

# HEALTH SECTOR DISASTER MANAGEMENT SELF-ASSESSMENT TOOL

DIPECHO VI Action Plan

“Strengthening Communities through Safer  
Health Facilities in the Caribbean”

February 2009



**HEALTH SECTOR  
SELF-ASSESSMENT TOOL**

# HEALTH SECTOR DISASTER MANAGEMENT SELF-ASSESSMENT TOOL

The Health Sector Disaster Management Self-Assessment Tool aims to help Health Sector Managers and Health Disaster Coordinator determine the status of Disaster Management in their country. It will be used specifically to assist Health Disaster Coordinators in assessing the preparedness level of their health sector disaster management program as well as identify priorities for action. It will provide a baseline against which to assess progress in the implantation of a disaster management programs and could be used as part of the annual review process.

The Tool was informed by the PAHO 2008-2012 Strategic Plan, Working Group discussions from the 2008 Health Disaster Coordinators Meeting 2008 as well as deliberations from a small working group comprising HDC's and other key stakeholders.

The tool has Standards and Health Sector Indicators to help assess where the sector is in relation to the proposed framework. The tool includes a checklist with questions that could be used by the assessor to evaluate the status of achieving the determined Indicators.

The Tool is designed to be self-administered and when used repeatedly, the Tool allows the user to track changes over time and measure progress in the implementation of the program. To be effective, the Tool requires objective and honest response from the Health Disaster Coordinators.

For the purpose of this document the following definitions<sup>1</sup> are used:

**Benchmark** = benchmarking denotes a strategic process for organizations to value and measure performance in relation to best practices of their sector.

**Standard** = standard denotes a technical reference level of quality or attainment. The standards are qualitative an universal in nature and are applicable in any operation environment as they specify the minimum level to be attained.

**Indicator** = indictor denotes tools of measurements to the standards. They provide a way to measure and determine progress in achieving the standards. The indicators are both qualitative and quantitative.

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<sup>1</sup> Definitions are based on WHO Regional Office for South-East Asia, Benchmarks Standards and Indicators for Emergency Preparedness and Response, July 2007.

## HEALTH SECTOR SELF-ASSESSMENT TOOL

| BENCHMARK  | STANDARDS   | HEALTH SECTOR INDICATORS   |
|--|---|--|
| <b>PREPAREDNESS</b>  |   |  |
| <p>Health Sector Disaster management Plan updated regularly (every 5years) and approved by Cabinet/Parliament and National Disaster Office</p> | <p>✓ <i>Health Sector has a comprehensive Health Disaster management Plan completed and up-to-date.</i></p>                     | <ul style="list-style-type: none"> <li><input type="checkbox"/> A health sector disaster management plan is developed, which includes the participation of all key stakeholders</li> <li><input type="checkbox"/> Health sector disaster management plans are developed and contain as a minimum:                             <ul style="list-style-type: none"> <li><input type="radio"/> risk assessment of the health sector</li> <li><input type="radio"/> mechanism for coordination and control</li> <li><input type="radio"/> <i>Description of roles and responsibilities of different partners</i></li> <li><input type="radio"/> <i>pre-arrangements with partners – MOU/s (e.g. logistics support, medical supplies)</i></li> </ul> </li> </ul> |
|  | <p>✓ <i>Health Sector Disaster management plans must be practiced and evaluated at all levels and at regular intervals.</i></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Drills and simulation exercises to test plans are conducted at least once a year at various levels of the health sector</li> <li><input type="checkbox"/> Revision of health sector plans is conducted based on results of simulation exercises and reassessments of risks and takes place as a minimum every three years</li> </ul>   |
|  | <p>✓ <i>Standard Operating Procedures are in place outlining roles and responsibilities, coordination mechanisms.</i></p>       | <ul style="list-style-type: none"> <li><input type="checkbox"/> SOPs including TOR for key actors have been developed to operationalise the National Health</li> <li><input type="checkbox"/> Sector disaster management plan</li> <li><input type="checkbox"/> SOPs reflects the latest revisions of the National Health Sector</li> <li><input type="checkbox"/> Emergency and preparedness plan</li> </ul>  |

