

The PAHO/WHO Regional Response Team Evaluation Forms are an invaluable tool to assist with data collection during disaster or emergency situations. To be completed by members of the response team, these forms are designed to assist in the gathering of both qualitative and quantitative information necessary for analyzing the needs of the health sector, in this way facilitating decision-making for a rapid and effective response to victims of disaster.

For the majority of forms, several copies are included here so that they may easily be torn out and used for data collection in the field. Additional copies can also be printed from the accompanying Flash drive.

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Minimum requirements for water, sanitation, and nutrition

|  |
| --- |
| **Water (\*)a:** |
| Amount | 20 liters per person/day250 persons per water tap |
| Distance | Maximum distance from dwelling to water sources is 100 meters |
| Distance between latrines and water sources | Minimum of 100 meters |

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| **Sanitation:** |
| Latrine | 1 per 20 persons |
| Distance | Maximum distance from dwelling to latrine is 30 meters |
| Solid waste disposal | 1 disposal site per 500 persons (measuring 2 m x 5 m x 2 m; 2.2 yd x 5.5 yd x 2.2 yd |
| Soap | 250 g (8.8 oz) per person per month |

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| **Nutrition** |
| Energy | 2100 kilocalories per person per day |

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| **Kilocalorie (kcal) calculation table:** |
|  | Kilocalorie/100 g (3.5 oz) | Monthly ration per person |
| Cereals | 350/100 g (3.5 oz) | 13.5 kg (7.7 lb) |
| Beans | 335/100 g (3.5 oz) | 1.5 kg (3.3 lb) |
| Oil (vegetable) | 885/100 g (3.5 oz) | 0.8 kg (1.8 lb) |
| Sugar | 400/100 g (3.5 oz) | 0.6 kg (7.7 lb) |

|  |
| --- |
| **Nutritional values (\*)b:** |
| Protein | 10%–12% total energy (52–63 g),but < 15% |
| Fats | 17% of total energy (40 g) |
| Vitamin A | 1666 IU (or 0.5 mg retinol equivalents) |
| Thiamine (B1) | 0.9 mg (or 0.4 mg per 1000 kcal ingested) |
| Riboflavin (B2) | 1.4 mg (or 0.6 mg per 1000 kcal ingested) |
| Niacin (B3) | 12.0 mg (or 0.6 mg per 1000 kcal ingested) |
| Vitamin C | 28.0 mg |
| Vitamin D | 3.2–3.8 µg calciferol |
| Iron | 22 mg (low bio-availability, i.e., 5%–9%) |
| Iodine | 150 mg |

(\*) a Communicable diseases control in emergencies. A field manual edited by M.A. Connoley. OMS. 2005.

(\*) b The Sphere Project. Modified table: WHO (1997, draft) and World Food Programme/U.N. High Commissioner for Refugees (December 1997).

Logistics checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Duties | Description | Completed (\*)a | Personresponsible (\*)b | Comments (\*) c |
| Yes | No | Partial |
| Manage the health supply chain | Supply chain and personnel contracted for or assigned to logistics |  |  |  |  |  |
| Purchase | Selection, purchase, outsourcing |  |  |  |  |  |
| Storage and inventory | Manage warehouses |  |  |  |  |  |
| Transfer of inventory |  |  |  |  |  |
| IT, radios, communications | Functional networks |  |  |  |  |  |
| Communications center |  |  |  |  |  |
| Field offices |  |  |  |  |  |
| Transport | Merchandise |  |  |  |  |  |
| Means of transport |  |  |  |  |  |
| Manage transport contractors |  |  |  |  |  |
| Manage transportation fleet |  |  |  |  |  |
| Maintenance | Communications equipment |  |  |  |  |  |
| Medical equipment |  |  |  |  |  |
| Vehicles |  |  |  |  |  |
| Imports and donations | Manage documentation and procedures for imports and donations |  |  |  |  |  |
| Implement SUMA/LSS (other systems) | Management system for donations and supplies |  |  |  |  |  |
| Basic operational needs for Disaster Response Team | Housing, food, security, transport |  |  |  |  |  |

(\*) a Mark with an “x” when task has been completed.

(\*) b Write the name of the person responsible for the designated task.

(\*) c Include relevant observations.

**Health Situation (1)**

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| --- |
| **Rapid general assessment** |
| (Submit report as soon as possible) |
| Report number: # | Date prepared: |  |  |  | Time prepared: |
| Day | Month | Year |
| Prepared by: |
| Type of event: | Date of event: | No. of daysafter event \_\_\_ |
| Country: | Population No. (\*) a | Comments: (\*) b |
| Area affected (geographical region) by political/administrative division |  |  |
| Affected area |  |  |
| Department/State/Province | Municipality/District |  |  |
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(\*) a Enter the population for the area described.

(\*) b Provide any additional information that is needed for decision making.

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**Health Situation (1a)**

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|  **Rapid general assessment** |
| Site/Area (specify) | Victims (\*) a | Injured (\*) a | Comments (\*) c |
| Dead | Missing | Treated locally | Transferred for treatment (\*) b |  |
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| Site/Area (specify) | Difficulties in managing dead bodies | Comments (\*) c |
|  | Adequate morgue capacity | Other problems (\*) d |  |
|  | Yes | No |  |  |
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(\*) a Insert figures (numbers) for information requested.

(\*) b Number of patients referred to another facility because of their injuries or because local facilities do not have treatment capacity.

(\*) c Provide additional information and observations as necessary.

(\*) d Describe problems in comments section (e.g., identification, body bags, final disposal, coffin identification, refrigeration, personnel, etc.).

