EMERGENCY PREPAREDNESS

THE SPIRIT AND THE TOOLKIT!

Editor

Sonia Peyrassol

NOTE TO READERS

This pocket guide is part of a series dedicated to activities to implement before an emergency occurs *(Eprep)* or in the first phase of an emergency *(0 to 3 months)*.

It has the advantage of being quite short, simple and light *(in your bag ☺)....* And thus does not contain all the details....which you will find in the documents and books listed in the bibliography.

There are appendices linked to this pocket guide. These appendices will facilitate you the implementation of the various activities

Where to find the appendices, documents and books listed in the bibliography?

Everything is available on:

- DVD Pocket guides Emergencies
- Nestor
- Oops Med Emergency

Your comments

... are more than welcome

You don't see how to use one or the other appendix... perhaps because it's badly designed or the insufficient explanations... your comments will help us to improve the tool.

You were confronted with particular situations which led you to adapt the strategy; you have tricks and easy ways, documents or comments which could enrich the next version? Do not hesitate to contact us so that we can share your experience with everybody.

Contact address: sonia.peyrassol@brussels.msf.org

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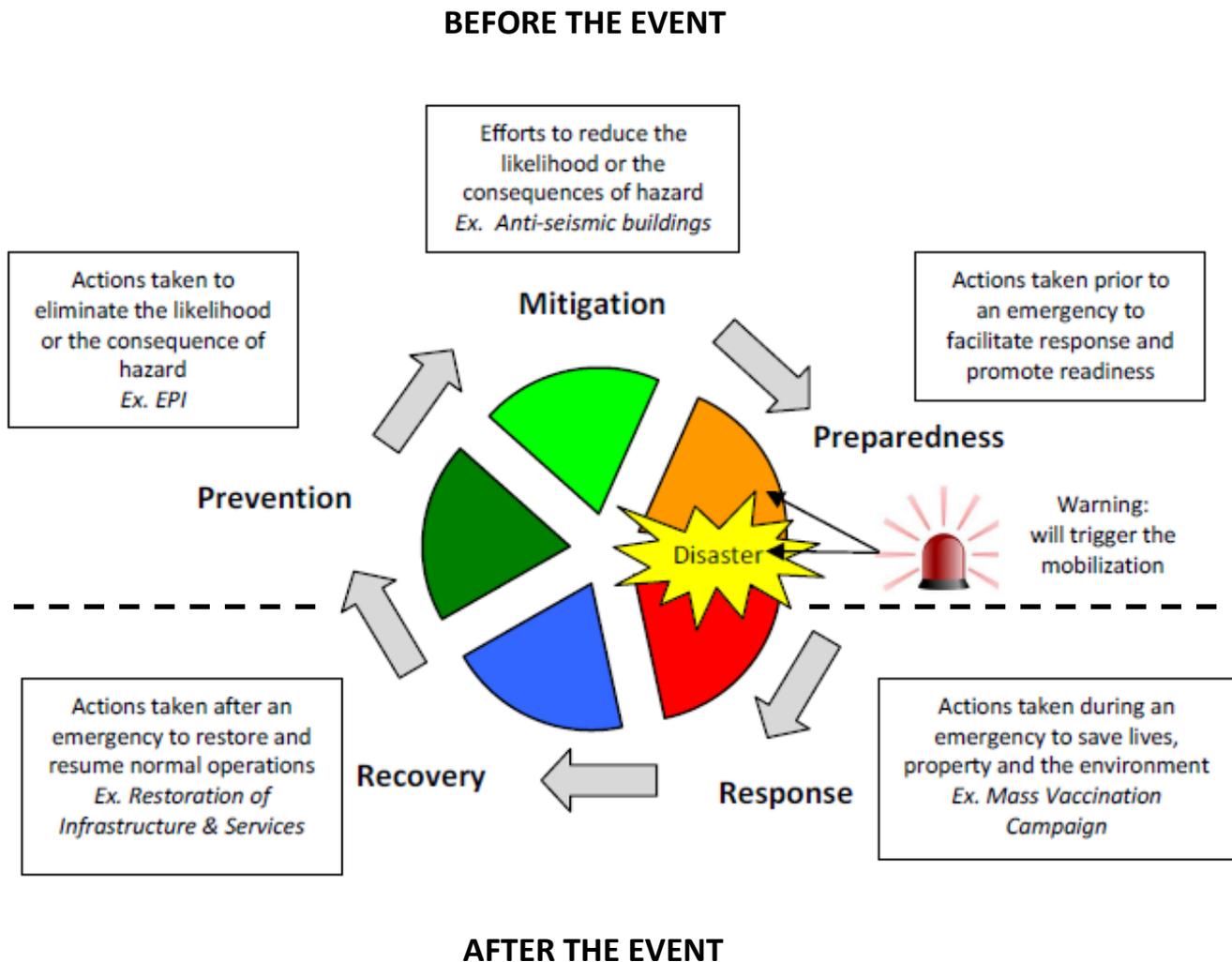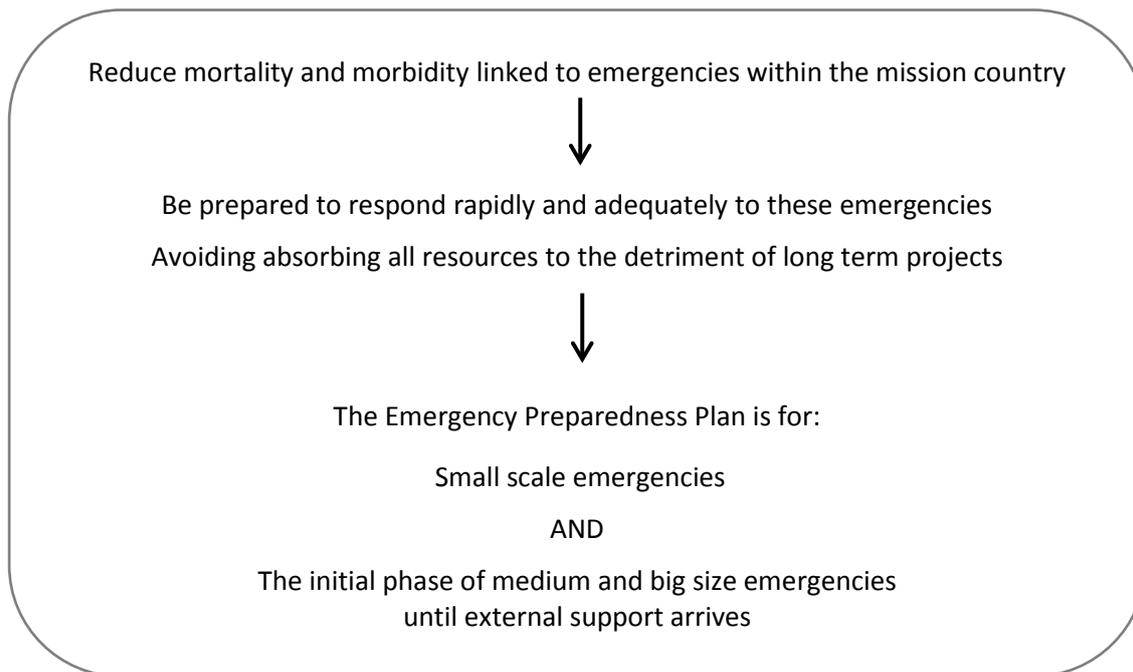# PART 1 – WHAT ARE WE TALKING ABOUT?

1. WHAT IS EMERGENCY PREPAREDNESS

Emergency Preparedness is one of the components of the Disaster Management Cycle that consists in all the actions taken prior to an emergency to facilitate the response and promote readiness.

→   *see appendix n°1 for more information on the Disaster Management Cycle and it's components*

BEFORE THE EVENT

AFTER THE EVENT

2. OBJECTIVE OF THE EMERGENCY PREPAREDNESS

Reduce mortality and morbidity linked to emergencies within the mission country

↓

Be prepared to respond rapidly and adequately to these emergencies

Avoiding absorbing all resources to the detriment of long term projects

↓

The Emergency Preparedness Plan is for:

Small scale emergencies

AND

The initial phase of medium and big size emergencies
until external support arrives

3. THE EMERGENCY PREPAREDNESS PLAN

What is it?

An E-Prep Plan is not about stocks!

It's a plan linked to scenarios, with stocks linked to the plan!

This is usually what people remember of the Eprep training as I'm insisting again and again on this… and I'm afraid I will have to insist on this until the end of my days because, even today after so many years of Eprep trainings and workshops, too often there is a stock but no plan!

The plan should be practical

The Eprep plan is a guide to aid preparedness with the aim to increase effectiveness of response.

The finality is not the document, it is the responsivity

The document is still important to:

- Brief the team *(all of them and especially the one that where not present at the time of the creation or review of the Eprep).*
- Communicate with the HQ so that it understands what is in place, i.e. what can and importantly, cannot, be easily responded to.
- Leave a record for future teams so that:
    - They don't have to reinvent the wheel but only maintain what has been done and review the plan when necessary
    - They can understand why and how the scenarios have been chosen and the decision to intervene or not have been taken; and so be able to judge if the context *(of the country, the other actors, the mission,…)* has change sufficiently to justify a change in scenarios and/or decisions.

