

NUCLEAR POWER PLANT ACCIDENT, CHERNOBYL,
APRIL 1986

(Summary of Intervention by IAEA)

The IAEA welcomed the opportunity to participate in UNDRO's Second Meeting of Officials in Charge of National Emergency Relief Services and to present some aspects of the international response which followed the accident at the Chernobyl Nuclear Power Station, and the arrangements being developed by the IAEA, in conjunction with other international and inter-governmental organizations, for responding to any future major nuclear accident. There has always been strong co-operation between the two UN organizations, and UNDRO has contributed significantly in the preparation of a number of Agency publications giving guidance in emergency response planning.

Since 1959, the IAEA has had arrangements for responding in minimum time to a call for assistance from any part of the world in the event of a radiation emergency. These arrangements have gradually been developed in conjunction with other relevant international organizations, including UNDRO, FAO, ILO and WHO, and are formalized in the Agency's Radiation Emergency Assistance Plan. The underlying concept of the Plan enables the Agency to provide limited help during the early stage of an emergency, until more adequate and sophisticated assistance can be made available by other countries, either directly or through the Agency. A schema of the information flow and response actions within the IAEA Secretariat, is shown in Fig. 1. This Plan is aimed, primarily, at the needs of those countries which, although carrying out work involving the use of ionizing radiation, may lack the emergency support structure to be found in countries having larger nuclear programmes. It was never intended for dealing with the consequences of a major nuclear accident. However, the Agency has published in 1986, an IAEA Technical Document (TECDOC-366) entitled "What the General Practitioner (MD) Should Know About Medical Handling of Over-exposed Individuals", which has since received a very wide distribution.

On 26 April 1986, the accident at the fourth unit of the Chernobyl Nuclear Power Station in the Ukraine, Soviet Union, resulted in the destruction of the reactor core and part of the building in which it was housed. Thirty-one members of the plant operating personnel and the response teams gave their lives to stop the release and mitigate the accident consequences. Although 135,000 persons were evacuated from a region within a 30 kilometre-radius of the plant, none received sufficiently high an exposure as to cause any acute radiation effect. Much of the radioactive material released was carried away in the form of gases and dust particles by normal air currents, resulting in its wide dispersal across Europe and within the Northern Hemisphere, with most remaining in the Soviet Union.

As an immediate response to the Chernobyl accident, the Agency established informal contacts with radiation protection authorities in most European, and a number of non-European, countries in order to obtain a more

complete picture of the areas affected by the accident. It also transmitted daily to Member States radiation levels provided by the USSR from seven monitoring stations, one close to the accident site and six along its western border.

In May, the IAEA convened a meeting of representatives of international organizations with responsibilities in health and environmental protection to plan a study of the radiological consequences of the accident. In co-ordination with WHO, data is being provided to the Agency by affected countries for an assessment, by UNSCEAR, of the resultant radiation doses to individuals and to populations as a whole. Also in May, a special session of the IAEA Board of Governors agreed on a programme of action including a post-accident review meeting, drafting of international conventions for improving the emergency response to, and reporting of, accidents, and a Special Session of its General Conference at which governmental representatives would review the full range of nuclear safety issues.

A Group of Governmental Experts from 62 Member States, together with representatives of 10 international organizations, including UNDRR, convened in Vienna from 21 July to 15 August, to draft the text of two international conventions in the field of nuclear safety. These were subsequently adopted by the Special Session of the IAEA General Conference in September. Their objectives, and the Agency's responsibilities regarding their implementation, are summarized below.

The Convention on Early Notification of a Nuclear Accident entered into force on 27 October 1986. It covers all uncontrolled releases of radioactive materials from any source, irrespective of its nature and location, that may result in transboundary effects which could be of radiological safety significance to another state. Thus, any such nuclear accident involving facilities or activities carried out anywhere under the jurisdiction or control of a State which is party to the Convention - be it on land, at sea, or in outer space - would be subject to notification. Accidents connected with nuclear weapons and their testing may also be notified.

The State Party is required to immediately notify, directly or through the IAEA, other States, which may be physically affected, and the IAEA, of the nature of the accident, the time of its occurrence and, where appropriate, the exact location. It is further obliged to provide them promptly with such available information relevant to minimizing the radiological consequences in the affected countries (Fig. 2). The information to be provided by the notifying State is specified in the Convention, which also requires the State to respond promptly to a request by an affected State Party for additional information or consultations that would enable the latter to take measures for protecting the health and safety of its population and its environment. The Agency is required to serve as the focal point for receiving notification of a nuclear accident and for providing State Parties, Member States and appropriate international organizations with relevant information received by it.

