



**Pan American  
Health  
Organization**

Regional Office of the  
World Health Organization



# FIELD MANUAL

PAHO/WHO Regional Disaster  
Response Team



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Response Team



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*Regional Office of the  
World Health Organization*

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## Introduction

Each year, disasters of varying severity occur in the Region of the Americas. In some cases, these events overwhelm the response capacity of the countries affected, and require the assistance of international disaster experts. To address these situations and at the request of Ministers of Health in the Region,<sup>a</sup> the Pan American Health Organization (PAHO/WHO) established a Regional Disaster Response Team (RDRT) to assist countries with emergency and disaster response.

The Team carries out rapid damage and needs assessments, cooperates in emergency response coordination, and advises PAHO/WHO authorities and their national counterparts about decisions to be taken in response to the emergency. In addition, the Team helps to activate the health sector, laying the groundwork for the health cluster, a mechanism established as part of the United Nations Humanitarian Reform process.

This practical manual describes how the Response Team is mobilized, and objectives and responsibilities of the Team during different phases of an emergency. It also gives guidelines on mobilizing resources.

The manual includes forms and checklists that can be used for health services, emergency shelters, water and sanitation, epidemiologic surveillance, damage and needs assessment, and mental health, among other areas. This material is useful for gathering and analyzing the information needed for making decisions about effective response.

The Manual for the Regional Disaster Response Team is a tool that will assist PAHO/WHO Representatives and their national counterparts to make better assessments when facing emergency or disaster situations.

<sup>a</sup> Meeting of the Directing Council of the Pan American Health Organization (2004); Resolution CD 45, R8.





# 1. OBJECTIVES OF THE REGIONAL RESPONSE TEAM

The objectives of the Regional Disaster Response Team are as follows:

- ◆ To mobilize a team of public health experts who can provide support to emergency operations in one or several countries affected by disaster.
- ◆ To cooperate with national authorities in carrying out rapid damage and needs assessments in the health sector in order to coordinate the response of international agencies.
- ◆ To advise the health sector in carrying out immediate interventions.
- ◆ To evaluate health information and assess potential public health risks for the population.
- ◆ To gather and rapidly disseminate necessary public health information



## **2. COMPOSITION OF THE RESPONSE TEAM**

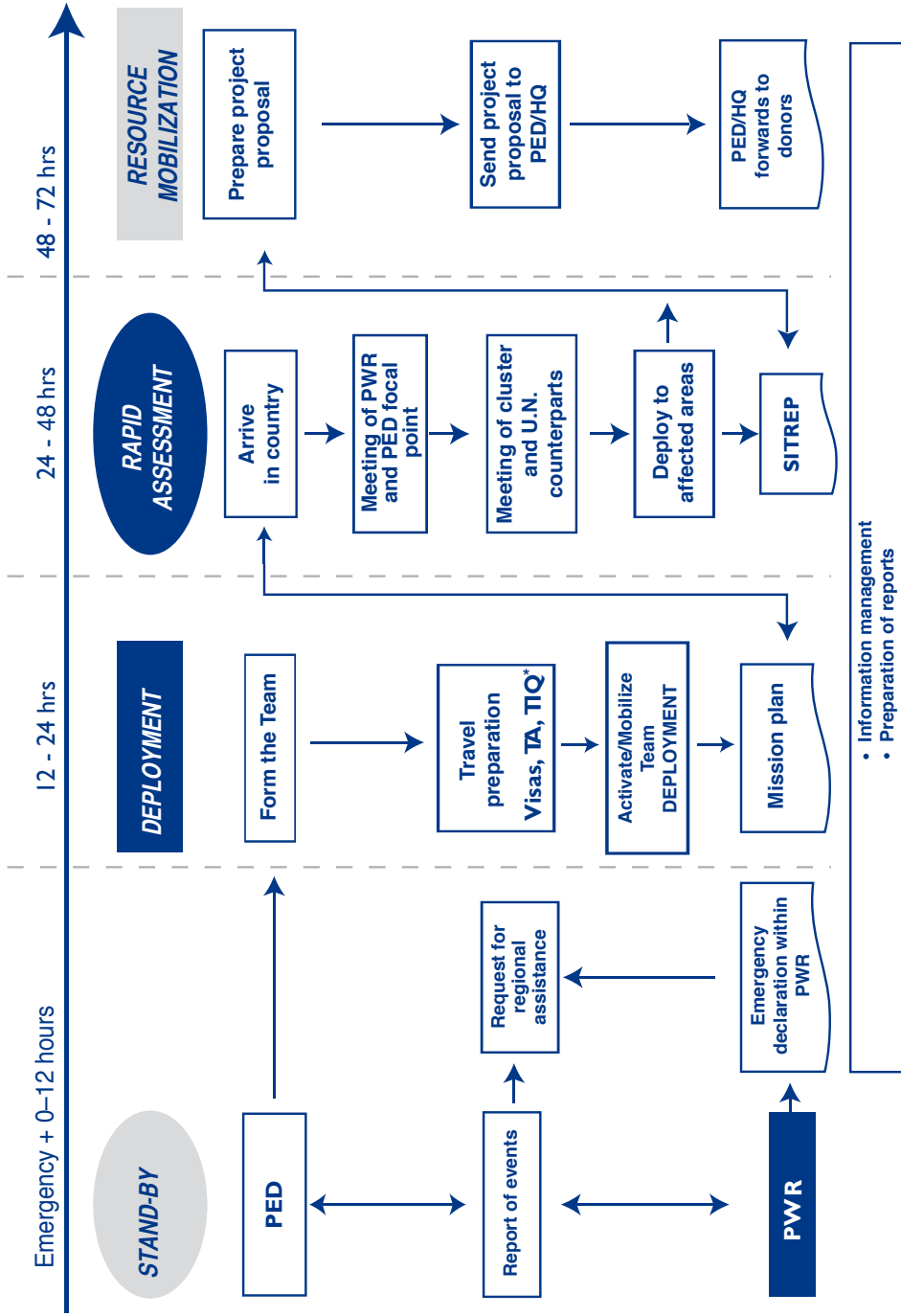
Depending on the needs of the country or countries affected, PAHO's Area on Emergency Preparedness and Disaster Relief (PED) will determine the required technical expertise of the team members. In most cases, the Response Team will include experts from the following disciplines:

- ◆ Coordination
- ◆ Administration and procurement
- ◆ Logistics
- ◆ Water and sanitation
- ◆ Epidemiology
- ◆ Health services
- ◆ Information and communications

The team members may be PAHO staff or experts from PAHO Member Countries. In certain cases, experts may be needed in areas such as nutrition, vector control, structural engineering, chemical or technological hazard response, volcanology, and bioterrorism, among others.

The team sent to the affected country will work with national authorities and with the United Nations Disaster Assessment and Coordination (UNDAC) team, nongovernmental organizations (NGOs), and Red Cross societies.