A plan on a shelf is not a plan.

- The E-Prep Plan must be part of the briefing at mission and project level and each members of the team must have a copy of it and understand what could be his/her role in case of emergency.
- Trainings and simulations should regularly be applied to ensure the emergency readiness to carry out the action plans developed in the Eprep.

The E-Prep Plan is not set in stone; it's a living document that needs to be regularly reviewed *(when? see 7.3)*

Who is responsible for it?

The Head of Mission is responsible for ensuring that the mission has a functioning Eprep. He may delegate the task to another member of the coordination team or to a person appointed for that, but he/she retains overall responsibility.

Who should be involved?

> **The Eprep process should be participatory.**
>
> **Planning is most effective when all those who will be required to work together are engaged in the process from the start.**

The ability to react to emergencies requires, above all, an alert and flexible state of mind, enabling quick switching of rhythm, priorities and working method. This state of mind is not inborn**. It is built by preparing for emergencies as a team**: an energetic mixture of awareness, analysis, data to collect, training, activities to be carried out, evaluation, …

How to do it?

Eprep Steps	Methodology	Comments
Step 1	Geographical boundaries are included in the CPP[1]. If more than 1 section in the country, HoMs should discuss/decide on a possible agreement on geographical lead areas.	If 2 or more sections decide to have an Intersectional Eprep, than all the steps will be done together.
Step 2 to 5	Workshop with the whole team, expatriate and national staff, senior and junior staff and all profiles included *(doctors, guards, administrator, drivers, etc.). (If the group is too big, you can organize 2 or more workshops or ask each professional group to elect representatives.)* During the workshop, only the broad outlines of the plan are drawn. After the workshop, each step will then be further detailed by one or more volunteers or appointed people.	It is expected that teams will gain knowledge and awareness of the context and the challenges of an emergency response through the process of creating an Eprep. When decisions must be taken, e.g. step 3, the group's opinion will be listened to but it's of course the coordination team that will have the last word.
Step 6		
Minimum Preparedness Actions - MPA *(see p. 20)*	See appendix n°10: Checklist MPA Will be done by the coordination team Each department *(Medical, Finance, Etc.)* can add or delete lines to this list, according to the mission's context.	

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[1] *CPP = Country Policy Paper*

Advanced Preparedness Actions – APA *(see p. 21)*	Can be done during or after the workshop. The group will be divided by the number of scenario; Each group will only prepare the APA for 1 scenario.	Better to organize the group to have: - As much as possible people with experience in the assigned scenario. - All the profile needed to respond to the assigned scenario.
Prevention staff & buildings	To do during the workshop	It is important to sensitize everyone to this aspect of the preparedness.
Step 7		
Implementation & Maintenance	Once the MPA and the APAs are done, you decide, as a team, who will be in charge of what, taking account of qualifications and trying to spread the workload evenly over the whole of the team.	A senior national staff member is responsible for checking the file's progress *(putting the pressure on the person in charge if needed)*; ensuring work continues, putting the file on the agenda of coordination meetings and ensuring documents are up to date. *We strongly recommend a national staff member to ensure continuity even when there are gaps in expatriate staff.*
Revision	The need to review the plan will be decided by the HoM following the criteria mentioned in step 7.3.	
Eprep stock… or not!	Yes, finally, the logistic department can work on this issue!	
Post-emergency cleaning	The coordination team will decide who *(which function)* will be in charge of this essential task	Not necessarily someone that worked during the emergency as he/she may be too tired to do this job as it should.
Final step	Restitution to the whole team	Once all the job is done, and the document ready, It's important to do a restitution *(oral presentation with time for questions and answers)* to the whole team; the one that participated to the workshop but also the one that could not participate. Because we may need their help for the practical preparation but also once the emergency will occur.

When to do it?

> ### A.S.A.P.!
>
> **The next emergency could be tomorrow.**
> **So, begin to plan today, little by little.**
> **Better to have 20% of the work done than nothing!**

> And finally remember:
> ## To fail to plan is to plan to fail

PART 2 - THE EMERGENCY PREPAREDNESS PLAN STEP BY STEP

⚠️

In the following pages of this memento we will describe each steps of the emergency preparedness process.

In the appendix n°2 you will find an Eprep template with examples for each of the steps

→ *See appendix 2 at the end of this pocket guide and also separately with the other appendices.*

We advise you to print this appendix and to read the step-by-step part looking each time to the examples in the template to better understand practically what is expected.

STEP 0 – First page

Information to mention on the first page:

- Mission country
- Title: Emergency Preparedness Plan
- Section(s) concerned by this Eprep *(MSF OCB or more if the plan was made by, and for, 2 or more sections)*
- Date this Eprep was written
- Date this Eprep has to be reviewed *(at the latest – see 7.3. "When to review the plan" for more info on this)*
- Eprep Responsible : who *(function)* in the mission is in charge of the Eprep *(usually the HoM but according to the composition of the coordination team, workload, skills and interests, it can be delegated to another function).*
- Scenarios identified as possible emergencies the mission has made preparation to respond to.

STEP 1 – Geographical boundaries

> Area considered in the plan

1.1. Describe the area considered for the emergency preparedness plan.

- For the entire country: will be the case for most missions

- For part or the country: in this case explain the reason why not the whole country and why/how you chose the area(s) considered *(e.g. can be linked to an agreement between the sections in the country)*

- For areas outside the mission country: *(remote control, e.g. from Lebanon for Syria ; when a mission is better located to intervene on an emergency occurring in a neighboring country than the team of this neighboring country itself, e.g. Malawi team intervening in the north of Mozambique when there is a flood)*
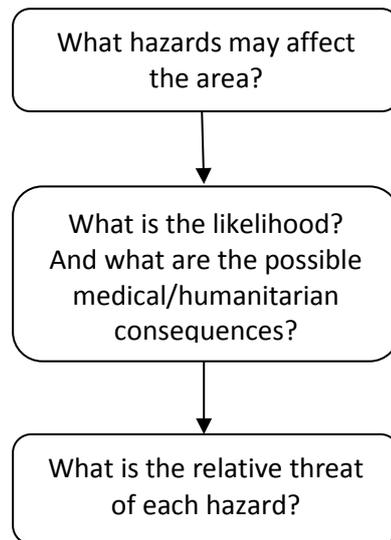
1.2. Show the geographical boundaries on a map.

1.3. Agreement on geographical lead areas.

If more than 1 mission present in the county, mention here if there is an agreement or not; and if there is an agreement give details.

N.B. Geographical areas are only indicative,
in a real emergency we may still respond outside of this area.

STEP 2 - Risk Analysis

```
┌──────────────────────┐
│  What hazards may affect │
│      the area?        │
└──────────────────────┘
            │
            ▼
┌──────────────────────┐
│  What is the likelihood? │
│  And what are the possible │
│   medical/humanitarian │
│     consequences?     │
└──────────────────────┘
            │
            ▼
┌──────────────────────┐
│  What is the relative threat │
│    of each hazard?    │
└──────────────────────┘
```

RISK = LIKELIHOOD X NEGATIVE CONSEQUENCES

A risk is the likelihood of a hazard occurring multiplied by the negative consequence of that hazard, were it to occur.

- Likelihood can be expressed as a frequency *(e.g. 1 time / year; 2 times/century,…)*.
- Consequences are a measure of the effect of the hazard on people and property.

2.1 - Hazard identification

Make an exhaustive list of hazards that may occur in the concerned area and this regardless the likelihood of occurrence or the severity of their impact.

> **What is a hazard?**
>
> A hazard is a dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.
>
> **Hazard may be categorized in:**
>
> - **Natural hazards**: a naturally occurring event that might have a negative effect on people or the environment *(ex. earthquake, floods, landslide, etc….).*
>
> - **Health related hazards** such as epidemics, nutritional crisis, etc.
>
> - **Intentional hazards**: the result from the conscious decision of man to act in an antisocial or anti-establishment manner *(ex. war, civil unrest, stampedes, etc…)*
>
>   *N.B. Intentional hazards are often called "man-made disasters" but actually many natural disasters are also man-made disasters as they are the result of human action on the environment. Ex. deforestation leading to landslides, floods, desertification, etc…*
>
> - **Technological hazards**: the inevitable product of the increasing use of technology in our daily lives *(ex. airline accident, major gas distribution line breaks, hazardous material accident,…)*
>
> → *See appendix n°3 : Checklist of hazards per category*

