WORLD HEALTH ORGANIZATION

HANDBOOK FOR

EMERGENCY FIELD OPERATIONS

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The annexes come in two formats: as printed documents or in Word 7 files on the diskettes attached to the Handbook.

The criteria used for including an annex as printed or Word files are the following:

Printed	Diskette (Word 7 files)
Needed for quick and easy reference	Frequently updated
Frequent use	Needs to be adapted to local conditions
Essentially for individual consultation	Likely to have wide circulation
	Forms that can be filled in electronically

NOTE: For some documents, both formats are used as they fulfil both sets of criteria. Should you lose any of the diskettes you can download them from WWW.WHO.INT/EHA/resource/disks.

INTRODUCTION

The *Handbook for Emergency Field Operations* is a management and reference tool for WHO staff working in "complex emergencies" or other situations where customary working conditions and normal procedures are suspended. Its content is based on the experiences of WHO staff, UN and Non Government Organizations. Its intended audience, purpose and contents are summarised below.

AUDIENCE

The handbook is written with different perspectives in mind. Accordingly, the audience and use of the Field Emergency Handbook will vary relative to the individuals' situation and needs:

- **WHO Country Representatives,** facing complex emergencies, may find useful the references and suggestions for coordinating and managing international response efforts in Chapters 4 & 5.

- **Professional health staff** would benefit by referring to the last four chapters, annex. 2 (Technical Notes) and annex. 5 (Information and Documentation).

- **Administrative and logistic staff** will find chapter three and annex. 1 (Personnel) and annex. 5 (Miscellaneous) particularly relevant to their duties.

- **Consultants**, with little or no knowledge of WHO procedures, will profit by reading the entire handbook and the annexes.

PURPOSE

This handbook is designed with field conditions in mind; it implies a worst-case scenario where WHO staff have to start from scratch to establish a WHO presence. It gives an overview of the different players in the response effort and their individual responsibilities. It is also a ready reference to the WHO regulations and administrative procedures necessary to facilitate your work; it explains how to apply them appropriately, in good time and effectively. **However, it is essential that all field activities are carried out in close collaboration and under the supervision and responsibility of the WHO country and regional offices.**

Two important points to keep in mind:

1. This handbook is not meant to be an encyclopaedia of emergency management. WHO and other agencies have already developed manuals and guidelines to address specific health and other technical issues in emergencies as well as the operational procedures related to their implementation.
2. This handbook deals with matters of organisation, management and administration pertinent to emergencies which are not covered in other WHO publications. ***It does not replace the WHO Manual.*** It will facilitate field work by summarising those parts of the Manual that are more relevant in emergencies and by integrating practical advice learned from the experience of WHO staff. Section XV.4 of the WHO Manual deals extensively with definitions, principles and procedures for Emergency and Humanitarian Action.

CONTENTS

The chapters follow a logical sequence of events: from preparation for a field assignment, to operating in the field, through to your departure. At the back of the handbook you will find annexes containing guidelines, references, templates and checklists (referred to in the main text).

Chapter. 1 **Readiness,** contains practical advice on how to prepare for the assignment and will help you identify administrative and technical issues to raise with your Desk Officer and Logistics Officer. It includes advice on equipment and essential documentation that you may need.

Chapter. 2 **Getting to the Field**, starts with practical hints for your travel to the country of assignment; lists the most useful contacts and sources of information with suggestions for locating and interacting with national or international counterparts. You will get a better idea of the overall response effort, the different players involved and, most importantly, the part you will play.

Chapter. 3 **Preparing for Operations**, will help you determine which resources and logistic infrastructures are available locally. What can you utilise? Which international and national organizations provide what services? Methods of assessment are proposed. There are also detailed instructions for establishing an office, recruiting national staff, procuring supplies and importing goods.

Chapter. 4 **Starting the Operations**, gives you ideas on finding partners, coordinating with them, preparing a plan of action and mobilising resources. You will also find guidelines for ensuring standards for health care and relief items.

Chapter. 5 **Running the Operations,** provides suggestions for standardising, collecting, collating and disseminating data. How to use maps, charts and organigrams to track health activities and direct response efforts. Templates, suggestions and formats for the many different reports necessary are included.

Chapter. 6 **Completing your Assignment**, helps you prepare for your departure. How to hand over your work to national professionals, WHO staff or other organisations? Planning and operational steps for the completion of your mission are detailed. This chapter includes advice on preparing for debriefings at the Regional Office.

Chapter 1

READINESS

Getting prepared for an emergency assignment is not easy. No matter what information you have, no matter how good the source, you will always meet with the unexpected. However, by careful preparation, you can be equipped and ready to manage unforeseen events, and eliminate many problems before they arise.

This chapter gives you some indications on how to prepare yourself for the mission. Of course, they are just general indications. Each mission has its own requirements, and you will have to discuss with the Desk Officer and the Logistics Officer in order to understand the task ahead, and have an idea of your needs in the area of assignment.

Nonetheless, take some time to read the section on Mission Readiness as it contains many useful tips to ensure peace of mind while on assignment. In Annex. 4 you will find a section on stress containing useful guidelines for separating, and eventually reuniting, with your family.

Consider copying and distributing the pre-departure information sheets to staff members preparing to join you in the emergency area.

1.1 MISSION READINESS

Hints.

- *Where are you going?* Information on your country of assignment will help you integrate more quickly and effectively into the new assignment. If you are to work in a complex emergency, review also what you know of human rights and humanitarian law. In Annex 4, you will find a list of websites that can provide useful background information.

- *When did you have your last medical check-up?* Physical fitness is essential when on mission. Before you leave, have a full medical examination; obtain all the necessary vaccinations for the destination; research the type of illness and disease prevalent in the area. Now is the time to take precautionary measures.

- *Have you completed all WHO administrative procedures?* Is your Laissez-Passer up-to-date? Insurance beneficiaries? Bank details? Etc.?

Read this chapter and go through the Mission Readiness Checklists in Annex 1. Some points are so common and self-evident that they are often overlooked. Others are very important to your peace of mind, but they are uncommon and thus they are often forgotten. Read this chapter and go through the following Mission Readiness Checklists in Annex 1:

FAMILY WELFARE. Discuss the Readiness Checklist with your spouse or another responsible adult. This can help avoid many unnecessary problems.

BANKING INFORMATION. If your bank records are in order before you leave, deposits, withdrawals and payments while you are on mission will be easier.

When you are away from home and working under stressful conditions the last thing you want to worry about is an unpaid bill or whether your family is having financial problems

BUSINESS AND FINANCE. Make sure your finances are in good order before you leave.

AUTO REPAIRS AND MAINTENANCE. Avoid automobile worries during your absence.

HOME SECURITY, REPAIRS AND MAINTENANCE. Feel at ease about home security during your absence.

1.2 WHAT TO CARRY ALONG

Each mission has its own peculiarities. The lists below are indicative and should be adapted to the individuals' choice.

A. PERSONAL ITEMS

Keep personal items within acceptable weight and value limits. Consider that you may have to leave your luggage behind.

- Suitcase should be solid and lockable to prevent theft and damage.
- International driver's license.
- National passport: ensure validity for the duration of assignment; carry at least 12 spare passport photographs for additional visas or ID cards.
- Valid International Vaccination Card with all necessary shots for your destination.
- Sufficient per diem advance for duration of mission, some of it in cash: US$ or a medium of exchange that is accepted in the area of assignment. Vary the denominations and enquire whether date of issue is a consideration - consult Desk Officer for more information.
- Travellers cheques. Ask your Desk Officer if they can be easily exchanged at destination. Keep separate record of cheque numbers.
- Credit cards. As above, plus closest contact number in case of theft or loss.
- Clothing appropriate to location, season and assignment. Take sturdy walking shoes with good ankle support, water proofing & comfort. Don't forget hat, sunglasses and sunscreen for protection from sun, or gloves for cold weather. Rubber sandals for showering.
- Toiletries (soap, razors, tampons, etc.) - do not assume availability of anything at destination.
- Watch. An inexpensive digital is generally ideal; take also an alarm clock.
- Any medications you may need; inform WHO of any relevant medical history that may affect treatment in case of accident (e.g. allergies and/or any prescription medicines). Make sure you have enough prescription medicine for the duration of your mission.
- WHO medical kit.
- Condoms.

- Waterproof flashlight and spare batteries.
- Short-wave radio and spare "long life" or rechargeable batteries.
- Camera, film and batteries.
- Swiss Army Knife or similar.
- Adapters for all electrical appliances and voltage converters (110v → 220v or vice versa).
- Pocket calculator.
- Travel/language books for the region will greatly assist you.
- Mosquito repellents and net, if required.

TIPS: Photocopy important documents (Travel Authorisation; Laissez-Passer; vaccination card; drivers license etc.) and keep separately in safe place. Note your Blood Type on your vaccination card. If carrying valuables, arrange for extra insurance on your Travel Authorisation.

B. OPERATIONAL EQUIPMENT

Study the list of emergency equipment available at HQ and at the Regional Office and decide what you will need for the mission in consultation with Logistics Officer.

- Laptops and printers are a priority and, if you have a team, each team member should have his/her own. Ensure they are functioning and comply with the configuration and software requirements required for the mission. Ensure there are no passwords on the computer or the software programs.
- Satellite telephone can be another priority at the emergency site. Ensure it is fully functioning and that it interfaces with the issued laptops for data transfer. Test the data and fax capability of the sat-phone before departure. Check that the user manual is enclosed.
- Operating manual for the e-mail software package used by WHO and the access numbers and codes, if any, to operate it.
- A video camera, batteries and film to record activities in the field.
- Ensure all electronic devices have appropriate power supply and plugs for destination country.
- Stationery: paper, ink jet cartridges, notebooks, pens, pencils, WHO official stamp, travel claims, letterhead stationery, etc.
- Identification: WHO armbands, T-shirts, pennants, vehicle decals, etc.
- Ask what is available at WHO office in affected country. Co-ordinate with the Logistics Officer for extra freight allowance if needed.

C. ESSENTIAL DOCUMENTATION

Read as much as you can on the country of assignment and on the features of the emergency before you leave. This will greatly facilitate your work once you are there.

Ask your Desk Officer for:

- situation reports “sitreps” and any documents relevant to the country and the emergency;
- all WHO correspondence pertaining to your mission and to the emergency;
- reports from other UN agencies and NGOs involved;
- reference material on the country and the surrounding region: history, demography, economy, etc.;
- maps of the country and the surrounding region; have digitised maps installed in your laptop;

- the list of national and international contact persons in the affected country and surrounding region;
- the WHO technical divisions' guidelines that you may need according to your terms of reference;
- reports of other WHO emergency operations (Lessons Learnt, Annex. 4).

Look on the Web for additional information on the country and the current crisis (see list of web sites Annex. 4).

If you are to work in a team, familiarise yourself with the CVs of the other team members.

1.3 ESSENTIAL BRIEFINGS

The first briefing may take place at WHO Headquarters. After this, it is WHO procedure that before proceeding to the country of assignment, every staff member has a briefing at the Regional Office concerned. Upon arriving at the Regional Office you should:

- review with your supervisor and have a clear understanding of:
    1. **your Terms of Reference**
    2. **the aims and objectives of the mission**
    3. **whom to report to and the frequency and format of reports;**
- be briefed by the Desk Officer for the affected country or sub-region; ask for the latest security update from UNSECOORD, including which means of transport you are entitled to use locally;
- discuss administrative and logistical matters with the Administrative/Logistics Officer;
- be briefed by the Regional Logistics Officer on the state of logistics in the affected country and get a list of equipment available at HQ for emergency operations;
- be briefed by Finance on imprests and proper financial reporting;
- get clear information on focal points, mechanisms and procedures for the mobilisation of technical and administrative assistance from the Regional Office;
- get a realistic estimate of the lead-time that will pass between your request and the Regional response;
- be briefed by the EHA focal point on methods of focusing donor attention. How you can assist one another in coordinating donor appeals; get a clear understanding on the information that you can release to the media.

Discuss Section XV.4 of the WHO Manual; clarify the extent and scope of decisions that you are allowed to take; make sure that they are consistent with your Terms of Reference (see also below: "Delegation of Authority); get a clear understanding of all other relevant sections of the WHO Manual.

Chapter 2

GETTING TO THE FIELD

2.1 DEPARTURE

You are now ready to leave for the site of your assignment. If the destination is designated as being in an emergency phase, you may need to have security clearances (see Annex. 3). If you do not have the security clearance to enter a country, where this is required by the UN, you will not be covered by insurance.

In situations where security is an issue, you are advised to read the contents of Annex. 3 for guidance on protective and precautionary measures.

If you travel in a team, when checking-in try to book seats so you can all sit together during the journey and discuss last minute details. Always re-confirm flights before departure.

Make sure that the WR and the UN Resident Coordinator in the country of assignment are informed of your arrival time and flight number. Where possible, ensure that hotel bookings and transportation from airport are pre-arranged.

It is advisable that you travel carrying the following on you or in your hand luggage:
- Travel tickets and confirmation of hotel bookings;
- National passport, Laissez Passer, driving license and vaccination card;
- Currency, travellers cheques and credit cards;
- Travel Authorisation, terms of reference and contract;
- All satellite phones and laptop computers;
- Spare set of clothing and toilet bag;
- Prescription medicines and malaria prophylaxis if necessary;
- Any item of personal value.

IMPORTANT: when you are on mission, the following expenses are reimbursable:

- transportation expenses (i.e. carrier fare);
- terminal expenses (e.g. taxi fare, airport taxes);
- necessary additional expenses incurred during travel.

Keep the receipts for these expenses and attach them to your Travel Claim when you submit it at the end of mission.

WORST CASE SCENARIOS. Do not assume that you will be always able to travel by regular, commercial means of transport. There may be cases where you will have to negotiate your transportation with other UN agencies, NGOs, the Military, etc. In these cases consider that:

- special flights or convoys can often accommodate only a limited number of passengers and require special clearances; often they are very costly and payment has to be in cash;
- depending on the mean of transport, you may have to travel especially light. In this case, consider carefully which are the essential items to carry with you;
- cargo flights are uncomfortable and can be very cold, even in the tropics. Take a sweater with you and do not assume that you will find water or a toilet on board;
- you may have to sign a waiver, discharging the organisation that provides the transport, of any responsibility concerning accidents during the travel: discuss this possibility with your supervisor.

2.2 ARRIVAL

If you are travelling in a team, on arriving at your destination, complete all immigration and customs formalities together. Look for a UN protocol officer (from any agency) who can assist in speeding-up formalities.

After clearing the entry procedures be on the lookout for WHO staff or for other UN staff. They can help you get a lift from the airport.

Go immediately to the hotel and ensure a room is available. If necessary, the accommodation can serve as a temporary office until more suitable premises can be found.

> Once you have obtained a room and completed all hotel formalities, contact the office of WHO, or that of the UN Resident Coordinator. Inform him/her of yours and the team's arrival and composition.

2.3 FIRST CONTACTS

The WHO staff in country are the first partners that you must get on your side for your mission to be successful. Have a first briefing with them. Then contact the Regional Office and report safe arrival to your supervisor there. Give hotel/home/office contact numbers.

In the WHO office, you will find reports and files with additional information on the country and the current situation. After this, you should:

- meet with the Government officials concerned with the emergency;
- meet with the UN Resident Coordinator and explain your mission;
- identify and meet with other UN agencies and NGOs currently working in the area;
- identify and meet with national experts who may be able to assist you.

2.4 FIRST ASSESSMENTS

The first item in your working agenda is to assess the situation. You have to conduct your own Rapid Health Assessment, or participate in a multi-sectoral assessment. The more effective you are in collecting and circulating information at this stage, the easier it will be to assert WHO's role in coordinating Health relief later (see Chapter 4).

You must:

- get a general view of the situation,
- identify groups and areas most at risk,
- identify the vital needs that require immediate response,
- evaluate the resources available,
- identify the critical gaps.

The assessment can be carried out at national level, or it may have special focus on particular areas or groups (e.g. Internally Displaced Persons or refugees). Information can come from official records, informal interviews and from a variety of other sources, some external to the Health Sector. Just on the basis of secondary data you can get a fair picture of the global situation. In most cases you will not start from zero; more often than not, your task will be to order and understand available information rather than to collect new data.

A. ASSESSING THE SITUATION AND THE TRENDS

Look at the causes, the magnitude, the affected areas, the likely evolution of the emergency and its impact on human beings, environment, infrastructures, services, property, etc.

You need data on the following:

- population affected/at risk
- crude and Under-5 Mortality rates
- security and accessibility of the territory affected
- displacement and migration of the population
- state of national economy and people's purchasing power
- state of production, of stocks and commerce
- state of communications
- global patterns of external assistance

If you are working in a war-affected country, you also need data on the patterns of violence: attacks against the population, the Health facilities and other infrastructures. Military operations and the presence of landmines will be an important consideration.

You will find part of these data in WHO, in reports or bulletins from the Ministry of Health, UNICEF and NGOs. For others, you will have to consult the reports of UNDP, WFP, UNHCR and FAO, or the media, and you may have to make do with proxy indicators.

B. ASSESSING NEEDS

Look at the vital needs of the affected population and 'contextualize' the Health situation in the global picture.

Populations affected by an emergency, be they displaced by floods or drought, fleeing from war, etc., all have the same vital needs:

- security
- water
- food
- shelter and sanitation
- clothes, blankets and essential domestic items
- Health care

Precise information requirements will vary according to the nature of the emergency, but you want to know at least:

- what are the main causes of illness and death,
- what are the acute malnutrition rates and if micro-deficiencies are being reported,
- whether epidemics or starvation are occurring,
- what are the country's endemic diseases,
- state of relief operations (Health and other sectors): i.e. resources, general performance and Health-related programmes,
- performance of the national Health services, i.e. adequacy of resources, coverage and concentration of activities.

C. ASSESSING RESOURCES

Look whether there are gaps in the response capacity of the Health sector. In order for the vital needs to be satisfied, resources are needed for specific relief and support activities. You want to ensure that there is no duplication of effort, that costs are minimised, and that the capacities of the national authorities for relief and recovery are strengthened. In particular, determine what resources may already be available in the country. So, what you want to know is what is in place and what is missing in terms of:

- security, water, food, shelter and sanitation, blankets, buckets, soap, pots and fuel for cooking;
- surveillance and epidemic preparedness;
- measles immunisation and Vitamin A;
- basic curative care for diarrhoeas, ARI, malaria;
- nutritional screening and therapeutic feeding;
- health referral and support systems: cold chain, laboratory, essential drugs, heath information system and supervision;
- mechanisms for information and coordination;
- logistics (capability of Government and other organisations, situation of ports of entry, warehousing and access routes);
- communications.

1. For each item of equipment and supplies, determine the present and future resources of local authorities, UN agencies, NGO's and donor groups. If resources are being mobilised, determine the scheduled arrival time.
2. Draw conclusions on the immediate and critical shortfalls in resources. Make a distinction between requirements that are mission critical and those that are mission enhancements. Be realistic in stating your needs and consider trade-offs when presented with operational alternatives.

D. LOOKING FOR INFORMATION

At the *National level*, a list of contacts and sources of information includes:

- MOH: emergency coordination unit, departments of planning, epidemiology and Nutrition;
- UN Coordinator for Humanitarian Assistance and staff;
- National Relief Agency;
- UNDP Resident Representative and staff;
- UNICEF Representative and programme staff (health, nutrition, water);
- WFP Director of Operations and staff;
- UNHCR Representative and medical coordinator;
- Major international NGOs, at least those active in the Health sector;
- National NGOs, at least the national Red Cross Society;
- World Bank Rep. and staff;
- Major Donors, through their embassies or their Aid agencies;
- ICRC Head of Mission.

If you can extend the assessment to the *Provincial/Regional level*, you will have less time there, typically one or few working days. Contact the following:

- the Administration (Governor or equivalent, and staff);
- the MOH Provincial Directorate (Director, staff and PHC programmes);
- the provincial referral hospital (MO in Charge and registry);
- the provincial office of the National Relief Agency, if any;
- UN offices (UNHCR, UNICEF and WFP are frequently represented);
- NGOs.

DOING THE RIGHT THING THE RIGHT WAY

1. Associate to the assessment as many partners as possible. **ALWAYS work together with national or local staff**.

2. Your task will be easier if you use standard formats. In Annex. 5, you will find forms that you may use to collect data on:
   i. resources immediately available from other organisations
   ii. future international resources
   iii. local resources.

For assessment at field level, use the forms of the national Health Information System or develop something similar. This will make it easier for local health workers to answer to you, and for officials at the central level of MOH to understand your findings.

3. In an emergency, hard data are mostly unattainable, but
   - figures of population are essential for calculating indicators and for planning; these "denominators" must be estimated, discussed and accepted by all involved in relief;
   - cross-match data in order to get one idea of the overall quality of information and to arrive at educated estimates;
   - do not let necessary action be blocked by shortage of data; be content with estimates and trends rather than insisting on hard data that may be unattainable;
   - by shuttling from one possible source to another, you can put together an unexpected quantity of secondary data;
   - the very lack of information is information; a sector/area, which does not report, is a sector/area that has a problem.

4. Inaccessibility due to security reasons is typically the greatest constraint to the assessment. Try and quantify how much of reality is actually reflected by your data, define the accessible areas, the 'grey zones' and the 'black holes' on the map.
5. Collect, analyse and present the data desegregated, according to the smallest administrative division (i.e. block, village, ridge, location, etc.).
6. In armed conflicts, some agencies, like ICRC, have greater freedom of cross-line movements. They can provide insights on what's going on in inaccessible areas; **respect their need for discretion.**
7. Information is scanty and precious; throw nothing away, in terms of sources or data, and make the best of what is available:
   - look for yourself, use media clippings, individual interviews and hearsay as well as official records. Be aware of biases;
   - be creative when looking for sources: local churches, mosques, village elders, community organisations can provide useful data and information on population figures, movements, mortality, etc.
   - try and order the various data into a general consistent picture; link information to reality using maps.
8. Information is an asset for decision-making and a commodity that you can trade; information that does not circulate is not being used. Exchange your data for more information or other forms of collaboration.

> *Whoever gives you information gives you a service: show your appreciation and return the favour.*

DRAWING CONCLUSIONS

Once needs and resources have been assessed, priorities can be defined. Develop an initial plan with your partners. Define who does what, where, when and how. Donors can then be alerted to the type of assistance needed and the urgency of the requirements.
Remember:

- The ultimate responsibility for the information that you produce is yours.
- Copy your assessment to WHO/HQ and the Regional Office.
- In an emergency, reality changes quickly; be prepared to update your assessment at regular intervals.

DO NOT FORGET:

1. Discuss the assessments with all the stakeholders
2. Assessments must be updated regularly to meet the changing nature of the emergency
3. Assessments must be copied to WHO Regional Office
4. Assessments must be copied to WHO/HQ
5. If a legitimate Government is in place, you need their endorsement for any response plan.

2.5 THE MEDIA

You will undoubtedly meet the media. The media are important partners in an emergency. They have a most powerful means at their disposal. In seconds they can summarise an emergency and inform every household with a television or radio. You can affect how they summarise that emergency.

The imagery transmitted by the media evokes enormous response. It focuses world attention and mobilised the conscience of nations to deliver humanitarian relief. Work with them to facilitate the response. Seek them out, don't wait for them to come to you, you need them on your side and they must know how to contact you. Focus on the prominent media groups CNN, BBC etc. they have worldwide coverage and are well respected.

Look at the national media; they too are essential in the emergency response. They can broadcast health and advisory messages in the local language. Cultivate them, keep them informed of developments, bring them in and make them partners of the response.

The media can also give you information; they may have been in an area inaccessible to you. They may have vital information. Encourage them to keep you informed of what they see, respond where possible. At all times foster goodwill and cooperation with the media. Give them constant updates, informal interviews etc. They will respond with informed reporting. Encourage them to share your vision for long term effective assistance.

Use them to help coordinate the emergency. Tell them what you are doing and why. Explain what is needed, where concerned organisations can obtain information on essential health items needed for the response.

In major operations, consider whether to recruit or appoint one of your team members as Information officer on a permanent basis. Consult with the Regional Office whether they can assist you.

As a general rule, try and clarify with your supervisor the policy to adopt as far as your relations with the media are concerned: is a clearance required? By whom?

Prepare yourself before an interview:

- Anticipate the questions they will ask and think of the message you want to convey. Work out exactly what you are going to say. Stick to it.
- Never assume the media understands the terminology you are employing. Remember that their audience is the average man in the street - the more understandable you are, the more time they will give you.
- Simplify and summarise your basic points, repeat them with emphasis during the interview.
- Take command of the interview. If you have something important to say, say it. Do not be side-tracked into answering other questions which you feel are not relevant.
- Prepare handouts, empasising the main points of your statements.
- The media may request an accompanied tour of the emergency area. If so, plan in advance where to go and *prepare handouts for them*.

Some important points:

All declarations to the media should be by/with the WR. If this is impossible, remember that you are representing WHO. *When questioned by reporters, be careful what you say, it might be construed as official WHO policy*.

There is no such thing as 'off the record'. Everything you say and do can and will be reported. Be careful of what you say in the presence of reporters. Remember: *an interview is finished only when you cannot be heard or seen*.

Never make disparaging or critical remarks about local authorities or international partners.

Never criticiser WHO or your team. Do not mention weaknesses - which might be all that is reported.

If you are unsure about WHO's position on a particular issue, say so. *Don't guess, you cannot be expected to know everything.*

After any encounter with the media, *report back to the Regional Office and WHO/HQ*. They will review the interview and follow-up as necessary.

Issuing a press release: hints.

- your key point should be in the first paragraph
- the text needs to be brief (maximum one A4 page)
- the title and the opening line are the most important part: they need to grab attention and encourage people to read on
- avoid referencing academic work or text, refer to people or researchers
- use a language that is appropriate for the audience
- if you are working with a particular newspaper or radio/television station, you may need to do some research about their editorial style

You need the media for support both in the short and the long term. The media is very useful for raising awareness and funds. Don't be shy to explain the need for funding, it can have a very positive impact. Take the time to explain the long-term benefits of rehabilitation and the positive impact that programmes will have on the Country. Good media exposure is very beneficial and is an integral part of the overall work for response and rehabilitation.

Chapter 3

PREPARING FOR THE OPERATIONS

The capacity to mobilise and deliver the right supplies,
in a timely and appropriate manner,
is critical to your mission.

You will need a logistics system first to support you and your team (e.g. in setting up the office) and then to provide emergency services and supplies to the beneficiaries.

Local conditions in the affected region will determine what arrangements are required for logistical support. Emergencies occur more often in remote and under-developed areas where logistics will be difficult, requiring innovation and flexibility. In the interest of speed and economy, adapting systems already in place is preferable to establishing new systems. A good knowledge of the available infrastructure and services is essential to ensure a cost-effective response.

TIPS. Don't try to reinvent the wheel. If some other agency has assessed the capability of the country, use their data to design the WHO logistics. If another UN agency has already established a system for importing and distributing relief goods, use it.

3.1 INFORMATION NEEDED

From your first assessment, you have a good general idea of what is available. Now you need to extend your information base to incorporate all actors who may be able to assist with logistical support. You need to know:

- The support (vehicles, airfreight, communications, warehouses etc.) WHO can get from Government, UN agencies, bilateral donors and NGOs. See 4.5 'Mobilising Resources' for more information.

- The existing transportation infrastructure in the country/region. Emphasis must be put on ports of entry and access routes to emergency sites.

- Customs procedures for bringing goods into the country, including costs and the possibility of delays.

- The storage and distribution systems, including logistics capabilities of other organisations that WHO could make use of.

In order to gather this information, start from the basics: what are the key requirements for your mission to achieve its goal? Prioritise your immediate needs.

The most important sources of information will be the logistics officers already working in the country. Explain what you are doing and ask for their assistance in pooling all available information.

The following assessment forms are useful tools for compiling information to determine the best course of action within the framework of given resources and infrastructure:
- Logistics capability of other organisations (Annex. 5).
- Port of entry assessment (Annex. 5).

HQ and Regional Supply Services have extensive experience in responding to emergencies. They are another invaluable source of advice and information.

Once you have your information, copy it to WHO/HQ and the Regional Office for distribution to Supply Services and other interested parties. The information will help them fine-tune the response from their end.

Review and update the information at regular intervals, keeping abreast of any evolution: of the situation, of the needs, of the resources available, of administrative procedures, etc.

3.2 SETTING UP AN OFFICE

If the WHO office is too small to accommodate new staff, or if you must work out in the field, e.g. in an epidemic affected-area or close to an Internally Displaced Persons (IDP) camp, a new office may be necessary.

With the assistance of the administrative/logistics officer, you must define the office and staffing requirements for your mission. A template is provided (STAFF PLAN Annex. 1).

Present the office requirements to the local Government authorities and request an office, rent-free, from which the team can operate. Should this not be available, you should see whether you could share offices with another UN agency. If this is also not possible, you must rent an office. The responsibility for finding suitable premises is delegated to the administrative/logistics officer. You are ultimately responsible for the rental agreement and should review it carefully before signing. Instructions on how to select and rent an office are detailed in Annex 5.

3.3 STAFF

It is strongly recommended that WHO Manual II.19 (Annex.1) is consulted before commencing any recruitment. Staff can be divided into two groups:

- CORE staff (secretarial, drivers, watchmen etc.): their recruitment and selection is dealt with in some detail in this section.
- PROGRAMME staff (medical professionals, health workers etc.): their recruitment is dealt with in chapter IV.

Together with the administrative/logistics officer you should first draw up a list of core staff positions and the consequent skills needed. Job descriptions for secretaries, receptionists, interpreters, drivers, guards and cleaners are available in Annex.1.
You should be closely involved in all aspects of recruitment. Refer to the UNDP office regarding local laws and regulations governing employment of staff.

In the initial phase of an emergency, all new national staff will be given Special Services Agreement (SSA) contracts. At a later stage, these contracts may be reviewed and, if deemed appropriate, converted to short-term staff contracts.

RECRUITMENT

Core staff will be needed urgently and there is often insufficient time to find and recruit personnel along 'normal' guidelines.

Local resource mobilisation is your primary course of action: you should see whether you can get staff on loan, secondment or as in-kind donation from other WHO programmes, local authorities or other UN agencies. Even if you find that you have to recruit and pay for your staff, the best potential sources for good quality personnel remain:

- *WHO office*. Records of former staff (from former projects or programs), including performance appraisals and job descriptions, will be on file. They can be reviewed to find suitable candidates. The advantage of hiring former WHO employees is self-evident.
- *UN agencies*. Similarly, any agencies established in the area before the emergency will have records of former employees.
- *Local authorities*. They will have long lists of potential employees. Specify that you need staff with previous work experience on UN projects or programmes. Detail the type of experience and qualifications you require.

Particular attention must go to the selection of staff. Use as much time as possible to conduct interviews, to check backgrounds and to test the skills of each applicant. National staff can be the greatest asset in emergency operations, their local knowledge and commitment is often invaluable. ***Time spent in selecting staff is seldom regretted.***

Advertising for staff can be done through newspapers, radio or notices posted outside Government and UN offices. List the education, minimum skills, languages, previous experience and legal requirements.

Applicants must be:
- legal residents of the area and have the right to work.
- not be related to another staff member.
- physically fit and able to pass a medical examination.

IMPORTANT

In countries where ethnic/religious divisions exist, political sensitivity is critical in local recruitment. You have to ensure a balanced representation of all parties in your team, in order to avoid conflicts. Ask for the advice of local staff whom you can trust.

In crisis areas, unemployment is generally high, people are anxious to find work and will respond in droves to vacancy notices. To ensure that your office is not inundated with applicants and that they are treated with respect, take the following steps:

- when advertising, clearly state that curriculum vitae and/or personal history forms (PHF) only will be accepted and that applicants will be contacted in due course;
- brief the receptionist to accept only curriculum vitae/PHF.
- reply to each unsuccessful applicant using the standard form (JOB REPLY Annex.1.). This can be posted or left with the receptionist for pick-up. It is courteous to reply to applicants, and it stops them from hanging around the office waiting for a reply.

Each applicant should complete the Personal History Form available in Annex.1. Birth certificate, identity document, curriculum vitae and references are photocopied and placed in the applicant's file.

Skill testing is a useful tool for evaluating the applicant's ability to perform to the standards required. Selective skill tests appear in Annex.1. However, the score obtained in these tests should be considered as indicative only. Other qualities, i.e. personality, appearance, work experience and teamwork capacity must be taken into account. Applicants must be informed that a high score in a skill test does not necessarily mean employment.

Employment must be subject to the successful completion of a medical clearance by a UN accredited physician. If this is not possible, direct the candidate to the nearest clinic or hospital with x-ray facilities. Regional Office will inform you of the type of examination necessary and the financial limits on any costs involved.

Authorised medical examinations are arranged and paid for by WHO; employees are entitled to use office hours to undertake them

In Annex .1 you can find models of the following contracts, that you can stipulate, for limited periods not exceeding six months:

- SPECIAL SERVICES AGREEMENT (SSA).
- AGREEMENT FOR PERFORMANCE OF WORK (APW).

An outline of terms and conditions relating to this type of contract, and detailed guidelines on all issues pertaining to staff (salaries, leave, travel, per diem, etc.) are available in Annex.1.

3.4 PROCUREMENT

The procurement guidelines in this handbook are intended to help you purchase items without inhibiting your use of creative and innovative strategies. You should tailor this guidance to your particular circumstances. ***Focus on the goals of your mission.***

To facilitate and speed-up emergency activities, you may have the authority to make local and direct purchases from neighbouring countries within fixed monetary amounts. Whenever available, supplies that meet WHO criteria could be obtained locally. Purchasing from local vendors stimulates the local economy and improves relations between participants and the local government.

When the required items are not available locally or regionally, then priority purchase assistance will be provided by Supply Services at WHO Headquarters or Regional Office.

WHO procurement services can be made available to the national authorities, the UN system and donor agencies. WHO may also procure services, medical supplies and equipment on behalf of a government, a UN agency or an NGO in official relations with WHO, if the government or organisation deposits funds in an acceptable currency in advance for this purpose.

Most emergencies are short term. Thus, purchasing of equipment must be restricted to minimal needs to complete the task. The option of renting equipment should be considered in all cases where significant expenditure is involved (items such as vehicles, computers, photocopiers etc.).

PROCUREMENT PROCEDURES

The administrative/logistics officer advises on procedures and regulations governing the procurement of goods and services.

Every financial transaction must be supported by documentation (receipts, proformas and purchase orders). If specific ceilings for expenditure and procedures have not been authorized, the following must be adhered to for the procurement of all goods and services:

A. LOCAL PROCUREMENT

(goods must be readily available within the country)

- If Dollar amount is less than US$500: Competitive quotes or proformas are not necessary. Receipts are required.

- If Dollar amount is over US$500 but less than the limit specified in your delegation of authority:

1. Make a requisition (sample in Annex. 5). The requisition clearly describes, in detail, the goods or services required.
2. Obtain three proformas. Each proforma must clearly describe the goods or services, the total price including taxes, delivery charges and any other costs. Quotes should be in local currency wherever possible.
3. Once a decision is reached, a local purchase order (sample in Annex. 5) is issued to the successful vendor. The order must clearly describe the goods or services, the total price to be paid by WHO and the terms of delivery (time frame, delivery costs etc.). Always put allotment numbers and the project identification, for which the goods are destined, must be identified. Signed by the WR (or someone delegated the responsibility) and the administrative /logistics officer.
4. Once goods are received, complete a Received & Inspected form (sample in Annex.5) and file for future reference.
5. Pay the vendor in local currency wherever possible and obtain a signed receipt.
6. Enter durable goods onto inventory and determine the need for insurance.

In some instances, local prices may seem excessive. If you have doubts on the price, refer to 'WHO general price list' in Annex. 2. However, before procuring through WHO/HQ or the Regional Office, the following should be taken into consideration:

- How urgently is the item needed?
- What is the time delay to receive it?
- What will be the freight costs?

Remember that any exception to the standard procedures (such as a higher ceiling for local purchases, or a waiver of the bidding requirements) must be permissible in the Delegation of Authority, issued by HQ/RO.

Human life is a priority.
If you feel that the item is urgently needed, despite the excessive price,
then document the reasons and proceed with the purchase.

In an emergency, a degree of flexibility and innovation can also be used in procuring services. For example, if WHO were asked, by other agencies, to share the costs of hiring an aircraft, you would have to decline. The reason is that only the WHO Director General can authorize the hiring of an aircraft. However, you may agree with the other agencies that WHO will purchase an airline ticket (the ticket cost being equal to your share of the plane rental).

B. EXTERNAL PROCUREMENT

WHO Supply Services will assist in all external procurements. They have long-established lists of reliable suppliers who can readily provide standardised equipment that meets WHO specifications.

Procedure:

1. Make a requisition (Annex. 5). The requisition should clearly describe each item required in as much detail as possible. The Health Coordinator and the administrative/logistics officer sign the requisition.
2. Transmit the requisition to WHO/HQ through the Regional Office for distribution to Supply Services. If necessary, ensure that the item is clearly marked URGENT.
3. If they have any doubt as to the description or details of the item requested, Supply Services will contact you for clarification.
4. Once the goods are received, fill the Received & Inspected form (Annex. 5). File and send copy to Supply Services, WHO/HQ and RO.
5. Enter goods into inventory and determine the need for insurance.

HINT. Even the smallest details are important when ordering items from another country. Always give more detail than you think necessary. E.g. Voltage requirements (240 or 110?), manual language, type of plug for appliances, manufacturer, model, operating system, etc.

C. STANDARDIZATION AND COMPATIBILITY

When purchasing equipment ensure it is compatible with similar WHO/UN equipment. Of course, this is particularly important for items such as software and communications equipment.

As for medical equipment, your first concern will be compatibility with the standards of the national Ministry of Health.

The "WHO general price list" in Annex.2 contains some configuration examples for WHO. Standardisation of equipment will give economies of scale as, for example, with consumables such as ink cartridges or fax paper.

D. FURNITURE

Plan office needs in advance; determine the type and quantity of furniture that you will need to complete the mission. Take into account the expected duration of the mission and the number of staff working in the office. The nudge form provided in Annex. 5 can assist in determining the furniture requirements for the office.

Where furniture is not provided by a third party (in the form of a loan or gift) procurement will be necessary. The following points should be considered:

- Emergency missions are mostly short-term and funding is limited. New furniture is expensive and unnecessary in an emergency operation.
- Investigate the possibility of renting furniture.
- Is there a used furniture market?
- Purchase from local vendors as much as possible as this helps the local economy.
- Lockable furniture (i.e. drawers and cabinets) is needed for security purposes. Make sure you have keys and spares.

Refer to the procurement guidelines in the Logistics section before purchasing any furniture.

E. OFFICE EQUIPMENT

Photocopiers, facsimiles, printers, computers, etc. are an integral part of the office. Before purchasing any equipment, conduct a local market survey to assess in-country supply availability. This can be particularly useful for determining the availability of an office safe and consumables (fax paper, ink cartridges etc.) and urgently required supplies.

When getting equipment, emphasis should go to servicing, warranty and back-up. Another consideration is standardisation: is the locally procured equipment compatible with that of the office? Does it meet WHO guidelines? Refer to the Logistics section for more information and guidance before finalising your purchase.

F. VEHICLES

You will find detailed information regarding vehicle procurement, driver recruitment and general driving rules in Annex. 5.

3.5 CUSTOMS

Where there is a Government or UN system to clear the importation of medical supplies, use it. There may be a national pharmaceutical agency that imports medical supplies and equipment: they know the government and customs procedures, more importantly, the Government and customs know them.

CLEARING AND FORWARDING PROCEDURES

Before bringing supplies into the country make contact with the customs office at the airport and ensure they understand and appreciate the role WHO has in the emergency response. Secure their assistance to facilitate the entry, clearing and forwarding of emergency supplies. (Always warn customs in advance that cargo is expected and ask for full co-operation).

Questions to ask the customs department:

1. What documentation (approvals, invoices, packing lists, certificate of origin, declarations, insurance, etc.) is needed for the importation of emergency medical supplies?
2. What is the language of preference for the above documentation?
3. Is there a system or procedure to clear the supplies in advance?
4. Is it necessary to use a freight agent to process documentation?
5. Can WHO obtain identification badges to allow access to the runway and bond warehouse?
6. What is the process and documentation needed to remove articles from the customs bond area?
7. Are there any charges, fees or other costs involved in clearing humanitarian goods through customs? If so, what is the method of payment?
8. Cost, if any, for freight handlers to unload and pack received equipment.
9. WHO is exempt from taxes and duties, but there are often charges which have to be paid that are not considered to be a tax or duty. Try to obtain a waiver to these charges.

You may need an 'Attestation of Exoneration' from taxes and duties to clear goods through customs. Such Attestation states that the goods are for humanitarian assistance and will be used for the emergency (full description is needed including airway bill, value and destination). For durable goods, e.g. vehicles or radios, you have to state that the goods will be exported after the emergency is over. The Attestation must be signed by you and stamped with the WHO official seal. A sample Letter of Attestation comes in Annex .5.

If a freight agent is required, ask other agencies for recommendations and shop around for competitive quotes before making a decision.

In situations where WHO is not known to the customs department the following procedures should be adopted until such time as WHO can establish its credentials with the authorities:

1. See which UN agency has established credentials with the customs officials and is familiar with the procedures (UNDP usually).
2. Approach the agency in question and ask to use their system to bring in WHO supplies under the agency's name.
3. Determine this agency's requirements to bring in humanitarian goods.
4. Inform Supply Services of the situation and have them ensure that all packages are clearly marked as destined for WHO care of the agency in question.

INSURANCE CLAIMS

If the supplies were lost in transit or damaged, you must make an insurance claim. These are the procedures to follow:

1. Make a report stating the extent of damage or nature of the loss.
2. Estimate the cost of repairing the damage (attach invoices). If the supplies are urgently needed and it is possible to replace the items through local suppliers, attach an invoice and note explaining the reasons for the new purchase.
3. Deliver the above to the local representative of the insurance agent, with supporting documentation: copy of original shipment invoice, copy of short landing certificate (or certificate of loss from freight agent/bond warehouse) and airway bill. If there is no local agent, send the documents to WHO/HQ or Regional Office for forwarding to insurance agents.

> **IMPORTANT**
>
> For more information on the WHO medical kits (contents, weight and volumes etc.) you can find more details in Annex. 2:

3.6 ASSET TRACKING

Basic controls on the issue and storage of WHO assets must be established from the onset of your operations. Effective stock control and security are imperative and should be put into effect from the time each asset arrives through to the eventual departure of the team.

The administrative/logistics officer is responsible for tracking all your equipment and supplies. To this end, a simple database is provided on diskette. This database can be used to track all assets and assist with issues and returns.

3.7 FINANCE

You may receive a cash advance from the Regional Office to cover the running costs of your mission. You are responsible for this money and you must be able to account for it, at all times.

IMPORTANT. Document every transaction that you make using these funds. You will be required to submit a full acquittal of all in-coming and out-going funds.

A. BANK ACCOUNT

Normally, if you need an account for your project, you will use the same bank as the WHO office. If that bank is not operating, determine which banks are used by other UN agencies. Ask the agency in question to introduce you to the bank.

The bank must have good standing in the country and be linked internationally. All pertinent information should be transmitted to Coordinator Treasury (TRY), HQ, who is responsible for issuing the clearance necessary to open a bank account.

HQ will fax you a special form, which you and any other certifying officer must sign with your specimen signatures. Send one copy back by Fax and the original by pouch. Before the bank can proceed, the Coordinator Treasury must give permission for the account to be opened and issue a letter certifying who may operate the account (to the bank manager) with a copy of the relevant signatures.

You will operate the bank account by cheques and through the petty cash. Follow-up and clear promptly all debits and credits.

At the end of each calendar month, the bank statement must be reconciled with the imprest account to ensure that it balances.

B. WHERE THERE IS NO BANK

If you are assigned to a country where banks are not operating, you will need to take with you funds from the Regional Office. Before leaving, obtain insurance by contacting Coordinator HIP (Health Insurance and Pension) HQ for any WHO funds you are carrying. In extreme situations, it may be dangerous to carry money even when travelling to your duty station. In this case, contact the Representative/Logistic Officer of other agencies present in the area, and ask him/her which arrangements can be used. For ad hoc arrangements, such as the utilisation of "money vendors", you need to request the **Coordinator Treasury** for Authorisation. Remember that in areas where no money circulates, you may be forced to pay in kind for services and goods (soap, clothes, etc.)

On arrival, get a safe, either in the WHO office, another UN office or at your hotel; otherwise, purchase one. Until you have access to a safe, you must keep the money on your person, or split it among the members of your team - document appropriately.

If there is no bank, it will be difficult to replenish your impress. Newly arriving WHO staff can bring funds. Otherwise, see which UN agencies employ professional couriers and use the same arrangement. Decide and advise the Regional Office accordingly.

Remember:	**never** issue a cash cheque, **never** sign a blank cheque, **never** mix funds from different accounts, **never** accept funds from an outside source (non-WHO) without first clearing it with Chief Accounts.

C. THE IMPREST ACCOUNT

The imprest account is used to track all movements of WHO funds. If the impress account is your responsibility:

- Keep a separate imprest for each currency unit that you use (USD, currency of the Country of assignment, etc.).
- Each imprest account (if you have more than one) has its own separate bank account – Don't confuse them!
- Record all disbursements in the Imprest Account CashBook. Obtain receipts for all expenditures, no matter how small. Update the imprest book daily.
- Use vouchers with every payment. Number and date them chronologically and mention the appropriate sticker number for each expenditure.
- Within seven days after the end of each month, the imprest account must be sent to the Regional Office or HQ. Funds will be replenished only after you have submitted the monthly imprest.

IMPORTANT. Never make loans from the imprest account. Salary advances are allowed only exceptionally, and cannot exceed 25% of the monthly wage of the employee.

Self-imposed discipline is the secret to accurate accountability.

D. ESTIMATING MONTHLY EXPENDITURES

With the WR determine the funds that you will need to meet the running costs related to your work. Consider the costs related to the office, personnel, vehicles, activities and possible local procurements. Once you have your calculations, add another 50% to the total. Use this as a first estimate that you can fine tune later. A form exists for this purpose in Annex. 5.

E. ESTIMATING THE LEVEL OF THE IMPREST ACCOUNT

Once you have worked out your monthly expenditure you need to establish the level of your imprest account (i.e. how much do you need as available funds?). This is normally set at **3 times** the level of monthly expenditures so as to allow for the shortfall in time for reporting and reimbursement purposes.

REMEMBER. At the end of your mission, you will return to Regional Office for a debriefing. This will include justifying all expenditures to the Finance office. Keep copies of all your financial records and take them with you when your mission ends.

ADDITIONAL INFORMATION

If you are unfamiliar with financial procedures, or are new to WHO procedures: you will find the following guidelines and copies of useful forms in Annex 5:

- GUIDELINES FOR IMPREST ACCOUNT AND PETTY CASH
- IMPREST ACCOUNT CASH BOOK
- VOUCHER
- PETTY CASH RECEIPT
- CASH COUNT CERTIFICATE
- PROJECT FUNDS RECEIPT
- RECEIPT OF WAGES
- PER DIEMS
- GUIDELINES ON OPENING AND OPERATING BANK ACCOUNTS
- GUIDELINES FOR WHERE THERE IS NO BANK
- MONTHLY EXPENDITURE ESTIMATE FOR BUDGET PURPOSES

3.8 COMMUNICATIONS

A good communications system can be crucial to the success of your mission; it ensures the flow of information to and from the field. Without it, your work will be seriously impaired, or impossible. Furthermore, where security is an issue, each staff member must have a means of communicating with the office or the designated security officer.

!You must have a good grasp of what a communications network is and of how to establish one. There are many different types of communication devices; you may need only one or a combination of some or all available. No matter what the combination your priority is being able to communicate with your fellow actors and with Regional Office.

In major emergencies, telephone lines tend to be unreliable. However, if they are working, consider setting up an electronic network through computers, modems and appropriate software for E-mail, accessing Internet, etc. Thus, you will be able to complement telephone conversations and faxes and reduce the costs.

If telephones are not working, and anyway whenever security, reliability and speed are important considerations, think of a radio network and/or satellite communication systems, dedicated or commercial.

IMPORTANT. The UN Resident Coordinator and UNSECOORD may refuse you permission to work in the emergency area if you (or fellow staff) do not have a radio. Don't overlook the importance of radio communications, particularly in regard to security considerations.

BRIEF OVERVIEW

A radio network consists of two or more radios operating on the same frequency. Most UN radio networks operate on Very High Frequency (VHF), Ultra High Frequency (UHF) or High Frequency (HF).

VHF/UHF radios (e.g. MOTOROLA hand-held) have the advantage of being small and light. They are excellent for security purposes as individual staff members can easily carry and operate them. They can be interfaced to computers; access telephone exchanges and be fitted to vehicles. However, they are limited in range and need costly repeater stations to boost the range of their signal.

HF radios (e.g. CODAN, BARRETT and MOTOROLA) do not need repeaters, and can transmit signals over thousands of kilometres. They can access international telephone lines, can be fitted to vehicles, can access the Internet or E-mail servers, and can be linked to Fax machines.
Where WHO does not have an already established radio network, you will have to move quickly to find means of communicating with your colleagues and partners in the field. In an emergency, you may not have the time to conduct surveys and determine which regulations and licenses rule telecommunications. In this section you will find shortcuts to establish an interim solution to your communication problems.

! You may be called upon to advise incoming organisations on their communication needs to ensure their effectiveness in the response.

POSSIBLE ACTIONS

Your first course of action is to see which communication devices are being used by sister UN agencies. In particular, you should consult OCHA, WFP, UNICEF, UNHCR and UNDP. If they have established a network ask to 'piggyback' on their system. This will avoid you applying for permits and frequencies from the government, as you will be covered by their agreement.

If OCHA is involved, they will set up a communication centre. They will provide you with the information and specifications you need to order radios. In some cases, they may have radio equipment you could borrow for the duration of the emergency.

WFP, UNICEF and UNHCR generally enter emergencies with fully-fledged communication departments staffed with competent technicians. They can be very helpful and give you good advice on the type of equipment you need to get onto their network. They often carry extra radio equipment, which you may well be able to borrow from them in the short term.

The UN Resident Coordinator (UNDP) may also have extra communication equipment. Note also that the Resident Coordinator is responsible for coordinating a consolidated approach by all agencies on the type of equipment to be used and the allocation of frequencies for work and security.

IMPORTANT

- If security is an issue, do not let staff go to the field without reliable means of communication. Establish set times and routines for field staff to check-in with their base office and ensure they are observed.
- In an emergency, all WHO staff should understand and appreciate the importance of using a radio along established guidelines. To this end please read the sections in Annex. 3 dealing with radio procedures and prowords.

More detailed information and guidelines can be found in the security Annex and are as follows:

- OVERVIEW AND DESCRIPTION OF HOW RADIOS WORK
- ESTABLISHING A COMMUNICATIONS NETWORK
- DETERMINING YOUR REQUIREMENTS
- IMPROVING COMMUNICATIONS
- PROCEDURES FOR USING RADIOS
- CALL SIGNS
- ALPHANUMERIC PHONETICS
- PROWORDS
- WHAT TO DO IN AN EMERGENCY
- MAINTENANCE OF RADIO
- FIRST TIME USERS
- SATELLITE PHONES

Poor communication is often due to staff being unfamiliar with their equipment and lack of set procedures for using the devices.

Chapter 4

STARTING THE OPERATIONS

From your initial assessment (Chapter .2) you have drawn preliminary conclusions on what is needed and what WHO can do. However, in an emergency there will be many actors on stage; you must move quickly to identify potential partners and to bring them together under one umbrella.

Outline your plans and develop them with the potential partners. Look at the immediate priorities - saving lives and reducing suffering - without losing sight of the longer-term scenarios. WHO's technical mandate in Humanitarian Assistance goes hand-in-hand with the task of strengthening national and regional capacities for Health - or preserving them, as is more often the case in severe emergencies.

4.1 OPTIONS FOR ACTION

When identifying options for action, consider that the partners expect WHO to:

1. **take the lead** in
    - rapid health assessment,
    - epidemiological & nutritional surveillance,
    - epidemic preparedness,
    - essential drugs management,
    - tuberculosis control,
    - control of HIV/AIDS & sexually transmitted diseases,
    - physical & psychosocial rehabilitation.

2. **provide guidelines and advice** on:
    - nutritional requirements & rehabilitation,
    - immunisation,
    - medical relief items,
    - reproductive health.

As WHO is the health adviser and coordinator for the UN system, this may imply:

- ensuring that:
    - Health needs are properly assessed and are reflected in requests for international assistance, e.g. in UN Appeals.
    - Humanitarian Assistance applies the best health practices, reflects the Country's priorities and respects its capacities

- providing to partners:
  - Information on the Country's epidemiological profile, the pre-emergency health coverage, etc.
  - Facilitating collaboration between international and national partners.
  - Mobilising national and international expertise to meet specific health hazards, e.g. tropical diseases that can exceed the capacities of even the most experienced international NGOs.

> Note:
>
> In the first phase of an emergency, the coordination mechanisms among the agencies in the field are usually embrionary: in a more advanced phase, structures will already be in place and roles distributed. Do not expect that the WHO's role and mandate will be automatically accepted by your partners.

Probably, your best point of entry is through Health and Nutrition Surveillance. This will put you in contact with a variety of partners at field level, and will provide the information that you want to circulate at central level (see Coordination, 4.3).

4.2 IDENTIFYING PARTNERS

You must build up your network of national and international partners. Ask the WHO country staff for advice and information. They have the contacts, the knowledge and the experience.

A. NATIONAL PARTNERS

The most important partner is the Government, its agencies, departments and representatives.

Gauge their resources and capacities at central and local levels in various parts of the country. Identify the resources that can be temporarily mobilised to respond to the emergency without affecting normal services.

Look beyond the health sector. Other ministries and departments can assist. For example, the Ministries of Defence or Transportation may be able to provide trucks, warehousing, temporary shelters, etc. Seek assistance from all levels of government, including local and municipal authorities.

Other entities that may provide assistance, or be contracted by you for provision of services:

- National NGOs, first of all the National Red Cross/Crescent
- Private hospitals and clinics
- Private consultant companies
- Professional associations
- Religious organisations
- Pharmaceutical companies
- Large corporations
- Universities
- Research laboratories

Local partners are very useful. They are more sensitive to the needs of the population, speak the language and have the necessary contacts to get things done smoothly.

Usually, the ICRC and the international NGOs are the main providers of health services in areas of armed conflict or where there is no government. Nonetheless, in the context of UN humanitarian operations, WHO may be called upon to provide assistance in these areas. WHO's main role in these circumstances is to ensure that health care reaches all the people in need and that it maintains acceptable standards in spite of the circumstances. In such situations, health activities need even greater coordination within the general humanitarian response.

B. INTERNATIONAL PARTNERS

Your most important international partners are the sister UN agencies. The UN will be the largest single entity involved in the emergency and will have funds and other resources readily available. Look at the role of each agency. Identify the focal points for health issues or logistical matters and make contact with each accordingly.

Embassies, Bilateral Aid agencies (e.g. Sida, DFID, NORAD, USAID) and inter-Governmental bodies (e.g. EU-ECHO) will be present. Are they willing to provide funds, material, health or logistical support? What are their priorities? Have they a specific interest in the Country? Special policies for some vulnerable groups? Are they supporting other WHO programmes? What level of support can they provide?

International NGOs will be there, too, and many of them. There may be an NGO coordinating body already in place, which can provide information on their overall capacities. See with the UN Resident Coordinator if there is some institutional framework governing NGO operations. Some NGOs will have independent projects and funding. Others will work under special agreements with UN agencies such as UNICEF or UNHCR. Can WHO contract their services?

> Be careful of fly-by-night operations or unknown entities. They may arrive ready and willing to work, but do they have the capacity and the will to follow through?

4.3 COORDINATION

In major emergencies, one particular UN agency will be appointed as Lead Agency in the affected country, while international appeals (UN Consolidated Appeals) are coordinated by the UN Office for Coordination of Humanitarian Assistance (OCHA).

In some cases, WHO may be the Lead Agency. Even if this role is with another agency, WHO retains a mandate in health relief coordination and, as WHO, you may be appointed as UN Health Coordinator. **Whatever the setting, the WR is the top WHO official in the country – *emergency health coordinators are under her/his direct supervision.***

Coordination is difficult, but vital to the success of emergency relief, where needs are extensive while resources and time are limited. If each player works alone at his/her own thing, relief will rapidly turn into a disaster on its own. It is essential that each partner's responsibilities be clearly defined at all levels.

Coordination must be supported by clear lines of authority and by the functions of command and control, but it should never be confused with them. *To coordinate is to facilitate*:

- the circulation of information

- discussion on needs and lines of action
- reaching a consensus on objectives and strategies
- the adoption of responsibilities in the context of that agreed.

Even if your terms of reference appoint you as 'Coordinator', remember that leadership and coordination are easier to come by through your partners' recognition of your abilities and technical performance, than by superior appointment. This is why your initial assessment is so important (see Chapter .2).

Take a non-threatening approach. Be assertive, not aggressive. Make clear that your technical expertise is there to serve your partners. Do not feel threatened if, by some circumstance, you happen to be 'coordinated' by somebody else. It may be in the best interests of the response to support this person. But remember one thing: if you are too shy in asserting technical correctness, you may end up endorsing somebody else's mistakes.

Start coordination by looking at the potential partners. Divide health relief into key areas of responsibility (nutrition, sanitation, health care, etc.) and see which organisations are most relevant. Establish a plan of work for meetings and mutual briefings. Do not hesitate to expend effort to build-up your networks and status as coordinator.

Arrange a meeting with the UN Resident Coordinator. Establish your credentials as focal point for health co-ordination as mandated by the UN General Assembly. Enlist the support of the Resident Coordinator in your next tasks: bringing the UN agencies, the Government and the NGOs firmly on your side.

A. UNITED NATIONS

Some UN agencies identify with certain areas of responsibility. For example:

- UNDP: economics, capacity building, long-term development,
- UNHCR: refugees,
- UNICEF: women, children, education, water,
- WFP: food relief and nutrition.

See how you can accommodate these special concerns in your plans.

Ask the UN Resident Coordinator to introduce you at the Heads of Agencies meeting. Be ready to give a short statement on your terms of reference, your previous experience, your assessment of the situation, your plans, and your views on the role of emergency health coordinator. The Heads of Agencies will then instruct their health programme officers that they are to report to WHO on all matters related to health assistance. Ideally, this should include movements of health staff, medical supplies, health programmes and operations.