**Figure 1. Deployment of the Regional Disaster Response Team**



\* TA = Travel authorizations . TIQ = Airline tickets.

## 3. MOBILIZING THE RESPONSE TEAM

### A. STAND-BY

#### Responsibilities of the Subregional Office of the PAHO Area on Emergency Preparedness and Disaster Relief (PED)\*

- ✓ Locate and confirm the availability of members of the Regional Disaster Response Team.
- ✓ Contact necessary team members located in the subregion.
- ✓ Maintain contact with PED headquarters in Washington, D.C.
- ✓ Prepare necessary equipment for communications and survival, if warranted by conditions in the affected country.
- ✓ Inform the PAHO/WHO Representative (PWR) in the country where the required experts will be deployed.
- ✓ Prepare travel authorizations (TAs) and assist in the administrative process of procuring work permits, visas, airline tickets, travel allowances, vaccinations, and security clearances, as necessary, for team members.

\*Mobilization of the team is coordinated at the regional level.

#### Responsibilities of team members

##### **Team members should do the following:**

- ✓ Prepare for departure within 12 hours;
- ✓ Review available information about the event and the affected country;
- ✓ Review the Regional Disaster Response Team manual and contents of the personal emergency kit.

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\* See Figure 1 on page 6.

## **B. MOBILIZING PERSONNEL AND EQUIPMENT**

### **Administration**

#### **1. Responsibilities of the subregional advisor of the PAHO/WHO Area on Emergency Preparedness and Disaster Relief (PED)**

- ◆ Advise PED/HQ (Washington, D.C.) to activate the Emergency Operations Center (EOC) and keep the Disaster Task Force at PED/HQ informed.
- ◆ Discuss the composition of the Regional Disaster Response Team with PED/HQ.
- ◆ Sign travel authorizations (TAs) for team members if the PAHO/WHO Representative (PWR) is not available (PAHO/WHO Administrative Manual, Section XV.4.530.4).
- ◆ Recruit expert personnel for a period not to exceed 15 days, with verbal approval from the PWR in the affected country (PAHO/WHO Administrative Manual, Section XV.4.530.5). Notwithstanding verbal approval, all transactions must be completed and documented in the office of the corresponding PWR.

PAHO/WHO will reimburse personnel who must purchase their own airline tickets when tickets cannot be issued through a PAHO/WHO office. The corresponding travel authorization (TA) must be prepared prior to travel to ensure that team members will have insurance coverage.

## 2. Travel for emergency response

In the event of a disaster or emergency, the PED team coordinator will notify team members to make preparations for travel and to await further instructions. Depending on the type and scale of the disaster, not all experts will necessarily have to travel at the same time.

## 3. Insurance coverage

- ◆ PAHO/WHO insurance covers personnel who use noncommercial airlines in emergency situations only when the corresponding travel authorization (TA) has been issued.
- ◆ Short-term consultants (STCs) and temporary advisors are covered by accident insurance (PAHO/WHO Administrative Manual, Section II.12, STC, Annex A).
- ◆ Accident and medical insurance coverage for team members is based on the type of contract they have with PAHO/WHO and their mode of travel. Before departure, team members should review the terms of their travel and insurance coverage.
- ◆ Short-term consultants (STCSs) receive medical insurance coverage in accordance with current regulations (PAHO/WHO Administrative Manual, Section II.7, Annex A, Appendix C).
- ◆ Team members are covered for all officially approved means of transport when a travel authorization has been prepared that complies with United Nations standards and regulations. This includes transport by military or private helicopter and other aircraft when the team member is a passenger (not the pilot).
- ◆ Team members who are not contracted by PAHO/WHO are responsible for their own insurance coverage.
- ◆ Regulations concerning drivers of vehicles, including automobile rental, are included in Annex 1.

#### **4. Local expenses or petty cash**

Resources must be assigned for local expenses required to carry out the mission. Invoices must be submitted to justify these expenditures.

#### **5. Essential portable equipment**

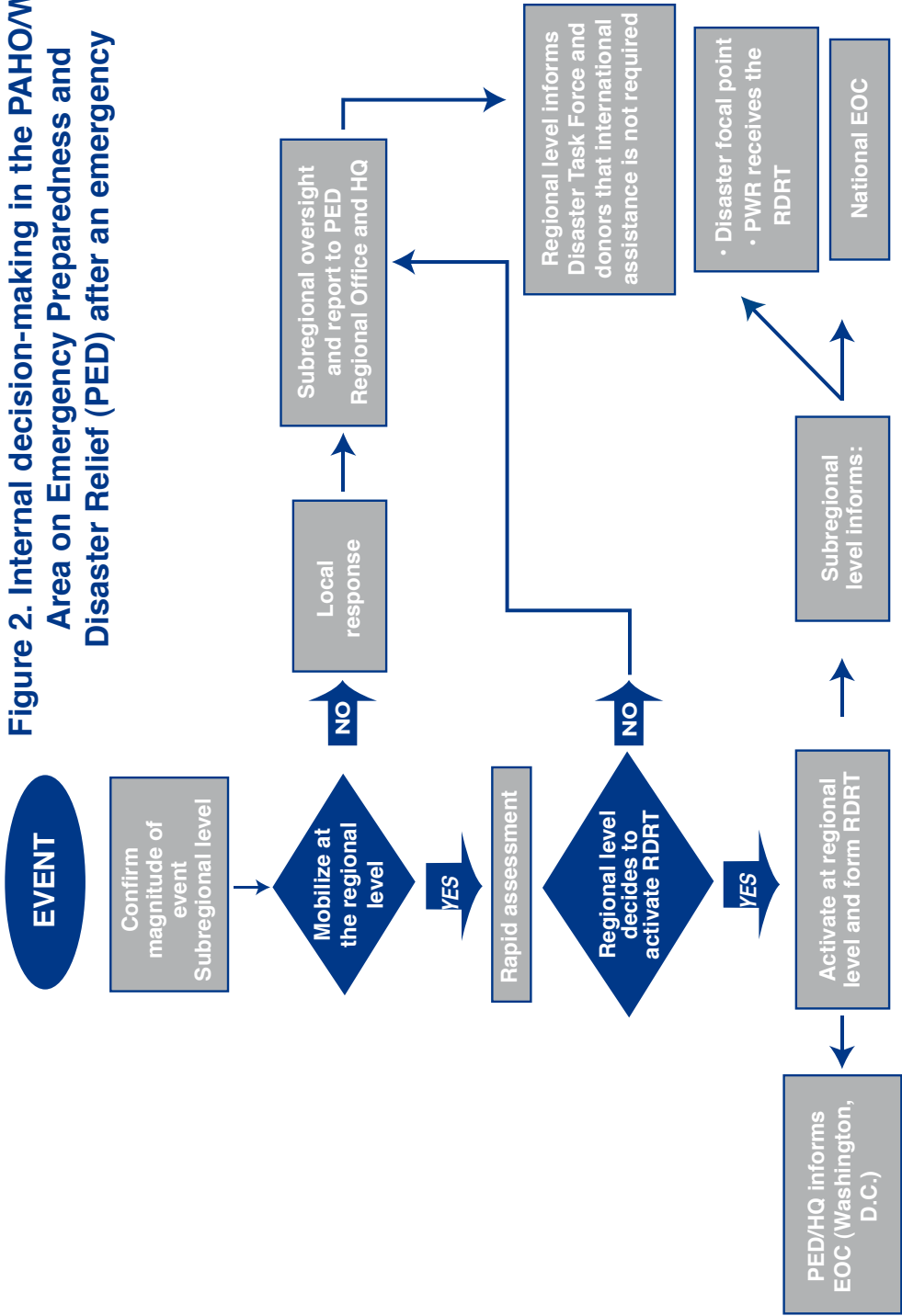
PAHO/WHO will provide team members with personal emergency kits and telecommunications and office equipment to assist them in field work. Logistics experts will determine the type of equipment required depending on conditions at the disaster site.

