

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 I name: _____

Principal contact(s) at the site: _____ Admin level II name: _____

Position in community: _____ Admin level III name: _____

Telephone #: _____ Site name: _____

GPS coordinates in decimal degrees: _____ P-code: _____

Summary of the crisis

- | | |
|---|---|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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
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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 further action required				
Section	R	O	Y	G	Key issues identified <i>(maximum of 3)</i>	Recommendations
Population						
Sites & shelter						
Essential non-food items						
Water supply						
Sanitation						
Hygiene						
Food security						
Nutrition						
Health status & health risks						
Health facilities & services						
Other <i>(specify)</i> _____						

SECTION 1 POPULATION DESCRIPTION

1.1 Resource persons and other information sources

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KI,O 1.2 Registration

1.2.1 Are the crisis affected people being registered, or have they been registered (<i>Check one</i>)?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not necessary <input type="checkbox"/> DNK
1.2.2 If yes, which by which institution(s)?

KI,O 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 (<i>several responses possible</i>)	
<input type="checkbox"/> Estimate by local authorities	<input type="checkbox"/> Estimated from # households and # people per household
<input type="checkbox"/> Estimate by affected population	<input type="checkbox"/> Census/name list (<i>specify the date of the census</i>) _____
<input type="checkbox"/> Registration	<input type="checkbox"/> Other (<i>specify</i>) _____

KI,GD 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 (<i>note time period, e.g. # per day</i>)
<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> 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 or internationally displaced people)

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

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O 1.5.2 Organisation of the settlement (*Check all that apply. If different displaced groups are in this site, answer separately for each*)

<input type="checkbox"/> Camp in rural area	<input type="checkbox"/> Staying with host families in a rural area
<input type="checkbox"/> Camp in urban area	<input type="checkbox"/> Staying with host families in an urban area
<input type="checkbox"/> DNK	<input type="checkbox"/> Collective settlement in large buildings
<input type="checkbox"/> Other (<i>specify</i>) _____	

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

<input type="checkbox"/> Host community willing to assist	<input type="checkbox"/> Tensions	<input type="checkbox"/> Other (<i>specify</i>) _____	<input type="checkbox"/> DNK
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KI 1.6 People dead, missing or injured due to the crisis at this site

1.6.1 Dead	_____ people	last _____ days	<input type="checkbox"/> DNK
1.6.2 Missing	_____ people	last _____ days	<input type="checkbox"/> DNK
1.6.3 Injured	_____ people	last _____ days	<input type="checkbox"/> DNK

KI 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 infants without mothers (or other long-term primary carers)	# _____

SECTION 2 SHELTER AND ESSENTIAL NON-FOOD ITEMS

2.1 Resource persons and other information sources

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GD.0 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	Somewhat 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	Somewhat 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"/>

KI.GD 2.3 Is support available for people who cannot build their own shelter?

<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNK

KI.O 2.4 Access to essential non-food items (NFIs)

2.4.1 Proportion of households with sufficient (tick appropriate box)					
	Less than ¼	More than ¼, less than ½	More than ½, less than ¾	More than ¾	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"/> Coal <input type="checkbox"/> Diesel	<input type="checkbox"/> Petrol <input type="checkbox"/> Gas <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNK	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNK

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

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SECTION 3 WATER SUPPLY, SANITATION AND HYGIENE

3.1 Resource persons and other information sources

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KI 3.2 Existing capacities and activities

	Organisation or person(s) responsible	Since when?	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				

KI.0 3.3 Water supply

Water resources : 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 Check if likely that the quantity of water available will decrease 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 handpump		<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 (specify if a lake, a river or other)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional water sellers (specify the source) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Borehole or well with non-functioning handpump					
Borehole or well with non-functioning motor pump					

GD,0	3.3.6 Average quantity of water used per household per day for all uses (in litres)
	Drinking, cooking and hygiene <input type="checkbox"/> <25 l <input type="checkbox"/> 26-50 l <input type="checkbox"/> 51-75 l <input type="checkbox"/> >75 l <input type="checkbox"/> DNK
	Animals _____ l Washing clothes _____ l Other _____ l
GD,0	3.3.7 # minutes on average it takes to collect total water supply for a household (incl. travel, waiting and filling the water container)?
	<input type="checkbox"/> 0-15 <input type="checkbox"/> 15-30 <input type="checkbox"/> 30-60 <input type="checkbox"/> >60