B. GOVERNMENT

Together with the UN Resident Coordinator and your counterpart in the Ministry of Health, arrange a meeting with the Government official who is in charge of emergency relief. Establish your credentials as the UN Health Coordinator. Ask him/her to endorse your appointment and to be proactive and support you in your work. Expose WHO's comparative advantages:

a. WHO is best placed to provide technical assistance and mobilise external resources, not only for the short-term emergency solution, but also for the long-term.
b. WHO is an Organization of Member States: it gives the best guarantees of respecting national priorities, of collaborating with the Government and of fostering the same attitudes in all international partners.

c. National capacities are always priorities for WHO, even in an emergency. WHO can ensure that nationals are given preference for recruitment and training by international partners; that health information/warning systems and health facilities are strengthened and rehabilitated.
d. WHO can tap into a vast network of technical expertise, and ensure that response is professional and meets with established international standards.

C. NGOs AND OTHERS

Next you must coordinate with international and national NGOs. Most organisations understand the need for coordination. Recent major initiatives, fostering a common Code of Conduct and Minimum Standards of Humanitarian Assistance, have been accepted by most major players (see the Sphere project, reference in Annex .4). However, there will also be some that believe they can act alone and they may not take kindly to any hint of control. Avoid confrontation but discourage solo acts. Foster consensus on the fact that only coordination can ensure an effective humanitarian response. Make of WHO an indispensable source of information and technical advice.

Get the point across that WHO has the full backing of the Government and the UN system. As agency in charge of the health aspects of response coordination, WHO has the responsibility of:

- providing leadership and direction in all aspects of health
- assisting the partners in defining their role in health relief
- providing technical guidance on all health issues
- assessing the suitability of all medical donations
- clearing the arrival of all medical supplies
- ensuring that a professional code of conduct is adhered to
- collecting and clearing all health information.

CENTRAL HEALTH COORDINATING COMMITTEE

If a Central Health Coordinating Committee (CHCC) is not already in place, work toward it with the Government and the UN Resident Coordinator. You may have to start with an informal working group, but some sort of CHCC is essential for coordination.

The CHCC must be small to be manageable - you cannot have 50 organisations at each meeting. In most situations you will act as the chairman of the committee. Although this committee will have no authority over national agencies, it is important that the Ministry of Health participates in the meetings together with the relevant UN agencies. Include NGOs who have a longer presence in the country, are trusted by the host Government, have a good track record, have the resources to implement large-scale programmes and the capacity to lead smaller organisations.

HINTS

- Use Health information as a 'lubricant'. Make sure that surveillance data are fed regularly into each CHCC. This will give concrete and relevant matter for discussion.
- Your role in coordination must be supported by a clear understanding of what is within your range of decision-making. Get clear instructions on this from your direct supervisor at HQ, Regional office or in the Country.
- Manage the meetings; they must be short and focused. Each speaker should be limited in time and content of presentation. Establish an agenda and timetables from the start.
- Design forms that will help you organise the exchange and collection of information on “who is doing what, when and where”. In annex 2 you will find samples to give you ideas.

- Insist on clarity. Make your points and be ready to give clarifications. If you do not understand, say so.
- Give positive feedback. Be always ready to recognise merit when due. Be tactful in your criticisms.
- Ensure secretariat and documentation. After each meeting, minutes must be recorded, edited and circulated together with a health update. Publish newsletters that reach all the partners and the different levels of the relief system. See that a summary of health information is fed into general UN situation reports ('sitreps').
- Coordination implies, and is also made of, inter-personal relations and social events. Beware of what you say and how you act at cocktails and receptions.

REMEMBER

- Information must be recorded and must circulate.
- The Government must be represented in the CHCC.
- The CHCC must remain small to be manageable.
- You must keep the UN Resident Coordinator and the Heads of Agencies briefed on all CHCC proceedings.

SUB-COMMITTEES

Depending on the scale of the emergency, de-centralised sub-committees may be needed. Coordination is as important in the field as it is at central level.

Establish committees at sub-national level. They will be chaired by a WHO staff member or another professional, chosen from the most active organisation in the area. A system for channelling information between the sub-committees and the CHCC must be put in place and stuck to.

Coordination is teamwork: build up your team and make each partner feel part of it. Without being too strict on the sequence, you can adopt a gradual approach.

1. As a start, have the partners **sharing information:**
   - on their mandates, objectives, roles and responsibilities
   - on their resources and capabilities
   - on the type and quantity of assistance that they can provide
   - on their areas of operations
   - on the priorities that they want to address
   - on their projects
   - on their sources of data
   - on their perception of the general context.
2. As next step, have the partners **working together**
   - at assessing needs
   - at setting the standards of assistance
   - at mobilising external resources
   - at ensuring access to the beneficiaries
   - at building local and national capacities
   - at training their own staff.

3. In a more advanced phase, you will find that the team can **share plans and resources:**

- through joint contingency planning ('..*what if* ?')
- through joint strategic planning
- through joint operational planning
- by sharing their experts
- by sharing security systems
- by sharing logistics (communication and transport)
- by implementing **joint operations.**

You can measure your success at coordination by:

a) the frequency of contact with all partners, at all levels
b) the frequency of joint assessment/relief field missions
c) the catchment area and the diffusion of the information/dissemination system
d) the clarity of objectives and responsibilities
e) the clarity of procedures for mobilising and deploying external assistance
f) the optimisations of efforts and resources
g) a plan of action and the resources to implement it
h) the participation of partners at central and local level.

' Coordination is a seriously abused term. It was never supposed to mean centralisation, or dogmatic rigidity. The best coordination is that which identifies ways in which human capacities can be released and enhanced, in themselves and in a synergistic interaction with each other. It may often lead to decentralisation. It is a process which, by definition, cannot be carried out by one person, only by and in a team. Thus, all the members of such a team become coordinators ' (the Director General for Development and International Economic Cooperation, UN)

4.4 PLANNING

You have made an assessment of the situation, you have a global understanding of what could be WHO's action in the emergency, and you have brought the main partners together. Now, you must develop a master plan that, through good coordination, will accommodate and optimise your partners' plans.

Consult with the WR and the UN Resident Coordinator. The entire UN system is working at strengthening coordination and collaboration at country level between its various agencies. UN inter-Agency initiatives such as: the "Country Strategy Note (CSN)" or the "Common Country Assessment (CCA)", the "UN Development Assistance Framework (UNDAF)" and the "Consolidated Appeal Process (CAP)", are becoming more and more frequent. They provide opportunities to access good baseline information and create a good working environment for the planning process.

A. THE MASTER PLAN FOR HEALTH RELIEF

1. Discuss **the context** with your partners in the CHCC.
    - Review and consolidate the findings of your need assessments with those of other agencies and organisations.
    - List the *stakeholders*, i.e. the persons, groups and institutions that are, or may be affected by changes in the situation. These include the affected population as well as the relief workers, with their needs and plans. You may decide to include more stakeholders in the planning group. If this is not feasible, at least keep referring to the list of all the stakeholders for the following steps.

2. Focus on **the problems**. You can clarify each problem by analysing it in terms of:
   - *hazards* that need tackling, e.g. measles and/or malaria,
   - *vulnerabilities* that need reducing, e.g. people living in camps,
   - *capacities* that need strengthening, e.g. health posts in camps,
   - *constraints* that need addressing, e.g. military insecurity,
   - *expectations* that must be met. Analyse the policies and the values that govern the various stakeholders. They will reflect on the evolution of the global situation, and affect the implementation of the plan.

   Look at the relationships and interactions between these items and between different problems. Organise a 'tree' of problems according to their cause-effect relationships.
3. Set **global objectives**. Describe the state that you desire to achieve, or the direction you want to move in. You do not need to specify how far you want to go. E.g. ' *Mortality Reduced* ', will be an acceptable global objective in many emergency contexts.
4. Set **immediate objectives**. They must reflect what you want to achieve within a given time frame in order to benefit a target group and to get closer to the global objective. Preferably, immediate objectives should be **S.M.A.R.T.**, that is **S**pecific, **M**easurable, **A**ccurate, **R**ealistic and **T**ime-bound (e.g. *risk for diarrhoea reduced by 50% in the target population in 6 months*).
5. Set the **outputs** that will be required to concretise the immediate objectives. **Outputs must always be S.M.A.R.T:** e.g. *Number of safe water sources, latrines, and garbage pits made available to the beneficiary population;*
6. Describe **the activities** that will be required to produce the outputs. Be specific: use verbs that indicate actions. Typical language for activities: *set up...., conduct..., advise..., develop..., hold.... , identify...., train..., establish..., run...*
7. Define the **competencies** and **responsibilities** of each partner as far as activities and outputs are concerned. Leave scope for changes, as flexibility is essential.
8. List the material, human and financial **inputs** needed to implement the activities. See what is available and what will have to be mobilised through external assistance. Identify the potential sources and determine time lapse before response can be expected.
9. Identify **pre-conditions** and **assumptions.** These are the conditions, events or decisions that are necessary for the success of the plan but that are outside of your control. E.g., availability of inputs is a clear pre-condition for the activities to be undertaken. In turn, for the activities to produce outputs and for the outputs to concretise the objectives, other assumptions about the context must remain valid. Some assumptions are *critical*: If they don't prevail the entire plan will fail. Set in place mechanisms to monitor these assumptions. Identify the risks and prepare *contingency plans*.

   List the uncertainties and the risks: i.e. lack of information, unsolved conflicts in the planning group, potential conflicts between beneficiaries and national or international agencies, the natural and the man-made hazards etc.
10. Identify the **indicators** needed to monitor and evaluate the process and the success of the plan. Discuss them and agree on them with all your partners. Define the sources of this information, and identify the responsibilities for monitoring the plan.

Make sure that the Master Plan for Health is endorsed by the national authorities and that it fits in any wider, inter-sectoral plan for emergency relief.

B. THE PLANS OF ACTION

Plans of action can be prepared using the same process and framework as for the Master Plan. They should contain the following elements:

- Area of operations and beneficiaries within the area
- 'Sector' (or sub-sector) of responsibility
- Summary of the situation as far as the sector is concerned
- Objective (consistent with those of the Master Plan)
- Outputs, activities and strategies
- Details on the technical procedures
- Definition of the responsibilities of each organisation involved
- Brief description of the resources available (this includes funds)
- Description and ETA of known resources en route
- Description of logistical and administrative support systems
- Description of the resources that need to be mobilised
- Description of mechanisms for monitoring and evaluation.

You can deploy WHO staff to assist the various partners according to their specialities. If you are operating with minimal staff, you can at least assist by:

- Reviewing each plan and ensuring it fits in the Master Plan;
- Providing technical guidelines for specific cases, some of which may be found in Annex. 2;
- Reviewing the plans globally to avoid contradictions or overlapping of work;
- Presenting the plans in the CHCC, so that everybody is aware of who does what, where and how.

At any moment and at all levels, you should have a good overview of each partner's course of action and the resources they have to carry it out. Look for areas of weakness, if necessary ask other organisations to 'loan resources' to fill the gaps. Encourage partners to be forthcoming on their needs. 'We are all in this together'.

REMEMBER

1. If you are working in the context of a big inter-agency operation for humanitarian assistance, the plans for Health must fit with those of the other sectors in the global strategy framework. Use consistent time frames, focus on synergistic objectives. Optimise resources. Avoid overlapping, duplication of efforts and waste.
2. Be fully aware of the role of Health in the general framework of humanitarian assistance, and convey your awareness to your partners in other sectors. By keeping people alive and healthy, health care increases the cost-effectiveness of the entire relief effort.
3. Beneficiaries are 'stakeholders' too. The plans will have better chances of success if they reflect their perceptions of the situations and expectations.
4. If all the concerned partners participate in preparing the Plan, it will be easier for them to coordinate and collaborate in the implementation phase.

5. All plans should be shared with and endorsed by the national authorities and should comply with the government's requests.
6. The WR must endorse all plans and they should be copied to the Regional Office and WHO/HQ.
7. The plans should be flexible. Constantly review the situation as data comes available; ensure that relief suits the new needs.
8. Be ready to meet any contingency. Have systems for the early detection of anticipated health emergencies and specific plans for prompt response. Identify options for rapid deployment of personnel and health supplies.
9. Sooner or later, the emergency will be over. Avoid creating dependency on foreign assistance. Plan for response with a view to the eventual transition to rehabilitation. Plan to protect and strengthen the national capacities.

4.5 MOBILISING RESOURCES

WHO's role in emergencies includes the coordination of health relief assistance from all sources: bilateral donors, NGOs, UN agencies and other organisations.

A. EXTERNAL ASSISTANCE - THE UN CONSOLIDATED APPEAL

In major or complex emergencies, which require a system-wide approach, the typical framework for mobilising international humanitarian assistance will be a UN Consolidated Appeal.

Through the Consolidated Appeal, the UN presents to the international community a strategy for emergency humanitarian relief in a country (or sometimes an entire sub-region) and asks for the necessary assistance. The UN Consolidated Appeal is inter-sectoral, covering the entire range of needs of the affected population. Together with immediate relief it can also consider the rehabilitation phase. The actual Appeal document consists of the following:

i. *executive summary* (inter-Agency)
ii. *problem analysis* (inter-Agency)
iii. *review of previous year* (inter-Agency)
iv. *beneficiaries & locations* (inter-Agency)
v. *assumptions* (inter-Agency)
vi. *humanitarian strategy* (inter-Agency)
vii. *UN project summary sheets* (individual Agencies)
viii. an appendix, specifying ICRC, IFRC, EC, IOM, etc. and NGOs plans.

UN Consolidated Appeals are coordinated by OCHA. But preparing an Appeal is more than just formulating projects. It takes a long process of collaboration within the UN Country Team.

First a UN inter-Agency strategy is developed, then the appeal document is prepared. After the launch of the Appeal, the UN Country Team must monitor the impact of the humanitarian operations and review the strategy accordingly. This cycle is called the *CONSOLIDATED APPEAL PROCESS* (CAP). Many of the steps and methods of the CAP are the same that we have seen under section 4.4 for the preparation of the Master Plan for Health.

In the UN Country Team, you are the Health focal point for the Consolidated Appeal Process. Usually, WHO will be asked to coordinate with UNICEF and work on the health aspects of background (problem analysis, previous year's review, beneficiaries, etc.) and strategy, and then to develop its own projects. All this will have to be consistent with the documents prepared by the other UN agencies for the other sectors, and will need the endorsement of the national authorities. Once again, continuous dialogue, coordination and collaboration with all the partners is essential.

The Master Plan for Health can help you work at the Consolidated Appeal. You can use highlights from the context, the problems, the objectives and the outputs for the sections on Problem Analysis, Review of previous year, Beneficiaries & Locations, Assumptions and Humanitarian Strategy, respectively.

Once you come to developing WHO's individual projects, look again at your Master Plan. Which priority objectives/outputs/activities need external resources? Develop your projects accordingly. Consider that in order to be integrated in a Consolidated Appeal, a project must satisfy the following criteria:

1. *Relief* projects must have
- a clear relationship with the survival of beneficiaries
- demonstrated implementation capacity by the concerned agency within the appeal's time frame.

2. *Rehabilitation* projects must have
- a clear supportive relationship to relief
- demonstrated in-country capacity for implementation within appeal's time frame.

Projects must be presented as summaries, highlighting a) the title, b) SMART objectives, c) key strategies for implementation, and d) budget. A facsimile of a Project Summary Sheet comes in Annex .5.

Through the CHCC, make sure that there is no duplication or overlapping of projects, and that no major gap is left uncovered. Keep in constant contact with Regional Office and HQ in Geneva, so that they can lobby for your projects in the Inter-Agency Standing Committee and with the donors' Permanent Missions in Geneva.

B. LOCAL RESOURCE MOBILIZATION

You may be able to mobilise international assistance directly in your country of assignment.

- **From WHO.** Investigate the possibility of:
  - Tapping into the resources of other WHO country programmes which might be stalled by the emergency and might be re-geared towards the new needs.
  - Mobilising assistance from Regional Emergency funds or from the Emergency Revolving Fund of HQ.

- **From the UN Country Team.** WHO is a member of the UN family. You can tap into the services and resources of the UN system (see also Annex.4). They are there for the emergency and may be used by all partners. Sister agencies will do their best to assist (likewise, if you are asked for assistance by another UN agency, you should oblige).

- **From embassies and bilateral aid agencies.** Embassies keep discretionary funds that can be mobilised with a minimum of paperwork to assist the Country in case of emergency. They are limited amounts but they can help for short-term solutions. The same goes for major aid agencies, e.g. USAID, or NORAD. Remember, they are there to assist and they have a professional interest in being seen to do something for the emergency.

You can make your needs known by:

- Discussing your plans and requirements in the coordination meetings of the WHO country office.
- Drawing up a list of your requirements. Present the list to the UN Resident Coordinator who will ask the Heads of Agencies to assist.
- Presenting your needs to the national emergency coordinator.
- Making a direct appeal through the CHCC.
- Approaching organisations on a personal as well as on a formal level (Heads of Agencies and Resident Co-ordinator).
- Using the CHCC newsletters and the UN emergency sitreps to highlight areas of WHO's priority concern and to sensitise donors and inform them in advance of your plans and requirements.
- Keeping standard formats ready to prepare short project proposals.

Always keep Regional Office and HQ informed of any local initiative. In the case of a positive donor's response, they will assist you in receiving the funds.

APPROPRIATE ASSISTANCE

The arrival of large quantities of inappropriate medical relief donations can cause major logistic disasters. In order to avoid this, WHO has published a set of Guidelines for Drug Donations (WHO/DAP, May 1996). As Health Coordinator and WHO staff member it is your responsibility to see that they are circulated and respected.

1. Ensure that donors and operational agencies observe, and the Government enforces, the WHO drug donation guidelines. Distribute the guidelines to all concerned. A copy of the guidelines can be found in Annex .2.

2. Through the CHCC, distribute the Ministry of Health's list of essential drugs and medical supplies that will be the most appropriate for the Country. If the Government cannot provide such list, have the CHCC draw one up, in consultation with the MoH.

3. Ensure that the operational partners clear any purchasing or importing of health supplies through the CHCC.

4. Guidelines for suppliers can also be found in Annex. 2 and should be widely distributed to all partners and suppliers.

COORDINATING EXTERNAL ASSISTANCE

There will be an abundance of assistance coming in. You must move quickly to establish a clearinghouse for resources to ensure proper distribution and quality control.

1. For financial assistance, consider establishing a Health Emergency Trust Fund, alone or integrated in a wider UN trust fund for Humanitarian Assistance. From the start, the trust fund must have clear criteria for defining priorities, selecting the projects and managing/accounting for the funds. These trust funds must be negotiated with donors and implementing partners on the basis of the Health Master Plan. Then, the trust fund is used to channel resources to health relief projects cleared by the CHCC.

2. Emergency relief items may be obtained at very short notice through the UN Warehouse in, Italy. See Annex.2 for more details.

3. To facilitate clearing and distributing material assistance, PAHO has elaborated a computer programme, *SUMA*, which has proved very effective in emergency operations in Central and Latin America. This software consists of three components, *Central, Field* and *Warehouse*:
   (i) *Central*. Designed to operate from the site national authorities manage the emergency, it creates *Field* units and establishes their parameters. *Central* consolidates information from *Field* and *Warehouse* units and prepares reports critical to emergency supplies management.
   (ii) *Field*. This component operates from points of entry for emergency relief (airports, harbours, etc.) and categorises supplies as they arrive (urgent, immediate delivery, non-urgent, etc.). This data is forwarded to *Central.*
   (iii) *Warehouse*. Registers arrival and departure of supplies from storage centres.

Copy of the software comes in the cover of this Handbook.

4. Similarly, when dealing with logistic support items, ensure that capabilities are shared among all partners according to their needs and that they are utilised to the fullest extent possible.

ACCOUNTABILITY AND TRANSPARENCY

You have a duty to ensure that donor money is used wisely and to the benefit of the country. Waste and unnecessary duplication of resources must be avoided at all cost.

Develop standard procedures for accessing resources for health relief, make them widely known and ask each partner to comply with them.

You are responsible for any items borrowed from other organisations (e.g. radios, vehicles, furniture etc.). When taking possession, do the following:

1. Check that the item is in good working order and corresponds to your requirements.
2. Ensure that the serial numbers or identification marks match those you sign for.
3. Immediately enter the item onto the asset database for tracking purposes.

REMEMBER

1. Information Management, Technical Services to your partners, Coordination, Planning and Resource Mobilisation are all essential and closely inter-related activities.
2. Keep the national authorities constantly involved in your activities; this will facilitate your ability to operate and will strengthen their capacities for health relief and rehabilitation.
3. Keep the Regional Office and WHO/HQ constantly informed so that they can assist you better.

4.6 RECRUITING

As Coordinator, you should work at ensuring that only necessary and competent health staff are recruited. *Redundant or incompetent personnel can be more costly than useless supplies.* Usually, the Ministry of Health and/or the UN agencies or NGOs involved will draw up a list of essential staff. If this is not the case, staffing requirements should be determined by the CHCC, and not by individual partners, in the development of the plans of action

RECRUITMENT FOR THE WHO PROGRAMME

As far as WHO is concerned, you will propose the recruitment of the person(s) that you deem most suitable for a given task. It is you who approves and recommends contracts for the Regional Office's final clearance.

It is in the affected country's interest that WHO recruits nationals and nationals should be your first choice. However, outside specialist support and the recruiting of short-term consultants (STC) should be considered where necessary.

Types of contract

For programme staff, for limited periods not exceeding six months, you can stipulate the three types of contract used for the core staff (SSA and APW), plus another: RECRUITMENT OF SHORT-TERM CONSULTANT. The terms and conditions of these types of contract can be found in Annex.1.

Where to find candidates

See whether you can get staff on loan, secondment or as an in-kind donation from WHO, local authorities, UN agencies or other organisations.

Local resourcing is your primary course of action:

- The best source will be the WHO office. Records, including performance appraisals and job descriptions, will be on file. The advantage of hiring former WHO employees is self-evident.
- UN agencies. Similarly, any agencies established in the area before the emergency will have records of former employees.
- Local authorities. They will have long lists of candidates. Specify that you need staff with experience of working with the UN. Detail the type of experience you require.
- Universities, research institutions, national NGOs etc. are good sources for short-term staff.

Use as much time as possible in selecting staff. Study the qualifications of each applicant, check backgrounds and conduct interviews. They may eventually replace you and the other international staff.

Remember, careers and lives change dramatically in an emergency. Many qualified professionals may be ready to accept any job to survive. As a colleague, you may feel obliged to recruit them, so as to help them. Do not be too hasty. Your task is to re-establish systems that will continue working after you have gone. Highly qualified individuals will return to their 'normal' jobs as soon as they can. All your hard work and the experience they acquired with WHO will be wasted.

Medical clearance

Recruitment of programme staff is subject to the usual procedures for medical examination and clearance by a UN accredited physician

International recruitment

It may be necessary to bring in outside specialists to assist with specific problems or in certain phases of the emergency operations.

In these cases, recruitment is undertaken by you through the Regional Office. Regional Offices are aware of the urgency of the need and may allow exceptions to the normal procedures. If necessary, they may let them be completed at a later stage.

Terms of Reference

Specify exactly what the incumbent's position entails and the conditions he/she will be working under. For example, the staff may be expected to work in an area with no electricity and water. The incumbent should be made aware that he/she will need a degree of fortitude under difficult and uncomfortable circumstances. The post description should allow for some flexibility for unforeseeable developments.

Remuneration

Try to ensure that all partners adopt the same salary scale for national staff. This is important, as staff will always check their terms of employment against those prevailing. Standard salaries sustain the morale of national workers. They also eliminate poaching and career moves among agencies.

Salary scales for nationals are available from the WHO or UNDP office. Distribute them to all partners with a note explaining the importance of standardising salaries. Remember, the goal is to overcome the emergency not to enrich staff.

Long term planning

Although you are recruiting for emergency relief, you should keep in mind the rehabilitation phase as well. Consider long-term recruitment's. If the funding is in place and the staff are qualified for the position, why not give them the security of a longer-term contract? However, never make any promises – you may find these cannot be kept.

Volunteers

Volunteers will come forward in an emergency. For the most part, you should refer them to organisations such as the Red Cross who will have the resources to equip and supervise them.

Volunteers may come from prestigious universities or hospitals. A high calibre volunteer may not need supervision and could be useful. Nonetheless, be cautious. Remember that a volunteer working for WHO will be perceived to be acting on behalf of the Organization, and may later expect to get paid.

Chapter 5

RUNNING THE OPERATIONS

Establishing a Surveillance System for Health and Nutrition is one of your operational priorities. But, the key to your success will be good information management. You need to have facts and figures at your fingertips not only to manage WHO's own relief effort but also to assist your partners. At this stage of your mission, you have gathered much information and more is coming. You will soon be inundated with information that you must organise into a consistent, logical picture of the situation at hand. Don't try to keep everything in your head, establish a good ***filing system*** to easily store and retrieve information. You will also need an ***Operations Room*** where you can organise and display information in an accessible format.

The operations room will become the information centre for emergency health response. It will be invaluable in activities ranging from the initial deployment of human and material resources to overseeing the organisational, technical and financial arrangements once relief is on going

"*Errors using inadequate data are much less than those using no data at all*".
Charles Babbage

5.1 ESTABLISHING AND RUNNING A SURVEILLANCE SYSTEM

Your primary concern is to ensure that the affected population receive appropriate health care, and that their other vital needs - security, water, food, sanitation, etc. - are satisfied through the intervention of your partners from other sectors and agencies.

To this end, you need a surveillance system for Health and Nutrition that must interface with other monitoring systems, e.g. the one for Food relief distribution. The evolution of the situation and the progress of relief must be tracked all along, from the first emergency phase through to rehabilitation and eventual normalisation.

Surveillance is '*the on-going systematic collection, analysis and interpretation of data about specific events. These data are used in planning, implementing and evaluating programmes*' (E.Noji).

Different emergencies require specific methods of surveillance. WHO has produced various technical guidelines for different systems, but the ruling principles remain the same for any of them:

Standardisation, because you need to compare, compile and analyse data from different sources;

Continuity, because you need to know how things are evolving during a period of time; and

Simplicity, because you want the widest catchment area and the smoothest flow of data with the least effort and cost.

Do not re-invent the wheel. Where a surveillance system exists - and in most countries it will - adapt it to the current situation and to possible future developments. Avoid offending national sensitivities, by imposing new systems/formats, when not necessary. Remember, national professionals must always participate in re-designing the system or establishing it anew. Likewise, national professionals should associate local and district staff in the exercise.

Establishing a surveillance system involves consultations with all partners at all levels. All decisions should be by consensus. The CHCC will offer an ideal forum for these consultations, but don't forget to listen to the beneficiaries. What do they feel is their primary concern? Involve them.

ESTABLISHING THE OBJECTIVES

Identify the areas of concern. Given the situation, what must be monitored in order to (a) satisfy the people's current vital needs, and (b) prepare for new emergencies?

Remember the principle of *Simplicity*. Essentially, the surveillance system must:

- detect epidemics
- monitor changes in the population:
  - numbers
  - movements
  - health and nutrition status
  - access to health care
  - security
  - access to food
  - access to water
  - shelter & sanitation
- facilitate relief management.

DEVELOPING CASE DEFINITIONS

Standard case definitions simplify reporting and analysis only if they have the consensus of all involved. 'Beneficiaries' or the ‘Affected Population' must be defined at this stage, as well as the standards of relief; e.g. what do we mean by 'Emergency Drugs Kit'? What are the contents of the Food-Relief ration? These decisions can be highly political; use the relevant WHO guidelines for scientific backstopping during the discussions.

CHOOSING THE INDICATORS

The clearer you have been in identifying your objectives, the easier it will be to choose the indicators. Essentially, indicators must:

- illustrate the status of the population (e.g. Death rates)
- give early signs for alert (e.g. signs of epidemics)
- differentiate between crisis and normal seasonal variations
- measure the effectiveness of relief (e.g. low fatality rates in epidemics, trends in vaccine-preventable diseases, trends in malnutrition rates, etc.).

Through the CHCC, you must develop guidelines to assist health personnel, at all levels, to recognise and report the indicators.

DETERMINING DATA SOURCES

Data can come from health facilities ('passive surveillance') or from surveys in the community ('active surveillance'). Through the CHCC, ensure that all national and international Health Relief organisations are 'plugged in'.

Also, what are the 'non-health' organisations doing? How do their activities impact on health? Integrate health data with data from other sectors.

DEVELOPING DATA-COLLECTION TOOLS & INFORMATION FLOWS

As far as possible, use pre-existing local formats for data collection. If these are not available or inadequate, design or adapt new standard forms following international standards. Use formats that facilitate data entry for computer analysis (e.g. by Epi Info). Make sure that the forms are distributed widely and in sufficient quantities. Remember, when the forms run out, data-collection will stop.

Then decide how data will be transmitted? Who will process the information? Where? How? Through the CHCC, establish methods and timetable for collecting data from the field, and ensure that they are adhered to.

FIELD-TESTING and TRAINING

Make sure that field workers know how to collect data. Also verify that the data can produce the information required. Strengthen the system by training as many field workers as you can. This will improve the quality of the data and also create capacities for local analysis.

DEVELOPING & TESTING THE STRATEGY OF ANALYSIS

Major operations may require a central epidemiological unit. Even limited resources allow for analysing and interpreting data in a quick and efficient manner. The strategy of analysis must be outlined before deciding on data-collection tools and methods. Most of all, the analysis must be simple and answer the questions posed by the objectives of the system.

> At the very minimum, Crude Death Rates must be calculated on a regular basis: at least monthly, and weekly or even daily, if a major crisis, e.g. a cholera epidemic, is under way. The analysis is easy and the indicator is powerful:
>
> **A Crude Mortality Rate exceeding 1 x 10,000 population per Day**
>
> **An Under-5 Mortality Rate exceeding 2 x 10,000 U-5 children per Day**
>
> **always indicates a serious problem**.

DEVELOPING MECHANISMS FOR DISSEMINATING INFORMATION

In consultation with the CHCC and the UN Resident Coordinator, decide who will receive the information. For the information to be useful, it must be disseminated appropriately and quickly:

- feedback will sustain data-collection and the performance of field workers
- health information is important for the activities of the other sectors
- health information is essential for the mobilisation of resources.

Distribute sitreps, publish newsletters and encourage all partners to attend meetings and briefings in the operations room (see 5.3).

MONITORING & ASSESSING THE SYSTEM

The surveillance system itself needs monitoring. Keep track of in-coming information on a tally sheet. Is everybody reporting on time? Which data are missing? Conduct field visits and on-site evaluations to ensure compliance with established guidelines.

Areas or programmes that do not report have problems and deserve priority attention.

Finally, after a trial period, assess: Is the system useful? Is the information generated by the system being used for decision-making? If not, adjust the system.

By definition, systems evolve, re-adjust and change. Work together with the CHCC at expanding the catchment area and at improving tools and procedures. Information, during the first phase of the emergency, will be sketchy. As time progresses, insist on more precision in gathering data and presenting information.

REMEMBER

A Daily Crude Mortality Rate exceeding 1 x 10,000 population indicates an emergency.

A Daily Under-5 Mortality Rate exceeding 2 x 10,000 U-5 children indicates an emergency.

Involve the nationals and utilise existing systems.

Health is more than 'Health Care':
collect information also from other sectors of relief operations.

Case Definitions and Indicators need to be agreed upon
by all those involved in the relief operations
(see Coordination).

An area that does not report has a problem.

Information that does not circulate is useless.

5.2 MANAGING THE INFORMATION

Good information management is the key to your success. You will get much credit vis-à-vis your partners as soon as they realise that they can count on you for quick access to information.

You need to manage information for WHO's own relief effort as well as in order to assist your partners in applying the best health practices. Furthermore, organising apparently chaotic information into a logical picture, can go a long way in reducing your own stress.

A. THE USE OF DIFFERENT INFORMATION

The surveillance system will inform you on the manifestations of the emergency, e.g. death, illness, malnutrition, violence, displacement of population. This information must be complemented through other agencies' reports, the media and also non-confirmed rumours (never discount them without checking), older reports, Ministry of Health studies, other UN documents and country briefs. Even some high-school Geography and History books can be useful to understand the context.

You need to have a clear idea of the use and limitations of these different sets of information:

- Absolute figures of morbidity and mortality indicate an on-going crisis. They reflect what you must address with emergency response, but they are not early warnings. They are snap-shots, manifestations of on-going phenomena: once you register them, the damage is already there.
- Trends in data on illness and death can have a predictive value, e.g. an increase in cases of infectious disease. Still, it would be unwise to rely only on them for early warning. They are only as good as your surveillance system: What is the catchment area? How well does the system work? Do you get a full weekly update from all the affected areas?
- The best indicators for early warning against Sudden-onset Emergencies are data on the underlying causes, e.g. shortage of water, pollution of sources, lack of sanitation, etc. They can also form the basis for contingency planning.
- Early warning on Slow-onset Emergencies is more likely to come from indicators that pertain to the structural (i.e. economic, social, organisational) or infra-structural (i.e. demography, environment and resource-base) causes. The same information can also help you plan for reconstruction once the emergency is over.

Most of these indicators are available through official sources at country level. The rest can usually be obtained from UN sources, NGO's and national media. Many consist of hard, quantitative data, adequate to support decisions, or, at least, to justify serious consultations with the national authorities and your partners at the CHCC.

B. ESTABLISHING YOUR FILING SYSTEM

You cannot remember everything you hear or read. Keep Notes for the Record of all-important meetings. Together with collecting factual information, keep a separate diary of your impressions and opinions. You will find this advantageous when the time comes to write a final report.

*Organise your own filing system for all the documents that you produce or receive. This will greatly facilitate your technical, administrative and advocacy work.

Information that is not quickly available loses its usefulness.

Filing systems differ greatly. A relatively simple one could be as follows:

- *Programme files* (for all documents related to WHO activities, by geographical area).
- *Fact-sheets files* containing baseline information (one for each geographical area of the Country, and one for each one of your operational partners).
- *Subject files* (for general reference documents, guidelines, etc.).
- One file with *descriptions of different Relief kits*, price lists, names of suppliers, etc.
- *One file with rosters* of experts, reference centres, CVs and addresses.
- *Correspondence in/out* files for covering memos, letters, etc.
- *Security files* containing sitreps and biodata of staff.
- *Donor files,* list the resources donated to the response, track their usage and location.
- *Financial files,* to keep track of expenditures and imprest accounts.
- *Asset file* for tracking WHO assets loaned or donated to/from other organisations.

When in doubt where to file something, e.g. a WHO report that also contains factual information on a certain area and some NGOs, make copies and file each of them in their respective file, highlighting the relevant passages.

Keep your filing system separate from the operations room. The information it contains is always confidential and can also serve as a back up.

*Likewise work out a system to keep an inventory of the contents of your floppy disks.

5.3 ESTABLISHING THE OPERATIONS ROOM

You will need a room large enough to hold meetings, give briefings and stock reference material. Preferably, this room will be located either in WHO or in the UN Resident Coordinator's offices.

Information presentation
The most important feature of the operations room will be the display of information. You must, at the very least, show where you are working, what assets you have, where they are and how they are being used. You can use maps and charts to track the response:

A. MAPS

1. Large scale map of the country and bordering countries showing major cities, main transportation routes (airports, highways, railways and shipping ports), national and district boundaries.
2. Smaller scale maps of each affected region showing settlements, water sources, main routes and health facilities. You can use colour-coded pins or markers to show where relief organisations are working.
3. Details on demography, climate, economy etc. will be useful.
4. Use markers to identify problem areas - new epidemics, direction of spread of diseases, etc.
5. Consider security. Mark mined areas and 'no go' zones on the map.

Maps will help to:

Breakdown the affected area into manageable sections.

Delineate areas of responsibilities and centres of control.

Deploy resources systematically and appropriately.

Brief the partners on the overall situation.

Maps can be obtained from government departments, the national survey office, other UN agencies or the military. Tourist maps from hotels and service stations are sometimes more detailed than one would think.

If possible, laminate the maps and mount them on the wall in a coordinated pattern. Always display information for effect.

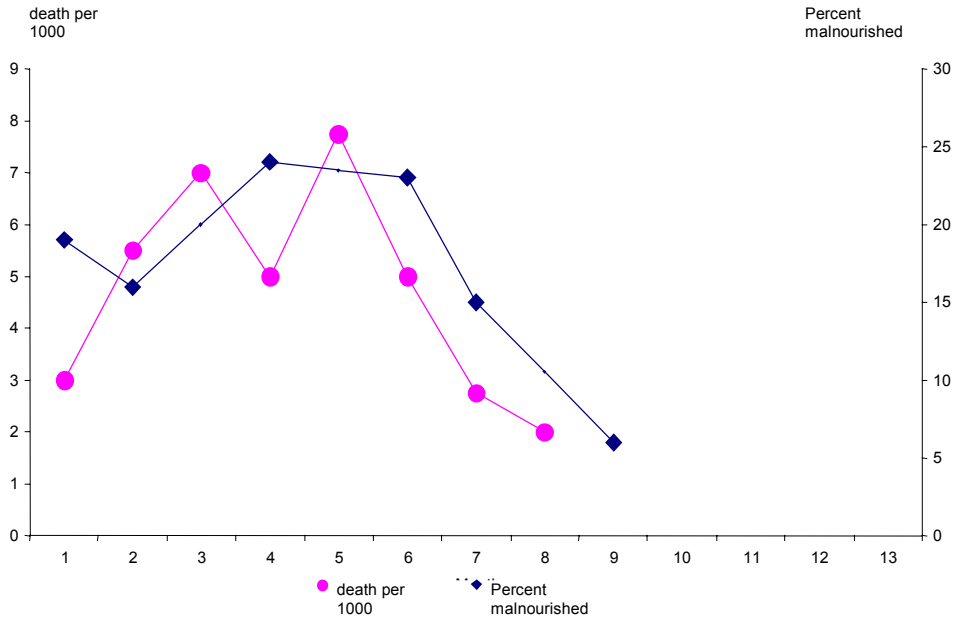
B. CHARTS

Charts can graphically display information and help determine present and future resource requirements. They can help you track the progress of the operations and predict future difficulties.

Charts can be placed on the walls as well. They can be linked to the maps by lines of coloured thread, to demonstrate which area they pertain to. CHCC members can assist in regularly updating the charts to ensure a constant appraisal. Below are examples of different charts you may use or adapt as you see fit.

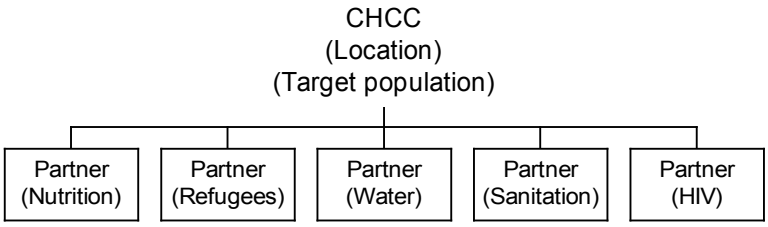
Use the information that you receive through the surveillance system. Plot on different chart data of mortality, or incidence of especially relevant health conditions, e.g. malnutrition, measles or diarrhoeas.

Sitreps: Mortality and Malnutrition Rates



Organisational chart

This chart is used to track the location, responsibility and activity of each partner.

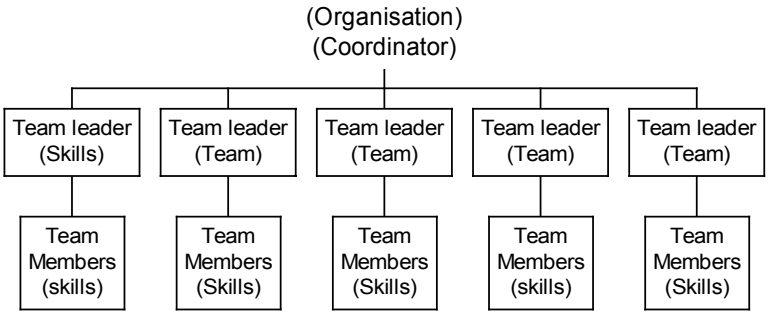


This chart can then be broken down into sub-committee locations as required.

Use A4 printouts to display your information as they duplicate the boxes on a chart and can easily be taped or pinned into a structured pattern on the wall. When updating information it is quick and easy to pin or tape it over the existing information where relevant.

Improvise as necessary. The important thing is that the information is up-to-date, easy to read and quick to assimilate.

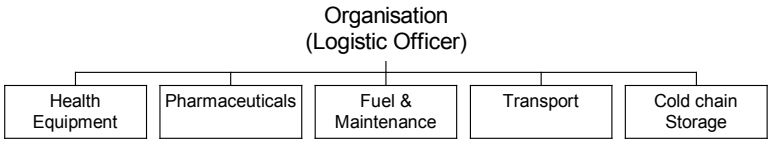
Organigram
This type of chart will clearly outline the system of command and responsibility of each organisation at every level of response.



Encourage partners to keep you constantly updated on the lists of the leaders and members of their field teams. You need to know what skills are available before determining recruitment requirements.

Use these charts to familiarise yourself with the names and skills of the team members in various areas and locations. This information can be very useful, particularly before going on a field trip.

Supplies and logistics chart
It is important that you know the status of the logistics in each area. Especially important are the levels of medical stocks and supplies, the type of medical equipment available and the means of transporting personnel and supplies around the emergency site.



To start your display, you can copy the original 'Immediate medical resource assessment' and 'Logistical capability of organisations' forms discussed in Chapter 2 and Annex. 5. Use them to display the relevant information. Later, you can create your own assessment forms, fine-tuned to the needs of your operation, and distribute them to the participants to ensure a constant update of information. Thus, you will be able to quickly assess:

- Overall capability for transporting, storing and distributing essential supplies. Avoid wastage and spoiling of supplies.
- Allocation of equipment and supplies corresponds with the activity of the organisation.
- That each organisation has sufficient transportation and fuel to distribute the required supplies to the targeted population.

The charts will also help you determine maintenance and servicing schedules and 'downtime' for assets, e.g. vehicles.

Progress charts
Bar or pie charts can display the progress of response. E.g., percentage of target population inoculated over the last week or percentage of target population receiving water etc.

These charts will show the progress of the response in simple graphic details. This is useful for briefings, reports and press conferences. They also have a feel-good factor, copy them to the field staff, let them see the overall progress being made.

They can be generated by computer or simply drawn on poster paper; they don't have to be exact.

Communication charts
Communications are vital to coordination. You must be able to receive and disseminate information regularly from all levels of operations. To this end you need forms displaying the location, the contact person and their radio address (call sign, selcall etc.), the method of communication (HF radio, VHF radio, satellite phone, satellite facsimile, etc.) and emergency contacts. List any and all methods for every location. It may be needed urgently. Good coordination goes hand in hand with good communication.

The 'resources required' chart
This can be a simple whiteboard on which everyone lists their requirements for their area of responsibility. Prioritise this list and use it for reports to donors.

Local structures chart
At every level of operations there will be a local authority that can be involved and actively participate. Some international organisations tend to ignore local structures. List all the relevant authorities, their names and contact numbers, on a chart in the operations room. Encourage partners to know which authority is relevant to which location or programme of theirs. Get them to make contact. Bring them together.

Future resource chart
Chart showing arrival dates of supplies will help you muster the appropriate logistics and distribution systems to move the supplies quickly and efficiently.

Strategic chart
Chart the long-term goals of your operations, and the resources needed to put them into effect. Highlight the need for stockpiling resources vis-à-vis new anticipated trends in the emergency. Sketch scenarios and highlight plans for the rehabilitation and reconstruction phases.

Remember. The information displayed is the analysis, the quintessence, of the information you have received.

C. USING THE OPERATIONS ROOM

Restrict everyday access to the room to your closest partners. The operations room will quickly become the information centre for the response, you don't want it cluttered up unnecessarily.

On the other hand, don't hesitate to organise events where you can demonstrate your work and your grasp of the situation to all involved in the relief operations.

Use the operations room for:

- CHCC meetings
- technical briefings: e.g. presenting new WHO guidelines
- Media briefings
- information centre for new arrivals
- giving presentations.

Consider equipping the room with whiteboards, flip charts, overhead projector, TV, VCR etc. for presentations and briefings.

5.4 FIELD TRIPS

Once the roles and responsibilities of the different partners have been established, it is critical to monitor the progress of the relief operation and supervise the field workers. Field trips are an essential part of monitoring and vital to your global understanding of the situation.

Before embarking on a field trip, know exactly what it is you want to achieve. Get familiar with the names of the leader, members of the team and the situation at the location you will visit. Bring yourself up-to-date on their work and sitreps.

Whenever possible, to facilitate interaction between different levels, travel together with an officer from the Ministry of Health, or from the national emergency-coordinating agency.

Inform the field team in advance of your visit and of its purpose - give them an opportunity to prepare. Take with you appropriate technical guidelines, training tools and reference material for their programmes. Ensure that you carry identification (passport etc.) and that you have WHO badges.

Enquire from their head office if there is any personal mail or official correspondence you can carry to them. You may want to take some fresh bread, fruit or vegetables as a gift and a reminder that you understand their privations.

Meet the team and outline quickly the objectives of your visit and the information you seek. Do not intimidate them with unheard-of UN or NGO names or abbreviations. Carry visiting cards stating your name and how you may be contacted.

Field workers are the cutting edge of relief. They live and work under considerable stress and strain, bearing the brunt of the response effort. Be sensitive to their situation, use diplomacy and tact to achieve your goals. Show interest in their welfare and the nature of work they are doing. Do not create expectations with promises and commitments you are not sure you will be able to deliver. Thank them for their contribution to the response. Pose your questions so that they do not sound threatening or critical. Don't lose sight of the objective of your trip, but be diplomatic in your methods.

Use the opportunity to provide in-service training and trouble-shooting, especially as far as surveillance is concerned. Give suggestions and hints on methods of operating. Leave behind copies of your formats for reporting. Bring back ideas on how to fine tune the methods employed in gathering and displaying information.

Ask what can be done to improve the emergency response and what can be done to make field tasks easier. Listen. Get the information you want and thank them for it. Let the field workers know what you are going to do with the information gathered.

Before leaving, make sure that the field team:
- clearly understands operating and reporting procedures;
- has no doubts on relevant technical issues;
- has an efficient system of managing emergency health resources;
- has a strict system of accountability.

Do not take field workers' information at face value, without cross-checking other sources. Ask each partner to do the same before passing it on.

If in the field you find documents of interest (e.g. registers, reports, etc.), copy the information. **NEVER** take away the originals with you.

Highlight and strengthen the positive aspects of the fieldwork.

Follow up on any suggestions from the field teams. Copy back to them the minutes from meetings or memoranda where their suggestions are discussed.

5.5. REPORTING

Emergency management is adapting plans and re-directing resources to meet a crisis in an orderly and efficient manner. Information must be quickly analysed, interpreted, acted upon and circulated, in order to ensure an effective response both at field level and externally.

To do this, you need to develop standard formats for reporting. Through the CHCC, you must ensure that every partner agrees on the layout for presenting data, the terminology and the language.

The members of the CHCC will be responsible for:

- distributing the report formats to all operators.
- gathering the reports at predetermined intervals.
- circulating the reports on time.
- assisting in the analysis of the data.

A. INTERNAL REPORTING

You need constant information from the field. It is in your interest to devise forms that present this information in the best possible way, yet simple enough for partners to collect and summarise data on all issues. You may have more than one hundred organisations reporting back to the CHCC. Only if they all report using identical forms can you analyse the data speedily and make quick, informed decisions. As much as possible, link the forms to the presentation of information in the operations room. There are several report formats included in the Annexes that can be adapted as needed:

Initial Report

This can be used to report an organisations initial field findings. It can also be used to report on any new emergencies that may arise within the area. This report is preliminary and the information can be sketchy. The information can then be passed verbally back to the Regional Office until more detailed reports come in. A template is available for adaptation in Annex.5.

Progress report

These can be sent from the field at regular, established intervals to update programme resource requirements and to indicate progress of the response. You will find these useful when allocating resources. (See Annex. 5).

Health card/Monthly activity report/Mortality rate (Annex. 2)
These do not necessarily reflect the forms used by the country's health information system. However, they can be adapted for use as required.

CHCC member reports

Each partners who has a particular responsibility (e.g. WFP = nutrition) should produce regular reports outlining their progress, requirements and future activities. Each report should carry the following information:

- Description of area of operations (add at least a sketch map);
- Description of the affected population: number, breakdown by age, sex and by special risk or vulnerability factors;
- Estimated total number of deaths and injuries;
- Other indicators such as malnutrition rates, losses in vital infrastructures, financial losses and other socio-economic data;
- Existing Response Capacity (in terms of human and material resources):
  - local, sub-national and national
  - international (bilateral, NGO, intergovernmental)
  - overall authority and national focal point
  - distribution of tasks and responsibilities
  - coordination mechanisms
  - logistics, communications and administration;
- Plans to reinforce and rehabilitate existing infrastructures;
- Additional information:
  - immediate vital needs of affected population
  - immediate and medium-term needs for national capacity building
  - implementation, monitoring and evaluation mechanisms
    (Whenever possible, this section should include medium and long-term outlines for rehabilitation and vulnerability reduction);

- Programming:
  - priority actions by projects
  - responsible office; national focal point and other partners (national and international)
  - time-frame
  - breakdown of requirements by projects: estimated costs.

To the extent possible, crosscheck reports from different partners. This way, you may discover any differences and inconsistencies in baseline information. These differences must be quickly addressed and resolved to ensure a common approach.

RETURN INFORMATION TO THE FIELD. Information from the field should be shared and information and decisions from the Central Health Coordination Committee should be fed-back to the field regularly.

If activities can be implemented immediately, on the basis of past experience, why delay until the report is complete?

Ensure the national authorities are actively involved in all aspects of reporting.

B. EXTERNAL REPORTING

Throughout the duration of the emergency, WHO has an important role in the dissemination of information to donors and other partner agencies on overall response requirements. You will be the principal provider of this information. All reports, oral or written must be copied to the Regional Office and WHO HQ. There are many reports you will have to produce:

Overall response report

You will clearly identify priority needs and present a cohesive humanitarian strategy. This strategy will elaborate on the smooth transition from relief to rehabilitation, reconstruction and long-term development. Attach an outline of your plan of response, estimate the resources needed to accomplish it and the time frame for completion. Where possible, enclose photographs or videotapes illustrating the scale and impact of the emergency. See report guidelines in Annex. 5.

Situation report (Sitreps)

In the acute phase of an emergency, a sitrep (summarising the current situation) should be submitted to the Regional Office and EHA HQ at least once a week. Highlight any new development. At the start of operations, sitreps should be given daily and can be given verbally. Detail your actions and emphasis your priorities in regard to staff and resources. What are WHO's activities? How are needs being met? What is the level of cooperation among participants? Mention also anything in regard to security, administration, finance and local conditions that may be of interest to an imminently arriving staff member or to WHO as a whole.

Progress report

Anything, which can be construed as progress, should be reported back to Regional Office and WHO HQ as soon as possible. Arrival of assets; stabilising of population; restoration of utilities; political stability; cease-fire declared etc.

Donor report
Good reports ensure donors' backing for the relief effort. In close coordination with the Regional Office and EHA HQ, develop and maintain contacts with principal donors, keep them informed of progress and make suggestions for long-term rehabilitation projects. Highlight specific areas that require funding.

Donors also have accountants and taxpayers they must answer to. Accountants need justification and documentation for every penny spent. The more detailed and accurate the accounting to donors the more likely it is they will be more forthcoming. Speeding up the delivery of donations is critical to your success and the ultimate benefit of the affected population.

Don't forget the feel-good factor. Donors are not faceless financiers doling out money from bottomless purses. They like to know that their funds have had a positive effect and that something is accomplished. Report back on the benefit the funds have achieved. If you can, enclose photographs or video footage of inoculation campaigns, new clinics or hospitals. Donors welcome acknowledgement as much as anyone and, if they have something to show their people, they will be pleased.

TIPS
- If you have a digital camera or camcorder you can download footage of the emergency site to your laptop and then transmit, via the satphone or e-mail, to RO or WHO/HQ for dissemination to donors and to be used for appeals.
- The Internet can be used to inform donors and would-be partners of the current state of affairs in the emergency area. It also serves as a market place to obtain essential relief items. In particular Reliefweb can be used. Reliefweb, under the auspices of the DHA/OCHA is the global humanitarian information system for the dissemination of information on emergencies. Many different governments, UN agencies and other relevant organisations support it.
- Donors may well ask you to suggest areas where they can assist. Be prepared for this and have your ideas to hand. They will need a solid project to respond to. Give them one. Reports on What is needed, Where and When will be invaluable in this context. Keep an updated list of requirements ready for donor's questions.
- The donor community makes its decisions either on the basis of humanitarian criteria or, sometimes, political or commercial criteria. You must ensure that the humanitarian considerations are properly understood and acted upon, even if political or other factors play a negative role.

PROLONGED EMERGENCIES REPORT
In an emergency with slow onset and of prolonged duration, the WHO representative or the WHO-designated officer should, after the initial report:
- send a monthly report to the emergency and humanitarian action unit or focal point at the regional office and to the Division of Emergency and Humanitarian Action at headquarters;
- send quarterly by pouch to the emergency and humanitarian action unit or focal point at the regional office and to the Division of Emergency and Humanitarian Action at headquarters, a concise review of developments in the health sector during the previous quarter and a prognostication of the activities envisaged for the next quarter.

In addition to the reports referred to above, the WHO representative should send any other pertinent information to the emergency and humanitarian action unit (or focal point) at the regional office and to the Division of Emergency and Humanitarian Action at headquarters. This includes expenditures, purchase of supplies, recruitment of personnel related to the emergency and any response by the government and/or international community. Also, after the emergency is over or after a special project (if established for the emergency) is completed, a final report will be prepared.

Copies of the WHO representatives' correspondence are transmitted to the United Nations Resident Coordinator to ensure that assessments of the health situation and of health needs are appropriately included in DHA situation reports.

5.6 OTHER OPERATIONAL CONSIDERATIONS

A. PROVIDING SERVICES TO YOUR PARTNERS

As a Technical Agency, WHO must provide services to its partners.

DISTRIBUTING TECHNICAL GUIDELINES. Make sure that you receive all WHO technical documents that may be relevant to the situation at hand. Each organisation involved in the relief operation must receive technical guidelines appropriate to their specific task. They should check that the procedures, protocols, equipment and medical supplies they use are consistent with WHO and national standards. Guidelines must be disseminated to every level of fieldwork and strictly adhered to.

LOOKING AT THE WELFARE OF THE RELIEF WORKERS. Pass out health advice to all organisations. Their welfare is in your best interest. Keep them informed of the best prophylaxis for malaria; underscore messages on Safe Sex. You have a moral obligation to actively pursue the welfare of the teams working in the emergency. Specifically, you should:

- through the CHCC, look at the possibility of rotating staff between 'hard' and 'lighter' duty postings.
- advise the UN Resident Coordinator on R&R breaks for relief workers.
- reassure relief workers that a system for Medical Evacuation is in place. See Annex. 3 for more details.

Are relief workers properly housed, fed and supplied with water ? How can you improve their situation? Stress is another important issue. Hand out fact sheets on identifying and coping with stress (see Annex. 4).

HUMANITARIAN ADVOCACY. In complex emergencies, make representation to Member States and/or special groups to spare and protect health personnel and infrastructure, and to facilitate access by all to essential health assistance.

BRIEFING NEW ARRIVALS. In situations where new organisations suddenly appear, you will have to orient them rapidly to the situation. Prepare standard briefs that you or the CHCC can handout and inform them of:

- the Country's epidemiological profile, the pre-emergency health coverage's, etc.

- national and international expertise available e.g. for tropical diseases, specific to the Country and beyond the capacities of international NGOs.
- the structure of Ministry of Health and health focal points in other organisations, to facilitate the collaboration between international and national partners.

You may also be requested to quickly assess their capabilities and resources to deploy them appropriately.

B. SECURITY

You are expected to participate in UN security meetings, or you may delegate a staff member to attend. Daily briefings on the security situation can be obtained from the Field Security Officer at UNDP. As the security situation changes adapt your operations to meet the changed conditions. Prepare contingency plans for possible scenarios and discuss them with your partners at the CHCC.

C. INTERNATIONAL COORDINATION

Constantly monitor and facilitate the working links between MOH, national relief organisations, UN, bilateral and intergovernmental agencies. Only their close cooperation will ensure success.

One of your objectives is to avoid duplication, i.e. wastage of resources. But you cannot determine, nor predict which organisations will enter the arena and with what. Most external organisations will inform the government of their wish to assist. Maintain close contact with the relevant officials (usually the Ministry of Foreign Affairs) and ask them to keep you advised on new developments. Keep them informed on the resources and skills needed so that they may pass on this information.

Where there is no government structure, consider the possibility of using the services of the media. Ask them to assist. It is a simple message and they will be willing to propagate it "WHO is coordinating the medical response and, in order to prevent wastage of resources, any organisation preparing to participate in the response, whether it be supplies, staffing or funding should contact the WHO Regional Office (give the name of the EHA focal point, contact numbers, web sites etc.) for more information."

Thus, you can stipulate in advance the type of assistance that you require, know who/what is coming and plan accordingly. Furthermore, the Regional Office can give the donors more comprehensive briefings on what exactly is required. By assisting donors to better place their resources you ensure a more cohesive and cost effective response.

Another objective is to ensure that operations proceed smoothly. In emergency operations, many agencies, especially international NGOs undergo very frequent turnovers of field staff. Consider that your concerns in this regard will be shared by the NGO staff themselves. Facilitate their hand-over, e.g. by stipulating a standard package of information on the country and the health relief operations that you can share with all newcomers.

D. NATIONAL STAFF

Strengthening and preserving national capacities is part of WHO's mandate. If the crisis is a major one and national institutions are collapsing, what is happening, for instance, to Ministry of Health personnel? Are they leaving the country? Are they lost among the population in refugee and internally displaced camps? Are they being recruited by some NGOs? Are their skills and professional qualifications duly recognised? How can WHO assist?

From the start of your mission, you have advocated the recruitment, training and mobilisation of nationals. You must continue to promote this at all levels of operations. In time, nationals must resume their role in their country's structures. It is important that their progress and performance be monitored. Are they receiving training and acquiring appropriate skills? Is their level of capacity such that they can eventually replace the international staff? How can WHO assist?

E. 'LATERAL' ASSISTANCE

You can assist other organisations involved in other aspects of relief. For example, IOM may be short of trucks to move people from one camp to another, and you may find that you have trucks suitable to assist, which at the moment are idle. It is always good to keep in mind the global picture, not just the health aspects. When you need help, you'll find everyone just that little bit more willing.