#### **6. Vaccinations**

Because of the nature of the Regional Disaster Response Team's activities, it is recommended that the following vaccinations for all team members be up-to-date: Hepatitis A (unless an individual has previously been infected), Hepatitis B, yellow fever (every 10 years), tetanus/diphtheria (every 10 years), typhoid, and polio. The team leader will clarify any questions regarding recommended vaccinations.



**Figure 2. Internal decision-making in the PAHO/WHO Area on Emergency Preparedness and Disaster Relief (PED) after an emergency**



## C. ARRIVAL IN THE AFFECTED COUNTRY

### Team leader responsibilities

- ◆ Establish contact with the country's PAHO/WHO Representative (PWR), the Disaster Focal Point in the PWR office, and the disaster coordinator for the Minister of Health (see Figure 2 on page 11).
- ◆ Establish contact with PED Headquarters in Washington, D.C., and the PED advisor in the subregional office.
- ◆ Establish contact with other agencies involved in the health sector, including international nongovernmental organizations (NGOs), the UNDAC team, and Red Cross societies.
- ◆ Ensure that leadership of the health sector is in place. If a health cluster has been established as outlined by the U.N. Humanitarian Response Reform, cooperate closely with the leader of the health cluster.
- ◆ Prepare daily situation reports and send them to PED Headquarters (Washington, D.C.), to the PWR in the affected country, and to the subregional PED advisor within 24 to 48 hours of arrival in the affected area.
- ◆ Meet daily with the Regional Disaster Response Team members, either in person or by other practical means (e.g., video conference).

### Team member responsibilities

- ◆ Contact, consult with, and provide feedback to national counterparts in the ministry of health, water and sanitation sector, etc.
- ◆ Assess the situation in the team member's area of technical expertise together with the corresponding national counterpart.
- ◆ Propose measures to be carried out in the immediate, mid- and long-term.
- ◆ Provide the leader of the Regional Disaster Response Team with daily reports.

## D. RESPONSIBILITIES DURING THE MISSION

### Role of the team leader

- ◆ Carry out rapid needs assessment following the event.
- ◆ Oversee collection and distribution of information following the event.
- ◆ If necessary, establish a field office as part of the country's Emergency Operations Center for Health (Health EOC).
- ◆ Coordinate health group activities and needs assessment.
- ◆ Request periodic reports on the arrival of donations through the Logistics Support System for Humanitarian Supply Management (LSS/SUMA) and other systems to keep informed on supplies and needs.
- ◆ Write daily reports for the country PWR, PED/HQ, local authorities, and the U.N. Office for the Coordination of Humanitarian Affairs (OCHA).
- ◆ Prepare reports from the health sector group.
- ◆ Facilitate the work of the Regional Response Team.
- ◆ Advise donors about needs for international assistance.
- ◆ Prepare project proposals to mobilize funds through the PED/HQ office.
- ◆ Advise local authorities about preliminary project proposals for repair and reconstruction, establishing as a minimum the parameters outlined in the Sphere Project Handbook (see <http://www.sphereproject.org>).
- ◆ Prepare a list of materials to be purchased, including all necessary specifications to meet the immediate needs in the health sector.
- ◆ Prepare the final mission report for PED/HQ, the PWR in the affected country, and the PED Subregional Advisor.

## **Responsibilities of other Response Team members**

Regional Disaster Response Team members are responsible for cooperating with their counterparts in the government of the affected country. This entails general planning, the execution and supervision of activities, and gathering information about the extent of physical damage following the disaster. Team members should be responsible for the following:

- ◆ Assess damages in the health sector (hospitals, clinics, water and sanitation systems, waste disposal, electric power, communications, and access).
- ◆ Identify immediate needs in cooperation with national counterparts and other agencies of the health sector.
- ◆ Advise on setting up epidemiological surveillance and early warning specifically for disasters (Disease Early Warning System--DEWS).
- ◆ Advise on health needs for temporary shelters.
- ◆ Determine response capacity (local, national, and regional), needs, and necessary actions to be carried out with health counterparts.
- ◆ Advise local authorities and the team leader about priorities and how to apply humanitarian assistance in health.

## **Specific responsibilities of Team members, by technical area**

### **✓ Administration**

- ◆ Organize the deployment of personnel and necessary equipment to the site of the event, in accordance with PAHO/WHO rules and regulations.
- ◆ Maintain an updated list of relevant contacts.
- ◆ Manage petty cash and secure staffing, financing, equipment, and services.

- ◆ Oversee compliance with PAHO emergency standards and procedures.
- ◆ Ensure that security standards are implemented.

### ✓ **Logistics**

- ◆ Arrange for transport to the site of the event.
- ◆ Organize housing and work sites (field office) for the team.
- ◆ Arrange for the installation and maintenance of technical equipment, including telecommunications equipment.
- ◆ Prepare a basic list of needs and determine whether they can be purchased locally.
- ◆ Identify logistic needs for the health sector.
- ◆ Identify operational requirements.
- ◆ Make contact with logistics officers from other agencies working with the health sector.

### ✓ **Water and sanitation**

- ◆ Assess the impact of the event on the water and sewerage systems.
- ◆ Work with local counterparts to set priorities in sanitation and repair of services.
- ◆ Evaluate requests for technical assistance and equipment related to water, sanitation, and environmental health (effluent, collection of solid waste, sewerage).
- ◆ Advise on the environmental health situation in shelters.
- ◆ Advise on monitoring water quality.
- ◆ Inform the team leader about necessary actions.
- ◆ Maintain contact with international and national agencies working with water and sanitation (Water and Sanitation Group); determine needs and set up a map showing implementation.

### ✓ **Epidemiologic surveillance**

- ◆ Support local authorities in establishing or adapting the epidemiologic monitoring and warning system. This includes investigation and confirmation of suspected cases and control of outbreaks.

- ◆ Assist local authorities and international teams in control measures (preventive or curative measures including vector control, food safety, and animal health).
- ◆ Document the epidemiologic situation for future reference.
- ◆ Establish a system to compile epidemiologic information and analysis; structure daily reports to include potential epidemiologic risk.
- ◆ Propose measures to quickly reestablish public health programs.

