114 Information management and communication in emergencies and disasters: Manual for disaster response teams

Annex II **PAHO/WHO Situation Report Format** (SITREP)

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

Prepared by _

Before sending this report, be sure that it provides clear answers to the following questions:

• What is happening?

- Why is the event important? (Implications and possible impacts on health.)
- What are the main needs? What are the health sector and PAHO/WHO 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.

Annex III Examples of Situation Reports

Health Cluster Situation Report - Cyclone Nargis in Myanmar, 16 May 2008

World Health Organization, Regional Office for South-East Asia

HIGHLIGHTS

1. According to information from the Myanmar state media, the death toll from Cyclone Nargis is now 77,738 with 19,359 injured. Another 55,917 people are still reported missing.

2. Five out of six station hospitals in Ngaputaw township are reported to have been destroyed. The township hospital is, however, functional. Referral cases are being sent to Pathein township's hospital.

3. There are adequate stocks in the country to deal with potential outbreaks of severe diarrhoea.

HEALTH ASSESSMENT AND SITUATION UPDATE

• According to information from the Myanmar state media, the death toll from Cyclone Nargis is now 77,738 with 19,359 injured. Another 55,917 people are still reported missing.

• Five out of six station hospitals in Ngaputaw township are reported to have been destroyed. The township hospital is, however, functional. Referral cases are being sent to Pathein township's hospital.

• There have been no confirmed disease outbreaks but cases of diarrhoea have been reported. Disease surveillance is being further strengthened. Putting prevention and control measures in place remains a priority.

HEALTH CLUSTER RESPONSE

1. Supplies

• There are adequate stocks in the country to deal with potential outbreaks of severe diarrhoea. The WHO and UNICEF stocks include 30,000 i/v fluid drip packs, 50,000 ORS sachets, and 500,000 doxycycline tablets (with equal numbers in reserve). Additional supplies for the treatment of severe diarrhoea as well as water purification tablets are on their way.

• WHO delivered one Emergency Health kit to the hospital in Maubin, which is acting as referral hospital for Pyanpon, Bogale, Kyaiklat and Dedaye.

• In response to the request of the Regional Surveillance Officer in Pathein, WHO is sending additional supplies for the management of diarrhoeal diseases.

• Thirty basic units of Interagency Emergency Health Kits and other medical supplies procured by UNICEF, including ORS and zinc, have arrived to Yangon. They are sufficient for the treatment of more than 80,000 cases of diarrhoea.

An additional 125 fogging machines have arrived in Myanmar.

• Supplies of viper anti-venom are now available. Cases of snakebite have been reported in Shwepyithar township of Yangon division.

2. Medical Care

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• UNICEF deployed five additional public health experts to Myaung Mya, Maubin, Wakema, Pyapon and Mawlamyinegyu, bringing the total to 11 in seven townships in Ayawadee. They will facilitate health sector coordination at the field level, provide technical support, supply medicines and assist field monitoring and emergency response.

• Seven public health doctors from UNICEF have been visiting Hlaing Thayar, Dala, Kyaun Tan, Kungyangon, Kawhmu, Kayan/Thongwa, and Kee Myint Taing everyday since a day after the cyclone to assess the health situation and identify needs as well as monitor the response.

• The WHO guidelines on the management of cholera were distributed to Health Cluster partners. NGOs are encouraged to contact WHO and UNI-CEF if more copies are needed.

• MSF-Holland is providing relief services in Ngaputaw and Labutta townships; 25 medical teams and 200 staff, including 28 medical doctors, were redeployed. Twelve boats are available to move medical teams southwards into the most affected coastal areas. MSF-Holland also confirmed that no disease outbreaks have yet been detected in these areas. The main health concerns reported are injuries, acute respiratory infections and diarrhoea.

3. Surveillance

• Disease surveillance has been further intensified, particularly for diarrhoea, cholera, measles, dengue haemorrhagic fever and malaria.

• Streamlined surveillance and data reporting forms are being distributed to partners, hospitals and health centres. They will facilitate the uniform collection, compilation and analysis of the available information on selected diseases including diarrhoea, malaria, dengue and snake bites.

• Surveillance officers at the township level are working to enhance the transmission and sharing of information.

HEALTH COORDINATION

• Participation in the Health Cluster meetings in Myanmar has increased, with more than 60 representatives of 30 international NGOs and UN agencies.

• A Civil Society Information Resource Centre was opened on 15 May for local self-help groups at the initiative of INGO Forum.

• WHO and UNFPA are addressing reproductive health and maternal health needs and looking into ways to fill the urgent need for basic reproductive health kits.

• Further steps have been initiated to increase coordination between clusters; Health Cluster national staff members are receiving updated information from the Water and Sanitation and Shelter clusters, among others.

NEXT STEPS

• A joint action plan and charting out of activities for the Health Cluster for the next 3 to 6 months is being finalized.

• WHO continues to mobilize the donor community to provide stronger support to the health sector emergency response.

• Psychosocial support is likely to be an important issue in the next few weeks, and WHO guidelines and protocols in the local language have been sent to Myanmar.

For more information, visit: www.searo.who.int