F. COMMUNICATIONS

Monitor the establishment of communication systems. Ensure a common approach at all levels. This includes compatibility of systems and user's procedures.
International organisations enter a country loaded with high tech communications equipment. They set up excellent communication networks and systems that as long as the emergency lasts provide invaluable information to the national authorities. A sad aspect of the matter is that as soon as the emergency is over, the international organisations leave with all their communication equipment and the information system collapses.

From the onset, push for organisations to establish permanent communication centres. Recruit and train nationals to operate them. Secure the agreement of the government to assimilate these centres into national structures after the emergency. Consider also the possibility of establishing these communication centres in hospitals or clinics located in key areas.

G. ENVIRONMENTAL CONSIDERATIONS

Monitor the disposal of used medical supplies. Are they being disposed of correctly? Ensure that guidelines for the proper disposal of used equipment and medical waste are distributed at all levels.

H. SUPPORTING HEALTH COORDINATION AT SUB-NATIONAL LEVEL

Needs for humanitarian assistance arises at sub-national level, and it is there that coordination is easier. While monitoring national and international activities for health relief, you can work at bringing together resources and experience and enhance capacities close to where the needs are.
National health workers, who remain in the field in spite of the difficulties, demonstrate high motivation and commitment to the welfare of their people. Their professional skills are enriched by their knowledge of the local epidemiology, of the

people's behaviours and attitudes, and of the fabric of the country in general. On the other hand, international organisations, NGOs, etc., while providing humanitarian assistance, also bring to the country opportunities for scientific update, exchange of experience, and/or in-service training for nationals.

A good way of facilitating liaisons, dialogue, coordination and collaboration is to organise sub-national workshops involving local MOH staff, NGOs and those UN agencies, such as UNICEF and UNHCR that may be present. These will benefit all involved in relief and, of course, the beneficiary population. The subjects of the workshops will vary according to the situations: from epidemic control, to health district management, including, for instance, project formulation, or immunisations, water & sanitation, nutrition, etc.

Involving the central levels of Ministry of Health in these activities will strengthen functional linkages and facilitate the collection of data on health problems and the state of the health network.

I. DEVELOPING MANUALS

It may be necessary to adapt WHO guidelines into emergency manuals specifically suited to the country. Manuals can deal with:

a) Actions, e.g. triage, immunisation or rapid assessment,
b) Situations, e.g. specific procedures for immunisations in internally displaced populations, and
c) Levels, e.g. emergency management at district or community levels.

First, set up a core team with WHO and Ministry of Health. This team will then establish liaisons with the technical sections within MOH for specific assistance as required.

The team should look at the situation, the needs and the actors, outline scenarios and identify who will use the manual and in which circumstances. Technical priorities should be defined on the basis of (a) the affected people's vital needs and (b) MOH strategies & guidelines. This will represent the ' What to Do', the body of the Manual.

Then it will be matter of advising on 'How to Do It', and here WHO guidelines will be the priority consideration, together with MOH's technical procedures. This second part will constitute the technical Annexes of the manual. The preparation of a manual is a good example of activity that you can implement through an Agreement for Performance of Work (APW, Annex. 1).

REMEMBER

Concentrate on your sector, but don't lose sight of the context

Concentrate on the NOW, but look at the past (..WHY?)
and think of the future (..WHAT IF?)

Share with your team, report to your HQ, leave something for those remaining in the field.

Chapter 6

PHASING OFF

The emergency has peaked, the situation has stabilised and rehabilitation is in progress.

You are at a crucial point of your mission - the phasing off and withdrawal of international partners. It is vital that you coordinate this stage of the operations and ensure that it is properly conducted and organised.

Parallel to this withdrawal is the evaluation of the response. What lessons can WHO and the international community draw from this emergency? These and many other questions will be asked of you. Now is the time to consolidate information and experiences, discuss them and formulate recommendations which will help fine tune future responses.

One faces the future with one's past.
-Pearl S. Buck-

6.1 PHASING OFF

Whatever your perception of the situation, i.e. even if you feel that the emergency is still not over, as a matter of fact you must face the process of phasing off the moment a partner cuts back or decides to leave the operations all together.

Different agencies have different mandates. Some will feel entitled to leave before others, e.g. because their mandate covers only the most acute phase of an emergency. In other cases, it may be a decision of the donors to stop supporting one or more organisations. Criteria for deciding when the emergency is over should be negotiated with all major partners. In consultation with the UN Resident Coordinator and through the CHCC, you must ensure that these criteria are consistent with those ruling the entire relief programme.

The untimely departure of one organisation can have a devastating effect on the entire programme of humanitarian assistance. Relief organisations must depart the emergency in an orderly, structured and appropriate manner. They must leave behind identifiable and workable systems; they cannot leave behind vacuums or inconsistencies. By definition, response is effective - and credible - only insofar it opens the road to rehabilitation and reconstruction.

As the response structure shrinks, so too the emergency infrastructure decreases. You must ensure that the smaller structure is at least as effective, proportionally, as the previous.

A sudden decrease in staff and assets can create a vacuum, which could seriously impact rehabilitation.

Therefore, support systems and infrastructures must be re-adjusted in a calculated manner and only when the needs of the beneficiaries are reduced. Not before, nor vice -versa.

As long as Health Coordination is necessary, you will be responsible for the orderly phasing off of all health partners. The downsizing must be properly managed and health activities must be transferred smoothly from international to national operators in the most cost-effective manner.

Working through the CHCC, establish systematic procedures for each organisation to phase out of the emergency. The procedures should be universally agreed on, disseminated and accepted.

INSTITUTIONAL AND ADMINISTRATIVE REQUIREMENTS

Each organisation is expected to give adequate notice of their departure. Where the role of some agencies is critical to the relief operation, their withdrawal should be discussed and agreed with by the Government and the UN Resident Coordinator.

Once the decision of departure is taken, the organisation should provide:

- A detailed inventory of assets staying behind and assets leaving with them. This should be submitted to the CHCC (Important - obtaining this inventory can be very difficult, but you need to know what is left behind in terms of operational resources).
- A full report on their activities from their date of arrival.
- An evaluation of their activities.

OPERATIONAL AND MANAGERIAL REQUIREMENTS

There are many things to consider before an organisation can depart:

1. Area of operations –
   - (i) Was the organisation working alone in the area?
   - (ii) Was it working in a refugee or IDP camp or among the resident population?
   - (iii) What will be the political impact on the beneficiaries when they are left with no visible focal point for humanitarian assistance?
   - (iv) Has the withdrawal been discussed with the beneficiaries?
   - (v) Was it working together in collaboration with other agencies?
   - (vi) Will the local systems be able to re-adjust themselves?

2. Delivery of services and/or relief goods –
   - (i) Was the organisation delivering services or goods (e.g. health care or food aid) to the affected population? Are these services/goods redundant?
   - (ii) Have the activities been handed-over to another organisation? Are they trained and equipped for the task? Are they nationals? Are they funded for the task? For how long? Are there support systems in place?

3. Surveillance –
   - (i) What was the organisations role in the surveillance system? What *were* their activities? Were they collecting, analysing or interpreting data?
   - (ii) Who will replace them? Are the replacements trained and equipped for the position? Are they nationals?
   - (iii) Are they funded for the position? If so, for how long?
   - (iv) Are they familiar with the system (lines of authority; formats of reporting and interpreting data; means of communication)?

4. Logistics - Review the logistics capability. What equipment will be left behind? Can this equipment be used and maintained by nationals? Is it appropriate to the infrastructure? Are there trade-off's? Is this equipment sufficient to complete rehabilitation?

5. Building national capacities and handing over - Is the organisation leaving behind some support infrastructure for the national Health System? In which areas? Of which kind? Are nationals ready to take over? According to whom? Using which criteria?

6. Programmes- What programmes were implemented? Are they complete? What programmes are continuing? Who will monitor them? Supervise? Fund?

7. Administration- Is there sufficient administrative management in place to establish rehabilitation and maintain the staff? Are job descriptions for each staff member in place?

If you judge that the departure of one organisation is inconvenient to the response, you should intercede on a personal level and ask the team leader to reconsider the decision. Explain clearly why you want them to stay. Ask that they wait until a suitable replacement or solution is found. Be tactful. Try to determine their reason for leaving. Is it funding? Political? Resources? What can WHO do to keep them in the field? Would it help to contact her/his headquarters? The Donor?

> REMEMBER
> All partners have given invaluable assistance to the operations. Without them, the response would not have got off the ground. Take the time to thank all organisations personally for their contribution, their hard work and their privations in the field. Follow up in writing, a brief letter outlining their contribution signed by you and/or the UN Resident Coordinator.

6.2 EVALUATION

Those who cannot remember the past are condemned to repeat it.
-George Santayana-

By definition, in Public Health, needs are always greater than resources. The same applies to Humanitarian Assistance: needs are great and must be addressed, but resources are increasingly difficult to come by. WHO has a responsibility in improving the quality and enhancing the cost-effectiveness of health relief. Costs must be reduced without compromising technical standards. This can only be achieved by working at improving the health practices and the standards of cooperation of all involved.

A key requirement for better future performance is that the current one be evaluated. WHO must identify critical health issues, fine-tune the techniques to address them, evaluate activities and implementing arrangements. Areas of weakness must be exposed and steps taken to rectify them. Evaluation ultimately leads to policy, operational and technical recommendations that will produce a faster and more effective response to emergencies.
To this end, you must, in conjunction with the CHCC and UN Resident Coordinator, spearhead a comprehensive evaluation of the response at all levels.

In some cases, evaluations may be conducted by outsiders. WHO Regional Office might decide to send an evaluation team, or HQ may contract the services of a Collaborating Centre. Plan accordingly.

DEVELOPING A METHOD FOR EVALUATION
Let's be frank, the word evaluation is somehow threatening. Nobody likes being 'evaluated'. It is like sitting for a school exam. Evaluation is often perceived as being subjective and has the potential to strain partner relationship.

Present evaluation as WHO's technical SERVICE. How you present the evaluation is critical to the reaction that you will receive. You should:

- Underline the importance of evaluation in regard to future operations. Stress that the exercise is useful for the participants' own capacity building (some agencies pay to be evaluated by external consultants - your services are free).
- Discuss the exercise with as large an audience as possible. Have the CHCC agree on criteria, formats and methods. Use performance benchmarks to alleviate concerns. Have complete transparency in the implementing arrangements. Give the CHCC responsibility for disseminating formats and guidelines for the exercise.
- Encourage the participants to take a comprehensive view of the events. Give them the opportunity to point out where factors outside their control prevented them from meeting the stated objectives. (Remember the 'pre-conditions' and the 'assumptions' of the Master Plan).
- Encourage suggestions on the quality of WHO's support. As a matter of fact, you also want to be helped to evaluate yourself. Specifically you want feedback on your performance in coordination and technical assistance.

Always highlight the positive aspect of evaluations. Work with your partners to create an atmosphere of cooperation and universal willingness to improve health relief.

THE EVALUATION FORMAT

You cannot evaluate each single organisation, particularly in complex emergencies where more than a hundred organisations may be involved.

Go for self-evaluation. Give each organisation the responsibility for evaluating itself in the context of its operational responsibilities, and provide standard criteria for them to do so.

Don't be intimidated by the amount of information required. Most of it is already available: operational history is with the team leaders; resource information with logistics; financial and organisational information may be with one agency's HQ, but sometimes it is with the administration in the field.

The general outline format for the evaluation can be as follows (a form is available in Annex. 5 and can be adapted by you according to your specific needs):

1. Organization

   For future operations, WHO needs to know where each organisation comes from, their mandate and the type of personnel they recruit. Essential data:

   - Name of Organization (other information such as directors, foundation date, principal donors, mission statement etc.).
   - Home Office address and contact numbers (phone, fax, e-mail etc.).
   - Main field of expertise and work.
   - Team leader's name.
   - Names and functions of team members (additional information such as CVs etc can be attached to the form).
   - Turnover of field staff; teams' average length of stay in country.

2. Present and future response details

   WHO can use this information to streamline emergency notification procedures and to predict response times of different organisations.

   Essential data:

   - Date the Organization was first notified of the emergency.
   - From which source (Media, other organisations, embassies etc.).
   - Date of arrival on-site.
   - Focal point(s) for emergency notification/call (names and contact numbers).

- Resources on stand-by for emergencies (personnel, supplies, logistics, etc.).
- Lead-time to deploy these resources (hours, days, weeks etc.).
- Are there countries or types of emergencies the Organization will not work or respond to.

3. Work accomplished
- Nature of work undertaken.
- Area of operations (add map of the area).
- Population in the area.
- Beneficiary population.
- Date started.
- Date finished.
- Programmes and projects in place.
- Campaigns or works completed (immunisations, buildings etc.).
- The Organisation's own evaluation of their activities, professional standards observed, general policy considerations (environment, gender, etc.)
- Were the beneficiaries happy with end result? If not, why not?

4. Surveillance systems
- Are they in place and operational?
- Who is running them? (Names and contacts)
- Are lines of communication open? (What are they, who runs them?)
- Are indicators understood by replacement team?
- Is the analysis of data available and in accordance with guidelines?

5. Building national capacities
- Level of expertise among nationals on arrival, on completion of mission.
- The Organisation's contribution to capacity building (in-service and formal training activities, scholarships, investments in equipment and infrastructures, etc.).
- Standards achieved.

6. Resources. You need a clear grasp of the assets expended, the assets left in the area and the assets that will be leaving with the Organization.

Essential data:
- What resources did they enter the emergency with?
- Detail of the supplies used.
- What is left behind? With whom?

7. Funding. This is a tricky subject. But the information is important to estimate costs and make planning for future operations easier. Try to obtain the following data:
- What amount was requested for operations?
- The source(s) of funding
- How much was received?
- Breakdown of expenditures during response.

8. Overview. Give the Organisation's views on the emergency. Why did it happen? How could it have been prevented? How can repeats be avoided? Which were the major constraints in the relief operations? How could they have been avoided?

VERIFYING THE EVALUATION

Each organisation should, where applicable, attach its final report. Also reports from workshops and seminars, local testimonies, and thematic studies are important. On your side, ask the opinion of other partners, donors and national authorities.

Evaluations can be cross-checked against the information in your files and in the operations room. By comparing data, reports, assessments and charts, you can quickly determine the precision of the information returned to you. Use the findings from the periodic assessments undertaken during the operations as a baseline for determining the accuracy of each participant's self-evaluation. Where there are inaccuracies or grey areas you should resolve them as soon as possible.

The data generated by the evaluation is critical to the overall assessment of the response. The analysis of the information will help highlight any constraints encountered in implementation and the quality of WHO support and guidance.

Once you have assessed the validity of the evaluation you should copy them to the Regional Office and WHO HQ. Otherwise, treat the evaluations as confidential. You may wish to remark on the general performance and capability of an organisation or individual. Where you feel specific comments will be useful, make a note on the relevant evaluation.

6.3 PREPARING FOR YOUR DEPARTURE

As far as WHO is concerned, your performance in phasing off is as important as in any other moment of your mission. You must agree on your departure with the CHCC, the UN Resident Coordinator and the Government. You may be replaced by either a WHO staff member or a national. Factor in the time for finding and inducting your replacement before you can leave.

FINAL REPORT

Your final report is the official memory of all your activities, and provides WHO with a global evaluation of the response. It must help you order your experiences and ideas, and help others take action on the basis of what you recommend. Keep the report short, but use Annexes to include all that you feel is important. We suggest the following format.

1. Start with an *Executive Summary*. Then proceed with:

2. *The findings*. This part must be factual. Avoid adjectives and adverbs: all of them, not only the 'unnecessary' ones.....! As a rule of thumb, if you really feel that a certain statement requires an adjective or adverb, think again: maybe it is an opinion of yours rather than a fact, and it should go in the part of the report, that deals with conclusions and evaluation.

2.1. Give a summary of how the emergency started, and which factors contributed to its evolution. Describe the impact on the environment, economy, infrastructure, population etc. Refer to the Annexes, where you will add maps, charts and even copies of more exhaustive documents (e.g. another Agency's report), in order to illustrate and substantiate your information.

2.2. Summarise your first rapid assessment. Describe the situation as you found it on your arrival in country. Describe the conditions and identify the partners operating in the area. Give a detailed account of health issues (mortality rate, epidemics, nutrition etc.)

2.3. Summarise your initial Master plan. A full copy of it can go in the Annexes. Describe the methods used to bring together and coordinate your partners, the main constraints and how they were tackled.

2.4. Describe the evolution of the emergency - new diseases, the interaction of other natural hazards, e.g. floods, social, political or military changes - and of the response operations. How they were coordinated and implemented. Describe major changes in strategies or procedures. Logistical changes. Obstacles and solutions. List your partners and give objective information on their capacities.

2.5. Describe the systems that WHO set in place. Illustrate the surveillance system, what was done to establish or expand it, the training given; illustrate the catchment area, the indicators, methods of reporting, analysing and diffusing the information. Describe the communications and the logistics networks, the equipment used, how effective was it, what will be left in place. Were nationals trained to take over?

2.6. Human resources and supplies. Give an estimate of the total resources brought into the emergency, in terms of personnel, expendables and equipment. Illustrate what is left in place for rehabilitation and contingencies. Refer to the Annexes for the relevant lists.

2.7. Funds. Of the total funding received for response, how much was specified for health? How much was used, including funds already earmarked for ongoing projects/programmes etc.? What remains to be used? What remains in the pipeline?

3. *The conclusions and the evaluation*. This part of the report must reflect your professional opinions. Be diplomatic but sincere. You must evaluate the following:

3.1. Your work- Was your mission a success? Qualified or absolute? Do you feel you achieved of your general objectives? Which lessons have you learnt?

3.2. Health issues and practices- Did you come across some health aspects of the emergency that call for further investigation from the technical divisions at WHO/HQ? In terms of fieldwork, is there the need for special 'emergency' technical protocols?

3.3. WHO country office - Given the country's profile, how can the WHO office better prepare itself for new emergencies? Are there lessons for other country offices?

3.4. Regional Office and HQ - From your initial briefing through to your departure, how can their procedures for emergency response be streamlined or improved?
3.5. International partners, UN and NGOs - How did they do? Were they responsive and cooperative to coordination? What are their strengths and weaknesses?
3.6. National authorities - How the health system has improved from your arrival to departure. How did they respond to international intervention? What can WHO do to strengthen international agreements on emergency health issues?
3.7. National NGOs and other national partners - How did they do? Were they responsive and cooperative to coordination? What are their strengths and weaknesses?
3.8. UN Resident Coordinator - Was he/she familiar with health intervention policies? What assistance did you receive from him/her in relation to the coordination and implementation of the response?
3.9. Donors - How can they respond more efficiently in the future? What do they need in the way of feedback from the field? Was their reaction positive to your coordination? What concerns, if any, did they express?
3.10. Resources - What can be done with the resources delivered and not yet utilised? What about the pending pledges and resources that remain in the pipeline?

4. *The recommendations*. On the basis of your conclusions, make recommendations. From the experience and insight you have gained, you can facilitate decisions for additional programmes or activities, changes in policies and methods, streamlining of procedures and cuts in costs. Be clear and practical in your recommendations. Avoid vague statements and wishful thinking. Use short sentences to indicate actions and not objectives. Indicate who should implement these actions; suggest timetables; identify partners.

5. *The Annexes*. The Annexes will include a copy of your terms of reference, more background data on the country and the emergency (e.g. maps, samples of the formats used to collect data and reporting, charts, graphs, lists of personnel, medical equipment and supplies, tables with financial summaries, copies of the most important correspondence, notes for the record, etc.).

   Expand the Annexes as much as you have to. Your report is important to WHO. In many ways, it may end up being the principal piece of WHO's institutional memory on the emergency. No detail is too small. Use the Annexes to include anything and everything that you feel is important.

6.4 RETURN TO REGIONAL OFFICE

Your first stop on the return route is the Regional Office. There you will undergo various debriefings and complete several administrative tasks.

A. PLANNING FOR YOUR RETURN

Once a date for your return is agreed on, arrange things to make your life easier. In particular, try to book your flight for a Friday. This will give you a weekend to relax and prepare yourself for working at the Regional Office on Monday. You may even contact your partner and suggest a reunion on the weekend.

Prepare yourself for the debriefing. Have your reports and paperwork to hand. Decide in advance which message you want to transmit. Try to determine which information the Regional Office requires. Consider preparing a short presentation on transparencies summarising your report. You may find yourself repeating the same thing again and again to many different people. Bear with it, the more people you talk to the more likely the lessons you learnt will be passed on.

TIPS

Before leaving,

- contact your Regional Desk Officer and ask him/her to do the following:
  - to let you know how many days you will have to stay at the Regional Office.
  - to let you have a schedule of your meetings, detailing names, office address and contact numbers.
  - to arrange hotel bookings (double room if your spouse intends meeting you).
  - to arrange for your air ticket to be endorsed, if, for instance, it has expired or you need to change airlines.
  - to fax you a list of what he/she requires in the way of information or reports.

- contact the people that are on the list you received from the Desk Officer and ask:
  - What is the format for the meeting
  - What do they need from you
  - Expected duration of the meeting

- talk to the Desk Officer. He/she will have experience of debriefing in the Regional Office. Get some advice on the format of these sessions and how best to prepare for them.

CHECKLIST OF THE ITEMS TO TAKE WITH YOU

1. Copies of your Final Report (don't assume that somebody will photocopy it for you)
2. Copies of evaluations
3. Up-to-date situation report
4. Copies of all monthly imprests
5. Copy of inventory of the assets handed over to your replacement

REMEMBER: you must return any piece of equipment you signed for to the Regional Office or HQ, or demonstrate its present location.

B. FURTHER CONSIDERATIONS

1. **Rental equipment.** You may have rented office equipment, vehicles, generators etc. Return all equipment and settle the bill, obtain a paid-in-full receipt from each vendor. If it is not possible to return an item as a programme is using it, then sign over responsibility for it to the programme team leader.

2. **Office.** If the office is closing, give adequate advance notice to the landlord. Arrange a date to walk through the premises with the landlord. Have the landlord give written receipt for the premises, stating that all is in order. If it is necessary to repaint or repair parts of the office, obtain quotes from three contractors and then go ahead. Make sure the landlord gives written confirmation that all that was needed has been done and the premises are returned in good shape.

3. **Salaries.** Ensure that programme and general support staff have received their salary in full and that there are no outstanding wage claims against WHO. Obtain a release letter from each staff.

4. **Pay all accounts for services**, e.g. electricity, water, gas, and have the services terminated accordingly.

5. **Logistics equipment.** You have probably signed for a fair amount of equipment, most of which you may have passed on to someone else. Clear this up before leaving. Ensure that every piece of equipment is accounted for and no longer attached to your name. Otherwise, if one vehicle is involved in a crash, they will come after you!

6. **Fuel.** Your team may have established an account in the field with another UN agency or an NGO. Ask that the full amount be calculated and make sure that this amount is paid before you leave.

7. **Donations.** You may be authorized to donate some of your equipment to a national organisation. In such cases, prepare a certificate describing clearly each item: model, manufacturer, serial number etc. Have the certificate signed by the head of the recipient organisation. Give one copy of this receipt to the Regional Office and keep another for your records.

8. **Hotel bill.** Pay the day before you leave. Ask in advance for the bill to be prepared and ascertain in which currency you are to pay it. Make sure that the hotel can give change in that currency and what will be the rate of exchange if applicable. You may want to change money at a bank to get a better rate of exchange: give yourself time to arrange this.

9. **Air ticket must be booked in advance.** Once the emergency is over, you will be surprised how rapidly everyone wants to leave - reserve and re-confirm your seat!

C. PERSONAL ADMINISTRATION

1. *Think of your finances*. You deserve to be paid and recompensed for your work or expenses. You will need:
   - Original of your Travel Authorisation
   - Travel Claim form (this can be obtained from any WHO administrative officer)
   - Your bank account number and bank address
   - Air ticket stubs or any unutilised ticket
   - Original receipts of all reimbursable expenses
   - Dates of travel to, within and from operational area
   - Copy of Laissez-Passer

Complete the Travel Claim, listing all necessary information and expenses. Make sure you attach all receipts (including air ticket stubs) and that your banking information and dates of travel are accurate. Simple instructions on how to fill a Travel Claim come in Annex 5. Have your immediate supervisor sign it.

Make a photocopy of the Travel Claim and all attachments before you submit the originals for payment. Thus, if the original gets lost you have a back-up copy. It is strongly suggested that you present the Travel Claim personally to the Finance office. Generally, you will receive full compensation by the end of the next calendar month.

2. *Think of your welfare*. Do not under -estimate your mental and physical exhaustion. You are coming out of a stressful situation. Give yourself the time to relax and adjust to a normal environment.
   You deserve a break.
   Take time out for yourself.
   If you feel that you need counselling, a list of UN staff counsellors comes in Annex. 1.

TO THE READER

This handbook is intended to serve and assist personnel in the field, and your personal experience is as important as that of the authors. You can help us improve the handbook. Suggestions, criticisms and updates will be gratefully received, be noted and acted upon.

Please transmit your comments to Emergency and Humanitarian Action, WHO-Geneva.

Annex 1

PERSONNEL

Printed annexes

Annexes in diskette (and in this document)

		FILE NAME
1.4.	AGREEMENT FOR PERFORMANCE OF WORK – CONDITIONS	A1.4.DOC
1.5.	AGREEMENT FOR PERFORMANCE OF WORK – CONTRACT	A1.5.DOC
1.6.	ATTENDANCE RECORD	A1.6.DOC
1.7.	RULES FOR DRIVERS	A1.7.DOC
1.8.	DRIVING SKILLS TEST	A1.8.DOC
1.9.	JOB DESCRIPTION – ADMINISTRATIVE/LOGISTICS COORDINATOR	A1.9.DOC
1.10.	JOB DESCRIPTION – ADMIN ASST	A1.10.DOC
1.11.	JOB DESCRIPTION – DRIVER	A1.11.DOC
1.12.	JOB DESCRIPTION – SECRETARY	A1.12.DOC
1.13.	JOB DESCRIPTION – SENIOR DRIVER	A1.13.DOC
1.14.	JOB REPLY	A1.14.DOC
1.15.	PERSONNEL HISTORY FORM	A1.15.DOC
1.16.	REQUEST FOR CONSULTANT	A1.16.DOC
1.17.	SPECIAL SERVICES AGREEMENT – CONTRACT AND CONDITIONS	A1.17.DOC
1.18.	OTHER TYPES OF CONTRACT WITH INDIVIDUALS (WHO MANUAL II.9)	A1.18.DOC
1.19.	STAFF PLAN	A1.19.DOC

1.1 MISSION READINESS CHECKLISTS

Go through these checklists. Some items are so common and self-evident that they are often overlooked. Others are very important to your well being, but they are uncommon and thus they are often forgotten. As you work toward being mission-ready, each completed item can be checked off the list.

A-FAMILY WELFARE

Discuss and complete the following items with your spouse or another responsible adult (r.a.). This can help avoid many unnecessary problems.

		YES	NO
a.	Mission discussed with family?	O	O
b.	Mission extension possibilities discussed?	O	O
c.	Family support system established?	O	O
d.	Quick access to emergency phone numbers?	O	O
e.	Family communication plan established, including the use of e-mail, fax, etc. (mission address, phone/fax numbers, UN pouch)?	O	O
f.	Guardianship agreements completed?	O	O
g.	Passports and visas current for all family?	O	O
h.	Power of Attorney currently completed?	O	O
i.	Wills: yours and spouses completed?	O	O
j.	UN insurance beneficiaries designated?	O	O
k.	Pension fund number available to responsible adult (r.a.)?	O	O
l.	Birth certificate available to r.a.?	O	O
m.	Social Security numbers recorded and known to r.a.?	O	O
n.	Marriage certificate available to r.a.?	O	O
o.	High-risk-mission insurance current?	O	O
p.	All insurance policy data available to r.a.?	O	O

B-BANKING INFORMATION

If your bank records are in order before you leave, deposits and withdrawals from your mission location will be easier.

		YES	NO
a.	Name and address of all banks or credit union accounts available to r.a.?	O	O
b.	Direct-deposit account established?	O	O
c.	Savings/checking accounts established?	O	O
d.	Is r.a. able to access bank accounts?	O	O
e.	Credit card numbers known to r.a.?	O	O
f.	Other important banking information reported?	O	O

C-BUSINESS AND FINANCE

Make sure your finances are in good order before you leave.

		YES	NO
a.	Stockbroker name and certificate numbers available?	O	O
b.	Bond company and certificate numbers available?	O	O
c.	Mutual fund company and certificate numbers available?	O	O
d.	Business and finance records in a safe place where r.a. has access?	O	O
e.	Family budget well planned?	O	O
f.	Outstanding bill/loan payment method current?	O	O
g.	Signed UN contract available to r.a.?	O	O
h.	Income-tax data available to r.a.?	O	O
i.	Home/apartment: sold? rented? Sublet?	O	O
j.	Personal property high-dollar-item insurance?	O	O

D-AUTO REPAIRS AND MAINTENANCE

Avoid automobile worries during your absence.

		YES	NO
a.	Auto repair book available to r.a.?	O	O
b.	Next service on auto due?	O	O
c.	Warranty book available to r.a.?	O	O
d.	Tire rotation due?	O	O
e.	Oil change due?	O	O
f.	Tune-up required?	O	O
g.	Dealers address available?	O	O
h.	Vehicle insurance and registration current?	O	O

E-HOME SECURITY, REPAIRS AND MAINTENANCE

Feel at ease about home security during your absence

		YES	NO
a.	Heating & refrigeration repair phone Numbers?	O	O
b.	Plumbing repair phone numbers?	O	O
c.	Electricity repair phone numbers?	O	O
d.	Small appliance repair phone numbers?	O	O
e.	Roofing repair phone numbers?	O	O
f.	Keys secure with responsible adult?	O	O
g.	Mail and newspapers re-routed?	O	O
h.	Phone calls forwarded/answering machine updated?	O	O

H-TRANSPORTATION AND COMMUNICATION SKILLS

Gaining skills in these areas will enable you to be independently mobile and to communicate well in an emergency situation.

		YES	NO
a.	Operation of a vehicle with manual transmission?	O	O
b.	Operation of 4-wheel-drive vehicle?	O	O
c.	Auto-repair trouble-shooting ability?	O	O
d.	Two-way-radio operation ability?	O	O
e.	Satellite telephone operation skills?	O	O
f.	Knowledge of e-mail and data transfer package?	O	O

F-GEOPOLITICAL AND CULTURAL AWARENESS

Investigating the items listed in this section will help you integrate more quickly and comfortably into the new work environment.

		YES	NO
a.	Geographical location known?	O	O
b.	Government type known?	O	O
c.	Major ethnic groups known?	O	O
d.	Traditions and customs (do's and don'ts) known?	O	O
e.	Major religions known?	O	O
g.	Primary languages spoken?	O	O
h.	Basic language skills developed?	O	O
i.	Basic language skills training material obtained?	O	O
j.	Major industries known?	O	O
k.	Income per capita known?	O	O
l.	Natural resources known?	O	O
m.	Health and disease patterns known?	O	O

G-HEALTH

Physical fitness and a healthy lifestyle do not come overnight, so you should act on the points in this section well before you leave. This will increase your effectiveness and your sense of well being once you are in the field.

		YES	NO
a.	UN medical and vaccines for area?	O	O
b.	Is anti-malaria prophylaxis indicated?	O	O
c.	Sufficient prescription medicines ?	O	O
d.	Stress management information?	O	O
e.	Substance-abuse awareness: The Big Three (nicotine, alcohol & caffeine)?	O	O
g.	Awareness of sexually transmitted diseases (STD) prevention?	O	O
h.	Lifestyle balance (work, play, rest, sleep)?	O	O
i.	Recreational and educational need awareness?	O	O
j.	Extra pairs of eyeglasses or contact lenses?	O	O
k.	Did you have a dental check ?	O	O
l.	Health and dental care plans established for your family?	O	O

H-WHO ADMINISTRATIVE ISSUES

The following WHO administrative procedures must be completed before leaving on mission.

		YES	NO
a.	Does your contract cover the duration of mission?	O	O
b.	Does Finance have your personal banking details?	O	O
c.	Have you received your Travel Authorization?	O	O
d.	Is Laissez-Passer valid to end of mission?	O	O
e.	Necessary visas for affected area?	O	O
f.	Letter of introduction to WR or host government ?	O	O
g.	Next-of-kin details are with Desk Officer?	O	O
h.	Per diem received in suitable medium of exchange?	O	O
i.	Medical/Pension/Life insurance forms completed?	O	O

1.2. STAFF ISSUES

The remuneration of persons employed under special services agreements should be based on the best prevailing conditions in the country applicable to nationals carrying out functions at the same level. UNDP country office can be a useful source of information on standard salaries for locally recruited staff.

The normal working hours for the UN are determined by the Secretary-General, as applicable to each duty station; they are available from the UNDP office. However the employees must understand that during an emergency working hours are flexible and that staff may be required to work longer hours than normal. Subject to local conditions and practices, the official working hours for drivers and guards are 48 hours per week.

Attendance cards (sample in Annex.1) must be kept and referred to for pay and leave issues.

Official holidays for WHO offices are the official holidays of the country in which the offices are situated, up to a maximum of nine days in a year including Christmas Day. If an official holiday falls within an important conference period or on a non-working day, you may, at your discretion, declare an alternative day an official holiday. The WHO or UNDP office will have a list of official holidays for the year. In certain circumstances staff working on official holidays may be granted compensatory leave.

Provisions for Annual, Sick and Maternity Leave (Article 4 of the Special Services Agreement) should be the same as those applicable to government civil servants associated with the project or other activity. If the mission is of long duration, it will be advisable to work with the staff and create a leave plan.

Overtime work is recognised for purposes of compensation only when the supervisor has requested it and it is approved by the Health Coordinator. Overtime pay is assessed in accordance with the locally established conditions of employment. Either the government or WHO office can provide the rates and rules governing the payment of overtime. An alternative form of compensation for overtime work is compensatory time off; again, subject to local custom. Compensatory time off is given at the same rate which would have been applicable to the overtime payment, e.g. time and a half rate, double rate, etc.

Travel per diem rates for locally recruited staff are established at each duty station by the designated lead agency (normally UNDP). These rates and the formula for computing them can be obtained from the lead agency administration office.

1.3. UN STAFF COUNSELLORS

The UN Office of Human Resources Management keeps Staff Counsellors at the following UN duty stations:

Geneva: Staff Counsellor, HO-UNOG, 41-22-917-3136
Social Welfare Office, UNHCR, 41-22-739-8275

New York: Staff Counsellor, UNHO-NYC, 01-212-963-2530
Staff Counsellor, UNHO-NYC, 01-212-963-7092

Nairobi: Staff Counsellor, UNEP, 254-2-622-749
Staff Counsellor, UNICEF, 254-2-622-066

Vienna: Staff Counsellor, HQ-UNOV, UNIDO, IAEA, 43-1-2360-6065

1.4 AGREEMENT FOR PERFORMANCE OF WORK GENERAL CONDITIONS

It is understood that the execution of the work does not create any employer/employee relationship. In this respect, the contractual partner shall be solely responsible for the manner in which the work is carried out. Thus, WHO shall not be responsible for any loss, accident, damages or injury suffered by any person whatsoever arising in or out of the execution of this work, including travel.

All rights in the work, including ownership of the original work and copyright thereof, shall be vested in WHO, which reserves the right (a) to revise the work after consultation with you, (b) to use the work in a different way from that originally envisaged, or (c) not to publish or use the work.

If the option, on the face of this agreement, for payment of a fixed sum applies, that sum is payable in the manner provided, subject to proper performance of the work. If the option for payment of a maximum amount applies, the funds shall be used exclusively for the work specified in this agreement and any unspent balance shall be refunded to WHO. In this latter case, any financial statement required shall reflect expenditures according to the relevant main categories of expenditure.

If the work is not satisfactorily completed (and, where applicable, delivered) by the date fixed in this agreement, WHO may specify an additional period within which this agreement must be satisfactorily performed. Normally such additional period should be of at least one week duration, unless it is clear from the agreement that it was particularly important that the performance be completed on the date specified, in which case WHO may specify a shorter period or refuse to grant any additional period at all. In the event that the work is not satisfactorily performed on the date fixed, or any additional period granted by WHO, WHO may rescind this agreement (in addition to other remedies), subject to an equitable arrangement being made in the case of delay caused by force major.

Any technical report or financial statement required shall be submitted upon completion of the work and, at the latest, within 90 days of the normal date for completion.

Any dispute relating to the interpretation or execution of this agreement shall, unless amicably settled, be subject to conciliation. In the event of failure of the latter, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the parties or, in the absence of agreement, with the Rules of Arbitration of the International Chamber of Commerce. The parties shall accept the arbitral award as final.

1.5. AGREEMENT FOR PERFORMANCE OF WORK

between
The WORLD HEALTH ORGANIZATION (WHO)and…..…….....….
(the contractual partner)

Project: .....Department: .....……
Address: .....Address: .....…
.....……
.....
Telephone: .....Telephone: .....….....……

For the performance of:
.....…….
.....….
.....…
.....…..

WHO will, in consideration for the work, pay a fixed sum of:** Cross-out one of the two lines marked by an asterisk – See General Condition 3.
.....……..…….
WHO will support the work by providing a maximum amount of: *…..……
In instalments of: .....Payable on: .....…...
(Payment to individuals on signature is limited to 25% of the total value)
The detailed statement of the work to be performed and any related budget is contained in/set out below:
.....
.....
.....
.....
.....….

The contractual partner will complete and deliver the work by: .....….....
A technical report is required: Yes_ No_

A financial statement is required: Yes_ No_

Payment is to be made into the following bank account of the contractual partner (to be completed by the contractual partner):
Bank account name and number: .....……..…….
Bank name:.....….....
Bank address: .....……...

The undersigned parties hereby conclude the present agreement consisting of the above terms and the General Conditions overleaf.

For the **WORLD HEALTH ORGANIZATION**
Signature: .....
Name and title: .....
Date: .....

For the **CONTRACTUAL PARTNER**
Signature: .....
Name and title: .....…
Date:.....….

1.6. ATTENDANCE RECORD

ATTENDANCE RECORD

Name: _____ Date started employment: _____

Title: _____ Type of contract: _____

Date of birth: _____ End date of contract: _____

Salary: _____ Grade/step: _____

ATTENDANCE RECORD																														Leave C = credit T = taken B = balance			Sick Leave
Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	C	T	B	T
Jan																																			
Feb																																			
Mar																																			
Apr																																			
May																																			
June																																			
July																																			
Aug																																			
Sept																																			
Oct																																			
Nov																																			
Dec																																			

Y = Present	X = Absent	S = Sat/Sun	SL = 1 day certified sick leave	S = 1 day non-certified SL	H = Official holiday
L = Leave	L/2 = half day leave	C = 1 day compen-satory time off	SL/2 = half day sick certified	S/2 = half day sick non-certified	

Compiled by: _____ Title: _____ Date: _____

Certified correct by: _____ Title: _____ Date: _____

1.7 RULES FOR DRIVERS

Immediate dismissal may result from the following:

- Drinking alcoholic beverages, being in a drunken state, showing characteristics of drug or other substance abuse, working without sleep or exhibiting any other behaviour which produces a physical condition not suitable for driving.
- Theft of any equipment, commodity or item carried in or on the vehicle.
- Gross negligence resulting in an accident causing damage or injury.

Drivers must also obey the following rules and are subject to disciplinary action for falling to do so:

- Perform daily checks on their vehicles and confirm compliance by signing the daily log sheet on receipt of the vehicle and upon the return of the vehicle at the end of the shift. Reporting deficiencies or problems as soon as possible to the supervisor. Keep the inside and outside of the vehicle clean and in good order.
- Comply with all local traffic rules. No passenger or superior may authorise or order violations. In the case of an emergency, the driver alone may decide to disregard any rules (and be responsible for the consequences).
- Do not leave a vehicle unattended, unless it is parked or locked in a place considered safe under the given local circumstances.
- Drivers are not responsible for personal belongings or baggage of passengers left in the parked vehicle unless specifically requested to guard them.
- Ensure the fuel tank is always full.
- Observe the periodic maintenance schedule for the vehicle. Inform the fleet manager in advance when maintenance is due, so that vehicle operations can be scheduled accordingly.

Safety rules:

- Safety belts should be worn at all times by the driver and any passenger(s) in the front seat. Use of seat belts in the rear seat is recommended.
- Passengers, other than staff members or persons authorized by the fleet manager, are not allowed on board the vehicle, except in an emergency.
- No packages or parcels, except those authorized by the driver supervisor, may be carried at any time.

1.8 DRIVER'S TEST

There are four phases to this test.

Mark the box next to each question if the answer is affirmative. Each mark represents one point. Points are totalled at the bottom of the page.

1. APPEARANCE

Is the applicant: Neatly dressed _ Courteous _ Older than 30yrs _

2. PRE-TRIP INSPECTION

(Allow the applicant time to get familiar with the vehicle. Then, he/she must demonstrate the inspection procedures followed each day after arriving for work). During this phase of the test the applicant should be encouraged to elaborate on each check he/she makes.

Were the following checks completed?

Tyres _	Suspension _	Bodywork _	Chassis _
Oil _	Coolants _	Fanbelts _	Brake fluid _
Lights _	Fuel _	Gauges _	Battery Acid _
Spare tyre _	Jack and tools _	Vehicle papers _	

3. DRIVING ABILITY

The assessor should have a predetermined route for this phase of the test. The applicant should be put at ease.

Did the applicant, before starting the engine:

Check handbrake is on _ Put vehicle in neutral _ Check mirrors _

Put on their seatbelts _ Check and insist that each passenger has seatbelts on _

Whilst driving did the applicant:

Stop completely at stops _	Change gears smoothly _	Obey speed limit _
Indicate when turning _	Indicate when changing lanes _	Yield to pedestrians _
Concentrate on the road _	Show courtesy to other drivers _	Drive defensively _
Maintain a safe distance from the vehicle in front _		Brake smoothly _

4. AFTER TEST

Did the applicant:

Park the vehicle appropriately _

Apply hand brake and leave the vehicle in gear _

Secure the vehicle and hand back the keys _

Thank the applicant for taking the test and explain that a decision will be made in due course and he/she will be informed accordingly.

Total up the checked boxes and use the score as an indication when making your decision.

COMMENTS

TOTAL POINTS: _____

1.9 JOB DESCRIPTION - ADMINISTRATIVE/LOGISTICS OFFICER

Job description

- Under the direct supervision of the WR is responsible for managing the administrative and logistical requirements of the team.
- Ensures the smooth running of the office by procuring furniture, office supplies and equipment.
- Recruits and supervises local staff.
- Implements, controls and maintains an effective communications system.
- Liases with UN agencies on administrative and security matters
- Facilitates the arrival and departure of WHO staff.
- Locates and establishes an office.
- Responsible for maintaining an inventory of all assets.
- Advises the WR on budgets and produces monthly financial reports on all expenditures by the team including projects
- Opens and controls an imprest account.
- Responsible for all financial reporting (through WR) to WHO/HQ.
- Arranges importation of goods and ensures clearance through customs.
- Manages vehicle fleet and drivers.

1.10 JOB DESCRIPTION-ADMINISTRATIVE ASSISTANT

Duties and responsibilities

Under the direct supervision of the WR and/or administrative/logistics officer, the incumbent performs administrative support functions, which may include supervision of clerical and administrative staff in fields of work such as personnel, finance, registry, supply and transport. Performs the following duties:

- Performs personnel work including interpretation and processing of entitlements, issuance of contracts and maintenance of various personnel records and files;

- Assists in the recruitment of *special service agreement* staff for non-specialized work including evaluating candidatures, administering typing exams, conducting preliminary interviews; assigns junior staff to meet work requirements; reviews work of subordinates;

- Briefs international personnel on general administrative matters relating to visas, licenses, security; provides advice and ensures administrative support as required;

- Advises and assists other staff in the area of office management. Arranges for and/or attends meetings on day-to-day administrative matters, participates in discussion of new or revised procedures and practices, interprets and assesses the impact of changes and makes recommendations for follow-up action;

- Prepares, on own initiative, correspondence, reports, evaluations and justifications as required on general administrative or specialized tasks that may be of a confidential nature within assigned area of responsibility;

- Assists in the preparation of office budgets applicable to staff and servicing costs and maintains necessary budgetary control records;

- In addition to general administration responsibilities, may also supervise directly or indirectly, activities concerned with office and grounds maintenance, security, transport and similar services.

1.11 JOB DESCRIPTION -DRIVER

Duties and responsibilities

Under the direct supervision of the administrative/logistics officer, the incumbent performs the following functions:

- Responsible for the day-to-day maintenance of the assigned vehicle, checks fuel, oil, water, battery, brakes, tyres, front/rear lights, etc., performs minor repairs and arranges for other repairs and ensures that the vehicle is kept clean and mission ready;
- Drives office vehicles, in a safe and careful manner, for the transport of authorized personnel and delivery and collection of mail, documents and other items;
- Logs official trips, daily mileage, fuel consumption and purchases, oil changes, greasing, etc.;
- Meets WHO personnel at the airport and facilitates immigration and customs formalities as required;
- Ensures that the steps required by rules and regulations are taken in case of involvement in accident;
- Performs other duties as required.

Qualification requirements:
Primary education, driver's license,

Knowledge and skills:
Knowledge of driving rules and regulations and skills in minor vehicle repair. Able to satisfactorily pass the WHO driving test.

Experience:
Minimum three years work experience as a driver; safe driving record

Languages:

Good knowledge of the local language and knowledge of the working language of the duty station.

1.12 JOB DESCRIPTION - SECRETARY

Duties and responsibilities

Under the direct supervision of the WR provides secretarial assistance to one or more team members.

- Takes dictation, using shorthand, and transcribes, ensuring that spelling, punctuation and format are correct; prepares correspondence for supervisor's signature, checking enclosures and addresses;
- Arranges appointments, receives visitors, places and screens telephone calls, responds to routine requests for information and assists in making travel arrangements for team members;
- Types a variety of material from drafts, printed texts and dictation machines. Operates word-processing equipment;
- Maintains minimum stock-level of essential stationary and office supplies;
- Incepts and maintains a filing system;
- Drafts correspondence on routine matters;
- Receives and screens correspondence and attaches necessary background information;
- Maintains office records and reference files on various subjects;
- Takes notes at meetings as required;
- Performs other duties as required.

Qualification requirements:
Completion of secondary education,

Knowledge and skills:
proven shorthand and typing ability and knowledge of modern office procedures. Ability to operate word-processing equipment.

Experience:
Three years' secretarial experience.

Languages:
Very good knowledge of the working language of the duty station.

1.13 JOB DESCRIPTION – SENIOR DRIVER

Duties and responsibilities

Under the direct supervision of the administrative/logistics officer, the incumbent performs the following functions:

- Responsible for the day-to-day maintenance of the assigned vehicle, checks fuel, oil, water, battery, brakes, tyres, front/rear lights, etc., performs minor repairs and arranges for other repairs and ensures that the vehicle is kept clean and mission ready;
- Logs all trips, daily mileage, fuel consumption and purchases, oil changes, greasing, etc.;
- Assists and advises junior drivers on vehicle maintenance and driving skills;
- Advises supervisor of the need for servicing and maintenance of vehicles;
- Drives members of the team and other officials;
- Meets WHO personnel at the airport and facilitates immigration and customs formalities;
- Collects and delivers mail or documents when required;
- Ensures that the steps required by rules and regulations are taken in case of involvement in accident;
- Performs other duties as required.

Qualification requirements:
Primary education, driver's license

Knowledge and skills:
knowledge of driving rules and regulations and chauffeur courtesies, skills in minor vehicle repair, initiative and discretion. Must satisfactorily pass the WHO driver's test.

Experience:
Minimum four years' work experience as a driver; safe driving record.

Languages:
Good knowledge of the local language and knowledge of the working language of the duty station.

1.14 MODEL FOR JOB APPLICATION REPLY

Date: _____

Dear _____

Thank you for coming in for the job interview of _____ for the World Health Organization. Unfortunately on this occasion you were unsuccessful.

We will however keep your details on our files should another vacancy arise within our Organization.

We wish you luck in finding employment in the very near future.

Yours faithfully

1.15 PERSONNEL HISTORY FORM

FIRST NAME: _____ FAMILY NAME: _____

DATE OF BIRTH: ____/___/___ NATIONALITY: _____ SEX: _____

MARITAL STATUS: SINGLE _ MARRIED _ SEPARATED _ WIDOWED _ DIVORCED _

ADDRESS: _____ TELEPHONE:_____

IDENTITY DOCUMENT: _____ NUMBER:_____

LANGUAGES: Mother Tongue: _____

Other Languages	Speak	Read	Write

EDUCATION: COLLEGE/UNIVERSITY

Name/Place/Country	From	To	Qualification	Main field of study

SECONDARY or PRIMARY SCHOOL

Name/Place/Country	Subjects studied	From	To	Certificates obtained

WORK EXPERIENCE

Employer	From	To	Description of work and responsibilities

Please give 3 referees (not related) we may contact for work references:

NAME	ADDRESS AND PHONE	POSITION

I certify that the above statements made by me are true to the best of my knowledge

DATE: _____ Signature: _____

1.16 REQUEST FOR CONSULTANT

WORLD HEALTH ORGANIZATION		REQUEST FOR RECRUITMENT OF CONSULTANT	
From:	Tel. No.:	To: **PER/ASC**	Date:
Name, contacting address (telephone, fax) of consultant.		DATE OF BIRTH: SEX: NATIONALITY:	
PLEASE ATTACH PERSONAL HISTORY FORM OR CURRICULUM VITAE IF PHF NOT AVAILABLE			
Allotment No: Activity Id No:		Proposed grade level	Proposed pay rate Equivalent

Preliminary itinerary	Date	Purpose of appointment
From		
To		
From		
To		
From		
To		
From		
To		
From		
To		
Special remarks		Date and place of reporting for duty

Candidate specifications

Education and special training

Experience (length and type)

Knowledge, abilities and skills

Languages

Indicate why the expertise required is not available from existing staff resources

Justification for proposed grade level equivalent and rate of pay

Originating unit	Authorized by	BUD	PER

1.17 MODEL SPECIAL SERVICES AGREEMENT FOR USE ON PROJECTS OR OTHER ACTIVITIES

MEMORANDUM OF AGREEMENT made this day of _____20 , between the World Health Organization, hereinafter referred to as WHO and _____, hereinafter referred to as the signatory, whose address is:_____
_____

WHEREAS WHO desires to engage the services of the signatory[1]
.....
WHO will support the work by providing a maximum amount of: *
..... in instalments of: .....

Payable on: .....
(Payment to individuals on signature is limited to 25% of the total value)

The detailed statement of the work to be performed and any related budget is contained in/set out below:
.....
.....
.....

The contractual partner will complete and deliver the work by: .....……. .

A technical report is required: Yes_ No_

A financial statement is required: Yes_ No_

Payment is to be made into the following bank account of the contractual partner (to be completed by the contractual partner):

Bank account name and number: .....

Bank name: .....

Bank address: .....

The undersigned parties hereby conclude the present agreement consisting of the above terms and the General Conditions overleaf.

For the **WORLD HEALTH ORGANIZATION**	For the **CONTRACTUAL PARTNER**
Signature:	Signature:
Name and Title:	Name and Title:
Date:	Date:

[1] Cross out one of the two lines marked by an asterisk – See General Condition 3.

MODEL SPECIAL SERVICES AGREEMENT FOR USE ON PROJECTS OR OTHER ACTIVITIES

MEMORANDUM OF AGREEMENT MADE THIS DAY OF_____20 ,
between the World Health Organization, hereinafter referred to as WHO and
_____, hereinafter referred to as the signatory, whose address is:
_____

WHEREAS WHO desires to engage the services of the signatory[2] on the terms and conditions hereinafter set forth, and

WHEREAS the signatory is ready and willing to accept this engagement of service with WHO on the said terms and conditions,

NOW, THEREFORE, the parties hereto agree as follows:

1. TERMS OF REFERENCE

(a) The signatory will be assigned to (project or activity) _____ and will have the following terms of reference: _____
_____

(b) The signatory will work under the direction of and will report to
_____ _____
(Title)

Subject to the agreement of both parties, these terms of reference may be modified from time to time, as required in the interest of the project/activity.

2. DURATION OF AGREEMENT

This agreement will come into effect on the _____ day of_____ 20 , and shall expire on the _____day of _____20 , subject to the provisions of Articles 7 and 8 below.
This agreement carries no expectation of renewal.

3. REMUNERATION

As full consideration for the services performed by the signatory under the terms of the Agreement, WHO shall pay the signatory the sum of_____ (local currency) per annum payable monthly.

(a) Travel costs
The cost of authorized official travel and related expenses shall be borne by WHO up to its normal standards.

(b) Health insurance
The signatory confirms that he holds adequate health insurance for the duration of this Agreement.

OR

Health insurance is provided for the signatory in accordance with the applicable rules as described in the extract from the policy attached to this Agreement, provided that the signatory's classification by the WHO Joint Medical Service is either la or 1b. Any other classification could exclude coverage for health insurance through WHO.

[2] When the services of the signatory are to be provided direct to a government, this sentence should read: WHEREAS WHO desires to provide the government of _____ with the services of the signatory..."

(c) Illness and accident insurance

Coverage is provided against accidents which result in death or disablement, according to the extract from the policy attached to this Agreement.

4. OTHER ENTITLEMENTS

The signatory shall be accorded the following annual, sick and maternity leave provisions:_____
_____

Working hours and holidays shall be those applying to the project/activity to which the signatory is assigned.

5. STATUS OF THE SIGNATORY[3]

The signatory shall have the status of a contractor and shall not be considered in any respect as a staff member of WHO.

6. RIGHTS AND OBLIGATIONS OF THE SIGNATORY

The rights and obligations of the signatory are strictly limited to the terms and conditions of this Agreement. Accordingly, the signatory shall not be entitled to any benefit, payment, subsidy, compensation or pension from WHO, except as expressly provided in this Agreement.

The signatory shall not be exempt from taxation and shall not be entitled to reimbursement of any taxes, which may be levied on the remuneration received.

7. RESCISSION

Either party may rescind this Agreement at any time by giving the other party at least _____ days notice in writing.

WHO may rescind this Agreement with immediate effect subject to the payment of _____ days' remuneration.

In the case of rescission by WHO, the signatory shall receive compensation amounting to one week's remuneration for each unexpired month of the agreement.

8. TERMINATION

In case of improper conduct by the signatory, having regard in particular to paragraphs 12 and 13, WHO may terminate this Agreement; no compensation shall be payable in such cases.

9. DESIGNATION OF BENEFICIARY

The signatory has designated _____ whose address is _____ as his beneficiary for all amounts standing to the signatory's credit under the terms of this Agreement in the event of the signatory's death.

[3] When the services of the signatory are to be provided direct to a government, clarify here his or her status in the government unit and to whom he or she is responsible, as agreed with the government in the exchange of letters (see para. 40).

10. INTELLECTUAL PROPERTY

Industrial property rights, copyright and all other rights of whatsoever nature in any material produced in the framework of this Agreement shall be vested exclusively in WHO.

11. UNPUBLISHED INFORMATION

The signatory shall exercise the utmost discretion in regard to all matters of official business. He shall not communicate to any person any information known to him by reason of his official position which has not been made public, except in the course of his duties or by authorisation of the Director-General. At no time shall he in any way use to private advantage information known to him by reason of his official position, These obligations do not cease with separation from service.

12. DISCLOSURE

The signatory shall disclose to WHO any business or professional employment or activity in which he may be engaged prior to or at any time in the course of the present Agreement, These activities shall not be incompatible with the performance of the services outlined under 1.

13. PERFORMANCE OF DUTIES AND STANDARDS OF CONDUCT

In the performance of his duties under this Agreement, the signatory shall be exclusively responsible to WHO and shall neither seek nor accept instructions from any authority external to WHO, unless otherwise specified in the exchange of letters with the govemment[1].

The signatory shall conduct himself at all times with the fullest regard for the purposes and principles of the United Nations and its Agencies, and in a manner befitting his relationship with WHO under this contract. The signatory shall not engage in any activity that is incompatible with those purposes and principles or the proper discharge of his duties with WHO. He shall avoid any action and in particular any kind of public pronouncement which may adversely reflect on WHO or on the integrity, independence and impartiality that are required by his relationship with WHO. While the signatory is not expected to give up any national sentiments or political and religious convictions, he shall at all times bear in mind the reserve and tact required by reason of his relationship with WHO.

Any favour, gift or remuneration from any source external to WHO which could give rise to the impression that it is connected with the performance of the signatory's duties shall not be accepted unless WHO's approval has been obtained beforehand

14. COMMUNICATIONS

All notices and other communications required or permitted under this Agreement shall be sent to the following addresses:

In the care of WHO:

_____
_____
_____

In the care of the signatory:

_____
_____
_____

SETTLEMENT OF DISPUTES

Any claim or dispute relating to the interpretation of the execution of the present Agreement which cannot be settled amicably or through conciliation procedures shall be settled by arbitration unless the parties agree on another mode of settlement. The arbitral panel shall be composed of one member nominated by the signatory, one member nominated by WHO and a Chairman agreed to by the two other members. The parties shall accept the arbitral award as final.

Signature_____	Signature_____
Title:	Title:
Name:	Name:
On behalf of WHO	The signatory

1.18 OTHER TYPES OF CONTRACT WITH INDIVIDUALS

PURPOSE

10 The purpose of this section of the Manual is to establish the policies and procedures applicable to persons whose services are hired by the Organization under a special form of contract and who are not considered as staff members covered by the Staff Rules of the Organization.

SPECIAL SERVICES AGREEMENT FOR NATIONALS WORKING ON PROJECTS OR OTHER ACTIVITIES

GENERAL

20 A special services agreement may be entered into with nationals of a host country for the use of their services on either short-term or long-term assignments similar to those carried out by internationally recruited staff, on a specific national project or other activity. However, such an agreement should only be concluded when the government is not able to second national civil servants or undertake the direct recruitment of national project personnel under a reimbursable loan agreement, or when it is considered essentia1 to have a direct national, as opposed to an international, input.

30 The persons with whom such a special services agreement is concluded may be nationals of the host country, including nationals living abroad (non-resident nationals), or expatriates resident in the host country. They do not have the Status of WHO staff members and are not covered by the WHO Staff Rules. Neither may they participate in the United Nations Joint Staff Pension Fund. Their rights and obligations are strictly limited by the terms and conditions of the special services agreement to which they are signatories.

40 If the services of a national are to be made available by WHO direct to a government, there should be an exchange of letters between WHO and the government to agree on the national's duties and status and the applicable terms and conditions.