### ✓ **Vector control**

- ◆ Identify, propose, and corroborate measures for mosquito and rodent control.

### ✓ **Nutrition**

- ◆ Assess impact of the event on food sources in the affected region.
- ◆ Evaluate short-term nutritional needs for the affected population
- ◆ Assess the operational capacity for safe preparation, management, and use of food for human consumption.
- ◆ Establish food distribution systems.
- ◆ Establish coordination mechanisms with other agencies and/or entities.
- ◆ Support hospitals, health care centers, and vulnerable populations with access to food.

### ✓ **Health services**

- ◆ Carry out a rapid assessment of the condition of the health services.
- ◆ Assess needs for immediate repairs to essential health services for the response phase and health personnel requirements.
- ◆ Carry out rapid assessment of damages to health facilities (considering structural, nonstructural, and functional aspects).
- ◆ Evaluate high priority medical and surgical needs, including supplies and equipment for immediate treatment of the affected population.

- ◆ Identify needs for other specialized procedures.
- ◆ Prepare proposals for organizing the health service network taking into account the impact of the disaster.
- ◆ Develop and review preliminary projects for emergency repairs to major facilities that will allow their temporary or partial use.

### ✓ **Mental health**

- ◆ Identify existing mental health resources.
- ◆ Identify the local entity that oversees mental health treatment or the institutions or agencies that provide mental health treatment.
- ◆ Determine whether a plan is in place to address mental health issues following disasters and provide support in implementing that plan.
- ◆ Assemble individuals who have local responsibility for mental health issues to implement a local plan if that plan does not exist.
- ◆ Assess the involvement of health personnel and propose alternatives.
- ◆ Develop projects to continue with mental health treatment and needs following the disaster.
- ◆ Coordinate mental health treatment activities with other agencies.

### ✓ **Communications and information management**

- ◆ Compile information about the situation.
- ◆ Prepare situation reports (SITREPs)
- ◆ Reproduce and distribute situation reports to PWRs, the U.N. Office for the Coordination of Humanitarian Affairs (OCHA), Emergency Operations Center at PAHO/WHO Headquarters (Washington, D.C.), national Emergency Operations Center, United Nations System, PWR Web site, Humanitarian Network (Redhum).
- ◆ Organize information about the emergency.
- ◆ Support and advise the ministry of health as warranted by the situation and requirements of their system.





## 4. MOBILIZING RESOURCES

The Regional Disaster Response Team uses the damage and needs assessment for the health sector to prepare project proposals that PAHO/WHO will present to donors, thereby mobilizing resources. In addition, PAHO/WHO can establish its own response fund.

All proposals to mobilize emergency funds, including those for the U.N. Central Emergency Response Fund (CERF), are prepared in the field and finalized at PED/HQ (Washington, D.C.). OCHA coordinates the preparation of an international flash appeal in the case of natural disasters, and PAHO/WHO, along with Health Cluster counterparts, participates in preparing the appeal for the health sector, including for counterparts of the health group.

The team member(s) responsible for communications and the team leader coordinator ensure that information needed for the proposals is transmitted to PED/HQ (Washington, D.C.) as quickly as possible.

The U.N. Resident Coordinator in the affected country, with the assistance of OCHA, is responsible for preparing the flash appeal and CERF proposals.

### A. CENTRAL EMERGENCY RESPONSE FUND (CERF)

Project proposals for CERF grants should be prepared exclusively in terms of “life-saving” operations (see Figure 3 on page 20). CERF grants can be used for:

- ▶ Rapid response operations. In acute crises, funds must be committed within 3 months. In slow-onset emergencies, projects can be carried out over a 12-month period.

<b>Figure 3. Criteria for CERF proposals</b>		
<b>Life-saving activities</b>	<b>Probable life-saving activities (depending on context)</b>	<b>Activities that do not meet life-saving criteria</b>
▶ Medical services	▶ De-mining operations (explosives)	▶ Rebuilding infrastructure
▶ Water and sanitation	▶ Vaccine supply	▶ Training for instructors
▶ Nutritional supplements	▶ General food distribution	▶ Micro credits
▶ Common humanitarian services (logistics, communications)	▶ Epidemiologic surveillance	▶ Emergency preparedness plans
▶ Security measures	▶ Psychosocial	

### **Ensuring rapid approval and funding of a project**

- ▶ Describe activities so that they can be easily understood by people without expertise in health issues. This will preclude questions that might slow down the granting process.
- ▶ Present a realistic proposal, keeping in mind the importance of a having a rapid decision.
- ▶ Include administrative costs.
- ▶ Always coordinate with PED/HQ (Washington, D.C.), since they can provide advice.
- ▶ Include costs for both field and coordination operations.
- ▶ Include costs for technical support of the supply chain for the ministry of health or other entities responsible for health, water, and sanitation, depending on the case.
- ▶ Include costs for purchase of communications equipment and necessary services (radio equipment, cellular telephones, laptops, and GPS equipment).
- ▶ Include costs of basic security for supervision and field activities.

The damage assessment should always emphasize the true capacity of the affected country. Use the CERF format (see Annex 24).

## B. FLASH APPEAL

The flash appeal is part of the process of requesting humanitarian assistance and is the most important tool for coordination, programming, and strategic planning.

It is important for the flash appeal to include the following:

- ▶ A list of the most urgent life-saving needs in the first week following an emergency.
- ▶ A rapid needs assessment, a Common Humanitarian Action Plan (CHAP), and specific response plans and projects.
- ▶ The most important requirements for a period of up to six months. The Flash Appeal may be expanded into a Consolidated Appeal if the emergency continues beyond six months (**see Annex 23**).



## 5. HEALTH SECTOR CLUSTER

The cluster approach is a mechanism established as part of the United Nations Humanitarian Reform process to improve the coordination of disaster response for countries. PAHO/WHO has been designated as the health cluster lead in the Region of the Americas.

- ◆ The health cluster facilitates unified work of organizations in the health sector's response to an emergency. The cluster approach aims to maximize the use of resources and to establish objectives and common strategies; it also provides for the analysis of outcomes of interventions.
- ◆ Members of the cluster should be proactive in the needs assessment process, in prioritizing activities, and in developing response strategies for the entire health sector.
- ◆ The PAHO/WHO Regional Disaster Response Team will be proactive in coordinating the activities of teams that travel to the affected country as well as national teams that are part of the health cluster.
- ◆ PAHO/WHO is responsible for designating an individual as the health cluster coordinator. This person must have extensive experience in emergency management, proven analysis skills, and the ability to coordinate inter-institutional work.

