MINISTRY OF HEALTH AND SOCIAL WELFARE
THE GAMBIA

HEALTH SECTOR EMERGENCY PREPAREDNESS AND RESPONSE PLAN RELATED TO ALL-HAZARDS 2017 - 2019

FOREWORD

The Ministry of Health & Social Welfare in close partnership with the National Disaster Management Agency (NDMA), the Department of Community Development (DCD), the Civil Society Organizations (CSOs), the Joint Operations Center (JOC), the Gambia Red Cross Society (GRCS), the Department of Parks and Wildlife (DPW), the Department of Livestock Services (DLS), the International Trypanotolerant Center (ITC), the Medical Research Council Laboratories (MRC), Concern Universal (CU) and the United Nations Family (UNF) developed a Health Sector Emergency Preparedness and Response Plan (HSEPRP) that is comprehensive, risk-based and all-hazards in approach. The need to develop this plan was borne out of the fact that there is currently no single comprehensive plan in country to effectively and adequately respond to emergencies.

Critical to this plan are five broad Strategic Objectives with related Operational Objectives, Strategies, Main Activities and Subactivities for the attainment of the overall Goal, which is "to establish health and nutrition emergency preparedness and response system that will contribute to the prevention and reduction of mortality, morbidity and disability arising from various hazards in The Gambia".

The Regional and District Health Structures will be fully engaged by a) strengthening capacities of Rapid Response Teams (RRTs), b) developing a risk-based, all-hazards Emergency Preparedness and Response (EPR) Plan, and c) provide timely and accurate information to Central Level as well as address emergencies as and when they arise.

This HSEPRP outlines the state of preparedness, response to and management of emergencies. It encourages the holistic and collaborative approach in dealing with emergencies that threaten The Gambia in a single and unified plan rather than relying on stand-alone plans. The HSEPRP will serve as the basis on which Central, Regional and District Health Authorities will make reference to for the following:

1. Serve as the basis for effective response to all-hazards that threaten their jurisdictions.
2. Promulgate integration of mitigation, response and recovery activities following emergencies.
3. Facilitate better coordination at Central, Regional and District Levels during emergencies.
4. Activate cross-border collaborative efforts/mechanisms when the need arises during emergencies.

The lessons learnt from the successful implementation of the National Ebola Virus Disease Plan (NEVDP, 2015) relative to health systems strengthening has been utilized for the development of the current HSEPRP, which is streamlined with the national disaster plan. This comprehensive approach will enable the country to best utilize its resources to ensure the health security of its population.

Finally, emergency planners within the Department of Livestock Services may also find sections of this HSEPRP useful in the development of their sectoral emergency preparedness and response plans.

The Ministry of Health & Social Welfare welcomes comments on how this HSEPRP may be improved to better serve the needs of the Gambian population on Emergency Preparedness and Response.

In this regard, I therefore call upon all Stakeholders and Partners to work very closely together for the efficient and effective implementation and coordination of the HSEPRP at National, Regional, District and Community Levels.

Honourable Mr. Omar Sey

Minister of Health & Social Welfare

ACKNOWLEDGEMENTS

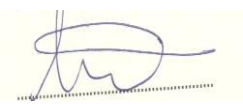
The Ministry of Health & Social Welfare offers its sincere appreciation to the HSEPRP Working Group for their contributions to the development of this important document taking cue of lessons learnt during the recent Ebola crisis. Even though most emergencies follow some recognizable build-up period during which actions are taken to achieve an appropriate state of maximum readiness, the Ministry is cognizant of the fact that emergencies can also be unique occurrences which require specific resources as per the type, nature, and extent of the emergency. In this regard, this document is not all-inclusive, nor does it limit or restrict reasonable or prudent actions.

The Multisectoral Working Group applied considerable expertise and dedication to ensure that this HSEPRP reflects the true realities on the ground. In addtion to the Working Group, the technical and financial support to develop the HSEPRP was provided by the World Health Organization and other members of the United Nations Family, the European Union and the United Kingdom Department for International Development for which the Ministry expresses its thanks and appreciation.

The commitment, dedication and contributions of a plethora of Stakeholders and Partners both within and external to the Ministry towards the successful development of the HSEPRP are also acknowledged. Specifically, I would like to thank the National Disaster Management Agency, the Joint Operations Center, the Medical Research Council Laboratories, the Gambia Red Cross Society, the Department of Parks and Wildlife, the Department of Livestock Services, the Civil Society Organizations, amongst others, for thier expresed commitment, dedication and significant contributions to the process leading to the development of the HSEPRP.

