**Annex 6C – Risk and Capacity Assessment (adapted from Ethiopia MoH, MSF and AFRO IDSR)**

1. **General Information**

**Date of visit:**

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**Location:**

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| **Province** | **District** | **Town** | **Village/area** | **Treatment facility name(s)** |
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**Key persons met (local and partners)**

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| **Names** | **Functions** | **Organisation** | **Telephone** |
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**Members of the assessment team**

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| **Names** | **Functions** | **Organisation** | **Telephone** |
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**Basic information on assessment location**

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| Basic information |  |
| Approximate size of the population in the affected area (number of villages/districts) |  |
| Population density |  |
| Type of setting: Urban/rural/camp |  |
| Are there any specific places with high density populations (prisons, displaced camps, schools) |  |
| Are there any foreseen changes in context  -seasonal changes including rainy or dry season, flooding (note when)  -population movements including for gatherings or for trade  -mass gatherings  -security threats |  |
| Is this an area with specific trade routes and associated traffic (specify type such as fishing trade and the trading times of year) |  |
| Information on cases of cholera/AWD in the past 3-5 years, if data available what were the numbers and trends |  |

1. **Risk and capacity assessment in facilities (health and WASH)**

**Facility structure and standards**

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| Health catchment population total |  |
| What are the top causes of morbidity and mortality in the catchment area (% proportion of diarrhoea and age) |  |
| What is the % coverage of treatment with ORS and zinc |  |
| Average walking distance to facility ( <5 hours, >5 hours), is the treatment facility accessible to the community, if no, why |  |
| Service hours of operation, specify |  |
| Facility number of rooms, beds and capacity to expand (see part B of this assessment form for feasibility to become a CTC) |  |
| Is there a system of triage |  |
| Are guideline/flowcharts illustrating proper management of cholera cases available to health care workers and used |  |
| Does the facility have the necessary funding to continue services and accept a larger case load |  |
| Are services for cholera given for free, if not note cost |  |
| Is an ambulance available all the time |  |

**Surveillance, alert and early warning**

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| Does the facility have a standard case definition for cholera: note it here |  |
| Does the facility have a cholera registration book/line listing (get a copy or take a photo of it and attach) |  |
| Does the facility have the capacity to analyze gathered data (numbers, line graphs) |  |
| Is there a system to rapidly report suspected cases for immediate verification within 24 hours, what are the difficulties |  |
| What method of communications is being used or available to report cases and deaths (landline, mobile phone, radio, other or none), are community-based data reported to the facility |  |
| How often are data reported to central level, what are the difficulties |  |
| Does the facility have capacity to collect lab samples (test kits, Cary-Blair transport media)  -where are lab samples sent  -what are the challenges |  |

**Infection control**

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| Number and type of functioning latrines in facility and mechanisms of safe disposal of excreta and vomit, are they clean |  |
| Are the health care workers aware of and following proper infection control to avoid contamination (hand-washing, etc.) |  |
| How is water supplied in the facility, distance of water source from the facility, treatment practices and is there any storage |  |
| How many litres of water per patient are available in the center  -how many litres of drinking water  -and water for other uses |  |
| Is there a system to disinfect clothes and bedding, if yes, with what |  |
| Is there a system of waste management (pit, incinerator) |  |
| How is the waste water disposed or treated |  |
| Does the facility have a system to manage dead bodies of cholera patients, do staff know the procedure |  |

**Supplies**

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| Are there an appropriate amount of supplies at the facility and any stock-outs of ORS, IV fluids and tubing and needles, antibiotics, zinc, cholera beds, chlorine, soap, gloves, RDTs) |  |
| How is the supply chain managed and where are supplies obtained for regular programs and for emergencies, what are the challenges |  |
| Is a stock record card used and up to date |  |
| Are resources needed (cell phone access, phone line, internet) for communicating alerts and sending regular data |  |
| What is missing that is urgently required in case of an outbreak (supplies, staff, funding, space) |  |
| What is missing for medium term |  |

1. **Risk and capacity assessment outside health facilities**

**Water supply**

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| What types of water sources are available and being used (wells; borehole, pond, open river, rainwater harvesting)  -how has this changed recently (water supply shut off, drought, flood, population influx) |  |
| Is there a system that measure free residuals, is there a % target |  |
| Is there a system that measure turbidity, Coliforms, how often are these variables measured |  |
| Observe water sources and undertake a quick sanitary survey to identify key sources of contamination  - are there any interruptions in water supply  -are there any broken water sources in the area for drinking or non-drinking water sources  - is the community using the same water sources that are likely to be contaminated, if so what sources (river, borehole)  -are there any sanitation breaks or changes in the system or infrastructure that can lead to contamination |  |
| What are the measures undertaken to treat bulk drinking water supplies or water sources at community level  -is there a system to monitor chlorine levels and who is responsible  -are they working properly or has this changed recently |  |
| Observe or ask about type of water source used (spring, well, tap, water venders, stream, lake, river) and what they are used for (drinking, cooking, bathing), how has this changed |  |
| What are the measures undertaken at household level to treat/make drinking water safe (boiling; chlorination; filter through a cloth; ceramic filter; other method; none)  -are these functioning or has this changed recently  -are chlorination materials available for household water disinfection and does community have access to these |  |
| How is water stored in the home  -has this changed recently |  |
| What is the average quantity of drinking water per day  -has this changed and why |  |
| What is the average quantity for other uses including cooling per day |  |
| Are there standard guidelines for chlorination of community sources and are they at the community/household level |  |