## A. PAHO/WHO RESPONSIBILITIES AS THE HEALTH CLUSTER LEAD

As the lead health cluster agency, PAHO/WHO is accountable to OCHA to ensure proper functioning of the cluster. Its responsibilities include:

- ▶ Assign a full-time coordinator and provide administrative and other necessary support services to ensure the effective performance of the cluster.
- ▶ Make certain that the major humanitarian actors in the health sector are included in the cluster and establish effective coordination mechanisms.
- ▶ Ensure that a rapid and thorough needs assessment is carried out.
- ▶ Guarantee that the cluster works closely with the ministry of health, provides assistance to organizations interested in supporting national authorities in emergency response, and defines action plans for the response as soon as possible.
- ▶ Identify and resolve shortages in medical and humanitarian supplies.
- ▶ Ensure the development of common plans to respond to identified needs and to include cross-cutting issues (equity, gender, and HIV).

## B. HEALTH CLUSTER COORDINATOR

The Health Cluster coordinator will be chosen from the list of technical personnel who have received training for this function.

- ▶ The coordinator may be a PAHO/WHO staff member, an outside consultant, or assigned from other institutions or agencies (see [www.humanitarianreform.org/humanitarianreform/Default.aspx?tabid=75](http://www.humanitarianreform.org/humanitarianreform/Default.aspx?tabid=75)).
- ▶ When the coordinator is a PAHO/WHO staff member, he or she will be committed exclusively to health cluster activities, and not have other operational responsibilities.

## C. RELATIONSHIP OF CLUSTER WITH AUTHORITIES

- ▶ The cluster should act as a facilitator in organizing international humanitarian response in support of the efforts of the host government.
- ▶ It is the responsibility of the health sector cluster to ensure that international humanitarian agencies base their actions on an understanding and analysis of local capacities. The cluster must develop and maintain effective links with governments and local authorities (ministry of health) as well as local civil society organizations involved in health activities. The health cluster should define the most effective action plan as soon as possible.
- ▶ The nature of these relationships will depend on the situation in each country and the will and capacity of each of the stakeholders to direct or participate in humanitarian activities.
- ▶ When the government or state institutions, including the ministry of health, are unable to lead in response activities, either because of political factors or because of the impact of an ongoing event, the cluster will work to improve or facilitate relationships with international humanitarian actors in obtaining timely and effective assistance for the affected population.





### **Useful items for mobilization**

- Annex 1.** Administrative issues
- Annex 2.** Checklist of items for basic personal emergency kit
- Annex 3.** Checklist for office supplies
- Annex 4.** Action card for PAHO/WHO Representatives (PWRs)
- Annex 5.** Minimum requirements for water, sanitation, and nutrition
- Annex 6.** Logistics

### **Rapid assessment of health situation**

- Annex 7.** Health situation
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  - Damage to the health network
  - Information on emergency shelters
- Annex 8.** Assessment of health situation for adults over 60 years old
  - Rapid general assessment
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  - Adults living in emergency shelters
  - Nursing home infrastructure
  - Needs of residents of nursing homes
- Annex 9.** Mental health checklist
- Annex 10.** Assessment of water systems
- Annex 11.** Water quality control
- Annex 12.** Assessment of sanitation in shelters
- Annex 13.** Post-disaster assessment of damage to health facilities



## **Useful information for response**

**Annex 14.** Post-disaster epidemiologic surveillance equipment

**Annex 15.** Daily epidemiologic surveillance form (symptomatics)

**Annex 16.** Sanitation assessment in shelters

**Annex 17.** Equipment and supplies for vector control

**Annex 18.** Calculating malathion application rate

## **Information management and communication**

**Annex 19.** Rapid general assessment

**Annex 20.** Checklist for communication in emergencies

**Annex 21.** Preventing information management problems

**Annex 22.** Situation report (SITREP) form

## **Mobilizing resources**

**Annex 23.** Appeal for international assistance (flash appeal)

**Annex 24.** Central Emergency Response Fund (CERF)

## **Important information for Team members**

**Annex 25.** Contact list for the PAHO/WHO Area on Emergency Preparedness and Disaster Relief (PED)

**Annex 26.** Important web sites

**Annex 27.** Acronyms and abbreviations

## Administrative issues

### Accident insurance

Appropriate and immediate transportation is critical to respond to natural disasters. Contractors as well as PAHO/WHO staff are covered by accident insurance (PAHO/WHO Manual II.7) for all means of transport when required for work-related travel. This includes travel in military, police, or private aircraft (when traveling as passengers) with prior approval of the U.N. Department of Security and Safety in New York (DSS/NY) or approval from the designated security officer in the affected host country.

In accordance with DSS/NY regulations, the use of military helicopters or aircraft in any emergency must first be approved by the designated security officer in the country, who will submit the request for final authorization by DSS/NY. This request should provide specific information that will be used for insurance purposes, including the type of aircraft/helicopter (taking into account necessary security measures), the entity responsible for the flight (for example, a country's military forces), the places to be visited, among others.

PAHO/WHO limits the number of permanent staff or consultants traveling on the same aircraft to 15 (General Information Bulletin No. HQ/FO-07-36) to minimize the loss of PAHO/WHO personnel in case of an accident. WHO and other U.N. agencies limit the number of staff and consultants traveling on the same aircraft to 30 (PAHO/WHO Manual II.7.680). If absolutely essential, special authorization to increase the PAHO/WHO limit can be requested from the PAHO/WHO Director through the Director of Administration.

- ▶ In accordance with WHO regulations (WHO Manual VII.I. 320-340) and PAHO/WHO operational procedures, PAHO/WHO staff or consultants must request authorization when travel by charter aircraft or boat is necessary during an emergency. This application should, when possible, be presented 5 days prior to the expected travel date to the Manager of the General Services Area, who is authorized by the PAHO/WHO Director to approve such requests.
- ▶ Persons who are not PAHO/WHO staff, including those assigned by member governments during emergency or disaster situations, are not entitled to PAHO/WHO health or accident insurance coverage (PAHO/WHO Manual IV.8.570). -->

- ▶ Individuals traveling under a PAHO/WHO collective travel authorization are not covered by PAHO/WHO health or accident insurance.
- ▶ Only personnel contracted directly by PAHO/WHO, including temporary staff, short-term consultants (STCs), and temporary advisors are covered by the PAHO/WHO group accident insurance policy (PAHO/WHO Manual II.7, II.12 Annex A, and VII.4 Annex 4, respectively).

## Drivers of PAHO/WHO vehicles

The United Nations insurance policy will not cover drivers who are not official PAHO drivers. The official driver can be any individual authorized by PAHO/WHO to operate a vehicle (permanent staff, STCs, temporary advisors, staff from another agency, etc.). In the case that PAHO/WHO has authorized an individual to operate an official vehicle, the driver is considered U.N. staff. Official lists of the names of authorized drivers must be maintained in case an accident occurs.

PAHO/WHO can authorize individuals who are not PAHO staff or employees or who are not official PAHO drivers to operate official vehicles in case of emergency. In such cases, U.N. vehicle insurance policy does not provide coverage for these individuals, so they must have their own insurance coverage.

