

Incident Description			
Name of reporting person/ agency:			
1. State:		2. Date:	
3. Locality(s) affected:		4. Administrative unit(s) affected:	
5. Town/village:		6. Hay (Residential area) :	
7. Incident type: <i>(please tick)</i>	<input type="checkbox"/> Flooding...1 <input type="checkbox"/> Other...2 specify: _____	8. Incident starting date:	
9. Incident magnitude: <i>(please tick)</i>	<input type="checkbox"/> Mild...1 <input type="checkbox"/> Moderate...2 <input type="checkbox"/> Severe...3 <input type="checkbox"/> Catastrophic...4	10. Potential risk for disease outbreak <i>(please tick):</i>	<input type="checkbox"/> Mild...1 <input type="checkbox"/> Moderate...2 <input type="checkbox"/> Severe...3
11. Incident description:			
12. Expected consequent incidents:			
13. Access to the area <i>(please tick):</i>	<input type="checkbox"/> Accessible...1 <input type="checkbox"/> Not accessible...2	14. If Accessible, by <i>(please tick):</i>	<input type="checkbox"/> Road...1 <input type="checkbox"/> Air...2 <input type="checkbox"/> Boat...3
15. Security status in the area: <i>(please tick):</i>	<input type="checkbox"/> Secure...1 <input type="checkbox"/> Insecure...2	16. If Insecure, explain	
17. Summary (briefly summarize the key information):			

Initial Assessment			
18. Total population at risk: [Number of people (considering vulnerability and hazard) exposed to the same risk factors that caused the incident in a specified are at certain period of time]		19. Total population affected:	
20. Total number of deaths:		21. Total number of injured:	
22. Estimated number of children under 5 affected:		23. Total number of children under 5 deaths:	
24. Estimated number of females affected:		25. Total number of females deaths:	
26. Estimated number of males affected:		27. Total number of males deaths:	
28. Number of homeless:		29. Number of missing:	

30. Main health problems affecting population/rescue team: (please tick)				
a. Diarrhea/AWD	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	If Yes; Number	
b. Malaria	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	If Yes; Number	
c. Respiratory Infection	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	If Yes; Number	
d. Eye Infections	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	If Yes; Number	
e. Hemorrhagic Fever	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	If Yes; Number	
f. Injuries	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	If Yes; Number	
g. Acute Malnutrition	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	If Yes; Number	
h. Obstructed Labour	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	If Yes; Number	
i. Complicated Pregnancy	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	If Yes; Number	
j. Others	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	If Yes; Number	

<b>31. Access to health facility/health services (Please tick):</b>	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	<b>32. Explain:</b>	
<b>33. Describe the status of health sector, main problems, needs, local response capacities and possible implications of the incident:</b>				

34. Health Services & Facilities Assessment (ONLY FOR FUNCTIONING AND ACCESSIBLE FACILITIES)					
HF Type	a. Name	b. No of Staff	c. Services provided[1]	d. No of Consultations/day	e. Main causes for consultations
34.1 Hospital (any type)					
34.2 Health centre / PHCC(1)					
34.3 Health centre / PHCC(2)					
34.4 Basic Health Unit / PHC(1)					
34.5 Basic Health Unit / PHC(2)					
34.6 Basic Health Unit / PHC(3)					
34.7 Mobile unit (1)					
34.8 Mobile unit (2)					
34.9 Isolation facilities					

**[1]: Please select the appropriate letter:**

<p><b>A.</b> Outpatient services,  <b>B.</b> Inpatient services  <b>C.</b> Laboratory  <b>D.</b> Growth monitoring  <b>E.</b> Distribution of food rations</p>	<p><b>F.</b> EPI  <b>G.</b> Oral rehydration therapy  <b>H.</b> Wound dressing  <b>I.</b> Antenatal care  <b>J.</b> Drugs</p>
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35. In case of Hospital, complete this part			
35.1 Is there a hospital contingency plan: <i>(please tick)</i>	<input type="checkbox"/> Yes...1	35.2 Explain	
	<input type="checkbox"/> No...2		
35.3 Bed capacity:		35.4 Any plan to expand the existing capacity:	<input type="checkbox"/> Yes...1 <input type="checkbox"/> No...2

