

Appendix 2: Disaster Assessment

Within the first 5 days following the disaster, the first elaborate assessment in the district is to be carried out. The assessment must be made by a joint team including professionals of different sectors (i.e. health, logistics, infrastructure, water supply and sanitation). The joint team effort provides an opportunity for effective implementation of rapid and systematic response actions. The assessment should be carried out in a way that allows transparent consistent decision-making and implementing response actions.

The suggested assessment checklist below facilitates the gathering of essential, basic and context relevant information.

A. General Information

- Type, date, time, place and geographic area of a disaster.
- Demographics compositions of the affected population.
- - Extent of affected population and groups at risk.
 - Gender and age breakdown (i.e. < 5 and > 5 years), or detailed age breakdown (<1, 1- 4, 5-14, 15 - 44,> 45).
 - Average family size, female headed households, pregnant and lactating women.
- Chances of continuation of hazards, further damage and destruction.
- Condition of transportation system and communication facilities.
- Presence of agencies and types of relief services.

B. Information on Health and Diseases

- Number of injuries and deaths.
- Outbreaks of communicable diseases.

- Crude mortality rate (CMR) - (total deaths / total population / 10, 000 / a day).
- Under five mortality rate (U-5MR) - (U-5 deaths / U-5 population / 10,000 / a day).
- Age and sex specific incidence rates of major communicable diseases.

C. Basic Health Services

- Extent of damage - existing health facilities (hospitals, health centres, health posts).
- Availability of emergency health services – affected victims (casualties).
- Situation of emergency medical supplies – availability and adequacy.
- Local resource availability and capacity to provide emergency response.
- Priorities and need for assistance from higher levels for emergency health services.

D. Water Supply

- Conditions of water supply system – functional or damaged.
- Quantity of water supply for daily personal and domestic use – adequacy.
- Quality of water – monitored and tested or not; and frequency of quality monitoring.
- Responsible institution taking care of water supply – inter agency coordination.

E. Hygiene and Sanitation

- Arrangement of settlement of affected population – location, space and facilities.

- Situation of disposal of human excreta, solid waste and drainage.
- Provision of education to public – on personal, domestic hygiene and sanitation.
- Any report regarding communicable disease outbreaks – due to water, hygiene and sanitation.

F. Food Availability

- Status of food supply – sufficiency of basic food items.
- Provision of emergency food supply – locally or externally.
- Reported nutrition related - problems (if any).

G. Shelter and Blankets

- Conditions of residences and temporary locations - house, temporary shelters, open space, risk of reoccurring hazards.
- Provision of clothing – temporary arrangements, regularity of supplies, no provision at all.

H. Availability of Resources

- Staff, supplies and equipment for emergency health services – local resources (adequacy).
- Possibilities of mobilising local resources in coordination with other sectors.
- Gaps, needs and priorities needed to be fulfilled from higher level or external support (if any).

Source: Adapted from *Essentials for Emergencies, WHO & The Sphere Project Humanitarian Charter and Minimum Standards in Disaster Response*, 2000