



**Pan American
Health
Organization**



Regional Office of the
World Health Organization



Field Manual

Evaluation Forms

PAHO/WHO Regional Disaster Response Team

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*Regional Office of the
World Health Organization*

Washington, D.C., 2010

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General Information

1. Evaluation forms are to be filled out by members of the Regional Response Team.
2. For the majority of evaluation forms, five copies have been included so that they may be torn out and used for data collection in the field.
3. The accompanying CD-ROM can be used for printing additional copies of forms.

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Minimum requirements for water, sanitation, and nutrition

Water ^{(*)a:}	
Amount	20 liters per person/day 250 persons per water tap
Distance	Maximum distance from dwelling to water source is 100 meters
Distance between latrines and water sources	Minimum of 100 meters

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

Nutrition:	
Energy	2100 kilocalories per person per day

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 (1.3 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)	0.9mg (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 6.6 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}			Person responsible ^{(*) 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)

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:	Population No. ^{(*) a}	No. of days after event _____
Country:			Comments: ^{(*) b}
Area affected (geographical region) by political/administrative division:			
Affected area			
Department/State/Province	Municipality/District		

(*) a Enter the population for the area described.

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



Mental health checklist

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

(*) 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.

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						
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.

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	Equip-ment	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	Condition 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
	• Fluorescein 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	

Possible extra equipment	• Portable Millipore equipment for water analysis (1)
	• Ultraviolet light
	• Standard household measure (500 ml)
	• Clip boards
	• Magnifying glass
	• Collection vials (1 doz.)
	• Compass, GPS
	• <i>Plumb rod (1)</i>
	• <i>Spirit level (1)</i>
	• <i>Mosquito larvae (dipper)</i>
	• Aspirator with stoppered tubes (mosquito collection)
	• Water pressure gauge, positive and negative pressures
	• Hand (<i>level</i>)
	• <i>Rapid test kit for phosphatase</i>

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	Approximate m2 per person:	
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 specialized medical treatment (*) c			
Persons with disabilities requiring specialized care (*) b			
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.



Sanitation assessment in shelters (2)

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

Sanitation assessment in shelters (3)

5. SOLID WASTE	
Indoor collection	Comments
Adequate indoor collection: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Adequate number of receptacles (trashcans): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition of receptacles: <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Adequate	
Name of person responsible: _____	
Frequency of collection:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly
Adequate outside collection:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Condition of receptacles:	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Adequate
Name of person responsible: _____	
Frequency of collection:	<input type="checkbox"/> Daily <input type="checkbox"/> Every other day <input type="checkbox"/> Weekly
Shelter cleanliness	
Adequate cleaning of shelter:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community participates in cleaning:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of person responsible:	
Frequency of cleaning: <input type="checkbox"/> Weekly <input type="checkbox"/> Every other day <input type="checkbox"/> Daily	
6. VECTOR CONTROL	
Comments	
Detection of breeding sites:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Control measures applied:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detection of vectors/rodents :	Which? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Control measures applied:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institutions or agencies responsible: _____	



Sanitation assessment in shelters (4)

7. FOOD		
Kitchen assessment: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> Needs/Options	Comments/ Recommendations	
Person/agency in charge of food:		
Fuel used: <input type="checkbox"/> Kerosene <input type="checkbox"/> Gas <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Other <input type="checkbox"/> Which?		
Hygiene: <input type="checkbox"/> Good <input type="checkbox"/> Poor		
Safety measures:	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	
Infrastructure:	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	
Behavior standards:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assessment of foods:		
Refrigeration:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preservation:	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	
Sufficient food:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regular supplies:	<input type="checkbox"/> Yes <input type="checkbox"/> 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 factors

1) 1 square mile = 640 acres

2) 1 square kilometer = 247 acres

3) 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 formulations.

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 acres

Application 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 concentration

Diesel required: 280 gallons malathion x 16 gallons of diesel fuel = 4,480 gallons diesel



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 treated
2. 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. $4,000 \text{ houses} / 200 \text{ houses daily} = 20 \text{ days}$ for a single application round per two-person 40 worker-days.
4. If the round must be completed in 5 days, $40 \text{ worker-days} / 5 \text{ day round} = 8 \text{ workers}$ are needed to carry out the job. This assumes that they have rapid access to sites, repair parts, and mechanics to maintain the equipment.