Finally, my sincere thanks and esteemed appreciation to all Individuals and Institutions who have not been singled out but contributed immensely to the successful realization of the development of the HSEPRP.

Dr. Samba Ceesay



Acting Director of Health Services
Minstry of Health & Social Welfare

ABBREVIATIONS AND ACRONYMS

AHEPRP	ANIMAL HEALTH EMERGENCY PREPAREDNESS AND RESPONSE PLAN
CAPSCA	COLLABORATIVE ARRANGEMENT FOR THE PREVENTION AND MANAGEMENT OF PUBLIC HEALTH EVENTS IN CIVIL AVIATION
CCA	COMMON COUNTRY ASSESSMENT
CSB	CORN SOYA BLEND
CMS	CENTRAL MEDICAL STORES
CUG	CLOSED USER GROUP
DRR	DISASTER RISK REDUCTION
EDC	EPIDEMIOLOGY& DISEASE CONTROL UNIT
EFSTH	EDWARD FRANCIS SMALL TEACHING HOSPITAL
EPR	EMERGENCY PREPAREDNESS AND RESPONSE
EOC	EMERGENCY OPERATION CENTER
ETC	EBOLA TREATMENT CENTER
EVD	EBOLA VIRUS DISEASE
FETP	FIELD EPIDEMIOLOGY TRAINING PROGRAMME
GDP	GROSS DOMESTIC PRODUCT
GNHSSP	GAMBIA NATIONAL HEALTH SECTOR STRATEGIC PLAN
GRCS	GAMBIA RED CROSS SOCIETY
HMIS	HEALTH MAMAGEMENT INFORMATION SYSTEM
IDP	INTERNALLY DISPALCED PERSONS
IDSR	INTERGRATED DISEASE SURVEILANCE AND RESPONSE
IHR	INTERNATIONAL HEALTH REGULATION
IMAM	INEGRATED MANAGEMENT OF ACUTE MALNUTRITION
IPC	INFECTION PREVENTION AND CONTROL
JOC	JOINT OPERATIONS CENTER
MoHSW	MINISTRY OF HEALTH & SOCIAL WELFARE
MRC	MEDICAL RESEARCH COUNCIL

NCHSEM	NATIONAL COMMITTEE FOR HEALTH SECTOR EMERGENCY
NDMA	NATIONAL DISASTER MANAGEMENT AGENCY
NEVDP	NATIONAL EBOLA VIRUS DISEASE PLAN
NPHL	NATIONAL PUBLIC HEALTH LABORATORIES
NTF	NATIONAL TASK FORCE
PHEOC	PULIC HEALTH EMERGENCY OPERATION CENTER
PoE	POINT of ENTRY
PHEPRP	PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE PLAN
PST	PREPAREDNESS SUPPORT TEAM
PPE	PERSONNEL PROTECTIVE EQUIPMENT
RHD	REGIONAL HEALTH DIRECTORATE
RHP	REGIONAL HEALTH PLAN
RRT	RAPID RESPONSE TEAM
SOPs	STANDARD OPERATING PROCEDURES
TAC	TECHNICAL ADVISORY COMMITTEE
UNDP	UNITED NATIONS DEVELOPMENT PROGRAMME
UNICEF	UNITED NATIONS CHILDREN'S EMERGENCY FUND
WADPI	WEST AFRICAN DISASTER PREPAREDNESS INITIATIVE
WAHO	WEST AFRICAN HEALTH ORGANIZATION
WFP	WORLD FOOD PROGRAMME
WHO	WORLD HEALTH ORGANIZATION

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TABULAR PRESENTATION OF THE HEALTH SECTOR EMERGENCY PREPAREDNESS AND RESPONSE PLAN

1 COORDINATION

STRATEGIC OBJECTIVE 1: Establish Mechanisms For Effective Coordination, Monitoring And Evaluation Of The Health Sector Emergency Preparedness And Response Plan.			
OPERATIONAL OBJECTIVES	**STRATEGIES**	**MAIN ACTIVITIES**	**SUBACTIVITIES**
1.1. Strengthen coordination of Health Sector Emergency Preparedness and Response (HSEPR) at National and Regional Levels.	1.1.1. Strengthen planning and coordination mechanisms for HSEPR.	1.1.1.1. Strengthen PHEPR structures at national level.	a. Transform National EVD Task Force to become the National PHEPR Steering Committee. b. Orientate National Steering Committee on their Terms of Reference (ToRs). c. Conduct regular National Steering Committee meetings on PHEPR. d. Provide support for the effective functioning of the national PHEOC regular updates on PHE and share with stakeholders and partners. e. Identify technical, material, and logistics needs to the coordination structures for all emergencies at regional, district and community levels.