The Convention on Assistance in the Case of a Nuclear Accident or Radiological Emergency entered into force on 26 February 1987. It sets out an international framework aimed at facilitating the prompt provisions of such assistance, directly between State Parties, or through the IAEA (and from it), as well as from other international organizations. State Parties are required to notify the IAEA of experts, equipment and materials they could make available for the provision of emergency assistance to other States. The

overall direction and control of the assistance would be the responsibility of the requesting State which will provide, to the extent of its capabilities, local facilities and supporting services for effective administration of the assistance received.

The Assistance Convention requires the IAEA to facilitate and support co-operation in emergency assistance among State Parties, to liaise with other international organizations for this purpose, and to assist State Parties and Member States towards strengthening their capabilities to cope with a nuclear accident or radiological emergency.

A number of interim measures has been taken by the Agency to meet its immediate responsibilities under the Conventions. These are being strengthened in the light of experience and the need for more permanent arrangements. An Emergency Response Unit has been established to facilitate the management and co-ordination of actions within the Agency's Secretariat. This Unit provides the focal point within the Agency to which an affected State will direct its notification of an accident, and for the verification and onward transmission of the notification and support information by the Agency. The Global Telecommunication System, operated by the World Meteorological Organization, is expected to provide the principal means for rapid distribution of information in support of the Early Notification Convention. By the 1st of March 1987, 62 countries had signed the Early Notification Convention and 61 countries had signed the Convention on Emergency Assistance.

At the Post-Accident Review Meeting in Vienna, from 25 to 29 August 1986, Soviet experts presented a report on the causes of the Chernobyl accident, its consequences and the counter-measures taken, together with information on the medical and environmental research programmes that had since been initiated. The International Nuclear Safety Advisory Group (INSAG) was requested by the IAEA Director General to prepare a summary of the meeting and recommendations for future actions. This has been published by the Agency as Safety Series No. 75-INSAG-1, "Summary Report on the Post-accident Review Meeting on the Chernobyl Accident".

An Expanded Nuclear Safety and Radiation Protection Programme was endorsed by the IAEA General Conference in September. Following its review by an Expert Working Group which outlined priorities for the various programme tasks and for international co-operation in this field, the programme was approved at a special session of the IAEA Board of Governors in December. The Agency's response to the Chernobyl accident has necessitated a significant increase in its nuclear safety related work and entails a 30% increase in its nuclear safety budget for 1987. In the longer-term, this expanded programme is expected to result in a strengthening of the Agency's influence on national safety programmes.

The varying national measures taken in view of the releases from the Chernobyl accident, demonstrated an urgent international need for comprehensive guidance on principles, evaluation procedures and specific values in various environmental materials and foodstuffs at which control on their use or consumption may need to be introduced. In 1985 the IAEA had published a guide on "Principles for Establishing Intervention Levels for the Protection of the Public in the Event of a Nuclear Accident or Radiological Emergency" (IAEA Safety Series No. 72). It had also commenced the drafting of a supporting publication giving guidance on the setting of derived intervention levels in foodstuffs and environmental materials. Following the Chernobyl

accident, this draft was revised to provide a document having a more practically-oriented application and was published in December 1986 as IAEA Safety Series No. 81 ("Derived Intervention Levels for Application in Controlling Radiation Doses to the Public in the Event of a Nuclear Accident or Radiological Emergency: Principles, Procedures and Data"). The publication deals with the so-called early and intermediate phases following an accident, which may last for several weeks (Fig. 3). Additional guidance is now being prepared to include the recovery phase and the effects of dispersing radioactive materials over large distances and over extended periods of time. In all of its work on intervention the Agency is co-ordinating its activities with those of the other relevant international organizations.

The accidental release of radioactive substances to the environment may cause widespread contamination at regional or even global levels and may require rapid and special responses by States to deal with emergencies. The "Assistance Convention" requires the Agency to assist Member States to develop appropriate radiation monitoring programmes, procedures and standards, and to make available to Member States, upon request, resources for an initial assessment of the consequences of an accident or an emergency. To that purpose, the relevant international agencies (FAO, IAEA, UNEP, WHO and WMO) have special responsibilities to assist Member States in dealing with radiation emergencies, including considerations for arranging communication links, contributing to the development or strengthening of national radiation monitoring capabilities and the promotion of collaboration and information exchange. In order to co-ordinate efforts at the Inter-Agency level, an Inter-Agency Committee has recently been established. The Committee is concerned with the co-ordinated planning and implementation of response to accidental releases of radioactive substances, including the development of national radiation monitoring networks for routine measurements which could be activated in the event of an accident, and the provision of information or guidance on methods of measurements and procedures for evaluating and dealing with radiation in the environment.