50 When, in the circumstances described in paragraph 20, the services of nationals of the host government are to he hired under a special services agreement for a project, the appropriate project document should contain the following standard provisions setting out the government's responsibilities in relation to this type of contractor:

> "The Government agrees to the recruitment of national professional contractors required for the implementation of this project, in accordance with established WHO policies and procedures for this purpose. These services constitute an addition to the regular resources of the Government and will be available only for the duration of WHO's participation in the project. Thus, WHO's resources will be used to finance such contractors, including non-resident nationals, as an alternative to internationally recruited professional staff. The remuneration of WHO financed contractors will be determined in consultation with the Government, and should, at all times, be at the best prevailing rates for comparable functions in the country. Total remuneration should not exceed that applicable within the United Nations system.
>
> "The Government recogniser that the national professional contractors shall be exclusively responsible to WHO with respect to the performance of their duties in the project and that they may not receive instructions concerning such performance from any authority external to WHO.
>
> "The Government agrees to treat the national professional contractors as officials of the World Health Organization for the purpose of the application of Section 19(a) of the Convention on the Privileges and Immunities of the Specialised Agencies.
>
> "The Government agrees to accord them also inviolability for all papers and documents connected with their duties and, for the purpose of their communication with WHO, the right to receive papers and correspondence by courier or in sealed bags."

60 The curricula vitae of persons being considered for service under a special services agreement should be given full technical examination in order to ensure that such persons meet the highest standards of competence.

70 Government clearance of persons whom WHO intends to hire as national contractors for project activities should be obtained by the regional office concerned.

80 Special services agreements must be cleared in draft by Budget.

90 When drafting a special services agreement, the main principle to be borne in mind is that the remuneration, allowances and other conditions of service of national contractors should reflect the best applicable practices of the country concerned. They are not intended to replicate in any way the conditions of service of internationally recruited staff. The following paragraphs enlarge on some of the points that have to be covered in an agreement.

TERMS OF REFERENCE

100 The terms of reference (Article 1 of the model agreement in Annex A) should define the tasks to be performed by the signatory clearly and realistically, identifying those elements that require national expertise or knowledge and that represent a national input into the activity in question. If a report is expected, this should be stated. The officer to whom the signatory will report (e.g. WHO Representative) should he specified.

DURATION OF AGREEMENT

110 The duration of the agreement (Article 2) should not exceed one year but it may be renewed for further maximum periods of one year at a time. Any decision not to renew the last of successive one-year agreements should be notified to the signatory at least two months before the expiration of that agreement. If only part-time employment is envisaged, this must be clearly stated.

REMUNERATION

120 The remuneration of persons employed under special services agreements (Article 3) should be based on the best prevailing conditions in the country applicable to nationals carrying out functions at the same level. It is normally expressed as a single annual amount, which may incorporate an element representing a children's or spouse allowance, if these are provided for in national legislation or are paid by external local employers. Should signatories have continuing pension fund, health and/or life insurance commitments, WHO may meet the cost of their contributions to these commitments for the duration of the agreement up to the maximum applicable locally (see also para. 130). Remuneration levels are cleared with the government.

130 Remuneration is normally paid monthly in local currency. When the remuneration of non-resident nationals includes compensation to cover continuing commitments in the country of residence, this compensation may be paid in the currency of the country of residence on the basis of clear evidence provided by the person concerned.

140 The cost of authorized official travel and related expenses will be borne by WHO up to its normal standards. Since contractors are not staff members within the meaning of the WHO Staff Regulations, they cannot be issued with a laissez-passer.

ACCIDENT AND ILLNESS INSURANCE

150 Nationals who hold a special service agreement are covered by a commercial group accident and illness insurance policy (see Annex B) which provides compensation for accidental disablement or death and coverage of medical expenses incurred by illness (if requested by the person concerned in the absence of other adequate health insurance and approved by the joint Medical Service at headquarters), irrespective of whether or not an accident or illness is service-incurred. A copy of extracts from this policy is attached to each agreement.

160 The agreement must state whether or not the national wishes to take advantage of the coverage of medical expenses offered by the Organisation's policy. If coverage is desired, the national must undergo a medical examination by the local United Nations examining physician, whose report is submitted to the Joint -Medical Service at headquarters for clearance. Coverage is granted only if the Medical Service classifies the national 1a or 1b. The decision is communicated in writing to the person concerned and a copy of the communication kept in his or her file.

Contributions

*170 The premium for accident and illness insurance, with effect from 1 January 1996, is 3.95% of remuneration excluding war risk or 4.345% including war risk, whether or not the national desires coverage of medical expenses, and is paid in its entirety by the Organization, the amount being charged to the allotment to which the agreement is charged. For periods of coverage of less than one year, the premium per day of coverage is 1/365th of the annual amount.

*175 Special service agreement holders working in high risk areas (according to the UN Security Officer) can have additional insurance coverage for service-related accident/illness medical expenses, after the initial coverage of US$ 10 000 up to a maximum of $ 100 000. The premium is 4.345% (for war zone areas) plus $ 28.75 per month. There is no reduction for periods of less than one month. Such additional insurance coverage should be requested, at least 48 working hours before travel, by sending a memorandum to Chief, Pension and Insurance at headquarters, attaching a copy of the travel authorisation or contract and indicating the sticker number.

180 At the beginning of the contract the regional budget and finance officer prepares a journal voucher covering the full period of the contract. The total of the collected premiums are transferred to Accounts at headquarters once a month (see IV.1.810.5), with each individual's name listed on the transfer voucher. A copy of the transfer voucher and a list giving, for each individual: the full name; full period of contract; working capacity; honorarium; location and amount of premium collected; must also be sent to Chief Pension and Insurance.

Benefits

190 Benefits due from the insurance company for medical bills may be advanced to the signatory by the Organization, through Pension and Insurance at headquarters, if the entitlement has been established, pending settlement when payment is received from the insurance company.

*200 In case of the insured's death, the benefit is paid to the beneficiary designated by the insured.

Claims Procedure

*210 In case of an accident or illness likely to result in a claim, and particularly of death or disablement through an accident, the insurance company must be notified as soon as possible on exactly the same basis as described in 11.7.500-525 but not later than within three months of the event, the report being made in the first Instance by the supervisor of the insured person to the regional personnel officer (see also para. 230).

*220 Claims for the reimbursement of medical expenses should be made on form WHO 845 F/E PEN and sent at the end of the treatment, with the approval of the regional staff physician, to Chief Pension and Insurance at headquarters through the budget and finance officer. Supporting bills must be attached accompanied by proof of payment. The full name and address of the claimant's bank and the bank account number must be given on the form WHO 845. Claims for medical expenses must be received within three months of the end of treatment and the number of the journal voucher, by which the premium was transferred, must be indicated.

225 The regional budget and finance officer should complete the claims as follows before forwarding them to Chief Pension and Insurance:

225.1 for all claims, add the number of the inter-office voucher and the date when the insurance contributions were transferred to Pension and Insurance at headquarters;
225.2 for claims related to an illness, attach a copy of the pre-recruitment medical form WHO 223 or WHO 16-4 and ensure that the regional staff physician completes and sends the confidential medical report form WHO 450.2 direct to the Director of the Joint Medical Service at headquarters.

Reporting

230 A list of all new signatories of special service agreements must be sent not later than the fifth of each month by the regional personnel officer to Chief Pension and Insurance at headquarters, in order that these persons maybe covered by the insurance policy. The list should include: the full name; the full period of the contract; capacity in which the person is working; honorarium; location. Only those persons whose names appear on the list received by headquarters within the time-limit mentioned above will, in case of accident, be eligible for benefit under the insurance policy.

THIRD PARTY LIABILITY

240 When a national contractor's services are-hired to perform, under direct WHO supervision, duties that could involve risk of serious damage or injury to third parties, WHO must ensure that the contractor is adequately insured against such eventualities, failing which WHO may have to accept responsibility for them. When a contractor's services are hired to perform such duties under the direct supervision of the government, specific reference to third party liability should be made in the exchange of letters mentioned in paragraph 40. This reference could in most cases be to paragraph 6 of Article I of the basic agreement (see XII.l. Annex A). If this is not possible, equivalent wording may be used to reflect the government's agreement to accept such liability.

LEAVE

250 Annual, sick and maternity leave provisions (Article 4 of the model agreement in Annex A) should be the same as those applicable to government civil servants associated with the project or-other activity.

RESCISSION

260 The following notice periods would be appropriate should either party wish to rescind the agreement (Article 7 of the model agreement):

260.1 for agreements of less than six months, up to 15 calendar days;

260.2 for agreements of six months to one year, 30 calendar days, or 60 calendar days where the signatory has served on the project or other activity for a continuous period of at least two years.

270 In exceptional circumstances such as cessation of all or part of the project or other activity, or for health reasons when WHO is forced to rescind the agreement, ad hoc compensation over the limit set out in the agreement may be considered. This should not however exceed the standard WHO contractual practice whereby the minimum indemnity is six weeks', and the maximum, three months' remuneration.

SETTLEMENT OF DISPUTES

280 Every effort should be made to obtain an amicable settlement to any dispute (Article 15) by referring to the WHO representative, the regional office or headquarters, as necessary.

DISTRIBUTION OF COPIES OF AGREEMENTS

290 After signature, one copy of each special services agreement should be sent to Personnel at headquarters, marked for the attention of Contract Administration. For UNDP financed projects, one copy should also be given to the UNDP resident representative in the country in question.

1.19 OFFICE PLANNING

TOTAL STAFF AND OFFICE REQUIREMENTS			
INTERNATIONAL STAFF	**QUANTITY**	**OFFICE REQUIREMENTS**	**TOTAL**
WR Admin/Log Officer Consultants Other (specify)			
Total International staff		Total office space	
NATIONAL STAFF			
Receptionist Secretarial Driver Cleaner Security guard Other (specify)			
Total national staff		Total office space	
TOTAL STAFF OFFICE SPACE			
OTHER REQUIREMENTS			
DESCRIPTION	**REQUIREMENTS**		**TOTAL**
Logistics store			
Communications room			
Meeting room			
HF antenna			
Vehicle compound			

Overall	Totals
Total offices	
Total storage	
Total outside area	

ANNEX 2

TECHNICAL NOTES

Printed annexes

Annexes in diskette (and some in this document)	***FILE NAME***
2.8. SAMPLE FORMS FOR COORDINATION I AND II (see printed annexes 2.3 and 2.4)	2.8.DOC
2.9. SAMPLE FORM FOR HEALTH SURVEILLANCE SUMMARY	2.9.DOC
2.10. DRUG DONOR GUIDELINES	2.10.DOC
2.11. WHO GENERAL PRICE LIST	2.11.DOC
2.12. SAMPLE HEALTH CARD	2.12.DOC
2.13. SAMPLE MONTHLY ACTIVITY REPORT	2.13.DOC
2.14. SAMPLE MORTALITY RATE	2.14.DOC

2.1. WHO MEDICAL KITS

Introduction

WHO has distributed most of its medical supplies for its emergency humanitarian assistance activities in the form of pre-packaged kits. Some of the kits have been specifically designed by WHO for emergency situations in countries such as the former Yugoslavia; some of them, however, have been used in other countries and are based on the experience of other medical organisations.

The decision to use kits as a primary form of distribution for medical aid is based mainly on logistical considerations. In conditions of unpredictable access and transport, the supply of drugs in the form of standardised packages is easier and quicker. This is especially important for patients requiring regular medication and treatment.

The medical kit is a supply tool. The 'kit concept' is based upon the selection of essential medical equipment and drugs estimated to be needed by a defined population size for a set period of time, distributed as a standardized package. The kits are targeted to provide wide scale population coverage. In this scope, kits contain basic but essential medicines in large quantities rather than small quantities of highly specialized drugs for the treatment of relatively rare diseases. In accordance with the WHO Essential Drugs concept, kits aim to make available effective, safe, and essential drugs of good quality to as many people in need as possible.

WHO strives to make the kits flexible and adaptable for the rational coverage of priority needs. The kit contents have been reviewed according to feedback from the field. In addition, some kits are referred to by more than one name on the field.

Some kits are structured into smaller units or sub-kits, which can be distributed independently. These sub-units are used to re-supply the portion of the kits comprised of disposable material and allow for flexibility and rational coverage of specific need. A number of kits are also provided with supplemental literature or educational material. Some of the kits require special handling as they include controlled substances or items requiring cold storage. Exporting and receiving countries must ensure that appropriate documentation is completed for controlled substances according to customs requirements and end users must be aware of the need for proper handling. Kits containing items requiring cold storage must adhere to proper cold chain and storage procedures. Kits with these requirements are marked in the following lists.

The information provided gives approximate costs. Because kits are packaged by different suppliers, costs may vary. In addition, the prices may vary according to the exchange rates between the US Dollar and purchasing currencies.

All comments and suggestions on the kits provided are welcome as they will help us to improve the quality and appropriateness of WHO supplies. Requests for more information should be addressed to the Procurement Services in HQ (fax: +41-22- 791 4196) or ROs.

2.2 LIST OF REFERENCE VALUES FOR RAPID HEALTH ASSESSMENT

1. General

Cut off Values for Emergency warning	MORE THAN
Health Status	
Daily Crude Mortality rate	1 x 10,000 population
Daily Under-5 Mortality rate	2 x 10,000 children U-5
Nutrition Status	
Acute Malnutrition (W/H or MUAC) in Under-5	10% of children U-5
Growth Faltering Rate in Under-5	30% of monitored children
Low Weight at Birth (less than 2.5 Kg)	7% of live births

Standard structure of population	**Average in the population in %**
0 – 4 year	12.4
5 – 9 years	11.7
10 – 14 years	10.5
15 - 19 years	9.5
20 - 59	48.6
Pregnant women	2.4

2. Vital Needs (emergency requirements)

Water	Indicator	average requirement
Quantity	NP of litters/person/day	20 1/p/day
Quality	NP of users/water point	200 people/point
(1 Cubic Meter = 1 Ton = 1,000 litters)		(not more than 100 M from housing)

Food	**Kcal content**	**Ration, KG/person/Month**
Cereals	350/100g	13.5
Pulses	335/100g	1.5
Oil (vegetable)	885/100g	0.8
Sugar	400/100g	0.6
Kcal value of recommended ration, person/day:		2,116 Kcal
Total Kg/person/month for alimentation		16.4 Kg

Micro-nutrients (e.g. iodine, Vit A) are important. Consult nutritional guidelines.

Sanitation

Latrine: ideally one per family; minimum, one seat per 20 people (Max 50 M, min 6 M from housing)
Refuse disposal: one communal pit (2mx5mx2m) per 500 people
Soap: 250 g/per person/per month

Household fuel	**average need**
Kg of firewood	15 Kg/household/day
Note: with one economic stove per family, the needs may be reduced:	5 Kg/stove/day

Space for accommodation	**Average needs**
Individual requirements (shelter only)	4 sq. meters/person
Collective requirements, including Shelter, sanitation, services, community Activities, warehousing and access	30sq.meters/person

3. Health Needs and Care

Prevalent Health Hazards	**Expected attack rate in emergency situations**
Acute Respiratory Infections in children U-5	10%/month in cold weather
Diarrhoeal diseases in children U-5 (other than dysentery and cholera)	50%/month
Malaria, in total non-immune population	50%/month
Measles	
Cholera	5-30% in acute phase (in first days)

Health Personnel requirements	**Output of one person/hour of work**
e.g. refugee camp: services, management and clerical duties	60 staff x 10,000 population

Health Supplies requirements

Essential Drugs and Medical Equipment	**Needed**
WHO Basic Emergency Kit	1 kit for 10,000 pop/3 months
WHO Supplementary Emergency kit	1 kit for 10,000 pop/3 months

Safe Water		**Amount**
Preparing 1 liter of stock solution 1%	Calcium hypochlorite 70%	15 grams/liter of water
Or	Bleaching powder 30%	33 grams/one liter of water
Or	Sodium hypochlorite 5%	250 ml/one liter of water
Or	Sodium hypochlorite 10%	110 ml/one liter of water
b) using the stock solution	for one liter of water	0.6 ml, or 3 drops
	for 100 litres	60 ml

(Note: allow the chlorinated water to stand at least 30 minutes before using)

4. Needs for Epidemic Response for planning purposes

Dysentery

Likely maximum attack rate		25% over three months
25% cases needing IV fluids		3 litres/patient
100% cases needing antibacterials:		
Choice according to antimicrobal resistance pattern		
If not available, target high risk populations		
100% cases needing ORS		6.5 packet/patient

Meningococcal meningitis

Likely rate before vaccination		0.1- 1 %
100% cases treated with with e.g. oily chloramphenicol	Children	100 mg per kilo
	Adults	3 g single dose
100% population to be vaccinated		1 dose/person

Measles

Likely maximum attack rate in no-immunized Under-12		10%
100% non-immunized Under-12 to be vaccinated		1 dose/child
100% Under-12 to be given Vitamin A	Children under 1 year	100,000 IU/child
	Children 1 year and over	200,000 IU/child

Typhus

100% population to be de-loused	
Soak clothes and bedding in e.g. Permethryn solution doxycycline	1 dose of 400 mg

Important: for safe vaccinations auto-destruct syringes and alcohol swabs are needed

5. Essentials of Logistics

Weights and volumes	Unit	Standard
Food	Standard individual ration	16.4 kg/month 41 tons/10,000 people/ week (1 ton of food grains/beans in standard 50 kg bag occupies 2 cubic mts)
Drugs & supplies:	1 WHO basic emergency kit	45 Kg 0.2 m^3
	1 WHO suppl. emergency kit	410 Kg 2 m^3
Vaccines:	1,000 doses of Measles	3 litres
	1,000 doses of DPT	2.5 litres
	1,000 doses of BCG	1 liter
	1,000 doses of Polio	1.5 litres
	1,000 doses of Tetanus	2.5 litres
Food for Therapeutic Feeding:	Standard U-5 patient ration	2 kg/week
Family-size tents:	35-60 Kg unit	1 metric ton 4.5 m^3
Blankets	Compressed	1 metric ton 4.5 m^3
	loose	1 metric ton 9 m^3
Warehouse requirements	Approximately 25 sq.m for 1,000 population	
Average truck capacity	30 metric tons (between 2 and 50 metric tons)	
Small aircraft capacity	3 metric tons	

2.3 SAMPLE FORM FOR COORDINATION 1

1. Vital needs	Health activities (Ministry of Health and NGOs)	Displaced persons/ Refugees	Host Community
OVERVIEW	. Monitor the trend of population size . Monitor the daily mortality . Record the first causes of death		
1.1.SECURITY	. Record the new cases of victims of deliberate violence . Record the new cases of anti-personal mines victims . Assistance to non-accompanied children		
1.2 WATER	. Surveillance of diarrhoeas . Water distribution . Water points treatment		
1.3 FOOD	. Nutritional surveillance . Identification of vulnerable groups for supplementary feeding . Therapeutic feeding . Micro-nutrients distribution		
1.4 SHELTER & SANITATION	. Participation in sites planning . Health and environment education . Diarrhoeas surveillance . Setting up latrines		
1.5 SOAP, BUCKETS AND PANS	. Health education . Distribution of buckets, soap and chlorine		

.../2

Vital needs (contn.)	Health Activities (Ministry of Health and NGOs)	***Displaced persons/*** Refugees	***Host Community***
1.6 Health Care	. Rehabilitation of health facilities . Supply of equipment & essential drugs . Immunisation . Maternal and Child care . Strategic Stocks against epidemics of: measles, cholera, dysentery and meningitis . Education, diagnostic and management of common diseases . Condoms and education for HIV infection . Referral system: state of functioning & accessibility		
2.Support activities			
2.1.INFORMATION	. Epidemiological surveillance . Nutritional surveillance		
2.2.LOGISTIC & COMMUNICATIONS	. Medical evacuations management . Investment in transport means . investment in communication means		
2.3.COORDINATION	. Health coordination meetings . Inter-sectoral coordination meetings . Handing over to new teams		
2.4. TRAINING	. Continuous training . Supervision		
2.5.RESOURCES MOBILISATION	. Identification of needs and projects		

2.4 SAMPLE FORM FOR COORDINATION 2

3. Database of NGOs and projects in the Health sector

Health District/Region of …… Date ……..

NGO	Projects (project form attached)	Implementation starting date	Commitment state			
			Pledged	Obliged	On-going	implemented

2.5 SAMPLE FORM FOR HEALTH SURVEILLANCE SUMMARY

4. Health Information for monitoring the needs and for coordination of activities during the return and/or resettlement

Health District/Region of ..... Date.....

1. Vital needs	Essential and complementary data	Available ? yes/no	Periodicy of transmission
OVERVIEW	. N. of population . N. of arrivals/week . N. of deaths/day . N. of deaths/day for under-5 children . First causes of mortality		
1.1. SECURITY	. N. of victims of deliberate violence (new cases) . N. of victims of anti-personal mines (new cases) . Attacks against health centres and agencies		
1.2. WATER	. N. of cases of diarrhoea . Distance between the settlement and water sources/points . Type of water sources . N. of families per water point . Projects for the chlorination of sources . Availability of Chlorine/Bleach		
1.3. FOOD	. N. of cases of acute malnutrition . N. of cases of growth faltering . N. of cases of low-weight at birth . Distribution State of general and selective rations . N. of vulnerable cases for supplementary feeding . N. of cases requiring therapeutic feeding . N. of cases of clinical deficiency in micro-nutrients		
1.4. SHELTER & SANITATION	. N. of cases of diarrhoea . Shelters conditions . Environment conditions . Projects for setting up latrines . Availability of tools and material for the construction of shelters and digging latrines, etc . Health education activities		
1.5. SOAP, BUCKETS AND PANS	. N. of cases of diarrhoea . State of basic needs of families . N. of cases of eye and skin infections . Health education activities		
1.6. HEALTH CARE	. State of infrastructures and equipment . State of supply of drugs and material . State of personnel . N. of immunisations per antigen and age-group . N. of MCH activities . N. of cases of measles, cholera, dysentery and meningitis . State of strategic stocks for epidemics . N. of cases of ARI, malaria and STDs . N. of cases of tuberculosis under treatment . Availability of condoms . Referral system: state of functioning and accessibility		

.../2

2. Support activities	Essential and complementary data	Available ? yes/no	Periodicy of transmission
2.1. INFORMATION	. Functioning of epidemiological and nutritional surveillance systems . Circulation of health information among the other sectors		
2.2. LOGISTIC & COMMUNICATIONS	. State of the reception, distribution and storage system of medical materials . N. of and state of means of transport of the Agency . N. of and state of communication means of the Agency		
2.3. COORDINATION	. Periodicity of coordination meetings: - Sectoral - inter-sectoral . Circulation of sector meetings acta . Circulation of bulletins, newsletters, etc		
2.4. TRAINING	. Training activities organised by the health centres or the agencies . Training activities attended by health centres or agencies (including Supervision		
2.5. RESOURCE MOBILISATION	. List of health projects submitted for financing . Funding confirmed . Funds disbursed		

2.6 METRIC CONVERSION TABLES

METRIC TO ENGLISH

To convert	into	multiply by
Length		
mm	inches	0.03937
cm	inches	0.3937
meters	inches	39.37
meters	feet	3.281
meters	yards	1.0936
km	yards	1093.6
km	miles	0.6214
Surfaces		
cm2	Square inches	0.155
m2	square feet	10.764
m2	square yards	1.196
km2	square miles	0.3861
hectares	acres	2.471
Volumes		
cm3	cubic inches	0.06102
cm3	liquid ounces	0.03381
m3	cubic feet	35.314
m3	cubic yards	1.308
m3	gallons (USA)	264.2
litres	cubic inches	61.023
litres	cubic feet	0.03531
litres	gallons (USA)	0.2642
ml	teaspoon	0.2
ml	tablespoon	0.666
ml	fluid ounces	0.333
litres	cups	4.166
litres	pints	2.128
litres	quarts	1.053
Weights		
grams	grains	15.432
grams	ounces	0.03527
kg	ounces	35.27
kg	pounds	2.2046
kg	tons (USA)	0.001102
kg	tons (long)	0.000984
tons (metric)	pounds	2204.6
tons (metric)	tons (USA)	1.1023
tons (metric)	tons (long)	0.9842

ENGLISH TO METRIC

To convert	into	multiply by
Length		
Inches	mm	25.4
Inches	cm	2.54
Inches	meters	0.0254
Feet	meters	0.3048
Yards	km	914.4
Yards	meters	0.9144
Miles	km	1.609
Surfaces		
square inches	cm2	6.452
square feet	m2	0.0929
square yards	m2	0.8361
square miles	km2	2.59
Acres	hectares	0.4047
Volumes		
cubic inches	cm3	16.387
cubic inches	litres	0.016387
cubic feet	m3	0.028317
cubic feet	litres	28.317
cubic yards	m3	0.7646
liquid ounces	cm3	29.57
gallons U.S.A.	m3	0.003785
gallons U.S.A.	litres	3.785
Teaspoons	ml	5.0
Tablespoons	ml	15.0
fluid ounces	ml	30.0
Cups	litres	.24
Pints	litres	0.47
Quarts	litres	0.95
Weights		
Grains	grams	0.0648
Ounces	grams	28.35
Ounces	kg	0.02835
Pounds	kg	0.4536
Pounds	tons (metric)	0.000454
tons (U.S.A.)	kg	907.2
tons (U.S.A.)	tons (metric)	0.9072
tons (long)	kg	1016.0
tons (long)	tons (metric)	1.0160

Centigrade to Fahrenheit: Multiply by 1.8 and add 32

Fahrenheit to Centigrade: Subtract 32 and multiply by 0.555

Weight of water by volume (at 16.7 degrees C or 62 degrees F):

1 liter	= 1 kilogram	1 U.K. gallon	= 10 pounds
1 U.K. gallon	= 1.2 U.S. gallons	1 U.K. gallon	= 4.54 litres
1 U.S. gallon	= 0.833 U.K. gallons	1 U.S. gallon	= 8.33 pounds
1 U.S. gallon	= 3.79 litres	1 liter	= 0.26 gallons
1 cubic foot of water	= 62.3 pounds		

Distance: 1 Nautical mile = 1.152 statute miles = 1.852 kilometres

2.7 LOGISTIC INFORMATION ON KITS

KIT	Number of cartons	Weight	Volume
ANAESTHETIC KIT	3	43 Kgs	0.24 cbm
SUPPLEMENTARY ANAESTHETIC KIT	2	44.4 Kgs	0.176 cbm
SUPPLEMENTARY BANDAGE KIT	6	116 Kgs	1.21 cbm
CHOLERA DIAGNOSTIC KIT	1	34 Kgs	0.312 cbm
CHRONIC DISEASE KIT (BALKAN BOX)	1	29 Kgs	0.120 cbm
"CIC" (CLEAN INTERMITTENT CATHETERISATION) KIT	1	120 Kgs	0.941 cbm
CLINICAL CHEMICAL LAB. KIT (PERISHABLE AND DANGEROUS)	4	679 Kgs	4.38 cbm
CLINICAL MICROBIOLOGY LAB. KIT	2	261 Kgs	4.320 cbm
COMMUNITY HEALTH WORKER KIT		6.9 Kgs	0.027 m3
DIPHTHERIA – VOLUME:	8	679 Kgs	
TOTAL VOLUME: BIOREAGENTS:	4		
DIAGNOSTICS:	4		
EPIDEMIC RESPONSE KIT:	6	74 Kgs	0.1968 cbm
PART A:	1	2 Kgs	0.016 cbm
PART B:	5	72 Kgs	0.1808 cbm
FAMILY DOCTOR'S PRACTICE KIT		421 Kgs	3.49 cbm
HEALTH POST KIT	1	13 Kgs	
HYGIENE KIT	1	7 Kgs	0.035 cbm
INSULIN KIT PART "A"	1	10 Kgs	
PART "B"	2	24 Kgs	0.197
ITALIAN EMERGENCY KITS:	1	138 Kgs	0.970 cbm
A:			
B:			
D:			
F:			
MENTAL HOSPITAL KIT	1	10 Kgs	0.037 cbm
NEONATAL KIT	1	4.5 Kgs	
NEW EMERGENCY HEALTH KIT (complete for 10,000 people containing 10 basic units and 1 supplementary unit) For 10 000 persons for 3 months.		860 Kgs	4 m3
10 x 1 basic unit - 1 unit		45 Kgs	0.20 m3
10 units		450 Kgs	2 m3
1 Supplementary unit -		410 Kgs	2 m3
PARENTERAL FLUID KIT		776 Kgs	1.628 cbm
PERINEAL/VAGINAL/CERVICAL REPAIR KIT	1	2 Kgs	
PNEUMONIA KIT (PART A-BOX 1 & PART B-BOX 1) AND	2	35 Kgs	0.192 cbm
(PART A-BOX 2 & PART B-BOX 2)	2	13 Kgs	0.134 cbm
POLIO CASE INVESTIGATION KIT		10.5 Kgs	0.1 m3
REPRODUCTIVE HEALTH KIT		286 Kgs	1.161 cbm
STITCH PACK-EPISIOTOMY SET		1 Kgs	
SURGICAL SUPPLY KIT	29	607 Kgs	6.420 cbm
TRANSFUSION KIT			
PART A :	1	50 Kgs	0.261 cbm
PART B:	1	2.920 Kgs	0.030 cbm
TUBERCULOSIS KIT		45 Kgs	0.536 cbm
PART A & PART B	8		
VITAMIN KIT	10	170 Kgs	0.370 cbm

2.8 PISA WAREHOUSE

The Office of the Coordinator of Humanitarian Affairs (OCHA), in collaboration with the Italian Government, maintains a warehouse containing essential emergency relief items in Pisa, Italy. From there, OCHA is able to respond immediately to calls for aid. It can send, free-of-charge and by the fastest possible means, assistance to disaster-stricken areas, particularly those in developing countries.
Furthermore, Pisa is well placed for access to major disaster-prone regions, particularly those in Africa and the Middle East. The airport, where even the largest aircraft can land, operates on a year-round basis. There is very little risk that bad weather will ground flights or hamper other means of transport. It is easily accessible to the headquarters of major humanitarian organisations.

THE WAREHOUSE
The warehouse, climate-controlled for the storage of medicines and other perishable items, keeps an estimated 70 to 80 tons of relief goods. The goods are quality-controlled and appropriately packed, ready for immediate dispatch to wherever they are needed: this saves time-consuming and expensive market research into the cost of individual items at the time of a disaster. While the OCHA Warehouse is not designed to provide relief in all emergency situation, it can be used to ensure a smooth flow of goods in relief operations, avoid waste, and save on the costs of transport and services. It is also an assembly point for shipments, which come either directly from donors or from other warehouses, for delivery to affected areas.

WHO, in order to enhance its ability to respond speedily to emergencies, signed in 1994 a Memorandum of Understanding with OCHA for the stockpiling of medical items in Pisa.

TYPE OF SUPPLIES AVAILABLE
Medical supplies: New Emergency Health Kits and Italian Emergency Kits A, B, D and F (from WHO stocks: see technical notes for more details).
Shelter : large-size community tents, plastic sheeting, building materials (from OCHA stocks).
Water supply equipment: tanks, purification devices, pumps (from OCHA stocks).
Basic household items: cooking utensils, water containers etc. (from OCHA stocks).
Emergency rations and food (from WFP stocks).
Miscellaneous relief items : hand tools, shovels, hammers, saws, generators etc. (from OCHA stocks).

OBTAINING RELIEF ITEMS
DHA operations out of Pisa are usually planned in co-operation with the office of the UN Resident Co-ordinator in the disaster-affected country and/or the local Disaster Management Team. Customarily, this take place within the framework of an appeal for international assistance. All goods and freight costs up to the destination are free of charge to the consignee (United Nations Office/Agency, governmental relief authorities, NGOs, etc) which then takes care of local handling and distribution.

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2. 10 GUIDELINES FOR DRUG DONATIONS

Introduction

These Guidelines for Drug Donations have been developed by the World Health Organization (WHO) and reflect a consensus between the major international agencies active in humanitarian emergency relief (World Health Organization, Office of the United Nations High Commissioner for Refugees, United Nations Children's Fund, International Committee of the Red Cross, International Federation of the Red Cross and Red Crescent Societies, Medecins sans Frontieres, Churches' Action for Health of the World Council of Churches and OXFAM). In several rounds of consultation, comments by over 100 humanitarian organisations and individual experts were taken into consideration.

The guidelines aim to improve the quality of drug donations, not to hinder them. They are not an international regulation, but intended to serve as a basis for national or institutional guidelines, to be reviewed, adapted and implemented by governments and organisations dealing with drug donations. They are issued as an interagency document and will be reviewed after one year on the basis of comments received during their use.

There are many different scenarios for drug donations. They may take place in acute emergencies or as part of development aid in non-emergency situations. They may be corporate donations (direct or through private voluntary organisations), aid by governments, or donations aimed directly at single health facilities. And although there are legitimate differences between these scenarios, there are many basic rules for an appropriate donation that apply to all. The guidelines aim to describe this common core of "Good Donation Practice

This document starts with a discussion on the need for guidelines followed by a presentation of the four core principles for drug donations. The guidelines for drug donations are presented in Chapter III. When necessary for specific situations, possible exceptions to the general guidelines are indicated. Chapter Iv presents some suggestions on other ways that donors may help, and Chapter V contains practical advice on how to implement a policy on drug donations.

I The need for guidelines

In the face of disaster and suffering there is a natural human impulse to reach out and help those in need. Medicines are an essential element in alleviating suffering, and international humanitarian relief efforts can greatly benefit from donations of appropriate drugs.

Unfortunately, there are also many examples of drug donations which cause problems instead of being helpful. A sizeable disaster does not always lead to an objective assessment of emergency medical needs based on epidemiological data and past experience. Very often an emotional appeal for massive medical assistance is issued without guidance on what are the priority needs. Numerous examples of inappropriate drug donations have been reported (see Annex). The main problems can be summarized as follows:

- Donated drugs are often not relevant for the emergency situation, for the disease pattern or for the level of care that is available. They are often unknown by local health professionals and patients, and may not comply with locally agreed drug policies and standard treatment guidelines; they may even be dangerous.

- Many donated drugs arrive unsorted and labelled in a language which is not easily understood. Some donated drugs come under trade names which are not registered for use in the recipient country, and without an International Nonproprietary Name (INN, or generic name) on the label.

- The quality of the drugs does not always comply with standards in the donor country. For example, donated drugs may have expired before they reach the patient, or they may be drugs or free samples returned to pharmacies by patients or health professionals.

- The donor agency sometimes ignores local administrative procedures for receiving and distributing medical supplies. The distribution plan of the donor agencies may conflict with the wishes of national authorities.

- Donated drugs may have a high declared value, e.g. the market value in the donor country rather than the world market price. In such cases import taxes and overheads for storage and distribution may be unnecessarily high, and the (inflated) value of the donation may be deducted from the government drug budget.

- Drugs may be donated in the wrong quantities, and some stocks may have to be destroyed. This is wasteful and creates problems of disposal at the receiving end.

There are several underlying reasons for these problems. Probably the most important factor is the common but mistaken belief that in an acute emergency any type of drug is better than none at all. Another important factor is a general lack of communication between the donor and the recipient, leading to many unnecessary donations. This is unfortunate because in disaster situations and war zones inappropriate drug donations create an extra workload in sorting, storage and distribution and can easily overstretch the capacity of precious human resources and scarce transport volume. Often, the total handling costs (duties, storage, transport) are higher than the value of the drugs. Stockpiling of unused drugs can encourage pilfering and black market sales.

Donating returned drugs (unused drugs returned to a pharmacy for safe disposal, or free samples given to health professionals) is an example of double standards because in most countries their use would not be permitted due to quality control regulations. Apart from quality aspects, such donations also frustrate management efforts to administer drug stocks in a rational way. Prescribers are confronted with many different drugs and brands in ever changing dosages; patients on long-term treatment suffer because the same drug may not be available the next time. For these reasons this type of donation is forbidden in an increasing number of countries and is generally discouraged.

In the early 1980s the first guidelines for drug donations were developed by international humanitarian organisations, such as the International Committee of the Red Cross (ICRC) and the Christian Medical Commission (CMC) of the World Council of Churches, later called Churches' Action for Health.[1] In 1990 the WHO Action Programme on Essential Drugs, in close collaboration with the major international emergency aid agencies, issued a first set of WHO guidelines for donors, later refined by the WHO Expert Committee on the Use of Essential Drugs. In 1994 the WHO office in Zagreb issued specific guidelines for humanitarian assistance to former Yugoslavia.

In view of the existence of these different drug donation guidelines the need was felt for one comprehensive set of guidelines that would be endorsed and used by all major international agencies active in emergency relief. For this reason a first draft was prepared by the WHO Action Programme on Essential Drugs and further refined in close collaboration with the division of Drug Management and Policies and the division of Emergency and Humanitarian Action, major international relief organisations and a large number of international experts. The final text represents the consensus between the World Health Organization, UNICEF, the Office of the United Nations High Commissioner for Refugees, the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies, Churches' Action for Health of the World Council of Churches, Medecins sans Frontieres and OXFAM. In the process comments by over 100 humanitarian organisations and individual experts were taken into consideration.

The examples of inappropriate donations quoted above constitute ample reasons to develop international guidelines for drug donations. In summary, guidelines are needed because:

- Donors intend well, but often do not realise the possible inconveniences and unwanted consequences at the receiving end.

- Donor and recipient do not communicate on equal terms. Recipients may need support in specifying how they want to be helped.

- Drugs do not arrive in a vacuum. Drug needs may vary between countries and from situation to situation. Drug donations must be based on a sound analysis of the needs, and their selection and distribution must fit within existing drug policies and administrative systems. Unsolicited and unnecessary drug donations are wasteful and should not occur.

- The quality requirements of drugs are different from other donated items, such as food and clothing. Drugs can be harmful if misused, they need to be identified easily through labels and written information, they may expire, and they may have to be destroyed in a professional way.

II Core principles

The twelve articles of the Guidelines for Drug Donations are based on four core principles. The first and paramount principle is that a drug donation should benefit the recipient to the maximum extent possible. This implies that all donations should be based on an expressed need and that unsolicited drug donations are to be discouraged. The second principle is that a donation should be given with full respect for the wishes and authority of the recipient, and be supportive of existing government health policies and administrative arrangements. The third principle is that there should be no double standards in quality: if the quality of an item is unacceptable in the donor country, it is also unacceptable as a donation. The fourth principle is that there should be effective communication between the donor and the recipient: donations should be based on an expressed need and should not be sent unannounced.

Core principles of a donation

1. Maximum benefit to the recipient
2. Respect for wishes and authority of the recipient
3. No double standards in quality
4. Effective communication between donor and recipient

III Guidelines for Drug Donations

Selection of drugs

1.All drug donations should be based on an expressed need and be relevant to the disease pattern in the recipient country. Drugs should not be sent without prior consent by the recipient.

Justification and explanation

This provision stresses the point that it is the prime responsibility of the recipients to specify their needs. It is intended to prevent unsolicited donations, and donations which arrive unannounced and unwanted. It also empowers the recipients to refuse unwanted gifts.

Possible exceptions
In acute emergencies the need for prior consent by the recipient may be waived, provided the drugs are amongst those from the WHO Model List of Essential Drugs, that are included in the UN list of emergency relief items recommended for use in acute emergencies.

2. All donated drugs or their generic equivalents should be approved for use in the recipient country and appear on the national list of essential drugs, or, if a national list is not available, on the WHO Model List of Essential Drugs, unless specifically requested otherwise by the recipient.

Justification and explanation
This provision is intended to ensure that drug donations comply with national drug policies and essential drugs programmes. It aims at maximising the positive impact of the donation, and prevents the donation of drugs which are unnecessary' and/or unknown in the recipient country.

Possible exceptions
An exception can be made for drugs needed in sudden outbreaks of uncommon or newly emerging diseases, since such drugs may not be approved for use in the recipient country.

3. The presentation, strength and formulation of donated drugs should, as much as possible, be similar to those commonly used in the recipient country.

Justification and explanation
Most staff working at different health care levels in the recipient country have been trained to use a certain formulation and dosage schedule and cannot constantly change their treatment practices. Moreover, they often have insufficient training in performing the necessary dosage calculations required for such changes.

Quality assurance and shelf-life

4. All donated drugs should be obtained from a reliable source and comply with quality standards in both donor and recipient country. The WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce should be used.

Justification and explanation
This provision prevents double standards: drugs of unacceptable quality in the donor country should not be donated to other countries. Donated drugs should be authorized for sale in the country of origin, and manufactured in accordance with international standards of Good Manufacturing Practice (GMP).

Possible exceptions
In acute emergencies the use of the WHO Certification Scheme may not be practical. However, if it is not used, a justification should be given by the donor. When donors provide funds to purchase drugs from local producers, those which comply with national standards should not be excluded on the sole grounds that they do not meet quality standards of the donor country.

5. No drugs should be donated that have been issued to patients and then returned to a pharmacy or elsewhere, or were given to health professionals as free samples.

Justification and explanation
Patients return unused drugs to a pharmacy to ensure their safe disposal; the same applies to drug samples that have been received by health workers. In most countries it is not allowed to issue such drugs to other patients, because their quality cannot be guaranteed. For this reason returned drugs should not be donated either. In addition to quality issues, returned drugs are very difficult to manage at the receiving end because of broken packages and small quantities involved.

6. After arrival in the recipient country all donated drugs should have a remaining shelf life of at least one year.

Justification and explanation
In many recipient countries, and especially under emergency situations, there are logistical problems. Very often the regular drug distribution system has limited possibilities for immediate distribution. Regular distribution through different storage levels (e.g. central store, provincial store, district hospital) may take six to nine months. This provision especially prevents the donation of drugs just before their expiry as in most cases such drugs would only reach the patient after expiry.

Possible exceptions
An exception should be made for drugs with a total shelf life of less than two years, in which case at least one-third of the shelf life should remain. An exception can also be made for direct donations to specific health facilities, provided the responsible professional at the receiving end is aware of the shelf life and the remaining shelf-life allows for proper administration prior to expiration. In all cases it is important that the date of arrival be communicated to the recipient well in advance.

Presentation, packing and labelling

7. All drugs should be labelled in a language that is easily understood by health professionals in the recipient country; the label on each individual container should at least contain the International Nonproprietary Name (INN, or generic name), batch number, dosage form, strength, name of manufacturer, quantity in the container, storage conditions and expiry date.

Justification and explanation
All donated drugs, including those under brand name, should be labelled also with their INN or the official generic name. Most training programmes are based on the use of generic names. Receiving drugs under different and often unknown brand names and without the INN is confusing for health workers and can even be dangerous for patients. In case of injections, the route of administration should be indicated.

8. As much as possible, donated drugs should be presented in larger quantity units and hospital packs.

Justification and explanation
Large quantity packs are cheaper, less bulky to transport and conform better with public sector supply systems in most developing countries. This provision also prevents the donation of drugs in sample packages, which are impractical to manage. In precarious situations, the donations of paediatric syrups and mixtures may be inappropriate because of logistical problems and their potential misuse.

9. All drug donations should be packed in accordance with international shipping regulations, and be accompanied by a detailed packing list which specifies the contents of each numbered carton by INN, dosage form, quantity, batch number, expiry date, volume, weight and any special storage conditions. The weight per carton should not exceed 50 kilograms. Drugs should not be mixed with other supplies in the same carton.

Justification and explanation
This provision is intended to facilitate the administration, storage and distribution of donations in emergency situations, as the identification and management of unmarked boxes with mixed drugs is very time and labour intensive. This provision specifically discourages donations of small quantities of mixed drugs. The maximum weight of 50 kg ensures that each carton can be handled without special equipment.

Information and management

10. Recipients should be informed of all drug donations that are being considered, prepared or actually under way.

Justification and explanation
Many drug donations arrive unannounced. Detailed advance information on all drug donations is essential to enable the recipient to plan for the receipt of the donation and to coordinate the donation with other sources of supply. The information should at least include: the type and quantities of donated drugs including their International Nonproprietary Name (INN or generic name), strength, dosage form, manufacturer and expiry date; reference to earlier correspondence (for example, the letter of consent by the recipient); the expected date of arrival and port of entry; and the identity and contact address of the donor.

11. In the recipient country the declared value of a drug donation should be based upon the wholesale price of its generic equivalent in the recipient country, or, if such information is not available, on the wholesale world-market price for its generic equivalent.

Justification and explanation
This provision is needed in the recipient country to prevent drug donations being priced according to the retail price of the product in the donor country, which may lead to elevated overhead cost for import tax, port clearance, and handling in the recipient country. It may also result in a corresponding decrease in the public sector drug budget in the recipient country.

Possible exception
In case of patented drugs (for which there is no generic equivalent) the wholesale price of the nearest therapeutic equivalent could be taken as a reference.

12. Costs of international and local transport, warehousing, port clearance and appropriate storage and handling should be paid by the donor agency, unless specifically agreed otherwise with the recipient in advance.

Justification and explanation
This provision prevents the recipient from being forced to spend effort and money on the clearance and transport of unannounced consignments of unwanted items, and also enables the recipient to review the list of donated items at an early stage.

IV Other ways donors can help

The New Emergency Health Kit
In the acute phase of an emergency, or in the case of displacements of refugee populations without any medical care, it is better to send a standardised kit of drugs and medical supplies that is specifically designed for this purpose. For example, the New Emergency Health Kit, which has been widely used since 1990, contains drugs, disposable supplies and basic equipment needed for general medical care for a population of 10,000 for three months. Its contents are based on a consensus among the same group of major international aid agencies that also issued the drug donation guidelines. It is permanently stocked by several major international suppliers (for example, UNICEF and IDA) and can be available within 48 hours. It is especially relevant in the absence of specific requests.

Donations in cash
After the acute phase of the emergency is over, a donation in cash for local or regional purchase of essential drugs is usually much more welcome than further drug donations in kind. Such a cash contribution is very supportive to the activities of the local government or coordinating

committee, it is supportive to the local and regional pharmaceutical industry and it may also be more cost-effective. In addition, Prescribers and patients are usually more familiar with locally produced drugs.

Additional guidelines for drug donations as part of development aid

When drug donations are given between governments as humanitarian support to long-lasting complex emergencies and as regular development (commodity) aid there is usually more time to consider specific demands from the side of the recipient. On the other hand, there is also time to link more restrictions to the donation, e.g. to products from manufacturers in the donor country, and to drugs registered for use in the recipient country.

It should be recognised that drugs do not arrive in an administrative vacuum. Drug donations should not create an abnormal situation which may obstruct or delay national capacity building in selection, procurement, storage, distribution and rational use of drugs. Special care should therefore be taken that the donated drugs respond to an expressed need, comply with the national drug policy, and are in accordance with national treatment guidelines in the recipient country. Administratively, the drugs should be treated as if they were procured. This means that they should be registered or authorized for use in the country through the same procedure that is used for government tenders. They should be entered into the inventory, distributed through the existing distribution channels and be subject to the same quality assurance procedures. If cost-sharing procedures are operational in the recipient country, the donated drugs should not automatically be distributed free of charge.

V How to implement a policy on drug donations

Management of drug donations by the recipient

Define national guidelines for drug donations

It is difficult for a recipient to refuse a donation that has already arrived. Prevention is therefore better than cure. Recipients should indicate to their prospective donors what kind of assistance they need, and how they would like to receive it. If this information is provided in a professional way, most donors will appreciate it and will comply.

Therefore, recipients should first formulate their own national guidelines for drug donations, on the basis of these international guidelines. They can also be included in the national drug policy. These national guidelines should then be officially presented and explained to the donor community. Only after they have been presented and officially published can they be enforced.

Define administrative procedures for receiving drug donations

It is not enough for the recipient to adopt and publish the general guidelines on the selection, quality, presentation and management of drug donations. Administrative procedures need to be developed by the recipient to maximize the potential benefit of drug donations. As much as possible such arrangements should be linked with existing drug supply systems, but there are several questions which apply to donations only. Examples of such important questions, which have to be addressed in each country, are:

- who is responsible for defining the needs, and who will prioritize them?
- who coordinates all drug donations?
- which documents are needed when a donation is planned; who should receive them?
- which procedure is used when donations do not follow the guidelines?
- What are the criteria for accepting/rejecting a donation; who makes the final decision?
- who coordinates reception, storage and distribution of the donated drugs?
- How are donations valued and entered into the budget/expenditure records?
- How will inappropriate donations be disposed of?

Specify the needs for donated drugs

The third important action by the recipient is to specify the needs for donated drugs as much as possible. This puts the onus on the recipient to carefully prepare such requests, indicating the

required quantities and prioritizing the items. The more information given, the better. Information on donations that are already in the pipeline, or anticipated, is very helpful to other potential donors. Full information from the side of the recipient is greatly appreciated by donors and pays off in the long run.

Manage donated drugs carefully
The value of donated drugs can be considerable, and the gift should be treated with due care. On arrival the drugs should be inspected and their receipt confirmed to the donor agency. They should then be stored and distributed in accordance with normal principles
of good pharmacy practice and under the responsibility of adequately trained professionals. There must be due vigilance to ensure that donated products are not diverted for export, commercial sale, or into illicit channels.

Action required from donor agencies

Donors should always respect the four core principles for drug donations presented above. Donors should also respect the national guidelines for drug donations and respond to the priority needs indicated by the recipient. Unsolicited donations should be prevented as much as possible.

The public at large in the donor country is not always aware of the common problems with drug donations. It is therefore important that governments in donor countries spend some effort to create more public awareness on "good donor practice". The best moment for this is probably at the time of the public appeal through the media.

Within the recipient country it is recommended that the different donors choose a "lead donor" amongst themselves, who coordinates donor activities and who may also act as the central contact point in discussions with the recipient government.

The recipient country should supply as much information as possible on requested and approved donations. On the other hand, the donors themselves should also inform the recipient well in advance and in great detail about which donations are corning, and when. This will greatly assist the coordinating body in the recipient country to plan for the proper reception of the donations, and to identify the need for additional supplies.

Annex:

Examples of problems with drug donations

Armenia, 1988

After the earthquake, 5,000 tons of drugs and medical supplies worth US$55 million were sent. This quantity far exceeded needs. It took 50 people six months to gain a clear picture of the drugs that had been received. Eight percents of the drugs had expired on arrival, and 4% were destroyed by frost. Of the remaining 88%, only 30% were easy to identify and only 42% were relevant for an emergency situation. The majority of the drugs were only labelled with brand names.[5]

Eritrea, 1989

During the war for independence, despite careful wording of appeals, many inappropriate donations were received. Examples were: seven truck loads of expired aspirin tablets that took six months to burn; a whole container of unsolicited cardiovascular drugs with two months to expiry; and 30,000 half-litre bottles of expired amino-acid infusion that could not be disposed of anywhere near a settlement because of the smell.[6]

Sudan 1990

A large consignment of drugs was sent to war-devastated southern Sudan. Each box contained a collection of small packets of drugs, some partly used. All were labelled in French, a language not spoken in Sudan. Most drugs were inappropriate, some could be dangerous. These included: contact lens solution, appetite stimulants, mono-amine oxidase inhibitors (dangerous in Sudan), X-ray solutions, drugs against hypercholesterolaemia, and expired antibiotics. Of 50 boxes, 12 contained drugs of some use.[7]

France 1991

Pharmaciens sans Frontieres collected 4 million kg of unused drugs from 4,000 pharmacies in France. These were sorted out in 88 centres in the country. Only about 20% could be used for international aid
programmes, and 80% were burnt.[8]

Russian Federation, 1992

Russian pharmaceutical production has fallen far below its 1990 level, and donations of drugs have been welcomed. However, initial enthusiasm soured when the nature of some donations was discovered. Examples of donations include: 189,000 bottles of dextromethorfan cough syrup; pentoxifylline and clonidine as the only antihypertensive items; triamterene and spironolactone as diuretics; pancreatic enzyme and bismuth preparations as the only gastrointestinal drugs.[9]

Guinea Bissau, 1993

In September 1993 eight tons of donated drugs were sent; all were collected from pharmacies in quantities between I and 100 tablets. The donation contained 22,123 packages of 1,714 different drugs which were very difficult to manage and greatly interfered with government efforts to rationalize drug supply and drug use.[10]

Lithuania, 1993

Eleven women in Lithuania temporarily lost their eyesight after using a donated drug. The drug, closantel, was a veterinary anthelmintic but was mistakenly given to treat endometritis. The drug had been received without product information or package insert, and doctors had tried to identify the product by matching its name with those on leaflets of other products.'[1]

Former Yugoslavia, 1994,1995

Of all drug donations received by the WHO field office in Zagreb in 1994, 15% were completely unusable and 30% were not needed.[12] By the end of 1995, 340 tons of expired drugs were stored in Mostar. Most of these were donated by different European nations.[13]

1 Guidelines for donors and recipients of pharmaceutical donations. Geneva: Christian Medical Commission of the World Council of Churches, 1990 (in English, Spanish, French and German)
2 The New Emergency Health Kit. Geneva: World Health Organization, 1990. WHO/DAP/90.1$_1$ p.5
3 The use of essential drugs. Geneva: World Health Organization, 1992. Technical Report Series 825; p.13
4 Medical supplies donor guidelines for WHO humanitarian assistance for former Yugoslavia. Zagreb: World Health Organization, 1994
5 Autier P et al. Drug supply in the aftermath of the 1988 Armenian earthquake. Lancet 1990; i: 1388-90
6 Woldeyesus K, Snell B. Eritrea's policy on donations. Lancet 1994; ii: 879
7 Cohen S. Drug donations to Sudan. Lancet 1990; i: 745
8 Les medicaments non-utilises en Europe: receuil, destruction et reutilisation a des fins humanitaires. Paris: PIMED, 1994
9 Offerhaus L. Russia: emergency drug aid goes awry. Lancet 1992; i: 607
10 Maritoux I. Report submitted to WHO, October 1994
11 Hoen E, Hodgkin C. Harmful use of donated veterinary drug. Lancet 1993; ii: 308-9
12 Forte GB. An ounce of prevention is worth a pound of cure. Presentation at the International Conference of Drug Regulatory Agencies, The Hague, 1994
13 Letter sent by the Mayor of Mostar to the Ambassador of the European Union, 2 October1995.