		1.1.1.2. Conduct mapping of stakeholders involved in HSEPR.	a. Adapt the WHO Assessment Tool for stakeholder mapping in emergencies. b. Conduct mapping of stakeholders using the tool. c. Conduct a one-day workshop to validate the information collected. d. Finalize and disseminate mapping report to stakeholders and partners. e. Advocate for the signing of MoU with key stakeholders on HSEPR.
		1.1.1.3. Identify the roles and responsibilities of stakeholders for effective coordination.	a. Document stakeholder's roles and responsibilities. b. Conduct a consensus meeting on roles and responsibilities.
		1.1.1.4. Hold regular planning and review meetings with stakeholders.	a. Hold monthly planning and coordination meetings at all levels (national, regional, district and community levels).

		1.1.1.5. Advocate for the support and participation of stakeholders for effective coordination for emergencies.	a. Conduct consultative and advocacy meetings with stakeholders on a quarterly basis. b. Conduct national launching of the HSEPR Plan. c. Develop and streamline ToRs for planning and coordination mechanisms at all levels. d. Capacity strengthening of planning and coordination teams on: e. Training of coordination teams on management of EPRP implementation at national, regional and district levels. f. Organize study tours for all teams. g. Conduct on-the-job mentorship. h. Resource mobilization skills. i. Repurpose the regional disaster management structures and ToRs for timely and adequate response to emergencies. j. Strengthen the development of EPR operational plans at regional levels. k. Strengthen the operations of the Regional Task Forces on HSEPR (simulations exercises, drills, meetings, supportive supervisory visits).
		1.1.1.6. Conduct cross-border collaborative operations.	a. Conduct joint cross-border coordination meetings biannually at strategic (National) and operational (Regional) levels. b. Conduct an International Conference on IHR (2005) Core Capacities for West African Countries annually. c. Strengthen central, regional and district levels on IHR (2005) core capacities. d. Strengthen international/cross border collaboration and response to emergencies. e. Conduct three cross-border simulation exercises.
	1.1.2. Strengthen leadership and governance for emergencies.	1.1.2.1 Develop and implement Legal and Institutional Framework for health sector emergency management.	a. Assessment and review of related legal framework and policies. b. Drafting and validation of the legal and policy documents. c. Conduct consultative meetings with relevant stakeholders.

			d. Conduct advocacy meetings with policymakers. e. Establishment of National Committee for Health Sector Emergency Management (NCHSEM). f. Develop ToRs for NCHSEM. g. Advocate for the inclusion of the International Disaster Law in the NDMA Act.
	1.1.3. Support resource mobilization for HSEPR operations.	1.1.3.1. Develop and implement a resource mobilization strategic plan.	a. Hold workshops to develop strategic plan. b. Hold workshops to finalize and validate the plan. c. Disseminate the plan.
		1.1.3.2. Establish a resource mobilization subcommittee.	a. Hold meeting to formally launch/inaugurate the Resource Mobilization Subcommittee.
		1.1.3.3. Conduct donor mapping exercise for the subcommittee to proactively mobilize resources.	a. Roundtable Donor Conference.
		1.1.3.4. Advocate for resources to implement the plan.	a. Mainstreaming EPR in all sector plans. b. Develop an investment case to attract more resources for HSEPR.
		1.1.3.5. Establish a mechanism to manage funds for HSEPR operations.	a. Strengthen the existing financial management and accountability system. b. Conduct regular review meetings on the status of the HSEPR resources. c. Develop and implement contingency plan and preposition contingency funds for immediate response.
		1.1.3.6. Technical Assistance (TA) to support the implementation of the HSEPR Plan.	a. Develop ToRs for technical support to enhance knowledge and skills transfer. b. Recruitment of TA. c. Develop a relief requirement plan. d. Create a robust relief distribution formula for accountability.

1.2. Establish and strengthen the Incident Management System on health emergencies response for all hazards.	1.2.1. Establish a command and control system for incident management at central and regional levels.	1.2.1.1. Establish Risk Management Unit for all hazards within the MoHSW.	a. Develop ToRs, Job description and Organogramme for the Unit. b. Recruitment/redesignate staff and equip the Unit.
		1.2.1.2. Strengthen Public Health Emergency Operation Center (Command Center).	a. Finalize the Public Health Emergency Operation Plan (PHEO) and Standard Operating Protocols (SOPs) at central, regional and district levels. b. Complete construction of PHEOC. c. Equip and operationalize PHEOC.
		1.2.1.3. Strengthen existing Rapid Response Teams (RRTs).	a. Review and update ToRs for the RRTs with clearly defined roles and responsibilities. b. Reorient RRTs on Emergency Preparedness and Response. c. Conduct Quarterly review meetings between Central and Regional RRTs.
	1.2.2. Establish a system for testing the state of preparedness and readiness for emergencies.	1.2.2.1. Capacity strengthening of the RRTs.	a. Through trainings and mentorship. b. Conduct a lesson learned session for improvement purposes
		1.2.2.2. Conduct regular skills drill and functional simulation exercises.	a. Develop likely scienarios for simulation exercise.
		1.2.2.3.Conduct regular assessment (stocktaking) of the state of readiness of all PHEOCs (human and material resources).	a. Provide feedback upon completion of the exercise and replenish the stock when necessary.