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| BENCHMARK  | STANDARDS   | HEALTH SECTOR INDICATORS   |
|--|---|--|
| <p>HR capacity in disaster management and risk reduction established and updated</p> | <p>✓ <i>HR capability in disaster management trained and maintained (preparedness and mitigation)</i></p>             | <ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency preparedness included in the curricula of medical and paramedical training programmes</li> <li><input type="checkbox"/> One course a year in health disaster management related topics</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input type="checkbox"/> HR for responding to Public health emergencies trained</li> <li><input type="checkbox"/> Knowledge management mechanism in place to build institutional memory and improve capacity.</li> <li><input type="checkbox"/> IT and emergency communications technologies are used to supplement data gathering, analysis and dissemination</li> </ul> |
| <p>Capacity to implement HDM in the health sector established</p>                    | <p>✓ <i>Full Time Health Disaster Coordinator and support staff appointed within an established unit</i></p>          | <ul style="list-style-type: none"> <li><input type="checkbox"/> Qualified HDC appointed with appropriate trained support staff</li> </ul>  |
| <p>HDM Awareness developed through education, information and communications</p>     | <p>✓ <i>HDM Awareness carried out through regular education/media channels and through targeted communication</i></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Awareness material on HDM are developed and disseminated widely to populations at risk.</li> <li><input type="checkbox"/> Health concerns are integrated in HDM activities in educational institutions curricula</li> <li><input type="checkbox"/> System for gathering, generating and sharing health related HDM information across and within various levels/sectors are in place</li> </ul>  |

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| BENCHMARK   | STANDARDS  | HEALTH SECTOR INDICATORS   |
|---|--|--|
| <b>MITIGATION</b>                                   |  |  |
| <p>A national policy on safe hospital developed</p> | <p>✓ <i>Programme developed and implemented for safe hospitals and health facilities</i></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Safe Hospital Checklist applied to all existing hospitals and other health facilities</li> <li><input type="checkbox"/> Safety improvement plans developed and implemented in selected facilities within the next 5 years</li> <li><input type="checkbox"/> Knowledgeable and experienced check consultant shall be employed for all new health care facilities</li> </ul> |
|   |  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Adequately funded maintenance programme developed and implemented for hospitals and health facilities</li> <li><input type="checkbox"/> All maintenance and replacement operations should make use of the opportunity for vulnerability reduction</li> </ul>   |

| HEALTH SECTOR SELF-ASSESSMENT TOOL  |  |   |
|---|--|---|
| BENCHMARK   | STANDARDS  | HEALTH SECTOR INDICATORS  |
| <b>RESPONSE/RECOVERY</b>  |  |   |
| <p>Response and recovery phases included in Health Sector Disaster plans.</p> | <ul style="list-style-type: none"> <li>✓ <i>Mechanism for command and control established.</i></li> <li>✓ <i>Mechanism to deal with external assistance established.</i></li> <li>✓ <i>Disease early warning and surveillance systems for identifying public health concerns are established post disaster.</i></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Health EOC is established</li> <li><input type="checkbox"/> SOP's for health response developed.</li> <li><input type="checkbox"/> Budgetary line item allocated to response/ early recovery</li> <li><input type="checkbox"/> Health assessment teams trained and established</li> <li><input type="checkbox"/> Knowledge of public health threats in various emergencies is integrated in the existing disease surveillance systems</li> <li><input type="checkbox"/> Emergency surveillance and response needs are assessed and measured to address identified gaps are taken</li> <li><input type="checkbox"/> Resources (e.g. human, financial and logistics) are available to set-up appropriate health surveillance, reporting and early warning systems immediately after an event.</li> <li><input type="checkbox"/> Health staff are trained in risk communication</li> <li><input type="checkbox"/> LSS/SUMA team trained and in place.</li> </ul> |

# HEALTH SECTOR SELF-ASSESSMENT TOOL

|           |           |                          |
|-----------|-----------|--------------------------|
| BENCHMARK | STANDARDS | HEALTH SECTOR INDICATORS |
|-----------|-----------|--------------------------|

