

## Follow-up Rapid Health Assessment Form

*(to be used in follow-up missions, where the first multi-sectoral assessment recommended a more in-depth assessment)*

Date of visit: _____   _____   _____ ( dd mm yyyy )	Compiled by: _____	Organization: _____
Name of Location: _____	Urban / Rural (circle one)	Governorate: _____
P Code (reference HIC/IRAF form): _____		
Date of previous assessment: _____   _____   _____ ( dd mm yyyy )	Form progressive number: _____	
Same participant(s) as in the previous assessment? <input type="checkbox"/> yes <input type="checkbox"/> no		

**1. Summary Findings** (to be completed at the end of the assessment, comparing the findings with those of the previous assessment):

1.1. Main health problems and needs, including changes compared to the previous assessment \_\_\_\_\_

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1.2. Likely evolution: \_\_\_\_\_

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1.3. Current local response capacity and **additional** requirements:

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1.4. Were the recommendations of the previous assessment implemented?

yes  no  don't know If no, why?

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**2. Recommendations for immediate public health action**

2.1 What must be put in place *immediately* to reduce avoidable mortality and morbidity? (see

*2.6 below: specify timeframe)*

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timeframe: \_\_\_\_\_

2.2 Which activities must be implemented for this to happen? \_\_\_\_\_

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2.3 What are the risks to be monitored? \_\_\_\_\_

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2.4 How can we monitor them? \_\_\_\_\_

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2.5 Which inputs are needed to implement all this (2.1-2.4)? \_\_\_\_\_

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## 2.6 Who will be doing what?

### Priority 1

Who \_\_\_\_\_

What \_\_\_\_\_

When \_\_\_\_\_

### Priority 2

Who \_\_\_\_\_

What \_\_\_\_\_

When \_\_\_\_\_

### Priority 3

Who \_\_\_\_\_

What \_\_\_\_\_

When \_\_\_\_\_

### 3. Findings

#### 3.1 The context

*Emergency: record only **changes** compared to previous assessment, with regards to:*

- Main causative hazard: \_\_\_\_\_
- Additional hazards: \_\_\_\_\_
- Projected evolution: \_\_\_\_\_
- Others as relevant: \_\_\_\_\_

#### 3.2 Affected area: record only **changes** compared to previous assessment, with regards to:

- Access to area:

Main routes and their conditions:

Route	Conditions
_____	_____
_____	_____
_____	_____

- Distance from the closest town outside the affected area:

Km.: \_\_\_\_\_ time with existing means: hours \_\_\_\_\_ or minutes \_\_\_\_\_

- Closest operational airport, port or navigable river: \_\_\_\_\_  
\_\_\_\_\_

- Other information as relevant to the access: \_\_\_\_\_  
\_\_\_\_\_

### 3.3 *The affected population: record only changes compared to previous assessment,*

*with regards to:*

- Characteristics:  residents  refugees  IDPs  
 Internally Stranded Persons  other (specify) \_\_\_\_\_
- Total population size/estimate: \_\_\_\_\_
- Age breakdown (if available): < 5 years \_\_\_\_ ≥5-59 years \_\_\_\_ over 60 \_\_\_\_  
Please indicate if the above are  absolute numbers  percentages
- Sex ratio (if available): males/females \_\_\_\_
- Number or estimated % of pregnant/lactating women (if available): \_\_\_\_\_
- Vulnerable groups: categories \_\_\_\_\_  
approx.number \_\_\_\_\_
- Patterns of population settlement:  refugee/IDPs camp  village  
 scattered in small settlements  mix or other, specify \_\_\_\_\_  
\_\_\_\_\_
- Population movement (since last assessment, verify the date):  
 influx of new people, if yes specify: approximate number \_\_\_\_\_  
main origin \_\_\_\_\_ timeframe \_\_\_\_\_  
 departures, if yes specify: approximate number \_\_\_\_\_  
main destination \_\_\_\_\_ timeframe \_\_\_\_\_  
 stable population (changes considered not substantial)
- Source of information on population & method of data collection: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. Health Information System