1.3.Establish a robust monitoring and evaluation system for Emergency Preparedness and Response.	1.3.1. Establish a system for assessing the level of implementation of the M&E component of the HSEPRP.	1.3.1.1. Conduct periodic monitoring of implementation progress.	a. Conduct quarterly monitoring and technical supervisory visits.
		1.3.1.2. Conduct periodic performance evaluations of the implementation status of the EPR plan.	a. Develop, produce and disseminate evaluation reports.
		1.3.1.3. Ensure regular reporting of all EPR activities (indicators and implementation progress) by all stakeholders.	a. Develop quarterly activity workplans and reports.
		1.3.1.4. Integrate HSEPR key performance indicators into the existing DHIS2 database.	a. Incorporate HSEPR indicators into the National M&E dashboard. b. Generate reports on key HSEPR indicators from the dashboard. c. Document best practices.
		1.3.1.5. Advocate for the inclusion of the key HSEPRP indicators into the National M&E plan.	a. Incorporate key HSEPR indicators into the National M&E plan during the mid-term review. b. Review and adopt the updated National M&E Plan. c. Produce and disseminate updated M&E Plan. d. Reorient M&E Focal Persons on the updated plan and data collection tools.
	1.3.2. Coordinate and support the humanitarian assistance during emergencies.	1.3.2.1. Coordinate unsolicited resources/items during emergencies.	a. Coordinate distribution of assistance during emergencies.
		1.3.2.2. Coordinate the movement of people, goods and services during emergencies.	a. Ensure adequate security for displaced people and goods.

			b. Develop and implement protocols to coordinate national and international emergencies. c. Develop protocols on emergency declaration. d. Briefing and debriefing of relief workers on pre and post deployment. e. Develop guidelines for vulnerable groups before, during and post emergencies. f. Facilitate life and medical insurances/incentives for local and international relief workers.
1.4. Establish structures for operational research and human resource development on HSEPR.	1.4.1. Coordinate and support operational research on emergencies.	1.4.1.1. Strengthen the health research directorate to conduct HSEPR research.	a. Conduct health research capacity need assessment on EPR. b. Advocate for the mainstreaming of EPR into tertiary and higher education institutions. c. Mobilize resources for operational research on EPR.
	1.4.2. Ensure the availability and retention of highly skilled and well-motivated Human Resource for Health on EPR.	1.4.2.1. Coordinate the assessment of human resource capacity needs on emergencies.	a. Facilitate capacity strengthening of health workers and partners at national, regional and district levels on ERP. b. Ensure adequate staffing at regional and district levels with requisite knowledge and skills on EPR. c. Replicate the West Africa Disaster Preparedness Initiative Training (WADPI) in The Gambia. d. Coordinate capacity building on Emergency management and response (including Psychosocial and trauma management).

2. EPIDEMIOLOGICAL AND LABORATORY SURVEILLANCE

STRATEGIC OBJECTIVE 2: Strengthen Early Warning Systems To Detect, Investigate, Report And Respond To AllEmergencies			
OPERATIONAL OBJECTIVES	**STRATEGIES**	**MAIN ACTIVITIES**	**SUBACTIVITIES**
2.1. Strengthen the existing surveillance system to address Public Health Emergency Surveillance (PHES).	2.1.1. Establish a PHES system.	2.1.1.1. Assess capacity needs for establishing a public health emergencysurveillance system at all levels.	a. Engage a Consultant to conduct capacity needs assessment for PHES. b. Review, validate and finalize the public health emergency capacity needs assessment report. c. Print and disseminate the assessment report. d. Implement key recommendations of the assessment.
		2.1.1.2. Establish a national disease surveillance network based on the one health concept.	a. Form multisectoral PHES Committees at all levels. b. Convene quarterly multisectoral and multidisciplinary PHES committee meetings at all levels.
		2.1.1.3. Cross-border collaboration in PHES.	a. Sign MoU with counterparts in the sister Republic of Senegal on PHES. b. Hold regular meetings with counterparts in the Subregion on PHES. c. Create a harmonized infectious disease surveillance database for information sharing across the subregion. d. Conduct study tours to health emergency affected countries to learn from their experiences.