2.11 WHO GENERAL PRICE LIST

We give here a price list that can be used for quick reference when calculating costs for emergency planning. This list is not complete. In order to spare space, we have abridged the official WHO General Price List. This selection should not be taken as an advice on what is or isn't needed in emergency. For a full selection of the items available and more details, consult the original document

	ITEMS	supplier	Estimated cost
1.00	**Antimalarials**		
1.01	Chloroquine phosphate tabs, 100 MG Base, 1000 pack		$8.00
1.02	Chloroquine phosphate tabs, 150 MG Base, 100 pack		$1.50
1.03	Mefloquine Hydrochloride tabs, 250 MG, 100 pack		$65.00
2.00	**Antidiarrhoeals**		
2.01	Oral Rehydration salt(ORS) 1/1000ml, 100 pack		$65.00
2.02	Ringers Lactate, 1000 ml with giving set, set of 12		$15.00
2.03	Water for injection, 2/5/10ml, 50 amp. Pack		2 to 2.5
3.00	**Anti tuberculotics & Anti Leprotics**		
3.01	Clofazimine caps, 50 MG, 1000 pack		$50.00
3.02	Isoniazid 300 MG + Thioacetazone 150 MG tabs, 1000 pack		$11.00
3.03	Rifampicin 150 MG, 100 pack		$4.00
4.00	**Other Tropical diseases Drugs**		
4.01	Melarsoprol inj. 30% sol, 5ml amp. X 10		$270.00
4.02	Pentamidine Isetionate for inj. 200 MG in vials, pack of 10		$125.00
4.03	Praziquantel tabs, 600 MG 1000 pack		$180.00
5.00	**Anti-Infective Drugs**		
5.01	Amoxicillin 250 MG caps/tabs, 1000 pack		$31.00
5.02	Chloramphenicol caps, 250 MG, 1000 pack		$17.50
5.03	Chloramphenicol oily susp., 500 MG amp. 2ml, pack of 100		$180.00
5.04	Chloramphenicol powder for inj. 1g, 100 pack		$25.00
5.05	Doxycycline 100 MG caps/tabs, 1000 pack		$15.00
6.00	**Miscellaneous Drugs**		
6.01	Ascorbic Acid tab. 50 MG tabs, 1000 pack		$2.25
6.02	Ascorbic Acid tab. 250 MG tabs, 1000 pack		$8.00
6.03	Salbutamol inj. 0.5 MG (sulfate)ml amp., 100 pack		$15.00
6.04	Tetracycline Eye Ointment 1%, tube 5 g		$0.25
6.05	Tetracycline tabs./caps, 250 MG, 1000 pack		$10.00
7.00	**Contraceptives**		
7.01	Condoms, gross of 144		$6.00
7.02	I.U.D., TCU 380 A, Coper T, pack of 50		$55.00
7.03	Injectables, Medroxymogesterone Acetate Susp., 150mg/ml 100 pack		$22.00
7.04	Pills, per cycle		$0.40
8.00	**Diagnostics (in vitro and in vivo)**		
8.01	Capillus HIV 1/2 Rapid, 100 tests/kit, Cambridge Biotech.		$130.00
8.02	Detect HIV 1+2 test kit, 96 tests per kit		$50.00
8.03	Genelavia Mixt 72266 Aids tests, Pasteur, 96 tests		$45.00
8.04	HIV Spot Screening tests, Genelabs, 100 test per kit		$130.00
8.05	Immunocomb II Bispot Aids Screening kits 60432002, HIV 1+2, 36 tests/kit, orgenics		$45.00
8.06	Innotest HIV-1 / HIV-2 Ab, 96 tests per kit		$50.00
8.07	Recombigen HIV 1&2 EIA kits, 192 tests, Cambridge		$90.00
8.08	Serodia HIV 1&2, 100 tests/kit, Fujirebio		$90.00
8.09	Vironostika HIV Uniform-ll Plus O, Organon, 192 tests		$90.00
8.10	Tuberculin PPD 10TU/0.1 ml, 10 x 1.5 ml pack		$116.00
8.11	Tuberculin PPD RT 23 FOR Mantouc Tests, 2 Tu / 0.1ml, 10 x1.5 ml pack		$43.00
9.00	**Vaccines**		
9.01	BCG vaccine 20 doses amp, infants		$1.50
9.03	Diphtheria Tetanus Absorbed, Adult, 20 doses		$1.00
9.04	DPT vaccine, 20 doses, per dose		$1.10
9.05	Influenza vaccine, single dose		$3.40
9.06	Measles Vaccine, 10 doses vial		$1.25

9.07	Meningoccocal vaccine, A+C, 50 doses, per dose		$0.20
9.08	Polio vaccine live, oral, 20 doses		$1.50
9.09	Rabies vaccine, Vero, single dose		$11.20
9.10	Rabies vaccine, ex-diploid cell, single dose		$17.00
9.11	Tetanus vaccine, 20 doses		$0.85
9.12	Typhoid Fever vaccine, Polysaccharide, 20 doses vial		$27.00
9.13	Yellow Fever vaccine, 5 dose vial		$290.00
9.14	As above, 10 doses vial		$4.50
9.15	As above, 50 doses vial		$8.10
9.16	Gammaglobulin Human 16%		$3.75
9.17	Hepatitis A Immunoglobulin SSVI Globuman Berna Hepatitis A, 2 ml (200 iu)		$20.00
9.18	Rabies Immunoglobulin, 1 vial 2 ml (300 iu)		$66.00
9.19	Tetanus Immunoglobulin, 250 iu,1 ml syringe		$7.00
9.20	Snake antevenom, West Africa		$11.00
9.21	Snake antevenom, Near East		$7.00
11.00	**Sterilization**		
	Sterilizer, non electric, complete with syringe rack, Safety plugs and Instruction manual	prestige	
11.01	Single rack, capacity 4.4 Litres		$85.00
11.02	Double rack, non electric, capacity 9 L		$100.00
	PHC sterilizer kit, non electric, complete with syringe rack, safety plugs, sterilizer bowl, spare gaskets, carrying bag and instruction manual	prestige	
11.03	Single rack, capacity 4.4 L		$100.00
11.04	Double rack, capacity 9 L		$120.00
11.07	Sterilizer, hot air, convection, 160/180/200 degrees C, 65 L ID. 41x41x41 cm with perforated aluminium trays	meg	$550.00
12.00	**Injection/sampling**		
	Syringe, sterile, disposable		
12.01	2 ml, box of 100		$3.00
12.02	5 ml, box of 100		$5.00
12.03	10 ml, box of 100		$7.00
	Needle, sterile, disposable Luer, box of 100,		
12.04	size 20G, 21G, 22G, 23G, 24G, 26G, 27G (Specify requirement)		$4.00
12.05	Vacutainer tube, 10 ml, siliconized, box of 100	fleischhacker	$15.00
12.06	Vacutainer tube, 7 ml, ETDA, box of 100		$18.00
12.07	Vacutainer tube, 5 ml, Hemogard closure, box of 100		$16.00
12.08	Microtainer tube, plain, pack of 200		$30.00
12.09	Vacutainer needles, box of 100, size 20g, 21G, 22G		$15.00
	Autodestruct syringe with needle, box of 100	univec	
12.10	0 .5 ml with 23G x 25 mm		$9.00
12.11	1 ml TB with 27G x 1/2"		$9.00
12.12	2 ml with 22G x 1.5"		$11.00
12.13	5 ml with 21G x 1.5"		$13.00
12.14	10 ml with 21G x 1.5"		$15.00
12.15	Safety box for used syringes/needles		$1.50
12.16	Blood lancet, sterile, disposable, box of 200	fleischhacker	$4.00
12.17	Autolet Mini, with 10 x 26G sterile lancets/holders, box of 2 sets		$10.00
12.18	As above, case of 200 sets		$500.00

13.00	**Diagnosis**		
13.01	Glucometer Elite, with sensors, lancets, and case	fleischhacker	$100.00
13.02	Additional blood glucose strips, box of 100		$40.00
13.03	Diagnostic set contains otoscope, nasal speculum lampholder, laryngeal mirrors, tongue holder Ophthalmoscope, battery handle, spare bulb & case	meg	$110.00
13.04	Sphygmomanometers, mercury, 300 mm Hg.,	meg	$45.00
13.05	Sphygmomanometers, aneroid, 300 mm Hg.,		$15.00
13.06	Stethoscope, dual,	meg	$5.00
14.00	**Kits**		
14.01	Emergency Health Kit (Basic - for 1 000 people) x 10		$2,520.00
14.02	Emergency Health Kit (Supplementary for 10 000 people)		$3,115.00
14.03	Anaesthetic kit		$1,300.00
14.04	Cholera Diagnostic kit		$840.00
14.05	Chronic Diseases kit (Balkan Box)		$650.00
14.06	Clean Intermittent Catheterisation kit (CIC)		$1,700.00
14.07	Community Health Worker kit		$65.00
14.08	Diphtheria kit		$5,900.00
14.09	Epidemic Response kit - Part A (for diarrhoea)		$90.00
14.10	Epidemic Response kit - Part B (for diarrhoea)		$150.00
14.11	Health Post kit		$260.00
14.12	Hygiene kit		$25.00
14.13	Insulin kit "A"		$900.00
14.14	Insulin kit "B"		$1,150.00
14.15	Italian Emergency kit "A" (Traumatological profile)		$4,200.00
14.16	Italian Emergency kit "B" (Supplies for kit "A")		$11,000.00
14.17	Italian Emergency kit "D" (Diarrhoea profile)		$1,800.00
14.18	Italian Emergency kit "F" (Supplies for kit "D")		$1,100.00
14.19	Kato - katz kit for stool examination	p&d brazil	$150.00
14.20	Neonatal resuscitation kit, with mucus extractor, baby resuscitator and face mask, suction catheters, infant Laryngoscope, endotracheal tubes and suction pump	meg	$655.00
14.21	Parental Fluid kit		$1,300.00
14.22	Perineal / Vaginal / cervical Repair kit		$35.00
14.23	Pneumonia kit, Box 1 (Part A & Part B)		$300.00
14.24	Pneumonia kit, Box 2 (Part A & Part B)		$250.00
14.25	Polio case investigation kit, contains outer and inner bags, faeces containers, cotton wool pads, labels and lab. report form, case of 200 kits.	meg	$600.00
14.26	Polio specimen collection kit, 100 per pack, Code E 11/02	meg	$300.00
14.27	Stitch Pack - Episiotomy set		$15.00
14.28	Surgical supply kit		$10,500.00
14.29	Transfusion kit Part "A"		$1,000.00
14.30	Transfusion kit Part "B"		$110.00
14.31	Vitamin kit		$270.00
15.00			

General Hospital Consumables

15.01	Apron, white, reusable plastic	fleischhacker	$7.00
15.02	Apron, white, disposable plastic, box of 100		$6.00
15.03	Glove heavy duty, flexible neoprene, 31 cm long, pair	fleischhacker	$4.00
15.04	Glove, heavy duty, rubber, small / medium / large, 100 in box	meg	$55.00
15.05	Glove, operation, latex sterile, single use, size 6.5 to 9, box of 50 pairs	meg	$20.00
15.06	Glove, operation, latex non sterile, reusable, size 6.5 to9, box of 50 pairs	meg	$10.00
15.07	Glove, examination, latex disposable, non sterile, box of 100	meg	$5.00

15.08	Scalp vein sets (butterfly needles) size 18G to 27G, box of 100	meg	$12.00
15.09	Infusion giving set	meg	$0.25
	Blood bag, 450 ml, with cpd - a and taking set	meg	
15.10	Single		$1.00
15.11	Double		$2.00
15.12	Triple		$3.00
15.13	Transfusion set with fixed needle and air inlet	meg	$0.50
15.14	Cadaver bag	meg	$17.00
	Sutures, catgut, 1.5 m, box of 12	ethicon	
15.15	Plain gauge 2.0 (4 / 0)		$27.00
15.16	Chromic gauge 3.0 (3 / 0)		$23.00
15.17	Mersilk, silk braided, black gauge 3.5 (0), 1.8 m, 12 in box		$15.00
15.18	Coated Vicryl (Polyglactin 910) braided, violet gauge 3.5 (0), 1.5 m, box of 12		$35.00
16.00	**Hospital Equipment**		
16.01	Defibrillator, portable, battery operated	meg	$1,800.00
16.02	Infant/child resuscitator w/ face mask, oxygen reservoir bag	ambu	$120.00
16.03	As above, for adults	ambu	$140.00
16.04	Emergency case, 3 section, complete set	ambu	$2,200.00
16.05	WHO oxygen concentrator with standard accessories	devilbiss	$1,500.00
16.06	Flowsplitter kit for above		$400.00
16.07	Sunmist Plus nebulizer		$130.00
16.08	Stretcher, army type, folding	meg	$80.00
16.09	Stretcher, combination wheel / carrying	meg	$400.00
16.10	Examination table, knock down, folding, 2 section	meg	$170.00
16.11	Wheelchair, basic model, folding	meg	$340.00
16.12	Sterilizing drums, ss, 24 cm dia.	meg	$35.00
16.13	Sterilizing drums, ss, 29 cm dia.	meg	$40.00
16.14	Sterilizing drums, ss, 134 cm dia.	meg	$45.00
16.15	Light examining, floor stand type	meg	$80.00
16.16	Light examining, articulated table model	meg	$50.00
16.17	Operating light, stand type, knock down, mobile, 220V 50C	meg	$660.00
16.18	Scale, bathroom, 120 kg x 1 kg	meg	$10.00
16.20	Scale, infant, clinic with tray	meg	$20.00
17.00	**Chemicals**		
	Acids and Solvents	nentech	
17.01	Acetic acid, glacial A.R. 1 liter		$9.00
17.02	Anisole 99%, 500 ml		$14.00
17.03	Chloroform A.R., 1 liter		$14.00
17.04	Glycerol, 500 ml		$6.00
17.05	Hydrochloric Acid Conc., A.R., 500 ml		$12.00
17.06	Methanol A.R., 1 liter		$10.00
17.07	Sulphuric Acid Conc., A.R., 500 ml		$12.00
	General Chemicals and Reagents	nentech	
17.08	Formaldehyde 37.5% solution, 1 liter		$7.00
17.09	D-Glucose Monohydrate, 500 g		$5.00
17.10	Phenol, detached crystals, A.R., 500 g		$17.00
17.11	Potassium lodide A.R., 500 g		$17.00
17.12	Silver Nitrate A.R., 25 g		$17.00
17.13	Sodium Chloride A.R., 500 g		$5.00
17.14	Tri-Dosium citrate A.R., 500 g		$5.00
17.15	Sodium Hydrogen Carbonate, 1 kg		$5.00
17.16	Sodium Hydroxide Pellets, A.R., 500 g		$5.00
17.17	Sodium Thiosulphate Hydrate A.R., 500 g		$5.00
	Stains and Reagents for Microscopy	nentech	
17.18	Buffer tablets, PH 7.2 (for 100 ml), 50		$10.00
17.19	Cedarwood oil, thickened, for microscopy, 25 ml		$5.00
17.20	Crystal Violet, 25 g		$5.00
17.21	Fuchsin, basic, 25 g		$5.00
17.22	Giemsa's stain powder, 25 g		$5.00
17.23	Immersion oil, synthetic, 100 ml		$8.00
17.24	Methylene Blue, 25 g		$5.00

17.25	Safranin, 25 g		$10.00
17.26	Wright's stain, 25 g		$5.00
18.00	**Dental Equipment and Materials**	quayle	
18.03	Set of 20 (15 adult, 5 child) extraction forceps		$600.00
18.04	Set of 18 elevators		$170.00
18.05	Set of 7 excavators		$60.00
18.06	set of 7 probes		$50.00
18.07	Set of 15 scalers		$160.00
18.08	Cartridge syringe		$30.00
18.09	Mirror handle		$3.00
18.10	Pack of 12 mirrors		$18.00
18.21	Local Anaesthetic cartridges, pack of 50		$15.00
18.22	Disposable dental needles, box of 100		$9.00
18.27	Cold Sterilizing solution,		$20.00
18.28	Concentrate, 1 l, disposable saliva, pack of 100		$4.00
18.29	Gloves, latex, non sterile, box of 100		$5.00
18.30	Face masks, box of 100		$5.00
18.33	Mouthwash (Chlorohexidine), 300 ml		$4.00
19.00		cea	

X-Ray Films

19.09	CEA RP\OGA, blue / Green sensitive, box of 100		$70.00
19.10	CEATANK, Devolper, Manual processing, 2 x 5 L for making 50 L working solution		$25.00
19.11	CEAFIX, Fixer, manual processing, 2 x 5 L for making 50 L working solution		$25.00
20.00			

Ophthalmology

20.01	Binocular Loupe, 3 x 420 large	heime	$320.00
20.02	Beta Ophthalmoscope set	heime	$150.00
21.00			

Office Items

21.01	Computer, Pentium Pro, 180/200 MHz, 256 KB cache, 32 MB RAM, 2 GB HDD, 1.44 MB FDD, 17" SVGA colour monitor, 12 x CD-ROM drive, Keyboard, with WIN 95/NT	dell, ibm, compaq	$2,700.00
21.02	Portable computer, Pentium 133 MHz, 16 MB RAM, 144MB FDD, 1.35 MB HDD, Li-Ion battery, 10 x CD-ROM swappable, AC adaptor and case	toshiba, ast, dell	$2,400.00
21.03	HP laserjet 6P, 8ppm, 600x600 dpi, 45 fonts resident, 2 mb ram, with printer cable	hewlett packard	$780.00
21.04	HP Deskjet 340 mono printer, portable with cable	hewlett packard	$240.00
21.05	MS Office Professional 97 for Win 95/NT		$500.00
21.06	Corel Wordperfect for windows, ver. 6.1		$400.00
21.07	Norton Utilities ver. 8.0		$150.00
21.08	Norton Antivirus, latest version		$230.00
21.09	HP Scanjet 4 C, colour flatbed scanner, with Calculator		$650.00
21.10	Model P-D 4220, printing & display, 12 digits	canon	$130.00
21.11	Paper rolls for above, box of 50		$20.00
21.12	Ink ribbons, box of 12		$15.00
21.13	Solar power and battery pocket calculator		$10.00
25.00	**Filing cabinets**		
25.01	Model FC, 4 drawers		$400.00
25.02	Paper, foolscap, tabbed file, pack of 100		$30.00
26.00	**Library Shelving**		
26.01	Model 100 D.4, double door cupboard	abbott	$370.00
27.00	**Photocopier**		
27.01	Photocopier, 7-8 copies/min., Max. Copy size A4, 220V 50C	canon, minolta, sharp	$1,300.00
27.02	Toner, Spare drum, cabinet, Spare parts kit, etc. (if available)		$300.00
27.03	Photocopier, 12 to 14 copies/min., Max. copy size A4,	ricoh, mita	$1,500.00

	with zoom 70-140% 220V 50C	canon, milota, sharp	$2,000.00
27.04	Toner, Spare drum, cabinet, Spare parts kit, etc.		$500.00
27.05	Photocopier, 15 to 21 copies/min., Max. Copy size A3,	canon, mita, minolta	$2,500.00
	With zoom 50-200%, 220V 50C	ricoh, sharp	$2,500.00
27.06	Sorter, for above		$1,300.00
27.07	Automatic document feeder for above		$1,500.00
27.08	Toner, Spare drum, cabinet, Spare parts kit, etc.		$1,000.00
29.00			

Projectors

	Overhead projectors		
29.01	Desktop, standard, f 300 mm lens, 24V 250W lamp,	kindermann	$340.00
	285 x 285 mm image, with spare lamp		
29.02	Dust cover, roll film holder		extra
29.05	Portable, f 300 mm, 24V/250W lamp, 7.2 kgs.,	kindermann	$477.00
	285 x 285 mm at 2 m., w/spare lamp, roll container,		
29.06	Carry bag, laser pointer, projection screen for wall		extra
	Slide Projector		
29.10	Slide projector, 24x36, 2x24V/250W lamp, remote control cable,	kindermann	$340.00
	f 1.2/90 mm zoom, 220V 50C		
	Case with 6 magazines 50		extra
30.00			

Teaching Aids

30.02	Camera, 35 mm, autofocus, with AF 28-105 f 3.5-4.5 lens, carrying case	andrews	$710.00
30.03	Film, Ektachrome ASA 100.35 mm, 36 exp.	kodak, ch	$5.00
30.04	Portable radio/cassette recorder, stereo, 2 speakers	kindermann	$174.00
30.05	Audio cassettes, 90 min.	boris & rudy, lerch	$6.00
30.06	VHS video cassettes, 180 min.	boris & rudy, lerch	$6.00
31.00		sts	

Laboratory Supplies

31.01	Apron, disposable plastic, bib front, 1200 mm long, box of 100		$12.00
	Aspirator bottle, polyethylene, w/vented stopcock	sts	
31.02	capacity 5 litres		$25.00
31.03	capacity 10 litres		$30.00
31.04	capacity 25 litres		$65.00
31.05	Spare stopcock for above		$5.00
	Beaker, polyprolyne, low form w/spout	sts	
31.06	100 ml, pack of 10		$12.00
31.07	600 ml, pack of 5		$16.00
31.08	1000 ml, pack of 5		$18.00
31.09	2000 ml, pack of 5		$32.00
31.10	Benchcote, 46 cm wide, roll of 50 m	sts	$85.00
31.11	Benchcote, 92 cm wide, roll of 50 m		$160.00
31.12	Biohazard bags, autoclavable, disposable, 610 x 760 mm, pack of 100	sts	$80.00
31.13	Biohazard warning tape, orange on yellow, 25 x 66 mm		$5.00
31.14	Biohazard warning labels black on yellow, 330 per roll, individually cut on backing paper		$25.00
	Blood collection bottles, sterlin, non sterile, screw cap w/label	sts	
31.15	5 ml, pack of 1000		$25.00
31.16	10 ml, pack of 500		$90.00
31.17	Boiling ring, spiral elements, white enamel, 1200W, 220V 50C	sts	$95.00
31.18	Dispenser, Volac digital, adjustable 0.5 to 5 ml, accuracy +/- 1%,	sts	$175.00
	glass syringe, c/w 2 amber glass reservoirs, 80/400 ml		
31.19	Dispenser, as above but 1 ml to 10 ml		$175.00
31.20	Gloves, LATEX, non sterile, small / medium / large	sts	$10.00
31.21	As above, VINYL		$11.00
31.22	Kahn tubes, glass, rimless, medium wall, 75 x 12 mm, pack of 150	sts	$18.00
31.23	Test tube rack for 36 Kahn tubes		$11.00
31.24	Kimwipes, lite professional wipes, large, 200 tissues	sts	$110.00
	per carton, case of 36 cartons		

31.25	Scott 130 white 2 ply towels per roll, 24 rolls per case		$145.00
31.26	Markers, fine point, permanent black colour, pack of 10	sts	$20.00
31.27	Markers, felt tip chisel point, permanent ink in black, blue or red, pack of 12		$20.00
	Measuring Cylinder, Azlon, clear polypropylene	sts	
31.28	100 ml		$5.00
31.29	500 ml		$8.00
31.30	1000 ml		$11.00
	Pasteur pipettes w/bulb, disposable plastic, non sterile	sts	
31.31	1 ml by 0.25 ml markings, pack of 500		$16.00
31.32	3 ml by 0.25 ml markings, pack of 1000		$16.00
	Pasteur pipettes, glass, non sterile, unplugged	sts	
31.33	146 mm long, pack of 1000		$34.00
31.34	230 mm long, pack of 1000		$45.00
31.35	Teats for above pipettes, pack of 100		$13.00
31.36	Pipette fillere, Pi-Pump for up to 2 ml pipettes, blue	sts	$15.00
31.37	Pipette fillere, Pi-Pump for up to 10 ml pipettes, green		$16.00
31.38	Safety pipette filler, universal for all sizes		$7.00
31.39	Pipette cans, square section, aluminium, 180 mm	sts	$32.00
31.40	As above but 255 mm long		$32.00
31.41	Pipette stand, universal, ss, holds 8 pipettes horizontally	sts	$24.00
31.42	Safety glasses, with side shields, brow guard and lenses. Can be worn over prescription spectacles.	sts	$25.00
	Sharps containers, polypropylene, stackable	sts	
31.43	7.6 litres capacity, pack of 24		$130.00
31.44	22.7 litres capacity, pack of 12		$130.00
31.45	Specimen mailing box, outer cardboard case, preformed polyethylene foam inner, holds 5 polystyrene containers to contain sealed specimen vials w/instructions & labels	sts	$250.00
31.46	Test tube racks, nylon coated wire, for 36 tubes up to 16 mm dia.	sts	$12.00
31.47	Test tube racks, polypropylene, 3 tier, autoclavable, capacity 60 x 16 mm	sts	$14.00
31.48	Timer, digital, 99 min to 1 sec.	sts	$15.00
31.49	Timer, mechanical, hand operated, alarm, 1 to 60 min.		$10.00
31.50	Universal 30 ml container, plastic, single use, screw cap, sterile, 400 pack	sts	$110.00
31.51	As above, re-useable, glass, al. cap and rubber liner, 144 pack		$70.00
31.52	Wall thermometer, dial type, -30 degrees to +60 degrees C		$12.00
31.53	Wash bottles, Azlon, slope shoulder, 125 ml, pack of 5	sts	$9.00
31.54	As above, 250 ml, pack of 5		$10.00
31.55	Wash bottles, Nalgene, polyethylene, wide mouth, 500 ml	sts	$35.00
31.56	Viewer, plate (round)	microtec	$350.00
31.57	Spare mirror for above		$80.00
31.58	Tissue culture plates, round bottom, 96 wells, sterile, disposable, 50 pack		$80.00
31.59	As above, for ELISA examination, pack of 50		$55.00
31.60	Tubes 75 x 13 mm, 5 ml, polystyrene, carton of 2000	cml	$16.00
31.61	Hemolyse tube, glass, SODO, 75 x 13 mm, pack of 100	cml	$2.00
	Cryotubes, screw stoper, self standing,	nunc	
31.62	1.8 ml, case of 1800		$290.00
31.63	3.6 ml, case of 1600		$300.00
31.64	Rack for 40 cryotubes, pack of 25		$130.00
31.65	Cryobox, 130 x 130 x 50 mm, case of 48		$200.00
31.66	Microvials 2 ml, w/closure, pack of 1000	sarstedt	$65.00
31.67	Racks, plastic for microvials		$25.00
	Pipette 8 channel, digital with tip ejector	labsystems	
31.68	5 - 50 ul		$320.00
31.69	50 - 300 ul		$320.00
31.70	Tip - bands of 4 for 8 channel pipettes, pack of 100		$15.00
31.71	Finntip band - 4, 300 ul, bulk, pack of 3200		$400.00
31.72	Digital finnpipette, 0.5 - 10 ul, colour		$120.00
31.73	Digital finnpipette, 5 - 40 ul, colour		$120.00
31.74	Digital finnpipette, 40 - 200 ul		$120.00
31.75	Digital finnpipette, 200 - 1000 ul		$120.00
31.76	Finnpipette, continuously adjustable, 1 - 5 ul		$120.00
31.77	Tips, Finntip 60, 0.5 - 200 ul, box of 500		$10.00

31.78	Tips, Finntip 60, 0.5 - 200 ul, box of 1000		$20.00
31.79	Tips, Finntip 60, 0.5 - 200 ul, carton of 22,000		$380.00
31.80	Tips, Finntip 61, 0.5 - 200 ul, box of 200		$5.00
31.81	Tips, Finntip, 61, 0.5 - 200 ul, box of 400		$10.00
31.82	Tips, Finntip, 61, 0.5 - 200 ul, carton of 6,500		$130.00
31.83	Stand for multi channel pipettes		$3.00
31.84	Stand for Finnpipettes		$20.00
31.85	Reagent basins, 60 ul, pack of 5		$5.00
31.86	Reuseable glass serological pipettes, graduated	sts	
31.87	1 ml x 0.01 ml, pack of 5		$10.00
31.88	5 ml x 0.05 ml, pack of 5		$10.00
31.89	10 ml x 0.01 ml, pack of 5		$10.00
	Disposable glass serological pipettes, non sterile, not plugged, bulk wrapped, graduated	sts	
31.90	1 ml x 0.01 ml, pack of 500		$60.00
31.91	5 ml x 0.05 ml, pack of 500		$110.00
31.92	10 ml x 0.01 ml, pack of 250		$70.00
31.93	Plastic boxes with dividers for storing & transporting 96 tubes, pack of 48	sts	$320.00
31.94	Coolboxes, Coleman polylite, 37.8 litres, 57 x 33 x 37 cm	sts	$50.00
31.95	Icepacks for above, 10 per box		$2.00
31.96	Coolbox, high capacity, 51 litres, 49 x 39 x 41 cms		$110.00
31.97	Icepacks for above, 10 per box		$5.00
31.98	Coleman, thermo-electric, 32 litres, 12 volts with adaptor for 220V 50C	sts	$340.00
32.00			

Laboratory Equipment

32.02	Agglutination option Multiscan Plus		$260.00
32.03	Thermal paper, Multiscan Plus, per roll		$8.00
32.04	Lamp 8V 50W, Multiscan Plus		$20.00
32.05	Filter in range 400 - 750 nm		$200.00
32.06	Reader ELISA, 963 PR, with Epson P40S thermal printer, paper, one filter 405 or 450 or 492 nm, lamp, wiring unit & case	slt	$2,850.00
32.07	Extra filter unit (450, 492 or 612 nm)		$250.00
32.12	Vacuum pump, Pasteur		$500.00
32.13	Dry Incubator for microplates		$1,500.00
32.14	Skatron hand washer, Miniwasher, 8 channel w/stand	sts	$700.00
32.15	Skatron hand washer, Miniwasher, 12 channel w/stand		$700.00
32.17	Multiwash plate viewer, 96 well plate		$200.00
32.18	Spare mirror for above		$100.00
32.19	Table top autoclave, non electric, 10 litres		$380.00
32.20	Table top autoclave, non electric, 12 litres		$670.00
32.21	Portable autoclave, 13 litres w/safety valve, pressure gauge, drain siphon, for one large sterilizing drum 240V 50C	certoclav	$1,200.00
32.22	Sterilizing drum for above		$180.00
32.23	Spare parts for above		extra
32.24	Centrifuge, benchtop, variable speed, 5000 rpm max., 30 min timer 10 x 12 ml tubes and adaptors	jouan	$950.00
32.30	Incubator, 27 litres, convection type, max. Temp. 60 degrees C ss interior 255 x 330 x 320 mm, 2 shelves, 240V 50C	sts	$1,410.00
32.31	Incubator shaker, 1300 rpm, 1.5 mm orbit, variable temperature control, accommodates 4 multiwell plates, 220V 50C	sts	$1,700.00
32.32	Orbital shaker, 30 - 250 rpm, orbit dia. 30 mm, w/carrying plate for 4 multiplate plates, suitable for VDRL and serological tests, 230V 50C	sts	$1,750.00
32.33	Oven, Carbolite, 60 litres, 300 degrees C max., 1.5 kw, 2 shelves, 220/240V 50C	sts	$1,500.00
32.34	Dry heat indicator tape, 160 degrees C, 19 mm x 55 m		$46.00
32.35	Suspension mixer, angular rotating action, variable tilt angle 0 to 15 degrees, 220V 50C	sts	$1,400.00
32.36	Vortex mixer, w/cup and 3" platform head, variable speed, 220V 50C		$250.00

32.37	Vacuum pump, complete system w/2 catch bottles, tubing and filter, including spare filter housing assembly, 220V 50C	sts	$900.00
32.38	disposable bacterial air filters for above		$60.00
32.39	Antifoam, 2 x 500 ml w/dispenser		$30.00
32.40	Water bath, 3 litres, 295 x 145 x 8 mm, max. 100 degrees C, 220V 50C	sts	$450.00
32.41	Multiwell plate holder, ss		$80.00
32.42	Water bath, 16 litres, 325 x 295 x 180 mm max. 100 degrees C, 220V 50C		$550.00
32.43	Lid, ss, for above		$110.00
32.44	Multiwell plate holder, ss		$80.00
32.45	Water bath, 20 litres, 500 x 300 x 130 mm, max. 100 degrees C, 220V 50C		$590.00
32.46	Lid ss, for above		$140.00
32.47	Thermometer, -10 degrees to +50 degrees C, for water baths		$5.00
32.48	Thermometer clip, for above		$5.00
32.49	Reverse osmosis / de-ioniser water purification system, output 50 L/hr w/25 L storage tank, requires inlet water pressure > 2 bar	sts	$2,100.00
32.50	Boost pump for above, 230V 50C		$900.00
32.51	Universal plumbing kit w/10 m hose		$130.00
32.52	Pre filter, 10", 10 um housing & cartridge		$100.00
32.53	Pre filter, 20", 50 um housing & cartridge		$150.00
32.54	10 um cartridge for above		$70.00
32.55	50 um cartridge for above		$140.00
32.56	Water still, w/pyrex glass condenser, sheathed heater, 230V 50CI	sts	$2,000.00
32.57	Reservoir stand		$280.00
32.58	Water feed kit		$180.00
32.59	Spare parts for above		extra
32.60	Microscope, Biological, binocular, anti-fungus, mechanical stage objectives 10x, 40x, 100x oil, 10x eyepieces and mirror	olympus, zeiss	$800.00
32.63	Test tube holder		$40.00
32.64	Test tube, 0.5" path length, box of 12		$40.00
32.65	Square cuvettes, 10 mm long, set of 2		$150.00
32.66	Holder for square cuvettes		$30.00
32.67	Light shield		$35.00
32.68	Centrifuge, microhaematocrit w/rotor, 24 place, 220V 50C	hettich andreas/	$470.00
32.69	Evaluation disk w/adjustable zero point	hawksley	$100.00
32.70	Capillary tubes, 1.4 x 75 mm, heparinised, pack of 1000		$70.00
32.71	Haemacytometer, complete w/improved Neubauer rhodium coated counting chamber	hawksley	$55.00
32.72	Cover glasses, pack of 10		$15.00
32.73	Microscope slides, 75 x 25 mm, 1 mm thick, 1/2 white glass ground edges, plain, pre cleaned, tropical packing, box of 144	marienfeld	$5.00
32.74	Microscope cover glasses, 18 x 18 mm, box of 1000		$1.00
32.77	Universal oven, 220 degrees C, 14 litres, natural ventilation, 220V 50C	memmert	$550.00
32.78	perforated shelf, ss, non tipping		$25.00
32.79	Timer, 0 to 24 hours, 220V 50C		$40.00
32.82	Precision Balance, 4100 g range, 0.1 g readability	ohaus	$880.00
33.00			

Refrigerators for Cold Chain / Vaccines

33.01	Small refrigerator, absorption, RCW 42 EG (Elec / gas) 10.5 litres storage capacity for vaccines, 220V 50C + 12V + LP gas Code PIS E3 / 21 - M	electrolux	$1,200.00
33.02	Small refrigerator, absorption, RCW 42 EK (Elec / Kerosene) 18.2 litres storage capacity for vaccines, 220V +12V + Kerosene Code PIS E3 / 22 - M	electrolux	$1,400.00
33.03	Icelined refrigerator or freezer, compression, TCW 1151, 169 litres storage capacity for vaccines, 220V 50C Code PIS E3 / 24 -M	electrolux	$1,900.00
33.04	Refrigerator & Icepack Freezer, compression, RCW 42 AC, 12 litres storage capacity for vaccine, 220V 50C Code PIS E3 / 30 - M	electrolux	$1,400.00
33.05	Photovoltaic solar refrigerator & icepack freezer, compression RCW 42 DC, 14 litres storage capacity for vaccine, 12V or 24V	electrolux	$1,700.00

	Code PIS E3 / 31 - M		
33.06	Photovoltaic solar refrigerator & icepack freezer, VR 50, 38 litres storage capacity for vaccine, 12V Code PIS E3 / 37 with CFC	bp solar	$2,600.00
	As above with complete solar system	bp solar	$6,200.00
33.07	Photovoltaic solar refrigerator & icepack freezer RFV - 4, 17.5 litres storage capacity for vaccine, 12V Code PIS E3 / 54 with CFC	sun frost	$1,600.00
	As above with complete solar system	sun frost	$4,000.00
33.08	Icelined refrigerator & icepack freezer, compression, TCW 1990, 37.5 litres storage capacity for vaccine, 220V 50C Code PIS E3 / 62 - M	electrolux	$1,400.00
33.09	Photovoltaic solar refrigerator & icepack freezer, CFS 49 IS, 20 litres storage capacity for vaccine, 12V Code PIS E3 / 70 - M	naps	$2,200.00
	As above with complete solar system	naps	$5,300.00
33.10	Voltage regulator for refrigerators, model FF 500/4R , 220V 50C, 500 VA, with delay feature, Code PIS E 7/11	galatrek	$350.00
34.00			

Cold Boxes and Vaccine Carriers

34.01	Large vaccine carrier, 2.6 litres capacity, for 8 x E 5/10 Icepacks, Code PIS E 4/52 - M	quattro elle	$35.00
34.02	Small vaccine cold box, short range, Model 55 - CF, 8.6 litres, for 24 x E 5/12 icepacks, Code PIS E 4/57 - M	blow kings	$90.00
34.03	Small vaccine cold box, long range, RCW 12 / CF, 8.9 litres capacity, for 14 x 5/09 icepacks, Code PIS E 4/62 - M	electrolux	$400.00
34.04	Large vaccine cold box, long range, Model ICB - 7, 25.6 litres capacity, for 50 x E 5/15 icepacks, Code PIS E 4/72 with CFC	inalsa	$170.00
34.05	Vaccine carrier for NID, Model Coolertainer for Kick Polio, 2 litres capacity for 2 x E 5/12 icepacks or ice bag, Code PIS E 4/84 - M Icepacks	cip	$5.00
34.06	E 5 / 09, 0.6 litre, set of 24	electrolux	$30.00
34.07	E 5 / 10, 0.4 litre, each	quattro elle	$0.80
34.08	E 5 / 12, 0.3 litre, set of 10	blow kings	$5.00
34.09	E 5 / 15, 0.3 litre, each	inalsa	$0.50
35.00	**Thermometers**		
	Waterproof liquid crystal thermometer, 0 to +20 degrees C, Code PIS E6/11	hallcrest	
35.01	Model 2290, with adhesive backing, pack of 25		$30.00
35.02	Model 2291, without adhesive backing, pack of 25		$30.00
35.03	DT & TT shipping Indicator, temp. threshold + 48 degrees C 600 per pack, Code PIS E 6/15	berlinger	$500.00
35.04	Vaccine cold chain Monitor, temp. + 10 to + 34 degrees C, 250 per pack, in English or French, Code PIS E 6/16	berlinger	$800.00
35.05	Bimetal vaccine thermometer, - 30 to + 50 degrees C 100 per pack, Code PIS E 6/26	moeller therm	$400.00
35.06	Freeze watch indicator, 0 degrees C, model recorder no. 9805, 400 per pack, Code PIS E 6/45	berlinger	$900.00
35.07	Polio Specimen collection Kit, Code E 11/02	meg	$3.00
36.00	**Insecticides (As per WHO specifications)**		
36.01	DDT 75% wdp., per kg		$3.25
36.02	Malathion 50% EC, per litre		$2.30
36.03	Fenithrothion 50% EC, per litre		$12.00
36.04	Fenithrothion 40% wdp, per litre		$15.00
36.05	Fenthion 50% EC, per litre		$15.00
36.06	Fenthion 40% wdp, per kg		$17.00
36.07	Deltamethrin 25% EC, per litre		$25.00
36.08	Icon 10% wp, per kg		$70.00
36.09	Abate 1% sand granules, per kg		$3.50
36.10	Abate 50% EC, per kg		$18.50
36.11	Permethrin for bednets, per litre		$36.00
37.00	**Mosquito Nets**		
	Impregnated, knitted 100% polyester, multifilament fibres, Denier 75 or 100,	siamdutch	

	mesh 156, colours white, green or blue. (Specify denier and colour)		
37.01	single size 70 x 180 x 150 cms		$3.80
37.02	double size 100 x 180 x 150 cms		$4.15
37.03	family size 130 x 180 x 150 cms		$4.55
37.04	X-family size 190 x 180 x 150 cms		$5.00
38.00	**Field Project Items**		
	Megaphone, Loudhailer, handgrip type		
38.01	Rated 15 w (max. 23 w)		$175.00
38.02	Rated 6 w (max. 10 w)		$110.00
	Megaphone, Loudhailer, shoulder type		
38.03	Rated 15 w (max. 23 w)		$160.00
38.04	Rated 30 w (max. 45 w)		$200.00
38.05	Rated 6 w (max. 10 w)		$180.00
38.06	Car mobile amplifier, 10 w, as TOA CA 200		$150.00
38.07	Car mobile amplifier, 10 w, with cassette deck, 20 w as TOA CA 207		$350.00
38.08	Speaker, reflex paging form, 15 w, as TOA TC 154 M		$60.00
38.09	As above, but 30 w, as TOA TC 304 M		$90.00
38.10	Mixer power amplifier, 30 w, as TOA A 503 M, for AC 110 / 220V & DC 12V		$350.00
38.11	Uni-directional dynamic microphone, 600 ohms, frequency 70 to 12000 Hz as TOA DM 1200 with cable and plug for amplifier		$90.00
	Column speaker, splash proof, metal case, for indoor & outdoor use, 10 w		$150.00
38.12	As above, but 20 w		$170.00
38.13	As above, but 30 w		$270.00
38.14	Cassette equiped wireless amplifier / public address system, as TOA WA 620 C		$600.00
	15 w (max. 20 w) on AC 220 - 240V or 6 w on DC 10 - 16V or "D" batteries		
38.15	Microphone, wireless, for above as TOA WM 260		$260.00
39.00	**Generators**		
39.10	Portable, Gasoline, 220V 50Hz, AC only	yamaha	
39.11	ET 650, 0.45 kva		$270.00
39.12	ET 950, 0.65 kva		$300.00
39.13	EF 1000, 0.65 kva		$410.00
39.14	EF 1600, 1.23 kva		$480.00
39.15	EF 2600, 2.0 kva		$540.00
39.16	EF 4600, 3.5 kva		$790.00
39.17	EF 6600, 5.0 kva		$1,000.00
39.18	EF 6600, 5.0 kva with starter		$1,200.00
39.19	Portable, Diesel, 220V 50Hz. AC only	yamaha	
39.20	EDA 3000, 2.7 kva		$1,380.00
39.21	EDA 5000, 3.9 kva		$1,650.00
39.22	EDA 5000, E, 3.9 kva		$1,800.00
39.23	EDA 6500S, 6.0 kva	yamaha	$3,200.00
39.24	2 - wheel transport kit for above		$100.00
39.25	Remote control kit for above		$40.00
39.26	EDA 10000 TE, 10,0 kva		$3,450.00
39.27	2 wheel transport kit for above		$180.00
	Portable, gasoline, open frame AC / DC (AC 220V 50C / DC 100w / 12V	honda	
39.28	0.55 kva		$700.00
39.29	2.2 kva		$1,400.00
39.30	2.8 kva		$1,900.00
39.31	4.3 kva		$2,750.00
	As above, but Air cooled, sound proof type	honda	
39.32	0.55 kva		$1,100.00
39.33	0.85 kva		$1,200.00
39.34	2.1 kva		$2,000.00
39.35	3.0 kva		$3,500.00
39.36	4.0 kva		$4,000.00

40.00	**Voltage Regulators**		
	Automatic input 110 - 250V, Output 110 - 220V 50/60C, single phase	stavol	
40.01	SVC 350N, 350 VA		$120.00
40.02	SVC 500N, 500 VA		$150.00
40.03	SVC 1000N, 1 kva		$205.00
40.04	SVC 1500N, 1.5 kva		$270.00
40.05	SVC 2000N, 2 kva		$475.00
40.06	SVC 3000N, 3 kva		$720.00
40.07	SVC 5000N, 5 kva		$980.00
41.00	**Water Disinfection**		
	Water Purification Tablets		
	Sodium Dichloroiscyannurate (NaDeC) for disinfection of:		
41.01	1 litre of water, per 1000 tablets		$6.00
41.02	5 litres of water, per 1000 tablets		$7.00
41.03	10 litres of water, per 1000 tablets		$8.00
41.04	20-25 litres of water, per 1000 tablets		$10.00
41.05	1000 litres of water, per 60 tablets		$15.00
	Calcium Hypochlorite, granular, min. 65% active chlorine, packed in 1 kg jar,		
	(according to IATA Regulations)		
41.06	5 to 50 kg		$24.00
41.07	50 to 100 kg		$15.00
41.08	100 to 250 kg		$8.00
41.09	250 to 500 kg		$7.00
41.10	500 to 1000 kg		$6.00
41.11	50 Kg metal drums for seafreight only, per ton		$2,500.00
42.00	**Air Conditioners**		
	Window type, air conditioner, cooling only, 220V 50C		
42.01	9500 BTU / hr		$500.00
42.02	12500 BTU / hr		$600.00
42.03	18000 BTU / hr		$700.00
	Window type air conditioner, Heating & Cooling, 220V 50C		
42.04	cooling 9000 BTU / hr & heating 9600 BTU / hr		$600.00
42.05	cooling 12000 BTU / hr & heating 9600 BTU / hr		$650.00
42.06	cooling 15000 BTU / hr & heating 9600 BTU / hr		$700.00
42.07	cooling 18000 BTU / hr & heating 9600 BTU / hr		$750.00
	Split type air conditioners, wall mount, Heating & Cooling, 220V 50C		
42.08	cooling 9000 BTU / hr & heating 11000 BTU / hr		$800.00
42.09	cooling 12000 BTU / hr & heating 13500 BTU / hr		$1,000.00
42.10	cooling 18000 BTU / hr & heating 17000 BTU / hr		$1,400.00
43.00	**Motorcycles**	honda	
43.01	110 cc, 4 stroke, pillion seat / carrier		$2,100.00
43.02	125 cc, 4 stroke, pillion seat / carrier		$2,200.00
43.03	Helmet (small, medium or large)		$75.00
43.04	100 cc, 2 stroke, leg shield, double seat	yamaha	$1,400.00
43.05	Helmet (small, medium or large)		$60.00
43.06	125 cc, on / off road		$1,600.00
44.00	**Vehicles (Left or Right hand drive)**		
44.01	4 TL, tropical, 5 seats, petrol, Express combi RL 1.1	renault	$9,700.00
44.02	CLIO, 5 seats, 5 door saloon, 1400 cc, petrol, hatchback		$9,750.00
44.03	406 GL, station wagon, 5 seats, 1900 cc, petrol	peugeot	$15,200.00
44.04	406 GLD, station wagon, 5 seats, 1900 cc, diesel		$15,200.00
44.05	306 XN, 5 doors, 1360 cc, petrol		$9,700.00
44.06	306 XR, 5 doors, 1761 cc, petrol		$11,200.00
44.09	Corolla, 4 door sedan, 5 seats, 2000 cc, petrol		$10,600.00
44.10	Corolla XL, 5 door wagon, 5 seats, 1300 cc, petrol		$9,200.00
44.11	Hi Ace, 12 seats, bus, short wheelbase, 2000 cc, petrol	toyota	$12,000.00
44.12	Hi Ace, 12 seats, bus, short wheelbase, 2400 cc, diesel		$13,000.00
44.13	Hi Ace, Commuter bus, 15 seats, 2000 cc, petrol		$12,500.00

44.14	Hi Ace, Commuter bus, 15 seats, 2400 cc, diesel		$13,300.00
	Samurai, 4x4, metal top DLX, 4 seats, 1300 cc, petrol	suzuki	
44.15	SJ 413 VT-JX, high roof		$8,400.00
44.16	SJ 413 V-JX, without high roof		$8,200.00
44.17	Vitara (New model in 1998)		
44.20	110" wb, DEFENDER, 4 wd, 9 - 10 seats, station wagon, 3500 cc, petrol	landrover	$19,400.00
44.21	110" wb, 4 wd, 9 - 10 seats, station wagon, 2500 cc, turbo diesel		$19,400.00
44.24	Pick up, 3 seats, canvas hood, 2500 cc, turbo diesel		$17,100.00
	Pajero, metal top, short wheelbase, 5 seats, 3 door	mitsubishi	
44.30	2400 cc, petrol		$12,100.00
44.31	2500 cc, diesel		$13,100.00
	Pajero, high roof, station wagon, 9 seats, 5 door		
44.32	2400 cc, petrol		$13,400.00
44.33	2500 cc, diesel		$13,700.00
	Landcruiser, 4x4, hard top, 3 door, airconditioner, power steering, seat belts	toyota	
44.42	short wheelbase, PRADO, 2700 cc, petrol		$13,400.00
44.43	short wheelbase, PRADO, 2700 cc, diesel		$14,100.00
44.50	station wagon, 6 seats, swing out back door, 4500 cc, petrol		$15,800.00
44.51	station wagon, 6 seats, swing out back door, 4200 cc, diesel		$18,100.00
44.60	single cab, 3 seats, 2700 cc, petrol		$12,100.00
44.61	single cab, 3 seats, 2800 cc, diesel		$12,500.00
44.62	double cab, 6 seats, 2700 cc, petrol		$13,200.00
44.63	double cab, 6 seats, 2800 cc, diesel		$13,600.00

2.12 Sample Health Card

HEALTH CARD

CARD NO.

DATE OF REGISTRATION

SITE SECTION HOUSE NO. DATE OF ARRIVAL AT SITE

FAMILY NAME GIVEN NAMES

DATE OF BIRTH OR AGE OR YEARS SEX M/F NAME COMMONLY KNOWN BY

CHILDREN

MOTHER'S NAME FATHER'S NAME

HEIGHT CM WEIGHT KG PERCENTAGE WEIGHT/HEIGHT

FEEDING PROGRAMME

IMMUNIZATION MEASLES DATE 1 2 BCG DATE OTHERS

POLIO DATE DPT POLIO DATE 1 2 3

WOMEN

PREGNANT YES/NO No. OF PREGNANCIES No. OF CHILDREN LACTATING YES/NO

TETANUS DATE 1 2 3 4 5

FEEDING PROGRAMME

COMMENTS

GENERAL (Family circumstances, living conditions, etc.) HEALTH (Brief history present condition)

2.13 Sample monthly Activity Report

Diagnosis/Symptom Groups		<2 mths	2-12 mths	1-4 year	5-15 year	Adult	Total	%
ANEMIA	Severe							
	Moderate							
PAIN	Headache, joint pain							
	Stomach pain							
DIARRHOEA	More than 2 weeks							
	Bloody diarrhoea							
	Severe dehydration							
	Some dehydration							
	No dehydration							
FEVER	Malnourished patient							
	With chills							
	With cough							
	Unspecified							
RESPIRATORY TRACT INFECTION	Severe pneumonia							
	Pneumonia							
	Cold or cough							
	Prolonged cough							
	Acute ear pain							
	Ear discharge							
MEASLES								
RED EYES	(conjunctivitis)							
SKIN CONDITIONS	Extensive wounds							
	Limited, superficial wounds							
	Severe burns							
	Mild, moderate burns							
	Severe bacterial infection							
	Mild bacterial infection							
	Fungal infection							
	Infected scabies							
	Non infected scabies							
URINARY TRACT INFECTION								
SEXUALLY TRANSMITTED DISEASE								
PREV. CARE IN	Anemia							
	Malaria							
REFERRED PATIENTS								
REPEATED CONSULTATION FOR SAME DIAGNOSIS								
TOTAL								

2. 14 SAMPLE MORTALITY RATE

Organization: _____ Date: _____ Compiled by: _____

Population of survey area: _____

Period of study: Begin date: _____ End date: _____ Total days:_____

Number dead: _____

List causes of death

Cause of death	Number dead from cause	Percentage of total dead

Total expressed as mortality rate: _____

Mortality rate = **No. of deaths x 10,000** / No. of days x population = Deaths/10,000/day

ANNEX 3

SECURITY

Printed annexes

Annexes in diskette (and some in this document)	*FILE NAME*
3.13. SECURITY CLEARANCE REQUEST	3.13.DOC
3.14. ARRIVING STAFF	3.14.DOC
3.15. STAFF MEMBER PERSONNEL DATA	3.15.DOC
3.16. STAFF AND DEPENDANTS LIST	3.16.DOC
3.17. STAFF CALL SIGNS	3.17.DOC
3.18. REPORT ON DEATH OF A STAFF MEMBER OR DEPENDANT	3.18.DOC
3.19. RADIO ALPHANUMERIC PHONETICS (see printed annex 3.13)	3.19.DOC
3.20. PROWORDS (see printed annex 3.13)	3.20.DOC
3.21. WHAT TO DO IN AN EMERGENCY (see printed annex 3.13)	3.21.DOC
3.22. FIRST TIME USERS (see printed annex 3.13)	3.22.DOC

3.1 INTRODUCTION

At every UN duty station, crisis management and the security of UN personnel are the responsibilities of the Designated Official (D.O.). In accordance with the UN Field Security Handbook, the Designated Official, who is usually the UN Resident Coordinator, establishes a Security Management Team (SMT). The composition of the SMT depends on the agencies that are present in the Country. Normally it is a small group of staff chosen on the basis of their training, background or experience. It includes the Designated Official, the Deputy or Alternate Designated Official, heads of agencies (as determined by the D.O.), the field security officer, a medical officer, an international staff member familiar with local conditions and the local language and a staff member with legal background. The composition of the SMT may be readjusted depending on the nature and features of the emergency at hand. The Designated Official chairs the SMT and reports to the Office of the UN Security Coordinator (UNSECOORD) in New York.

Security responsibilities in WHO Country Office

The WR is responsible for ensuring that UN security procedures are followed by WHO staff members.

The WR has to provide the Resident Coordinator with the following:

- A list of all staff and dependants
- Biodata fact sheet for each staff member
- Map showing residences of all staff members
- A list of radio frequencies and call signs
- Security clearances for new staff members prior to their arrival
- Weekly updates on all staff movements in and out of security phase areas.

In addition the WR has to:

- Attend the SMT meetings
- Brief WHO staff on security issues: curfews; threats; precautionary measures etc.

3.2 SECURITY PHASES

The UN recognises five phases of security. They have the following definitions:

(a) Phase One: Precautionary. It implies a ban on travel of UN missions, staff and their eligible family members without the prior clearance of the Resident Coordinator. This clearance may be obtained, in-country, by the WR or through UNSECOORD by Personnel Unit on receipt of the travel authorisation.

(b) Phase Two: Restricted Movement. It implies that no travel, either to or within the country, should occur unless specifically authorised by the Resident Coordinator as essential. This is a much higher level of alert than Phase I and imposes major restrictions on movement within the country.

(c) Phase Three: Relocation. It calls for the concentration of all internationally recruited staff and their eligible family members in one or more sites within a particular area. It can also mean relocation of all non-essential internationally recruited staff and their eligible family members to alternative locations within the country and/or outside the country. Which staff are essential will be determined by the Resident Coordinator taking into consideration the recommendation of agency representatives. Any staff member who cannot effectively carry out assigned tasks due to the deteriorating security situation should be considered non-essential.

(d) Phase Four: Program Suspension. It means relocating outside the country all remaining internationally recruited staff except those directly concerned with emergency or humanitarian relief operations or security matters. All other internationally recruited staff who heretofore were considered essential to maintain programme activities will be evacuated when Phase IV is declared.

(e) Phase Five: Evacuation. It signifies that the situation has deteriorated to such a point that all remaining internationally recruited staff are required to leave.

The Resident Coordinator has the authority to implement Phases One and Two and notify the Secretary-General accordingly through the United Nations Security Co-ordinator (UNSECOORD).

Phases Three, Four and Five will be declared by the Resident Coordinator only when authorised by the UN Secretary General through the UNSECOORD. If it is impossible to communicate with UNSECOORD, the Resident Coordinator is authorised to use his/her best judgement in implementing Phases Three, Four or Five and report to the Secretary-General through UNSECOORD immediately thereafter.

Phases One and Two may be downgraded by the Resident Coordinator. Phases Three, Four and Five will be downgraded by UNSECOORD on the advice of the Resident Coordinator.

The Phases do not have to be implemented in order. Depending on the situation, it is possible to go, for example, directly from Phase One to Phase Three.
It is possible to have areas of the country in different Phases.

You may be required to facilitate security clearance for arriving staff members. The following pages give some examples of the information needed to do this. Once approved and signed by the Resident Coordinator or the Field Security Officer, fax copy to Personnel for their records.

Please note that in a Security Phase country, only staff members arriving with security clearance and permission to enter the emergency area are covered by UN insurance.

3.3 TRAVELLING TO HAZARDOUS AREAS

If you travel to an area of armed conflict or of high crime rate, you are at risk. Criminals know that you are carrying money, passports and valuables. If you stay aware of your surroundings and behave inconspicuously, you will reduce the possibility of being selected as a target, and your personal safety will be greatly enhanced.

Consider the following points:

- Check the Security Phase of the country of destination and ensure that you have proper security clearances as required.
- Before you leave, let someone know your plans. Leave contact numbers. If you change plans, let someone know.
- As far as possible, schedule direct flights. Minimise the time spent in unsecured public areas at airports. Move quickly from the check-in counter to the secured area.
- Stay alert. Always watch your luggage and briefcase. Keep your passport, laissez-passer, tickets, money and travellers checks on your person.
- Do not show large amounts of cash; separate the money between your wallet and your pockets.
- Use sturdy, lockable but inconspicuous luggage.
- Do not wear expensive jewellery or watches.
- Consider using a body wallet that can be worn around the waist under your clothing.
- Make an effort to you arrive at your destination during daytime.
- Make sure that someone known to you meets you at the airport. Otherwise, check that the person waiting for you has a proper identification. Insist on this, especially in countries with high crime rates and poor policing.
- Petty criminality begins at the airport. If a group gathers around you, hold tightly to your luggage and move away to a safer area. Don't be afraid to raise your voice to get the attention of security officers. If in a group, stay together and watch over each other.
- Some taxi drivers can be accomplices to criminals. Know exactly your route from the airport to the hotel.
- Always negotiate the fare before you get inside a taxi. Watch the driver put your baggage in the trunk. Agree with him/her on how many pieces there are.
- Always inform the WHO office of your arrival as soon as you reach your hotel, and give the local contact numbers. Remain in touch with the office.
- Contact the UN Field Security Officer and be briefed on the security situation (places to avoid, curfews etc.). Ensure you have all necessary emergency telephone numbers.

3.4 PERSONAL SECURITY

The best way to be safe is to avoid trouble, rather than try to extract yourself later. Develop security awareness and adjust your behaviour to the environment in which you find yourself and the risks therein.

Consider the following points:

- Follow your instincts. If you feel uncomfortable about a location or a person, leave.
- Always behave as though you know where you are going. Show confidence even if you do not feel it.
- Do not carry large sums of money in your wallet/handbag. Carry just enough to satisfy an opportunity robber; keep the rest in a separate pocket.
- When travelling in taxis or cars, always lock the doors and close the windows; allow no more than 1" open for ventilation.
- Be aware of your surroundings at all times and suspicious of persons/vehicles loitering . Make a mental note of anything that appears suspicious and report to authorities.
- Use a taxi when returning to your hotel after an evening out. If possible book the taxi from the hotel for a round trip before you leave.
- On arrival, ask for a briefing from the UN Field Security Officer. Find out about local customs, how you are expected to behave, potential threats and areas to avoid.
- Always carry with you the telephone number of the WR, UN Security Officer, police, your hotel, and the nearest Embassy. Carry appropriate coins or tokens to operate public telephones.
- Whenever possible, travel in pairs or more.
- Carry your passport, laissez-passer and/or United Nations ID card at all times.
- Most situations can be resolved if you yourself stay calm. Spend as much time as necessary to resolve the situation, address the most senior-looking person and avoid being dragged into side arguments.
- Do not say nor do anything that might worsen the situation you already face.
- Do not be provoked by hostile comments about the United Nations, your race, gender or nationality. Do not respond in kind.
- In situations of extreme irrationality, take the action that preserves human life, health and dignity, in that order. There are no fixed rules for dealing with crazed or intoxicated persons.
- Keep a low profile. Dress and behave conservatively. Do not display jewellery, cash, keys or other valuables.
- If you do not speak fluently the country's language and have no local friends, stick to "international" hangouts for your leisure.
- Do not drink too much when you are in unfamiliar surroundings.
- Stay away from situations that might present or attract threats, e.g., political rallies.
- Keep flexible routines. Change frequently your home-office routes.
- Be alert to any evidence of surveillance of your house, office or travel route between the two. Serious attacks are usually preceded by a period of surveillance.
- Know yourself. Be honest and aware of your capabilities. You should always try to maintain yourself in good physical shape.

Rehearse what actions you would take if you were to be confronted. There is no right or wrong way to respond to an attack. Each situation is different. Whether to resist an attacker or not can only be your decision. **REMEMBER: YOUR LIFE IS NOT WORTH LOSING FOR MATERIAL POSSESSIONS.**

Do not forget that Malaria and AIDS can harm you too. Respect the basic principles of prevention and prophylactics.

3.5 HOSTAGE SITUATIONS

You may find yourself and/or members of your team operating in areas where kidnapping is a real possibility. In such situations your **first** concern is staff safety.

Good security awareness will greatly reduce the risk of kidnapping. Determine from the UN Designated Official the precautions and procedures to follow in a high-risk area. Ensure each staff member is aware of the risks and the measures they should adopt to avoid being kidnapped.

A staff member is taken hostage

You must immediately take the following course of action:

a) Inform the UN Designated Official;

b) Inform both the Regional office and WHO/HQ;

c) Contact the Ministry of Foreign Affairs of the host country; and

d) Review the security arrangements and make immediate changes to reflect the new risks.

You must provide the above officials with all available information, including:

a) Name, nationality and next-of-kin details of the person(s) taken hostage.

b) Time, place and other relevant circumstances of the hostage-taking;

c) Physical condition of the hostages (i.e., are they injured, do they have any known medical problems);

d) Identity of the individuals or organization holding the hostage(s);

e) Demands that are being made by the hostage-takers;

f) The reason the hostage might have been taken, or any past or present personal behaviour which might have a bearing on the incident.

Any additional information relevant to the incident should be communicated as soon as possible.

It is very important that the victim's family be kept fully informed on what has happened and of the efforts being made to secure the release of the hostage.

The embassy or consulate of each hostage should be informed and updated as events unfold.

The disclosure of information related to a hostage incident can have adverse effects, therefore, before any information regarding a hostage incident is released to the media, such information must be cleared by the Designated Official, WR or Regional Office.

The following UNSECOORD guidelines can be distributed to staff members going into a potentially dangerous area.