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**Health Situation (2)**

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| **Damage to the health network** |
| Hospital region (\*) a | Total No. of hospitals (\*) b | Names of hospitals affected (\*) c | Level of care provided by hospital (\*) d | Available beds (No.) (\*) e | Available services (\*) f | Accessible (\*) g | Comments (\*) h |
| Total damage | Partial damage | Primary (1),Secondary (2),Tertiary (3) |  |  | Yes | No |  |
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(\*) a Record the health region served by the facilities registered.

(\*) b Record the number of hospitals in the region; this will assist in reallocating health services.

(\*) c Record the name of the facility under “total” or “partial” damage, as appropriate.

(\*) d In accordance with the country scale, record the level of complexity of the facility, distinguishing between higher and lower levels of specialization.

(\*) e Record the number of beds that are available and functional in the facility.

(\*) f Record the functional hospitals and what services are provided and available (surgery, anesthesia, orthopedics, neurology, etc.).

(\*) g Record whether or not the facility is accessible.

(\*) h Use this column for information about damages in each health facility and relevant information about rapid solutions. Describe damages to each facility.

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**Health Situation (3)**

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| **Information on emergency shelters (general)** |
| Site/Area of shelter (\*) a | Name of shelter (\*) b | Population in shelter (\*) c | Official shelter (\*) d | Improvised shelter (\*) e | Shelter in homes of relatives (\*) f | Receives medical care (\*) g | Reports to epide-miologic surveillance system (\*) h | Comments (\*) i |
|  |  |  | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |  |
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(\*) a Identify the location and address.

(\*) b Provide the name of the shelter.

(\*) c Insert the estimated number of people in shelters in the area.

(\*) d Provide name or location of official shelter(s).

(\*) e Provide name or location of improvised shelter(s).

(\*) f Provide location where significant numbers of people are sheltered with families.

(\*) g Mark with an “x” whether or not the shelter receives medical care.

(\*) h Mark with an “x” whether or not the shelter reports to epidemiologic surveillance system.

(\*) i Provide additional relevant information for each location.

**Health assessment of adults over 60 years old (1)**

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| --- |
| **Rapid general assessment** |
| Location/area | Name of shelter or facility | No. of adults > 60 yrs | No. of adults with special needs | Injured or ill | Deaths | Comments (\*)c |
| Chronic illness | Functional needs (\*)a | Local treatment available | Evacuation needed? (\*)b |
| M | F | M | F | M | F | M | F | M | F | M | F |
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(\*) a Patients with auditory, vision, mobility, or other functional limitations. Provide details under comments.

(\*) b Patients who need to be relocated because of injuries, illness, or because treatment is not available.

(\*) c Expand on or specify requirements or findings not explained in the table and that will assist in decision making.

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**Health assessment of adults over 60 years old (2)**

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| **Health and housing** |
| Location/Area | Name of shelter or facility | No. living with relatives | Living alone | Comments: |
| With chronic illness | With functional limitations (\*)a | With special nutritional needs (\*)b | With chronic illness | With functional limitations (\*)a | With special nutritional needs (\*)b |
| M | F | M | F | M | F | M | F | M | F | M | F |
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(\*) a Functional, auditory, vision, mobility, or other limitations. Provide details under comments.

(\*) b Soft diet, low in sodium, sugar, or other special requirements; specify under comments.

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**Health assessment of adults over 60 years old (3)**

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| **Adults living in emergency shelters** |
| Location/Area | Shelter or facility | Total population in shelters | Adults >60 years old in shelters | Adults >60 years old with chronic illness | Adults >60 years old with functional limitations | Adults >60 years old with special nutritional needs | Comments |
| M | F | M | F | M | F | M | F | M | F |
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**Health assessment of adults over 60 years old (4)**

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| **Nursing home infrastructure** |
| Location/Area | Name of facility | No. of Residents | Level of damage | Comments |
| Total | M | F | Total (\*)a | Partial (\*)b |
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(\*) a Total damage: irreparable damage.

(\*) b Partial damage: not totally destroyed; can be repaired or rebuilt.

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**Health assessment of adults over 60 years old (5)**

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| **Needs of residents of nursing homes** |
| Location/Area | Name of facility | No. of residents with chronic illness | No. of residents with functional limitations | **No. of residents with special nutritional needs** | Comments |
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**Mental health checklist**

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| --- | --- | --- | --- |
| Assessment issues | Yes | No | Comments |
| 1. Regulatory agency (\*)a |  |  | Name of agency: |
| Contact telephone number: |
| 2. Mental health plan for disasters exists (\*)b |  |  |  |
| 3. Available resources (\*)c |  |  |  |
| Financial |  |  |  |
| Human |  |  |  |
| Equipment and logistics |  |  |  |
| 4. Priority areas for intervention (\*)d |  |  |  |
| **(\*)e ASSESSMENT OF MENTAL HEALTH DISASTER PLAN** |
|  | Yes | No | Comments |
| 1. Protocols and procedures arranged |  |  |  |
| 2. Objectives |  |  |  |
| 3. Preliminary diagnosis |  |  |  |
| 4. Psychosocial treatment |  |  |  |
| 5. Training and strengthening of local mental health system |  |  |  |
| 6. Promotion and education in mental health |  |  |  |
| 7. Social communication |  |  |  |
| 8 Community organization |  |  |  |
| 9. Inter-sectoral coordination |  |  |  |
| 10. Epidemiologic surveillance |  |  |  |
| 11. Referrals/counter-referral |  |  |  |
| Other agencies/NGOs (\*)f | Treatment sites | Resources | Activities | Responsible party |
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(\*) a Record whether a regulatory agency exists for psychological and social assistance and support. Identify the agency.