		2.1.1.4. Conduct livestock and wildlife surveillance in collaboration with the Departments of Livestock Services, Parks and Wildlife Management.	a. Conduct joint field monitoring of wildlife and livestock. b. Training of community actors (rangers, livestock assistants, fishermen, volunteers etc.) to identify and report early warning signs of an emergency in animals. c. Culling of affected animals where necessary. d. Train livestock farmers in hygiene and proper handling of livestock and livestock products. e. Collect regular data and share with stakeholders and partners. f. Sensitize communities on wild life and livestock surveillance. g. Identify and specify equipment for wildlife monitoring.
	2.1.2.Operationalize the public health emergency surveillance system at all levels.	2.1.2.1. Provide technical and logistics support for surveillance of emergencies at all levels.	a. Identify mobility requirements for public health emergency surveillance. b. Identify communication gadgets for PHES. c. Set up CUG system to facilitate timely reporting, response and feedback on PHEs. d. Install GIS software to facilitate public health emergency surveillance operations including risk mapping. e. Develop and/provide surveillance tools for public health emergencies. f. Train surveillance staff on the proper use of personal protective equipment. g. Train surveillance staff on public health emergency surveillance, including clinicians, to detect, report, and respond to health emergencies. h. Train surveillance staff on contact tracing and follow-up.

	2.1.3. Strengthen health emergency response structures and services at all levels.	2.1.3.1. Strengthen PHEPR structures and services at district and regional levels.	a. Update IDSR technical guideline to include other health emergencies. b. Review and update standard case definitions on public health emergency surveillance at all levels. c. Train RRTs to respond to PHEs. d. Conduct FETP for health workers at all levels.
		2.1.3.2. Conduct community surveillance.	a. Translate simplified community-based case definitions for public health emergencies in the local languages. b. Train existing community structures (VDCs, VSGs, volunteers) on community-based health emergency surveillance for early detection and reporting. c. Orientate traditional healers on PHEPR.
	2.1.4. Strengthen the Information Management System, monitor and evaluate PHES system.	2.1.4.1. Establish an e-surveillance for PHE.	a. Introduce e-surveillance for all hazards and emergencies at all levels. b. Establish an e-surveillance system for PHE using DHIS2 platform. c. Identify equipment and other logistics required to maintain a functional e-surveillance system. d. Train health staff on e-surveillance. e. Train data managers on Public Health Emergency Information Management. f. Monitor and evaluate PHES activities.
		2.1.4.2. Monitor key PHEPR indicators.	a. Conduct quarterly supportive supervision of PHEPR activities. b. Conduct annual evaluation of PHES. c. Conduct monthly feedback meetings on PHES activities. d. Provide regular surveillance reports and updates.

2.2. Strengthen medical and veterinary laboratory surveillance systems for PHEs related to all hazards at all levels.	2.2.1. Build laboratory capacity for surveillance and emergency response.	2.2.1.1. Assess available medical and veterinary laboratory resources for investigating, confirming and responding to emergencies.	a. Leveraging on existing laboratory data to determine potential biological hazards. b. Enumerating and categorizing the scope of laboratories available in country and assessing their state of emergency preparedness. c. Putting in place effective referral system.
		2.2.1.2. Establish laboratory emergency surveillance and response team.	a. NPHL to maintain records and details of designated veterinary and medical laboratory personnel involved in emergency response. b. Conduct quarterly medical and veterinary laboratory response team meetings. c. Institute a robust feedback mechanism to partners. d. NPHL to network with all medical and veterinary laboratories as well as public and private and research laboratories for emergency hazard surveillance and rapid response.
		2.2.1.3. Strengthen capacity of medical and veterinary laboratory personnel on PHES.	a. Review and adapt the Sandard Operating Procedures (SOPs), guidelines and ToRs on sample collection, packaging, transportation and testing of samples. b. Train laboratory staff on the developed surveillance SOPs, protocols and documentation. c. Training of medical and veterinary laboratory personnel in handling highly specialized PPEs and testing hazardous biological samples in timely manner.