36. Main health facility manager: <i>(please tick)</i>	<input type="checkbox"/> Government...1	37. Referral service available: <i>(please tick)</i>	<input type="checkbox"/> Yes...1 <input type="checkbox"/> No...2
	<input type="checkbox"/> NGO(s)...2		
	<input type="checkbox"/> Private...3		
38. Existence of routine immunization programme: <i>(please tick)</i>	<input type="checkbox"/> Yes...1	39. If Yes, specify the type of routine vaccines: <i>(please tick one or more)</i>	<input type="checkbox"/> Measles...1 <input type="checkbox"/> Penta...2
	<input type="checkbox"/> No...2		<input type="checkbox"/> Polio...3 <input type="checkbox"/> TB...4
			<input type="checkbox"/> Hepatitis B...5

#### 40. Availability of medical supplies:

Item	a. Available?	b. if Yes Quantity
40.1. Antibiotics	<input type="checkbox"/> Yes...1 <input type="checkbox"/> No...2	
40.2. Antimalarials	<input type="checkbox"/> Yes...1 <input type="checkbox"/> No...2	
40.3. Analgesics	<input type="checkbox"/> Yes...1 <input type="checkbox"/> No...2	
40.4. Narcotics	<input type="checkbox"/> Yes...1 <input type="checkbox"/> No...2	
40.5. Eye ointments	<input type="checkbox"/> Yes...1 <input type="checkbox"/> No...2	
40.6. Other Items	<input type="checkbox"/> Yes...1 <input type="checkbox"/> No...2	

#### 41. Availability of health programmes:

41.1. Existence of communicable disease surveillance:	<input type="checkbox"/> Yes...1 <input type="checkbox"/> No...2
41.2. Existence of special disease control programme:	<input type="checkbox"/> Yes...1 <input type="checkbox"/> No...2
41.3. Access to reproductive health services:	<input type="checkbox"/> Yes...1 <input type="checkbox"/> No...2
41.4. Existence of mortality surveillance:	<input type="checkbox"/> Yes...1 <input type="checkbox"/> No...2

Water and Sanitation				
42. Water supply available: <i>(please tick)</i>	<input type="checkbox"/> Yes...1	43. If available, specify the source: <i>(please tick)</i>	<input type="checkbox"/> Hand Pump...1	<input type="checkbox"/> Deep wells...2
	<input type="checkbox"/> Partially...2		<input type="checkbox"/> Pipe Water...3	<input type="checkbox"/> Shallow wells...4
	<input type="checkbox"/> No...3		<input type="checkbox"/> Water yard...5	<input type="checkbox"/> Others...6
44. Walking time to the available source of water:	/ min			
45. Sanitary facilities available: <i>(please tick)</i>				
45.1.a. At household level	<input type="checkbox"/> Yes...1	b. Explain		
	<input type="checkbox"/> Partially...2			
	<input type="checkbox"/> No...3			
45.2.a. At public level	<input type="checkbox"/> Yes...1	b. Explain		
	<input type="checkbox"/> Partially...2			
	<input type="checkbox"/> No...3			
46. No. of collapsed latrines				
47. a. Availability of waste product management:	<input type="checkbox"/> Open...1	b. Explain		
	<input type="checkbox"/> Dumped...2			

Needs Assessment				
48. Damage to vital services: <i>(please tick)</i>				
48.1 a. Health facilities:	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	b. if Yes, specify % of damage	
48.2 a. Electricity:	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	b. if Yes, specify % of damage	
48.3 a. Communication:	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	b. if Yes, specify % of damage	
48.4 a. Transportation:	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	b. if Yes, specify % of damage	

49. Health priority needs:				
49.1.a	<b>b. Amount</b>		<b>c. Estimated cost</b>	
49.2.a	<b>b. Amount</b>		<b>c. Estimated cost</b>	
49.3.a	<b>b. Amount</b>		<b>c. Estimated cost</b>	
49.4.a	<b>b. Amount</b>		<b>c. Estimated cost</b>	

50. a. Additional manpower needed: <i>(please tick)</i>	<input type="checkbox"/> Yes...1	<input type="checkbox"/> No...2	50.b. Specify	
51. What must be put in place as soon as possible to reduce avoidable mortality and morbidity?				
52. Other remarks				

**Health & Nutrition sector HOTLINE for emergencies**

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