(\*) b Record whether or not a plan for mental health in disasters exists and is being applied.

(\*) c Record whether or not financing is included in the plan.

(\*) d Record whether or not the plan identifies sites and communities where intervention should be given priority.

(\*) e Record whether or not the plan addresses these issues.

(\*) f Indicate whether or not agencies or NGOs are working in mental health and where the work is conducted.

**Assessment of water systems**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Location/site | Total popu-lation (\*)a | Water service available (\*)b | Water treated (\*)c | Damage to water sources (\*)d | Damage to water storage tanks (\*)d | Damage to pipelines (\*)e | Estimated time required for repair (\*)f | Local resources for repair (\*)g | Comments (\*)h |
| Yes | No | Population | Yes | No | Yes | No | M3 | Yes | No | M3 | Yes | No | tm | Days/months/years | Yes | No |
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(\*) a Approximate population of area of reference.

(\*) b Mark with an “X” whether or not the water service is available.

(\*) c Mark with an “X” whether or not the water has been treated; note in the comments if water treatment status is unknown.

(\*) d Mark with an “X” whether or not water sources and storage tanks have been damaged, and cubic meters of capacity lost as a result

(\*) e Mark with an “X” whether or not pipelines were damaged and the approximate number of linear meters damaged, if known.

(\*) f Indicate in days, months, or years, the estimated time required to repair the system, if known.

(\*) g Mark with an “X” whether or not there are local resources (i.e., personnel, piping, supplies) to repair the system.

(\*) h Provide additional relevant information for each item in the comments column. If damage occurred at a site but complete information is unavailable, make a note of that in the comments column.

**Water quality control**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | Water sample site/location (\*)a | Date of sample (day/mo/yr) | Disinfection agent (\*)b | Residual chlorine (\*)c | Responsible party (\*)d | Comments (\*)e |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |
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| 11. |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |

(\*) a Identify the site where the water sample is taken, so that it can be located easily for subsequent testing.

(\*) b Name or symbol of agent used to disinfect water (e.g., Cl, Ag, etc.).

(\*) c Note the amount of chlorine found, or enter “NA” for not applicable.

(\*) d Enter the name of the person responsible for measurements or sampling.

(\*) e Include relevant comments on: sanitation, hygiene, water distribution or supply, and water storage capacity, and possible solutions to shortfalls in supply.

**Assessment of sanitation in shelters**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Site (\*)a | No. of persons in shelter | Liters of water (\*)b | Environmental sanitation | Food safety oversight (\*)c | Specify other concerns | Comments (\*)d |
| Adequate excreta disposal (\*)c | Drainage for waste water (\*)c | Solid waste disposal (\*)c |
| Yes | No | Yes | No | Yes | No | Yes | No |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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(\*) a Provide name or location of shelter, to make it easy to find it at a later date.

(\*) b Indicate approximate number of liters of water provided daily to the shelter. Write “none” if there is no water service, or “NF”(not functional) if supply is irregular.

(\*) c Indicate whether or not the service exists in the shelter, and “NF” (not functional) if the service is irregular or requires repair.

(\*) d Record sufficient and relevant information about a problem so that it can be resolved.

**Post-disaster assessment of damage to health facilities**

|  |
| --- |
| Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of beds: \_\_\_\_\_\_ Pre-disaster: \_\_\_\_\_\_Name of assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post-disaster: \_\_\_\_\_ |
|  | Service status | Human resources | Supplies | Equipment | Infrastruc-ture | Comments |
| General medicine |  |  |  |  |  |  |
| General surgery |  |  |  |  |  |  |
| Obstetrics/gynecology |  |  |  |  |  |  |
| Pediatrics |  |  |  |  |  |  |
| Operating room |  |  |  |  |  |  |
| Outpatient clinic |  |  |  |  |  |  |
| Emergency unit |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Pharmacy |  |  |  |  |  |  |
| Radiology |  |  |  |  |  |  |
| Laboratory |  |  |  |  |  |  |
| Physical therapy |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Laundry room |  |  |  |  |  |  |
| Central sterilization unit |  |  |  |  |  |  |
| Nutrition |  |  |  |  |  |  |
| Transport |  |  |  |  |  |  |
| Morgue |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Electricity |  | N/A | N/A |  |  |  |
| Water supply |  | N/A | N/A |  |  |  |
|  |  |  |  |  |  |  |
| Telephones |  | N/A | N/A |  |  |  |
| 2-way radio |  |  |  |  |  |  |

Note: Use the appropriate code for each box; include any explanations under “Comments”.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Code | Conditions of service | Staffing | Supplies | Equipment | Infrastructure | Code |
| **0** | No service | No staff | No supplies | Not functional | Not functional | **0** |
| **1** | Only emergency services | Only emergency personnel | Only emergency supplies | Moderate damage; limited function | Moderate damage; limited function | **1** |
| **2** | Limited service | Limited personnel | Limited supplies | Minor damage; functional | Minor damage | **2** |
| **3** | Normal service | Normal staffing | Normal supplies | No damage | Functional | **3** |
| **X** | Service is not normally available | Personnel not normally available | Supplies not normally available | Equipment not normally available | No damage | **X** |