The WVLIP does not provide personal coverage for drivers. The policy provides coverage only for third-party bodily harm or death and damage to third-party vehicles or property. Third parties include pedestrians and other persons not employed by the United Nations or PAHO/WHO. Designated drivers should have workman's compensation (in the United States), local insurance, or another type of insurance coverage. Proof of this insurance must be kept with the personnel manager of the appropriate agency, Ministry, etc. The WVLIP provides third-party coverage for passengers who are not United Nations staff. For example, if a journalist or NGO staff member is in a PAHO/WHO vehicle, he/she will be covered by third-party coverage in case of an accident.

If a PAHO/WHO driver has an accident and a legal suit is filed against the Organization or driver, the policy will cover legal costs associated with the suit.



However, if the PAHO/WHO driver is injured or killed, the policy provides no coverage for injury or death of the PAHO/WHO driver.

## **Vehicle rental**

Vehicle rental for emergency teams is necessary, and the emergency response team must be aware of restrictions having to do with security and insurance. The local PAHO/WHO Representative (PWR) or General Services Office in Washington, D.C., should be consulted about these restrictions.

The policy for drivers who are not PAHO/WHO staff applies to any type of vehicle that is rented by PAHO. Persons who are not employed by PAHO and rent a vehicle for official use during an emergency, must obtain their own personal and property insurance coverage.

Costs for renting a vehicle and purchasing insurance coverage may be reimbursed by the Organization, assuming prior written approval has been acquired. A request for reimbursement of travel expenses must be submitted.

## **Special considerations**

The PED Subregional Advisor and/or the PAHO/WHO disaster focal point in a country can sign their own travel authorizations and those of personnel and consultants who travel for the purpose of providing humanitarian assistance (see PAHO/WHO Manual XV.4.530.4).

## ANNEX 2

### Checklist of items for basic personal emergency kit

<input type="checkbox"/> Rain gear
<input type="checkbox"/> Plastic bags, self-sealing (10L x 10, 5L x 10)
<input type="checkbox"/> Mess kit (knife, fork, spoon, plate, cup, cooking utensils)
<input type="checkbox"/> Personal hygiene items (toilet paper, soap, deodorant, sanitary napkins, insect repellent, sunscreen)
<input type="checkbox"/> Identification card
<input type="checkbox"/> Flashlight/fluorescent lamp
<input type="checkbox"/> Batteries
<input type="checkbox"/> Electrical tape
<input type="checkbox"/> Cigarette lighter
<input type="checkbox"/> Field rations
<input type="checkbox"/> Hammock, bedding, sleeping bag, mosquito net
<input type="checkbox"/> Writing paper
<input type="checkbox"/> Cash
<input type="checkbox"/> Water purification tablets/ portable water filter
<input type="checkbox"/> Copy of passport and other important documents (credit cards, identification cards, vaccination certificates); four passport-size photographs
<input type="checkbox"/> Vaccination card. Verify vaccination recommendations for areas to be visited. The mission coordinator will inform team members if there are requirements for prophylaxis or vaccination (e.g., Hepatitis A, Hepatitis B, yellow fever)
<input type="checkbox"/> Personal first-aid kit (including medicine prescriptions, if necessary)
<input type="checkbox"/> Remember to have annual medical, dental, and gynecological check-ups, as appropriate

## Checklist of office supplies

<input type="checkbox"/> Transistor radio and back-up battery
<input type="checkbox"/> Plastic bags (zip-lock) for documents
<input type="checkbox"/> Ball-point pen, pencils, stationery
<input type="checkbox"/> Waterproof markers
<input type="checkbox"/> Self-adhesive labels
<input type="checkbox"/> Portable radio or satellite communications system, cellular phone
<input type="checkbox"/> Copy of Manual for Regional Disaster Response Team
<input type="checkbox"/> Maps
<input type="checkbox"/> Stapler and staples
<input type="checkbox"/> Calculator
<input type="checkbox"/> PAHO/WHO decals and adhesive tape
<input type="checkbox"/> Addresses and telephone numbers of contacts in host country
<input type="checkbox"/> Receipt book

## 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.



## Minimum requirements for water, sanitation, and nutrition

<b>Water <sup>(*)a</sup>:</b>	
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

<b>Sanitation:</b>	
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

<b>Nutrition:</b>	
Energy	2100 kilocalories per person per day

<b>Kilocalorie (kcal) calculation table:</b>		
	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)

<b>Nutritional values <sup>(*)b</sup> :</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. Connolly. OMS. 2005.

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

## ANNEX 6

### Logistics checklist

Duties	Description	Completed <sup>(*) a</sup>			Person responsible <sup>(*) b</sup>	Comments <sup>(*) c</sup>
		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:	Day Month Year	Time prepared:
Prepared by:			
Type of event:	Date of event:	No. of days after event <sup>(*)</sup> b	
Country:	Population No. <sup>(*)</sup> a		Comments:
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.



## Health situation (1a)

Rapid general assessment					
Site/Area (specify)	Victims <sup>(*) a</sup>		Injured <sup>(*) a</sup>		Comments <sup>(*) c</sup>
	Dead	Missing	Treated locally	Transferred for treatment <sup>(*) b</sup>	
Site/Area (specify)	Difficulties in managing dead bodies			Comments <sup>(*) c</sup>	
	Adequate morgue capacity <sup>(*) d</sup>				
	Yes	No			

(\*) 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.).



## Health situation (2)

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	Accessi- ble (*)g		Comments (*)h
		Total damage	Partial damage				Yes	No	
				[Primary (1), Secondary (2), Tertiary (3)]					

(\*) 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.



### Health situation (3)

#### Information on emergency shelters (general)

Site/Area of shelter (*) <sup>a</sup>	Name of shelter (*) <sup>b</sup>	Population in shelter (*) <sup>c</sup>	Official shelter (*) <sup>d</sup>		Improvised shelter (*) <sup>e</sup>		Shelter in homes of relatives (*) <sup>f</sup>		Receives medical care (*) <sup>g</sup>		Reports to epidemiologic surveillance system (*) <sup>h</sup>		Comments (*) <sup>i</sup>
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	

(\*) 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)

#### 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		
		M	F	Chronic illness	Functional needs (*) a	Local treatment available	Evacuation needed? (*) b	M	F	M	F				

(\*) 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.



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

Health and housing													
Location/Area	Name of shelter or facility	No. living with relatives				Living alone				Comments:			
		With chronic illness		With special nutritional needs (*)b		With chronic illness		With special nutritional needs (*)b					
		M	F	M	F	M	F	M	F	M	F		

(\*) 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.





