

SITE 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 dwelling _____ (< 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 _____



Food/Nutrition Lead Agency _____ Contact _____ Ph/Fax _____

Indicators current foods _____ kcals/p/d _____ (> 2,100)
 household stores Y N recent changes Y N food security Y N
 food income (5 sources) crops Y N livestock Y N
 labor exchange Y N wild foods Y N relief Y N
 cash income (5 sources) crops Y N livestock Y N
 labor Y N borrowing Y N selling other assets Y N
 food distribution Y N type, quantity, frequency _____
 markets with food Y N communal kitchen Y N family kitchen & fuel Y N

Issues _____

Non-Food Lead Agency _____ Contact _____ Ph/Fax _____

Indicators mats/mattresses Y N blankets Y N kitchen sets Y N
 hygiene parcels Y N warehoused supplies Y N kinds _____

Issues _____

Shelter Lead Agency _____ Contact _____ Ph/Fax _____

Indicators # tents _____ # buildings _____ building materials _____
 sheeting Y N bednets used Y N shelter m²/p _____ (> 3.5)

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