How to do this list

- Brainstorming with the national team (*N.B. The use of checklists (as the one presented in the appendix n°3) can block the creativity and limit the ability to see matters that have never been seen before. Therefore, checklists should be brought at a later time to ensure that nothing has been left out of consideration or overlooked.*)
- Research of the country's disaster and emergency history. Good sources of information are :
    - The authorities *(Disaster Management Authorities, Ministry of Health, Fire Department, Red Cross or Red Crescent, Civil protection/defence, etc..),*
    - Specialized national and international websites
    - And, why not, the MSF history in the country *(but often we are quite bad in reporting and capitalisation, so good luck!).*
- Review of existing risk analysis *(developed by national authorities, specialized institutes, other MSF sections, other NGO, UNISDR,…)*
- Investigation of similar hazards identification efforts in neighbouring countries *(many disasters will extend beyond country borders. Investigations of neighboring countries also may turn up natural or technological hazards not present in the original country but that could result in a regional disaster within the country of focus Ex. Chernobyl nuclear disaster, Ebola outbreak in West Africa,…).*
- Use of maps *(mapping topographic, hydrologic and other environmental and technological characteristics in order to determine whether interactions between these factors could result in unforeseen hazards).*
- Interviews *(with local citizens, community leaders, academics, etc.).*

→ *See appendix n°4 : Useful national and International Websites*

2.2. – Likelihood and possible/probable consequences identification

2.2.1. Historical data

For all the hazards identified, based on the history of these hazards in the country, we will look at:

- Frequency of occurrence
- Negative consequences. At this stage we will only focus on medical/humanitarian consequences :
    - The number of death
    - The number of people injured or sick
    - The number of people affected (*people living in precarious situation as a result of the hazard; people that have lost their belongings and/or their house, etc.).*

N.B. It is useful to have data for the longest period of time you can find, and not only for the 5 or 10 last years, so that you can discover:

- What is the "general pattern" of a risk, if there is one *(e.g. 1 cholera outbreak/year with an average total number of cases of 2.500 the last 10 years)*;
- Extreme situation *(not responding to the general pattern)* that may have occurred *(e.g. cholera outbreak Zimbabwe 2008/09 = 98.741 cases)*;
- Disasters that rarely happen but have a dramatic impact *(ex. Haiti, earthquake 1/century with each time a huge impact)*

2.2.2. Country's vulnerability profile

Historical data does have its uses for common hazards for which data has been collected methodically and accurately for many years. But you will not always find historical data to estimate the level of possible negative consequences of a disaster:

- In some countries there is no or poor data collection, or you only will find data for some hazards like epidemics but not for others like traffic accident, fire and so on.
- Some hazards are present but never occurred *(ex. the danger of a nuclear accident exist everywhere where there is a nuclear plant).*

The country's vulnerability profile will help determine what consequences are likely to occur as result of each hazard.

What is vulnerability?

Why 2 earthquakes of almost equal magnitude and intensity can cause less than 100 deaths in Los Angeles but over 20.000 in Gujarat, India? The answer is vulnerability.

Vulnerability is a measure of the propensity of an object, area, individual, group, community, country or other entity to incur the consequences of a hazard.

Vulnerability can be decreased through actions that lower the propensity to incur harm *(ex. retrofitting a building to withstand the shaking effects of an earthquake)*, or it can be increased *(ex. to refuse, for religious or any other reason, the measles vaccination, will increase the vulnerability to measles outbreak).*

If there is no vulnerability ⟶ no need for assistance

There are generally 4 factors of vulnerability:

- Physical: geography *(natural makeup of the area of study)*, infrastructures *(type of buildings, roads, telecommunications, etc.)* and populations *(population density and distribution, type of settlement, etc.)*
- Social : aspects of the social profile are diverse and comprise education, culture, government, social interaction, values, laws, beliefs and other aspect of society
- Economic : refers to the financial means of individuals, cities, communities or whole countries to protect themselves from the effect of disasters
- Environmental : refers to the natural environment of a country or community and the way this natural environment is well managed or affected by human practices or natural processes *(ex. deforestation resulting in landslides)*

N.B. The country's vulnerability profile described in the Eprep must be consistent with the one developed in the country policy paper.

→ *See appendix n°5 : Description and samples of vulnerability profile components*
  Where to find countries vulnerability profiles

2.2.3. Present context

You also have to take into consideration the present context: human behavior and/or changes in hazard characteristics and/or changes in political context can result in increasing or decreasing trends in disaster likelihood and consequences over time.

2.2.4. Situation in neighboring countries

Also what happens in a neighboring country can have a serious impact on the mission's country. E.g. a war can lead to an influx of refugees. And of course outbreaks have no borders, just think on how the Ebola outbreak that started in Guinea very quickly spread to Liberia and Sierra Leone.

2.3 – Estimation of relative threat for each hazard

With these 3 elements *(list of hazards, likelihood and possible consequences)* you can make a first estimation of the relative threat of each hazard. Several tools and scales have been developed for this purpose. We propose 1 of them here bellow.

Risk Assessment Tool[2]

HAZARDS	PROBABILITY	CONSEQUENCES Human Impact			RISK
	Likelihood this will occur	Mortality	Morbidity injuries or illnesses	People in precarious situation	Relative threat
Score	0 = NA 1 = Low 2 = Moderate 3 = High	0 = NA 1 = Low 2 = Moderate 3 = High	0 = NA 1 = Low 2 = Moderate 3 = High	0 = NA 1 = Low 2 = Moderate 3 = High	0-100%
Natural Hazards					
Floods	2	1	1	3	36%
Etc.					
Health related Hazards					
Cholera	3	2	3	0	55%
Etc.					
Intentional Hazards					
Bomb blast	3	3	3	1	77%
Etc.					
Technological Hazards					
Bus accident	1	2	3	0	18%
Etc.					

How to score as "low, moderate or high"

There is no standard on what should be considered as low, moderate or high; and this probably because it's a very relative, context-bound, data that not only depends on figures but also on the risk perception *(e.g. while 1 bomb blast every 5 years could be scored as "low likelihood" in Pakistan, will be scored as "high likelihood" in Belgium).*
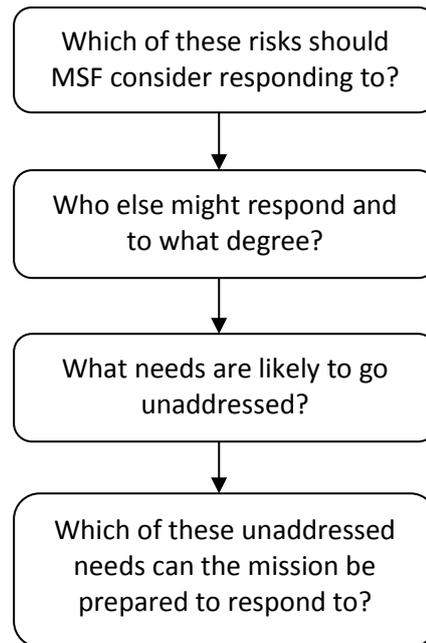
→ *For more indications on how to score see appendix 6: Risk Assessment Tool*

How to calculate the relative threat percentage

In appendix 6: "Risk Assessment Tool", you will find an automatic calculation worksheet where all what you have to do is to enter your scores for the hazards identified in your mission country.

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[2] *Adapted from "Kaiser Permanente Hazard and Vulnerability Assessment Tool" – Kaiser Foundation Health Plan, Inc., 2001*

Step 3 - Decide in which case(s) the mission will plan to potentially respond to.

```
┌─────────────────────────────┐
│   Which of these risks should│
│   MSF consider responding to?│
└──────────────┬──────────────┘
               │
               ▼
┌─────────────────────────────┐
│   Who else might respond and │
│        to what degree?       │
└──────────────┬──────────────┘
               │
               ▼
┌─────────────────────────────┐
│   What needs are likely to go│
│          unaddressed?        │
└──────────────┬──────────────┘
               │
               ▼
┌─────────────────────────────┐
│  Which of these unaddressed  │
│    needs can the mission be  │
│   prepared to respond to?    │
└─────────────────────────────┘
```

In most countries, if not all, in which we work risks are many and various. How to decide which of these risks we should consider responding to? To answer this question several factors must be taken into consideration:

- The relative threat;
- The other actors' response; other MSF sections included;
- The medical/humanitarian needs unaddressed;
- Your capability, capacity, willingness and/or limitations to respond;

3.1. Relative threat

The relative threat table helps to have a global vision on the relative likelihood and human impact of all the hazards possible in the country. It can also help us to make a first selection of risks we will analyze more in depth before to take the final decision. And, as the general objective of the Eprep is to reduce mortality and morbidity linked to emergencies, we will concentrate our efforts on emergencies that have the biggest human impact.

This said we have to be very careful when looking at the relative threat percentage:

- Some disasters may have a low relative threat percentage because they are extremely unlikely to occur, but due to the nature of their consequences, their preparedness measures must be considered.

    E.g. should we consider intervening in case of an earthquake that, because of a very low likelihood, has a very low relative threat percentage? Actually this reflects the case of Haiti earthquake: very low likelihood of 1/century but with (each time it happened) a devastating impact.

On the other hand, although the magnitude of the human impact is an important criterion of intervention, we still may decide to keep in our list risks with a low human impact for "political" reasons.

- Some disasters, more frequent, but with a very low impact, and so also a very low relative threat percentage, may be taken in consideration:

    Because they affect very vulnerable and neglected communities (ex. a fire in a slum, destroying the houses and belongings of 100 families);

    Because if a disaster, even "small" happens in the district where we have a project we may want/need to show the authorities/community that we care;

    Because our staffs have been trained to answer this type of disaster and to answer to a small one will be a good practice to be prepared for a bigger one.