**Post-disaster epidemiologic surveillance equipment**

|  |  |  |
| --- | --- | --- |
| **Equipment** |  | * Disposable syringes/needles (10cc)
 |
|  | * Vacutainers (red top) and needles
 |
|  | * Sterile plastic containers, sodium thiosulfate for water samples
 |
|  | * Disposable sampling tools
 |
|  | * Chlorine test kit with color comparator and extra reagents
 |
|  | * Alcohol swabs in individual packets
 |
|  | * Disposable clothing
 |
|  | * Fluorescing tablets
 |
|  | * Forms for evacuation (from health facility)
 |
|  | * Forms for investigation of food-borne illnesses/gastroenteritis
 |
|  | * Forms for investigation of viral hepatitis, diphtheria, poliomyelitis, typhoid, dengue, tetanus, and malaria, as deemed necessary for surveillance
 |
|  | * White paper pads
 |
|  | * Mapping pins
 |
|  | * Graph paper
 |
|  | * Ruler
 |
|  | * Sanitizer test tape
 |
|  | * Thermometers (dial type—10 to 110)
 |
|  | * Metric measuring tape
 |

|  |  |  |
| --- | --- | --- |
| **Possibleextraequipment** |  | * Portable Millipore equipment for water analysis (1)
 |
|  | * Ultraviolet light
 |
|  | * Standard household measure (500 ml)
 |
|  | * Clip boards
 |
|  | * Magnifying glass
 |
|  | * Collection vials (1 doz.)
 |
|  | * Compass, GPS
 |
|  | * *Plumb rod (1)*
 |
|  | * *Spirit level (1)*
 |
|  | * *Mosquito larvae (dipper)*
 |
|  | * Aspirator with stoppered tubes (mosquito collection)
 |
|  | * Water pressure gauge, positive and negative pressures
 |
|  | * Hand *(level)*
 |
|  | * *Rapid test kit for phosphastase*
 |

**Daily epidemiologic surveillance form (symptomatic) (\*)a**

|  |
| --- |
| Name of hospital, health care facility, shelter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Location (town/district)Person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Health status/symptoms** |
| Signs, symptoms, or conditions | Age group |
|  | <5 | 5 - 14 | 15 - 54 | 55+ | Total | Comments |
|  | M | F | M | F | M | F | M | F |  |  |
| Fever |  |  |  |  |  |  |  |  |  |  |
| Fever and cough |  |  |  |  |  |  |  |  |  |  |
| Fever and urticaria (skin rash) |  |  |  |  |  |  |  |  |  |  |
| Fever and petechiae (hemorrhagic spots on skin) |  |  |  |  |  |  |  |  |  |  |
| Diarrhea |  |  |  |  |  |  |  |  |  |  |
| Jaundice |  |  |  |  |  |  |  |  |  |  |
| Other conditions(name them) |  |  |  |  |  |  |  |  |  |  |
| Injured (\*)b |  |  |  |  |  |  |  |  |  |  |
| Deaths (\*)b |  |  |  |  |  |  |  |  |  |  |
| Patients with disabilities (\*)b |  |  |  |  |  |  |  |  |  |  |
| Patients with chronic illness (\*)b |  |  |  |  |  |  |  |  |  |  |
| Other important health information (\*)c |  |  |  |  |  |  |  |  |  |  |

(\*) a In shelters, this form is designed for use by non-health personnel with some medical knowledge. The aim is to gather information

 on a daily basis from shelters and to inform and alert medical personnel responsible for the area about health conditions in the

 disaster-affected population, and to assist in decision making.

(\*) b Write the condition and name of person affected.

(\*) c Record only new cases occurring for the day.

**Sanitation assessment in shelters (1)**

|  |
| --- |
| **1. GENERAL INFORMATION** |
| Name of shelter: | Location: |
| Person responsible for shelter: | Telephone: |
| Approximate area of shelter (m2): | m2 |  |
| Total population in shelter: |
| Origin of displaced population |
| Urban area (\*)a | Rural area (\*)a |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **2. POPULATION DISTRIBUTION** |
|  | Men | Women | Comments |
| Less than 1 year old |  |  |  |
| 1-4 years old |  |  |  |
| 5-14 years old |  |  |  |
| 15-59 years old |  |  |  |
| 60+ years old |  |  |  |
|  |
| Persons with chronic illness (\*)b |  |  |  |
| Persons requiring speciliazed medical treatment (\*)c |  |  |  |
| Persons with disabilities requiring specialized care (\*)a |  |  |  |
| General observations |  |

(\*) a Describe area of origin of displaced persons living in shelters

(\*) b Record the number of people; name each person and his/her location in the shelter; describe his/her illness and

 relevant medical treatment..

(\*) c Describe special medicine or treatment required. This information should be sent to health personnel.

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**Sanitation assessment in shelters (2)**

|  |
| --- |
| **3. DRINKING WATER SUPPLY** |
| Drinking water is available: | Yes ❑ | No ❑ |
| Source of water: ❑Public network ❑ Cistern truck or pipe ❑ Well ❑ Stationary tank❑ Other source (specify)Frequency of delivery: ❑ Daily ❑ Weekly ❑ Other (specify) |
| Water storage: | Comments (\*)a |
| Tank: | Capacity m3\_\_\_\_\_\_\_\_\_\_ | Material:\_\_\_\_\_\_\_ | Condition:❑ Satisfactory❑ Unsatisfactory |  |
| Other systems: | Capacity m3 | Material | Condition: |  |
| Water treatment:  | ❑ Yes | ❑ No Treatment used (\*)b \_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Sedimentation ❑ Filtration ❑ Disinfection ❑ Others (specify chemical) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Quality control conditions: ❑Yes ❑NoFrequency: ❑ Daily ❑ Weekly ❑ Other |
| **4. EXCRETA DISPOSAL** |
| Excreta disposal system exists: | ❑ Yes | ❑ No | Comments: |
| ❑ Sewage system ❑ Latrines ❑ Septic tank❑ Portable units (chemical) | ❑Other system (specify) |  |
| Storm drainage exists: | ❑ Yes | ❑ No | ❑ Condition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Availability of bathrooms: |
| Element | Number | Condition | Comments/ Recommendations |
| Children | Women | Men | Good | Poor |  |
| Bathrooms |  |  |  |  |  |  |
| Toilets |  |  |  |  |  |  |
| Wash basins |  |  |  |  |  |  |
| Showers |  |  |  |  |  |  |
| Urinals |  |  |  |  |  |  |
| Community participates in cleaning: | ❑ Yes | ❑ No |  |
| Frequency of ❑ Daily ❑ Every other day ❑ Weeklycleaning: |  |
| Security for users: ❑ Yes ❑ No |  |
| Distance from the shelter: \_\_\_\_\_\_ meters |  |
| Distance from the source: \_\_\_\_\_\_ meters |  |
| Water and supplies for cleaning available: ❑Yes ❑No |  |