3.4 Sanitation

GD	3.4.1 Percentage of people currently using each of the places listed below to go to defecate																		
	<table border="1"> <thead> <tr> <th></th> <th>Adults</th> <th>Children</th> </tr> </thead> <tbody> <tr> <td>In the open, not in a defined and managed defecation area</td> <td></td> <td></td> </tr> <tr> <td>In a defined and managed defecation area</td> <td></td> <td></td> </tr> <tr> <td>In public toilets (pit latrines, pour-flush latrines, flushing toilets etc.)</td> <td></td> <td></td> </tr> <tr> <td>In family toilets and shared family toilets (pit latrines, pour-flush latrines, flushing toilets etc.)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> DNK</td> <td colspan="2">Check that each column adds up to 100</td> </tr> </tbody> </table>		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	Check that each column adds up to 100	
	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	Check that each column adds up to 100																		

GD	3.4.2 Average number of users per functioning toilet
	<input type="checkbox"/> ≤ 20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51 – 100 <input type="checkbox"/> > 100 <input type="checkbox"/> DNK
O	3.4.3 Total # of functioning toilets _____
O	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
O	3.4.5 Is there adequate lighting? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNK
O	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

O	3.4.7 Presence of human faeces on the ground on and around the site						
	<table border="1"> <tbody> <tr> <td><input type="checkbox"/> substantial presence close to shelters (<20m)</td> <td><input type="checkbox"/> no substantial presence</td> <td><input type="checkbox"/> DNK</td> </tr> <tr> <td><input type="checkbox"/> substantial presence close to water sources (<20m)</td> <td><input type="checkbox"/> no substantial presence</td> <td><input type="checkbox"/> DNK</td> </tr> </tbody> </table>	<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
<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					

GD,0 3.5 Hygiene

Proportion of households possessing: (tick appropriate box)					
	Less than ¼	More than ¼, less than ½	More than ½, less than ¾	More than ¾	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"/>

GD	3.6 What are the priorities expressed by the population concerning water supply, sanitation and hygiene?
	<div style="border: 1px solid black; height: 100px;"></div>

SECTION 4 FOOD SECURITY AND NUTRITION

4.1 Resource persons and other information sources

KI 4.2 Existing capacities and activities

	Activity specification (present/absent)	Organisation or person(s) implementing these programmes NOW	Since when?	# of children enrolled in TFC	Geographic coverage
4.2.1 Management of severe acute malnutrition (facility or community based)	<input type="checkbox"/> Inpatient therapeutic feeding (TF) only <input type="checkbox"/> In- and 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 programmes (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 programmes (e.g. school feeding, infant feeding support, HIV feeding)	Specify _____				

KI, GD 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 about the same
<input type="checkbox"/> Amount consumed has decreased	<input type="checkbox"/> DNK

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

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

KI, O, GD 4.6 Does the community have physical access to functioning markets?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DNK
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KI 4.7 Have infant milk products (e.g., baby formula) and/or baby bottles/teats been distributed since the emergency?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, by whom? _____
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KI 4.8 What percentage of infants in the area are formula fed /formula dependent?

<input type="checkbox"/> None	<input type="checkbox"/> < 10%	<input type="checkbox"/> 10-25%	<input type="checkbox"/> > 25%	<input type="checkbox"/> DNK
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KI 4.9 Has the community/health staff identified any problems in feeding children < 2 years since the crisis started?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, what problems? _____
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KI, GD 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 and 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) _____	

SECTION 5 HEALTH RISKS AND HEALTH STATUS

5.1 Resource persons and other information sources

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5.2 Health profile

KI.0 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 the site _____

KI.0 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?

NO YES (specify) _____

5.2.4 Are patients suffering from CHRONIC DISEASES for which sudden interruption of therapy could be fatal (e.g. heart disease, insulin-dependent diabetes, kidney dialysis, epileptics) still able to receive treatment?