Figure 1:

Information Flow Under IAEA Radiation Emergency
Assistance Plan

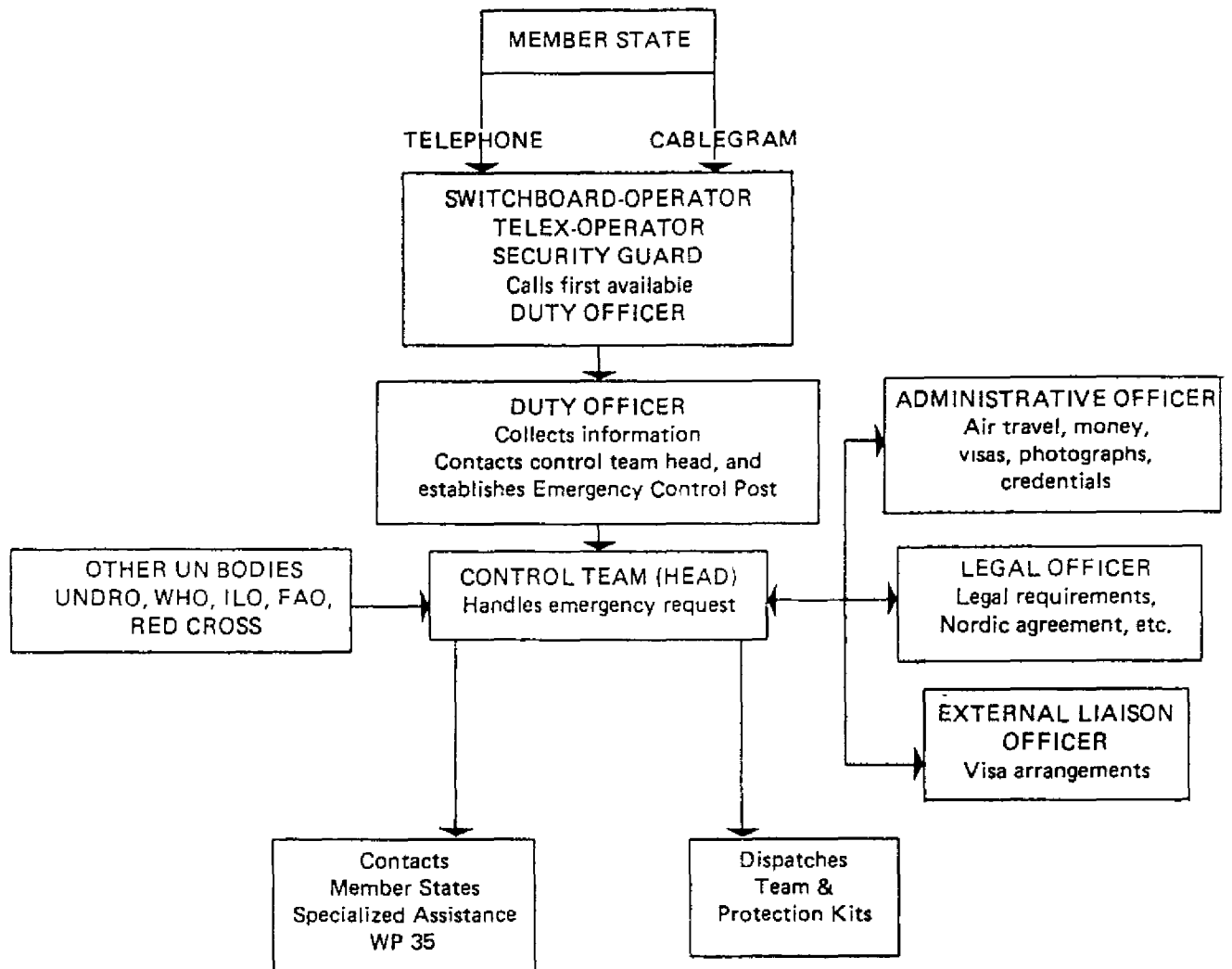
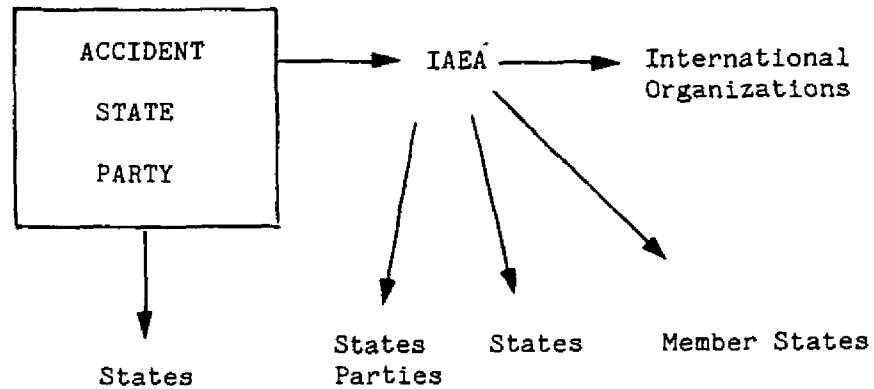