**Excreta collection and disposal**

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| Are latrines are being used are they being used correctly |  |
| Are latrines placed to avoid contamination of water supply |  |
| Are septic tanks are used, where are their contents emptied |  |
| Is disposal of septic tank contents adequate for preventing disease transmission |  |
| Are sewers used, where does the wastewater go, is it treated |  |
| In areas without latrines or flush toilets, where do people defecate, is there evidence of open defecation |  |
| Is there evidence of overflowing latrines, septic tanks, and broken sewage pipes |  |
| Are latrines, septic tanks, sewers close to water systems: note distance, have the latrines good lighting and are separated for men and women |  |

**Waste disposal**

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| Is there a central waste collection service  -have there been any changes or interruptions |  |
| Is waste disposal close to habitation |  |

**Community and household hygiene and health promotion practices**

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| Is there a network of community-based health workers and are they trained on detecting and managing cholera |  |
| Are households provided with key messages on a regular basis (note how often and the last communications) including:  -how to protect themselves  -what to do when someone gets sick  -what ORS is and how to use it  -do households have ORS or where to get it  -when and how to wash hands  -how to safely dispose of faeces  -how to manage gatherings and funerals |  |
| Are IEC materials and key channels identified (radio, schools, TV, religious institutions, papers) |  |
| Do households have access to soap, to chlorine  -in which form  -do they know how to use the chlorine |  |
| ***In schools***  -does the school have treated water  -are there latrines? If so are they clean and have handwashing facilities  -is food prepared and under hygienic measures  -do teachers know what to do in the event of cholera  -are students given information on cholera |  |
| ***At funerals and gatherings (specify)***  -what is the traditional practice for burials  -is food served at gatherings  -are precautions undertaken to prevent cholera transmission at burials or gatherings (if so what) |  |
| ***In restaurants and markets,***  -is food served hot, freshly cooked and stored in hygienic manner  -is handwashing practiced by food servers  - are there any measures for hygiene and quality control regarding food vendors in the community and have these changed-is information provided to food handlers |  |
| How are dead bodies disposed of  -do family member come in contact with the body during burial ceremonies  -are bodies transported |  |

**Resources and supplies**

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| Are there sufficient stocks of chlorine, buckets with lids or Jerrycans, soap, IEC materials, medical equipment  -Please detail any stockout in the last month |  |
| Have any supplies been requested, to whom, when |  |
| How many stockouts the center experienced in the last month |  |
| Are there enough staff (hygiene promoters, sanitation engineers) |  |
| What is missing that is urgently required |  |
| What is missing for medium term |  |

1. **Cholera coordination and management**

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| Is there a cholera coordination committee at district level, is it multi-sectoral, note the key organizations |  |
| How often does the coordination committee meet |  |
| Is there a response plan |  |
| Is there a budget allocated for cholera control, note amount and for what |  |
| Has a list of needs been established according to assessment |  |

1. **Key risk factors (including level of capacity)**

In the assessment location with all partners in the team, determine the key risk factors (i.e high population density, risk of flooding, seasonal upsurges pending, possible breaks in water and sanitation systems, population movements predicted, see section 2.3.3 for risk factors) and make an estimate of the populations in this area at risk and expected cases if an outbreak in this location occurs.

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**ACTIONS TO BE TAKEN**

**Short term and URGENT**

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**Medium to long term**

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**Part B - CTC Feasibility**

This sample questionnaire can be used to assess the feasibility for a health facility to become a CTC during an outbreak (see **Annex 8E** for detailed specifications)

* What is the catchment population for the health facility?
* Are there any other primary or secondary care facilities providing AWD/cholera care that are also serving the catchment population?
* Where within the hospital grounds should the CTC be set-up? Why is this location the most suitable?
* How large is the land (dimensions in feet or meters)?
* Is the land flat or must it be levelled?
* What is the surface upon which the CTC will rest? Must a foundation be created (such as a concrete slab)?
* Is the land susceptible to flooding? How is it drained?
* Given the size and shape of the land what tent configuration is recommended (number and size of tents)?
* Is there a stable source of running water at this site? If not, how can one be created?
* What is the availability of potable/drinking water to the site?
* How will waste be managed from the CTC?
* What is the availability of latrines/bathrooms to the site? Are latrines/bathrooms separate for patients and staff?
* How will soiled bed linens and materials be handled (laundered or disposed)?
* What is the hospitals general facility for waste management? How does the hospital use any of the following: incinerator, on-site burial, municipal waste pick-up and dump?  
  Is there a stable source of electricity to this site?
* What, if any, additional security is needed for this site?
* Aside from open land on the hospital grounds, is there any other viable location?

**Staffing & Operations**

* How will the CTC be staffed? From which department(s) of the hospital will the staff be sourced?
* Does the health facility have the capacity to manage and operate the CTC?
* What will be the estimation running cost of the CCT as planned?
* What are the financing options for CTC if the hospital cannot cover all of the costs?
* What is the staffing plan for hospital?
* Is there secure storage for equipment, medicines or consumables if they arrive before the completion of the CTC?
* What are the greatest anticipated challenges?