NO YES (specify) _____ # Patients _____

5.2.5 Have there been reports of SEXUAL VIOLENCE?

NO YES (specify) _____ # Cases in last 7 days _____

5.2.6 Is there evidence of PSYCHOSOCIAL TRAUMA among the affected population? If so, describe

NO YES (specify) _____ # Patients _____

5.2.7 Have there been reports of NON-INFECTIOUS RISKS (e.g. extreme cold/heat, radiation, poisons, toxins)?

NO YES (specify) _____

5.2.8 Have there been reports of HAZARDOUS SUBSTANCE USE (e.g. injecting drugs, heavy alcohol use)?

NO YES (specify) _____

KI Disease control and prevention

5.2.9 Is there a functioning EARLY WARNING SYSTEM in place? How regularly is data reported?

NO YES at least weekly at least monthly other (specify) _____

5.2.10 Local measles vaccination coverage of under-five (at 12 months)

5.2.11 Existence of special disease control programmes?

_____ NO YES (specify) _____

KI 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"/>

KI 5.3 Humanitarian health intervention

Current humanitarian health interventions	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Organization	Since when?	Main activity

*including severe anaemia, hypertension, pre-eclampsia, eclampsia, and diabetes

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

SECTION 6 HEALTH FACILITY ASSESSMENT (FILL ONE PER FACILITY VISITED)

KI,0 6.1 General information

<p>6.1.1 Name of facility</p> <p>Contact : _____</p>	<p>6.1.2 GPS location in decimal degrees</p> <p>_____</p>
<p>6.1.3 Facility type</p> <p><input type="checkbox"/> Hospital <input type="checkbox"/> Health post <input type="checkbox"/> Health centre <input type="checkbox"/> Other _____</p>	<p>6.1.4 Management</p> <p><input type="checkbox"/> Ministry of Health <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> NGOs</p>
<p>6.1.5 Is facility temporary or permanent?</p> <p><input type="checkbox"/> Temporary <input type="checkbox"/> Permanent</p>	<p>6.1.6 Has facility been damaged?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>+ GD 6.1.7 Physical access to facility (check one)</p> <p><input type="checkbox"/> Easy <input type="checkbox"/> With obstacles (explain) _____ <input type="checkbox"/> Very difficult (explain) _____</p> <p>Distance in km: _____ Number of hours by normal means of transport (specify): _____</p>	<p>6.1.8 Financial access to facility (check one)</p> <p><input type="checkbox"/> Free of charge <input type="checkbox"/> Small payment (explain) _____ <input type="checkbox"/> Large payment (explain) _____</p> <p>Cost per consultation in local currency: _____</p>
<p>6.1.9 Name and type of closest referral facility?</p> <p>_____</p>	<p>6.1.10 Are vehicles or other means of transport available for referrals?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNK</p>
<p>+ GD 6.1.11 Are community-based health services delivered in catchment area of the health facility? If YES, who provides and how many?</p> <p><input type="checkbox"/> # _____ village midwife/midwives <input type="checkbox"/> # _____ traditional healer(s) <input type="checkbox"/> # _____ community health worker(s) <input type="checkbox"/> # _____ others (specify) _____</p>	

KI,0 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	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus toxoid	<input type="checkbox"/>	<input type="checkbox"/>
ORS	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>
Anti-malarials	<input type="checkbox"/>	<input type="checkbox"/>	DPT	<input type="checkbox"/>	<input type="checkbox"/>
Antipyretic	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>
Contraception	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>
Dressing materials	<input type="checkbox"/>	<input type="checkbox"/>	Functioning cold chain?	<input type="checkbox"/>	<input type="checkbox"/>

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	Ensure access to free condoms			
C6	Maternal & Newborn Health	C61	Clean home delivery , 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	Standard precautions: disposable needles & syringes, safety sharp disposal containers, Personal Protective Equipment (PPE), sterilizer, P 91		
			P53	Availability of free condoms		
			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 clean and safe normal delivery		
			P64	Essential newborn care: basic newborn resuscitation + warmth (recommended method: Kangaroo Mother Care - KMC) + eye prophylaxis + clean cord care + early and exclusive breast feeding 24/24 & 7/7		
			P65	Basic essential obstetric care (BEOC): parenteral antibiotics + oxytocic/anticonvulsant drugs + manual removal of placenta + removal of retained products with manual vacuum aspiration (MVA) + assisted vaginal delivery 24/24 & 7/7		
			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	Clinical management of rape survivors (including psychological support)		
P72			Emergency contraception			
P8	Non Communicable Diseases and Mental Health	P73	Post-exposure prophylaxis (PEP) for STI & HIV infections			
		P81	Injury care and mass casualty management			
		P82	Hypertension treatment			
P9	Environmental Health	P83	Diabetes treatment			
		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	Comprehensive essential obstetric care: BEOC + caesarean section + safe blood transfusion		
	S8	Non Communicable Diseases and Mental Health	S81	Disabilities and injuries rehabilitation		
S82			Outpatient psychiatric care and psychological counselling			
			S83	Acute psychiatric inpatient unit		