    Etc.

3.2. Other actors' preparedness and response

Before preparing to respond to an emergency we have to know what needs will be unaddressed by the other actors.

The other actors' preparedness and response will be presented in a standardized, easy to read display format *(see example in appendix n°2 – Eprep template)*.

Don't forget to add in appendix a contact list with all the details of the actors.

→ *See appendix n°7 : Other actors' contact list*

3.2.1. Internal response *(national and/or local authorities, national organization like the red cross or red crescent, fire brigade, army,...)*

- Brief description of the national actors who are likely to respond to any medical/humanitarian needs consequent to a crisis.
- Preparedness: do they have a plan for all the hazards identified? What needs do they plan to respond to? *(E.g. search and rescue; support the health facilities with medical equipment, etc.)*.
- Capability: do they have the expertise to respond to all the hazards identified? *(Do they have trained staff?)*
- Capacity: do they have the resources to respond to all the hazards identified *(human resources, medical and logistic resources, budget and so on)* ; what resources do they have *(e.g. 10 vaccination teams & vaccines for 100.000 people)* ?
- Timeframe required to mobilize the resources *(e.g. the MoH may be capable of responding to a cholera outbreak, but it may take them 2 weeks to get their budgets approved and decisions made)*.
- Location: In which areas are they ready to intervene?
- Willingness: political issues *(e.g. reluctance to admit that there is a cholera outbreak some weeks before the touristic season, no recognition of the needs of some minorities, etc.)*
- Historical evaluation of responses successes/failures

3.2.2. External response *(international institutions – the UN system -, international non-governmental organizations INGO, international governmental organizations)*.

As for the national organizations:

- Brief description of the international actors who are likely to respond to any medical/humanitarian needs consequent to a crisis.
- Preparedness
- Capability
- Capacity
- Timeframe required to mobilize the resources *(e.g. an INGO that act as an implementing partner of the UN may have the capability and willingness of responding to a cholera outbreak, but it may take them 2 weeks, and often more, to get their action plan and budgets approved)*.
- Location: In which areas are they ready to intervene?
- Willingness: political issues
- Historical evaluation of responses successes/failures

> Be realistic,
>
> Especially in terms of capacity, mobilization time and political willingness!
>
> Some organizations may declare they have a stock but in fact this stock is virtual and will only materialize if an emergency is declared, the assessment done, the action plan and the budget approved,... what can take several weeks; or the stock is in a logistic hub in another country or continent and transport could be a factor of the time needed to mobilize a response.
>
> It might also happen that an organisation, because of budget shortage or any other good or bad reason, will not recognize that populations are in need to avoid having to show its inability to respond.
>
> ↓
>
> Don't take for granted what is in the plan or what you're told: all the information collected has to be checked and crosschecked

3.2.3.. Other MSF Sections

- Do they have an Emergency Preparedness Plan and if yes what are their scenarios?
- Is there any formal agreement with other MSF section about Emergency Preparedness?
    - It can be a division of the country *(e.g. each section is responsible for the area where they have a project + the neighboring areas)*
    - Or a specialization per hazards *(e.g. one section is responsible for cholera, another for IDP's and a third one for multiple casualty incidents, etc.)*
    - Or a shared pool of human resources able to respond to emergencies
    - Or a shared emergency preparedness stock
    - Etc.
- Capability: A section may not have the expertise to respond to some type of emergencies *(e.g. Ebola, before the huge West-African outbreak, not all the sections had the capability to respond in first line to this type of outbreak),* or not have trained human resources for the expected emergencies.
- Capacity: According to the project they have in the country they might have more or less human resources available to respond to emergencies.
- Willingness: each section may have different criteria to decide to intervene or not.

3.3. What are the humanitarian/medical unmet needs?

Based on the information collected you can now have a clear view on the needs that will be poorly or not addressed.

In the Eprep template we did, as an example, the exercise for a nutritional crisis following a severe drought. Do the same exercise for all the hazards mentioned in your "Risk Assessment Tool" that you pre-selected after analyze of the relative threat *(see 3.1.).*

We insist that at that level you should not go into details but just mention the main needs and responses. The in depth analysis will be done at the next step *(step 5: scenario development)* and only for the risks you will decide to be really prepared to respond to.

3.4. Decision

For each of the risk identified you will now decide:

- What crisis and needs you should be prepared to respond to partially or completely.

- What potential crisis you will not prepare a response to and why *(others are better positioned to respond to, needs are outside capacities/expertise of the mission, etc.)*

To take this decision you will first have to do now for yourself the same exercise as you did for the other actors, i.e. what is:

- Your capability *(N.B. Don't forget to take into account the "usual" HR gaps)*
- Your capacity
- The timeframe required to mobilize your resources
- The location(s) where you are able to intervene
- Your willingness
- Lessons learned from your historical responses successes and failures

3.5. Simultaneous interventions

- How many simultaneous emergencies will the mission prepare for? The assumption is one emergency at a time. But, according to your capacity in HR, you could decide that you can respond, partially *(initial assessment or more)* or fully, to 2 emergencies at a time, especially if it's the same type of emergencies in 2 different locations *(e.g. a measles outbreak in the area of your project and in another area)*. This has to be specified in your plan.

Remember

Your Eprep is for small scale emergencies and for the initial phase of larger emergency until external support arrives. Taking this into consideration, 4 levels of decision are possible:

- No MSF response is needed : no medical/humanitarian needs OR all the needs are well covered by other organizations/sections

- The mission can fully respond to the unmet needs *(with or without the support of another section present in the country)*

- The mission can start to respond but cannot cover all the unmet needs; you will have to decide what unmet needs to prioritize as first answer, until external support arrives.

- You cannot at all respond to; in this case, if the emergency occurs and we want to respond to we will have to fully rely on external support *(Emergency pool)*

Taking the example of the nutritional crisis following a severe drought described in the Eprep Template, and knowing that not all the needs are addressed, you could, e.g., decide:

- You will not prepare to respond to because one or more of these reasons:

  - You don't have the capability *(e.g. no one in the mission is trained to conduct a nutritional survey or setup and run a TSFP and/or TFC).*
  - You don't have the capacity *(e.g. not enough HR to organize a Targeted Food Distribution and/or set up and run a TSFP and/or TFC, even small).*
  - This type of hazard has a very low probability *(1/15 years)*; you prefer to invest your time and energy in being prepared for risks that are much more frequent *(every year)* or have a high probability of occurrence *(e.g. civil unrest because of the volatile political context,...)* and with a bigger impact on mortality and morbidity.
  - As it is a risk that develops slowly *(unlike an earthquake, e.g., that produces it's impact in less than a minute),* if the risk occurs, the emergency pool will have the time to recruit and send a team to intervene from the start.

- You will prepare to respond partially to because :

  - You think that even if a severe drought leading to a huge nutritional crisis is quite rare, there are regularly pockets of acute malnutrition during the hunger gap, this is why you want to be prepared. As you don't have the capacity to address all the unmet need, you prioritize the nutritional survey as first answer and if an intervention is needed, the E-pool will have to take over

Remain flexible!

This exercise is not a rigid framework setting out once and for ever the limits to your intervention, but a tool which will help you to prepare for the most likely sets of circumstances.

- An "unexpected" emergency may arise *(e.g. we expected an epidemic; instead a civil war suddenly breaks out in a country which had been stable for several years).*

- We may also have to adapt our decisions criteria in the light of changes in the other actors' response *(e.g. a humanitarian aid agency dealing with a particular type of emergency leaves the country – or we see that some groups of marginalised population do not receive aid from other national or international agencies)* or in our capability/capacity *(e.g. due to recurrent HR gaps in your mission, you already are overwhelmed by the work to be done to run the regular projects and you don't see how you could do anything in case of emergency even small).*

Step 4: Risk monitoring - Early Warning System

> How will you be alerted that a
> risk could occur?

Objective

The objective of the risk monitoring is to be informed, on time, if and when a risk is likely to arise.

What risks?

Risk monitoring will apply to all the risks identified in step 1, and not only to the one you decided to prepare to respond to in step 3, and this because:

- You may have decided not to respond to a risk because it would be out of scope for the mission…. but not for the E-Pool. Even if you believe you are not able to respond, you have to be able to alert the HQ in time.
- As said above you have to remain flexible as the situation *(of the country, the other actors, your mission,…)* can change.

How?

Risk monitoring should be indicator based and follow a regular structured process.