	2.2.2.Operationalize the NPHL and Animal Health Laboratory services emergency case management support.	2.2.2.1. Institute diagnostic services to support emergency preparedness and response.	a. Acquisition of dedicated vehicles and cold chain apparatus for transporting biological surveillance samples and blood products. b. Maintain minimum laboratory consumables, reagents and equipment stock levels in all designated medical and veterinary laboratories for emergencies. c. Provision of rapid test kits and training of Community Health Nurses/Livestock Assistants on their use.
		2.2.2.2. Enhance decentralized Blood Transfusion Services to support emergency preparedness and response.	a. Establish Regional Blood Banks in all the Health Regions in the country. b. Recruit and maintain voluntary blood donors who can be called upon during emergencies. c. Provision of test kits for screening blood transmittable infectious diseases.
		2.2.2.3. Establish a BSL4 laboratory to support fatal infectious diseases diagnosis.	a. Feasibility assessment of establishing a BSL4 laboratory. b. Construction and equipping of the BSL4 laboratory. c. Conduct training of medical and veterinary laboratory personnel on advanced laboratory procedure. d. Instituting quality assurance system for the laboratory.
2.3 Strengthen the existing surveillance system to address emergency livestock diseases.	2.3.1 Establish livestock emergency surveillance system.	2.3.1.1 Assess capacity needs for establishing animal disease emergency surveillance in the Regions.	a. Engage a consultant to conduct capacity needs assessment for Livestock disease emergency surveillance. b. Review, validate and finalize the livestock health emergency capacity needs assessment report. c. Print and disseminate the assessment report. d. Implement key recommendations of the AHEPRP assessment suggested report.
		2.3.1.2 Collaborate with partners	a. Create a national livestock disease surveillance network

		and other stakeholder in animal health emergency surveillance.	based on the one health concept. b. Form multisectoral AHEPR committee at all levels. c. Convene quarterly multisectoral and multidisciplinary AHEPR committee meeting at all levels.
		2.3.1.3 Conduct cross border collaboration in animal health surveillance.	a. Sign an MOU with Republic of Senegal on animal health emergency surveillance. b. Conduct study tour to animal health emergency affected countries to learn from experience.
	2.3.2 Operationalize the animal health emergency surveillance system at all levels.	2.3.2.1 Provide technical and logistics support for surveillance of emergencies at all levels.	a. Identify mobility requirements for animal health emergency surveillance. b. Identify communication gadgets for AHES. c. Develop and/provide surveillance tools for animal health emergencies. d. Train surveillance staff on the proper use of personal protective equipment. e. Train surveillance staff on animal health emergency surveillance to detect, report and respond to health emergency.
2.4 Strengthen both central and regional veterinary laboratories and surveillance system for all hazards.	2.4.1 Build laboratory capacity for surveillance and emergency response.	2.4.1.1 Assess available veterinary laboratory resources for investigating, confirming and responding to emergencies.	a. Leveraging on existing laboratory data to determine potential biological hazards. b. Enumerating and categorizing the scope of veterinary laboratories available in country and assessing their state for emergency preparedness.
		2.4.1.2 Form laboratory emergency surveillance and response team.	a. Central veterinary laboratory to maintain records and details of designated Regional Veterinary personnel involved in emergency response. b. Conduct quarterly veterinary laboratory response team meetings.

3 ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION

STRATEGIC OBJECTIVE 3: Advocacy, Communication And Social Mobilization Support To Vulnerable Communities Or Populations.			
OPERATIONAL OBJECTIVES	**STRATEGIES**	**MAIN ACTIVITIES**	**SUBACTIVITIES**
3.1. Communities and stakeholders fully engaged and have the necessary knowledge and skills to respond to emergencies.	3.1.1. Advocacy for assuring stakeholder support and partner commitment to effectively enhance the implementation of the HSEPR plan.	3.1.1.1. Advocate partner support for the implementation of the HSEPRP.	a. Advocate for allocation of resources for implementation of the health emergency response plan. b. Advocate for availability of medical and non-medical supplies c. Advocate for availability of medical services during emergencies. d. Conduct an advocacy meeting with stakeholders, NGOs and influential leaders.
		3.1.1.2. Advocacy for nutrition interventions during emergencies.	a. Conduct nutrition assessments during emergencies. b. Preposition nutritional supplements and nutritional packages for malnourished individuals during emergencies. c. Conduct sensitization and community engagement sessions with traditional communicators, traditional healers and community drama groups on Integrated Management of Acute Malnutrition (IMAM). d. Identify nutrition supplement requirement to be procured.
		3.1.1.3. Advocate for more local leadership and women involvement during emergencies.	a. Conduct advocacy meetings with local government authorities and women on the health sector emergency plan. b. Introduction of local leaders and women to the Disaster Management Act 2000.