(If you visit more than one h.facility, each + or √ corresponds to one h.facility)

4.1 Number of h. facilities visited during the assessment: \_\_\_\_\_

HIS component	Availability of individual records*			Covering previous year (2002)?			Summary statistics / graphs available?			Transmission to Higher level			Source of info O: observ. I: interview Oth: other, specify
	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know	
Surveillance/ notification of CD													
In-patients													
Maternity													
Out-patients													
Immunisation													
Nutrition: growth monitoring													
Personnel													
Financial													
.....													
.....													
.....													

\* individual records include: OP register, In-patients clinical charts.....

4.2 Is the available information produced by the HIS useful for monitoring health status, detect outbreaks, monitor health activities, etc?  yes  no  don't know

specify \_\_\_\_\_

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4.3 Are statistics disaggregated by sex?  yes  no  don't know

## 5. Health Impact

### 5.1 The five main causes of morbidity and mortality

Source: \_\_\_\_\_ period of reference: \_\_\_\_\_

Morbidity (interviews or medical records)		Mortality (only interviews, not medical records)	
< 5 yrs	=> 5 yrs	< 5 yrs	=> 5 yrs
1. cause _____	_____	1. cause _____	_____
2. cause _____	_____	2. cause _____	_____
3. cause _____	_____	3. cause _____	_____
4. cause _____	_____	4. cause _____	_____
5. cause _____	_____	5. cause _____	_____

### 5.2 Crude Mortality Rate, if available (*specify formula utilised*):

\_\_\_\_\_ per (*population*) \_\_\_\_\_ per (*period*) \_\_\_\_\_

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

yes  no  don't know

### 5.4 Under-5 Mortality Rate, if available:

\_\_\_\_\_ per (*population*) \_\_\_\_\_ per (*period*) \_\_\_\_\_

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

yes  no  don't know

5.6 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

**5.7 Reports/rumours of outbreak** Source: \_\_\_\_\_

Period of reference: \_\_\_\_\_

➤ symptoms/clinical signs: \_\_\_\_\_

\_\_\_\_\_

➤ Likely diagnostic: \_\_\_\_\_

➤ Case definition utilized: \_\_\_\_\_

\_\_\_\_\_

5.8 *Other reasons for concern (e.g. traumas/injures due to landmines, other communicable or non-communicable diseases, etc):* \_\_\_\_\_

\_\_\_\_\_

5.9 *Indirect health impact (e.g. damage to water plants, other vital infrastructures or lifelines):* \_\_\_\_\_

\_\_\_\_\_

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

Morbidity: \_\_\_\_\_

\_\_\_\_\_

Mortality: \_\_\_\_\_  
\_\_\_\_\_

5.11 Can an increase in morbidity, malnutrition, mortality be expected in the next two weeks?

morbidity  yes  no  don't know

If yes, why \_\_\_\_\_

malnutrition  yes  no  don't know

If yes, why \_\_\_\_\_

mortality  yes  no  don't know

If yes, why \_\_\_\_\_

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

months: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### 6.1 Existing health facilities in the area and their status

Code Nr.	Type/name Ex. PHC centre of XYZ;	Supported by: MOH NGO/Agency (name) Both	In-patients			Maternity			Source of info O: observ. I: interview Oth: other, specify
			Yes	No	Nr.beds	Yes	No	Nr.beds	
1									
2									
3									
4									
5									
6									

Code Nr.	Operating theatre		Laboratory		Pharmacy		Cold chain		Sanitation/ Waste disposal		Transport		Source of info O: observ. I: interview Oth: other, specify
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
1													
2													
3													
4													
5													
6													

Code Nr.	Communication (radio, telephone)		Electricity		Alternative power source (generator)		Water		Other relevant information	Source of info O: observ. I: interview Oth: other, specify
	Yes	No	Yes	No	Yes	No	Yes	No		
1										
2										
3										
4										
5										
6										