Determine, for each risk:

- What: The indicator(s) and/or relevant information
- Sources: The information and confirmation sources
- Who: The person appointed to monitor and analyse indicators and/or relevant information
- When: The monitoring schedule (*indicators should be checked on a scheduled basis; the timing will depend on the availability of new information, the nature of the risk being monitored as well as the trend of the risk. If the risk is rising, for example, indicators should be checked more frequently).*
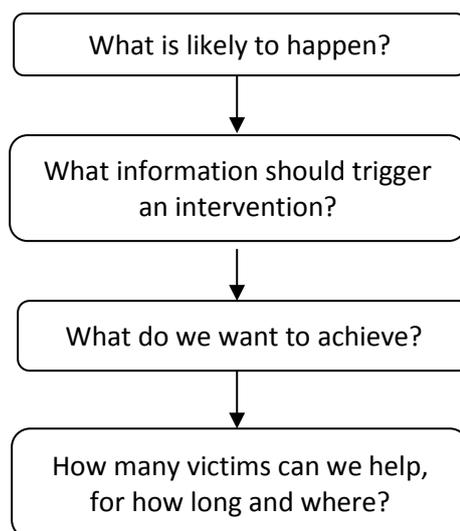- How: The data and/or information collection sheet to be used

→ *See appendix n°8 : Generic guidance for indicators and relevant information*

Risk monitoring calendar

For risk monitoring purpose, hazards are divided into 3 categories:

- **Seasonal hazards** which pose a risk at regular, predictable times of the year *(floods, cyclones, meningitis, cholera, electoral violence, as election occur at predictable intervals).* The objective for these hazards is to ensure that the intervention plan is updated and implemented before the seasonal/scheduled hazard onset. An action date one to two months before the start of the season should be set.
- **Evolving hazards**: the risk that these hazards pose changes irregularly over time *(armed conflict, civil unrest,…).* Evolution of these hazards should be monitored to identify the tipping point when the risk is heightened.
- **Static hazards:** These hazards pose the same level of risk consistently over time *(earthquakes, tsunami, plane crash, etc.).* Even though they rank at high risk, the exact timing of occurrence is impossible to anticipate. As such, it is usually not possible to monitor risks of this type.

Step 5: Scenario development

```
┌─────────────────────────────────┐
│   What is likely to happen?     │
└─────────────────────────────────┘
                 │
                 ▼
┌─────────────────────────────────┐
│  What information should trigger │
│       an intervention?          │
└─────────────────────────────────┘
                 │
                 ▼
┌─────────────────────────────────┐
│    What do we want to achieve?  │
└─────────────────────────────────┘
                 │
                 ▼
┌─────────────────────────────────┐
│   How many victims can we help, │
│     for how long and where?     │
└─────────────────────────────────┘
```

5.1. Risk profiling

The risk profiling helps to more accurately address each hazard in the specific context of the community or country and this because each hazard that threatens a community or a country will affect it in a unique way due to climate, geography, settlement patterns, regional and local political stability, among many other factors.

Make a summary sheet for each hazard profiled and present it in a standardized, easy to read display format. If you want so, you can also add a more detailed presentation of each hazard in a "risk analysis" appendix.

→ *See appendix n°9: Example of a risk analysis appendix*

Components of the risk profiling

- General description of the hazard
- Cause of the hazard – Triggering event
- Historical incidence of the hazard
  - *If more than 2 or 3 previous emergencies, better to refer to a spreadsheet or list presented below the risk profiling table or in the "risk analysis" appendix.*
- Historical MSF response for this hazard, if any
  - *If more than 2 or 3 previous emergencies, better to refer to a spreadsheet or list presented below the risk profiling table or in the "risk analysis" appendix.*
- Predicted frequency of the hazard
  - *Based on the actual frequency or the context and vulnerability analysis.*
- Magnitude and potential intensity of the hazard
  - *For natural hazards: See appendix n°10 - magnitude and intensity scales for the most frequent natural hazards.*
  - *For other hazards: it will be based on the historical data and/or vulnerability profile*
- Secondary hazard(s) that can arise from this hazard
  - *It is not uncommon for hazards from one category to cause a secondary, tertiary or further hazard in that same category or one of the others. e.g. Japan 2011 : primary hazard: earthquake (natural disaster) – secondary hazard: tsunami (natural hazard) – tertiary hazard: nuclear plant damaged (technological disaster).*
- Risk map
  - *Likely location of the hazard: name(s) of the location(s) + map presented below the risk profiling table or in the "risk analysis" appendix*
  - *Estimated spatial extent of impact of the hazard: name(s) of the location(s) + map*
- Availability of warnings for the hazard
  - *Some hazards can be predicted with some degree of confidence (as tropical cyclones), while others cannot be predicted at all (as plane crashes). And even if advance knowledge of a disaster is possible, the capabilities of the local warning system further determine the possibility of adequately informing the public about an impending*

disaster (e.g. evacuation of population at risk before volcano eruption; cyclone alarm and cyclone shelter in Bangladesh).

- Speed of onset of the hazard
    - *Is it a hazard that has a direct impact like an earthquake, or is it a hazard that will produces its impact after a week or after a month like a drought? It helps to determine what actions are possible, impossible and vital given the amount of pre-disaster time.*
- Expected duration of hazard event
    - *E.g. a plane crash will be a 1 day event, while an outbreak may last several months*
- Time of the year that a hazard is most likely to appear, if such a pattern exists
    - *E.g. meningitis always occurring during the hot and dry season.*
- Likely affected population
    - *Number and specificity (e.g. refugee, neglected population for ethnic reason, crowed area or scattered settlement, etc.)*
- Consequences of this hazard.
    - A*t this level we have to consider not only the human impact but all types of impact (on properties, health system, general supplies (water, energy, etc.) and so on) as all these may have an impact on:*
        - *Mortality, morbidity and well-being of the population (e.g. if there is no access to clean water anymore, waterborne diseases may develop, if the health structures are flooded the affected population will not have access to health,…)*
        - *The possibility/difficulty in delivering aid (e.g. if roads are destroyed, access to victims will be difficult)*
        - *The type of aid to deliver (e.g. should we support the existing facilities or should we set up field hospital because the existing facilities have collapsed?)*
    - *Don't forget to take into account the indirect impacts. (e.g. a civil unrest may, as direct impact, lead to many wounded and, as indirect impact, severe complication among people with chronic illness that have no access to treatment and/or care because insecurity prevents them from going to the health center).*
- Involvement and coordination of other actors
    - *Most of the information to fill this part has already been collected for step 3.2.*
- Expected total needs in terms of activities to implemented
- Expected unmet needs MSF will prepare to respond to
    - *For all what is related to needs, you will start from what you already have mentioned in step 3.3. but you will go more into details as you also have developed more in depth the analyze of the consequences.*
- Expected unmet needs that MSF can/will not respond to *(but can lobby)*

5.2. Intervention criteria

What indicator(s) and/or information should trigger an intervention?

5.2.1. Alert and Emergency Thresholds

For seasonal and evolving hazard you can set 2 thresholds and the intervention(s) related thereto:

- **Alert threshold** *(e.g. due to the conflict in Sudan some refugees started to arrive in the border town of Tine)*:
    - Verification activities
        - Check the information from the author of this info but also from other sources
        - Reinforce surveillance
        - Survey
        - Exploratory mission
        - Etc.
    - Check that your preparation is in place *(staff aware of its role and trained, equipment ready to use,…)*

- **Emergency threshold** *(e.g. more than 1,000 refugees have crossed the border over a period of one week)*:
    - Time to start the response

For static hazards *(earthquakes, tsunami, plane crash, etc.)* where there is no warning, you will directly have to start the response, knowing that, according to the magnitude and intensity of the hazard, the first step of the response can be "verifications activities" only or full intervention straight away.

5.2.2. Other criteria

Response or not of MoH, other organizations,… : In some cases if others respond it will be a criteria to not intervene, while in other cases even if there is a response of other organizations we still will want to respond.

Political choices: As said in 3.1., p. 7, we may have "political" reasons to intervene or not. If this is the case in this scenario we should mention it in this section.

5.3. Intervention strategy

The intervention strategy contains four main elements: Goal - Objective(s) - Response(s) & Assumptions and risks

- What is our final goal *(e.g. to reduce under 5 years mortality and morbidity linked to severe acute malnutrition as a consequence of a severe drought).*
- What is our objective, what do we want to achieve *(e.g. to treat 100% of the children < 5 years old suffering from severe acute malnutrition)?*
- What will be our response, what activities will we implement to reach our goal and objective *(e.g. conduct a nutritional survey, set up an ITFC and ATFCs, and lobby WFP for General Food Distribution)?*
- What external factors can influence positively or negatively the achievement of the objective *(e.g. we are allowed, or not, to import therapeutic food; the health centers accept, or not, to collaborate and to refer patients to the TFC in time, etc.)*?

5.4. Intervention scope

What needs can you realistically respond to with a good preparation and without disrupting the existing project(s)?