INITIAL RAPID ASSESSMENT (IRA): AIDE MEMOIRE FOR FIELD TEAMS

Purpose of an IRA	-The purpose is to provide a rapid overview of the emergency situation in order to identify the impacts of the crisis, make initial estimates of needs, and define the priorities for humanitarian action in the early weeks of response. It should answer the following core questions: <ol style="list-style-type: none"> 1. What has happened? Is there an emergency situation and, if so, what are its key features? 2. How have the population and essential services been affected? Who are worst affected and likely to be most vulnerable? Why? How many people are affected? Where are they? 3. Are interventions required to prevent further harm or loss of life? If so, what are top priorities? 4. What continuing or emerging threats could escalate the emergency? 5. What resources and capacities are available? What are the most important, immediate capacity gaps? 6. What are the key information gaps that should be addressed in follow-up assessments?
When should an IRA be undertaken?	-An IRA should be initiated as soon as possible after the onset of a new sudden-onset crisis (within 72 hours, maximum 1 week). The whole process including analysis and preparation of a report should be completed within 1 to 3 weeks. -An IRA may also be undertaken when an area in an ongoing conflict/complex emergency becomes newly accessible, or in a protracted emergency affected by a sudden, additional shock or deterioration in conditions.
What is expected of IRA teams?	-Each team is expected to provide the best possible picture of the situation that it can develop in a few days for its assigned geographic area based on a review of secondary data and primary data collected at the sites visited. Data must be collected from a variety of sources, using different methods, and triangulated in a conscious effort to ensure accuracy and minimize bias. -Teams should visit relevant district/administrative headquarters before proceeding to individual sites, whenever feasible. Data collection at each site should take no more than 2-3 hours with a team of 3-4 members. Teams should use a standard IRA form to summarize the situation and priority needs for initial response at each site visited.
The IRA Form	-The form is divided into 2 parts: <ol style="list-style-type: none"> 1. Summary conclusion sheets: to be completed by the team leader at the end of each site visit, with input from all team members AFTER the rest of the form has been completed. 2. Data sheets: are divided into 6 sections, covering demographics; shelter & NFIs; water, sanitation & hygiene (WASH); food security & nutrition; and health <p>-It should be customized to the country situation while maintaining the basic structure, and be translated, if necessary. Ideally, this should be done in advance as part of inter-agency contingency planning.</p>
How the IRA Form should be used	-One form should be completed collectively by the team for each site visited. Team members may also use the form as a checklist and worksheet for recording observations and taking notes during interviews. -Each question has a code suggesting the source(s) from which to collect the data. These codes are explained on the front sheet of the form. Some questions have more than one code, indicating that multiple sources should be used and the data triangulated.
Who should do an IRA?	-The IRA form is designed for use by individuals without advanced training in the sectors covered. However, broad public health and/or food security training and experience, and familiarity with rapid appraisal methods and best practices in the major content areas, are advantageous.

Activities prior to site visits:

- *Before going to the field:* collect and rapidly review available secondary data on the areas to be visited (this include both data on the *pre-crisis* situation – see Annex C to the guidance note – and available data on the current, *in-crisis* situation); get a thorough briefing on how the IRA is to be undertaken, how reports are to be submitted, and an indicative list of the key informants that all teams should seek to interview; agree within the team on how you will proceed and organize yourselves during visits to district headquarters and individual sites.
- *At district level,* interview local government and line ministry officials, referral health-care facilities, national and international organizations already in the area, local businesses, etc. to find out more about: (i) conditions before the crisis including the way in which services are normally organized; (ii) the extent to which services have been affected, the most affected locations, the main impacts of the crisis; and (iii) any relief activities that are already underway or planned.

Selecting sites to visit:

In most cases it will be necessary to choose a small number of sites to visit in the time available. Choices must be made to include sites that will enable you to understand the situation in the affected area as a whole including but not limited to the worst-affected localities and population groups.