Figure 2:

NOTIFICATION ROUTING UNDER THE CONVENTION ON EARLY
NOTIFICATION OF A NUCLEAR ACCIDENT

a) DIRECT



b) INDIRECT

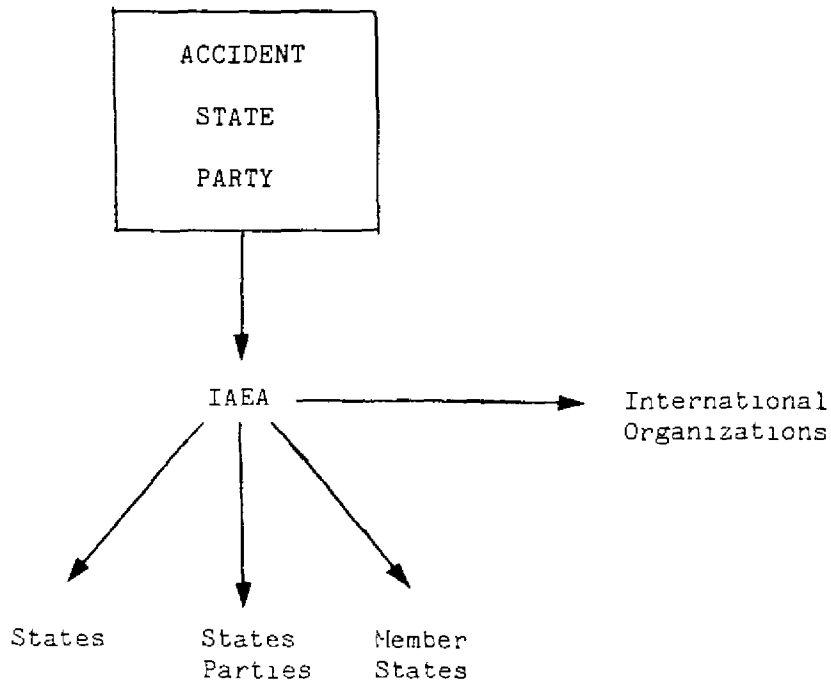


Figure 3:

EXPOSURE PATHWAYS, ACCIDENT PHASES AND PROTECTIVE MEASURES
FOR WHICH INTERVENTION LEVELS MAY BE ESTABLISHED

Potential Exposure Pathway	Accident Phase	Protective Measure
1. External exposure pathway facility	<div>Early</div> <div>Intermediate</div> <div>Late</div>	Sheltering Evacuation Control of access
2. External radiation from plume		Sheltering Evacuation Control of access
3. Inhalation of activity in plume		Sheltering Administration of stable iodine
4. Contamination of skin and clothes		Sheltering Evacuation Decontamination of persons
5. External radiation from ground deposition of activity		Evacuation Relocation Decontamination of land and property
6. Inhalation of resuspended activity		Relocation Decontamination of land and property
7. Ingestion of contaminated food and water		Food and Water controls

NOTE: The use of stored animal food to limit the uptake of radionuclides by domestic animals in the food-chain can be applicable in any of the phases.

UNDRO/UNDP RESIDENT REPRESENTATIVES' FORMAT FOR REPORTING

TO UNDRO IMMEDIATELY AFTER A DISASTER

1. Nature of disaster
2. Date of period of its occurrence
3. Name of area affected
4. Estimate of number of people killed
5. Estimate of number of people injured
6. Estimate of number of people homeless
7. Estimated total number of people resident in area affected
8. Estimates of material damage, e.g. number of houses, public utilities, cattle, crops, etc., destroyed or damaged
9. Has the government requested UNDRO/United Nations assistance?
10. Relief measures taken by government, UN Agencies, Red Cross, voluntary agencies, foreign embassies, etc. Are these bodies diverting supplies already available locally or in the region? What recommendations are they making to their headquarters offices regarding additional aid? What aid has been requested by the government from foreign embassies?
11. Type and quantity of relief supplies needed from abroad and their relative priorities in terms of delivery. These may include, for example, medical supplies, hospital equipment, food, shelter material, bedding, blankets, clothing, soap, generators, ambulances and other vehicles, dinghies, outboard motors, helicopters, other transport aircraft, etc. (The most detailed specifications possible should be given: e.g. "5-man winter-weight tents with heaters" and not simply "tents".)
12. Whether any of the required relief supplies are available for local purchase, and if so (a) in what quantities, (b) at what cost, and (c) whether a contribution is being requested from UNDRO.
13. If foreign relief personnel are required, their number and qualifications.
14. Have the appropriate authorities been alerted to admit relief aid at local airports and/or other points of entry?
15. To what exact name and address should relief supplies be addressed? This consignee may be, for instance, the national Disaster Relief Co-ordinator if one exists, or a ministry, government department or other authority charged with the responsibility for co-ordination, or the Resident Representative himself.