- Maximum number of beneficiaries the plan is designed for *(e.g. ITFC for 20 children and ATFC for up to 300 children).*
- Maximum duration of the initial response before further resources will be needed *(e.g. within a 2 week period).*
- Location:
    - Any geographical consideration in addition to that stated in step 1 *(e.g. as OCP will take care of the needs in the capital and AAH is active in the North West, we will focus our action in the North East, the South, where we have our regular project, being usually not affected by drought).*
    - Place and type of facility *(e.g. ITFC in the district hospital compound + ATF in max. 3 most affected villages)*
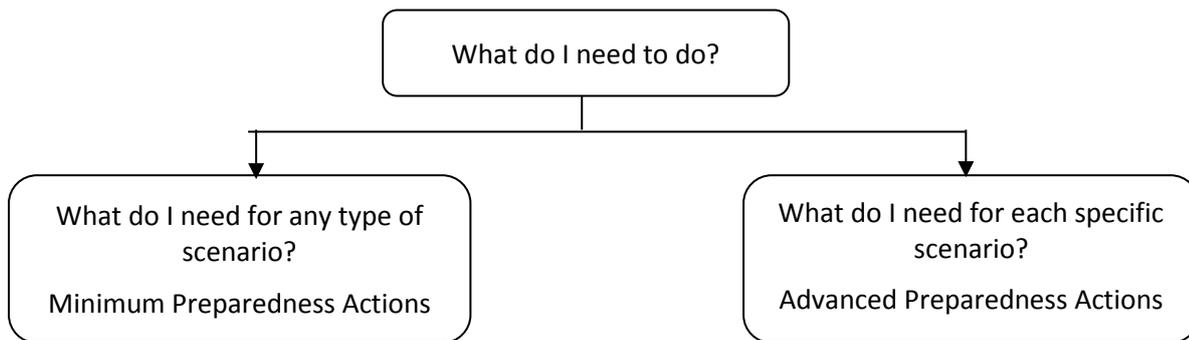
N.B. It is only the initial period you are talking about. Needs addressed, number of beneficiaries & duration of the response can of course be extended if more resources are sent.

5.5. External support needed

Explain here what type of external support will be needed. It can be:

- Additional resources – coordination will be done by the mission. Specify the profile and number of resources that will be needed *(e.g. you may have enough nurses but not enough doctors, or you may need a specialist in watsan because you don't have this profile in your regular projects, etc.).* Don't forget to specify any restrictions imposed by the country *(a certain level of education with the appropriate diploma in some countries, any nationalities not accepted, etc.)* or for security reasons.
- An emergency coordinator – the team will be composed by staff from the regular projects.
- A full team *(coordinator included)* that will be fully responsible for the response *(e.g. the E-pool).*
- Any other combination.