		3.1.1.4. Develop and produce food-based dietary and nutrition education guidelines to promote healthy diet during emergencies.	a. Conduct workshop to develop guidelines and messages. b. Pretesting of messages. c. Finalization and production of materials. d. Dissemination of messages. e. Advocate for levy of tax on healthy foods (high salt and high sugar food etc.).
		3.1.1.5. Strengthen the capacity of Training Institutions.	a. Advocate for mainstreaming risk/outbreak communication in public health emergencies in the curriculum of health training institutions. b. Develop a module on public health emergency preparedness and response. c. Mainstream public health emergency preparedness and response. d. Advocate for the First Aid and ambulance services in schools and communities.

	3.1.2. Communication for Behavioural Impact (COMBI).	3.1.2.1. Develop and implement a health emergency risk/outbreak communication strategic plan.	a. Conduct rapid assessment to determine the best modalities for the dissemination of health information in country. b. Conduct a stakeholder workshop to develop a risk communication strategy. c. Conduct participatory message development workshop to develop and pretest key messages in different languages. d. Institute a mechanism to detect, investigate, report and address rumours and misconceptions. e. Support the operation of the national communication spokesperson. f. Conduct shows and demonstrations with communities to allay fears, concerns and misconceptions towards emergency operation materials such as ambulances, PPEs, etc. g. Identify and procure risk communication gadgets and media center equipment. h. Identify and procure vehicles for central level and motorbikes for regional level for risk communication intervention.
		3.1.2.2. Develop a national health promotion and education strategy.	a. Conduct workshop to develop national health promotion and education strategy. b. Engage stakeholder commitment and support for the implementation of the national health promotion and education strategy.
	3.1.3. Social	3.1.3.1. Participatory community	a. Conduct a thorough assessment of community resources,

	mobilization and community engagement.	engagement for emergency preparedness and response.	assets, interventions to inform social mobilization and community engagement interventions. b. Develop SOPs for community mobilization, communication and engagement during emergencies. c. Conduct periodic community-based dialogue to identify community needs and concerns in support of public health emergencies. d. Support sharing of community best practices in social mobilization. e. Engage and sub contract communities to develop and implement community action plans. f. Engaging the driving populations on road safety and basic first aid services. g. Develop, print and distribute IEC materials (billboards, posters, leaflets, etc.). h. Develop, pre-test and produce radio and television spots.
		3.1.3.2. Mobilize and engage organized community structures for community actions.	a. Engage community structures (VSGs, MDFTs, drama groups, traditional communicators, mother's clubs, Community Child Protection Committees, Red Cross Volunteers, VDCs and village health volunteers) in mobilizing and engaging communities on hazards preparedness and response.
		3.1.3.3. Support district level mobilization for district and community structures.	a. Review the ToRs of TAC members. b. Organize orientation sessions for TAC members and district chiefs. c. Organize step down orientation of village heads by the district chiefs. d. Organize youth caravan to raise awareness.

		3.1.3.4. Engage congregate settings for emergency preparedness and response.	a. Conduct dialogue with congregate settings (teachers, students, cluster monitors, peer health educators, religious leaders and market vendors) on emergency preparedness and response. b. Mainstream basic first aid in the school curriculum.
		3.1.3.5. Conduct capacity development for frontline workers and stakeholders.	Orientation of health workers, NGOs, security forces and partners on the following: a. Interpersonal communication skills. b. Risk communication and rumor management. c. Beneficiary communication skills. d. Nutrition education and counseling.
		3.1.3.6. Engage media groups on emergency preparedness and response.	a. Conduct training for members of the association of health journalist on emergency health reporting. b. Regular media briefing pre, during and post emergency. c. Conduct field recording to produce documentaries.
		3.1.3.7 Provide psychosocial support for affected communities and responders.	a. Conduct training for emergency responders on psychosocial counselling and stress management to affected populations/communities. b. Emergency responders to conduct psychosocial counseling to affected people. c. Psychosocial support to elderly, people with disability, orphans and vulnerable children.

3.2. A comprehensive WASH package available for HSEPR.	3.2.1. Strengthen and scale-up WASH interventions.	3.2.1.1. Community engagement on the importance of WASH promotion.	a. Develop household water treatment guidelines. b. Dialogue with community health volunteers on WASH. c. Construction and promotion of simple hand washing technologies. d. Dialogue with communities on household water treatment and storage procedures. e. Embark on hygiene promotion training of IDP camps, nutrition centers, households and health facilities. f. Conduct sensitization on waste management. g. Identify WASH requirement to be procured.
3.3. Strengthen social protection support during disaster emergencies and food price shocks.	3.3.1. Social protection support to vulnerable groups.	3.3.1.1. Set up/strengthen early warning systems linked to short-term emergency cash and food transfers and nutrition support.	a. Undertake a detailed urban/rural vulnerability assessment to assess the type and level of exposure to food insecurity. b. Develop a standardized minimum package of benefits and services for times of shock.
		3.3.1.2. Crop weather-indexed insurance.	a. Undertake a feasibility study to look into establishing crop weather-indexed insurance for vulnerable farmers.