RECOMMENDATIONS APPROVED AT THE UNDRO-WHO-PAHO MEETING ON
ROLE AND FUNCTIONS OF MEDICAL/RESCUE FOREIGN TEAMS
IN THE AFTERMATH OF SUDDEN-IMPACT DISASTERS

Mexico City, Mexico, 25-27 March, 1987

* * * *

Introduction

Sudden-impact disasters present a serious challenge to the less developed countries. The collapse of a large number of urban structures, especially following earthquakes, calls for specialized medical and rescue skills and/or equipment which may not be available in the affected country. All types of natural disasters require disaster management expertise (evaluation, assessment, logistic support, etc.).

At a meeting on International Health Relief Assistance, held in Costa Rica in March 1986, Western Hemisphere countries, in consultation with major donor agencies, noted that their national health services are able to respond to their initial needs for medical care with the support of local civil defense and voluntary organizations.

In the aftermath of the recent earthquakes and volcanic eruptions in Latin America, a large number of countries, referred to in the text of this report as donor countries, (not only those traditionally providing funding and support but also those Latin American countries who themselves are vulnerable to disaster) sent rescue/medical teams immediately to the disaster site. These teams, of varying size and composition, arrived at different times, for different purposes and brought with them different skills, disciplines and specialized equipment.

Scope of the meeting

The meeting reviewed the international community's contribution to providing search, rescue and health assistance in the early emergency phase (10 days) following massive, sudden-impact natural disasters in order to:

- Determine the health or rescue skills, disciplines and functions which have been provided by foreign teams in the aftermath of the recent earthquakes and volcanic eruptions in Latin America and define ways in which such functions may be most effectively provided;
- Formulate guidelines for improving coordination of the immediate response in these areas and increasing the self-reliance of disaster-prone countries.

I - SEARCH AND RESCUE

(SAR)

The Participants,

Observing that traditionally, search and rescue has been carried out, for the most part, by untrained relatives, neighbours or local volunteer groups, despite the fact that the increasing frequency of disaster in large urban areas, coupled with the collapse of reinforced concrete buildings, calls for a more professional approach and;

Recognizing that locating and extricating earthquake victims in confined areas require specialized skills and equipment, different from those used in traffic accidents, fire or mountain rescue;

Aware that at the present time, studies are under way to evaluate the number of lives saved due to international intervention in recent disasters (such as Mexico, El Salvador and Colombia), but the results have not yet been published and;

Aware that similarly, research is taking place on the techniques of search and rescue;

Recommend,

1. To train staff locally in order to increase the speed of reaction to a disaster in the crucial life-saving period immediately after a disaster.

2. To subsequently employ this staff in relief work in their own country.

3. To conduct simulation exercises on a regular basis to enhance the practical skills and use of such knowledge so that this improved training and subsequent preparedness will enable a quicker and more accurate evaluation of needs, supplemented by international experts where necessary.

4. To prepare an inventory or catalogue of donor resources in order to reduce duplication of aid.

5. That a meeting be convened by UNDRG or PAHO to cover all technical aspects of this subject to be attended by technical experts involved in search and rescue in the field.

6. To develop search and rescue skills in Latin America through for example:

- bilateral courses or workshops in Latin America;
- the encouragement of in situ training and technical advice either during a disaster (only when time and circumstances permit) or, in particular, before and after a disaster.

7. To enhance the role of national authorities in disaster-affected countries:

- a) at the management or central level, through appropriate preparatory training to assign the scope of work; to accept the advice of the international community if desired in cases where such preparation is inadequate;
- b) at the search and rescue site, to direct all search and rescue activities, support foreign teams by indicating where they should operate; determine priorities.

8. That technical and professional requirements for the national who is in charge at the search and rescue site should be:

- official authority;
- adequately informed on search and rescue;
- sufficiently knowledgeable of local resources and be able to take action in procuring these;
- able to give necessary support to relief teams when difficulties are encountered.

9. To allow highly specialized, flexible and self-sufficient search and rescue teams, whether local or foreign, and to determine their size according to the type of disaster;

10. To use local volunteers (i.e., for clearing rubble, etc.) and pay attention to the type of equipment needed (i.e., certain disaster areas will not have any electricity, therefore electrical machines are of no use).