- From secondary data and information from key informants, determine whether the impact seems to be similar *throughout* the area and for all population groups. If so, randomly select a small number of areas. If not, map out the areas where impacts are believed to be different and establish itineraries that take in a number of the worst-affected localities but also some sites representing less-affected areas and population groups

Primary data collection:

On-site tasks should be clearly divided among team members according to skill sets and experience for maximum efficiency. Each team member should have a defined role and be ready to conduct his/her own enquiries related to particular sources of information for completing the IRA form while also being sensitive to the information needs of the team as a whole.

Identifying and interviewing key informants (KIs):

- At the start of the site visit, meet with local authorities and/or community leaders. (Where there are no such obvious starting points, contacts with people in the street or in/around the administrative centre can help identify people knowledgeable on the community situation or context with regard to each theme in the IRA form.)
- Other KIs at each site would normally include health workers, teachers, community development workers, relief workers, traders and NGO programme managers. All are likely to be sources of important information.
- Where a site includes both resident and displaced populations, some KIs may be able to provide perspectives on both groups for some issues – e.g. major health issues. However, be aware of potential bias and select KIs from each population, wherever possible.
- When an interview is clearly not yielding the kind of overview perspective needed, politely bring the discussion to an end and identify other KIs to talk with.

Holding group discussions:

- Select participants based on the issues to be discussed and look for convenient ways to get groups together on specific topics, e.g.: questions about water access and use can be discussed with a queue at a water point; questions about infant and young child feeding with mothers at an ante-natal clinic. But be aware of possible bias arising from the situation in which groups are found, e.g. people waiting to see a doctor are not representative of the whole population in terms of health issues.

Observing conditions:

- Walk across the site along a *transect* – not following existing lines such as roads or paths – to obtain a cross-section of points for observation and provide a balanced, representative view of conditions.
- Key sites for observation include water collection points, food distribution queues, latrines, communal showers, storage facilities, grave sites, and drug stocks in health facilities.
- Observe the site from above, if possible, to get a sense of the conditions and variations across the site.

Visiting households (HHs):

- Where impacts are differentiated by location or by group within a community, this will suggest where to go for HH visits. Within a specific area, choose HHs that have specific characteristics, e.g. the most poor-looking.
- Directly observe at least four HHs including one less affected HH and that of a community leader chosen as a KI. The more heterogeneous the population and the more uneven the impact of the crisis, the more careful the sampling approach needs to be and the greater the total sample size in order to be able to confidently draw conclusions.

Assessing health facilities and services:

Section 6 of the IRA form requires investigation of the status of the health facility (HF) and the services currently provided:

- Collect information through interviews with HF staff and direct observation of activities, supplies and equipment.
- If there is no HF at the site, complete only section A (green) of the form.
- When assessing a primary facility, complete section B (yellow) of the form.
- When assessing a *secondary or tertiary facility*, complete both sections B and C (yellow and red) of the form.

Synthesizing and recording your findings:

- Wrap up each visit by collectively discussing the data gathered at that site for each sector and consolidating them in a single IRA form. Reconcile, as much as possible, any inconsistencies among data collected by different team members or using different methods. Highlight any unresolved issues at the end of each section of the form.
- Transmit the completed form to the central analysis unit as soon as possible using the agreed communication channels.

Box 1: Some Do's and Don'ts for IRA fieldwork

- Do:**
- Divide tasks by according to expertise of team members, so each can collect information independently.
 - Choose a limited number of key topics to discuss with a particular KI or group, or during HH visits.
 - Once on-site, after introduction to local authorities/leaders, fan out to collect information individually (or in pairs)
 - Record observations and any information volunteered that may be related to topics other than your own.
 - Introduce yourself properly and give people time to talk about their priority issues or grievances, before asking more targeted questions.
 - Find the 'person who knows' – who has already gathered most of the data you're looking for – but beware of bias.

- Don't:**
- waste precious time talking as a whole team to one respondent (apart from initial introduction to authorities, etc.).
 - interrogate respondents as an extractive process; instead, let them talk while guiding the conversation.
 - keep any respondent busy for more than half an hour; especially in times of crisis, people have their own priorities.
 - limit yourself to one respondent's information with regard to any topic: triangulate by asking other persons.