(\*) a List the tanks to identify and locate them for sampling purposes (if necessary, write on the back of this form).

(\*) b Provide the chemical name and frequency of use.

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**Sanitation assessment in shelters (3)**

|  |
| --- |
| **5. SOLID WASTE** |
| Indoor collection | Comments |
| Adequate indoor collection: ❑ Yes ❑ No |  |
| Adequate number of receptacles (trashcans): ❑ Yes ❑No |  |
| Condition of receptacles: ❑ Good ❑ Poor ❑ Adequate |
|  Name of person responsible: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Frequency of collection: | ❑ Daily ❑ Weekly |  |
| Adequate outside collection: | ❑ Yes ❑ No |  |
| Condition ofreceptacles: ❑ Good ❑ Poor ❑ Adequate |  |
| Name of person responsible: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Frequency of collection: ❑ Daily ❑ Every other day ❑ Weekly |  |
| Shelter cleanliness |  |
| Adequate cleaning of shelter: ❑ Yes ❑ No |  |
| Community participates in cleaning: ❑ Yes ❑ No |  |
| Name of person responsible: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Frequency of cleaning: ❑ Weekly ❑ Every other day ❑ Daily |  |
| **6. VECTOR CONTROL** |
|  | Comments |
| Detection of breeding sites: ❑ Yes ❑ No |  |
| Control measures applied: ❑ Yes ❑ No |  |
| Detection of vectors/rodents:❑ Yes ❑ No | Which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Control measures applied: ❑ Yes ❑ No |  |
| Institutions or agencies responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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**Sanitation assessment in shelters (4)**

|  |
| --- |
| **7. FOOD** |
| Kitchen assessment:❑ Adequate ❑ Inadequate ❑ Needs/Options | Comments/Recommendation |
| Person in charge of food:  |  |
| Fuel used:❑ Kerosene ❑ Gas ❑ Wood ❑ Coal❑ Other ❑ Which? |  |
| Hygiene:❑ Good ❑ Poor |  |
| Safety measures: | ❑ Adequate ❑ Inadequate |  |
| Infrastructure: | ❑ Adequate ❑ Inadequate |  |
| Behavior standards: | ❑ Yes ❑ No |  |
| Assessment of foods: |  |
| Refrigeration: | ❑ Yes ❑ No |  |
| Preservation: | ❑ Adequate ❑ Inadequate |  |
| Sufficient food: | ❑ Yes ❑ No |  |
| Regular supplies: | ❑ Yes ❑ No |  |
| Describe problems: |  |  |

**Calculating malathion application rate (1)**

|  |
| --- |
| **1.** **Determine the application method. Read the product label to verify the application rate for specific formulations.** |
| A. Malathion thermal fog (manually or from vehicle); WHO recommended application rate= 8 oz/acre |
| **2.** **Calculate the area to be treated** |
| A. Calculate the area to be treated (communities where dengue is present or adult mosquito control is necessary). For thermal fogging, calculate the proportion of the total area to be treated, since the entire area between towns or communities is not treated. |
| B. Conversion factors1) 1 square mile = 640 acres2) 1 square kilometer = 247 acres3) 1 hectare = 2.5 acres |
| **3.** **Calculate the total amount of malathion at the required concentration** |
| A. (Area to be treated) X (application rate in acres). Read the product label to determine the rate in the scale used in your country (miles, kilometers, hectares, acres) |
| **4.** **Calculate the amount of fuel needed for fogging (chemical control label) to verify the application rate of a specific formulation.** |
| Example: Concentration (96% malathion mixed with diesel to produce 6.25% malathion mixture) 16 gallons of diesel need for each gallon of malathion. |
| **5.** **Example: Calculation of malathion and diesel needed for each fogging application (manual spray) in mosquito control area of 7 square miles.** |
| Example:Treatment area 7 square miles (small communities close to other communities) 7 sq mi X 640 acres/sq mi = 4,480 acresApplication rate for fog is 8 oz/acre x 4,480 acres = 35,840 oz malathion; (1 gallon =128 oz)35,840 oz/128 oz = 280 gallons malathion required concentrationDiesel required: 280 gallons malathion x 16 gallons of diesel fuel = 4,480 gallons diesel |

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**Calculating malathion application rate (2)**

|  |
| --- |
| If residential areas are the only locations to be treated (for example, rather than uninhabited areas lying between untreated communities), calculate the proportion of the total inhabited area, and reduce the total quantity of diesel and malathion mixture accordingly. For example, if residential areas comprise only 75% of the 7 acres affected by flooding, reduce the total amount of malathion and diesel by 25%. |
| Combine the calculation of fogger teams needed to treat homes in the affected area. |
| 1. Number of houses to be treated2. Number of houses that can be treated daily by one fogger team.3. Calculate the number of days needed by a team to treat the entire area (e.g., 5-7 days).4. Calculate how many fogger teams will be needed to treat all houses in the desired time period. |
| **Example** |
| 1. The census indicates that 20,000 people live in the affected area; with an average of 5 people per house, for a total of 4,000 houses in the area (the census might provide the number of houses).2. Past experience shows that a two-person fumigation team can treat a maximum of 200 homes daily (3 hours in the morning and 3 hours at night).3. 4,000 houses/200 houses daily = 20 days for a single application round per two-person 40 worker-days.4. If the round must be completed in 5 days, 40 worker-days/5 day round = 8 workers are needed to carry out the job. This assumes that they have rapid access to sites, repair parts, and mechanics to maintain the equipment. |