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

Location/Area	Shelter or facility	Living in emergency shelters				Comments
		Total population in shelters	Adults > 60 years old in shelters	Adults > 60 years old with chronic illness	Adults > 60 years old with functional limitations	
		M	M	M	M	
		F	F	F	F	
		M	M	M	M	



### Health assessment of adults over 60 years old (4)

**Nursing home infrastructure**

Location/Area	Name of facility	No. of residents			Level of damage		Comments
		Total	M	F	Total (*) <sup>a</sup>	Partial (*) <sup>b</sup>	

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



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

Needs of residents of nursing homes								Comments		
Location/area	Name of facility	No. of residents with chronic illness		No. residents with functional limitations					No. of residents with special nutritional needs	
		M	F	M	F				M	F



## Mental health checklist

Assessment issues	Yes	No	Comments		
1. Regulatory agency <sup>(*) a</sup>			Name of agency:		
			Contact telephone number:		
2. Mental health plan for disasters exists <sup>(*) b</sup>					
3. Available resources <sup>(*) c</sup>					
Financial					
Human					
Equipment and logistics					
4. Priority areas for intervention <sup>(*) d</sup>					
<b><sup>(*) e</sup> ASSESSMENT OF MENTAL HEALTH DISASTER PLAN</b>					
	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 <sup>(*) f</sup>	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.

## Assessment of water systems

Location/site	Total population (*) 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 re-sources for repair (*) g		Comments (*) h
		Yes	No	Population	Yes	No	Yes	No	M3	M3	Yes		No	Days/months/years	

(\*) 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						
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					

(\* ) 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.

## ANNEX 13

### 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	Infrastructure	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
<b>0</b>	No service	No staff	No supplies	Not functional	Not functional	<b>0</b>
<b>1</b>	Only emergency services	Only emergency personnel	Only emergency supplies	Moderate damage; limited function	Moderate damage; limited function	<b>1</b>
<b>2</b>	Limited service	Limited personnel	Limited supplies	Minor damage; functional	Minor damage	<b>2</b>
<b>3</b>	Normal service	Normal staffing	Normal supplies	No damage	Functional	<b>3</b>
<b>X</b>	Service is not normally available	Personnel not normally available	Supplies not normally available	Equipment not normally available	No damage	<b>X</b>



## Post-disaster epidemiologic surveillance equipment

<b>Equipment</b>	• 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	

<b>Possible extra equipment</b>	• 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>

## ANNEX 15

### Daily epidemiologic surveillance form (symptomatic) <sup>(\*)a</sup>

Name of hospital, health care facility, shelter:										
_____					_____					
Name					Location (town/district)					
Person completing form: _____										
Date: _____										
<b>Health status/symptoms</b>										
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 <sup>(*)b</sup>										
Deaths <sup>(*)b</sup>										
Patients with disabilities <sup>(*)b</sup>										
Patients with chronic illness <sup>(*)b</sup>										
Other important health information <sup>(*)c</sup>										

(\*) 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 <sup>(*) a</sup>		Rural area <sup>(*) a</sup>	
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 <sup>(*) b</sup>			
Persons requiring specialized medical treatment <sup>(*) c</sup>			
Persons with disabilities requiring specialized care <sup>(*) b</sup>			
General observations			

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

(\*) 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 <sup>(*)a</sup>
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 <sup>(*)b</sup> _____						
<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: Yes <input type="checkbox"/> No <input type="checkbox"/>						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 : <input type="checkbox"/> Yes <input type="checkbox"/> No	Which? _____ _____
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:		

## Equipment and supplies for vector control (\*) a

<p><b>Pesticide application equipment</b>  <b>LECO Model 1800E/LP/PTR</b>  LECO cold aerosol insecticide generator, ultra low volume (ULV), LP flow control system, 15 gallon polyethylene tank and rack assembly, 18 HP Briggs &amp; Stratton engine.  Supplier: Clarke Mosquito Control, 159 N. Garden Avenue, Roselle, IL 60172, U.S.A. Attention: Ms. Melody Saperston, Tel: 630-671-3125, Fax: 630-894-1774.</p>	<p>Approximate cost  \$8,000 per unit</p>
<p><b>HUDSON Model no. 67362WD</b>  HUDSON X-Pert compression sprayer, 3 gallons with pressure gauge, shutoff cock, nozzle flow regulator, thrustless shutoff and strap 50mm (2 in.).  Supplier: H.D.Hudson Manufacturing Co., 500 North Michigan Avenue, Chicago, IL 60611 Attention: Ms. Paula Marshall, Tel: 312-644-2830, Fax: 312-644-7989.</p>	<p>\$173 per unit</p>
<p><b>SWINGTEC Fontan Portastar</b>  Knapsack ULV aerosol applicator equipped with 1.8 HP two-stroke engine.  Supplier: Swingtec GMBH, Postfach 1322, D-88307 Isny, Germany  Attention: Dr. Thomas Meyer, Tel: 49-7562-708-0, Fax: 49-7562-708-111.</p>	<p>\$1040 per unit</p>
<p><b>HUDSON model 98600A</b>  Hudson ultra-low volume sprayer, 0.9 gallons.  Supplier: H.D.Hudson Manufacturing Co., 500 North Michigan Avenue, Chicago, IL 60611 Attention: Ms. Paula Marshall, Tel: 312-644-2830, Fax: 312-644-7989. Model No. 98600A</p>	<p>\$748 per unit</p>
<b>Pesticides</b>	
<p>Malathion, ultra-low volume liquid (UL), 96% minimum, technical, deodorized, in accordance with WHO specification numbers 12/UL (2003) and 12/TC (2003), 20 liter steel drum.  Supplier: Cheminova A/S, P.O. Box 9, DK-7620 Lemvig, Denmark  Attention: Mr. Hugo Nielsen, Tel: 45-96-90-96-90, Fax: 45-96-90-96-91.</p>	<p>\$5/litero</p>
<p>Temephos 1% sand granules in accordance with specificaTemephos, 1% sand granules in accordance with specifications WHO/SIF/40.R1 and WHO/SIT/19.R4, with variations, 50-pound bag.  Supplier: Clarke Mosquito Control, 159 N. Garden Avenue, Roselle, IL 60172, U.S.A.  Attention: Ms Melody Saperston, Tel: 630-671-3125, Fax: 630-894-1774.  Temephos, Bti.  Supplier: Valent BioSciences, 870 Technology Way, Suite 100, Libertyville, IL. 60048, U.S.A.  Attention: Dr. Russell Gardner, Tel: 847-968-4733, Fax : 847-968-4802.</p>	<p>\$1.50/lb .</p>

(\*) a Prices for equipment and supplies are based on those quoted for the first half of 2008.

Note: The inclusion of specific companies or of certain manufacturers' products in this listing does not imply that they are endorsed or recommended by PAHO/WHO in preference to others of a similar nature that are not mentioned.