Step 6: Preparation of intervention plan

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          ┌─────────────────────────────┐
          │     What do I need to do?    │
          └─────────────────────────────┘
             │                        │
             ▼                        ▼
┌──────────────────────────┐  ┌──────────────────────────┐
│ What do I need for any    │  │ What do I need for each   │
│ type of scenario?         │  │ specific scenario?        │
│                           │  │                           │
│ Minimum Preparedness      │  │ Advanced Preparedness     │
│ Actions                   │  │ Actions                   │
└──────────────────────────┘  └──────────────────────────┘
```

6.1. Minimum Preparedness Actions

The "Minimum Preparedness Actions" (MPA) is a set of activities not risk or scenario specific that does not require additional resources to accomplish and provide flexibility to respond to different types of emergencies. You have only 1 MPA per Eprep Plan.

> **Don't Panic !**
>
> A first quick skim through the MPA checklist might give you the impression that the task is overwhelming.
>
> In fact, at least 50% of the work consists of gathering information and data which should be available at each mission. And often this information exists, but is incomplete, not kept up to date, badly filled and scattered through several departments or on the computer of someone who's just left on 6 weeks' leave! So the information is of no immediate use, especially in an emergency where every minute counts and no time should be wasted looking for basic information and document.

The MPA includes:

Emergency Preparedness Plan arrangements

- Do we have a plan?
- Is the plan updated?
- Does everybody know the plan?

Coordination arrangements

- With the authorities
- With other MSF sections in the country
- With other MSF missions and/or sections in neighbouring countries
- With other NGOs and international agencies (UN)
- Etc.

Advocacy arrangements

- What is the media network in the country
- What authorizations are needed for journalists and photographers
- Etc.

Human resources arrangements

- Availability of human resources
- Organization of human resources
- Information and training of human resources

Security arrangements

- Security of teams

- Security of buildings *(health center, office, houses, stock, etc.)*

Medical arrangements

- How is health organized and functioning in the country
- Is there a specific department for natural disasters, epidemics,...
- Etc.

Logistic and supply arrangements

- How do we communicate in emergencies?
- Can we organize transport for staff and supplies?
- Where can we get the supply we need?
- Can we import the supply needed?
- Can we store the equipment properly?
- Etc.

Finance arrangements

→ *See appendix n°11 : Checklist Minimum Preparedness Actions*

6.2. Advanced Preparedness Actions

The "Advances Preparedness Actions" (APA) is a set of complementary activities to plan for specific risks; which means that for each scenario identified you have to have an APA. It can be compared to a "To do list" compiling all the activities to perform in order to be ready to respond.

When to do the APA/Scenario and what's the level of detail that should be included?

- For seasonal hazards which pose a risk at regular and predictable times of the year, you can have just the big lines and go into more details once you have reached the alert threshold.

- For evolving hazards you also can have just the big lines and go into more details when the risk is heightened. But as this type of risk changes irregularly over time and can suddenly and sometimes unexpectedly worsen, be careful not to be caught short.

- For static hazards where the exact time of occurrence is impossible to anticipate you should be fully ready at any time.

→ *You will find an example of APA in the appendix n°2 : Eprep template*

6.3. Prevention/Mitigation for the staff and the buildings

This part of the preparedness is often overlooked. While this seems obvious in case of conflict, because of the direct link between insecurity and risk for the teams, we tend to forget that in case of earthquake, outbreak, flood,… we *(ourselves, our teams)* and our buildings *(office, houses, health center where we run our regular project)* are also at risk.

There are at least 3 questions you should ask yourself…. and that you need to answer!

1. **How will we protect ourselves, our teams, our patients lying in a bed in the hospital, and our buildings from the risk?**
   - *Simple example: in case of outbreak risk did we included, in our preparation, to vaccinate the staff (MSF & Hospital staffs) and their family?*
   - *Less simple example: in case of earthquake risk do we have any mitigation measures? Of course we probably cannot change the structure of the building we work in (especially if it's not an MSF facility), but we could, at least, make our staffs aware of the risk, explain them what simple measures can be taken before, like fixing the shelves to the wall to avoid them collapsing on people, and during an earthquake (like : Drop, Hold & Cover).*
   - *In case of flood with landslide risk, are we sure our facility is not straight on the way of the possible landslide (as it was the case of our hospital in Kabezi – Burundi)? And if yes (or maybe) is there something we can do to protect our patients and our staffs?*

2. **If the risk occurs how will we know/check that our team, our staffs are safe?**

   - *In case of natural disaster in the area where our team and staffs lives, they also can be the victim of the disaster after the collapse or the flooding of their house. How will we contact them to ensure they are safe (don't forget that due to the disaster the communication infrastructures also can be affected)? How will we care for them if needed?*

3. **What measures will we take to facilitate the work of our staffs?**

   - *After a natural disaster such as an earthquake or typhoon, often the staffs that have not been directly affected want to come to work but are not in a state to work full time because they need time to digest what happened to their community, to look after their family, help their friends in need,… To prepare for this situation, you need to anticipate adjustments to normal practices.*

Step 7: Implementation and Maintenance of the Eprep

7.1. Implementation

Make your plan a reality before an emergency occurs!
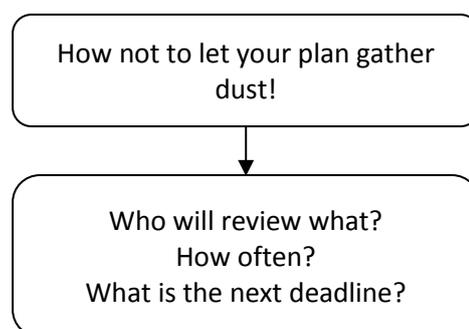
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Who will do what by when?
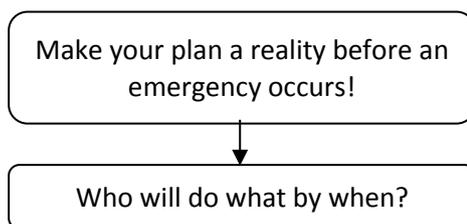
It is now time to take action and put the preparation in place. For this you will just add 4 columns to the MPA and APA checklists: Who is responsible, due date, status *(this column can be checked regularly to see what has still to be done and if the person in charge need support to finalize the job)* & comments *(any problem to do the job ?; if the job is done where can we find the info, etc.).*

N.B. Although individuals are noted as being responsible, Eprep remains a team responsibility. The person "responsible" is not responsible for doing the work *(he/she can delegate),* but is responsible for ensuring it gets done.

	MPA	Responsible	Due date	Status	Comments
		EPREP - INITIAL PREPAREDNESS			
Coordination	Check with the UN *(if they are in the country)* what their contingency plan is.	HoM	1/09/15	Done	Plan available in the Eprep file
Human Resources	Identify people (expatriate & national) available for emergencies	HRCo	1/09/15	Done	See list in appendix
Etc.					

	APA Nutritional Crisis	Responsible	Due date	Status	Comments
Security	Check if there are any security issues linked to the hospital we plan to set up an ITFC *(e.g. people of one tribe preventing those of another tribe to access the hospital)*?	MedCo LogCo	30/09/15	To do	Planned to be done 2nd week of October
Logistic and Supply	Make the list of logistic equipment we will need for the various planned activities.	LogCo	15/09/15	In progress	
Finance	Address of the bank in the area	FinCo	30/03/15	Done	No bank in the area
Etc					

7.2. Maintenance

How not to let your plan gather dust!

↓

Who will review what?
How often?
What is the next deadline?

Many things are constantly changing *(e.g. de composition of your staff)*, others are changing maybe not constantly but regularly *(e.g. after elections you may have a change in the Ministry of Health)*, other can deteriorate *(e.g. the security….but also the items in your stock if there is no proper maintenance)*, … this is why you have to plan periodic maintenance activities to ensure that the initial preparedness is maintained at all times.

How to do this? You will create a maintenance checklist for your MPA and for each APA *(one per scenario)*. Starting from a copy/paste of the initial preparedness checklist you will rephrase each lines for the maintenance purpose *(e.g. "identify the staff" in the initial preparedness checklist, becomes "check that the staff is still available" in the maintenance checklist)*. You may also delete or add some lines.

Then you will decide who will be responsible for the maintenance *(not necessarily the same person that was responsible for this line in the initial preparedness checklist)*, how frequently the maintenance has to be done and when the next deadline is.

	MPA	EPREP - MAINTENANCE			
		Responsible	Frequency	Next Deadline	Comments
Coordination	Check if the UN contingency plan is still the same *(they, also, may have update their plan… if they are still in the country!)*	HoM	1/year	1/10/16	
Human Resources	Check that the staff *(expatriate & national)* identified for emergencies is still available	HrCo	Every 3 months	1/12/15	Also when a project open or close
Etc.					

	APA Nutritional Crisis	Responsible	Frequency	Next Deadline	Comments
Security	Check if there are any security issues linked to the hospital we plan to set up an ITFC *(e.g. people of one tribe preventing those of another tribe to access the hospital)*?	LogCo	1/year	2 months before the start of the hunger gap	
Logistic and Supply	Check if the list of logistic equipment we will need for the various planned activities is still the same (maybe the hospital is now better equipped and we don't have to	LogCo	1/year	2 months before the start of the hunger gap	
Finance	Address of the bank in the area				
Etc					

7.3. When to review the plan as a whole?

At least every 2 years

AND

- When there is a significant change in the context

- When risk monitoring indicates an emerging risk

- After each emergency *(lessons learned)*

- When there is a significant turn-over of core staff

PART 3 – SOME SPECIFIC ISSUES

1. Eprep stock… or not?

> **Remember**
>
> **The Eprep is not about stock!**
> **It is a plan linked to scenarios, with stocks linked to the plan**

Too often, the Eprep stocks that we find in the missions are:

- Not linked to the plan, but just the remains of previous emergencies or projects.
- Not regularly checked, part of the equipment is no longer usable due to heat, rodents, thieves,…time passing.
- Incomplete, because it is so easy to go and take what we need for our regular project in the Eprep stock rather than ordering and wait.
- Too big, ending up being costly wastes of money without having contributed to responsiveness at all.
- Or too small….

How to have the right stock for the right Eprep?

In your APA *(one for each scenario)* you have made the list of equipment *(medical, logistic, administrative,…)* you will need for each activity you want to implement.

You have now to ask yourself
- if you really need to have all these items in stock.
- How to estimate the quantity you need in stock for each item
- If the items can be part of the regular stock(s) or should be stored separately in an Eprep stock
- If the Eprep stock should be centralized or decentralized

1.1. Do we really need to have items in stock?

The answer to this question will depend on 4 main elements:

- Type of emergency
- Probability of the emergency
- What can you find locally?
- What is the delay to import equipment in the country?

(see also, on this topic, Pocket Guide NFI, p.11-16)

1.1.1. Type of emergency

Some emergencies are sudden, unexpected and need a full answer straight away, e.g. an influx of wounded due to an earthquake, a bomb blast, etc.

→ For this type of scenario you really need to have all the equipment ready to use from day 1.

Other emergencies may develop slower, e.g. refugees due to a conflict in a neighboring country. Usually they will arrive little by little and, in the beginning, will be hosted by the local population and/or supported by the local authorities. It is only after some time, when their number will become too big, that assistance will be needed.

→ For this type of scenario you could decide:
- Not to have equipment in stock but be ready to buy it locally or order it internationally if the risk materialized.
- To only have in stock equipment for a first medical screening and vaccination of the children, while the rest of the equipment *(e.g. NFI)* will be purchased or ordered later.

The same can apply to a measles outbreak e.g., where, before vaccinating, you first have to investigate the outbreak in order to confirm the outbreak, know what population is affected *(size, location, etc.)* and prepare the vaccination campaign *(what will take ≥ 1 week).*

→ While you are preparing the vaccination campaign, there may be time *(will depend on the importation delay in your mission country, see below)* for the equipment to arrive from MSF Supply or KSU.

1.1.2. Probability of the emergency

If the probability of having a measles outbreak somewhere in the country is high *(at least 1 every 2 years),* it is better to have the equipment in stock instead of waiting for the start of the outbreak to order the equipment, as, in this case the risk of having equipment in stock that will not be used is very low and you will avoid to have to order in emergency which could lead to higher transportation cost.

1.1.3. What can you find locally?

What can you receive, or borrow, from other organizations?

- It is not uncommon to have the possibility to receive vaccines or specialized food from UNICEF, e.g. Sometimes WHO also has some kits. It is therefore useful to know the United Nations agencies (UNHCR, UNICEF,...) who have equipment in stock which can be lent *(in this case it will be reimbursed with our equipment upon arrival)* or donated under certain circumstances. However, keep in mind that not all promises become real at the moment you make the demand. For this reason, you should :
    - Check that it is not a virtual stock but that the equipment is really *(physically)* in stock in the country.
    - Have a formal agreement signed by a real "head" of the organization.

- If other MSF sections are present in the country and there is no specific Eprep stock agreement, you can still ask what the other sections have in their Eprep stock and if they would be willing to lend you some equipment if needed *(e.g. they may have 2 cholera kits and be happy to lend you one in case of emergency in your area of intervention ensuring, this way, the turnover of their equipment).*