## PARTNERSHIPS

|  |   |   |
|--|---|---|
| <p>Agreements established with stakeholders to support HDM</p> | <p>✓ <i>MOUs developed for supporting health emergency response</i></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Advocacy programme established to encourage support for HDM</li> <li><input type="checkbox"/> Arrangements for multi-sector training established</li> <li><input type="checkbox"/> Multi-agency involvement arrangements established for policy, plan and strategy development</li> <li><input type="checkbox"/> Mechanisms for integrating HDM issues within National and sectoral plans and reporting mechanisms during disasters             <ul style="list-style-type: none"> <li>○ description of roles and responsibilities of different partners</li> </ul> </li> <li><input type="checkbox"/> pre-arrangements with partners – MOU/s (e.g. logistics support, medical supplies)</li> </ul> |
|--|---|---|



**CHECKLIST FOR  
HEALTH SECTOR SELF-ASSESSMENT TOOL**

## CHECKLIST – HEALTH SECTOR SELF-ASSESSMENT TOOL

| INDICATORS  | QUESTIONS  | RESPONSE |    |             |  |
|---|--|----------|----|-------------|--|
|   |  | Yes      | No | In Progress |  |
| <b>PREPAREDNESS</b>   |  |          |    |             |  |
| <b>A health sector disaster management plan is developed, which includes the participation of all key stakeholders</b>  | Has a Health Sector Disaster management plan been developed                              |          |    |             |  |
|   | Does the plan include a Health sector disaster management committee?                     |          |    |             |  |
|   | Does the membership of the committee include members of the private health sector/NGO's? |          |    |             |  |
|   | Was the plan reviewed within the last year   |          |    |             |  |
|   | Was the plan revised within the last 5 years   |          |    |             |  |
|   | Is the plan multi-hazard?  |          |    |             |  |
|   | <i><b>Does the plan include the various sub-plans</b></i>                                |          |    |             |  |
|   | Hospitals  |          |    |             |  |
|   | Environmental Community Health Care  |          |    |             |  |
|   | Disaster Surveillance  |          |    |             |  |
|   | Emergency Communication  |          |    |             |  |
|   | Medical Supplies   |          |    |             |  |
|   | Logistics  |          |    |             |  |
| <b>Health sector disaster management plans are developed and contain as a minimum:</b><br>(1) <i>Risk assessment of the health sector</i><br>(2) <i>Mechanism for coordination and control;</i><br>(3) <i>Description of roles and responsibilities of different partners</i><br>(4) <i>pre-arrangements with partners – MOU/s (e.g. logistics support, medical supplies)</i> | <i><b>Does the HSEMP cover the following</b></i>   |          |    |             |  |
|   | Potential hazards and hazard specific Risk and vulnerability analyses;                   |          |    |             |  |
|   | Standard operating procedures for response?  |          |    |             |  |
|   | Does the plan include roles & responsibilities for emergency response agencies?          |          |    |             |  |
|   | Are responding agencies aware of their roles & responsibilities?                         |          |    |             |  |
|   | Is there a designated EOC for the health sector?   |          |    |             |  |
|   | Does the plan include a media protocol?  |          |    |             |  |
| <b>Drills and simulation exercises to test plans are conducted at least once a year at various levels of the</b>  | Was a simulation exercise and/or drill conducted within the last year to test the HSEMP? |          |    |             |  |
|   | If yes, was it a table top:  |          |    |             |  |

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| INDICATORS  | QUESTIONS  | RESPONSE |    |             |
|---|--|----------|----|-------------|
|   |  | Yes      | No | In Progress |
|   | Was it a field exercise:   |          |    |             |
|   | Did the different Health Sector partners participated of it?   |          |    |             |
|   | Was the plan activated in the last year?   |          |    |             |
| Revision of health sector plans is conducted based on results of simulation exercises and reassessments of risks and takes place as a minimum every three years | Was the last simulation exercise evaluated?  |          |    |             |
|   | Was it evaluated by external evaluators?   |          |    |             |
|   | Was it evaluated by internal evaluators?   |          |    |             |
|   | Was the plan revised based on the simulation exercise?   |          |    |             |
|   | Has at least one recommendation been implemented in the HSEMP?   |          |    |             |
| The plan have SOPs that allows for it to function   | Are there SOP's developed in line with the plan?   |          |    |             |
|   | Are TOR developed with key stakeholders?   |          |    |             |
|   | Have the SOP's been updated to reflect the latest revision of the plan?  |          |    |             |
|   | Are the SOPs clear enough to allow for smooth replacement of personalities without affecting the implementation of the plan? |          |    |             |
|   | Are the different partners in health all aware of the SOPs?  |          |    |             |
|   | Do all partners have action cards?   |          |    |             |
|   | Are all the partners aware of their roles and responsibilities once the plan is activated?                                   |          |    |             |
| The country counts with health human resources informed about disaster management issues  | Does the curricula for medical and paramedical training programmes include courses in DM?                                    |          |    |             |
|   | Were courses in DM conducted within the last year  |          |    |             |

