

## Rapid Health Assessment Form

This assessment form focuses on gathering health data only and excludes information on social determinants of health (access to and availability of water, sanitation, protection, shelter, food security, safety and security) which should be assessed by corresponding teams and shared with the health team. Given that different information may be provided by different key informants (from MoH staff to local healers), each section should list the source of information and the contact details if needed for future reference.

<b>Village and Area names:</b>		<b>GPS coordinates:</b>		<b>Date of visit (dd/mm/yy):</b>	
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<b>Demographics</b>	<b>Source of information:</b>
	<b>Contact details:</b>
Total population (pre-emergency): _____ Estimated population with disabilities: _____	
IF displaced / refugees (approx. total): _____ Place of origin: _____	
Estimated sex ratio: _____ % women      Children <5 years: _____ %      # Pregnant women: _____	

<b>Mortality</b>	<b>Source of information:</b>
	<b>Contact details:</b>
Estimated # deaths (24 h of event): _____ Estimated # of missing (24 h of event): _____	
Estimated # deaths (past week): <5 years _____ >5 years: _____	
Overall mortality rate (all ages): _____ deaths per _____ persons per (recent time period)	
<5 MR: _____ deaths per _____ U5 per (recent time period)	
Calculation of data provided: <i>Rumour / Estimate / Count</i>	

<b>Morbidity</b>	<b>Source of information:</b>
	<b>Contact details:</b>
Incidence (past week): RTI _____ AWD _____ Malaria _____ Trauma _____ Other major diagnosis: _____	
Outbreaks? Yes/No      Type of outbreaks: _____	
Epidemic control plan? _____	
Endemic diseases: _____ Seasonal diseases (currently of concern)? _____	
SV reported cases (past week; indicate # of minors) _____	

<b>EPI</b>	<b>Source of information:</b>
	<b>Contact details:</b>
Vaccination coverage for measles _____ Type of immunisations available _____	

<b>Nutrition</b>	<b>Source of information:</b>
	<b>Contact details:</b>
GAM rate _____ Marasmus - kwashiorkor ratio _____ Feeding and care programs: Yes/No. If yes, # enrolled _____ # attending _____	
Calculation of data provided: <i>Rumour / Estimate / Count</i>	

<b>Health services<sup>1</sup></b>	<b>Health facility name:</b>	<b>Type:</b> Governmental/Private/NGO/RC
	<b>Source of information:</b>	
	<b>Contact details:</b>	
Structure damage: <i>None /Low/Moderate/High</i> Distance from population settlement (km): _____ Hours open: _____		
Overnight stay: Yes/No # Doctors: _____ # Nurses: _____ Running water: Yes/No      Functioning toilet: Yes/No		
Electricity: Yes/No      #visits/week: _____ Fee system: Cost recovery/ free of charge/ other _____		
Ambulance service: Yes/No      Referral destination: _____ Medication supply: Yes/No		
Cold chain: Yes/No      Observations on cold chain functioning: _____ Recent attacks to health services: Yes/No		
Is there a surveillance system in place? If yes, describe: _____		
MHPSS services: Yes/No. If yes, which: _____		
Services for SGBV survivors. If yes, which: _____		
Traditional health system in place? Yes/No. If yes, describe: _____		
Observe lighting of facilities (latrines, walking paths): _____		
Observe privacy (gender-split toilets with locks and consultation space): _____		

<sup>1</sup> If following the assessment it is decided to support a health facility in any way, a more comprehensive assessment of the health structure (and its corresponding referral option) should be additionally done.