Surviving as a Hostage

1. Every hostage or kidnap situation is different. There are no strict rules of behaviour; however, there are steps, which can be taken to minimize the effects of detention.
2. If you are taken hostage or kidnapped, there are a number of options that could enhance your ability to cope and to see the incident through to a successful release. The following techniques have been successfully employed by persons taken hostage:

   a) At the time of your seizure, do not fight back or attempt to aggravate the hostage-takers. You may be injured if you attempt to resist armed individuals. There is a possibility that you will be blindfolded and drugged;

   b) Be certain that you can explain everything you have on your person;

c) Immediately after you have been taken, pause, take a deep breath and try to relax. Fear of death or injury is a normal reaction to this situation. Recognizing your reactions may help you adapt more effectively;

d) Do not be a hero; do not talk back or act "tough". Accept your situation. Any action on your part could bring a violent reaction from your captors;

e) The first 15 to 45 minutes of a hostage situation are the most dangerous. Follow the instructions of your captors. Your captors are in a highly emotional state, regardless of whether they are psychologically unstable or caught in an untenable situation. They are in a fight or flight reactive state and could strike out. Your job is to survive. After the initial shock wears off, your captors are able to better recognize their position;

f) Keep a low profile. Avoid appearing to study your abductors, although, to the extent possible, you should make mental notes about their mannerisms, clothes and apparent rank structure. This may help police after your release;

g) Be cooperative and obey hostage-takers' demands without appearing either servile or antagonistic. Be conscious of your body language as well as your speech. Do not say or do anything to arouse the hostility or suspicions of your captors. Do not be argumentative. Act neutral and be a good listener to your captors. Do not speak unless spoken to, and then only when necessary. Be cautious about making suggestions to your captors, as you may be held responsible if something you suggest goes wrong;

h) Anticipate isolation and possible efforts by the hostage-takers to disorient you;

i) Try to keep cool by focusing your mind on pleasant scenes or memories or prayers. Try to recall the plots of movies or books. This will keep you mentally active;

j) Ask for anything you need or want (medicines, books, and paper). All they can say is no;

k) Build rapport with your captors. Find areas of mutual interest which emphasize personal rather than political interests. An excellent topic of discussion is family and children. If you speak their language, use it -- it will enhance communications and rapport;

l) Exercise daily. Develop a daily physical fitness programme and stick to it;

m) As a result of the hostage situation, you may have difficulty retaining fluids and may experience a loss of appetite and weight. Try to drink water and eat even if you are not hungry. It is important to maintain strength;

n) Do not make threats against hostage-takers or give any indication that you would testify against them. If hostage-takers are attempting to conceal their identities, give no indication that you recognize them;

o) Try to think of persuasive reasons why hostage-takers should not harm you. Encourage them to let authorities know your whereabouts and condition. Suggest ways in which you may benefit your captors in negotiations that would free you. It is important that your abductors view you as a person worthy of compassion and mercy. Never beg, plead or cry. You must gain your captors' respect as well as sympathy;

p) If you end up serving as negotiator between hostage-takers and authorities, make sure the messages are conveyed accurately. Be prepared to speak on the radio or telephone;

q) If there is a rescue attempt by force, drop quickly to the floor and seek cover. Keep your hands on your head. When appropriate, identify yourself;

r) Escape only if you are sure you will be successful. If you are caught, your captors may use violence to teach you and possibly others a lesson;

s) If possible, stay well groomed and clean;

t) At every opportunity, emphasize that, as a United Nations employee, you are neutral and not involved in politics; and

u) Be patient.

3.6 HOTEL SECURITY

Larger hotels offer more elaborate security. Here are some guidelines to use when staying in hotels:

- Keep your luggage in sight when checking into the hotel. DO NOT leave it unattended even for a minute.
- Check to see if the hotel has a safe for valuables. Use it for your passport, money, tickets, and put them in an envelope to prevent casual observation. Ask for a receipt.
- Do not attempt to hide your valuables in the room.
- Avoid ground floor rooms or those to which access is easily gained from outside.
- Choose a room near the elevator, so that you don't have to walk down long, empty corridors.
- If you feel uncomfortable, ask a hotel employee to escort you to your room.
- Do not get in an elevator if there is someone in it who makes you feel uneasy. If you are in an elevator and someone gets on who makes you feel uncomfortable, get off at the next floor.
- When you first enter your hotel room check:
    1. All windows are secure, and all latches and locks work.
    2. The curtains close properly and are opaque.
    3. The telephone works - check by ringing reception.
- Make sure that you know where the nearest fire escapes are. Read the fire instructions of the hotel.
- Keep your door locked at all times.
- Lock your luggage when not in use and place in a closet. If the luggage has a lock, ALWAYS use it.
- Keep the balcony door/window locked and draw the curtains.
- If someone knocks on your door, don't assume the person is who he/she claims to be; call the desk to double-check. Always use the deadbolt and chain. Use the door viewer before opening the door.
- Notify the manager immediately of any unusual occurrences such as persons loitering in the corridor or reception area or repeated telephone calls from persons who do not identify themselves.
- Close the door of your room when leaving, even if it is for a short period. Then verify that it is locked.
- Do not leave the "Please clean room" sign on your door. It tells people that the room is empty. Call housekeeping instead.
- Protect your room key. Be sure to give it DIRECTLY to the desk clerk when you leave the hotel: DO NOT simply leave it on the counter. Always return your key when checking out.
- If you find the door of your room open or unlocked, do not enter. Return to the desk and ask someone to accompany you to your room.

3.7 OFFICE SECURITY

The following guidelines should be followed concerning general security in the office:

- Check the emergency exits. Fire extinguishers and a first-aid kit should be stored in the office. Note should be taken of the service and expiry dates of each extinguisher.
- Lock the door when you vacate your office for any lengthy period.
- Stagger lunch hours and coffee breaks so that the office is always attended.
- Unescorted visitors, including workmen, must not enter the office without proper identification and authorisation.
- Be alert to strangers who loiter near the office or who visit the office without an appointment.
- Keep valuables and official documents under lock and key.
- Do not hide the keys to the office under floor mats, behind pictures etc. Thieves know all the hiding places.
- Laptop computers are ideal targets for opportunity thieves. Never leave them in an unlocked office. Take them with you to the hotel at the end of day.
- Lock all doors and windows before closing the office for the night.
- Night watchmen must have a means of contacting the WR at his residence in case of fire or other problems.
- Visitors should remain at the reception until escorted to the office they wish to visit.
- All staff should make a habit of greeting unknown persons in the office and politely ask them if there is anything they can do to assist.

3.8 VEHICLE SECURITY

You may be required to drive a vehicle during your mission. Criminals often target vehicles, either through opportunity theft (door or window left open) or hijacking. Vehicles can also be targeted by terrorist action. Exercise caution at all times when in a vehicle and be alert to any suspicious activities.

- Before getting in and starting the engine, walk around the vehicle and check underneath the chassis. If you see anything suspicious, move away from the vehicle and call security. Do not attempt to open the door.

- Make yourself familiar with the controls of the vehicle and locate the jack/tools and spare wheel etc. before driving off.

- When you stop at traffic lights, stop signs etc., always leave the rear wheels of the car in front visible. This means that you have enough room to manoeuvre if a problem arises.

- Keep your fuel tank topped up at all times so you don't have to make stops en route.

- Keep the doors locked when driving. Ensure that any central or electric locking system has a safety-override feature in case of electric failure.

- Do not travel alone or stay out late at night. You should go out in groups of two or more and, where possible, with more than one vehicle.

- If you are involved in a minor incident and the area is poorly lit or suspicious looking, stay in your vehicle. Indicate for the other driver to follow you to the nearest large hotel, police station or other well-lit, public place.

- If you have a puncture, continue at the safest speed to the nearest safe, public place before attempting to change the wheel.

- Always lock the vehicle whenever you leave it, even if only for a minute. Ensure no valuable items are visible.

- Never give lifts to non-UN personnel. Do not stop when individuals attempt to flag down your vehicle.

- Don't park on streets during darkness or for prolonged periods during daytime. Always park in a well lit, secure compound.

- Avoid driving at night, particularly in unfamiliar or remote areas. Stick to the roads you know and which are busy and have street lighting.

- If followed or pursued by another vehicle, head for the nearest police station or large hotel, do not go to your residence.

- Do not be afraid to use the vehicle horn to bring attention to yourself.

3.9 STAFF CROSS BORDER/CROSS LINE OPERATIONS

You may have to cross international borders or military demarcation lines. In such cases, the following guidelines may come in useful:

1.Careful Planning

- Make sure that your passport and Laissez Passer are valid. Obtain the relevant visa(s) for the destination country(ies).
- Speak to the UN Security Officer and to others with experience or with recent knowledge of the area where you are going prior to your departure.
- Assess any threat that may exist where you are going, with whom you will deal and how the mission will be viewed.
- Know exactly where you are going and how to get there. Consider hiring a guide.
- Know exactly what you are carrying, whether cargo, mail, etc. If not your own, check the items before loading. Do not carry items for others if you feel that it poses a personal risk.
- Make sure that you have all relevant vehicle documentation and insurance coverage for the area.
- Determine the possibility of obtaining fuel on the other side, if in any doubt, make sure your tank is full before crossing the frontier.

2. Identify and explain yourself.

- Carry Identification: your passport, laissez-passer and/or UN ID card at all times. This is necessary to identify you as a United Nations staff member with certain diplomatic privileges.
- Carry an authorisation from the WR explaining your mission.
- If driving a vehicle, use one with CD plates.
- Know what you have to do on your mission, and why it must be done; be prepared to explain it in clear, diplomatic language.
- Keep your driver and other party members fully informed of your mission and your schedule. Security forces often question drivers and others first, away from the head of mission. They must be able to give a complete account, which agrees with that of everyone else.
- When you reach your work area, brief the local authorities on your mission. If the military are in charge, visit the local commander and explain your mission.

3. Stay in Contact

- Determine in advance the method by which you will communicate to your base office and the WHO office in the country you are going. Decide on a schedule of communications and stick to it.
- When passing through any UN operations centre, stop by and introduce yourself. They may have information for you on your mission or your security and they must be aware of your presence.

4. Behaviour

- If you find a long line waiting at the border or at any checkpoint, ask to see the Head Officer. Inform him/her that you are a UN official on duty travel. Explain your mission and ask for speedy clearance. If crossing the border is going to be a regular occurrence, pre-establish a procedure to avoid unnecessary delays with immigration officials.
- Do not get angry with border officials, stay calm and negotiate your way across. If officers wish to search your vehicle, explain that it is a diplomatic vehicle. If they insist, let them search and follow up with a report to the Resident Coordinator through the WR.

- Do not give lifts to anybody across frontiers or checkpoints.
- Maintain a low profile and non-threatening demeanour.

5. Be Discreet.

Do not speak about politics. If compelled to, make positive statements. Never discuss sensitive items with anyone who is not in your team.

Speak to the press only to stress the value of United Nations work and the support being received or desired. First clear all press contacts with the WR.

Respect the sensitivity of national authorities. In particular, do not photograph military installations, personnel or checkpoints. In some countries airports and government offices are considered security areas; the use of a camera may lead to your arrest. If in doubt, err toward caution. Never act in a suspicious or devious manner when dealing with authorities.

3.10 LANDMINES

You should never travel on a road that you know or suspect to be mined.
However, landmines may be used randomly by opposing forces or by terrorists. Where there is a possibility of landmines, the following precautions must be observed:

1. Travel on main roads only, preferably tarred.

2. Ask the local authorities if there are any landmines or recent military activity in the area. Ask how well travelled is the road.

3. Do not be the first vehicle to travel that road on that day. Do not travel on any road before 9:00 am. Give the local authorities time to clear the route.

4. All passengers must wear seatbelts. A landmine blasts the vehicle in the air from a side wheel, causing the vehicle to roll.

5. Make sure there is nothing loose in the vehicle, such as bottles, jacks, wheel spanners etc. A mine blast will throw them around inside the vehicle at great speed. In particular, bottles will smash into shards and have a devastating effect on the passengers.

6. Do not exceed the speed of 45 kilometres/hour. If you hit a mine, the faster you are going the greater the impact, same as having a head-on collision with a vehicle.

7. Do not trust home made protection. Sandbags under the seats can be deadly in a mine blast: most often the sand is not of fine grain but contains pebbles that become shrapnel in a mine explosion.

8. If driving or as a passenger, be observant:

- Do not drive over freshly turned earth.
- Do not drive in puddles or over foreign objects.
- Be careful of leaves and bushes laid across the road: they may hide a landmine or be a warning sign of the presence of landmines.
- Look for fresh tracks of vehicles and follow them.

9. Drive in a convoy and minimize the risk. Do not be the first vehicle if you can help it. The first vehicle in a convoy should carry only the driver.

10. Remember: anti-personnel mines are often planted in clusters:

a) if a vehicle in front of you detonates a landmine:

- before approaching it, ascertain if there are further dangers; the mine could be a prelude to an ambush.
- approach the vehicle from the rear, walking over its tracks;

b) likewise, if your vehicle is hit, escape from the rear and stick to the vehicle's tracks;

c) if you have to assist victims of a landmine blast, always approach with extreme caution.

11. Be aware of signs of landmine activity: local warning signals, as described above, dead animals, shoes, shreds of clothing, military wrecks, etc.

12. Stay away from structures that may be mined: power stations, military installations, barbed wire perimeters, etc.

13. Use caution with strange objects, contraptions that may have trip-wires, etc.

14. If suddenly you realize you are walking on ground that might be mined, stay calm and backtrack slowly on your own footprints.

3.11 MEDICAL EVACUATION PROCEDURES

The possibility of UN staff being evacuated is an important concern where hospital services are limited or inadequate. You must be prepared

From the outset, you should establish, in conjunction with the Resident Coordinator and other heads of agencies, the necessary procedures and guidelines for medically evacuating international and national UN staff . A medical evacuation is deemed necessary when a staff member is in critical condition and needs to be moved immediately (in an aeroplane equipped with medical staff and equipment) to a hospital capable of treating his/her condition.

Determining these procedures in advance ensures the minimum of delay should the need arise. Establishing medevac procedures has a beneficial affect on the morale of all the staff on mission.

UNDP and foreign embassies can provide useful information and advice.

Guidelines for establishing medevacs:
The following items are to be considered:

1. Nearest adequate facilities.
2. Finding an air ambulance and establishing an account.
3. Authorization for evacuating UN staff.
4. Local government requirements.
5. Notifications.
6. Evacuating the patient.

1. Nearest adequate facilities

Decide where the patient will be evacuated. If Peacekeeping Operations are ongoing in the country or in a neighbouring one, you may tap into their medevac systems. They may have a field hospital: can it be accessed ? If this is not possible, find the nearest country with hospital facilities that meet UN standards. Define the admission procedures in advance. Obtain all necessary contact numbers for advance notice of a medevac. Ensure that there is a landing facility for the Intensive Care Air Ambulance.

2. Finding an intensive care air ambulance (ICAA)

Assess UN and NGO resources. Do they have aircraft suitable for medical evacuations? Once an ICAA is located, it will be necessary to establish procedures for using it:

- determine how the UN can open an account with the ICAA company to ensure a flight will come when ordered. This is particularly important if they are based in another country
- both parties must know clearly who can authorize a medevac . Usually, this responsibility is given to the heads of agencies.
- establish an account with the air Ambulance Company and agree on a procedure to be followed prior to the dispatch of an aircraft ambulance. Each head of agency must have at hand copies of these procedures. Make sure that the company has on file copies of signatures of each individual authorized to get their services up and running.
- what is the lead time from the moment of the company receiving authorization to send an aircraft to the time of arrival?
- what paperwork will the UN need to provide the pilot on his/her arrival?
- all necessary contact numbers including after hours phone and fax numbers should be noted and distributed to all heads of agencies.

3. Authorization to evacuate

Initially, the responsibility to recommend a medical evacuation rests with a UN doctor, or UN approved doctor. The UN Resident Coordinator or a head of agency will then give the OK for the plane to be called. If the patient is comatose, a fellow staff member should accompany him/her to make decisions at hospital on method of treatment.

4. Host government regulations:

The Resident Coordinator should establish and maintain contact with officials of the host government who would be involved in any medical evacuation. These would include the Ministry of Foreign Affairs, Police, Military, Immigration, Customs and Airport authorities. Consider that some evacuees may have to leave with no formal identification.

The following should be predetermined:

(A) Host Government's procedures for planes to land at any time of day or night and paperwork required.

(B) Immigration requirements to allow evacuees to leave the country.

(C) The necessary contacts in the Host Government's for initiating a medevac at any hour of day or night.

5. Notifications

- WHO Regional Office should be informed and updated on the medevac.
- WHO HQ should be notified of the medevac
- WHO and UNDP offices in the country where the patient is going, should be notified, and asked to meet the patient and assist where necessary.
- Next of kin should be informed and reassured that the patient will receive the best available medical treatment. Address and phone number of the hospital should be provided.

6. The evacuation

1. One staff member should go in advance to the airport, preferably with the UNDP Protocol Officer to ensure that all relevant authorities are notified and prepared for the arrival of the ICAA.
2. The UNDP Protocol Officer should arrange for the patient's passport to be stamped and get clearance for the ambulance to drive onto the runway.
3. The patient should have one overnight bag with essential requirements (change of clothing and toiletries).
4. On ICAA arrival the senior staff member present should process all necessary paperwork with the pilot.
5. The UNDP and WHO offices in the destination country should be informed of the time of departure and expected arrival of ICAA so that they can make their arrangements.

3.12 DEATH OF A COLLEAGUE

When a staff member dies while on mission, the senior WHO staff member present or closest to the scene must take charge. As several immediate actions must be taken, he/she should draw on available assistance from fellow staff. From the beginning, the responsible officer should document every action taken and make copies of all documentation relating to the deceased. The following must be addressed:

(a) identification of remains;

(b) cause of death;

(c) official notification procedures;

(d) Next of Kin notification;

(e) documentation; and

(f) disposition and repatriation of remains.

IDENTIFICATION OF REMAINS

Identifying the deceased party or parties is the first priority. Although in some situations it may prove to be difficult, positive identification must be established as quickly as possible. After identifying the body, ensure it is tagged with the correct name of the deceased. Record all items found with the body.

CAUSE OF DEATH

As much information as possible should be compiled on the cause of the staff member's death and the events leading up to it. A summary must be made by the senior staff member and forwarded, confidentially, to the WR. All witness and official reports must be copied to the WR.

OFFICIAL NOTIFICATION

Once death and identity have been confirmed, the senior WHO staff member present should immediately inform the WR. The WR will then inform the UN Resident Coordinator, as well as the Regional Office and WHO HQ. If there is any embassy or consulate of the country of the deceased staff member, officials there must be informed and given regular updates.

NEXT OF KIN NOTIFICATION

The WR must contact the relatives of the deceased and inform them.

DOCUMENTATION

A number of documents will be required. Three are indispensable:

- Death certificate;
- Police report;
- Post mortem/autopsy report.

The death certificate will be required by various authorities in the country of assignment (Ministry of Foreign Affairs, customs and immigration, etc.), as well as by authorities in the staff member's country of origin, by WHO and by insurance companies. It must be signed by the attending physician and include the date and the official stamp of the clinic or the hospital. The causes of death should be briefly described. As most authorities insist on original or notarized copies, it is a good idea to have a large number of photocopies with original signatures and stamps.

In most countries, a police report will be needed. Again, this document will be required in numerous copies. Police authorities usually do not agree to the removal of a body pending investigation. A statement to the effect that the remains of the deceased are no longer required by the police authorities will have to be issued prior to the removal of the body for burial.

In case of violent death, a post mortem/autopsy report will be required, to determine the exact cause of death or to assist in the investigation of a crime. Absolutely, the agreement of the next of kin must be obtained, in writing, before such a procedure is undertaken. A faxed copy will often have to do. The availability of proper forensic expertise and facilities in the country to carry out an autopsy should also be borne in mind. Again, a detailed post mortem report should be prepared in a proper format.

Many countries will not accept post mortem reports from nationals of another country. In order to ensure that two post mortems are not conducted, thereby causing more discomfort to family members, the nearest embassy should be consulted as to the legal requirements of repatriating remains.
Under certain circumstances, embassy officials and WHO staff members may be required to attend the post mortem.

DISPOSITION OF REMAINS

The instructions of the family of the deceased should be observed as closely as possible. They will vary greatly, according to religious, national and cultural customs, or personal preferences. Very often they will differ from the customs of the country of assignment.
The body of the deceased will need to be repatriated to his/her home country by air. Airlines have strict regulations for the transportation of human remains, and they should be consulted immediately. UNDP often has extensive experience in these matters and will be an invaluable source of information and advice. Some of the larger embassies may be able to recommend an agent or funeral parlor they have dealt with in the past. Funeral parlours in major cities often have the expertise to complete all procedures. It may be necessary to engage the services of a shipping agent experienced in the transportation of remains.
If the remains are transported, there must be no deterioration during transit. Not all hospitals have properly equipped mortuaries. Some cooling system or a refrigerated room may be needed. Airlines may request a certificate of embalment before accepting the shipment. In many parts of the world, embalment of bodies is not a common occurrence, and you may have to prepare a special request to the authorities for this procedure.

For transportation of human remains, airlines will accept only well-constructed coffins built to strict specifications. Such coffins should not only be sturdy but also have a metal lining. Just prior to shipment, the coffin must be lead-sealed in the metal container to make it completely airtight. Most embassies have a stock of coffins that meet airline requirements, and they can make these available to the UN. In many cases, a representative of the embassy of the deceased will need to witness the sealing of the casket.
Various documents may be required, depending on the country. Typically, a letter from the Foreign Ministry, a copy of the passport of the deceased, a customs clearance certificate and a doctor's certificate stating that the deceased did not suffer from communicable diseases may be needed, in addition to copies of the death certificate, the police report and the embalming certificate, if applicable.
Airlines also require the name, address and telephone/fax number of the consignee e.g. an undertaker, in order to verify that arrangements have been made at the receiving end. It is important that a confirmation be received, otherwise airlines will not accept the body for shipment.
In some instances a fellow staff member will escort the body. This person should be chosen for his/her familiarity with the deceased and because of his/her knowledge of the customs and culture of the destination country.

Once arrangements are finalised, the family of the deceased should be informed of the date and time of arrival of the body. If there is an escort, the family members should be aware of this and know the name of the escort.
It is good policy to inform the funeral parlour or agent receiving the body of the following:

- Airwaybill number
- Carrier
- Flight number
- Estimated time of arrival

Fax the funeral parlour copies of relevant documentation (death certificate, airwaybill etc.) so they can make advance preparations.

CONCLUSION

Situations and requirements will vary from country to country and from one case to another. All the steps taken should be well documented and copies of all documentation should be kept in a confidential file. This will avoid problems later, when questions may arise in respect of the procedures followed, from relatives, or insurance companies, the Government or UN authorities carrying out any investigations. All the staff involved in the various arrangements must use utmost discretion, tact and sensitivity, particularly when dealing with the family of the deceased. The WR should also consider the effects that the death of one staff member will have on colleagues and on those closely involved in the incident. Assistance should be requested to provide immediate psychological support and stress management education to such staff and/or dependants. See stress management Annex. 2.

At all stages, the family of the deceased should be kept informed on the progress of epatriating the remains. They should not feel that WHO has neglected them or considers them unimportant.

3.13 COMMUNICATIONS

A. OVERVIEW

A radio network consists of two or more radios operating on the same frequency or electromagnetic wave. All radios on a radio net must be on the same frequency to "talk and listen" to each other.
Radio frequency is either pre-set or has to be tuned in by the user. Modern radios have selection switches that enable the user to change to a different network (or frequency) while using the same radio.
Most UN radio networks operate on Very High Frequency (VHF) or High Frequency (HF).

Very High Frequency (VHF)
VHF radios transmit electromagnetic waves in the 160 Mega Hertz (MHz) - 174 MHz frequency range. This should be mentioned when asking host governments to allocate frequencies. Primarily, the UN uses VHF radios for individual, portable communication. It has the advantage of being small, lightweight and can be carried on the belt or in a handbag. This in itself is excellent for communication in and for security reasons. An example of a VHF radio is the MOTOROLA handheld.
VHF radios also come in larger sizes and can be mounted in vehicles or used as office base stations. VHF, however, is limited in range. Although repeater stations can boost the range of the VHF signal, they need to be installed and then maintained, which can be very costly.
Additional features:

- Computer terminals can be interfaced using modems and appropriate software to provide data transfer and facsimile facilities (this option should only be considered where there is an extensive coverage of repeater stations).
- Telephone lines can be accessed from a VHF radio via ground radio stations set up for that purpose.
- Mobile units can be fitted to vehicles (again, the viability of this is directly linked to the availability of repeaters).

High Frequency (HF)
As with VHF radios, HF transmit electromagnetic waves, but with a lower frequency range - from 3 MHz - 30MHz. Some examples of HF radios are CODAN, BARRETT and MOTOROLA. HF radios are stand alone communication devices in that they have a very wide range, and do not need a network or a repeater to operate. HF signals can be transmitted and received over thousands of kilometres.
HF base stations can be powered from a truck battery, which can be charged by a solar panel. This is an important consideration in areas where electricity is a concern.
Additional features

- Accessing international telephone lines through earth stations (no additional equipment required).
- HF radios can be equipped with Pactor capability, which is beneficial when long messages have to be sent and/or when voice communication is difficult due to interference or time constraints. Pactor facilities while not tying up the channel for long periods, also has the benefit of being much faster.
- Mobile units can be fitted to vehicles.
- Can access the Internet or e-mail servers through established nodes of HF Internet providers.
- Facsimile machines can be linked to the HF with appropriate interfaces.

B. ESTABLISHING A NETWORK

Before establishing a communication network for the first time, the following steps should be taken:

1. Where possible, obtain the host government's permission to import and operate communication equipment within and without their borders. Normally you will apply for a radio license through the Ministry of Telecommunications. Have several frequencies allocated for your use.
2. Check if UNDP has a blanket agreement for communications with the government, frequencies may already be available for WHO use and this would obviate the need for further government approval. However, inform the government of your intention to join the radio network and let them know the type of equipment you will be using.
Make contact with other UN agencies that may already be there, determine the type of communication equipment they are using and if there are common frequencies, this can save a lot of time and effort. Remember, it is very important that you obtain equipment that is compatible with your implementing partners. *You must be able to communicate with all participants.* In particular, it is DHA/OCHA who are the most likely to set up a communication centre. They will provide you with the information and specifications you need to order radios. If possible, try to borrow radios for the duration of the emergency.
Other agencies, which can help you in determining your needs, are UNHCR, WFP and UNICEF. In particular, WFP has an excellent communications department.
3. Make one person responsible (if no communication's officer is available) for acquiring, installing and operating the radio devices. This person should inform everyone of the frequencies available, voice procedure, radio etiquette, calling schedules and, where several channels are available, which are restricted to calling and which channels are for conversations.
4. An important factor to consider for effective communication is the power supply. Is it reliable, sporadic or non-existent? Consider using solar panels or a generator. The WHO staff member assigned to communications set-up should determine a cost effective and realistic scenario.

Important
From the outset, you should keep the government informed of your requirements and work with them to ensure that frequencies and radio licenses are allocated to all the various participants. Communication devices can be a very sensitive issue to a government, particularly in times of conflict or civil unrest. By constantly informing them of your activities in this regard you can alleviate their fears and promote an atmosphere of co-operation. Too many times in the past international organisations have run afoul of local authorities by failing to keep them informed of the nature and use to which communications will be put.

C. DETERMINING YOUR COMMUNICATION REQUIREMENTS.

Each country, each emergency is different, use a common approach wherever possible and encourage all participants to involve themselves. If other agencies have communication technicians, ask for their advice on implementing a universal system for all aspects of communication. Show them the information gathered in your initial assessment on communication resources. Determine with the technicians the best case scenario and disseminate to all participants.

VHF REQUIREMENTS

If security is an issue you will need a handheld radio for each staff member working in the field. When deciding on your requirements, plan for future staffing levels; don't allow programmes to come to a halt because staff cannot be deployed due to lack of radios. Check with the Resident Coordinator or Field Security Officer (UNDP), if he/she says everyone must have a radio there is no argument. Inform the Regional Office accordingly.
Where you will need VHF base stations it is recommended that the radio have the strongest possible transmitter (50 Watts). This will greatly enhance communications between the portables and the base.
Accessories
Handheld radios should have at least two NiCad batteries; the chargers necessary to recharge these batteries should be "one-hour rapid chargers"- particularly in an area where electrical supply may be sporadic or limited. Battery conditioners can be purchased to increase the "life" of

batteries and help correct problems such as battery "memory". Devices that enable handheld radios to be powered from an automobile's cigarette lighter are also available and help to conserve "battery life". See the section on maintenance.

HF REQUIREMENTS

Each field office should have a High Frequency radio where there are no telephone lines. HF radios are useful for long distance communication and are more reliable than VHF as they are 'stand alone' systems. Vehicles, which travel outside of VHF range, should be equipped with HF mobile transceivers. This is also useful when crossing frontiers as you can maintain contact without having to use telephones.
Their power supply is generally a truck battery; consider procuring a solar panel to charge the battery.

HIGH FREQUENCY RADIO ANTENNAE

One of the most important parts of the HF radio is the antenna. There are various types on the market. For the purposes of simplicity, you should choose your antenna according to the use (i.e. data, voice or facsimile) to which you will put the radio and the terrain in which you are working. The time taken to properly install a HF radio (can take several hours) is always well spent and pays off in the long run. Proper tool kits are a must for correct installation.

WHO HQ COMMUNICATIONS will advise you on your choice. They will also be able to procure the equipment you need in a short space of time.

D. IMPROVING COMMUNICATIONS

As electromagnetic waves travel in straight lines, buildings, trees and other obstructions can affect how far the waves can travel. You can sometimes improve your transmissions by going to a higher location. For example, it is usually better to broadcast from the upper floor of a building than the ground floor. If you are having difficulty sending/receiving messages, you can sometimes improve the situation by moving a short distance to a different location. The condition of the radio's battery also affects the transmission distance. The weaker the battery, the less distance the signal can travel.
However, HF waves can be transmitted toward the sky and are reflected off the ionosphere to a distant HF station, enabling the HF radio to communicate over a large distance avoiding hills and other obstacles. But, ranges and receptions are highly dependent on atmospherics, i.e., time of day, electrical storm activity, sunspot interference, etc. Take the time to scan the frequencies to ascertain which has the least background noise and your chances of transmitting and receiving clearly will be greater.
Use prowords to get your message across simply and clearly. See proword section.
Poor communication is often due to staff being unfamiliar with their communication equipment and a lack of set procedures for using the devices.

E. RADIO PROCEDURES

As the frequencies allocated by international treaty and the host government will most likely be used by other agencies, radio etiquette and discretion is of the utmost importance.
Standard procedures and good discipline are essential for good communications. Incorrect radio procedures waste time and cause misunderstandings. Further, incorrect procedures can hinder the transmission of important information. To increase radio efficiency:

a) Avoid unnecessary transmissions;
b) Think about what you will say before you press the push to talk switch and, if necessary, write it down;
c) Be brief and precise. Transmissions should be less than 20 seconds each. Longer transmissions should be broken into 20-second portions, with confirmation of reception between sections;
d) Speak directly into the microphone and do not hold it too close to your mouth. Do not shout;

e) Speak in complete phrases that make sense. Slow word-by-word speech exasperates the listener and prevents others from using the network. Words spoken too quickly may be unintelligible and need to be retransmitted;

f) Listen for a few seconds before you transmit to make sure you are not interrupting anyone;

g) Use the correct prowords and phonetic alphabet (in this annex). Do not invent your own;

h) Spell only important words and repeat only important numbers. Use common words that are recognised and understood;

i) Eliminate silent periods in your transmissions.

There always has to be one station on the network that acts as control. The responsibility of this control station is to enforce and maintain discipline and, in heavy traffic, to ensure that all stations have an opportunity to pass their messages. Respect this authority.

F. CALL SIGNS

A 'call sign' is a name given to each member of a radio network. No call sign is the same and, according to the size of the network, can signify an individual's status and responsibility. For example, the WHO representative may have the call sign Whiskey One (W1). The W is pronounced whiskey over the radio (this annex contains a complete list of the phonetic alphabet used in radio conversation). Logically, therefore, the deputy representative of WHO would be designated W2. Logistics Officers can be W4, Administrative Officers W5 and so on.

The radio control centre (usually under the control of the Resident Coordinator) must allocate call signs. This will avoid duplication of call signs and will ensure a logical approach to identifying organisations and particular individuals within that organisation. For example, you may not know the call sign of the logistics officer for the Red Cross; but if you know that the Red Cross is designated as 'Romeo', you can be fairly certain that if you ask for 'Romeo 4' over the network, the logistics officer will respond.

As soon as possible, obtain lists of call signs for all participants and disseminate this list to all levels of the response. Update the lists on a weekly basis as more organisations get involved and as duties and responsibilities change.

G. RADIO ALPHANUMERICS

The universal names given to each letter of the alphabet are as follows:

A	ALPHA	N	NOVEMBER
B	BRAVO	O	OSCAR
C	CHARLIE	P	PAPA
D	DELTA	Q	QUEBEC
E	ECHO	R	ROMEO
F	FOXTROT	S	SIERRA
G	GOLF	T	TANGO
H	HOTEL	U	UNIFORM
I	INDIA	V	VICTOR
J	JULIET	W	WHISKEY
K	KILO	X	X-RAY
L	LIMA	Y	YANKEE
M	MIKE	Z	ZULU

Numerals shall be transmitted digit by digit, except round figures as hundreds and thousands.

0	zero	5	fi-yiv
1	wun	6	six
2	too	7	seven
3	three	8	ate
4	fo-wer	9	niner

Examples:

12	Wun too
44	Fo-wer fo-wer
136	Wun three six
500	Fi-yiv hundred
7000	Seven thousand
16000	One six thousand
1278	Wun too seven ate
19A	Wun niner alfa

H. PROWORDS

Prowords: The word "proword" is a contraction and joining of the words "procedure" and "word". Prowords are words that reduce transmission time and eliminate confusion in radio transmissions. UNSECOORD has established the following list of prowords and their meanings:

PROWORD	MEANING
ACKNOWLEDGE	Confirm that you have received my message
AFFIRMATIVE	Yes/Correct
BREAK	There is a separation of the text From other portions of the message
CORRECT	You are right
CORRECTION	I have made an error in this transmission. I will continue from the last correct word
FETCH	I wish to speak on the radio to . . .
FIGURES	Numerals or numbers will follow
GO AHEAD	Used to invite the other station to transmit
I SAY AGAIN	I am repeating my transmission again
MESSAGE	A message follows: prepare to copy
MORE TO FOLLOW	The transmitting station has additional traffic for the receiving station
NEGATIVE	No. That is not correct
OUT	My transmission has ended. No reply expected
OVER	My transmission has ended and I await your response (Note: never use OVER and OUT together. OVER asks for a response, OUT ends the transmission.)
READ BACK	Used when sender wants message repeated verbatim
RELAY TO	Requesting one station to relay message to another station
ROGER	Message received and understood
SAY AGAIN	Please repeat transmission
SILENCE SILENCE SILENCE	Cease all transmissions on this net
SILENCE LIFTED	The net is free for traffic
STANDBY	Do not transmit until contacted; I need time
THIS IS	Give call sign, i.e., Delta One
WAIT	I will get back to you in a few seconds
WAIT OUT	I must pause, I will return
WILCO	Message received, understood, will comply
WRONG	What you said is incorrect, correct version is.

Prowords may sound abrupt and even rude. They are used to cut down the time used on a radio, don't take offence.

I. WHAT TO DO IN AN EMERGENCY

If you have an emergency, you need to warn other stations so that you have priority on the net. There is a special format for this. If you hear someone send this message, stay off the air until the message/crisis is over.

(a) Call for help as follows:

"Emergency. Emergency. Emergency.
Five-two. Five-two. This is hotel-three-niner.
Hotel-three-niner. Do you copy? Over."
(Note: the word "emergency" is repeated **three** times.);

(b) Wait for a response and then proceed;

(c) For a lesser degree of urgency, use the word "security" instead of "emergency". Any station hearing an "emergency" or "security" call should immediately stop transmitting and listen;

(d) If you need to interrupt another radio conversation, wait for a pause (immediately after you hear "over") and call:

"Break, break. This is hotel-three-niner.

Hotel-three-niner. I have an emergency. Please stand by."; and

(e) Pause transmission and listen to ensure the other communication has ceased, then proceed with emergency call. Ensure that you provide details regarding your location, the nature of the emergency and what assistance you require.

"MAYDAY" is an international distress call and is used by aircraft in a life-threatening situation. If you hear this message, stay off the net and let the network control station take charge. Others on the net should not transmit and should listen to the exchanges in the event that their assistance is required.

J. MAINTENANCE OF VHF RADIOS

Radio batteries are critical to the operation of your radio. Modern radios use rechargeable nickel-cadmium batteries. These batteries operate best and last longer when they are used (fully discharged) and recharged. Keeping the radio and battery in the charger and using the radio infrequently reduces battery effectiveness, especially for older-model radios. When the light on your battery charger turns green the battery should be removed from the charging unit.

Battery Management

Radios will operate only as long as their batteries are charged; thus, it is critical to keep batteries charged at all times. During a crisis, when it may be difficult to recharge batteries, radio use must be restricted and managed to preserve battery life and allow the station to remain on the air as long as possible. In such a situation, fixed periods of time should be set for sending and receiving messages. Users should be aware that batteries discharge at a much more rapid rate when radios are transmitting rather than receiving.

Consider also the possibility of using a battery conditioner, these are inexpensive and will increase the life span of a battery.

A radio is a delicate and complex piece of equipment, which requires proper care. Never carry your radio by its antenna. Do not drop or bang your radio. Remember that your life may depend on it.

K. MAINTENANCE OF HF RADIOS

Most HF transceivers function with 12-volt truck batteries with adequate Ampere-hours. They can provide power to operate the radio for a limited time until they need to be recharged. A method around this problem is to use solar panels; theses can trickle charge the battery during the daylight hours, thus ensuring a constant power source for the radio.

Make regular schedules to check the acid levels in the battery.
The solar panels should be regularly cleaned for dust and dirt etc. Spikes should be placed around the panel to deter birds.
Regularly check the antenna and transceiver to ensure all connections are good. In particular, the grounding (earth) is essential for satisfactory performance of the HF transceiver.
In all cases, restrict usage of the transceiver to those who have received training in its use.

L. FOR THE FIRST TIME USER

Imagine, you press a button on the microphone, speak into it and your voice can be heard by hundreds of people. Sounds wonderful, but if it is your first time to use a radio, you will be terrified. You will be afraid of goofing up, of making mistakes. Don't worry, of course you'll make mistakes. Everyone who has ever used a radio has made mistakes, even old hands that have used radios for years continue to make mistakes. Why? Because emergencies are responded to by many different nations; each has its own set of procedures and conventions for using a radio. No two systems are the same.

The point is, don't be intimidated by the radio, use it. Even if you are not employing the correct terminology, it is unlikely anyone will say anything. The important thing is that you get your message across.

To help you get the terminology right; you will find a list of *prowords* in this annex. These *prowords* were put together by UNSECOORD to be used by UN personnel in the field. There are not many *prowords* to learn and once you've mastered them you will be one of the few people in the field with a correct vocabulary.

As you become an old hand on the radio you will hear many of the mistakes other people make. Don't correct them over the air, they may well be first time users.

TIPS

When you are first issued a radio, ask for an orientation on its use. Specifically you want to know how to transmit, how to receive, how to change channels and which channels are for what purpose.
Take note of the channel dedicated to security.
Test the radio before signing for it. Make sure every channel is programmed and that the radio works this is important, very important. Your security is at stake.
Ask if there is a channel on which you can make a few practice calls to get the feel of working a radio, usually there will be a simplex channel for this purpose.
Ask for a list of call signs for the area, then you will know who to call and for what. In particular, you should memorize the call sign of the WR, your fellow teammates and the person in charge of security.

M. SATELLITE PHONES

Although you received instructions on the use of satellite phones (satphones) at Regional Office there are other considerations to be borne in mind:
On arrival, you should set up your satphone and test the fax/data/voice communications. If the office you are working from is secure and the electricity supply is constant you should establish a permanent connection.
If you run into problems when attaching data or facsimile machines, the quickest course of action is to phone the dealership that originally provided the satphone. In many cases this phone call is free and part of the suppliers service. The contact number is normally on the satphone itself or in the manual. They are responsive to customer enquiries and will help you to quickly resolve any difficulties. Note also, that if you intend procuring a facsimile, call the suppliers and ask for a recommended brand, this is important, as many fax machines are incompatible with satphones.
Consider the possibility of permanently installing the satphone in your hotel room, particularly if the hotel has a good supply of electricity (larger hotels tend to have their own generators).
If it is not possible to have a permanent installation, you will have to establish a set time for receiving facsimiles. Data is not a problem as messages will be stored in a server until you download them. When sending e-mail, try to bundle all the messages together to send

simultaneously. The real time consumer and therefore expense in satphone calling is the time it takes for the identifying handshake with the other machine. The transfer of data is relatively fast once the machines are connected.

Log all calls on a daily basis. Remember you will have to justify your phone bill in the same way you justify your imprest account. Some satphones can print out a log of all calls made and received. Get into the habit of doing this on a daily basis and compare the satphone log to the written log, where there are discrepancies try to solve them quickly.

It is advisable to put a password on the phone. Details for doing this will be found in the manual that came with the phone. By using a password and controlling access you will find identifying the calls a relatively easy task. However, you must share this password with at least one other staff member, in case of emergencies.

If you want to have children don't stand in front of the satellite dish whilst it is transmitting.

Personal calls by staff members are at your discretion and merited according to the situation of the country. You will have to develop a system of accounting for each call.

3.13 SECURITY CLEARANCE REQUEST

TO: MR/MS --------
RESIDENT REPRESENTATIVE
UNDP
(country)

FROM: MR/MS------
WHO REPRESENTATIVE
WHO

Dear Sir/Madam,

Please be advised that new staff member/s will be arriving in country to fill positions critical to the success of our mission.

Details of the arriving personnel are attached.

It would be appreciated if security clearance could be granted as soon as possible so that final plans can be made for their travel.

3.14 ARRIVING STAFF

NAME	TITLE	JOB DESCRIPTION	DATE OF ARRIVAL	DATE OF DEPART	LP NUMBER	DATE OF ISSUE	DATE OF EXPIRY

Please facilitate the security clearances for the above mentioned WHO staff members.

CERTIFIED BY:_____
TITLE: _____
DATE: _____

APPROVED BY:_____
TITLE: _____
DATE: _____

3.16 STAFF MEMBER PERSONNEL DATA
ON ARRIVAL

DATE OF ARRIVAL: _____ PORT OF ARRIVAL: _____

FAMILY NAME: _____ TITLE: ____ FIRST NAME: _____
DATE OF BIRTH: _____ NATIONALITY:_____ SEX:___
HOME ADDRESS:

_____
_____
_____

_____
HOME PHONE: _____ HOME FAX: _____
E-MAIL: _____

POSITION IN COUNTRY:

_____
EXPECTED DATE OF DEPARTURE: _____
ADDRESS IN COUNTRY: _____
_____
_____
CONTACT NUMBERS: _____

MEDICAL HISTORY:
BLOOD GROUP: _____ ALLERGIES: _____
PRESENT MEDICATIONS: _____

NEXT OF KIN: _____ RELATIONSHIP:_____
ADDRESS OF NOK: _____
_____

CONTACT NUMBERS: _____

DATE: _____ SIGNED: _____

3.16 STAFF AND DEPENDANTS LIST

To staff members: Please complete this form accurately and return to administration as soon as possible.

STATUS (International or national staff member?): _____

FAMILY NAME: _____ TITLE: _____

FIRST NAME: _____ OTHER NAMES: _____

DEPENDANTS (living with staff member):

NAME	DATE OF BIRTH	RELATIONSHIP TO STAFF MEMBER

ADDRESS OF STAFF MEMBER:

_____

_____

SIGNED: _____ DATE: _____

3.17 STAFF CALL SIGNS

WHO

NAME	TITLE	RADIO TYPE	CHANNEL	FREQUENCY	C/SIGN OR SELCAL

3.18 Death of a Staff Member or Dependant: Preliminary Report

Location:
Date:
Name: Title: _____
Sex: Duty station: _____
Exact location of occurrence: _____
Remains identified: _____ Yes _____ No
If yes, by whom: _____
Other staff/dependants involved: _____ Yes _____ No
If yes, names as follows:

1._____
2. _____

Brief explanation of their
involvement:_____
_____
_____

Brief description of circumstances of fatality:

_____
_____

Names of officials involved:

_____
_____
_____

WR informed: _____ Yes _____ No
If yes, time: _____
Designated Offical informed:_____ Yes _____ No
If yes, time: _____
Next of kin informed:_____ Yes _____ No
If yes, time and by whom: _____
Local authorities informed:
If yes, time and by whom: _____

Further action to be taken:

(a) Death certificate to be obtained;
(b) Police report to be obtained;
(c) Post mortem/autopsy report to be obtained;
(d) Arrangements to dispose of remains as per family wishes; and
(e) Preparation and dispatch of final report.

MISCELLANEOUS INFORMATION

Printed annexes

Annexes in diskette (and some in this document)

		FILE NAME
3.23.	ESSENTIAL READINGS: ABSTRACTS	4.5.DOC
3.24.	WEB SITES OF INTEREST (see printed annex 4.4)	4.6.DOC
3.25.	STRESS	4.7.DOC

4.1 ESSENTIAL READINGS

(for abstract, publisher and price, see annex D5.DOC on diskette)

- THE USE OF ESSENTIAL DRUGS
- THE NEW EMERGENCY HEALTH KIT (DOCUMENT)
- EMERGENCY RELIEF ITEMS : COMPENDIUM OF BASIC SPECIFICATIONS
- EMERGENCY RELIEF ITEMS : COMPENDIUM OF BASIC SPECIFICATIONS
- MODEL GUIDELINES FOR THE INTERNATIONAL PROVISION OF CONTROLLED MEDICINES OR EMERGENCY MEDICAL CARE
- FIELD GUIDE ON RAPID NUTRITIONAL ASSESSMENT IN EMERGENCIES
- HEALTH LABORATORY FACILITIES IN EMERGENCY AND DISASTER SITUATIONS
- PUBLIC HEALTH ACTION IN EMERGENCIES CAUSED BY EPIDEMICS
- THE MANAGEMENT AND PREVENTION OF DIARRHOEA
- GUIDELINES FOR CHOLERA CONTROL
- A GUIDE TO THE DEVELOPMENT OF ON-SITE SANITATION
- CONTROL OF EPIDEMIC MENINGOCOCCAL DISEASE, WHO PRACTICAL GUIDELINES
- TUBERCULOSIS CONTROL IN REFUGEE SITUATIONS (INTER-AGENCY FIELD MANUAL)
- MALARIA CONTROL AMONG REFUGEES AND DISPLACED POPULATIONS
- GUIDELINES FOR HIV INTERVENTIONS IN EMERGENCY SETTINGS
- MENTAL HEALTH OF REFUGEES
- COPING WITH NATURAL DISASTERS: THE ROLE OF LOCAL HEALTH PERSONNEL AND THE COMMUNITY
- SAFETY MEASURES FOR USE IN OUTBREAKS OF COMMUNICABLE DISEASE
- FACT SHEETS ON ENVIRONMENTAL SANITATION: CHOLERA AND OTHER EPIDEMIC DIARRHOEAL DISEASES CONTROL
- INTERAGENCY GUIDELINES FOR SAFE DISPOSAL OF UNWANTED PHARMACEUTICALS IN AND AFTER EMERGENCIES

WHO, UN SYSTEM AND OTHER RELEVANT GREY LITERATURE

H.Vuori, E.Nakhla: Lessons Learnt, Administration Report, Bosnia & Hertzegovina

- UNDAC Field Handbook, 1997
- UN Consolidated Appeal Process
- UN Common Country Assessment Guidelines
- UN Development Assistance Framework Guidelines
- IASC: TOR of the Humanitarian Coordinator, December 1994
- IASC: Humanitarian Coordinators: an overview of the Field Humanitarian Coordination System, November 1998
- UNICEF Emergency Manual
- UNHCR Emergency Manual
- The Sphere Project

VIDEOS AND SLIDES:

BEFORE DISASTER STRIKES (VIDEO) WHO, GENEVA, 1991.

MANAGING RELIEF SUPPLIES FOLLOWING DISASTERS: SUPPLY MANGEMENT PROJECT (SUMA) Pan-American Health Organization (PAHO) / Regional Office for the Americas of the World Health Organizations, 1996.

MENTAL HEALTH MANAGEMENT IN DISASTERS SITUATIONS (slides and booklets) PAHO, Washington DC, 1991.

MYTHS AND REALITIES OF DISASTERS PAHO, Washington DC

COMPUTER SOFTWARE:

SUMA - SUPPLY MANAGEMENT PROJECT IN THE AFTERMATH OF DISASTERS Version 4.2, PAHO, Washington DC, 1994 (version 5 expected late 1996)

EPI-INFO: A WORD PROCESSING DATABASE; AND STATISTICS PROGRAM FOR EPIDEMIOLOGY ON MICROCOMPUTERS Dean A.G. et al, Centers for Disease Control, Atlanta, Georgia, and WHO, Geneva, 1996.
(Consists of 3 disks of version 6.04a, June 1996).

4.2 UNITED NATIONS AGENCIES AND INTERNATIONAL ORGANISATIONS INVOLVED IN EMERGENCY RESPONSE

Adapted from UNDAC Field Handbook-1997, section M.

1. The UN System

1.1. United Nations Disaster Management Team (UNDMT). Within the framework of the UN Resident Coordinator System, a Disaster Management Team (UNDMT) should be established in all disaster-prone countries, and meet regularly to coordinate UN work and support to the government for emergency preparedness and response, and issue reports to the international community. Few countries have a UNDMT on a standing basis, and the UNDMT is often formed only after a disaster has occurred. If the disaster falls within the competence and mandate of a particular UN agency, then this organisation will take the lead: the UNDMT will then be the forum for discussing the support of the Lead agency. The UNDMT is convened and chaired by the UN Resident Coordinator (who always represents OCHA) and should comprise a core group represented by the country level representatives of FAO, UNDP, UNICEF, WFP, WHO and, where present, UNHCR. The team may include other agencies when necessary. If a UNDAC team is in the country, its leader automatically becomes a member of the UNDMT. The UNDP disaster focal point officer serves as secretary for the UNDMT. UNDP provides the venue, basic administrative support for meetings and other general support.

The purpose of the UNDMT is to ensure effective, and concerted UN emergency response, as well as assistance to the host government for rehabilitation, reconstruction, and disaster mitigation. The UNDMT should coordinate all disaster-related activities, technical advice and material assistance provided by UN agencies, and helps in avoiding waste, duplication or competition for resources by UN agencies. The UNDMT also interfaces with the emergency management team of the host government, whose representative may be included in the UNDMT. In practice it is vital that the policies of the UNDMT relate to those of the host government.

1.2.United Nations Office for the Coordination of Humanitarian Affairs (OCHA). OCHA is part of the UN Secretariat and is headed by an Under-Secretary-General, thereby enabling a direct contact to the UN Secretary-General. OCHA is situated in both New York and Geneva. Policy coordination, policy planning, early warning and response to complex emergencies are performed in New York, while the Geneva office acts as the focal point for emergency operational support and relief coordination as well as for disaster mitigation.

OCHA works on a twenty-four-hour duty system. Response ranges from issuing Information Reports (when no appeal has been received from the affected country), through issuing Situation Reports (when an international appeal has been received from the affected country) to full-scale involvement (sending assessment and coordinating (UNDAC) teams to the affected area, coordinating relief efforts, launching joint UN appeals etc.).

OCHA can respond to both natural disasters and complex emergencies. Human, technical and logistic resources are mostly supplied by the Danish and Norwegian Refugee Councils, the Danish Emergency Management Agency, the Swedish Rescue Services Agency, and the British Department for International Development through OCHA-Geneva. Some human resources are also managed by the Rapid Response Unit (RRU) in the Complex Emergency Division in New York.

OCHA has a Central Emergency Revolving Fund (CERF) which can be used for providing urgent funds to the UN Resident Coordinator in an emergency. The fund will be reimbursed by the agency. In the case of natural disasters the Relief Coordination Branch has the possibility of providing an emergency cash grant of up to US$ 50,000 through the local UNDP office. This money can only be granted when the government of the affected country has launched an appeal for international help.

1.3. United Nations Development Programme (UNDP). UNDP focuses primarily on the development-related aspects of disasters, and can provide technical assistance to institution-building in relation to all aspects of disaster management:

a) Incorporating long-term risk reduction and preparedness in normal development planning and programmes.
b) Assisting in planning and implementing post-disaster rehabilitation and reconstruction, including defining new development strategies that incorporate risk reduction measures relevant to the affected area.
c) Reviewing the impact of large settlements of refugees or displaced persons on development, and seeking ways to incorporate the refugees and displaced persons in development strategies.
d) Providing technical assistance to authorities managing major emergency operations of extended duration.

In the event of a disaster, UNDP may grant up to US$50,000 for immediate response. UNDP is not otherwise involved in the provision of relief. Where a major emergency affects the whole development process within a country, resources may be used in technical assistance to plan and manage the operation, with the agreement of the Government. For operations of extended duration taking place in a developing country, UNDP may accept and administer special extra-budgetary contributions to assist the responsible national authorities. This might include establishing and administering a DMT Emergency Information and Coordination (EIC) Support Unit. Such UNDP actions are closely coordinated with OCHA and all other UN agencies involved in providing assistance.
Technical and material assistance in support of long-term risk reduction and preparedness measures is included in UNDP country programme, and may be funded from IPF resources or from other UNDP-administered funds.
In the event of a disaster the Resident Representative mobilises UNDP staff and technical assistance personnel and other resources that meet the needs of the situation, particularly for the initial assessment and immediate response. The UNDP resident representative also:

- Collaborates with the UNHCR in cases of protracted refugee operations to help integrate the refugees into local development programme activities, and include a development perspective in the assistance to the refugees;
- Helps other organisations, including NGO, involved in planning and providing emergency assistance to include development perspectives in their programmes and activities.

In all disaster-prone country field offices, a senior national officer is designated a "disaster focal point" for all disaster related matters including mitigation, response and in-country UN/UNDP preparedness.

1.4.United Nations High Commissioner for Refugees (UNHCR). Most UNHCR programmes begin as a result of an emergency: a sudden influx of refugees. The aim of UNHCR response is to provide protection to persons of concern to the organisation and ensure that the necessary assistance reaches them in time.
With regard to material assistance, UNHCR goal is the survival of refugees through adequate food supplies, health care, shelter, water and sanitary facilities, clothing and essential community services. Much of UNHCR material assistance is channelled through its implementing partners, i.e. the government of the asylum country and NGOs.
UNHCR has an Emergency Fund in order to provide financial assistance to refugees and displaced persons in emergency situations. The High Commissioner may allocate up to $25 million annually from this fund, provided that the amount made available for any one single emergency shall not exceed $8 million in any one year.
In the UNHCR Emergency Preparedness and Response Section (EPRS) there are five Emergency Preparedness and Response Officers (EPRO on standby to lead emergency response teams. They may be supported or complemented by a variety of other human resources:

- Emergency Administrative Officers for setting up offices in emergency situations;
- 30 members of an Emergency Roster, who are staff with various skills and experience who are occupying posts throughout the word but can be immediately released for emergency deployment. The roster is changed periodically to ensure staff preparedness and availability;
- 500 persons are on another roster, by arrangements with the Danish Refugee Council, the Norwegian Refugee Council and the United Nations Volunteers;
- A third roster can provide external consultant technicians in various sectors such as health, water, sanitation, logistics and refugee shelter;
- An arrangement with selected NGO for rapid deployment to implement assistance activities in different sectors such as health, sanitation, logistics and social services.

All these staff can be supported under an arrangement with the Swedish Rescue Services Agency which can set up a base camp and office, in extreme conditions, with 48 hours notice. UNHCR field staff are anyway responsible for emergency assessments, with or without the assistance of EPRS staff and technical experts from HQ.
UNHCR controls a stockpile of tents, prefabricated warehouses, blankets, kitchen sets, water storage and purification equipment and plastic sheeting. These items are stored in regional warehouses or are on call with established suppliers who guarantee rapid delivery.

1.4. United Nations Children Fund (UNICEF). UNICEF 's role in emergency relief is ensuring that the immediate and particular needs of children and mothers are met, with due regard for to the urgency of the needs and the resources available. This applies in all emergency situations, regardless of their cause, and assistance is provided without discrimination. UNICEF mobilises and provides direct relief assistance in situations where immediate needs of children and mothers are not being adequately met. Where relief needs can be met by the Government or other organisations, UNICEF concentrates on rehabilitation and long-term child survival and development objectives. UNICEF pays special attention to the needs of children caught in conflict situations. Assistance may include:

(a) Specific, sectoral inputs in respect of health, social services, water and sanitation, with special attention to: the feeding and immunisation of infants and young children: the restoration of safe water supplies and household fond production.

(b) Initiatives to help vulnerable communities and households to care adequately for their children, including increasing their earning opportunities (especially for women).

(c) Assistance to strengthen the management and organisation of emergency operations, and to tackle logistics constraints which might inhibit the delivery of needs assistance and services for children. This includes mobilising additional temporary staff support and/or expertise.

The UNICEF Representative in agreement with the government can divert up to US$25,000 worth of emergency supplies and/or cash resources from the ongoing regular country budget. Additional resources may be released from the global emergency reserve (US$ 4 Million annually), subject to the approval of the Executive Director. Existing commitments for development programmes may be reprogrammed in agreement with the government and with the approval of UNICEF headquarters.

A focal point is designated in each UNICEF country office in a disaster-prone country to ensure internal preparedness and the monitoring of famine early warning indicators in collaboration with other agencies. At HQ, the Director of Emergency Programmes advises the Executive Director on policy and operational aspects of UNICEF involvement in emergencies, and supervises three functional units:

1. The Emergency Operations Unit in New York, which has overall responsibility for coordinating UNICEF emergency-related activities, managing the global emergency reserve, and ensuring coordination with the UN, other international organisations, bilateral and NGO assistance from outside the region;
2. The Emergency Unit in UNICEF-Geneva, which assists in inter-agency coordination, fund-raising and backstopping country offices, as well as in staff training.
3. The Rapid Response Unit based in Nairobi (UNICEF office for East and Southern Africa) which helps manage major emergency operations in the region (including Sudan), and is available to help with assessments elsewhere,

An emergency stockpile is maintained at UNIPAC (UNICEF supply division and warehouse in Copenhagen). Items in stock can be dispatched within hours. The reimbursable procurement facilities of UNIPAC are available to other organisations and agencies through the UNICEF country office.

1.5. World Food Programme (WFP). On average, WFP multilateral assistance accounts for approximately 25% of world emergency food aid. In the event of an emergency, WFP may:

- Assist the government, other concerned agencies and local authorities in assessing requirements for emergency food aid, and in planning and managing food aid interventions.
- Provide food aid to meet emergency food needs, subject to the availability of resources and the assessed need for international food aid.
- Help to mobilise and ensure coordination in the planning and delivery of food assistance from all sources, and any necessary logistics support and other complementary inputs.

