**GUIDANCE OF INTERVIEW**

**Informant criteria:**

The informant for interview using this instrument was surveillance officer or chief of emergency medical team of disaster in Primary Health Center.

**Subject to be asked**

This instrument is a semi-structured questionnaire. This instrument consists of 4 main parts. The first part focused on participant information and second part consists of primary health care system post disaster (accessibility, demography, telecommunication, preparedness and logistic stock). The third part was early warning system performance in timeliness and completeness post disaster. The fourth part was described health crisis, health system disruption on before, event and post disaster projection, humanitarian response, and health/disease risk.

**Way of asking**

The interviewer should ask each part of the instrument clearly and let the informants give detailed information. The interviewer should also develop a good relation with informant, use polite and easy understanding language, and make a comfortable situation.

**Coloring criteria**

In the part of health crisis and health system disruptions, informant use color as health system situation score to capture the condition of primary health center.

**Probing**

In order to get deep information, interviewer should use probing when asking to the informant. This consists of deeper question, cross check the information, re-asking, and other method of probing. The interviewer should make comfortable interview while digging the information.

## IDENTITY

1. Name of PHC : District : Provincei :

2. Address :

3. Telephone : Fax : email :

4. Respondent/Informan :

Name : Name :

Title : Title :

HP : HP :

## GENERAL INFORMATION AND ACCECIBILITY

1. Demography
2. Communication Access
3. Transportation Access

## Preparedness

1. Drug and Equipment

## EWARS PERFORMANCE

## HEALTH CRISIS

1. Summary
2. Impact of The Crisis
3. EWARS
4. Health Problem and Future Projection
5. **Health System: Disruptions of Health System and Future Projections:**

| **Disruption** | **Month(s), starting now** |
| --- | --- |
| **1** | **2** | **3-6** | **6-12** |
| Disrupted management |  |  |  |  |
| Reduction in financing |  |  |  |  |
| Inability of non-state providers to maintain services |  |  |  |  |
| Disruption to supply chain (including pharmaceuticals) |  |  |  |  |
| Degraded alert and response |  |  |  |  |
| Migration of human resources for health |  |  |  |  |
| Damage to health facilities |  |  |  |  |
| Access to healthcare |  |  |  |  |

1Red: The majority of the health system feature / health service has been or could be rendered non-functional. Most people / patients do not have access to healthcare. A major reduction in health service coverage or quality could occur. Orange: A substantial minority of the health system feature / health service has been or could be rendered non-functional. A substantial minority of people / patients do not have access to healthcare. A moderate reduction in health service coverage or quality could occur. Yellow: A small minority of the health system feature / health service has been or could be rendered non-functional. A small minority of people / patients do not have access to healthcare. A small reduction in health service coverage or quality could occur. Green: The vast majority or entirety of the health system feature / health service is very probably still as functional as before the crisis. No risk factors for reduction in health service coverage or quality have been identified. Grey: No plausible assessment can be made at this time.

1. **Humanitarian Respond**
2. **Risks of Disease**
3. **Information Gap**
4. **Priority Intervention**