**Rapid general assessment (\*)**

|  |  |  |
| --- | --- | --- |
| Event: | Date: | Time: |
| **Location** |
| Locations affectedAreas closest to affected city | Request for international assistance: |
| **Situation** |
| Number evacuated: | Affected population: |
| Number missing: |  |  |
| Number injured: | Extent of flooding |  |
| Current weather |  |  |
| **Summary of event** | **Damage assessment** | **Hazard assessment** |
| General: | Damage to housing |  |
| Number of displaced persons | Damage to infrastructure |  |
| Damage to transportation infrastructure |  |
| Displaced population | Damage to public services/lifelines:- Electricity- Water - Communications- Gas - Sewerage- Medical - Other | Security: |

|  |
| --- |
| **INITIAL DAMAGE ASSESSMENT** |
|  | Initial report | + 6 hours | + 12 hours | + 18 hours | + 1 day | + 2 days |
| Reported deaths |  |  |  |  |  |  |
| Reported injuries |  |  |  |  |  |  |
| Reported missing |  |  |  |  |  |  |
| Directly affected population |  |  |  |  |  |  |
| Displaced (total) |  |  |  |  |  |  |
| Displaced in official shelters |  |  |  |  |  |  |
| Houses damaged |  |  |  |  |  |  |
| Houses destroyed |  |  |  |  |  |  |
| Hospitals affected |  |  |  |  |  |  |
| Water supply affected (%) (specify urban or rural) |  |  |  |  |  |  |

|  |
| --- |
| **STATUS OF OPERATIONAL RESPONSE BY AGENCIES AND ORGANIZATIONS** |
|  | Date of response | Perceived response capacity |
| Agency |  |  |
| National government |  |  |
| Civil Defense/Civil Protection |  |  |
| OCHA |  |  |
| National Red Cross |  |  |
| International Committee of the Red Cross |  |  |
| UNDAC |  |  |
| UNICEF |  |  |
| UNHCR |  |  |
| UNDP |  |  |
| WFP |  |  |
| PAHO/WHO |  |  |
| NGOs |  |  |
| **PED (PAHO/WHO)** |
| Current PED strategy |

(\*) This information will be useful for the preparation of the Sitrep.

**Sample situation report (SITREP)**

|  |  |
| --- | --- |
| Event: |  |
| Date of event: |  |
| Specific area of impact: |  |
| Date of report |  |
| **1.** **Brief description of adverse event (include information about deaths, injuries, displaced population, houses destroyed):** |
| **2. Impact of the event:****a.** **Impacts on health of the population (displacement to shelters, obstacles to accessing health services, lack of access to health service locations):****b.** **Impacts on water/environment: (dinking water, vectors, negative environmental impacts, negative changes in services including drinking water, power, trash collection):****c.** **Impacts on health and other infrastructure (e.g., hospitals damaged):** |
| **3.** **If a preliminary damage and needs assessment exists, provide a synthesis of that report. If the needs assessment does not exist, omit this item and send the damage and needs assessment information at a later date.** |
| **4.** **General information about actions being taken in the health sector (Ministry of Health, PAHO/WHO, United Nations, Red Cross, other actors):****5.** **Was an emergency declared?****6.**  **Was international assistance requested?** |
| **7.** **Most urgent needs in the health sector as identified by the county or PAHO/WHO.** |

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Before sending this report, be sure that it provides clear answers to the following questions:****• What is happening?****• Why is the event important? (Implications and possible impacts on health)****• What are the main needs? What are the health sector and PAHO doing to respond?****• Is international assistance needed at this time?****• Taking into account actions taken in response to prior events of this nature, will international resources or assistance be needed?****Take into account:****• It is important that you send this report as quickly as possible.** **• Avoid writing long or complicated reports.****• Clearly indicate the sources of your information.** |

**Checklist for communication in emergencies (\*)**

|  |
| --- |
| **1. Completed rapid assessment of information and communication needs during the emergency?**❑ YES ❑ NO |
| **2. Needs are:*** Internal? ❑ YES ❑ NO
* Need advisor? ❑ YES ❑ NO
* Need strategy for working with communication media? ❑ YES ❑ NO
* Team is available? ❑ YES ❑ NO
* Communication plan exists? ❑ YES ❑ NO
* Will work with national and international counterparts? ❑ YES ❑ NO
 |
| **3. Are the following aspects of information management and production understood?*** Collection of information? ❑ YES ❑ NO
* Production? ❑ YES ❑ NO
* Analysis? ❑ YES ❑ NO
* Dissemination of information? ❑ YES ❑ NO
 |
| **4. Are the following people familiar with these mechanisms?*** Staff of PAHO/WHO Representative (PWR)? ❑ YES ❑ NO
* Regional Disaster Response Team? ❑ YES ❑ NO
 |
| **5. Does information flow from following entities?*** Ministry of Health? ❑ YES ❑ NO
* Regional Disaster Response Team? ❑ YES ❑ NO
* International organizations? ❑ YES ❑ NO
* Other staff of PAHO/WHO Representative (PWR) who are involved in emergency response?