Code Nr.	Staff number by main category					Infrastructure damages			Medicines availability (refer to checklist)			Source of info O: observ. I: interview Oth: other, specify
	Doctors	Med.assistants	Nurses	.....	.....	Yes	No	Don't know	Yes	No	Don't know	
1												
2												
3												
4												
5												
6												

6.2 **Drugs supply** (the list of key drugs in the table is only indicative for PHC health centres, and can be updated according to type of h.facilities and national/local formularies)

Disease	Selected drugs	Health facilities					
		1	2	3	4	5	6
Diarrhoea	<ul style="list-style-type: none"> <li>• Oral rehydration salts</li> <li>• Cotrimoxazole tablets</li> </ul>						
ARI	<ul style="list-style-type: none"> <li>• Cotrimoxazole tablets</li> <li>• Procaine penicillin injection</li> <li>• Paediatric paracetamol tablets</li> </ul>						
Malaria	<ul style="list-style-type: none"> <li>• Chloroquine tablets</li> </ul>						
Anaemia	<ul style="list-style-type: none"> <li>• Ferrous salt + folic acid tablets</li> </ul>						
Worm infestations	<ul style="list-style-type: none"> <li>• Mebendazole tablets</li> </ul>						
Conjunctivitis	<ul style="list-style-type: none"> <li>• Tetracycline eye ointment</li> </ul>						
Skin infections	<ul style="list-style-type: none"> <li>• Iodine, gentian violet or local alternative</li> </ul>						
Fungal skin inf.	<ul style="list-style-type: none"> <li>• Benzoic acid + salicylic acid ointment</li> </ul>						
Pain	<ul style="list-style-type: none"> <li>• Acetylsalicylic acid or paracetamol tablets</li> </ul>						
Prophylactic drugs	<ul style="list-style-type: none"> <li>• Retinol (vit.A)</li> <li>• Ferrous salt + folic acid tab.</li> </ul>						

6.2.1 Are technical protocols, guidelines, etc available?  yes  no  don't know

If yes, specify which ones \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**6.3 CONCLUSION:** Are the above resources sufficient to cope with health care needs, with regards to:

6.3.1 Nr. of health facilities:  yes  no  don't know specify \_\_\_\_\_

\_\_\_\_\_

6.3.2 Appropriate referral levels: :  yes  no  don't know specify \_\_\_\_\_

\_\_\_\_\_

6.3.3 Appropriate laboratory referral levels: :  yes  no  don't know

specify \_\_\_\_\_

6.3.4 Equipment:  yes  no  don't know specify \_\_\_\_\_

\_\_\_\_\_

6.3.5 Staff (number & skill mix) :  yes  no  don't know specify \_\_\_\_\_

\_\_\_\_\_

6.3.6 Medicines (items & stock) :  yes  no  don't know specify \_\_\_\_\_

\_\_\_\_\_

6.3.7 Other resources, not mentioned above: \_\_\_\_\_

specify: \_\_\_\_\_

\_\_\_\_\_

## 7. Health activities

7.1. If in-patient and/or out-patient records are available, compare the number of admissions and consultations in two different periods of the same interval:

