

APPENDICES

Appendix 1: Rapid Health Assessment Format

DISTRICT REPORTING DATE FORMAT NO.

NO.	DISASTER INFORMATION			NUMBER OF DEATHS				NUMBER OF INJURED				NUMBER OF MISSING PERSONS		NO. of DIS-PLACED FAMIL- LIES
	Date and time of Disaster	Affected VDC Name	Type of Disaster	Male		Female		Male		Female		Male	Female	
				0 < 5	5 - 14	14 >	0 < 5	5 - 14	14 >	0 < 5	5 - 14			
1														
2														
3														

NO.	SOURCES of INFORMATION			FUNCTIONALITY OF HEALTH FACILITIES			TYPE OF HEALTH RESPONSE PROVIDED (Keywords only such as : First Aid, Curative Care, Referral of Casualties, Water Quality Testing, Water Treatment, Sanitary Measures etc.)	PRIORITY NEEDS (Medical Supplies, Equipment, Personnel)		
	Police	Health Fa.	Locals	Others	Fully				Item	Quantity
					Partial	Non				
1										
2										
3										

PREPARED BY : _____

SIGNATURE : _____

DATE : _____

NAME OF DHO : _____

SIGNATURE : _____

DATE : _____

Appendix 1 - Introduction to Rapid Health Assessment Format



**Ministry of Health
Department of Health Services
Epidemiology and Disease Control Division**



Every year Nepal falls prey to disasters, which affect the lives of innumerable people, causing thousands of casualties and hundreds of deaths. Epidemics, floods, landslides, fires, earthquakes, droughts, conflicts and road traffic accidents are common hazards confronting the population and posing challenges to the health sector.

In order to generate timely and reliable epidemiological data, the Epidemiology and Disease Control Division (EDCD) of the Department of Health Services and the World Health Organisation (WHO) has developed the attached rapid health assessment format and the guidelines on how to fill it. The format has been reviewed and approved by the Disaster Health Working Group Secretariat, Director of EDCD and the Disaster Focal Point in MoH. The rapid health assessment format is integrated into the regular reporting system and supplements data collected by police authorities and the Ministry of Home Affairs.

The format should be used for collecting and reporting standardised information by any RRT member, and should be returned to EDCD immediately after any kind of disaster. The information is required to decide on response procedures and resource mobilisation as well as facilitating rehabilitation and disaster preparedness.

DISASTER DEFINITION

A disaster is an event, could be natural or man-made, sudden or progressive, which impacts with such severity that the affected community has to respond to by taking exceptional measures as quickly as possible, to minimise human loss and / or to prevent further damage and destructions. EDCD and WHO's working definition of a

disaster implies any unusual incident causing any number of deaths or injured.

INFORMATION REQUIRED

The rapid disaster assessment format includes information about the time, location and specificity of the disaster, its impact in terms of number of dead, injured, missing and displaced people, sources of data, functionality of health facilities, health response provided and priority needs.

Instructions in how to fill the format is given in the attached guidelines, and at a later stage, the RRT members will receive further training in disaster response.

ASSESSMENT AND SUBMISSION PROCEDURES

- Rapid Response Teams at the district level is the key body to initiate rapid health assessments.
- Rapid health assessments should be conducted immediately after the disaster in all impacted areas. Special attention should be paid to the most vulnerable groups.
- The information collection should be based on the attached format.
- The format should be filled in within 12 hours of any disaster and submitted to EDCCD through fax no. 977-1-4262268 (attention: the Director of EDCCD).
- In case clarification is required, please contact the Director of EDCCD on telephone no. 977-1-4255796 or 4262268 or – if the telephone system is non-functional - by any other possible means.

Appendix 1 - Guidelines to fill in Rapid Health Assessment Format



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District name, reporting period and format number must be written on top of first page. The first format submitted to EDCD should be numbered 1, the second no. 2 etc.

In case more than three incidents occur continue the reporting on a new format and number it 1b, 2b etc.

Column Contents:

1. Write disaster information: date and time of disaster, name of affected VDC, affected ward number and what type of disaster (e.g. flood, landslide, earthquake, fire). If multiple hazards affect a given locality use several lines.
2. Write what type of disaster (e.g. flood, landslide, earthquake, fire). If multiple hazards affect a given locality use several lines.
3. Write number of deaths segregated in terms of gender and age (below 5, between 5 and 14 and above 14 years of age)
4. Write number of injured segregated in terms of gender and age (below 5, between 5 and 14 and above 14 years of age).
5. Write number of missing persons segregated in terms of gender.
6. Write number of displaced families.
7. Specify the source of information by tick-marking if it came from police, health facilities, locals or others. It is possible to make more than one tick mark.
8. Inform what is the functionality the health facilities by putting one tick mark only:
 - a. FULLY – if there is no damage to buildings and / or equipment.

- b. PARTIAL - If there is some damage to buildings and / or equipment but it can still be used
 - c. NON - If the buildings and / or the equipment is so damaged, that it can no longer be used
9. Write down keywords regarding the health response provided. The keywords should describe ongoing or completed activities in terms of damage and needs assessment, provision of medical supplies and curative services, mobilisation of staff and resources, public health response, disease surveillance, coordination and reporting to higher authorities.
10. Write keywords regarding priority needs in terms of medical supplies, equipment and personnel. Please only mention immediate priorities and write quantities as well as specific details.

At the bottom of the page, the person filling out the format must write his / her name, the date and sign it. In addition, the name of the DHO should be there with his / her signature and the date.