    - But be aware that agreements between sections are made by people... and the strength of these agreements is often dependent on the ties that bind those people *(bonds often made during a nice evening, around some drinks)*... so remember to keep good relations!

- Some companies may also be ready to lend equipment *(e.g. in Chad the "Cotton Chad" that had small production units in several regions of the country was always ready to lend us freezers during meningitis outbreaks taking place during the period of inactivity for cotton).*

What can you purchase locally?

According to the country in which you are present a number of items can be purchased locally because suppliers exist for these products. As you need items meeting well defined quality criteria, usually in very large quantities and immediately *(unless you decide to have an Eprep stock),* you will have to do your "shopping" before the emergency occurs! Identified suppliers will have to be able to:

- Provide items that meet the criteria as defined in the quotation request or tender
- In the desired quantity
- Within the agreed time *(e.g. 10.000 jerrycans within 48h, 10.000 additional within the following 48h, etc....)*

Advantages	Risks
No costs for renting, maintaining or storage of stocks.	If your supplier is not reliable, you can find yourself empty handed at the moment you need the NFI
No equipment is out of stock or deteriorates because, contrary to forecasts, there is no emergency	When the emergency occurs, the suppliers will be under a lot of pressure as all the organizations will want to purchase the same items, hence the risk that even a normally reliable supplier : - no longer has enough stock *(because he has made too many commitments to various organizations using his full capacity)* - is obliged to raise prices *(as he himself needs to find other supply sources to be able to respond to the exceptional demand)* - if he is out of stock he may try to sell you inferior quality goods
Savings on international transport	Even a reliable supplier is not immune to market fluctuations, and if production is not sufficient to respond to needs he will not be able to fulfil his commitment.
Decreased delivery time	The reason for the emergency can also have effects on the supply sources of your supplier. *(i.e. Georgia 2008, influx of 100.000 displaced persons in the capital as a result of the war with Russia. All supply routes were blocked by the Russian army).*

1.1.4. What is the delay to import equipment in your mission country?

You have to know what is the delay to import equipment in your mission. Delay = from the moment you order the equipment until it is in your stock. In some countries it can be quite quick *(< 2 weeks)* in other it will be very long, too long or impossible.

Don't forget that:

- Even in countries where it's quite easy to import, some items may not be allowed or will request longer procedures.
- You may have specific agreement with the authorities, especially the MoH, for quicker procedures in case of emergency, but for this, the emergency has to be recognized by the authorities *(often reluctant to recognize a cholera outbreak, e.g.).*
- If there is a call, from the authorities, for international help, then the delays and procedures should be faster, even in countries where it is usually difficult to import. This will only be the case for big natural disasters like earthquake, typhoon, etc.

1.2. How to estimate the quantity you need for each item?

1st: How many of these items do you need for each scenario[3]?

> The total you will need is not the sum of scenario A + scenario B + Etc ; but the biggest quantity you need for 1 of the scenario. In the example below, for item X it's 10.000 for Scenario A.

> The assumption is that you will not respond to 2 or 3 emergencies at the same moment.

2nd: What quantity do you already have in stock *(previous Eprep stock, in the regular stock but not used anymore for the regular projects, etc.)*

3rd: What can you find, for sure, locally?

4th: You can now deduct what you will have to order. You still have to decide when you will have to order the items according, as said above, the type and probability of emergency and the delay to import equipment in your mission.

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[3] *Don't forget to look in the kit catalogues, as the kits are designed by scenarios (e.g. Kit immunization, 10.000 vac. & 5 teams).*

Item	Qty Scenario A	Qty Scenario **B**	Qty Scenario **C**	Qty TOTAL	Source		
					In stock	Local	International Order
X	10.000	5.000	0	10.000	1.000 Eprep stock Coordination	5.000 UNICEF	4.000 MSF Supply
Y	1.000	0	500	1.000		1.000 Supplier GOODSTUF	

1.3. Should the items be stored in the regular stock(s) or in an Eprep stock?

Regular stock

Advantages	Risks
For items you also use in the regular project : Turn-over and so less risk of items being expired or out of use	If no proper buffer stock for the regular project, risk that you will use for these regular project the buffer that was calculated for the Eprep. The day the emergency is there you will have to shop around the shelves to find all the items you need.
For items you don't use in the regular project: If you have enough space to store these items in the same warehouse as the items for the regular projects than you will only have 1 warehouse to manage and there will be less risk for the Eprep stock to be forgotten in a "never checked" warehouse.	Risk that the items of the Eprep stock are used for another purpose

Eprep stock

Advantages	Risks
All what you need is in one place and the day the emergency occurs you don't need to look left and right to collect the equipment.	1 more stock to manage Risk that it becomes a "never checked" stock and the day the emergency occurs you discover that some of the equipment cannot be used anymore.
No risk for the equipment to be taken for the regular projects when they have a shortage	No turn-over and risk that items will expire or be damaged before they can be used.

1.4. Should the Eprep stock be centralized or decentralized?

The best option is to have 1 centralized Eprep stock:

- Easier to follow-up 1 stock than several stocks in different locations
- The emergency could occur in another location that forecast
- Probably easier to find appropriate stocks In capital
- Maybe easier to ensure the security of the stocks in capital

Decentralization is recommended when:

- It's a sudden, unexpected and fast emergency like an influx of wounded due to a bomb blast. In this case the team in the affected location should be able to react directly.
- It is difficult to organize transport of equipment to the location
- The location is cut of the rest of the country for political, climatic or other reasons *(e.g. South-Sudan, Pibor, difficult to reach during the rainy season)*.

2. The post-emergency cleaning: how to be prepared for the next emergency

At the end of an emergency, everybody is tired, happy that it's finished…. and not really ready to play extra time especially if it's to perform a really not exciting activity: the sorting, cleaning and re-packing of all the equipment that is left. This is one of the reasons why we regularly find so called "Eprep stocks" in very bad condition with all kind of equipment but with no clear view on what we have and if we have all what is needed for one of the possible scenario. The problem is that the next emergency could be next week!

This is why, in the plan, you have to have at least 2 people *(one medical and one non-medical)* identified to be responsible for this activity.

3. The Eprep budget

The question "what can we or should we include in the Eprep budget?" comes up regularly. And what I see is that there is sometimes confusion between the Emergency Preparedness budget and the Emergency Response budget.

What can be included in an Eprep Budget ?

A workshop on Eprep, in the mission, for the staff *(expatriates and national):*

- Renting of a room
- Food
- Training material and stationary
- Expense for the HQ person *(if needed)*

Specific training for the staff, in coherence with the scenario:

Ex. If you have a scenario cholera, maybe you need to train your staff on watsan, investigation and surveillance of an outbreak,….etc. In some cases a more in depth training *(+/- 1 week)* can be organized with the training unit *(course : response to emergencies).*
You could also send some staff for international training *(like watsan in emergency, PSP, nut/vacci,….)*, but these costs are not necessarily in the Eprep budget as it is a general policy to give the opportunity to the national staff to have training and the training will not only be useful for the emergencies.

Eprep stock:

Based on the scenario and the time needed to receive more material from the HQ or from local purchase: as already mentioned in this pocket guide, the Eprep stock should not cover the all expected duration of the response ; it's a stock to start the activity quickly and waiting for more supply. The Eprep stock includes medical and non-medical items *(kits or modules or separates items from the HQ or local purchase)* + the cost of making posters, leaflets,… for Health Promotion, etc….

After a first response, the Eprep stock should be refilled on the cost of the response. So if you have a cholera kit in your Eprep stock, once you have a cholera epidemic you use it and, at the same moment, you order one to refill the Eprep stock but the cost of this new kit should be on the response budget and not any more on the Eprep budget.

The rent of a stock, if you don't have enough space in your actual stock.

- rent
- guards/cleaners,…
- running costs *(electricity,…)*
- taxes

An Eprep position:

For a short period *(if, for instance, you need to organise an Eprep stock),* or for some hours/week if you want to give the responsibility to one person to follow the Eprep file.

Documentation:

Again in coherence with the scenario : ex. books, guidelines, DVD,… on cholera. Not to let in the Eprep stock but in the hands of the staff as the idea is to read them before the emergency occurs!

Appendices

1. The Disaster Management Cycle and its components
2. Eprep template with examples
3. Checklist of hazards per category
4. Useful national and International Websites
5. Description and samples of vulnerability profile components + Where to find countries vulnerability profiles
6. Risk Assessment Tool
7. Other actors' contact list
8. Generic guidance for indicators
9. Example of a risk analysis appendix.
10. Magnitude and intensity scales for the most common natural hazards
11. Checklist Minimum Preparedness Actions

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Glossary

You will find, here below, definitions of some words often used in Disaster Management. You can find more definitions in the following article *(available on internet)* : "Terminology on Disaster Risk Reduction – United Nations International Strategy for Disaster Risk Reduction, 2009" Link: https://www.unisdr.org/we/inform/terminology

Coping capacity

The ability of people, organizations and systems, using available skills and resources, to face and manage adverse conditions, emergencies or disasters.

Disaster

A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.
Disasters are often described as a result of the combination of: the exposure to a hazard; the conditions of vulnerability that are present; and insufficient capacity or measures to reduce or cope with the potential negative consequences.
Disaster impacts may include loss of life, injury, disease and other negative effects on human physical, mental and social well-being, together with damage to property, destruction of assets, loss of services, social and economic disruption and environmental degradation.

Early warning system

The set of capacities needed to generate and disseminate timely and meaningful warning information to enable individuals, communities and organizations threatened by a hazard to prepare and to act appropriately and in sufficient time to reduce the possibility of harm or loss.

Emergency Preparedness Plan versus Contingency Plan

Contingency planning means making a plan to respond to a potential crisis or emergency. This includes developing scenarios *(anticipating the crisis)*, determining the objectives of the organization in these situations, and defining what will be needed to reach those objectives. Contingency planning is one tool of emergency preparedness, but it is not emergency preparedness itself.

Emergency preparedness consists of all activities taken in anticipation of a crisis to expedite effective emergency response. This includes contingency planning, but is not limited to it: it also covers stockpiling, the creation and management of stand-by capacities and training staff and partners in emergency response.

Hazards

A dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.

Risk

Risk is the likelihood of an event occurring multiplied by the negative consequence of that event, were it to occur.
RISK = LIKELIHOOD x NEGATIVE CONSEQUENCE
Likelihood is expressed either as a probability (e.g., .15; 50%) or a frequency (e.g., 1 in 1,000,000; 5 times per year).
Consequences are a measure of the effect of the hazard on people or property.

Vulnerability

Vulnerability is a measure of the propensity of an object, area, individual, group, community, country, or other entity to incur the consequences of a hazard. This measurement results from a combination of physical, social, economic, and environmental factors or processes.
Resilience, the opposite of vulnerability, is a measure of propensity to avoid loss

Compound (Combination) Disaster

Disasters are not always limited to a single hazard. Sometimes two or more completely independent disasters occur at the same time—an earthquake strike during a flood, for instance. More commonly, however, one disaster triggers a secondary hazard. Some secondary hazards only occur as result of a primary hazard, such as a tsunami (from earthquakes), while others can occur either because of or independent of other disasters. Compound disasters, which can occur either sequentially or simultaneously with one or more disasters, have a tendency to exacerbate consequences and increase victims' issues.

Emergency

A crisis or emergency is a threatening condition that requires urgent action. Effective emergency action can avoid the escalation of an event into a disaster.

Humanitarian crisis

A humanitarian crisis is a special situation that results from a combination of the realized consequences of a hazard and the severely diminished coping mechanisms of an affected population. In these situations, the health and life of a very large number of people are threatened.

Complex humanitarian emergency

CHE is a special type of humanitarian crisis that is the result of combination of factors directly related to war and insecurity. The characteristics most commonly seen in CHEs in varying degrees of intensity are:

- Breakdown of authority resulting from the conflict
- Extensive violence and loss of life
- Mass mouvements of population
- Widespread damage to societies and economies
- The need for large-scale, multi-faceted humanitarian assistance
- The hindrance or prevention of humanitarian assistance by political and military constraints
- Significant security risks for humanitarian relief workers in some areas