

Annex 1:

Expected Results and Indicators



Five-year Logical Framework developed for the 2003 - 2007 Strategic Plan of the
Area on Emergency Preparedness and Disaster Relief
Pan American Health Organization

Presented to the Canadian International Development Agency
Amended June 2006

PROJECT STRUCTURE	INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>GOAL Reduce the health and social impact of natural, technological and/or manmade disasters on the countries of the Americas.</p>	<ol style="list-style-type: none"> 1. Mortality and morbidity rates and other indicators of suffering. 2. Water quality in emergency situations as compared to normal times. 3. Comparison with historical data. 	<ol style="list-style-type: none"> 1. Post-disaster situation reports by international community. 2. Country reports and statistics on damages. 	<ol style="list-style-type: none"> 1. Funds are available in a timely fashion. 2. Relative stability at country, regional and international levels.
<p>PURPOSE Lessen the impact of disasters on the population of the Americas by improving the ability of the health sector, to prepare for and respond to all types of emergencies and reduce risk to disasters.</p>	<ol style="list-style-type: none"> 1. The Ministry of Health plays a leading role in the coordination and implementation of a national disaster reduction program. 2. Countries (NGOs, governments and the private sector) demonstrate a commitment to reducing the vulnerability of the health sector by taking actions that develop a “culture” of disaster risk reduction. 3. The number of health ministries that have invested their own or other national resources in disaster management and reduction. 	<ol style="list-style-type: none"> 1. Publications, after-action reports, and documented technical and statistical information. 2. National legislation and organizational policy decisions and directives that protect public health. 3. Data on budget and human resources from the countries. 	<ol style="list-style-type: none"> 1. Countries and the international community retain the political commitment to reduce vulnerability to disasters. 2. Ministry of Finance will assign resources for social infrastructure.

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<p>EXPECTED RESULTS OR OUTPUTS</p> <p>PREPAREDNESS</p> <p>1. The health sector in Latin America and the Caribbean is better prepared to respond to the health consequences of natural, manmade and technological disasters.</p>	<ol style="list-style-type: none"> 1. In the 80% of PAHO Member Countries in which a national health disaster program presently exists, maintain (staff and funds) and/or adapt these programs to changing country situations as needed. 2. New disaster-related training and educational opportunities provided to at least 5,000 disaster professionals region-wide. 3. Fifteen new or completely revamped technical or scientific publications on all aspects of disaster management 4. Increased access at the local level to global sources of disaster and risk reduction information. 5. The Ministry's health disaster program in four countries chairs a health sector disaster committee at the national level.. 	<ol style="list-style-type: none"> 1. Survey of the status of the disaster program in the Ministry of Health of PAHO's 35 Member Governments. 2. Database developed and maintained for regional or subregional activities. 3. Publications. 4. Use made of CRID facilities. 5. Committee reports. 	<ol style="list-style-type: none"> 1. Countries recognize the impact of disasters on health as a major priority area in which to invest time and resources. 2. National Emergency Committees or similar institutions support involvement of the health sector. 3. Political stability in the country and minimal change in leadership in health sector.
<p>MITIGATION</p> <p>2. Health sector agencies responsible for reducing the structural, non-structural and functional vulnerability of health services and water system infrastructure have the necessary awareness, materials, knowledge and skills to reduce this vulnerability to natural hazards.</p>	<ol style="list-style-type: none"> 1. Number of construction or retrofitting projects that include the variable of disaster mitigation or for which vulnerability studies have been performed. 2. Six technical or training information products developed in consultation with governments, national professionals and universities. 3. New training and educational opportunities related to disaster mitigation provided to at least 1,000 disaster professionals region-wide in consultation with governments, national professionals and universities. 	<ol style="list-style-type: none"> 1. Lists of projects or reports on projects and programs and lists of participants in training activities. 2. Technical guidelines and training material prepared and disseminated. 3. Lists of training courses and workshops carried out. 	<ol style="list-style-type: none"> 1. Governments will recognize hospitals and health infrastructure as critical facilities and their safety and continued performance will be taken into consideration in the development plans for new constructions or the retrofitting of existing facilities. 2. Availability of funds and political will to implement disaster mitigation. 3. Decision makers in financial and lending institutions or bilateral donors support mitigation measures during reconstruction. 4. The cost of retrofitting is realistic.

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<p>RESPONSE</p> <p>3. The response to disasters in Latin America and the Caribbean—from the standpoint of the health sector—is timely, well-coordinated at the national level and transparent.</p>	<ol style="list-style-type: none"> 1. Improved assessment of needs which results in more appropriate material and technical aid. 2. Coordination and information sharing at the national and international levels improved. 	<ol style="list-style-type: none"> 1. Results of surveys among donor community to gauge the quality and accuracy of damage and needs assessment. 2. Results of post-disaster reviews and meetings on lessons learned to review coordination procedures. 	<ol style="list-style-type: none"> 1. Political will to meet the needs of all affected persons and minimum administrative capacity at the national level.