11. To achieve standardization in the following areas:

- communications, where a unique radio frequency will enable the Government Co-ordinator to communicate with all teams (usually, this is very difficult to obtain in practice);
- equipment in terms of power supply, hook-ups and definitions of performance characteristics;
- common vocabulary to be used in the description of various skills involved in search and rescue.

12. That governments in disaster-prone areas maintain in a safe place information essential to rescue operations (such as plans of buildings, electrical supply, etc.).

13. That Latin American countries train national search and rescue teams in various specialized teams and ensure exchange of technical information and training techniques.

14. That UNDR0 consider the convenience of increasing its presence in Latin America with the objective of improving the preparedness and relief co-ordination and management in case of disasters.

II - EMERGENCY HEALTH ASSISTANCE

The Participants

Observing that the health assistance provided by the international community following the recent disasters in Latin America mainly was comprised of personnel that lacked specific functions and in some cases specialized experience in disaster management and often required local support and infrastructure to be effective;

Noting that, with the exception of personnel from countries in close geographical proximity, this medical assistance arrived after local health services in the affected country had provided the emergency medical assistance;

Aware that the assessment of the health situation and requirements are the responsibility of the local government, and as such, that the health assistance provided by foreign personnel respond to actual needs which the national health system cannot meet and, be in compliance with the legal norms and health priorities of the affected countries;

Concerned that the activities of many unsolicited voluntary groups, without international recognition, arrive without co-ordination to provide medical assistance, creating logistic and financial problems for the affected country;

Recognizing the valuable contribution of those health experts from agencies or countries with well-known experience in disasters; and,

Convinced that disaster-prone countries should strive toward administrative and operational self-reliance in terms of material and human resources;

Recommend,

1. To endorse the recommendations of the high-level meeting on International Health Relief Assistance in Latin America, held in Costa Rica in March 1986, in particular urging that foreign medical teams be dispatched only at the specific request of national health authorities;

2. That UNDR0 and WHO/PAHO remind both governmental and non-governmental potential donors and recipients of this policy at the time of emergency;

3. That specific programmes be directed to the mass media in order to improve the dissemination of technical health information on the situation after disasters;

4. That disaster-prone countries undertake training of health personnel in specific areas where skills and experience have been insufficient after disasters in Latin America and that both donor and vulnerable countries promote co-operation for the preparedness and training of personnel in the most critical areas (see pages 48 and 49);

5. That both donor countries and agencies dispatch only solicited health personnel, with the skills and experience required for sudden disasters and with the proper knowledge of the culture and language;

6. The efforts such as the Commission of the European Economic Community to co-ordinate the assistance, be encouraged;

7. That UNDR0 and WHO/PAHO prepare and update a list of health supplies, equipment and personnel which could be sent by donor countries;

8. That UNDR0 and WHO/PAHO promote the preparation of norms, profiles and accreditations to be used by the countries in order to recognize and endorse unsolicited voluntary non-governmental organizations;

9. That countries affected by disasters establish and disseminate policies concerning the acceptance of foreign health teams in the aftermath of a disaster;

10. That disaster-prone countries prepare their health personnel, with the help and co-operation of international agencies, countries of the region and other donor countries, to provide an effective and immediate response to the stricken population.

11. That Latin American countries revise the list of basic medicaments, equipment and supplies for disasters and send their technical comments to the Emergency Preparedness and Disaster Relief Co-ordination Programme of PAHO/WHO in Washington.

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III - ASSESSMENT OF HEALTH NEEDS

The Participants,

Recognizing the critical importance of independent, reliable and prompt assessment of needs and the appreciable difficulty in obtaining such information in the first days after a disaster when international public pressure weighs heavily on decision-makers;

Endorsing the observations of participants at UNDR0's 2nd International Meeting on Mobile Disaster Units held in Geneva in 1984, that "experience with the affected country and an understanding of the socio-economic conditions of the affected population is the most important element for post-disaster assessment;

Recognizing that major donors, agencies and governments may need to carry out their own assessment to determine what assistance is most compatible with their own administrative or political constraints;

Supporting the efforts of WHO/PAHO and UNDRO to immediately mobilize a team of disaster specialists and health advisors to co-operate with the authorities of the affected country, and the international community in the diagnosis of the impact of the disaster on the public health and the operational capacity of the health system, the assessment of genuine needs for external assistance in medical care, water supply, sanitation, and other health related fields;

Recommend,

1. To reiterate the need for a single, authoritative focal point of information on emergency requirements at the international level and that consequently the League of Red Cross Societies, UNDRO, PAHO/WHO and other U.N. agencies issue a joint situation report.

2. That health or rescue assessment experts sent by countries or non-governmental organizations to disaster sites in the Americas co-ordinate their activities with those of the assessment team of PAHO/WHO, UNDRO and the national authorities, in order to avoid duplication and to benefit from the disaster expertise and cultural understanding of international personnel stationed in the affected country.