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| INDICATORS  | QUESTIONS   | RESPONSE |    |             |
|---|---|----------|----|-------------|
|   |   | Yes      | No | In Progress |
|   | Do emergency responders receive training in DM?   |          |    |             |
|   | Do doctors and nurses receive disaster management training?   |          |    |             |
|   | Do doctors and nurses know what is MoH's disaster risk reduction program?                               |          |    |             |
|   | Do doctors and nurses know what HSEMP is?   |          |    |             |
|   | Do they contribute to the identification of training needs?   |          |    |             |
|   |   |          |    |             |
| <b>Knowledge management mechanism in place to build institutional memory and improve capacity.</b>                    | Does the unit carry out lessons learned exercises?  |          |    |             |
| <b>IT and emergency communications technologies are used to supplement data gathering, analysis and dissemination</b> | Is there a data managing structure in place?  |          |    |             |
|   | Are there protocols for sharing of data?  |          |    |             |
|   | Are the different partners aware of the protocols?  |          |    |             |
|   | Are there records of impact disasters in the health structure? E.g. % of health centers out of service? |          |    |             |
| <b>Qualified HDC appointed with appropriate trained support staff</b>   | Is there a designated permanent position in place for a HDC?  |          |    |             |
|   | If yes, is the designated officer full time:  |          |    |             |
|   | If yes, is the designated officer part time:  |          |    |             |
|   | Does he/she have specific training in disaster management?  |          |    |             |
|   | Is there an established unit and support staff for health Sector DM?                                    |          |    |             |
|   | Is there a specific budget line to carry out DM activities?   |          |    |             |
| <b>Awareness material on HDM are developed and disseminated widely to populations at risk.</b>                        | Are public awareness materials available? Through what medium are they disseminated:                    |          |    |             |
|   | ✓ Print   |          |    |             |
|   | ✓ Electronic media  |          |    |             |
|   | ✓ Internet  |          |    |             |

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| INDICATORS  | QUESTIONS   | RESPONSE |    |             |
|---|---|----------|----|-------------|
|   |   | Yes      | No | In Progress |
| System for gathering, generating and sharing health related HDM information across and within various levels/sectors are in place | Are data gathering and information sharing system established with key stakeholders?  |          |    |             |
| <b>MITIGATION</b>   |   |          |    |             |
| Safe Hospital Checklist applied to all existing hospitals and other health facilities   | Is there a national policy on safe hospitals?   |          |    |             |
|   | Is there a national program on safe hospitals?  |          |    |             |
|   | Are there preventative maintenance regulations in place for hospital safety during disasters?                                     |          |    |             |
|   | Are there design and construction norms or regulations to build hospitals safe from disasters?                                    |          |    |             |
|   | Does the design criteria conform to recognize building codes and regulations?   |          |    |             |
|   | Are initiatives developed to make Health facilities more resilient to hazards?  |          |    |             |
| Safety improvement plans developed and implemented in selected facilities within the next 5 years                                 | Have structural and non structural issues addressed in the safety improvement plan?   |          |    |             |
|   | Are there procedures that address hospital organization and functioning during disasters included in the safety improvement plan? |          |    |             |
|   | Is there financial resources to available to implement the safety improvement plan?   |          |    |             |
| Knowledgeable and experienced check consultant shall be employed for all new health care facilities                               | Does the policy on safe hospitals include the utilization of check consultants?   |          |    |             |
|   | If yes, does it cater for the involvement of the consultant from the design stage?  |          |    |             |
| Adequately funded maintenance programme   | Is there a policy on preventative maintenance of health facilities?   |          |    |             |

