**Rapid Health Assessment**

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| --- | --- | --- |
| Municipality | Village | MGRS Grid Ref |
| Agency | Name of assessor | Date |
| Source of information (give as much detail as possible – *give a telephone of someone in the village if possible*) | | |

**1. FACILITIES**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HOSPITALS** | LOCATIONS/ OWNERSHIP | ROOMS/BEDS/OCCUPANCY | SURGICAL FACILITIES | LABORATORY FACILITIES | STERILIZA-TION FACILITIES | MEDICAL SUPPLIES | POWER/ WATER/ WASTE DISPOSAL | PERSONNEL |
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| **CLINICS/ NURSING HOMES** | LOCATIONS/ OWNERSHIP | ROOMS/BEDS/ OCCUPANCY | FACILITIES | MEDICAL SUPPLIES | POWER/ WATER/ WASTE DISPOSAL | PERSONNEL |
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| **MEDICAL LABORATO- RIES** | LOCATIONS/ OWNERSHIP | FACILITIES/ CAPABILITIES | MEDICAL SUPPLIES | PERSONNEL |
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| **DRUGS/ SUPPLIES/ EQUIPMENT** | LOCATIONS/ OWNERSHIP | TYPES | QUANTITIES/ CONDITION | SHORTFALLS | RESUPPLY CHANNELS/ CAPABILITIES | STORAGE FACILITIES |
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| **PERSONNEL** | LOCATIONS/ NUMBERS | TYPES/ NUMBERS | TRAINING | SHORTFALLS |
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| Action |  |
| Recommendation |  |