

TFC ASSESSMENT

Date _____ Assessor _____

Site Name _____ Informant #1 _____

Location—GPS/landmark _____ Informant #2 _____

Population registration Y N total pop _____ # households _____
 U1 _____ (5%) women (15-44) _____ (20%) arrivals/wk _____
 U5 _____ (20%) men (15-44) _____ (10%) departures/wk _____
 5-14 _____ (35%) 45+ _____ (15%) typical livelihood _____
 vulnerable groups _____

Security Officer in Charge _____ Camp Leader _____

Indicators incidents at site Y N type (murder, rape, assault) _____

Issues _____

Site Mgmt Lead Agency _____ Contact _____ Ph/Fax _____

Indicators original site use _____ area (m²) _____ area (m²/p) _____ (> 45)
 road access OK not OK problem _____
 water availability OK not OK problem _____
 drainage OK not OK problem _____
 building repair OK not OK problem _____
 electricity OK not OK problem _____

Issues _____

Water Lead Agency _____ Contact _____ Ph/Fax _____

Indicators site sources _____ open hours/d _____
 # wells _____ # bladders/tanks _____ # taps, h. pumps _____
 condition of units _____ user fees Y N amount _____ p/tap, h. pump _____ (< 250, 500)
 m to home _____ (< 500) # users waiting _____ queue time (') _____ (< 30)
 home sources _____ 10-20 L sm neck containers Y N overall L/p/d _____ (> 15)
 turbid Y N color Y N odor Y N
 chlorination Y N how _____ fecal coli/100 ml _____ (0)

Issues _____

Sanitation Lead Agency _____ Contact _____ Ph/Fax _____

Indicators # latrines _____ # full or blocked _____ (0) p/usable latrine _____ (< 20)
 latrine type and grouping _____ squat plate Y N
 visible feces Y N m from potable H₂O _____ (> 30) m from home _____ (< 50)
 handwash points Y N type (tap, bucket) _____ soap gm/p/mo _____ (> 250)
 cleaning supplies Y N maintenance teams Y N printed health messages Y N
 wash bucket Y N p/wash basin _____ (< 100)
 waste drums Y N m from dwelling _____ (< 100) families/container _____ (< 10)
 waste pits Y N vermin/vectors Y N type _____

Issues _____

Nutrition Lead Agency _____ Contact _____ Ph/Fax _____

Indicators date opened _____ hours open _____ staffing _____
admission criteria _____
current phase 1 census U5 _____ O5 _____ Total _____
current transition census U5 _____ O5 _____ Total _____
current phase 2 census U5 _____ O5 _____ Total _____
admissions last week U5 _____ O5 _____ Total _____
cumulative admissions U5 _____ O5 _____ Total _____
trend analysis _____
coverage _____ (rural > 50%, urban > 70%, camp > 90%) active case finding Y N
estimated unmet needs _____
medical protocol Y N reference _____
 hypoglycemia, hypothermia—D10 or F75
 ABC (dehydration, sepsis)—ReSoMal or RL + D5 or ORS
 GI, H (feeds)—F75 (initial); F100 +/- solid food (recovery)
 ID (3)—antibiotics (TMP/SMZ); antihelminths (mebendazole); +/- antimalarials
 adjuncts—vitamins A-D, minerals, measles vaccine, Fe (only in rehab phase)
underlying illnesses malaria Y N % _____ TB/HIV Y N % _____
referrals out Y N number last week _____ destination _____
discharge criteria _____
disposition _____
cure rate _____ (> 75%) death rate _____ (< 10%) default rate _____ (< 15%)
provider stated needs _____

Issues _____

Health Lead Agency _____ Contact _____ Ph/Fax _____

Indicators clinic on site Y N time/distance from camp _____ days/hours open _____
structure ok Y N # doctors _____ # nurses _____ # CHWs _____ # TBAs _____
running water Y N toilet/latrine Y N electricity Y N
exam rooms _____ ORS corner Y N overnight stay Y N
dispensary Y N drug shortages Y N IV fluid Y N
sharps container Y N med waste disposal _____ handwashing Y N
comms Y N referral transport Y N treatment fees Y N
standard case defs Y N treatment protocols Y N stats reporting Y N
case definition simple diarrhea _____
treatment simple pedes diarrhea _____ ORS prep demonstrated Y N
patients understand mechanism of diarrhea transmission Y N
total visits/wk _____ active case finding Y N % total pop/d _____ (< 1)
total deaths/wk _____ active death finding Y N deaths/10k p/d _____ (< 1)
total referrals/wk _____ referral destination _____ diseases referred _____
Total # cases (past wk) simple diarrhea _____ dysentery _____ visually confirmed Y N
 ARI _____ how diagnosed _____ (respiratory rate)
 measles _____ cold chain present Y N date of last campaign _____
 malaria _____ how diagnosed _____ falciparum Y N
 malnutrition _____ type _____ nutrition program Y N
 trauma _____ type _____
 psych _____ fear in population Y N reason _____
disease outbreaks Y N type & date _____ epidemic control plan Y N
provider stated needs _____

Issues _____

Community Priorities

Assessor Priorities