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| INDICATORS  | QUESTIONS   | RESPONSE |    |             |
|---|---|----------|----|-------------|
|   |   | Yes      | No | In Progress |
|   | Does the policy includes budgetary allocations for preventative maintenance of health facilities? |          |    |             |
|   | If yes, is it 4% of the contemporary replacement cost of the health facilities?                   |          |    |             |
|   | Does the policy include vulnerability reduction?  |          |    |             |
| <b>All maintenance and replacement operations should make use of the opportunity for vulnerability reduction</b>            | Are there preventative maintenance programmes in place at health facilities?                      |          |    |             |
|   | Does it make use of the opportunity for vulnerability reduction?                                  |          |    |             |
| <b>RESPONSE/RECOVERY</b>  |   |          |    |             |
| <b>Health EOC is established</b>  | Is there a designated EOC for the health sector?  |          |    |             |
|   | If yes, is it equipped:   |          |    |             |
|   | ✓ Internet access   |          |    |             |
|   | ✓ Computer  |          |    |             |
|   | ✓ Telephones  |          |    |             |
|   | ✓ Television  |          |    |             |
|   | Are there trained staff identified for the EOC?   |          |    |             |
| <b>SOP's for health response developed.</b>   | Are there easily accessible SOP's?  |          |    |             |
| <b>Budgetary line item allocated to response/ early recovery</b>  | Is there budgetary allocation in the MOH catering for emergencies?                                |          |    |             |
| <b>Damage &amp; Needs assessment teams for the Health Sector trained and established.</b>                                   | Are there trained health assessment teams in place?   |          |    |             |
|   | Does the HS team undertake training annually?   |          |    |             |
| <b>Knowledge of public health threats in various emergencies is integrated in the existing disease surveillance systems</b> | Does the health sector adopt the national damage assessment methodology?                          |          |    |             |
|   | Does the MOH maintain a data base of health facilities, equipment & supplies?                     |          |    |             |
| <b>Emergency surveillance and response needs are assessed and measures to address identified gaps are taken</b>             | Is there a system in place for post disaster surveillance in place?                               |          |    |             |
|   | Are persons trained to undertake post disaster surveillance?                                      |          |    |             |

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| INDICATORS   | QUESTIONS  | RESPONSE |    |             |
|--|--|----------|----|-------------|
|  |  | Yes      | No | In Progress |
| Resources (e.g. human, financial and logistics) are available to set-up appropriate health surveillance, reporting and early warning systems immediately after an event. | Are there mechanisms in place to reallocate personnel from different units to respond to emergencies?                |          |    |             |
|  | Are there mechanisms in place to engage civil society volunteers and extent HR available to support health response? |          |    |             |
| Health staff are trained in risk communication   | Is risk communication a function designated to a specific staff of the MoH?  |          |    |             |
|  | Is that staff trained in Risk Communication?   |          |    |             |
| LSS/SUMA team trained and in place   | Are there persons trained in LSS/SUMA?   |          |    |             |
|  | Is LSS/SUMA used in non emergency response times?  |          |    |             |
| Recovery plan in place   | Is there a Disaster recovery plan for the Health Sector?   |          |    |             |
|  | Is the plan reviewed annually?   |          |    |             |
| <b>PARTNERSHIPS</b>  |  |          |    |             |
| Advocacy programme established to encourage support for HDM  | Is there a programme for promotion and application in place for HDM?   |          |    |             |
| Arrangements for multi-sector training established   | Are key stakeholders part of the HDM training?   |          |    |             |
| Multi-agency involvement arrangements established for policy, plan and strategy development  | Are key stakeholders involved in the planning process for DM?  |          |    |             |
| Mechanisms for integrating HDM issues within National and sectoral plans and reporting mechanisms during emergencies/ disasters  | Is there a system in place for reporting HDM issues at the national and sectoral levels?                             |          |    |             |
| Description of roles and responsibilities of different partners  | Are there defined roles and responsibilities for key stakeholders?   |          |    |             |

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| INDICATORS   | QUESTIONS   | RESPONSE |    |             |
|--|---|----------|----|-------------|
|  |   | Yes      | No | In Progress |
| Pre-arrangements with partners – MOUs (e.g. logistics support, medical supplies) | Are there established MOU's with key stakeholders to assist in recovery activities? |          |    |             |
|  | Are these MOU's reviewed annually?  |          |    |             |