Through INTERFAIS (the computerised International Food Aid Information System), WFP monitors food aid flows, including emergency food aid, and makes data available to the international community on requirements, donors' allocations, delivery schedules etc. As an aid to planning and coordination, information is also included on port conditions and overland transport possibilities.

WFP is responsible for mobilising basic commodities (cereals, beans or other protein-rich food, edible oil or fat, salt) plus sugar and blended foods, together with cash resources for 100% external transport and in-country transport, storage and handling (ITSH) and associated costs. UNHCR is responsible for mobilising any other required commodities and related cash resources.

In addition to supplying certain quantities from the resources available to it, WFP may help to mobilise and ensure coordination of the delivery of "non-food' inputs (e.g. grinders, utensils, cooking fuel etc.).

WFP may, where needed, help intervene with the governments of transit countries to facilitate and expedite the passage of relief goods to emergency-affected landlocked countries.

WFP administers the International Emergency Food Reserve (IEFR), which, in principle, comprises the equivalent of at least 500,000 tonnes of cereals annually but is often exceeded, and manages a separate set of resources pledged by donors for assistance to 'protracted' refugee and displaced persons operations. In addition, annual allocations are set aside from WFP general resources: US$15 million for 'emergency' assistance plus US$30 million for 'protracted' assistance.
A cash account, the Immediate Response Account (IRA), was established in 1992 as an integral part of the IEFR for purchase and delivery of food to enable the fastest possible response to new emergencies prior to the arrival of foodstuffs through customary channels. A cash fund of US$ 30 million, unencumbered by restrictions, is contributed voluntarily by the donors over and above commodity pledges to IEFR and related transport and other costs.

At country level, the WFP Director of Operations can agree with the Government on the acceleration/adaptation of ongoing WFP assisted development projects to meet emergency needs, subject to certain criteria (notably that there is no increase in the WFP commitment). He/she may also purchase up to US$50,000 worth of commodities locally to meet immediate urgent needs that cannot be met in any other way.

2. The Red Cross Movement

The Red Cross Movement is composed of three elements:

- **The National Red Cross or Red Crescent Societies;**
- **The International Federation of the Red Cross and Red Crescent Societies (IFRCRCS);**
- **The International Committee of the Red Cross (ICRC).**

2.1. The National Society. The organisation and the work of the Red Cross/Crescent Societies around the world - and their relations with the governments - vary from country to country, but all those that have been officially recognised (by the ICRC) are bound by the basic principles of the Red Cross, in particular that of neutrality.

Societies act as auxiliaries to the public (governmental) authorities and services, and concentrate on activities concerned with public health - including first aid and primary health care - and relief. They are required to act without discrimination on racial, religious or political grounds. In some countries the national society is assigned a pivotal role in the organization of relief operations. Many national societies maintain stocks of relief supplies.

2.2. The International Federation of the Red Cross and Red Crescent Societies (IFRCRCS).

The IFRC is a federation of the national Societies world-wide. It is based in Geneva and aims to inspire, encourage, facilitate, and promote all forms of humanitarian activities by its member Societies with a view to preventing and alleviating human suffering.
When disasters occur, the IFRC can assist the national Society in assessing needs, mobilising resources and organising relief activities. IFRC delegates are often assigned to assist the national Society directly , and personnel from other national societies may be requested and assigned under the Federations auspices.

The IFRC frequently issues international appeals for specific emergency programmes agreed with the national Society concerned. Funds received are administered through the Federation, which undertakes purchases and also coordinates the delivery of food, drugs, blankets, tents, and other supplies. Aid donated through the Federation is always transferred to the national Society of the affected country. The IFRC may advance funds at the start of an operation pending the receipt of donations.

2.3. The International Committee of the Red Cross (ICRC). The ICRC is the founder body of the Red Cross Movement. It is an independent and private institution, and is neutral and politically, ideologically, and religiously impartial.

The ICRC has its headquarters in Geneva, and acts in cases of conflict - internal or international - to:

- Ensure that the Geneva Conventions are observed by parties to the conflict;
- Assure/provide protection, medical care and material relief assistance to victims of the conflict;
- Organise tracing services to identify and re-establish communications between family members who have become separated, as well as tracing and visiting prisoners (e.g. prisoners of war or “detainees for security reasons”).

The ICRC cooperates with the national Societies but exercises its particular functions and usually mounts its own operations separately. It establishes its own offices (delegations and sub-delegations)

and assigns its own personnel. Medical teams from other national Societies may be assigned in the field under the auspices and directions of the ICRC. The ICRC raises funds by issuing international appeals.

3. Non-Governmental Organizations (NGO)

The Non-Governmental Organizations (NGO) working in emergency relief can be divided into two main categories, international NGO (those working in the international field, even though they may not be an international organisation in the true sense of the name) and local NGO (working within their own country).

NGO are in principle autonomous and independent of governments (hence the name), and are financed by private individuals or groups. Financing, however, has changed in recent years, The modern tendency for NGO funding goes towards receiving more and more funding from governments (usually their own governments) or Inter-Governmental Organizations (IGO), e.g. the European Union. Whether or not this affects the autonomy greatly depends on the individual NGO and the possible strings attached to the funding.

NGO work in all areas of the humanitarian field and provide the greatest international capacity to implement relief on the ground. Therefore it is important to inter-relate with them as there is valuable information and help to be found (and given). It is usually the case that one or more NGO are actually physically in the area of an emergency before, during and after the emergency, and will therefore have hands-on information and experience of the issues. NGO also tend to specialise in one or two fields, or to direct their efforts towards one needy population group. They usually offer skilled staff, rapid deployment capacity (if they are not already in the area), operational flexibility, and resources that might not otherwise be available in an emergency.

The number of local NGO has also grown in the past years. They can be helpful in a variety of ways, especially because they are known locally and they themselves know the area, the culture, the population etc. In many cases they work together with international NGO, the UN and others. They are assets that can be helpful not just with giving information, but also as implementing partners.

4.3 ORGANIZATIONS AND CONTACT NUMBERS

Name of Organization	Contact Numbers
CARICOM	Tel:(592-2)51960/ 51364/51967 Fax (592-2)56194
Christian Medical Commission of the World Council of Churches	Tel: 41.22.7916111; telex 23423; fax: 41.22.7910361
CIDA	Tel:(819)997-2750 (D) Tel:(613)996-8085 (H) Fax:(819)953-5348 Tel (819)994-7842 Tel:(613)741-4269 (H)
DFID UNITED KINGDOM	Tel:(44171)917-0470 (44171)236-4652 (H) Fax:(44171)917-0502
DHA-GENEVA	Tel:(4122)917-6011 (4122)917-2010 (E) Fax:(4122)917-0023
DHA-NEW YORK	Tel:(1-212)963-4079 Fax:(1-202)963-9489
EUROPEAN UNION	Tel (0322)295-4260 Fax:(0322)295-4578 Tel:(0322)295-4615 Fax:(0322)295-4551
FEDERATION OF RED CROSS SOCIETIES GENEVA	Tel: (4122)734-5580 Fax: (4122) 733-0395
FRANCE FOREIGN AFFAIRS	Tel: (331)4063-3131 Fax: (331)4063-3113
HEALTH (CANADA)	Tel:(613)957-7721 Tel:(613)592-0575 (H) Fax (613)954-4556
International Committee of the Red Cross	Tel: 41.22.7346001; telex 214360; fax: 41.22.7332057
International Dispensary Association	Tel: 31.2903.3051; telex 13566; fax: 31.2903.1854
ITALIAN COOPERATION ROME	Tel:(396)3691-4154 Tel:(396)589-9466 (H) Fax:(396)324-0585
JICA-JAPAN	Tel: (813)346-5311 Fax: (813)346-5032 Tel: (813)346-5453 Fax: (813)346-5400
JICA-WASHINGTON, DC	Tel:(202)457-0412 Fax:(202)457-0415
League of Red Cross and Red Crescent Societies	Tel: 41.22.7345580; Telex 22555; Fax: 41.22.7330395
London School of Hygiene and Tropical Medicine	Tel: 44.11.6368636; Telex 8953474; Fax: 44.1.4365389
Medecins sans Frontieres	Tel: 33.1.40212929; telex 214360; Fax: 33.1.48066868
NETHERLANDS EMBASSY WASHINGTON, DC	Tel: (202)244-5300 Fax: (202)362-1859
NETHERLANDS FOREIGN AFFAIRS	Tel: (3170)348-4308 Fax: (3170)348-5984
OAS WASHINGTON, DC	Tel: (202)458-6078/3701 Fax: (202)458 6250
OFDA WASHINGTON, DC	Tel: (703)875-1244 Tel: (703)644-8591 (H) Fax: (202)647-5916 Internet: bheyman@usaid.gov
OXFAM	Tel: 44.865.56777; telex 83610; Fax: 44.865.57612
PAHO	Tel: (202)974-3520 to 3531 (Emergency 974-3399) Fax:(202)775-4578
RED CROSS CANADA	Tel: (613)739-2201 (613)232-0414 (H) Tel: (613)739-2272 Fax: (613)731-1411
RED CROSS WASHINGTON, DC	Tel: (202)639-3319 Fax: (202)347-4486
SIDA STOCKHOLM	Tel: (468)728-5349 Fax: (468)612-2315
UNICEF NEW YORK	Tel: (212)326-7221/3 Fax: (212)326-7037
UNICEF, Supply Division	Tel: 45.31.262444; telex 19813; Fax: 45.31.269421
United Nations High Commissioner for Refugees	Tel: 41.22.7398111; telex 27492; Fax: (general) 41.22.7319546; Fax: (supplies) 7310776
WHO/EHA-GENEVA	Tel: (4122)791-2752 Fax: (4122)791-4844
SEARO	Tel: +91 331 7804 Fax: +91 331 8607
WHO-NEW YORK	Tel: (212)963-4388 Fax: (212)223-2990
World Health Organization,	Tel: 41.22.7912111; telex 415416; Fax: 41.22.7910746

4.4 WEB SITES OF INTEREST

WHO SITES

Pan American Health Organization (PAHO)	http://www.paho.org/
PAHO Disasters Preparedness and Mitigation in the Americas	http://www.paho.org/spanish/ped/pedhome.htm
Weekly Epidemiological Record, WHO (WHO-WER)	http://www.who.ch/wer/wer_home.htm
Pan American Health Organization (PAHO)	Http://www.paho.org/
PAHO Disasters Preparedness and Mitigation in the Americas	Http://www.paho.org/spanish/ped/pedhome.htm
Global programme for vaccines	Http://www.who.ch/gpv/
Emerging and other Communicable Diseases Surveillance and Control (EMC)	Http://www.who.ch/emc/
Control of tropical diseases	Http://www.who.ch/ctd/
Guidelines for Cholera Control	Http://www.who.ch/chd/pub/cholera/cholguid.htm
Dealing with a cholera emergency: essential information	Http://www.who.ch/chd/pub/cholera/cholemer.htm

UN WEB SITES

Global Information and Early Warning System on Food & Agric. (FAO-GIEWS)	Http://www.fao.org/giews
United Nations International Decade for Natural Disaster Reduction (IDNDR)	Http://www.idndr.org
UNAIDS	http://www.unaids.org
United Nations Children Fund (UNICEF)	http://www.unicef.org/
United Nations Development Programme (UNDP)	http://www.undp.org
World Food Programme (WFP)	http://www.wfp.org/
UNAIDS	http://www.unaids.org
United Nations Children Fund (UNICEF)	http://www.unicef.org/
United Nations Development Programme (UNDP)	http://www.undp.org
World Food Programme (WFP)	http://www.wfp.org/
UNRISD War Torn Societies Project	http://www.unicc.org/unrisd/wsp/
World Bank	http://www.worldbank.org
UN Subcommittee on Nutrition (UN-SCN)	http://www.unsystem.org/accscn
References to refugee, human-rights and related literature.	http://www.unhcr.ch/refworld/refbib/biblio/reflit.htm
United Nations Office For The Coordination Of Humanitarian Affairs -OCHA-Online humanitarian Report 1997	http://www.reliefweb.int/dha_ol/pub/humrep97/index.html
OCHA Emergency Information by Country or Region	http://www.reliefweb.int/dha_ol/contlist.html
Detailed collection of economic data and Socio-economic indicators published by the World Bank. Standardized data presented for numerous individual countries (161,1994 edition) make this an ideal reference for international comparisons.	Http://www.ciesin.org/IC/wbank/wtables.html

INTERNATIONAL ORGANIZATIONS

Gemini	http://www.oneworld.org/gemini
International Organization for Migration (IOM)	Http://www.iom.ch/
Maps, facts and figures, reports, news releases and publications on the countries (over 50) in which the ICRC is currently active.	http://www.icrc.org
Reporting on Red Cross / Red Crescent action as it happens	Http://www.ifrc.org/
Regional Disaster Information Centre (Latin American-Caribbean) (CRID)	Http://www.disaster.info.desastres.net/crid

EMERGENCY REFERENCE SITES

AlertNet	http://www.alertnet.org/alertnet.nsf/?OpenDatabase
American College of Emergency Physicians (ACEP)	http://www.acep.org
An on-line information service addressing emerging diseases.	http://www.outbreak.org/cgi-unreg/dynaserve.exe/index.html
Asian Disaster Preparedness Center, AIT (ADPC)	http://www.adpc.ait.ac.th
ATSDR's Hazardous Substance Release/Health Effects Agency for Toxic Substances and Disease Registry's	http://atsdr1.atsdr.cdc.gov:8080/hazdat.html
British Columbia earthquake response plan	http://hoshi.cic.sfu.ca/~pep/eqplanaa.html
Brown University Humanitarianism and War Project	http://www.brown.edu/Departments/Watson_Institute/H_W/H_W_ms.shtml
Complex Emergencies Response and Transition Initiative	http://www.tulane.edu/~CERTI/certi.html
CRED, Catholic Univ. Of Louvain	http://www.md.ucl.ac.be/entites/esp/epid/misson/
Centre for Disease Control & Prevention, Atlanta	http://www.cdc.gov
Databases on Emergency Statistics and Bibliographic References (CRED)	http://www.md.ucl.ac.be/entites/esp/epid/mission
Emerging Infectious Diseases	http://www.cdc.gov/ncidod/EID/eidtext.htm
Famine Early Warning System (FEWS)	http://www.fews.org
Federal Emergency Management Agency, USA	http://www.fema.gov/EMI/edu/higher.htm
General information on tsunamis, their affects and population response mechanisms	http://www.geophys.washington.edu/tsunami/intro.html
Global Disaster Information Network	http://members.nova.org/~lroeder/info.htm
Hazardnet is a new informational service for natural and technological hazards. Good links from this site on a variety of hazard information	http://hoshi.cic.sfu.ca/~hazard/
Humanity Development Library	http://www.oneworld.org/globalproject/humcdrom
International Emergency & Refugee Health Program (CDC)	http://www.cdc.gov/nceh/programs/internat/ierh/ierh.htm
Links to a variety of hazard mitigation information	http://www.fema.gov/
Medicine and Global Survival (M&GS)	http://www.healthnet.org/MGS/
Morbidity and Mortality Weekly Report, CDC, Atlanta	http://www.cdc.gov/epo/mmwr/mmwr_wk.html
National Disaster Medical System, Health and Human Services	http://www.oeps_ndms.dhhs.gov
National Library of Medicine Natural Hazards Center :Research and applications Information centre Colorado	http://www.nlm.nih.gov/databases/freemedl.html
Oxford University Refugee Studies Programme	http://www.qeh.ox.ac.uk/rsp/
Univ. Of Pittsburgh Global Disaster Health Network	http://www.pitt.edu/%7Eghdnet/GHDNet/
UCLA Center for Public Health and Disaster Relief	http://www.ph.ucla.edu/cphdr/
Univ. Of Colorado Natural Hazards Center	http://www.Colorado.EDU/hazards/
Univ. Of Buffalo, National Center for Earthquake Engineering Research	http://nceer.eng.buffalo.edu
Univ. Of Hawaii Center of Excellence in Disaster Management and Humanitarian Assistance	http://website.tamc.amedd.army.mil/
Univ. Of Wisconsin Disaster Management Center	http://epdwww.engr.wisc.edu/dmc/
U.S. Centers for Disease Control and Prevention (CDC)	http://www.cdc.gov
US Committee on Refugees	http://www.refugees.org
Volunteers in Technical Assistance (VITA)	http://www.vita.org
WorldAid	http://www.worldaid.org

NON GOVERNMENT ORGANIZATIONS

Adventist Development and Relief Agency (ADRA)	http://www.adra.org
African Research and Medical Foundation (AMREF)	http://www.amref.org/
Association of Medical Doctors of Asia	http://www.amda.or.jp/econtents/news/apro.html
CARE	http://www.care.org
Christian Aid	http://www.christian-aid.org.uk/main.htm
Church World Service (CWS)	http://www.ncccusa.org/CWS/emre/
Doctors Without Borders USA	http://www.dwb.org/index.htm
Food For The Hungry	http://www.fh.org/wcn/index.html
InterAction	http://www.interaction.org/
International Medical Corps	http://www.imc-la.com/
Lutheran World Relief	http://www.lwr.org
Médecins Sans Frontières (MSF)	http://www.msf.org
Norwegian Refugee Council	http://web.sol.no/nrc-no/
Oxfam	http://www.oneworld.org/oxfam/
Refugees International	http://www.refintl.org/
Save the Children U.K. (SCF)	http://www.oneworld.org/scf/
Save the Children U.S.	http://www.savethechildren.org/
World Vision USA	http://www.wvi.xc.org/

INTERNATIONAL GOVERNMENT ORGANIZATIONS

CIA	http://www.odci.gov/cia
Intergovernmental Conference on Emergency Telecommunications	http://www.itu.int/newsroom/projects/ICET/
NATO	http://www.nato.int
OFDA	http://www.info.usaid.gov/hum_response/
The European Community Humanitarian Office (ECHO)	http://europa.eu.int/en/comm/echo/echo.html
U.S. Agency for International Development (USAID)	http://www.info.usaid.gov
U.K. Department for International Development (DfID)	http://www.oneworld.org:80/oda/index.html

NEWS AGENCIES

MSNBC	http://www.msnbc.com
Nando Times	http://www.nando.net
NY Times	http://www.nytimes.com
One World	http://www.oneworld.org
Panafrican	http://www.africanews.org/PANA/news
The Economist	http://www.economist.com
The Guardian	http://www.guardian.co.uk/
The Times	http://www.the-times.co.uk
USA Today	http://www.usatoday.com/usafront.htm
VOA	gopher://gopher.voa.gov

JOURNALS

Annals of Emergency Medicine	Http://www.acep.org/annals
British Medical Journal	Http://www.bmj.com/bmj/
Journal of the American Medical Association (JAMA)	Http://www.ama.assn.org/public/journals/jama
Journal of Infectious Diseases	Http://www.journals.uchicago.edu/JID/
New England Journal of Medicine (NEJM)	Http://www.nejm.org
The Lancet	Http://www.thelancet.com/
The Medical News	Http://www.themedicalnews.com

4.5 ESSENTIAL READINGS: ABSTRACTS

TECHNICAL

THE USE OF ESSENTIAL DRUGS WHO

Abstract:

HO Technical Report Series 867, including the revised model list of essential drugs (9th list). This report presents the recommendations of a WHO Expert Committee responsible for updating and revising the Model List of Essential Drugs. It provides guidelines for establishing a national programme for essential drugs and criteria for its selection. Discussion of quality assurance, post-registration drug studies, drug information and educational activities, research and development and antiviral drugs. In the light of increasing antimicrobial resistance, particular attention is drawn to the use of reserve antimicrobials. It also provides the ninth revised Model List of Essential Drugs, together with details of changes that have been made, a glossary of terms and an alphabetical list of all the essential drugs included.

Publisher: WHO Publication year:1997 Price: CHF 132

THE NEW EMERGENCY HEALTH KIT (DOCUMENT)

WHO/DAP/90.1 (1992, Revised Version will be out 1998) WHO

Abstract:

List of drugs and medical supplies for a population of 10,000 persons for approximately 3 months. Basic Unit : drugs, medical supplies and essential equipment for primary health care workers with limited training. Supplementary Unit : to be used only by professional health workers or physicians. It also provides with a "minimal" treatment guidelines for assessment and treatment of diarrhoea, management of child with cough or difficult breathing, anaemia, fever, pain, measles, skin conditions, Urinary tract infections, sexually transmitted disease and worms.

Both the concept and the contents of the kit, which was developed by WHO in collaboration with a large number of international and non-governmental agencies, are designed to expedite the provision of supplies in line with priority health needs. Although primarily addressed to relief agencies, the book also provides useful information for national authorities interested in stockpiling drugs and supplies in advance.

Publisher: WHO Publication year: 1992

Comments:

The NEHK contains NO DRUGS for the treatment of gonorrhoea, and NO CONDOMS.

EMERGENCY RELIEF ITEMS : COMPENDIUM OF BASIC SPECIFICATIONS
Volume 1 WHO
Abstract:
This Catalogue of Items for Emergency Relief is derived from a project conducted by the Inter-Agency Procurement Services Office of the United Nations Development Programme (UNDP/IAPSO), aiming at developing generic specifications for emergency relief items to be provided during the initial phase of a disaster. This is a useful instrument for proper planning and delivery of relief assistance in a rapid, concerted and cost-effective manner.

Publisher:UNDP/IAPSO Publication year: 1995

EMERGENCY RELIEF ITEMS : COMPENDIUM OF BASIC SPECIFICATIONS
Volume 2 WHO
Abstract:
This Catalogue of Items for Emergency Relief which results from intensive collaborative inter-Agency efforts led technically by WHO, is presented as Volume 2 covering a series of items for emergency relief, and is intended to encourage the standardization of medical supplies and equipment. This tool lists, by product groups, the complete basic specifications for all selected items, together with information on shipping weight/volume. This also includes the list of essential drugs required during the first phase of an emergency, along with guidelines for donations.

Publisher: UNDP/IAPSO Publication year:1995

MODEL GUIDELINES FOR THE INTERNATIONAL PROVISION OF CONTROLLED MEDICINES FOR EMERGENCY MEDICAL CARE
WHO,. WHO, 1996, PSA / 96.17.
Abstract:
Because of the risk of abuse, some essential drugs are under strict international control. Export-import controls, for example, make the timely international transportation of opioid analgesics to sites of emergencies virtually impossible. This document describes an example of simplified control procedures for the international provision of controlled medicines for emergency medical care.

Publisher: WHO/Programme on substance Abuse Publication year: 1966

FIELD GUIDE ON RAPID NUTRITIONAL ASSESSMENT IN EMERGENCIES
WHO, EMRO
Abstract:
Practical guidelines on how to plan and conduct a survey, analysis of anthropometric data by hand and computer, interpretation and reporting.

Publisher: WHO/EMRO Publication year: 1995 Price: US$ 6

Comments:
For rapid assessment only weight-for-height should be used as indicator; the presence or absence of oedema should be noted.

HEALTH LABORATORY FACILITIES IN EMERGENCY AND DISASTER SITUATIONS WHO, EMRO
Abstract:
This publication provides information on basic laboratory services in emergency situations. The guidelines are also intended to assist international agencies, national authorities and other bodies, involved in disaster relief in drawing a plan for the emergency laboratory services. It is also a guide for establishing laboratory facilities that can appropriately respond to emergencies using minimal possible supplies and the appropriate technology.

Publisher: WHO/EMRO Publication year: 1994 Price: US$ 9

PUBLIC HEALTH ACTION IN EMERGENCIES CAUSED BY EPIDEMICS
P. Brès
Abstract:
This guide is intended to assist those responsible for dealing with emergencies caused by outbreaks of communicable disease. It is divided into chapters dealing with :
- Explanation of terms and general lines of action
- Organization of an emergency health service
- Procedures for epidemiological investigations
- Analysis of investigation data
- General measures for the control of outbreaks
- Follow-up of control measures

Publisher: WHO Publication year: 1986 Price: CHF 49

THE MANAGEMENT AND PREVENTION OF DIARRHOEA WHO

Abstract:
This document is intended for health workers who are concerned with the management and prevention of diarrhoea, and for their supervisors and trainers. Each section is followed by a list of points of essential skills and knowledge required by health workers for the management and prevention of acute diarrhoea. Although this book refers mainly to diarrhoea in children, its recommendations apply equally to the adults.

Publisher: WHO Publication year: 1993 Price: 8.40

Comments:
The use of drugs for cholera and dysentery can vary according to local patterns of resistance.The document does not yet include 4-amino quinolones for treatment of dysentery. This document is also available in French and Spanish.

GUIDELINES FOR CHOLERA CONTROL WHO
Abstract:
This guidelines are intended to assist managers of the national disrrhoeal disease control programmes and other responsible for implementing choleracontrol activities. They are also useful for the international, bilateral, and non-governmental agensies in deciding on appropriate means of assisting countries to control cholera outbreaks.

Publisher: WHO Publication year: 1993 Price: 10.50
Comments:
See also : A guide to the development of on-site sanitation (1992)

A GUIDE TO THE DEVELOPMENT OF ON-SITE SANITATION
R. France's, J. Pickford & R. Reed
Abstract:
Everything you have always wanted to know about building latrines. Illustrated instructions, including specifications on design, dimensions, construction and maintenance. Advantages and disadvantages are weighed up against each other.

Publisher: WHO Publication year: 1992 Price: CHF.47

CONTROL OF EPIDEMIC MENINGOCOCCAL DISEASE, WHO PRACTICAL GUIDELINES (1995) WHO-Fondation Mérieux
Abstract:
The purpose of these practical guidelines are to help health personnel and health authorities, at any level: To update current knowledge about meningococcal disease, to detect and control epidemics of meningococcal disease as early as possible, especially in areas such as developing countries where epidemic meningitis raises particular difficulties, and to strengthen the capacity for emergency response to epidemics of meningococcal disease.

Publisher: Fondation Marcel Mérieux Publication year: 1995

TUBERCULOSIS CONTROL IN REFUGEE SITUATIONS (INTER-AGENCY FIELD MANUAL) WHO, UNHCR
Abstract:
This manual intended to inform operational agencies, donor agencies, field managers, government and non-government organizations on the issues related to TB control in refugee situations. The manual serves as a tool in the effective implementation, monitoring and evaluation of TB control programmes in refugee situations. The manual is aiming as a guide to successful treatment that will assist the cure of infectious patients which will eventually reduce transmission and prevent new patients from occurring.

Publisher: WHO Publication year: 1998
Comments:
DO NOT GIVE THIACETAZONE TO HIV POSITIVE TB PATIENTS.

The document may be freely reviewed, abstracted, reproduced and translated, in part or in whole, but not for sale nor for use in conjunction with commercial purposes.

MALARIA CONTROL AMONG REFUGEES AND DISPLACED POPULATIONS
Dr Jose A. Najera
Abstract:
These guidelines are designed to assist public health authorities in selecting malaria control activities adapted to such situations. These guidelines should be used as a complement to the more general guides on assisting and providing health care for refugees.__

Publisher: WHO Publication year:1996
Comments :
This document is not issued to the general public and all rights are reserved by WHO. The document may not be reviewed, abstracted, quoted, reproduced or translated, in part or in whole, without the prior written permission of WHO.

GUIDELINES FOR HIV INTERVENTIONS IN EMERGENCY SETTINGS
WHO, UNHCR, UNAIDS
Abstract:
The purpose of these guidelines is to enable governments and cooperating agencies, including the United Nations agencies and Non-Governmental Organizations (NGO's), at the earliest opportunity, to adopt the measures necessary to prevent the rapid epidemic spread of HIV in emergency situations, and to care for those already affected. They can also be used for fund-raising. The essential minimum package gives recommendations for what should be included as basic elements of a response to any emergency, whatever the circumstances, per 10.000 persons, over a time period of one month. Includes : safe blood transfusion, access to condoms, availability of materials and equipment needed for universal precautions to prevent the spread of HIV infection between relief workers and victims of the emergency, and availability of basic, relevant HIV/AIDS information.

Publisher: UNAIDS Publication year:1996
Comments:
See also : Use of plasma substitutes and plasma in developing countries. Guidelines for the appropriate use of blood

MENTAL HEALTH OF REFUGEES WHO / UNHCR
Abstract:
This manual is meant to help relief workers, community workers, primary care workers, teachers, and to those who give assistance to refugees and displaced persons. There are ten modules for self-instruction. The reader does not need special training in psychology or mental health. Health professionals may also find it useful, particulaly as an aid for training and supervising others. Problems and solutions are addressed on an individual case basis.

Publisher: WHO / UNHCR Publication year: 1996 Price: CHF. 30CHF. 21

Comments:

French version is also available .

COPING WITH NATURAL DISASTERS: THE ROLE OF LOCAL HEALTH PERSONNEL AND THE COMMUNITY WHO / ICRC

Abstract:Chapter 5 : "Action by the community", provides some guidance on community involvement.
Publisher: WHO Publication year: 1989 Price: CHF. 18
Comments:
Essentially focused on natural disasters. Of limited relevance to complex emergencies.

SAFETY MEASURES FOR USE IN OUTBREAKS OF COMMUNICABLE DISEASE D:J: DUNSMORE, WHO, GENEVA, 1986.

FACT SHEETS ON ENVIRONMENTAL SANITATION: CHOLERA AND OTHER EPIDEMIC DIARRHOEAL DISEASES CONTROL WHO
Abstract:
This document is intended for those dealing with the difficult task of identifying priorities and promoting and implementing programmes in environmental sanitation at the country level. The fact sheets included under the four main headings (Planning, Water supply, Sanitation and Hygiene education) aim to provide assistance in the choice and practical implementation of environmental sanitation measures for the control of cholera and other epidemic diarrhoeal diseases.

Publisher: WHO Publication year:
Comments:
This document is not issued to the general public and all rights are reserved by WHO. The document may not be reviewed, abstracted, quoted, reproduced or translated, in part or in whole, without the prior written permission of WHO.

GUIDELINES FOR SAFE DISPOSAL OF UNWANTED PHARMACEUTICALS IN AND AFTER EMERGENCIES

Abstract:
This inter-agency document is meant to provide the health authorities of countries in emergencies with guidelines on the implementation of safe disposal of unusable pharmaceuticals. A number of disposal methods are described, involving minimal risks to public health and the environment, and including those suitable for countries with limited resources and equipment.
Publication year: 1999

WHO , UN SYSTEM AND OTHER RELEVANT GREY LITERATURE

H.Vuori, E.Nakhla: **Lessons Learnt, Administration Report, Bosnia & Hertzegovina**

UNDAC Field Handbook, 1997
UN Consolidated Appeal Process
UN Common Country Assessament Guidelines
UN Development Assistance Framework Guidelines
IASC: TOR of the Humanitarian Coordinator, December 1994
IASC: Humaniarian Coordinators: an overview of the Field Humanitarian Coordination System, November 1998
UNICEF Emergency Manual
UNHCR Emergency Manual
The Sphere Project

VIDEOS AND SLIDES:

BEFORE DISASTER STRIKES (VIDEO) WHO, GENEVA, 1991.

MANAGING RELIEF SUPPLIES FOLLOWING DISASTERS: SUPPLY MANGEMENT PROJECT (SUMA) Pan-American Health Organization (PAHO) / Regional Office for the Americas of the World Health Organizations, 1996.

MENTAL HEALTH MANAGEMENT IN DISASTERS SITUATIONS (slides and booklets) PAHO, Washington D.C., 1991.

MYTHS AND REALITIES OF DISASTERS PAHO, Washington D.C.

COMPUTER SOFTWARE:
SUMA - SUPPLY MANAGEMENT PROJECT IN THE AFTERMATH OF DISASTERS Version 4.2, PAHO, Washington D.C., 1994 (version 5 expected late 1996)

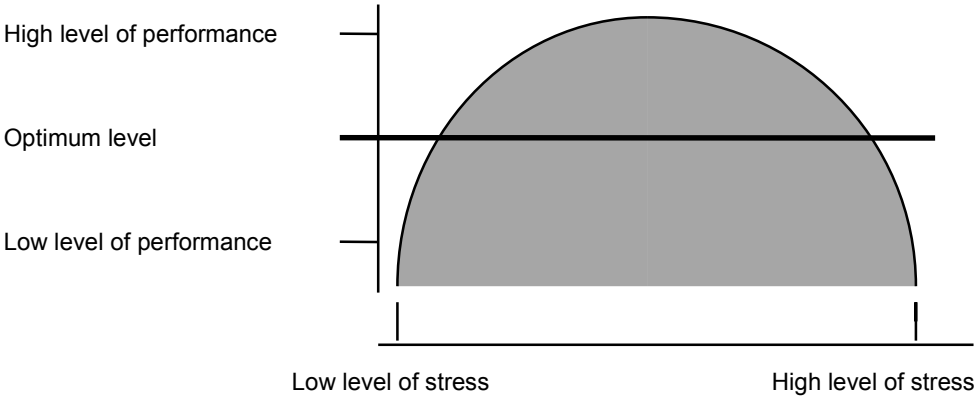
EPI-INFO: A WORD PROCESSING DATABASE; AND STATISTICS PROGRAM FOR EPIDEMIOLOGY ON MICROCOMPUTERS **Dean A.G. et al, Centers for Disease Control, Atlanta, Georgia, and WHO, Geneva, 1996.**
(consists of 3 disks of version 6.04a, June 1996).

WHAT ABOUT STRESS?

AN INFORMATION BROCHURE prepared by Trish Prosser, UNV Sress Management Specialist

Stress is a physical and psychological reaction or response to demands placed upon a person by our environment or from within ourselves. The word "stress" usually reminds us of something negative. People talk about it in terms of feeling uncomfortable, irritable or anxious. However if managed in the right way, stress has its positive functions. After all, in the beginning, similar physical and psychological reactions, related to the "fight or flight" response, saved our ancestors from being eaten by dinosaurs!

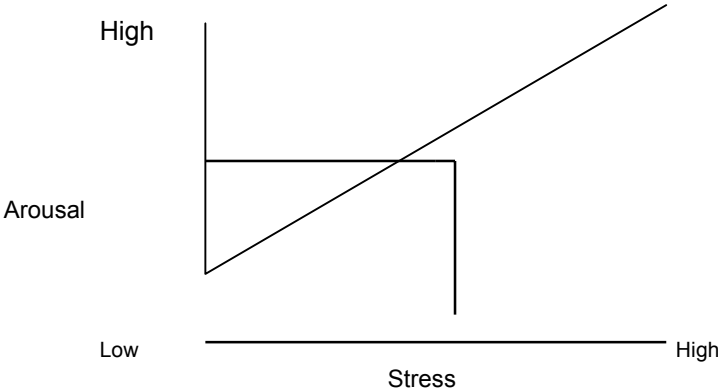
Stress is a natural phenomenon. The purpose of it is to prepare the body for the successful reaction to a demanding situation. The level of adrenaline in the bloodstream is increased, as well as the heart rate and blood pressure. Concentration is increased and the mind tends to focus on the particular task at hand. Stress is desirable in many situations. However, this does not mean the higher the level of stress the better the coping with the new demands are. As with the "arousal curve" below, we can see there is a level at which we will perform at our best, with not too much stress but enough to give us "an edge". If stress continues, however, creating higher levels of arousal this detracts from our ability to perform well. This level of "optimum performance" is a very individual thing and depends upon a great many factors.



Explaining the arousal curve

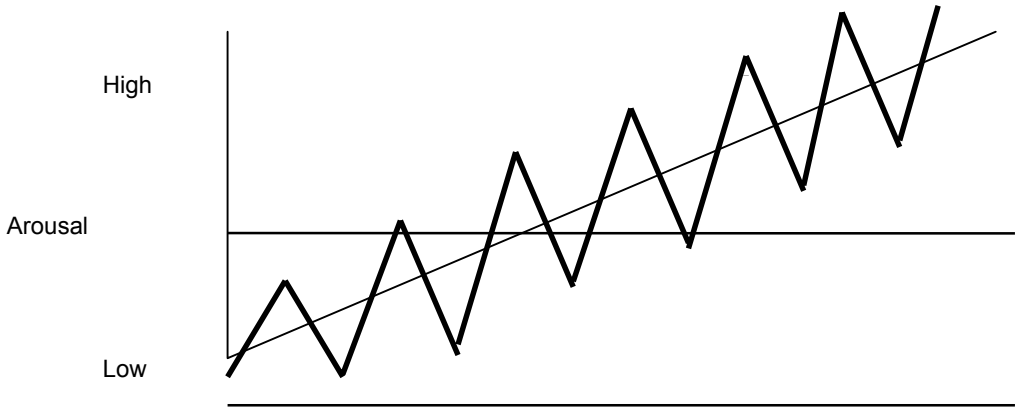
Arousal occurs through reacting to the stimulation of the environment around us. It involves a set of responses which we have inherited from our evolutionary past and which were originally designed to protect us from harm in a primitive environment.

As stress increases, arousal increases, to help us cope with these specific demands.



With a sudden increase of stress, and therefore arousal, due to an unexpected incident, we have the ability to perform in ways to protect ourselves from threat i.e. "fight or flight" [or "faint" for some of us]. This is an adaptive response as it's aim is to allow a greater likelihood for survival and therefore, continuation of the species. This response allowed our evolutionary ancestors to evade or protect themselves from predators, whereas today, the same response can help us in leaping from the path of a speeding vehicle or is the reason behind those stories of someone gaining superhuman strength to lift a car off a child.

Constant stress, or more likely, repeated events of varying stress, can trigger similar physical and psychological arousal responses but over a longer and more sustained period of time. This is where the adaptive, in a primitive environment, can become maladaptive in our modern world. It can have the effect of literally wearing the body and mind down, if some way is not found to better utilise this "left-over" arousal. Activities like walking, sports and yoga can help to burn off this "left-over" arousal in the same way that running or fighting would have done.



Cumulative stress model

Single stressful events raise the arousal level which then slowly begins to drop again to the "normal" arousal level. With repeated stressful events, the arousal level may not have time to return to the "normal" level on it's own. If this is continued over a period of time, an individual's arousal level becomes higher and higher and results in more "wear and tear" on the body and a person who continually feels "on edge". If this continues for long enough the individual may have physical problems like hypertension or psychological difficulties ranging from lack of concentration and motivation to personality changes.

When we talk about stress in our modern world, we can divide it into two types:

ii) **Cumulative stress** which results from prolonged exposure to a variety of different stressors of different origin. Performance will first increase with stress arousal, i.e. it helps us to prepare for an exam or important meeting, but as the arousal continues, performance will deteriorate. Complex tasks will suffer first, while simpler tasks can be maintained for a longer period of time.

ii) **Critical incident stress** or **traumatic stress** which refers to an event outside the range of normal human experience and can present a threat to one's life. It is usually sudden and unexpected.

Staff involved in emergency operations are exposed to a mixture of chronic and critical stressors, ranging from bureaucratic hassles and tension to situations involving life threat.

CUMULATIVE STRESS

What stress different people depends on one's personality, previous experiences and coping mechanisms.
Reasons for this type of stress in the emergency setting include:

- exposure to extreme conditions and circumstances, physical and emotional
- separation from usual support network of colleagues, family and friends
- organisational hassles including poor logistical support or job insecurity or feeling undervalued
- unrealistic expectations and criticism from work and also the host country
- insecure country situation and political/organisational ambiguities

Symptoms of this type of stress:

Emotional	increased anxiety and worry mood swings easily frustrated anger and temper outbursts easy to tears guilt, blame
Cognitive	lack of concentration, hard to "think straight" loss of creative or new ideas
Physical	neck and back pain headaches and stomach problems sleeping problems increased or decreased appetite
Behavioural	increased smoking, drinking or drugs hard to get out of bed in the mornings lack of interest in work and doing new things social withdrawal argumentative, being 'short' and overly sensitive not aware of own personal stress too busy to do things you enjoy

Coping strategies:

-vent your anger and frustration with someone you can trust

-meet with your supervisor or colleagues on a regular basis to discuss concerns

-take time for yourself to do something you enjoy

-keep yourself in good health; regular exercise

-keep yourself organised, set tasks one-by-one, complete them and reward yourself

-be up to date in information about the country, political and security situation, also try to be aware of what's happening in the outside world (helps to keep things in perspective).

CRITICAL INCIDENT OR TRAUMATIC STRESS

The term **critical incident stress** is used for extraordinary events that overwhelm an individual or group's capacity for coping. When these events are overpowering and lead to long-ranging effects on a person's life, they are termed traumatic. A critical or traumatic incident is characterized by it's sudden onset, the person's lack of control, the threat to human life and the uncertainty about the outcome at the start of the event. No matter what training or preparation a person or staff members have received, such events can lead to an array of after-reactions.

Critical events can include:
- The death, serious injury or kidnapping of a fellow staff member.
- Attack on the compound.
- Being held hostage, arrested or detained.
- Other events of personal injury or death, such as a car accident.
- Exposure to individual or mass atrocities.
- Other events of extreme emotional intensity.

There are two types of critical incidents or trauma. One is the single event trauma, where there is a single event affecting staff members. The other type is the cumulative, repetitive, or multiple event trauma, where staff face a series of traumas in succession in an emergency situation. When critical events become routine, they can lead to personality changes, post-traumatic stress disorder or "burnout".

It is important to remember that a critical event is in the eye of the beholder. A staff member might feel that her/his life is threatened, while from the outside the event might look trivial. It is the subjective experience of the situation that will determine the emotional, cognitive and behavioural reactions.

Immediate reactions to a critical event

When a person faces a crisis event, the human brain automatically mobilizes mechanisms that help us to survive or cope with the situation. These mechanisms can be grouped into three categories: a) emotional numbing; b) focused attention; and c) mental mobilization.

When an event is perceived as a threat, emotions are put on hold to free or retain a person's informational processing capacity to deal with the outside threat. For some, the subjective experience is that of being "in a movie" or "a dream". The second survival mechanism is focused attention, where a person may have 'tunnel vision" and only observe certain aspects of a crisis situation. Because of this focused attention, not all information about the situation is taken in, and this may cause partial amnesia or memory problems. The third mechanism is the mental mobilization that takes place. The brain will process huge amounts of information on several levels in a very short time to access previous experience and knowledge that can help to face or solve the critical situation.

Other reactions accompany these three mental mechanisms. There is often a change in time perception, as the mental processes have increased speed there can be the feeling of slow motion, or for example, somebody waiting for help in a crisis situation may experience time as an eternity. The other most common reaction is the sharpening of our senses. Which means that

sensory impressions in all sense modalities are taken in with great accuracy, detail and intensity. This happens parallel with a strong activation of the nervous system and can give rise to some of the most common after-reactions - intrusive images and thoughts.

It is important to consider these reactions as mechanisms of survival that help us in situations when our lives may be at stake.

Immediate reactions after a critical incident situation

Emotional	Feelings of exhilaration and heroism, which can go alongside with a sense of being overwhelmed or feeling helpless
Cognitive	Distress, memory problems, poor concentration and loss of perspective
Physical	Increased heartbeat and breathing, sweating, fatigue and shivering
Behavioural	Suppression of conversation, excessive talking, withdrawal from others, decreased ability to let go following the situation

Delayed after-reactions

Following critical incidents, there are a variety of normal after-reactions that people can experience:

- Difficulty going back to ordinary routine.
- Strong intrusive images, sometimes specific, or more movie-like recollections.
- Sleep disturbances.
- Concentration difficulties.
- Anxiety and vulnerability
  - a critical event can shatter our basic assumption of safety and security.
  - things that remind us of what we saw, heard, smelled, touched or tasted can trigger an anxiety reaction.
  - hypersensitivity which can lead to somatic complaints such as muscle and head aches or gastrointestinal complaints.
- There is excessive use of mental energy to process the event by day and night, when this comes on top of ordinary tasks, it may cause fatigue, irritability and anger, this can spill over to the family or team and lead to interpersonal problems.
- Grief reactions and crying
- Self-reproach, guilt and shame over what perhaps we thought we did or didn't do.
- It is not unusual to see previous events are reactivated for a person who has experienced a similar incident before.

HOSTAGE SITUATIONS

There is the possibility in a hostage situation that it may clearly be only for a few hours, such as in a burglary or it may be for another intended purpose over a more prolonged period of time.

Coping during the incident:

- Do not be arrogant and avoid eye contact unless specifically required
- Do what you are asked
- Practice relaxation techniques such as deep breathing and visualisation
- Make a plan for what you would like to do when you get out of the situation i.e. Go to visit a special friend
- If possible, practice physical exercise
- Do not refuse meals
- Keep in mind that any information one might receive may be distorted for different reasons
- If there is a group of staff involved, it can be useful to select a leader, someone who is trusted and has good leadership skills, this person should be able to encourage staff to endure the incident and try to organize regular activities
- Try to establish a routine

CRITICAL INCIDENT STRESS DEFUSING AND DEBRIEFING

A defusing is a small group process used as early as possible after a critical event. It is a shortened
version of a debriefing and staff members meet to talk briefly about what happened, before they start to rethink or misinterpret what took place. The goals are to secure the rapid reduction of reactions, normalize the experience as much as possible, re-establish the social network of the group and to lay the foundation for a full debriefing if it is felt necessary. The defusing should ideally be performed no later than 24 hours from the incident, it is considered to be the first step in appropriate care for staff. Staff can be trained to manage this type of debrief themselves.

There is another type of debrief that is used in incidents involving serious life-threat, death or serious injury to a colleague, or accidents or disasters. This type of debriefing should be done by a trained professional or team of trained professionals. It is much longer and more involved than a defusing debrief and emotionally charged in the great majority of cases due to the nature of the session. In the debriefing the purpose is to individually and then as a group reconcile the facts, thoughts, feelings and reactions to the incident. It should most effectively take place between 24 - 72 hours after the incident.

[PAGES 1-6 CAN EASILY BE MADE INTO A SMALL BOOKLET FOR PRE-DEPLOYMENT DISTRIBUTION]

CRITICAL INCIDENT DEFUSING

As mentioned earlier, "defusing" is a technique used as soon after a critical event as possible, best within eight hours. Staff members meet to talk briefly about what happened to lessen misinterpretation and reinvention of the events. The object is also to normalize the experience as much as possible and to secure the true facts of what happened. The meeting is aimed at small teams of people who normally work together and the session can be lead by a team leader(s), for example, who has been trained in the technique. This makes it highly applicable to teams in the field and also helps to determine whether a full psychological debriefing is necessary.

A "defusing" at as early a stage as possible, intends to intervene while people are at their most vulnerable and while initial impressions are still forming but not yet concretized. The defusing usually lasts between 20 to 60 minutes and should be held in a neutral environment with refreshments provided. The three phases are similar to the initial phases of a full psychological debriefing.

- Phase one includes an introduction of all the members of the group, their role in the team, encouragement for all group members to talk and some rules to the session which mainly cover group and individual etiquette through mutual respect.
- Phase two goes into a thorough exploration of the incident, as it is presently known, and initial impressions and feelings. The group members should do most of the talking.
- In phase three, information is given to the group about what kinds of reactions to expect and coping suggestions for over the next hours and days. This is also usually the time when the defusing leader gets an impression about whether a full psychological debriefing is necessary. A good indicator is whether the defusing begins to exceed 60 minutes, obviously then people have a lot to talk about.

The leader(s) of the defusing should also contact a psychologist (or appropriately trained and experienced mental health professional) before a session, if possible, and definitely afterwards for an evaluation of the session. A defusing may be all that is necessary and is therefore time and cost effective. Training for leaders to conduct defusings can take an initial two days with at least a further day follow-up at a later stage. An experienced professional should always be available for the leader of the defusing and for the advent that it is necessary to conduct a full psychological debriefing for the team.

CRITICAL INCIDENT DEBRIEFING

What is it?

A critical incident stress debriefing or psychological debriefing (PD) is a group meeting organized to facilitate a detailed review of thoughts, impressions and reactions experienced by persons involved in critical incidents, accidents or disasters.

After WWI a new phenomenon was noted in returning soldiers, at the time they called it "shell shock", today we call it Post Traumatic Stress Disorder (P.T.S.D.). In the 1970's, an accident on a North Sea oil rig resulted in the evacuation of the hundreds of workers over a matter of hours. As the first helicopters returned to the mainland, teams

of health professionals were on hand to immediately debrief the first of the workers involved. Somehow word filtered back to the rig and when the next loads of workers arrived they refused to participate in the debriefings ("John Wayne" syndrome). All of these men were tracked over the next ten years and it was found that those who refused to be debriefed had significantly higher rates of divorce, depression and suicide and other social and adjustment problems. In the 1980's, Jeffrey T. Mitchell in Colorado began working and writing papers on the efficacy of "debriefing" through his involvement with emergency services and disaster workers, more particularly fireman. It was Mitchell who originally developed the debriefing method most commonly used today.

Aims of a debriefing

A psychological debriefing aims to:

- Prevent unnecessary post-traumatic stress reactions i.e. Preventing the development of PTSD or other forms of traumatic after-effects. This is done through fact provision and normalization. For example, one of the reactions to a critical event is a natural phenomenon called the "tunnel vision" effect. This is when a person is so focused on a certain part of the event that they have little idea or memory of the entire picture of the incident and may unnecessarily blame themselves for not reacting in a certain way. This "tunnel vision" is a physiological response by the body to protect itself from the bombardment of its senses and allows the individual to focus on a task, perhaps such as opening a window to escape from a fire and not become inundated by the scene around them.

- Strengthen group cohesion, in natural working groups, normalize reactions or accelerate recovery processes by providing a possibility to talk about thoughts, impressions and reactions. Through a detailed review of facts, thoughts and information, the members of the group often get a much better picture and understanding of the events as they happened, than before the session.

- Bring the group together, where each member has the opportunity to provide some insight into the facts and experiences from different perspectives, this helps to provide everyone with a more thorough understanding of what happened.

- Educate participants about stress and stress reactions, give them forewarning about some expected reactions and help to sensitize group members to stress reactions for better coping in the future.

- Screen group participants who may be watched for need of further help.

When to use a debriefing.

A full psychological debriefing should be used for extraordinary events only. Milder or less disturbing events can be met by other types of intervention, such as "defusing".

Examples of where a PD should be used includes:

- death or serious injury of a colleague
- accidents or disasters involving children usually have a strong impact
- other situations involving serious life-threat or exposure to events with a strong emotional impact such as an armed burglary or hostage situation

In the last category of events it can be sometimes difficult to tell if a PD should be held. A team leader or manager should be able to see if several staff react strongly to a situation. If this is the case than a PD should be considered.

Questions (suggested by Mitchell) to ask might be:

- What is the nature of the critical incident?
- Is the event of sufficient magnitude as to cause significant emotional distress amongst those involved?
- How many individuals are involved?
- Are there several distinct groups involved or just one group?
- Where is the group now and what are they doing?
- Are there other concurrent stressors going on?

Who should be included in the debriefing?

Only individuals involved in the incident should participate in the meeting. However, to prevent members of a team becoming excluded from the group, individual staff members that for some reason were not involved in the incident should be included. Do not forget people like radio operators, who may not have been directly involved, for example, but relayed messages or followed events. Non-staff who were present should not be included in the PD, but they may require separate interventions. Family members should also be handled separately.

The best time for a PD.

The debriefing should not take place on the same day of the event. It usually takes people some time to realize what they have been a part of and become ready to discuss their reactions to the event. As people use suppression to be able to function during the critical event, some time must elapse before they are able to confront certain emotional aspects of the situation. Shortly following a critical event a defusing should be organised to help staff. This provides a first opportunity to talk about the event, and ensures some immediate support.

The best time for a PD is between 24 and 72 hours after the event. At this time staff are most receptive of the intervention. A PD can also be carried out later, but the effect will decrease as the distance in time between event and meeting increases.

Note: It is extremely important that the idea of a defusing or a full psychological debriefing should not be presented as an alternative for those who are having problems. It is most useful, ahead of time, to present these debriefings as routine after a critical event.

References

Chronic and Critical Stress in Emergency Operations: Guidelines for Staff Management, Atle Dyregrov, Ph.D., not published.
Coping with Critical Incident Stress(Traumatic Stress), Draft II, and **Coping with Stress in Emergencies,** Draft I, Dubravka Suzic, Staff Counsellor, UNICEF ESARO, Nairobi, 1996.

OVERALL STRATEGY

- To conduct pre-deployment briefings for all incoming staff i.e. staff members have already been deployed, but at least during their first few days of arriving.

- To conduct a debriefing for all expatriate personnel at the end of contract and who are leaving the country for the foreseeable future.

- "Fill in the gaps" by offering short workshops to all present personnel on stress and other relevant issues. This should not be necessary after time if all incoming personnel are presenting for pre-deployment briefings.

- Sensitize personnel to stress issues, disseminate information about "critical incidents" and provide psychological debriefings where necessary.

- Train interested personnel in conducting "defusings" and assisting in psychological debriefings.

- Be available for individual and generalist counselling.

- Provide workshops upon request.

- Visit field locations on a regular basis.

- Participate in UNV Newsletter.

MISCELLANEOUS
Forms, Contracts and Instructions

Printed annexes

Annexes in diskette (and some in this document)

5.1 SELECTING AND RENTING THE OFFICE

A. LOCATION AND SIZE

When selecting an office the following criteria should be considered and prioritised according to the situation (e.g. in a high risk area security will be prioritised above all other considerations):

- The office must project an image suitable to WHO: it should be visible, as central as possible and clearly identified as WHO by signs and flags.
- In some instances, the office may have to double as accommodation. If the situation really deteriorates, it may have to be an Evacuation Assembly Point.
- The office should be close to the main partners in the emergency operations (Government, UN agencies and leading NGOs). If possible, locate the office in an established international compound.
- Avoid locations close to strategic installations or potential targets (e.g. opposition party offices, military barracks, railways etc.).
- If security is a major issue, choose an office as close as possible to a UN assembly point or an airport in case of evacuation. Security must not be overlooked even if the area is considered safe. Situations can change dramatically. (See security Annex. 3)
- Staff will work late and must have secure access to the office 24 hours a day. Locating the office close to international staff accommodation (i.e. hotel) ensures security and convenience.
- Good, all-weather road access to the office is important. Locate the office close to a main road for both security and accessibility.
- WHO staff and consultants need a comfortable, peaceful and secure environment in which to pursue their work. Do not accommodate more than two staff in the same office room. Give preference to buildings with good natural illumination.
- A room, large enough to accommodate meetings of all WHO staff, plus officials of UN agencies, local Government and NGOs is essential.
- A reception area is also needed to greet, screen and control visitors.
- A secure, well-lit compound will help park and secure vehicles.
- There must be a reliable supply of electricity and water. Consider a water tank and a generator with fuel storage. In situations where it is difficult to obtain generators or fuel, consider the use of solar panels, batteries and voltage inverters. At a minimum you need to ensure you have sufficient power for laptops, communication devices and essential office equipment. All this equipment can be ordered through WHO HQ and, if necessary, brought in by arriving staff.
- Pre-installed telephones are an important consideration. In emergency situations, technicians and equipment to install new lines will invariably be scarce. Retaining any pre-existing telephone lines and numbers should be negotiated into the rental agreement.
- If radios are the primary means of communication, there should be adequate space to install antennae.
- Furnished offices are ideal as they represent a saving in time and money.

The office should have the following:

lockable doors and windows with security bars;
fire extinguisher (check expiry date) and emergency exits;
smoke detectors; and, if in a bad area, an alarm system;
good plumbing, sewerage and garbage disposal.

B. RENTAL AGREEMENT

The rental agreement is a very important document. It legally binds WHO to a commitment with another person or organisation. The following notes should be read carefully and referred to throughout the rental negotiation:

- Use an established property agent to assist in the task of locating a suitable office.

- Ensure that the lessor is actually the owner or landlord. Ask for proof of ownership. This is particularly important in an emergency where residents have fled the area. If in doubt, ask local authorities to vouch for the landlord's identity.

- Consult a local lawyer as to the legality and validity of the rental contract. In volatile situations, when there is strong possibility of evacuation, keep the period of rental short.

- The lease should be automatically renewable and contain a specific time frame for cancellation.

- It should be a proviso of the rental agreement that the lessor provides insurance for the office and office contents, including any additional equipment WHO may bring into the office. Establish with the lessor a system of updating the insured items on a regular basis.

- If in doubt as to the validity or wording of a contract, fax a copy to WHO Regional Office for legal opinion before signing.

- Obtain comparative quotes before making a choice. Note the reasons for the final selection and file them for future reference.

- If, according to the guidelines given by the Regional Office, the rent seems excessive, submit the quotes to HQ for approval.

- The administrative/logistics officer must keep you informed of progress in negotiating a rental agreement and obtain your approval before signing any contract.

- Alterations to the building should be undertaken with the prior consent of the lessor and, where possible, stipulated in the contract (e.g. reception area; wall divisions; installation of antennae; etc.).

- In areas where security is a consideration, ask the lessor to provide security guards as part of the rental agreement.

- If a deposit is required, ensure that the full amount and conditions for the return of the deposit are clearly stipulated in the contract. The return date of the deposit should coincide with the date of handing back the property.

- Before agreeing to pay a deposit make sure the amount requested is commensurate with the going rates in the area.

- Consult with UNDP Resident Representative's office for more details on rental contracts and advice.

A model rental agreement is provided on diskette

BEFORE TAKING POSSESSION

Walk through the office with the lessor and list all fixtures and non-expendable assets such as furniture. Note their condition; have the lessor check and sign the inventory. Photograph the premises before moving in, particularly any existing damages to the building. The photographs should be dated and witnessed by the lessor.

Spare keys should be cut for each door prior to issuing office keys to individuals.

5.2 VEHICLES

An effective and reliable means of transportation is essential, however, emergencies are generally short-lived and vehicles represent a significant investment. Before deciding to purchase a vehicle the following alternatives should be investigated:

1. Borrowing vehicles from local government, other UN agencies or non-government organisations.
2. Donors contributing vehicles to the operation.
3. Renting vehicles from local businesses.

Where there is an opportunity to borrow or rent a vehicle, ask that a driver be included with the contract. Inform potential donors in advance of the type of vehicle most suited to the operational conditions and which can be serviced and maintained locally.
In all cases, every effort should be made to ensure that vehicles are used in accordance with UN guidelines and regulations.

SELECTING THE RIGHT VEHICLE

Vehicles may be needed for a variety of tasks. The nature of the emergency and the type of work WHO is called upon to perform will affect the choice of transportation. Consider the following:

A. Vehicle use

What is the vehicle needed for? Will it carry passengers or goods? If so, how many and/or what quantity? What distances will the vehicle be travelling?

B. Terrain

Vehicles have to be acclimatised to the region they are destined. Determine the terrain over which the vehicle will be travelling. Is the road network in the region in good condition? Are the roads surfaced or non-surfaced? Is there seasonal weather? How will it affect the condition of the roads? Is the land mountainous or savannah?