### H. facility nr. 1

..... weeks preceding this assessment

Nr. of new admissions: \_\_\_\_\_

Nr. of consultations: \_\_\_\_\_

Nr. of attended deliveries: \_\_\_\_\_

Nr. of immunisations: \_\_\_\_\_

Other, specify: \_\_\_\_\_ nr. \_\_\_\_\_

Reasons for change \_\_\_\_\_

the same interval ..... months before

Nr. of new admissions: \_\_\_\_\_

Nr. of consultations: \_\_\_\_\_

Nr. of attended deliveries: \_\_\_\_\_

Nr. of immunisations: \_\_\_\_\_

Other, specify: \_\_\_\_\_ nr. \_\_\_\_\_

### H. facility nr. 2

..... weeks preceding this assessment

Nr. of new admissions: \_\_\_\_\_

Nr. of consultations: \_\_\_\_\_

Nr. of attended deliveries: \_\_\_\_\_

Nr. of immunisations: \_\_\_\_\_

Other, specify: \_\_\_\_\_ nr. \_\_\_\_\_

Reasons for change \_\_\_\_\_

the same interval ..... months before

Nr. of new admissions: \_\_\_\_\_

Nr. of consultations: \_\_\_\_\_

Nr. of attended deliveries: \_\_\_\_\_

Nr. of immunisations: \_\_\_\_\_

Other, specify: \_\_\_\_\_ nr. \_\_\_\_\_

### H. facility nr. 3

..... weeks preceding this assessment

Nr. of new admissions: \_\_\_\_\_

Nr. of consultations: \_\_\_\_\_

the same interval ..... months before

Nr. of new admissions: \_\_\_\_\_

Nr. of consultations: \_\_\_\_\_

Nr. of attended deliveries: \_\_\_\_\_

Nr. of attended deliveries: \_\_\_\_\_

Nr.of immunisations: \_\_\_\_\_

Nr.of immunisations: \_\_\_\_\_

Other, specify: \_\_\_\_\_ nr. \_\_\_\_\_

Other, specify: \_\_\_\_\_ nr. \_\_\_\_\_

Reasons for change \_\_\_\_\_

**H. facility nr. 4**

**..... weeks preceding this assessment**

**the same interval ..... months before**

Nr. of new admissions: \_\_\_\_\_

Nr. of new admissions: \_\_\_\_\_

Nr. of consultations: \_\_\_\_\_

Nr. of consultations: \_\_\_\_\_

Nr. of attended deliveries: \_\_\_\_\_

Nr. of attended deliveries: \_\_\_\_\_

Nr.of immunisations: \_\_\_\_\_

Nr.of immunisations: \_\_\_\_\_

Other, specify: \_\_\_\_\_ nr. \_\_\_\_\_

Other, specify: \_\_\_\_\_ nr. \_\_\_\_\_

Reasons for change \_\_\_\_\_

**H. facility nr. 5**

**..... weeks preceding this assessment**

**the same interval ..... months before**

Nr. of new admissions: \_\_\_\_\_

Nr. of new admissions: \_\_\_\_\_

Nr. of consultations: \_\_\_\_\_

Nr. of consultations: \_\_\_\_\_

Nr. of attended deliveries: \_\_\_\_\_

Nr. of attended deliveries: \_\_\_\_\_

Nr.of immunisations: \_\_\_\_\_

Nr.of immunisations: \_\_\_\_\_

Other, specify: \_\_\_\_\_ nr. \_\_\_\_\_

Other, specify: \_\_\_\_\_ nr. \_\_\_\_\_

Reasons for change \_\_\_\_\_

**H. facility nr. 6**

..... weeks preceding this assessment

the same interval ..... months before

Nr. of new admissions: \_\_\_\_\_

Nr. of new admissions: \_\_\_\_\_

Nr. of consultations: \_\_\_\_\_

Nr. of consultations: \_\_\_\_\_

Nr. of attended deliveries: \_\_\_\_\_

Nr. of attended deliveries: \_\_\_\_\_

Nr. of immunisations: \_\_\_\_\_

Nr. of immunisations: \_\_\_\_\_

Other, specify: \_\_\_\_\_ nr. \_\_\_\_\_

Other, specify: \_\_\_\_\_ nr. \_\_\_\_\_

Reasons for change \_\_\_\_\_

**7.2. Nutrition**7.2.1 Is growth monitoring being carried out? ?  yes  no  don't know

If yes, how many children were weighted in the timeframe below, and how many were

under weight for age?

