threshold of 1 x 10,000 per day?

☐ yes ☐ no ☐ don't know

- Under-5 Mortality Rate, if available:

_____ per (population) _____ per (period) _____

Is the Under-5 MR exceeding the threshold of 2 x 10,000 per day?

☐ yes ☐ no ☐ don't know

- 3.2. Is acute malnutrition present? ☐ yes ☐ no ☐ don't know

Period of reference: _____ Indicator: _____

Method: _____ source: _____

☐ If yes, which population groups are more at risk? _____

☐ Is malnutrition exceeding the threshold of:

5-10% moderate ☐ yes ☐ no ☐ don't know >10% severe ☐ yes ☐ no ☐ don't know

3.3 Reports/rumors of outbreak:

Source: _____

Period of reference: _____

☐ Likely diagnostic: _____

☐ Case definition utilized: _____

- 3.4 Other reasons for concern (e.g. traumas/injuries due to landmines, etc): _____

- 3.5 Indirect health impact (e.g. damage to shelter, water supply, other vital infrastructures or lifelines):

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

Morbidity:

Mortality:

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

4. Health response capacity: resources that are functioning and close to the affected area

4.1 Activities already underway

- Measles coverage: _____
 - Others, specify: _____
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4.2 Operational support

- Location of closest health facility :

name/type: _____ location: _____

MOH: ☐ yes ☐ no ☐ don't know (refer also to GIS)

- Closest referral facilities:

name/type: _____ location: _____

MOH: ☐ yes ☐ no ☐ don't know (refer also to GIS)

- External assistance:

closest organisation/agency: _____

relevant resources: _____

- State of communications: ☐ good ☐ fair ☐ insufficient

- Storage capacity close to affected area: ☐ yes ☐ no ☐ don't know

Location: _____ capacity: _____

- State of supplies: ☐ good ☐ fair ☐ insufficient

- Medical records: ☐ available ☐ not available

5. Other vital needs: present availability (consult with your team colleagues who will fill this section and compare the findings before filling your sectoral summary; refer to GIS)

5.1 Water: ☐ yes ☐ no ☐ don't know water sources: _____

5.2 Excreta disposal: ☐ yes ☐ no ☐ don't know

5.3 Food: ☐ yes ☐ no ☐ don't know food source: _____

5.4 Shelter and environment on site: ☐ yes ☐ no ☐ don't know

5.5 Soap and buckets: ☐ yes ☐ no ☐ don't know

5.6 Fuel and cooking utensils: ☐ yes ☐ no ☐ don't know

5.7 Others vital needs (e.g. clothing and blankets): ☐ yes ☐ no ☐ don't know

6. Critical constraints (consult with your team colleagues who will fill this section and compare the findings before filling your sectoral summary)

6.1 Security ☐ good ☐ fair ☐ poor specify:

6.2 Transport and logistics: ☐ good ☐ poor specify: _____

6.3 Social/political and geographical constraints: ☐ yes ☐ no ☐ don't know

specify: _____

6.4 Other constraints: _____

7. Conclusions for the health sector:

7.1 Are the current levels of mortality and morbidity **above the average for this area** and this time of the year?

☐ yes ☐ no ☐ don't know

7.2 Are the current levels of mortality, morbidity, nutrition, water, sanitation shelter and health care **acceptable by international standards**?

☐ yes ☐ no ☐ don't know

7.3 Can an increase in mortality be expected in the next two weeks?

☐ yes ☐ no ☐ don't know

If yes, why _____

8. Recommendations for immediate public health action

8.1 What must be put in place immediately to reduce avoidable mortality and morbidity? (see p.8.6 below: specify timeframe)

timeframe: _____

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?

Priority 1

Who

What

When

Priority 2

Who

What

When

Priority 3

Who

What

When

9. Emergency contacts:

9.1. Who among your informers should be contacted on a next visit on site?

9.2. Who was your contact in the closest health facility?

9.3. Who was your contact in the closest referral facility?

Others:

Other relevant information:

This format is designed for & approved by members of the Emergency Health and Nutrition Working Group in Nepal to assist MOHP / DHS / EDCD and WHO getting an overview of the consequences of any public health emergency. Please fill in and return to the addresses as soon as possible after any emergency.

Please complete and return/send it to the following address:

Disaster Management Section Epidemiology and Diseases Control Division Department of Health Services Ministry of Health and Population Tel: 977-1-4255796 Fax: 977-1-4262268	Emergency and Humanitarian Action (EHA) World Health Organization (WHO) Pulchowk, Kathmandu Tel: 977-1-4264033 Fax: 977-1-4264033/5527756
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