C. Local support and back-up

Vehicles need to be serviced and maintained, particularly if they are being driven under rough conditions. Base your selection on the availability of spare parts and mechanical maintenance within the operational area.
Note the vehicle make and model of choice in the region, this is generally a good indication of the availability of parts and mechanics.
What is the cost of maintaining a vehicle in the area?
Which fuel is most readily available in the region, diesel or petrol?

D. UN agency assistance

In certain situations, where there is no possibility of local support for vehicles, it might be necessary to have the vehicles serviced and maintained by another UN agency. In such cases, where an agency is prepared to assist, the vehicle selected should match the specifications of their fleet to ensure availability of spare parts and mechanics.

E. Accessories

There are many accessories that might be needed for the field. As a rule, the following are considered standard for UN vehicles:

Fire extinguisher
First aid kit
Spare parts kit (oil/fuel/air filters; brake pads; fuses; bulbs for exterior lights; etc.)

Decals/flags/stickers identifying the vehicle as WHO.
Other considerations depending on the environment and situation are:

Alarms and theft prevention devices;
Roof rack;
Snow chains;

Air conditioning if the vehicle will carry vaccines or operate in hot climates;

Jerrycans with exterior mounting;
Second spare wheel;
Jumper cables;

Heavy duty jack, tools and reflective triangles.

PROCURING

Vehicle procurement is managed by WHO Supply Services. To assist them with their task, put as much detail as possible on the attached form (Annex. 5) then fax it to Supply Services. If vehicles are available locally at a reasonable price inform Supply Services accordingly and provide proforma invoices listing all specifications and details of accessories. See also Annex. 2 - WHO price lists.

IMPORTING AND CLEARING THE VEHICLE THROUGH CUSTOMS.

In addition to the guidelines (Chapter 2) for importing and clearing relief items the following should be noted:

1. Each country has rules and regulations governing the importation and registration of vehicles. Determine the procedures in advance of the vehicle arrival to speed up the process.
2. Both customs officials and the ministry of transport and/or the ministry of finance normally inspect imported vehicles, for which there may be a fee.
3. The possibility of taking short-cuts with the assistance of the government should be investigated. For example, the Ministry of Foreign Affairs can assist in clearing the vehicles through customs. Subsequent paperwork should be completed as soon as possible to show good faith and to ensure that the same procedures can be used again.
4. Obtain permission to use temporary registration plates until the documentation is completed.
5. Copies of all documentation pertaining to the importation of the vehicles should be filed separately for future reference. Make a note of the key numbers (ignition, door etc.).
6. The letter of attestation should contain the following additional information: Chassis number and engine number of the vehicle.

REGISTERING

After completing customs formalities, the vehicles need to be registered by local authorities. License plates will have to be applied for through the Ministry of Foreign Affairs. You will need to ascertain whether CD (diplomatic) plates are necessary, for example, in areas where cross border activities are taking place.
Where there is no licensing or government authority to issue plates, it may be necessary to design license plates to identify the vehicle; use simple methods such as – WHO 001. However, remember that services will soon be back in place and normal registration and entry procedures will have to be completed.

INSURING

All vehicles must be insured as soon as possible. The WHO office or UNDP will advise on obtaining insurance coverage locally.
When dealing with the insurance company, ensure that the insurance company accepts driving licenses of international staff members.
Where there is no local insurance available, it will be necessary to obtain coverage through the United Nations. To this end, notify WHO Regional Office, giving all relevant information of the vehicle (chassis number, engine number, model, type, manufacturer etc.), WHO Regional Office will then contact the insurers in New York to arrange appropriate coverage.
Accident report forms should be obtained from the insurers; copies to be placed in each vehicle in case of accidents.

ACCIDENTS

In the unfortunate event of an accident use the following guidelines:

(a) Drivers should immediately inform their supervisor or office, giving all relevant details.
(b) The driver must not sign any admission of guilt or accept any responsibility for the accident until the circumstances are thoroughly investigated.
(c) If vehicles are to be moved to side of road, the driver should make chalk marks showing the position of each vehicle involved in the accident.
(d) The supervisor or a staff member should attend the scene as soon as possible and take photographs of any damage to the vehicles involved.
(e) Note the names and addresses of any witnesses and record their statements where possible.

Report accidents immediately to the Regional Office and insurance company. Documents needed by the Regional Office:

(i) Copy of the formal report on the accident submitted to the insurance company (translations if necessary).
(ii) Copy of driver's report and copy of his/her driving license.
(iii) Copy of police report (translations if necessary).
(iv) Medical reports showing injuries or treatment given.
(v) Damage assessment and cost estimation of repairs from recognised vehicle agent.
(vi) Statements from WHO staff or others who may have witnessed the incident.
(vii) Report from you assessing degree of negligence of driver.

Repairs to WHO vehicles are normally undertaken after responsibility has been determined and insurance formalities are completed. Exceptions may be made when the vehicle is needed urgently for ongoing work. Drivers must be informed that they never acknowledge guilt in an accident.

DRIVING

WHO CAN DRIVE

International staff should not drive vehicles during working hours except under extenuating and unusual circumstances. National drivers know the roads, speak the language and understand local customs. They know the national rules of the road and are less likely to make errors. If there is an accident, local staff are more likely to talk their way out of potentially dangerous situations than international staff.
If it is necessary for international staff to drive the vehicles, written authority should be given by either yourself or the vehicle's project manager. In this case, the staff members must be informed of their potential liability in case of theft, loss, damage to the vehicle or another vehicle in cases of accident. If damage to an official vehicle is caused through the fault or negligence of a staff member as driver, then the Property Survey Board may require that the whole or part of the expense be recovered from the staff member responsible. International staff should complete a driving skills test with a senior driver.

If it is necessary, due to security reasons or lack of infrastructure, for the international staff to drive a vehicle for private purposes, the staff member must provide a valid license recognised by the local insurance company as valid.
Staff loaned or seconded to WHO may not drive the vehicles.

PASSENGERS AND CARGO

Non UN passengers may not travel in WHO vehicles without the permission of the WR. Where permission is granted, the passenger/s should sign a waiver to cover WHO in case of an accident. Exceptions may be allowed in cases of medical emergency.
No military personnel may travel in a WHO vehicle.
Weapons of any kind are not allowed in a WHO vehicle.
All packages taken on the vehicle should be packed and checked by WHO staff.
No hazardous or toxic material/ no explosives or unknown packages.
The vehicle must not be overloaded, see manual for recommended payload.

RECRUITING DRIVERS

It is very important to test drivers before recruiting them. Whoever conducts the tests (normally the administrative/logistics officer) should look for bad habits such as speeding, hard braking not paying attention to the road, poor regard for other motorists and over-confidence. Look for mature, experienced individuals with a clean driving record and accident free history. Remember that many countries have poor standards for driving tests. Vehicles are costly but not as valuable as passengers.

Driving test

Meet the applicant and ensure the applicant has his license with him and make a photocopy for records. The applicant must prove he has a valid license (the possibility of fraudulent documents should not be overlooked); the applicant should then be shown the vehicle he will drive.

Allow the applicant time to familiarise himself with the vehicle and then proceed with the skills test (print the driving ability test contained in Annex.1).

When you have decided on a suitable recruit, offer a provisional contract of employment.

General guidelines

1. No staff member is entitled to reserve a vehicle for his own use; the exception is the WR.
2. Vehicles should be clearly marked as belonging to WHO.
3. Care should be taken to project the right image at all times. Parking a vehicle outside a pub or night-club does not give a good impression and can lead to local resentment.
4. Seat belts to be worn at all times.
5. Unauthorised passengers or freight is strictly forbidden and each driver should be made aware of this.
6. Know the labour laws of the country in respect of driver's hours etc.
7. Fire extinguisher in each vehicle.
8. Make copies of the keys and store in safe place. Note numbers of all keys in case it is necessary to obtain duplicates from the manufacturer.
9. Spare fuel, Jerrycans etc., is always carried on the outside of the vehicle.
10. Copies of relevant vehicle documentation should be carried in the glove compartment at all times.
11. Rules for the driver to follow should be copied from Annex. 5 (Driver Rules) and posted on the staff notice board.
12. The vehicle is always the responsibility of the driver; it is his duty to ensure that passengers wear seat belts.
13. In areas of crime, brand tires, batteries, jack and tools with a distinctive mark.
14. Seal the cables between the odometer and the transmission. Make the drivers aware of this precaution.

5.5 Log books

Drivers are responsible for keeping the daily log books of their assigned vehicle (an example of a daily log is available in Annex. 5). All trips made in a WHO vehicle are noted in the daily log, clearly showing the following:

Vehicle was inspected before start of work
Beginning and ending mileage
Passengers
Reason for the trip

Fuel purchased

Name of driver

Although primarily intended to keep accurate records for auditing purposes, log books are useful as they quickly show when a vehicle is consuming too much fuel. This may indicate that there is a mechanical fault or that fuel theft is a problem.

Log books may also be used to justify the need for more vehicles.

Monthly assessment of fuel consumption for each vehicle should be made to ensure that it coincides with the manufacturers specifications.

Maintenance

Immediately establish a system of allocating responsibility for the maintenance and servicing of a vehicle.

1. Drivers must perform a daily inspection of the vehicle before commencing the days' work.
2. Drivers must inform their supervisor in advance of scheduled service dates so as not to interfere with ongoing operations.
3. The vehicle should be serviced according to the schedule in the vehicle owner's manual.
4. Reputable mechanics should complete the vehicle manual service record section after each service.

5.3 INITIAL REPORT (SHORT VERSION)

Organization: _____ Date: _____ Compiled by: _____

Nature of emergency (type of actual or imminent hazard) _____
Date started: _____ Expected evolution: _____
Additional hazards: _____

Description of affected area (add at least a sketch map, showing settlement areas and boundaries):

_____
_____

Description of affected population:
Vulnerable/special groups?: _____
Number of people: killed _____; injured _____; homeless _____

Damage to infrastructure. Is there: housing? yes□ no□ hospital? yes□ no□
water? yes□ no□ electricity? yes□ no□ telecommunications? yes□ no□

Existing national and international organisations:

Which organisation is coordinating?: _____

Immediate vital needs of the population (taking into account present resource capability):
Immediate vital needs of the responding organisations:

OTHER (any useful information to assist in determining the nature of the response):

_____
_____

5.4 PROGRESS REPORT (SHORT VERSION)

Organization _____ Location _____ Date _____

Compiled by_____ Nature of programme _____

Date Programme started _____ Expected completion date _____

Description of working area (add a sketch map - highlight any changes from last report)

_____

Estimated Population within your area of responsibility _____

Percentage of population impacted by your programme to date _____

RESOURCES NEEDED TO COMPLETE PROGRAMME

PHARMACEUTICALS:

Type (vaccines, drugs etc.)	Dosage/strength	Quantity

MEDICAL EQUIPMENT (syringes, consumables, chemicals etc.)

Type	Special considerations (specifications etc.)	Quantity

PERSONNEL

Type (Dr, nurse, admin etc.)	Special skills	Number

LOGISTIC SUPPORT (vehicles, refrigeration, warehousing etc.)

Type	Describe purpose and use	Quantity

Where necessary, attach lists to the back of this form; please make note in appropriate column.

5.5 REPORT GUIDELINES (SHORT VERSION)

1. ORIENTATION. Country, region, area affected. Terrain (jungle, desert, mountainous, flat etc.)

2. CLIMATIC CONDITIONS

3. NATURE OF EMERGENCY. Type of actual or imminent hazard

4. DESCRIPTION OF AFFECTED AREA.

5. DESCRIPTION OF AFFECTED POPULATION

6. IMPACT IN TERMS OF MORTALITY AND MORBIDITY

7. EXISTING RESPONSE CAPACITY(in terms of human and material resources):
8. ADDITIONAL REQUIREMENTS
9. RECOMMENDATIONS

An annex should illustrate the timetable of the assessment, give a summary of the methods used and the list of sources. It will also carry maps and copy of the questionnaires used and of the background documents that may have been collected in the field.

5.6 EVALUATION FORM

Please complete this form with as much detail as possible. Where there is insufficient space for your comments, observations, notes or recommendations, please write 'see attachment' and staple it to the back of this form.

Organization: _____ Location: _____ Date: _____
Compiled by: _____ Title: _____

DETAILS OF ORGANIZATION			
Main function (health relief, nutrition etc.):	_____ _____		
Home Office address:	_____ _____		
Phone number: E-mail:		Fax number: Other:	

NAMES OF TEAM MEMBERS	FUNCTIONS AND RESPONSIBILITIES

PRESENT AND FUTURE RESPONSE DETAILS	
Date first notified of emergency:	
From which source (media, embassies etc.):	
Date arrived at emergency:	
Date commenced response operations:	
Expected departure date:	
Specify emergencies interested in:	

WORK ACCOMPLISHED

List each task or area of responsibility separately. Specify the following:

1. Area and location of work site (sketch map showing area of responsibility in relation to settlement areas).	
2. Population of area covered by map	
3. Describe sector of population targeted within area (age, gender, number, etc.).	
4. Implementing agency/in collaboration with:	
5. Nature of work undertaken (e.g. measles immunisation, sanitation, nutrition etc.)	
6. Background (state the problem in terms of hazards and vulnerabilities. Explain the reasons why the objectives are necessary to the response).	
7. Professional standards observed according to WHO guidelines? Specify guidelines used:	
8. Detail environmental considerations observed:	
9. Date started	
10. Date finished	
11. Population reached	
12. Problems encountered and solutions found:	

SYSTEMS LEFT IN PLACE

Surveillance systems: Are they in place and operational? Who is running them? (names and contacts) Lines of communication open? (What are they, who runs them?) Indicators understood by new team? Analysis of data available and in accordance with guidelines?	
Nationals: Consider the level of expertise among nationals – On arrival On departure How is it improved? Was technological advancement necessary for national recruits? What standard was achieved? Was beneficiary happy with end result? If not, why not?	

SUPPLIES AND EQUIPMENT

WHAT YOU ARRIVED WITH
(Medical supplies and equipment; vehicles; communication equipment; and other items of intrinsic value to response):

TYPE	QUANTITY	DETAILED DESCRIPTION

WHAT YOU RECEIVED DURING RESPONSE OPERATIONS

TYPE	QUANTITY	DETAILED DESCRIPTION

WHAT YOU USED

TYPE	QUANTITY	WHERE AND FOR WHAT PURPOSE

WHAT YOU ARE LEAVING BEHIND

TYPE	QUANTITY	WITH WHICH ORGANIZATION AND FOR WHAT PURPOSE

WHAT YOU ARE TAKING WITH YOU ON DEPARTURE

TYPE	QUANTITY	DETAILED DESCRIPTION

EXPENDITURE

Total funds received for emergency (specify currency) Total funds requested		_____
Breakdown of expenditure:		
	Administrative	_____
	Personnel (International)	_____
	Consultant fees	_____
	Personnel (National)	_____
	Running costs (rent, utilities etc.)	_____
	Medical supplies and equipment	_____
	Vehicles and maintenance	_____
	Logistical supplies and equipment	_____
	Communications	_____
	Training and seminars	_____
	Project expenditure (detail each separately)	_____
	Programme expenditure	_____
	Other (please specify):	_____
	Total	_____

Please give your opinion on the following, suggest alternatives or changes that could be made:

WHO technical guidelines Were they self-explanatory? Pertinent to the situation?	
Overall coordination of the health response	
UN response and management of the emergency	
Availability and allocation of resources	
Cooperation between participants Information management and communication	
Overall effectiveness of response	

FUTURE EMERGENCY RESPONSE

Please complete this for future reference.

How can WHO notify your organisation of an impending emergency (names and contact numbers).		
Describe resources your organisation has on standby for emergencies (logistical, medical, personnel etc.)		
Item	Qty	Detailed description
Lead time to deploy these resources (hrs, days, weeks, etc.):		
Conditions that may apply to response?		

5.7 PROJECT SUMMARY SHEET

Project (Name *of project*; very *short)*

Sector (*Health/Agriculture, etc.; Relief/Rehabilitation, Development, etc.)*

Code (your *serial no*)

Appealing Agency ***

Area of Operations (geographical *area: District, Region, and Country)*

Target population (the *population living in the area covered by the project*)

Implementing Agency ****, in collaboration with...*

Timeframe ...(*expected duration, rather than precise dates*)....

Objective . .....(*global objective)*...

Funds requested ..... (*from the international community*).....

Background. ..... (state *the problem, in terms of hazards and vulnerabilities; it should include the reasons why the objectives are relevant to the country and/or to the wider relief/rehabilitation programme*)

Currently..... (*it should mention whether the project is new, or is under way, and only an extension is proposed, or whether the objectives are already tackled by other projects)*

In this context, *** (Name of Agency) intends to contribute to...(the *global objective)*.... by ensuring that .... *(immediate objective/s)* .

Activities. *** will ..... (*project activities: essentially **verbs**; they should reflect the lines of the budget below*). *Special emphasis will go on*.... (if applicable: essential strategy notes).

Institutional arrangements and inputs. Activities will be implemented by ***, in collaboration with (*name of Division and Department* of *the national Ministry and/or UN agency involved*) and .....(other partners, as applicable).....

*** will contribute to the project.... (*this may include other donors' contributions*)
Additional assistance is needed in order to.....

Outputs, reporting and evaluation. The activities above are expected to produce..... (*list the outputs: only **substantives** are needed, NO verbs*).

Technical and administrative reports will be submitted by *** to the donor (and *the national authorities, if applicable*) every ..... A joint evaluation will be conducted by ***,..... and..... on.....

Budget	**USD**
.....….	.....
…….	……
.....	.....

Total costs (1) .....
Total available (2. *from *** or other donors*) .....
Total requested (3.= 1-2)

5.8 GUIDELINES FOR THE IMPREST ACCOUNT AND PETTY CASH

IMPREST ACCOUNT: GENERAL RULES

1. Keep a separate imprest for each currency unit you use (USD, local currency, etc.)

2. All disbursements must be recorded in the WHO 412 Imprest Account Cash Book.

3. Update the imprest book on a daily basis.

4. Use Vouchers (example in this Annex) with every payment. Each voucher should be numbered chronologically and correlate with the voucher number placed on the imprest.

5. Attribute each expenditure to the appropriate sticker number (record it in the imprest account and on the voucher).

6. Obtain receipts for all expenditures, no matter how small. Sometimes it is difficult to obtain receipts from vendors in emergency situations. This annex contains a general receipt form that can be completed and signed by the vendor.

7. At the end of each calendar month you and the administrator must count all available cash. A cash count certificate (in this annex) is then completed. IOU's and chits can not be used to make up any shortfalls.

8. Seven days after the end of each calendar month, the imprest account (with all vouchers, receipts and bank reconciliation) must be forwarded to the Regional Office or WHO HQ.

9. Replenishment of funds can only take place after you have submitted the monthly imprest.

A copy of the standard imprest account 'WHO 412' and various forms that can be used in conjunction with the imprest are attached to this annex and may be used by you in the absence of normal WHO services.

TIPS

• Never make loans from the imprest account: not from the bank account nor from the petty cash.

• Salary advances can only be made under exceptional circumstances. If so, the amount should not exceed 25% of the total monthly wage of the employee.

• Compile all receipts, vouchers, cash count certificate, bank statements etc. in the same order as they appear on the imprest. Photocopy all the documents and keep for your records. This is useful in case the imprest is lost in transit.

• Make a habit of putting as much detail as possible on each voucher, make notes if necessary. This will be invaluable in case of queries at a later stage.

• Double check that disbursements are allocated to the appropriate sticker numbers.

How to use an Imprest account cash book (model in the annex 5.31)

- In the title bar write down the name of the project or office using this imprest account, the page number (1, 2, 3, etc.) and the currency used (USD, CHF, (FINANCE page --), currency of the country of assignment, etc.).

- Write in the month and year in the space provided.

- The columns should be completed as follows:

Date – Write in the date the money was received or disbursed.

Totals from last page – This title is a bit confusing, the first row contains the opening balance or the total from the previous page. Thereafter the rows describe each transaction for the month (e.g. 'salary paid to Mr. ---' or 'electricity bill').

Cheque No. – The serial number of the cheque used to make a payment.

Voucher No. – The number of the voucher attached to the payment. These numbers should be sequential.

Bank Account – There are two columns. In the received column note any money credited to the bank account during that calendar month. In the paid column record any disbursements for the month.

Petty Cash – Similarly, record any cash received to replenish the petty cash and note all the expenditures individually.

Obligation (sticker number)/Allotment etc. – This is very important. Each expenditure or deposit must have a sticker number allocated to it. This is essential to ensure that each sticker number is debited or credited correctly.

5.9 GUIDELINES ON OPENING AND OPERATING BANK ACCOUNTS

A bank account can be opened by you in conjunction with the Regional Office and WHO Headquarters.

Choosing a bank
Normally, you would open an account at the same bank used by the WHO office. However, in the emergency phase, only a few banks may still be operating. Determine which banks currently operate UN accounts. This is useful as it means they meet UN requirements. Also, you can ask the agency in question to introduce you to the bank.

To assist you in your choice and ensure a smooth relationship, ask the following questions:
1. Does the bank operate foreign currency accounts?
2. Is there a delay in crediting an account after a transfer is made? How long?
3. Do they permit withdrawals in foreign currency?
4. Can the bank produce monthly statements? (This may sound obvious, but nothing should be taken for granted during a crisis)
5. What are their monthly charges and/or commissions for servicing the account?
6. What insurance is there in case of bank failure?
7. Is the bank a member of an international bankers association? If so, which one?
8. Does the bank have other international organisations banking with them? Which ones?
9. Can WHO international staff cash foreign currency cheques at the bank?

The bank must be reliable, have a history of operating within the host country and preferably linked internationally. These details and any other information you consider pertinent should be forwarded to Coordinator Treasury as soon as possible.

WHO requirements for opening an account
Prior to opening a bank account, the clearance of Coordinator Treasury at headquarters must be obtained. The Coordinator Treasury will require the following details:
- Exact name and location of the bank.
- Type of account to be opened.
- Account number.
- Names of the persons authorized to operate it.

HQ will fax a special form that you and any other certifying officer will have to sign with your specimen signatures. Fax one copy back as soon as possible and forward the original by diplomatic pouch.

The bank will only open your account upon receipt of authorization to do so from Coordinator Treasury, WHO HQ.

Operating the bank account
Cheques should bear two signatures. If your office has too few senior staff for this to be done, the Administrative/logistics officer can be designated as the second signatory.

Only under exceptional circumstances will Coordinator Treasury or regional directors authorize one-signature arrangements for project imprest holders.

At the end of the month the bank statement must be reconciled with the imprest account to ensure that it balances. Remember to include all bank charges, commissions etc. on your imprest.

Outstanding debits and credits must be followed up and cleared promptly.

IMPORTANT
Never commingle funds from other accounts which may be opened, including the WHO office accounts.

Never accept any money into the account from any outside source (donors, NGO's etc.) without first clearing it with Chief, Accounts.
Keep the cheque book locked away until you need it.

Never issue a cash cheque (When you write a cheque for petty cash make it out in the name of the book keeper).

Never sign a blank cheque.

5.10 GUIDELINES FOR WHERE THERE IS NO BANK

1. Before leaving the Regional Office obtain insurance for any WHO funds you are carrying (see Coordinator, Health Insurance and Pension).

2. On arrival in the affected area, see immediately whether a safe is available, either in the WHO office or any UN agency (UNDP, if present, will have a safe in their offices).

3. If not, there may be banks not fully operational, but which still offer safe deposit boxes.

4. Consider using the safe in your hotel. Large international hotels will be more likely to have a reliable safe deposit system than a smaller locally owned hotel. If you decide to use the hotel safe, adapt the guidelines listed in the next section

5. If this too, is not possible, consider purchasing a safe.

6. Until such time as you have located or purchased a safe, you must keep the money on your person.

7. If assaulted, do not attempt to resist. It is not worth it. At all times value your life above that of the money you are carrying. If possible, split the money among fellow staff. Document accordingly.

Guidelines for using the safe of another agency or at your hotel:

Remember, the responsibility of the other organisation/hotel is just to safeguard a sealed envelope of unknown contents.

1. Count the money in the presence of your administrator or a fellow WHO staff member. Use a cash count certificate to detail the breakdown of the currency. Seal the money in an envelope with a copy of the cash count certificate. Both now sign across the seal of the envelope.

2. Take the envelope to the agency/hotel where there is a safe. Ask the person responsible for the safe to sign across the seal and issue a signed and dated receipt for the envelope.

3. Plan your expenditures in advance. The most helpful of organisations will soon tire of you using their safe if you are constantly requesting access.

4. When retrieving the envelope from the safe, verify that the seal and signatures are not disturbed. Endorse the receipt and return it to the responsible person.

5. Use a new receipt and envelope each time you remove funds.

Replenishing funds

In the absence of banks it will be difficult to replenish funds promptly. Plan for this. Normally, newly arriving staff members will be asked to carry funds. This, although a quick-fix solution, is not ideal as most staff members are very uncomfortable about carrying large amounts of cash.

An alternative approach is to determine which UN agencies (usually those with large budgets) are employing the services of professional couriers. Determine the possibility of having funds brought in by these couriers and advise the Regional Office accordingly.

5.11 Check List for Completion of Travel Claims

1. Surname in block letters, signed by your self and your supervisor.

2. Tick whether free meals or lodging provided. ONE BOX MUST BE TICKED.

3. Complete departure and arrival dates - listing places visited.

4. Attach original used ticket stubs in all cases, whether provided by WHO or other source. FAILURE TO ATTACH TICKET STUB WILL STOP PAYMENT OF CLAIM.

5. Travel by private car. Keep receipts for petrol, tollway, ferry crossing or other proof that journey was undertaken by private car. FAILURE TO PROVIDE SUCH PROOF WILL STOP PAYMENT OF CLAIM.

6. Other reimbursable expenses. Only the following can be reimbursed and only against receipts. Taxis to and from international airports, Visa fees, excess baggage fees and official phone calls and faxes.

7. Purchase of own ticket. Reimbursement will only be made upon submission of ticket stub, invoice and separate proof of payment.

8. Costs of hotels should be kept within the per diem allowed. In exceptional cases, ad hoc per diem may be approved in advance of travel. In this case, hotels bills for the whole mission must be attached to the claim. Per diem will be based on an average of all hotel bills.

9. Attach original travel Authorization.

10. Record all advances received.

5.13 FURNITURE REQUIREMENTS CHECKLIST

USER	DESK	CHAIRS	TABLE	FILE CABINET	OTHER
STAFF					
WR					
Admin/log Officer					
Consultants:					
Other:					
Receptionist					
Secretaries:					
Security guard					
OTHER					
Communications room					
Logistic store					
Reception					
Conference room					
TOTALS					

5.16 DAILY LOG SHEET

VEHICLE REGISTRATION: _____ DATE: _____ DRIVER NAME: _____
START OF DAY VEHICLE INSPECTION (check each item after you complete the examination):
Oil □ Water □ Brake fluid □ Clutch fluid □ Windscreen fluid □ Brakes □ Handbrake □ Brake lights □ No scratches/dents □
Headlights/beam and dip □ Indicator lights □ Interior light □ Tyres □ Spare tyre □ Hazard signs □
The fuel tank is full □ Starting kilometres: _____
I certify that the first aid kit, fire extinguisher, jack, wheel spanner and tyre lever are in the vehicle and are functioning.
Signed: _____

Time out	Time in	From	To	Reason for trip	Passengers	Starting kilometres	Ending kilometres	Fuel purchased

END OF DAY VEHICLE INSPECTION (check each item after you complete the examination):
Oil □ Water □ Brake fluid □ Clutch fluid □ Windscreen fluid □ Brakes □ Handbrake □ Brake lights □
Headlights/beam and dip □ Indicator lights □ Interior light □ Tyres □ Spare tyre □ Hazard signs □
The fuel tank is full □ Ending kilometres: _____ Total kilometres travelled: _____ Total Fuel purchased: _____
I certify that the first aid kit, fire extinguisher, jack, wheel spanner and tyre lever are in the vehicle and are functioning.
Signed: _____ Verified keys and vehicle received by: _____ Date: _____

5.15 VEHICLE SELECTION SHEET

Country: _____ Project: _____ Date: _____

1. Vehicle needed for: Passengers. How many: _____ Distance: _____
   Cargo: Volume: _____ Weight: _____
   Features needed (check as required): Station wagon □ Four doors □ 4x4 □
   Winch □ Roof rack □ seating for passengers 4□ 6□ 8□

2. Terrain you will be driving on (check each condition as appropriate:
   Surfaced roads□ Dirt roads □ Off-road □ Mountainous conditions □ Savanna □ Tropical climate □ Desert □ Snow □ Rains□ Mud □ Other _____

3. Vehicle most prevalent in region: Manufacturer: _____ Model: _____
   Purchase price: _____ Availability delay: _____

4. Vehicle most used by UN: Manufacturer: _____ Model_____
   Can support WHO with service and maintainance: _____

5. Tyres What is the best tyre type for the above conditions?

6. Fuel availability: Diesel □ Petrol □ Cost/litre:_____

7. Altitude in metres _____

8. Accessories (check each required)
   Fire extinguisher □ First aid box □ Spare parts □ Air conditioner □
   Heavy duty jack □ jerrycans and mounting □ extra spare tyre □ Off road tyres □ snow/mud chains □
9. List any other details that may influence the type of vehicle to be purchased:
   _____
   _____

5.18 FUTURE RESOURCE ASSESSMENT

This form will be used to determine the need for more medical resources and to streamline the future response to the crisis.

GENERAL INFORMATION

Organization: _____ Head of Mission: _____ Donors: _____

In-country address: _____

Phone # _____ Fax # _____Satphone # _____ Satfax # _____

HF type/freq/selcall _____VHF type/freq/callsign _____ Other: _____

MEDICAL SUPPLIES INFORMATION

List all resources on order/in transit to the affected country/region and the expected date of arrival.

1. EMERGENCY HEALTH KITS (If the health kit is not an internationally recognised standard (such as the WHO New Emergency Health Kit) then a list of contents should be attached.

TYPE (e.g. WHO New Emergency Health Kit)	Quantity	Expected date	INN[4]	Port of entry	UNCCS[5]

2. PHARMACEUTICALS

TYPE (e.g. vaccines, drugs etc.)	Presentation (vial, tablet, ampoule etc.)	Dosage/strength	Qty	INN	Name of manufacturer	Expiry date	Expected arrival date	UNCCS

[4] International nonproprietary name (or generic name)

[5] United Nations Common Coding System

3. **MEDICAL EQUIPMENT** (mobile hospitals, tents, surgical equipment, water purification etc.)

Type	Quantity	Date expected	Intended use

4. MEDICAL PERSONNEL

Type	Number	Date expected	Special skills (e.g. epidemiologist etc.)

5. LOGISTICS (Refrigerated containers, vehicles, ambulances, aircraft etc. expected in the near future)

Type	Description (size and capability)	Date expected	Destination and intended use	Special considerations

6. DONORS (this information will assist in streamlining the response and help ensure that donations are maximised to their fullest potential so as to avoid duplication of assistance)

Name of donor	Funds or supplies donated	Date available	Special conditions applicable to donation

IMMEDIATE MEDICAL RESOURCE ASSESSMENT

Please complete this form and return to WHO as soon as possible. The information compiled is critical to the emergency response.

GENERAL INFORMATION

Organization: _____ Head of Mission: _____ Medical co-ordinator: _____
In-country address: _____esponse commencement date: _____
Phone # _____Fax # _____Satphone # _____ Satfax # _____
HF type/freq/selcall _____ VHF type/freq/callsign _____ Other: _____

MEDICAL SUPPLIES INFORMATION

List only what is immediately available in country/region.

1. EMERGENCY HEALTH KITS If the health kit is not an internationally recognised standard (such as the WHO New Emergency Health Kit) then a list of contents should be attached.

TYPE (e.g. WHO New Emergency Health Kit)	Quantity	Location	INN[6]	Name of manufacturer	Expiry date	UNCCS[7] number

2. PHARMACEUTICALS

TYPE (e.g. vaccines, drugs etc.)	Presentation (vial, tablet, ampoule etc.)	Dosage/strength	Qty	INN	Name of manufacturer	Expiry date	Present location	UNCCS number

[6] International nonproprietary name (or generic name)

[7] United Nations Common Coding System

3. **MEDICAL EQUIPMENT** (tents, surgical equipment, water purification etc.)

Type	Quantity	Location	Notes on equipment/considerations

4. MEDICAL PERSONNEL (personnel, strength and any special skills)

Type	Number	Location	Special skills available (e.g. epidemiologist)	Name and contact #

5. LOGISTICS CAPABILITY (Refrigerated stores; cold chain distribution system; warehousing; vehicles; aircraft etc.)

Type	Description (size and capability)	Location	Additional information (e.g. working hours, transportation schedules etc.)	Special considerations

6. HOSPITALS AND CLINICS (mobile hospitals, ambulances etc.)

Type	Location	Services available (e.g. surgeries/cholera wards etc.)	Bed capacity	Supervisor and contact number

7. **OTHER** (anything considered relevant to determining the response to the emergency)

_____
_____
_____
_____

5.19 LOCAL RESOURCE ASSESSMENT

Note to government department/national pharmacy/pharmaceutical company - please complete form and return to WHO as quickly as possible.

GENERAL INFORMATION

Organization: _____ Contact person: _____ Nature of business: _____

Address: _____

Phone # _____ Fax # _____

HF type/freq/selcall _____VHF type/freq/callsign _____ Other: _____

MEDICAL SUPPLIES INFORMATION

List what is immediately available from warehouse/stores that can be used to meet the crisis without adversely affecting the normal supplies to the unaffected regions of the country.

1. EMERGENCY HEALTH KITS (If the health kit is not an internationally recognised standard (such as the WHO New Emergency Health Kit) then a list of contents should be attached.

TYPE (e.g. WHO New Emergency Health Kit)	Quantity	Location	INN[8]	Name of manufacturer	Expiry date	UNCCS[9] number

2. PHARMACEUTICALS

TYPE (e.g. vaccines, drugs etc.)	Presentation (vial, tablet, ampoule etc.)	Dosage/strength	Qty	INN	Name of manufacturer	Expiry date	Present location	UNCCS

[8] International nonproprietary name (or generic name)

[9] United Nations Common Coding System

5.20 LOGISTICAL CAPABILITY OF ORGANISATIONS

Country: _____ Date of assessment: _____ Assessor: _____ Health Coordinator: _____

GENERAL INFORMATION

Organization: _____ Head of Logistics: _____ Date commenced emergency response: _____

In-country address: _____

Phone # _____ Fax # _____ Satphone # _____ Satfax # _____

HF type/freq/selcall _____VHF type/freq/callsign _____ Other _____

LOGISTICS INFORMATION

Ground transportation.

Type	Qty	From	To	Frequency (daily/weekly)	Cargo Capacity	Passenger capacity	Conditions of use

Air transportation.

Type	Qty	From	To	Frequency (daily/weekly)	Cargo Capacity	Passenger capacity	Conditions of use

Warehousing

Type	Capacity	Facilities	Cold storage	Capacity	Location	Conditions of use

Support availability: (what type of logistical support can the agency/organization give to WHO

Location	Type of support (importing, distributing, equipment, vehicles etc)	Q T Y	Special conditions which may apply

3. MEDICAL EQUIPMENT (mobile hospitals, tents, surgical equipment, water purification etc.)

Type	Quantity	Location	Notes on equipment/considerations

4. MEDICAL PERSONNEL (Give the activity, the personnel strength and any special skills) Emergency Response Teams and any extra medical staff that can be mobilised to meet the crisis.

Type	Number	Location	Special skills available (e.g. epidemiologist)	Name and contact#

5. LOGISTICS CAPABILITY (Refrigerated stores; cold chain distribution system; warehousing; vehicles; aircraft etc.)

Type	Description (size and capability)	Location	Additional information (e.g. working hours, transportation schedules etc.)	Special considerations

HOSPITALS AND CLINICS

Type	Location	Services available (e.g. surgeries/cholera wards etc.)	Bed capacity	Supervisor and contact number

5.21 INITIAL REPORT (COMPLETE)

Organization: _____ Date: _____ Compiled by: _____

Nature of emergency (type of actual or imminent hazard) _____
Date started: _____ Expected evolution: _____
Additional hazards: _____

Description of affected area (add at least a sketch map, showing settlement areas and boundaries):_____
_____

Description of affected population:

Estimated Population within described area _____						
Breakdown	>2 mths	2-12 mths	1-4 year	5-15 year	Adult	Total
By age						

Vulnerable/special groups?: _____
Number of people: killed _____; injured _____ ; homeless _____

Damage to infrastructure. Is there: housing? yes□ no□ hospital? yes□ no□
water? yes□ no□ electricity? yes□ no□ telecommunications? yes□ no□

Existing national and international organizations:

Organization	Action taken	Team Leader	Contact by:	Location

Which organization is coordinating?: _____

Immediate vital needs of the population (taking into account present resource capability):

Item	Quantity	Specifications	Location needed

Immediate vital needs of the responding organizations:

Item	Quantity	Specifications	Location needed

OTHER (any useful information to assist in determining the nature of the response):

_____

_____

5.22 PROGRESS REPORT (COMPLETE)

Organization _____ Location _____ Date _____

Compiled by_____ Nature of programme _____
Date Programme started _____ Expected completion date _____

Description of working area (add a sketch map - highlight any changes from last report)
_____

Estimated Population within your area of responsibility _____

Breakdown by age	>2 mths	2-12 mths	1-4 year	5-15 year	Adult	Total
by sex						
Vulnerables						
New arrivals						

Percentage of population impacted by your programme to date _____

RESOURCES NEEDED TO COMPLETE PROGRAMME

PHARMACEUTICALS:		
Type (vaccines, drugs etc.)	Dosage/strength	Quantity
MEDICAL EQUIPMENT (syringes, consumables, chemicals etc.)		
Type	Special considerations (specifications etc.)	Quantity
PERSONNEL		
Type (Dr, nurse, admin etc.)	Special skills	Number
LOGISTIC SUPPORT (vehicles, refrigeration, warehousing etc.)		
Type	Describe purpose and use	Quantity

Where necessary, attach lists to the back of this form; please make note in appropriate column.

5.23 REPORT GUIDELINES (COMPLETE)

10. ORIENTATION. Country, region, area affected. Terrain (jungle, desert, mountainous, flat etc.)
Climatic conditions:

Season/months	Temp. Low-high	Possible climatic affects (tornadoes, flooding, earthquakes, snowstorms etc.)

11. NATURE OF EMERGENCY. Type of actual or imminent hazard
Onset and evolution
Additional hazards

12. DESCRIPTION OF AFFECTED AREA.
Attach a sketch map
Show settlements

13. DESCRIPTION OF AFFECTED POPULATION
Estimated total number of deaths ___ and injuries ____
Estimated population _____

BREAKDOWN	< 2 mths	2-12 mths	1-4 year	5-15 year	Adult	Total
by age						
by sex						
Special cases or vulnerables						

14. IMPACT IN TERMS OF MORTALITY AND MORBIDITY
Daily crude mortality: number of deaths for day x 10,000 population.
Other indicators such as malnutrition rates, losses in vital infrastructures, financial losses and other socioeconomic data can be used.

15. EXISTING RESPONSE CAPACITY (in terms of human and material resources):

- local, sub-national and national capacity
- international (bilateral, nongovernmental and intergovernmental)
- overall authority and national focal point
- distribution of tasks and responsibilities
- coordination mechanisms
- logistics, communications and administrative support

16. ADDITIONAL REQUIREMENTS

- immediate vital needs of the affected populations
- immediate and medium-term needs for national capacity building
- implementation, monitoring and evaluation mechanisms

Whenever possible, this section should include medium, long-term outlines for rehabilitation and vulnerability reduction.

17. RECOMMENDATIONS

- Priority actions by projects
- Responsible office: national focal point and partners (national and international)
- Time-frame
- Breakdown of requirements by projects: estimated costs

An annex should illustrate the timetable of the assessment, give a summary of the methods used and the list of sources. It will also carry maps and copy of the questionnaires used and of the background documents that may have been collected in the field.

5.24 PROJECT SUMMARY SHEET

Project (Name *of project*; very *short)*

Sector (*Health/Agriculture, etc; Relief/Rehabilitation, Development, etc)*

Code (your *serial no*)

Appealing Agency ***

Area of Operations (geographical *area: District, Region, and Country)*

Target population (the *population living in the area covered by the project*)

Implementing Agency ***, *in collaboration with...*

Timeframe ...(*expected duration, rather than precise dates*)....

Objective . .....(*global objective)...*

Funds requested ..... (*from the international community*).....

Background. ..... (state *the problem, in terms of hazards and vulnerabilities; it should include the reasons why the objectives are relevant to the country and/or to the wider relief/rehabilitation programme*)

Currently..... (*it should mention whether the project is new, or is under way, and only an extension is proposed, or whether the objectives are already tackled by other projects)*

In this context, *** (Name of Agency) intends to contribute to...(the *global objective)*.... by ensuring that .... *(immediate objective/s)* .

Activities. *** will ..... (*project activities: essentially **verbs**; they should reflect the lines of the budget below*). *Special emphasis will go on*.... (if applicable: essential strategy notes).

Institutional arrangements and inputs. Activities will be implemented by ***, in collaboration with (*name of Division and Department* of *the national Ministry and/or UN agency involved*) and .....(other partners, as applicable).....

*** will contribute to the project.... (*this may include other donors' contributions*)..... Additional assistance is needed in order to.....

Outputs, reporting and evaluation. The activities above are expected to produce..... (*list the outputs: only **substantives** are needed, NO verbs*).

Technical and administrative reports will be submitted by *** to the donor (and *the national authorities, if applicable*) every ..... A joint evaluation will be conducted by ***,..... and..... on.....

Budget	**USD**	
.....	.....	
.....	.....	
.....	.....	
.....	.....	
Total costs (1)		.....
Total available (2. *from *** or other donors*)		.....
Total requested (3.= 1-2)		

5.25 MODEL RENTAL AGREEMENT

This Agreement is made and entered into this _____ day of _____ 19, by and between: _____ resident of (hereinafter referred to as: lessor) and the WORLD HEALTH ORGANIZATION (hereinafter referred to as: WHO)

In consideration of the mutual promises in this Lease, the Parties agree as follows:

1. **LEASE PERIOD**. Where the Lessor is the exclusive and legal owner of property located at _____, including _____(hereinafter referred to as: Premises), as more fully described in Annex "A" hereby incorporated by reference, the Lessor shall rent to WHO the Premises for a period of _____, beginning _____and expiring _____, unless otherwise provided for pursuant to the terms herein contained.

2. **RENT**. The total rental amount shall be _____ payable by WHO in monthly installments of _____, due at the beginning of each calendar month during the tenancy period.

3. **RENEWAL**. If at the expiration of the tenancy period, WHO has not given notice of its intention to terminate the tenancy as established by Article 2, above or any renewal thereof, this Lease will continue in force for an additional period of _____, at the same rent and under the same terms contained in this Lease.

4. **EARLY TERMINATION**. If at any time during the period of tenancy it shall become necessary for WHO to conclude its activities or adjust its status in _____, then WHO may terminate this Lease by giving notice of its intention to surrender the Premises not less than _____ before such termination. Upon expiration of the notice period, this lease shall cease without prejudice to any existing claims. Any advance payments made by WHO shall be refunded in proportion to the unused tenancy period, if any.

5. **UTILITY CHARGES**. WHO shall pay all charges for electricity and/or fuels, including natural gas and heating fuels, consumed, as well as all telephone charges.

6. **MAINTENANCE**. WHO shall maintain the Premises in a tenantable manner and leave the Premises upon expiration or termination of this Lease in a condition comparable to that which existed when received by WHO, except for reasonable and ordinary wear and tear or damage by the elements of by circumstances over which WHO has no control.

7. **FIXTURES**. WHO shall be entitled to affix to the Premises appropriate signs, symbols and/or flags and install necessary trade fixtures or make necessary alterations to the Premises. Any such fixtures, improvements or additions shall remain the exclusive property of WHO and may be removed and taken away by WHO at any time during the tenancy period or upon the termination or expiration of this Lease Agreement.

8. **REPAIRS**. The Lessor shall keep the Premises in good and habitable repair, including the exterior and interior structure, utility services and fixtures, sanitation facilities and all grounds, paths and parking areas.

9. **QUIET ENJOYMENT**. The Lessor shall ensure WHO's quiet enjoyment of the Premises and shall not enter thereupon without SEVEN (7) days prior written notice to WHO and at a mutually agreed upon time.

10. **TAXES**. The Lessor shall pay all property and other taxes or duties assessed on the Premises.

11. **THIRD PARTY CLAIMS**. The Lessor shall be liable for all claims arising out of or in connection with any personal injury, death or other loss resulting from any authorized use of the Premises, unless such injury, death or loss is the direct consequence of WHO's negligence.

12. **SALE**. In the event of a sale or transfer of title or the creation of a mortgage or any other encumbrances affecting the Premises, the Lessor warrants that the Lease terms and conditions shall remain in full force without prejudice to any rights or remedies WHO may have hereunder.

13. **INSURANCE**. The Lessor shall keep the Premises and contents thereof insured against loss or damage due to fire and storm or other risks normally insured against in a sum equivalent to the full insurable value of the Premises. In the event of a loss covered by insurance policy terms, the Lessor will cause all sums received for those purposes to be used to restore the damaged Premises to a habitable state. If the Premises, or any part thereof, become unsuitable for the purposes leased, the rent payable shall be suspended or, if WHO chooses to continue its occupation, adjusted to reflect proportional use of the Premises. Pre-paid rent, if any, will be reimbursed in proportion to the diminished use.

14. **PRIVILEGES AND IMMUNITIES**. Nothing in this Lease shall be deemed a waiver, express or implied, of any privileges or immunities enjoyed by WHO.

15. **ARBITRATION**. Any dispute, controversy or claim arising out of or in relation to the Lease Agreement, or any breach, termination or invalidity thereof, shall be, unless settled amicably through negotiation, submitted to arbitration in accordance with the Arbitration Rules of the United Nations Commission on International Trade Law. Any award rendered pursuant to this article shall be accepted as a final adjudication by the parties to which they agree to be bound.

16. **SUPERSEDING EFFECT**. This Lease supersedes all prior oral or written agreements, if any, between the parties and constitutes the entire agreement between the parties.

17. **HEADINGS**. The article headings in this Lease shall not be used for purposes of interpretation.

18. **NOTICES**. All notices and correspondence shall be sent by either party to the other, in matters dealing with this Lease, to the following addresses:

WHO _____

LESSOR _____

For and on Behalf of:

Lessor	World Health Organization
_____	_____
Date: _____	Date: _____

5.26 PORT OF ENTRY ASSESSMENT

Country: _____ Date of assessment: _____
Assessed by: _____ Health Coordinator: _____

AIRPORT

Airport name: _____ Location: _____ Distance from emergency: _____

Commercial Airlines UN/NGO flights	Schedules				Freight cost US$/Kg
	Arriving from	Depart time	Arrival time	Departure time	

Special conditions _____

CUSTOMS AND DOCUMENTATION REQUIREMENTS

Chief of customs name: _____ Phone number: _____ Procedures for WHO to receive humanitarian goods at airport: _____
_____
_____

Humanitarian packages to have **special markings**? (Details):

_____
Where to obtain **airwaybill**: _____ Phone number: _____
Where to obtain **Avis d'arrive**: _____ Phone number: _____
Letter of attestation: What details necessary:

_____
Can WHO obtain **ID card** to facilitate entry to customs bond area and access to planes on landing?_____ Where _____ Cost _____
Conditions _____
Is a **freight agent** necessary? _____
Recommendations:_____
_____

AIRPORT FACILITIES

Is **cold storage** available? _____ Capacity _____
Size_____
Warehousing: Condition_____ Capacity _____
Cost _____
Operating hours Weekdays: From: _____ To: _____ Weekends: From_____
To_____
Cost of labour to move goods:
_____
Forklift and similar equipment availability and cost:
_____
Secure storage: _____ Cost: _____
NGO/UN logistics facilities at
airport:_____
_____
Overall condition of airport and services:
_____
_____
_____

5.27 PURCHASE ORDER

WORLD HEALTH ORGANIZATION

FIELD OPERATIONS

PURCHASE ORDER

TO: _____

DATE: _____

ATTN: _____ **REQUISITION #:** _____

FROM: _____ **PURCHASE #:** _____

REFERENCE: _____ **OBLIGATION (sticker) #:** _____

ALLOTMENT # _____

Consignee: _____

SN	DESCRIPTION	QTY	UNIT COST	TOTAL COST
	TOTAL IN US$			

SPECIAL INSTRUCTIONS:

_____

_____

TO BE DELIVERED WITHIN _____ DAYS FROM RECEIPT OF ORDER

RAISED BY: _____ APPROVED BY: _____

DATE: _____ DATE: _____

5.28 PRO-FORMA REQUEST

WORLD HEALTH ORGANISATION

FIELD OPERATIONS

PRO-FORMA REQUEST

TO:	_____	**DATE:**	_____
ATTN:	_____	**REQUISITION #:**	_____
FROM:	_____	**OBLIGATION (sticker) #:**	_____
		ALLOTMENT #	_____
Consignee:	_____		

Please submit a proforma invoice for the below described goods within ___ days. Your proforma should clearly state the total price including delivery costs and any other charges. Show any discounts that may apply.
Note that the World Health Organisation is an agency of the United Nations and, as such, is exempt from taxes.

S/N	DESCRIPTION OF GOODS OR SERVICES	UNIT	QTY. REQ'D	TOTAL

Special terms or conditions:

_____

_____

RAISED BY: _____ APPROVED BY: _____
DATE: _____ DATE: _____

5.29 RECEIVED AND INSPECTED

WORLD HEALTH ORGANIZATION

FIELD OPERATIONS

RECEIVING AND INSPECTION

TO: _____ **DATE:** _____

_____

ATTN: _____ **REQUISITION #:** _____

FROM: _____ **PURCHASE #:** _____

R&I #: _____

OBLIGATION (sticker) #: _____

ALLOTMENT # _____

RECEIVED FROM:
DELIVERY NOTE #:

DELIVERY DATE:
INVOICE #:

SN	DESCRIPTION	QTY	UNIT COST	TOTAL COST
	TOTAL IN US$			

NOTE: Ensure all goods are received in good condition and functioning.

CERTIFIED GOODS RECEIVED **CERTIFIED FOR PAYMENT**

NAME:..... **NAME:.....**

SIGNATURE:..... **SIGNATURE:.....**

DATE:..... **DATE:.....**

Project/programme information

Name of project/programme: _____
Project/programme description: _____
Project/programme location: _____
Date goods or services forwarded to project/programme: _____

5.30 GUIDELINES FOR THE IMPREST ACCOUNT AND PETTY CASH

IMPREST ACCOUNT: GENERAL RULES

1. Keep a separate imprest for each currency unit you use (USD, local currency, etc)

2. All disbursements must be recorded in the WHO 412 Imprest Account Cash Book.

3. Update the imprest book on a daily basis.

4. Use Vouchers (example in this Annex) with every payment. Each voucher should be numbered chronologically and correlate with the voucher number placed on the imprest.

5. Attribute each expenditure to the appropriate sticker number (record it in the imprest account and on the voucher).

6. Obtain receipts for all expenditures, no matter how small. Sometimes it is difficult to obtain receipts from vendors in emergency situations. This annex contains a general receipt form which can be completed and signed by the vendor.

7. At the end of each calendar month all available cash must be counted by you and the administrator. A cash count certificate (in this annex) is then completed. IOU's and chits can not be used to make up any shortfalls.

8. Seven days after the end of each calendar month, the imprest account (with all vouchers, receipts and bank reconciliations) must be forwarded to the Regional Office or WHO HQ.

9. Replenishment of funds can only take place after you have submitted the monthly imprest.

A copy of the standard imprest account 'WHO 412' and various forms that can be used in conjunction with the imprest are attached to this annex and may be used by you in the absence of normal WHO services.

TIPS

• Never make loans from the imprest account: not from the bank account nor from the petty cash.

• Salary advances can only be made under exceptional circumstances. If so, the amount should not exceed 25% of the total monthly wage of the employee.

• Compile all receipts, vouchers, cash count certificate, bank statements etc. in the same order as they appear on the imprest. Photocopy all the documents and keep for your records. This is useful in case the imprest is lost in transit.

• Make a habit of putting as much detail as possible on each voucher, make notes if necessary. This will be invaluable in case of queries at a later stage.

• Double check that disbursements are allocated to the appropriate sticker numbers.

How to use an Imprest account cash book (model in the following annex)

- In the title bar write down the name of the project or office using this imprest account, the page number (1, 2, 3, etc.) and the currency used (USD, CHF, (FINANCE page --), currency of the country of assignment, etc.).

- Write in the month and year in the space provided.

- The columns should be completed as follows:

Date – Write in the date the money was received or disbursed.

Totals from last page – This title is a bit confusing, the first row contains the opening balance or the total from the previous page. Thereafter the rows describe each transaction for the month (e.g. 'salary paid to Mr. ---' or 'electricity bill').

Cheque No. – The serial number of the cheque used to make a payment.

Voucher No. – The number of the voucher attached to the payment. These numbers should be sequential.

Bank Account – There are two columns. In the received column note any money credited to the bank account during that calendar month. In the paid column record any disbursements for the month.

Petty Cash – Similarly, record any cash received to replenish the petty cash and note all the expenditures individually.

Obligation (sticker number)/Allotment etc. – This is very important. Each expenditure or deposit must have a sticker number allocated to it. This is essential to ensure that each sticker number is debited or credited correctly.

5.31 IMPREST ACCOUNT CASH BOOK

WORLD HEALTH ORGANISATION
IMPREST ACCOUNT CASH BOOK **Project or Office** **Page No.** **Currency**

Details						Bank Account		Petty Cash	Month	Year
Date	Totals from previous page or balance from last month	Cheque No.	Voucher No.	Received	Paid	Received	Paid	Obligation (Sticker No) /Allotment /Account number/Authorisation reference and date		
	Totals to bring forward to next page							Complete this portion only if last page for the month		
	Deduct total paid from total received			D	←	E	↵			
	Balance to bring forward to next month			A		B				

5.32 IMPREST VOUCHER

WORLD HEALTH ORGANIZATION

IMPREST VOUCHER

WHO/ Voucher No.: ____
Date: _____

	CASH	BANK
PAY		
RECEIPT		

Payment to: _____

Cheque No.: _____

Description Name of Project	Reference or Sticker #	Amount/ Currency

Book Keeper	Approved by	Received by
Signature	Signature	Signature

5.33 PETTY CASH RECIEPT

PETTY CASH RECEIPT

This is to confirm that I have received the following cash from WHO.

AMOUNT _____ IN WORDS_____

_____CURRENCY_____

FOR_____

NAME_____

SIGNED _____DATE _____

BOOK KEEPER_____DATE_____

STICKER#_____

PROJECT_____ COPY TO FILE?_____

5.34 CASH COUNT CERTIFICATE

We, the undersigned, hereby certify that we have this day, in each other's presence, counted the [state name of imprest account] at [location] and it amounts to the sum of [amount in both words and figures], made up as follows:

Notes :

Coins :

Total : _____
==========

[Each denomination, number of notes and coins and amounts should be listed.]

[Possible explanations regarding discrepancies]

Made at ..... this ...…….....day of .....19.....

(Signature)
(Name)
(Title)

(Signature)
(Name)
(Title)

5.35 PROJECT FUNDS RECIEPT

PROJECT FUNDS RECEIPT

This is to confirm that I have received a project advance from _____.

AMOUNT _____ IN WORDS_____

_____ CURRENCY_____

PROJECT DESCRIPTION_____

LINE ITEM_____

NAME_____

SIGNED _____DATE _____

BOOK KEEPER _____DATE _____

STICKER#_____

PROJECT MANAGER _____

COPY TO PROJECT FILE?_____

5.36 RECIEPT OF WAGES

RECEIPT OF WAGES

This is to certify that I, _____ have received my wages from WHO for the period:

FROM: _____ TO: _____

AMOUNT: _____ (in words) _____

_____ CURRENCY _____

SIGNATURE: _____ DATE: _____

BOOK KEEPER: _____ DATE: _____

PROJECT NAME: _____

PROJECT MANAGER: _____

STICKER #: _____

OTHER INFORMATION: _____

5.37 PER DIEMS

National staff

On occasion, national staff may go on mission; they may have to spend one or more nights away from their homes. In which case they will be entitled to a per diem to cover their expenses.

The following must be understood:

1. Prior to departure, the trip must be authorized by yourself or a staff member you have delegated this responsibility.
2. Per diem rates are available from the WHO office, failing this the rates may be obtained from the UNDP office.
3. The staff member going on mission should be made aware of the per diem rate.
4. Per diems involve some calculations, as the rates will vary according to the area and depending on the time away from the office. Copies of these calculations may be obtained from WHO or UNDP.
5. An advance of per diem may be paid. It should not exceed 80% of the total due.

International staff

Due to the suddenness of the emergency, some consultants may be directed to the affected area without obtaining a per diem advance. In such cases, you will be authorized to advance up to 80% of the per diem due to them.

Where there is no WHO office:

1. You may have to pay a per diem advance from the imprest account.
2. Record this disbursement on the back of the consultant's Travel Authorization and make a copy for your records.
3. Record this disbursement as a per diem advance on the imprest account, attach a voucher and photocopy of consultant's TA.
4. If you have insufficient funds to make a per diem payment request UNDP to make the payment to the staff member.

At all times move quickly to obtain funds for the staff member as he/she does not need the added stress of having no money to pay hotels, restaurants etc.

Others

There may be occasions where local authorities require a per diem. The UN rate does not apply in these circumstances. This per diem rate is determined by UNDP and their guidelines should be rigidly adhered to as different rates may apply according to status. Ministers, dignitaries etc. will be paid at a higher rate than their juniors. Discretion and diplomacy must be exercised in this matter.

5. 38 MONTHLY EXPENDITURE ESTIMATE

Determine the funds that you will need to meet the operational running costs related to your work. Consider the following:

i. Office :
- electricity
- water
- rentals (office, appliances, furniture, vehicles etc.)
- garbage disposal
- security guards
- national staff wages
- janitorial services
- stationery
- miscellaneous office expenses
- maintenance (computers, photocopiers, electrical devices, etc.)
- postage and courier services
- telephone and fax lines

ii. Staff :
- advances to consultants
- APW, SSA and TSA contracts
- per diems for nationals

iii.Vehicles:
- fuel
- servicing of vehicles

iv. Activities: seminars and other training events

v. Procurements: anticipated local purchases of equipment or supplies

Once you have made your calculations, add another 50% to the total. Use this as an estimate until such time as you can fine tune your needs. In an emergency anything can happen and it is better to have the funds available to meet the problem.