❑ YES ❑ NO* Regional PAHO/WHO office? ❑ YES ❑ NO
 |
| **6. Have procedures been established for the following?*** Evaluation of information? ❑ YES ❑ NO
* Organization of information? ❑ YES ❑ NO
* Monitoring information? ❑ YES ❑ NO
 |
| **7. Is information exchange maintained with the following?*** EOC (National and PAHO/WHO in Washington, D.C.)? ❑ YES ❑ NO
* PAHO/WHO Situation Room? ❑ YES ❑ NO
* Ministry of Health Situation Room? ❑ YES ❑ NO
* U.N. agencies? ❑ YES ❑ NO
 |
| **8. Are procedures and scheduling clear for the preparation, clearance, and distribution of situation reports (SITREPS)?** ❑ YES ❑ NO |
| **9. Have the following been defined?*** Relationships with the communication media? ❑ YES ❑ NO
* Visibility strategies for PAHO/WHO? ❑ YES ❑ NO
 |
| **10. Have needs been identified for health promotion materials?**❑ YES ❑ NO* Are there personnel available to develop these materials?

❑ YES ❑ NO |

(\*) Provide additional relevant information for each question if it is needed.

**Preventing information management problems**

|  |  |
| --- | --- |
| * Establish clear and flexible measures for gathering, processing, verifying, and approving information. This applies to internal information pertaining to Disaster Team issues, as well as information shared between PAHO/WHO and national authorities.
* Get answers to these questions: Who prepares what, when, and what are the contents? Who informs whom, when, and with what information? Who approves the information before it is made public?
* The measures used for gathering and analyzing information should be shared by all team members. If everyone is familiar with the methods, formats, and procedures, the results will be uniform and the process more efficient.
* Always seek a balance between speed and quantity/quality of the information.
* Establish clear procedures for regular production and distribution according to the needs of those requesting information (e.g., PAHO/WHO Emergency Operations Center in Washington, D.C., U.N. agencies, PWR, etc.).
 | * Avoid claiming excessive prominence in emergency management. Anticipating and controlling political sensitivity are important elements at all levels of emergency management.
* Anticipating the most complex situations and having an organized and efficient use of resources can be accomplished if there is prior planning and if tasks are completed before an emergency. Prior planning also allows for better management of people who join the team.
* Make sure that all communication media have equal access to information about the emergency situation, its impact on the population, relief activities, and how the situation is developing. Take the time to understand and satisfy the media’s demands for information.
* Review materials on health promotion that might be relevant during the ongoing emergency situation. If new materials have to be developed, be sure to involve the health promotion team from the ministry of health and experts in different disciples (e.g., water and sanitation, epidemiology, vector control, nutrition, mental health, health services, and communication).
 |

**Appeal for international assistance *(flash appeal)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Executive summary (1 page)** * Brief description of the situation
* Priority needs and response plan
* Requested amount (in US dollars)
* Time period covered by appeal (not to exceed 6 months)

**2. Context and humanitarian consequences (1.5 pages)****Context** * What happened?
* Where?
* What has occurred since the onset of the crisis? For example: (e.g., government has agreed to accept international assistance; immediate response by international agencies; field assessments carried out)
* What are the best, worst, and most likely scenarios regarding the evolution of the crisis?

**Humanitarian consequences*** Who has been most affected and why? Provide estimates, if possible, of most affected groups, disaggregated by sex and age.
* What are the needs of specific groups, disaggregated by sex and age? What are the direct and immediate results of the crisis?
* What would be the needs in the best and worst cases, and in the most likely scenarios?
* What are the priority sectors needing response? Follow the IASC standards, i.e.: displaced persons, non-food items, health (including nutrition and psycho-social treatment) water and sanitation, food, agriculture, protection of human rights, education, demining actions, coordination and support services, economic recovery.

**3. Response plans (1 page)****For each sector that the country team decides to include, describe:** * Objectives (no more than two; each should be specific and quantifiable).
* Humanitarian actions that can be carried out during the time span of the flash appeal (no more than six months)
* Expected results and impacts

**Example of table: do one table per project and leave spaces between tables.**

|  |
| --- |
| HEALTH SECTOR |
| PAHO/WHO | Project title | Amount required (do not include dollar sign) |
| Objectives: |
| BeneficiariesTotal number:No. of women and children |
| Partners in carrying our project |

**Roles and responsibilities** * How is the response coordinated and who are the responsible parties in the government and U.N.? (maximum 10 lines)
* Table showing cluster/sector leads by sector, and principal humanitarian actors by sector (e.g., government, United Nations, Red Cross and Red Crescent Societies operating in the country, NGOs)
 |

**Central Emergency Response Fund (CERF)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| **CERF** |  |
| Date: |  |

To be filled by CERF Secretariat |

|  |  |
| --- | --- |
| **Requesting agency:** | **PAHO/WHO** |
| **Project title** |  |
| **CAP/flash appeal project code:** |  |
| **Sector:** |  |
| **Targeted beneficiaries:** |  |
| **Implementing partners:** |  |
| **Total project budget:** |  |
| **Amount requested from CERF:** |  |

**Project Summary**

Summarize the situation and its impact on the health sector. Include affected population, access to services, and identify the immediate life-saving needs. Explain why project is a priority and how project will address the CERF life-saving criteria. Description of the CERF component of the Project

**Description of the CERF Component of the Project**

**(a) Objective**

Explain objective of the project.

**(b) Proposed activities**

**List proposed activities, keeping in mind life-saving criteria.**

**(c) Expected outcomes**

Describe expected outcomes of each of the proposed activities, and the improvements expected at the end of the activity.