## Calculating malathion application rate (1)

<p><b>1. Determine the application method. Read the product label to verify the application rate for specific formulations.</b></p>
<p>A. Malathion thermal fog (manually or from vehicle); WHO recommended application rate= 8 oz/acre</p>
<p><b>2. Calculate the area to be treated</b></p>
<p>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.</p>
<p>B. Conversion factors</p> <ol style="list-style-type: none"> <li>1) 1 square mile = 640 acres</li> <li>2) 1 square kilometer = 247 acres</li> <li>3) 1 hectare = 2.5 acres</li> </ol>
<p><b>3. Calculate the total amount of malathion at the required concentration</b></p>
<p>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)</p>
<p><b>4. Calculate the amount of fuel needed for fogging (chemical control label) to verify the application rate of a specific formulations.</b></p>
<p>Example: Concentration (96% malathion mixed with diesel to produce 6.25% malathion mixture) 16 gallons of diesel need for each gallon of malathion.</p>
<p><b>5. Example: Calculation of malathion and diesel needed for each fogging application (manual spray) in mosquito control area of 7 square miles.</b></p>
<p>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</p>





## 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.

## Rapid general assessment (\*)

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

<b>INITIAL DAMAGE ASSESSMENT</b>						
	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)						

<b>STATUS OF OPERATIONAL RESPONSE BY AGENCIES AND ORGANIZATIONS</b>		
	Fecha de respuesta	Capacidad percibida de respuesta
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		
<b>PED (PAHO/WHO)</b>		
Current PED strategy		

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

## Checklist for communication in emergencies (\*)

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

(\*) 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).

## Sample situation report (SITREP)

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

## 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 assessment 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) (\*)<sup>1</sup>

	<b>CERF</b>
	<b>Date:</b>

To be filled in by CERF Secretariat

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

**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)

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

## ANNEX 25

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

Office	Contact	Telephone	E-mail
<b>Chief, Area for Emergency Preparedness and Disaster Relief</b>	Dr. Jean Luc Poncelet, Washington, D.C.	(202) 974-3399 (202) 974-3434 Emergency phone: (202) 974-3399 Fax (202) 775-4578 (202) 549-4820	poncelej@paho.org
<b>Regional Disaster Response Team</b>	Dr. Dana Van Alphen,	Office: (507)-317-1120 House: (507) 2258929 Cell.: (507) 6677-6401	vanalphd@pan.ops-oms.org
	Dr. Leonardo Hernández,	Office: (507)-317-1120 Cell.: (507) 6674-9348	hernanle@pan.ops-oms.org
<b>Alternate contacts</b>	Dr. Ciro Ugarte, Washington, D.C.	Office: (202)-974-3708 House: (703) 714-0907 Cell.: (202) 297-4304	ugarteci@paho.org
	Patricia Bittner, Washington, D.C.	Office: (202)-974-3528 House: (703) 971-7341 Cell.: (202) 427-2712	bittnerp@paho.org
<b>Emergency Operations Center, Washington, D.C.</b>	Dr. Robert Lee	Office: (202) 974-3399	eoc@paho.org
<b>Subregional PED Office for Central America), Panama</b>	Dr. Alejandro Santander, Subregional Advisor	Office: (507) 317-1120 Fax: (507) 317-0600 Cell.: (507) 6450-5249	santanda@pan.ops-oms.org
	Ricardo Pérez, Regional Advisor, Information and Publications	Office: (507) 317-1120 House: (507) 232- 7009 Cell.: (507) 6450-5472	perezric@pan.ops-oms.org
<b>Subregional PED Office for the Caribbean, Barbados</b>	Monica Zaccarelli, Subregional Advisor	Office: (246)436-6448 (246)426-3860 Fax: (246) 436-6447 Cell.: (246) 266-5597	zaccarem@paho.org
<b>Subregional PED Staff for South America, Ecuador</b>	Dr. Carlos Roberto Garzón, Subregional Advisor	Office: (59-32) 2460-330 Fax: (59-32) 2256-174 Cell.: (59-39) 980-6547	cgarzon@ecu.ops-oms.org

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



## Important web sites

	Web sites
<b>PAHO/WHO AREA ON EMERGENCY PREPAREDNESS AND DISASTER RESPONSE</b>	<a href="http://www.paho.org/disasters">www.paho.org/disasters</a>
<b>UNITED NATIONS HUMANITARIAN INFORMATION ON COMPLEX EMERGENCIES AND NATURAL DISASTERS</b>	<a href="http://www.reliefweb.inf">www.reliefweb.inf</a>
<b>U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION, ATLANTA, GEORGIA</b>	<a href="http://www.cdc.gov">www.cdc.gov</a>
<b>REGIONAL DISASTER INFORMATION CENTER</b>	<a href="http://www.crid.or.cr">www.crid.or.cr</a>
<b>HUMANITARIAN INFORMATION NETWORK FOR LATIN AMERICA AND THE CARIBBEAN</b>	<a href="http://www.redhum.org">www.redhum.org</a>
<b>WORLD HEALTH ORGANIZATION</b>	<a href="http://www.who.int">www.who.int</a>

### Acronyms and abbreviations

**CERF** : United Nations Central Emergency Response Fund.

**CHAP**: Common Humanitarian Action Plan.

**DEWS**: Diseases Early Warning System.

**DSS/NY**: Department of Safety and Security, United Nations (New York).

**EDAN**: Evaluation of damage and assessment of needs.

**EOC**: Emergency Operations Center.

**HIC**: Humanitarian Information Center.

**LSS/SUMA**: Logistics Support System for Humanitarian Supply Management.

**NGO**: Nongovernmental organization.

**OCHA**: United Nations Office for the Coordination of Humanitarian Affairs.

**PAHO/WHO**: Pan American Health Organization, Regional Office for the Americas of the World Health Organization.

**PED**: Area on Emergency Preparedness and Disaster Relief (PAHO/WHO).

**PED/HQ**: Headquarters, Area on Emergency Preparedness and Disaster Relief (PAHO/WHO) (Washington, D.C.).

**PWR**: Representative of the Pan American Health Organization/World Health Organization.

**RDRT**: Regional Disaster Response Team (PAHO/WHO).

**SITREP**: Situation report.

**STC**: Short-term consultant.

**TA**: Travel authorization.

**UNDAC**: United Nations Disaster Assessment and Coordination (UNDAC) team.

**WVLIP**: United Nations Global Limited Vehicle Insurance Policy.



In response to requests from the Ministers of Health from Latin America and the Caribbean, PAHO/WHO established a Regional Disaster Response Team to assist countries that are dealing with emergencies or disasters. The Team is responsible for carrying out a rapid assessment of needs, assisting in coordinating emergency response, and advising PAHO/WHO and its partners. The Team assists in the health sector's response to an emergency, paving the way for installation of the "health cluster," as prescribed by the United Nations Humanitarian Reform.

This manual describes deployment of the Disaster Response Team, its objectives, and responsibilities at different stages of an emergency. It explains the process of mobilizing resources and provides practical information for work in the field. The manual includes evaluation forms and checklists for health services, shelter, water and sanitation, epidemiologic surveillance, damage assessment and needs analysis, and mental health, among others. These forms are important for collecting and analyzing the information needed for providing the most appropriate types of humanitarian assistance.

The information in this manual will be of help to those advising PAHO/WHO offices and health sector agencies and institutions when they respond to emergencies or disasters.



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