3. That leading donors identify, in advance, health or rescue assessment experts who will co-operate in preparedness activities in Latin America so that those experts and the national teams in disaster-prone countries may effectively accomplish their mission.

4. That donor countries (as defined in the introduction) be encouraged to establish an orientation programme with their embassies in disaster-prone countries, including information on disaster preparedness, assessment and handling of needs and recommendations on requests for assistance.

TECHNICAL BASIS THAT MULTIDISCIPLINARY HEALTH TEAMS

SHOULD POSSESS DURING THE FIRST 10 DAYS

FOLLOWING A MAJOR SUDDEN-IMPACT DISASTER

Medical Care/Health Service

- formulation/revision of immediate needs for medical/surgical supplies and equipment (WHO/PAHO list);
- preliminary evaluation of the impact on delivery of health care (offer/demand);
- assessment of needs for mass casualty management;
- assessment of requirements for rehabilitation of trauma;
- identification of priorities and estimate costs of emergency repairs to health services.

Medical Supplies Management

- setting up an inventory, distribution and management system for donated emergency supplies;
- revision and standardization of requests for medical supplies (for technical specifications and quantities).

Environmental Health

- evaluation of impact on water supply, sewerage and or sanitation systems and advise on the establishment of priorities in rehabilitation of services;
- formulation/revision of emergency requests for technical assistance, equipment, supplies related to water and sanitation and environmental health;
- formulation/revision of requests for emergency repairs (cost estimate) of water system;
- provision of advice on water quality control;
- initial planning and cost estimates for rehabilitation of affected water and sanitation facilities;
- environmental health management of temporary settlements for displaced populations;
- surveillance in temporary camps/settlements.

Structural Engineering/Architecture

- rapid and preliminary evaluation of structural damages to health facilities;
- provision of advice on the safety of the health premises;

- formulation/revision of preliminary projects for emergency repairs of key facilities in order to permit temporary or partial use, pending reconstruction.

Disease Prevention and Control

- establishment of a disease surveillance system;
- provision of advice to authorities and foreign teams on control measures to be taken and those to be avoided (preventive or curative measures including vector control, food control and animal health);
- documentation of the epidemiological situation for further reference.

Nutrition

- evaluation of the food supply in the affected area;
- evaluation of short term food requirements of the affected population;
- evaluation of the operational capacity for the preparation, management and utilization of food;
- planning and management of food distribution.

Information Management

- compilation of statistics from various sources;
- co-ordination of the daily written situation reports/bulletins on health for dissemination to representatives of relief agencies and the international community.

Communication

- re-establishment of operational communications between the disaster site and the Ministry of Health, and/or the outside world.

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UNDRO FORMAT FOR DONORS' CONTRIBUTION REPORTING

1. Donor
2. Recipient country and disaster
3. Date of decision to contribute
4. Description of the relief item
5. Quantity provided, including unit of measurement
6. Value of each relief item, including currency
7. Transport of relief item, if any:
 - a) type - air/land/sea
 - b) value of transport:
 - to recipient country (i.e. external transport)
 - within recipient country (i.e. internal transport)
8. Channel (for those contributions which are channelled through or via intermediaries)
9. Local implementing agency (in disaster-stricken country)
10. Area of destination of contribution (in disaster-stricken country)
11. Purpose of contribution (if country is affected simultaneously by more than one disaster)
12. Expected date and place of arrival of contribution in the disaster-stricken country
13. Budgetary source of contribution (Ministry, etc.)
14. Specification of technical assistance provided and/or assesment teams deployed and their respective skills.

* * * *

EVALUATION
=====OF
=====RELIEF OPERATIONS
=====

The importance of consistent and substantial evaluation of emergency relief operations has often been stressed, but has proven to be difficult to put into practice. Of the various reasons given, those most often advanced refer to lack of funding and qualified personnel, as well as to the near impossibility of undertaking an evaluation exercise when it is most useful, namely during or immediately after a given emergency relief operation. Another reason may well be an underlying reluctance to engage in evaluation because it is feared that performance will be measured against a theoretically perfect (and therefore non-existing) model operation, rather than against what objectively could have been achieved under very difficult and rapidly evolving conditions.

On the other hand, as evaluation remains an essential learning and action-oriented management tool for improving planning, programming and decision making, UNDRP feels it may be providing a service to both donors and recipients of emergency assistance by proposing a simplified and experimental evaluation exercise along the following lines:

- Shortly after each emergency in which the international community was involved to a certain degree, the Office would circulate the attached evaluation questionnaire to all donors having reported the provision of emergency assistance. The answers received could well provide simple feedback on performance and on the perceived quality of assessments and implementation. The collected responses could accordingly begin to form a quite useful profile of the successes and shortcomings of current disaster management.
- This entirely voluntary exercise would be undertaken during an experimental period of twelve to eighteen months, following which UNDRP would attempt to analyse the returns and publish the results as appropriate.
- The attached draft questionnaire has on purpose been kept short and easy to complete, in order to facilitate early response. It is herewith submitted for consideration and comments.