**(d) Implementation plan**

In a short paragraph, state who will participate and how the plan will be executed.

**Budget** *(CERF component only)*

|  |  |
| --- | --- |
| **Cost breakdown** | **Amount (USD)** |
| **A. Staff costs** *(salaries and other entitlements)* |  |
| **B. Travel** |  |
| **C. Contractual services** *(please itemize below; add rows if necessary)* |  |
| **D. Operations** *(please itemize below; add rows if necessary)* |  |
| Logistical costs % |  |
| **E. Acquisitions** *(please itemize below; add rows if necessary)* |  |
| **F. Other** |  |
| **Subtotal project requirements** |  |
| **G. Indirect programme requirements** *(not to exceed 7% of subtotal project costs)* |  |
|  |  |
| **Total Cost** |  |

**Action card for PAHO/WHO Representatives (PWRs)**

|  |  |
| --- | --- |
| **Your role is strategic and political:*** In accordance with an accurate and independent assessment, determine whether the situation merits the declaration of an internal state of emergency.
* Activate the emergency plan for the PWR Office and operate in emergency mode.
* Meet regularly with PWR Office staff to share information regarding decisions and support of the host country.
* Assign duties to PWR personnel in accordance with their expertise. The PWR focal point for disasters does not have sole responsibility for emergencies.
* Rely on staff in meetings to coordinate activities with the government and with international agencies.
* Ensure the flow of information internally, fed by reports on the evaluation of damage and needs assessment (DANA) with emphasis on the health component. Keep PED/HQ (Washington, D.C.) and the corresponding subregional office informed.
* Provide administrative and logistics support to the person assigned as health cluster lead.
* Identify national and international partners as part of the assessment and to determine needed resources.
* Support the management role of the health cluster lead (the expert designated to work exclusively for the cluster).

**Immediate actions:*** Contact the disaster office of the ministry of health to define an action plan that will support the ministry and to reprogram and redirect resources to emergency response.
* Support rapid response activities (rapid rehabilitation of health and basic sanitation services).
* Support rapid needs assessment to facilitate decision-making. The list of relevant topics is posted on the PWR intranet.
* Collaborate with the ministry of public health in organizing the response in the health sector, taking into account local response capacity and offers of international assistance.
* Cooperate in mobilizing experts of the Regional Disaster Response Team.
 | * Coordinate with PED subregional and regional offices.
* Promote the use of LSS/SUMA in the country.
* Maintain communication and information (manage public information, produce internal technical reports for the EOC and external reports for the community and national donors).
* Keep the PWR Web page updated and feed the Web page for PAHO Headquarters.

**Critical areas:*** Health conditions in emergency shelters.
* Affected population with special needs (chronically ill, disabled, pregnant, elderly, and displaced).
* Health infrastructure (access to health services, installed capacity, human resources, corresponding services).
* Health treatment for the affected population.
* Water and basic sanitation.
* Epidemiologic surveillance.
* Sectoral and inter-agency coordination.

**Operate in emergency mode:*** Suspend events that distract attention from the emergency.
* Expedite administrative processes; be available; assign personnel for 24-hour coverage of PWR office; maintain ongoing PWR operations; anticipate needs (suspend leave when necessary; ensure that there are provisions for logistics, basic services, and well-being of personnel).
* Define an action plan; delegate tasks; regularly review needs and progress.
* Assign personnel to the ministry of health’s Emergency Operations Center (EOC).

**Avoid these common errors:*** Does not delegate tasks.
* Does not share information.
* Does not use outside assistance.
* Does not heed technical advice of experts.
* Does not maintain independence because of political or media pressure.
 |

**Contact list for PAHO/WHO Area for Emergency Preparedness
and Disaster Relief (PED)\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Office** | **Contact** | **Telephone** | **E-mail** |
| **Manager, Area for Emergency Preparedness and Disaster Relief** | Dr. Jean Luc Poncelet, Washington, D.C. | 202) 974-3399(202) 974-3434Emergency phone:(202) 974-3399Fax (202) 775-4578(202) 549-4820 | poncelej@paho.org |
| **Regional Disaster Response Team** | Dr. Dana Van Alphen (Panama) | Office: (507)-317-1120House: (507) 2258929Cell.: (507) 6677-6401 | vanalphd@pan.ops-oms.org |
| Dr. Leonardo Hernandez (Panama) | Office: (507)-317-1120Cell.: (507) 6674-9348 | hernanle@pan.ops-oms.org |
| **Alternate contacts** | Dr. Ciro Ugarte (Washington, D.C.) |  | ugarteci@paho.org |
|  | Mr. Ricardo Perez, Regional Advisor, Information and Publications | Office: (202) 974-3528 | perezric@paho.org |
| **Emergency Operations Center (Washington, D.C.)** | Dr. Robert Lee | Office: (202) 974-3399 | eoc@paho.org |
| **Subregional PED Office for Central America (Panama)** | Dr. Alejandro Santander, Subregional Advisor | Office: (507) 317-1120Fax: (507) 317-0600Cell.: (507) 6450-5249 | santanda@pan.ops-oms.org |
| **Subregional PED Office for the Caribbean (Barbados)** | Dr. Enric Freixa,Subregional Advisor, a.i. | Office: (246)436-6448 (246)426-3860Fax: (246) 436-6447 | freixaen@cps.paho.org |
| **Subregional PED Office for South America (Ecuador)** | Dr. Carlos Roberto Garzon, Subregional Advisor | Office: (59-32) 2460-330Fax: (59-32) 2256-174Cell.: (59-39) 980-6547 | cgarzon@ecu.ops-oms.org |

See [www.paho.org/disasters](http://www.paho.org/disasters) to update this information.