<b>Code Nr.</b>	<b>Total nr. children weighted over the last month</b>	<b>Nr. of children under- weight for age in the last month</b>	<b>Source of info O: observ. I: interview Oth: other, specify</b>
1			
2			
3			
4			
5			
6			

## 7.2.2 If feeding centres are in place:

<b>Code Nr.</b>	<b>Total nr. children admitted (last month)</b>	<b>Total nr. pregnant/lactating women admitted (last month)</b>	<b>Services provided</b>	<b>Source of info O: observ. I: interview Oth: other, specify</b>
1				
2				
3				
4				
5				
6				

## 7.2.3 Are special wards available for severely malnourished children?

<b>Code Nr.</b>	<b>Nr. children presently admitted for severe malnutrition</b>	<b>Source of info O: observ. I: interview Oth: other, specify</b>
1		
2		
3		
4		
5		
6		

## 7.2.4 Which is the most prevalent infant-feeding practice?

breast-feeding  infant formula

7.2.5 if infant formula, are present stocks sufficient?  yes  no  don't know

**7.3. Other activities**

7.3.1 Are outreach activities being carried out? ?  yes  no  don't know

If yes, which ones: \_\_\_\_\_

\_\_\_\_\_

7.3.2 Which is the closest referral h.facility? \_\_\_\_\_

Distance (Km): \_\_\_\_\_

How many patients have been referred during the last month? \_\_\_\_\_

**7.3.3 Activities already underway**

Measles immunisation campaign:  yes  no  don't know

Vitamin A:  yes  no  don't know

Others, specify: \_\_\_\_\_

\_\_\_\_\_

**7.4. Operational support**

**7.4.1 External assistance:**

Are health NGOs or other agencies present in the area?

yes  no  don't know      If yes:

Name of NGO/agency	Main h. activities	Relevant resources (staff, transport, etc)

Name of NGO/agency	Main h. activities	Relevant resources (staff, transport, etc)

7.4.2 Coordination mechanism in place and lead agency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Location: \_\_\_\_\_ capacity: \_\_\_\_\_

Adequate conditions:  yes  no  don't know

**8. Other vital needs: present availability**

8.1 Water:  yes  no  don't know

If yes, indicate water sources:

- Piped water through house connection or yard tap
- Public standpipe
- Protected tube well or bore hole
- Protected dug well or protected spring
- Unprotected dug well or spring
- Rainwater (into protected tank or cistern)
- Tanker-truck, vendor
- Water taken directly from pond-water, stream, unprotected rain water

Water purification methods available?  yes  no  don't know

8.2 Excreta disposal:  yes  no  don't know

If yes, indicate type:

- Flush to piped sewage system
- Flush to septic tank
- Pour flush latrine
- Covered dry latrine (with privacy)
- Uncovered dry latrine (without privacy)
- Bucket latrine (where fresh excreta are manually removed)
- Trench latrine

8.3 Food:  yes  no  don't know

food source:  local production  
 market  
 food aid distribution  
 other or mix, specify: \_\_\_\_\_

If food distribution, when was the last one? \_\_\_\_\_ by whom? \_\_\_\_\_

Which are the commodities included in the aid ration?

cereals  
 oil  
 pulses  
 sugar  
 salt  
 infant formula  
 other, specify: \_\_\_\_\_

8.4 Shelter: prevalent types \_\_\_\_\_

general conditions:  good  fair  poor

8.5 Burial sites:  yes  no  don't know

8.6 Soap and buckets:  yes  no  don't know

8.7 Fuel and cooking utensils:  yes  no  don't know

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

**9. Critical constraints**

9.1 Security  good  fair  poor specify: \_\_\_\_\_

\_\_\_\_\_

9.2 Transport and logistics:  good  poor specify: \_\_\_\_\_

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

specify: \_\_\_\_\_

9.4 Other constraints: \_\_\_\_\_

**10. Emergency contacts:**

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

\_\_\_\_\_

10.2. Who was your contact in the closest health facility ? \_\_\_\_\_

\_\_\_\_\_

10.3. Who was your contact in the closest referral facility ? \_\_\_\_\_

\_\_\_\_\_

Others useful contacts: \_\_\_\_\_

**Other relevant information**