* * * *

UNDRP DISASTER EVALUATION SHEET

ORGANIZATION: _____

ADDRESS: _____

DATE: _____

I. THE EVENT

Date: _____ Disaster: _____

Country: _____

Geographic area affected: _____

Estimated Number of Inhabitants in Area Affected: _____

II. CASUALTIES: (Indicate statistics retained by your Organization if different from those announced by UNDRP)

Estimated number of persons affected: _____

Of which: Deaths: _____ Injured: _____ Homeless: _____

Number in need of emergency assistance: _____

III. DAMAGE

How does your Org. rate damage to	Insignificant	Moderate	Severe	Not Applicable	Comments
Housing					
Hospitals, schools other buildings					
Communications					
Roads, railways, bridges					
Infrastructure (industries, dams, water supply, sea-defences, harbours, electricity)					
Agriculture (crops, livestock, fruit-trees, irrigation networks, forests)					
Estimated value of damage (indicate source, date)					

IV. EMERGENCY NEEDS: (Indicate source/method of identification; target group; channel and time of arrival of goods supplied by your Org.)

	Quantity Identified	Total Supplied	Comments
Food			
Clothing/Blankets			
Shelter			
Medical Supplies			

	Quantity Identified	Total Supplied	Comments
Water/Sanitation			
Equipment & Supplies (Generators, earthmoving, seeds)			
Logistic support			
Search and Rescue/Medical/Assessment Teams			
Cash			
Other			

V. IN-COUNTRY RESPONSE

Activities by your Organization: _____

Duration of relief operations: _____

Designated focal point for operations: _____

In which local co-ordination mechanisms did your Organization participate: _____

In which international co-ordination mechanisms did your Organization participate: _____

VI. EVALUATION

How does your Org. rate:	Poor	Adeq	Good	VG	Comments
Relationship with Government					
Assessment of Damage and Identif. of Relief needs					
Development of concerted relief programme (CA/RES 36/225 and 37/144)					
Donor understanding of and adherence to concerted relief programme					
Overall Performance of Relief Operations					
Relationship with UNDRR/UNDP ResReps					
Co-ordination with UN Agencies					

How does your Org. rate:	Poor	Adeq	Good	VG	Comments
Co-ordination with Embassies/bilateral donors					
Co-ordination with NGOs					
Co-ordination with other foreign relief teams					
Emergency Communications					
Usefulness/ timeliness of UNDRD Sitreps					
Utilization/procurement cash grants through UNDRD					
Local Supervision and Distribution of Relief Supplies					
Response to your Organ- ization's Appeal					
Mass media interest					

VII. CONCLUSION

Areas particularly successful: _____

Difficulties encountered: _____

Suggestions for improvement: _____

Follow-up after phasing-out of relief ops: _____

Prepared by: _____ Date: _____

MEASURES AGREED BETWEEN THE MEMBER STATES AND THE COMMISSION

TO IMPROVE DISASTER RELIEF CO-ORDINATION AT COMMUNITY AND

INTERNATIONAL LEVEL

Within the first few hours following the disaster, the despatch of an international evaluation team led by UNDRO or FAO (according to the type of disaster) including national experts coming from donor countries or using those already present on the spot.

At the same time, co-ordination on the spot between Member States and the Commission, in parallel with co-ordination with other donors. The aim is to collect information, analyse the situation in liaison with the international evaluation team, and to try to draw up a concerted action programme ("who does what") or combined actions.

The local representatives relay to their capital/headquarters of the Commission the information gathered, their analysis of the situation and suggest the action envisaged locally.

Co-ordination on the spot is complemented by co-ordination in Europe via the Emergency Aid Service of the Commission with the national services.

All these operations should be carried out rapidly and without bureaucracy, in order to enable Member States and the Commission to meet the needs which must be evaluated correctly but which remain no less urgent.

Following such a format does not prevent the commitment of a limited amount immediately after the disaster, in order to maintain political impact, but its use would be suspended awaiting the results of the co-ordination meetings. Moreover, this format should not become a rigid framework, in particular in the cases of disasters of an exceptional magnitude where the very size of the needs reduces the risk of a plethora of international relief.

This effort to improve Community and international co-ordination should be completed by the drawing up, in countries at risk, of national disaster plans in order to better prepare these countries to face disasters. Donors should encourage countries along these lines, as well as UNDRO which should lend them all the conceptual assistance necessary.

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