Sample situation report (SITREP)

Event:	
Date of event:	
Specific area of impact:	
Date of report:	
<p>1. Brief description of adverse event (include information about deaths, injuries, displaced population, houses destroyed):</p>	
<p>2. Impact of the event:</p> <p>a. Impacts on health of the population (displacement to shelters, obstacles to accessing health services, lack of access to health service locations):</p> <p>b. Impacts on water/environment: (drinking water, vectors, negative environmental impacts, negative changes in services including drinking water, power, trash collection):</p> <p>c. Impacts on health and other infrastructure (e.g., hospitals damaged):</p>	
<p>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.</p>	
<p>4. General information about actions being taken in the health sector (Ministry of Health, PAHO/WHO, United Nations, Red Cross, other actors):</p> <p>5. Was an emergency declared?</p> <p>6. Was international assistance requested?</p>	
<p>7. Most urgent needs in the health sector as identified by the county or PAHO/WHO.</p>	

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 (*)

<p>1. Completed rapid assessment of information and communication needs during the emergency?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>2. Needs are::</p> <ul style="list-style-type: none"> • Internal? <input type="checkbox"/> YES <input type="checkbox"/> NO • Need advisor? <input type="checkbox"/> YES <input type="checkbox"/> NO • Need strategy for working with communication media? <input type="checkbox"/> YES <input type="checkbox"/> NO • Team is available? <input type="checkbox"/> YES <input type="checkbox"/> NO • Communication plan exists? <input type="checkbox"/> YES <input type="checkbox"/> NO • Will work with national and international counterparts? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>3. Are the following aspects of information management and production understood?</p> <ul style="list-style-type: none"> • Collection of information? <input type="checkbox"/> YES <input type="checkbox"/> NO • Production? <input type="checkbox"/> YES <input type="checkbox"/> NO • Analysis? <input type="checkbox"/> YES <input type="checkbox"/> NO • Dissemination of information? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>4. Are the following people familiar with these mechanisms?</p> <ul style="list-style-type: none"> • Staff of PAHO/WHO Representative (PWR)? <input type="checkbox"/> YES <input type="checkbox"/> NO • Regional Disaster Response Team? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>5. Does information flow from following entities?</p> <ul style="list-style-type: none"> • Ministry of Health? <input type="checkbox"/> YES <input type="checkbox"/> NO • Regional Disaster Response Team? <input type="checkbox"/> YES <input type="checkbox"/> NO • International organizations? <input type="checkbox"/> YES <input type="checkbox"/> NO • Other staff of PAHO/WHO Representative (PWR) who are involved in emergency response? <input type="checkbox"/> YES <input type="checkbox"/> NO • Regional PAHO/WHO office? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>6. Have procedures been established for the following?</p> <ul style="list-style-type: none"> • Evaluation of information? <input type="checkbox"/> YES <input type="checkbox"/> NO • Organization of information? <input type="checkbox"/> YES <input type="checkbox"/> NO • Monitoring information? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>7. Is information exchange maintained with the following?</p> <ul style="list-style-type: none"> • EOC (National and PAHO/WHO in Washington, D.C.)? <input type="checkbox"/> YES <input type="checkbox"/> NO • PAHO/WHO Situation Room? <input type="checkbox"/> YES <input type="checkbox"/> NO • Ministry of Health Situation Room? <input type="checkbox"/> YES <input type="checkbox"/> NO • U.N. agencies? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>8. Are procedures and scheduling clear for the preparation, clearance, and distribution of situation reports (SITREPs)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>9. Have the following been defined?</p> <ul style="list-style-type: none"> • Relationship with the communication media? <input type="checkbox"/> YES <input type="checkbox"/> NO • Visibility strategies for PAHO/WHO? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>10. Have needs been identified for health promotion materials?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <ul style="list-style-type: none"> • Are there personnel available to develop these materials? <input type="checkbox"/> YES <input type="checkbox"/> 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 disciplines (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 result 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:	
	Beneficiaries	
	Total number:	
	No. of women and children	
	Partners in carrying out 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) ^{(*) 1}

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CERF</td> <td style="width: 50%;"></td> </tr> <tr> <td>Date:</td> <td></td> </tr> </table> <p style="font-size: small; text-align: center;">To be filled in by CERF Secretariat</p>	CERF		Date:	
CERF					
Date:					

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.

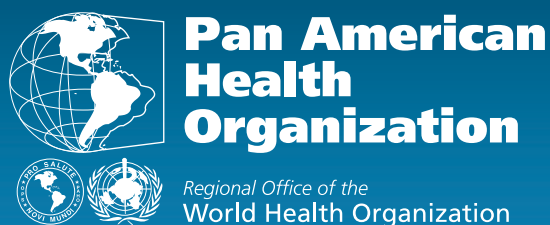
Contact list for PAHO/WHO Area for Emergency Preparedness and Disaster Relief (PED)

Office	Contact	Telephone	E-mail
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See www.paho.org/disasters to update this information.

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 CD-ROM.



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