4 CASE MANAGEMENT

STRATEGIC OBJECTIVE 4: Institute Prompt And Effective Identification, Isolation And Management Of Cases During Emergencies.			
OPERATIONAL OBJECTIVES	**STRATEGIES**	**MAIN ACTIVITIES**	**SUBACTIVITIES**
4.1. Prompt and timely access to quality health care services during emergencies.	4.1.1. Prompt identification of emergency-related cases.	4.1.1.1. Establish and/ or strengthen a robust triage system.	a. Identify and train health care providers on triage system. b. Identify and specify materials for triage.
	4.1.2. Prompt isolation of potential infectious cases.	4.1.2.1. Identify and/ or operationalize isolation units/ wards.	a. Equip isolation units/wards. b. Identify appropriate and adequate Personal Protective Equipment (PPE) in collaboration with logistics. c. Identify and specify appropriate ventilation in isolation units/wards in collaboration with logistics subcommittee.
	4.1.3. Prompt and safe transportation of emergency cases.	4.1.3.1. Establish Emergency Ambulance Services.	a. Develop a policy and strategic plan on Emergency Ambulance Services in collaboration with Coordination. b. Identify and specify standard ambulances for emergencies in collaboration with logistics. c. Deploy identified ambulances to strategic locations. d. Review and update existing referral protocols including external evacuation.
	4.1.4. Ensure availability of sufficient and skilled human resource during emergencies.	4.1.4.1. Review and update SOPs for emergency case management.	a. Train health care providers on various SOPs.
		4.1.4.2. Strengthen capacity of health care workers on case	a. Train health care providers on case management guidelines/ protocols.

		management.	b. Conduct a simulation exercise for emergency response for various cases. c. Conduct emergency evacuation simulation exercise. d. Develop an incentive package for emergency response team in collaboration with Coordination Committee (i.e. allowance, life insurance etc.).
		4.1.4.3. Institute predeployment committees for emergency.	a. Form predeployment committees at central and regional levels. b. Develop ToRs for predeployment committees. c. Develop SOPs for human resource predeployment preparation in emergency. d. Conduct a human resource mapping (inventory).
		4.1.4.4. Establish a contingency plan.	a. Develop a contingency plan for emergency response teams.
		4.1.4.5. Activation of the RRTs.	a. Identify and specify PPEs for RRTs in collaboration with Logistics. b. Identify and specify functional communication system (VHS) for all RRTs in collaboration with Logistics. c. Conduct predeployment briefing. d. Deploy RRTs to identified sites.
	4.1.5. Ensure prompt management of all emergency cases.	4.1.5.1. Provide timely diagnosis of all emergency cases.	a. Strengthen laboratory and imaging services. b. Facilitate confirmation of cases by use of appropriate investigation methods.
		4.1.5.2 Strengthen and/or scale-up blood transfusion services.	a. Develop SOPs on blood transfusion. b. Train health care providers on SOP developed on blood transfusion.

			c. Provide materials for blood transfusion (i.e. drip stands) in collaboration with Logistics.
		4.1.5.3.Initiate prompt treatment for all emergencies.	a. Provide an appropriate stockpile of emergency medicines, vaccines and non-medical supplies in collaboration with Logistics. b. Provide health and safety environment in health care facilities in collaboration with Logistics. c. Provide quality improvement process during emergencies.
		4.1.5.4. Provide preventive health services during emergency**.**	a. Vaccinate vulnerable groups (routine and supplementary). b. Provide supplementary nutrition services. c. Provide reproductive health services.
		4.1.5.5. Develop a mass casualty management plan.	a. Conduct health facility safety index evaluation. b. Identify and specify appropriate and adequate equipment and medical supplies for trauma management in collaboration with Logistics. c. Train health care providers on trauma management. d. Train Red Cross Volunteers on trauma management at community level.
	4.1.6. Institute effective Infection Prevention and Control (IPC) measures.	4.1.6.1. Conduct a situational analysis on IPC status.	a. Train health care providers and support staff on IPC. b. Develop IPC tools (i.e. protocols/ guidelines, SOPs and posters) for health facilities.
		4.1.6.2. Improve standard IPC practices.	a. Identify and specify appropriate IPC materials (i.e. detergents, disinfectants) to health facilities in collaboration with Logistics. b. Identify and specify IPC equipment (i.e. PPEs) in collaboration with Logistics.

			c. Train health care providers on appropriate and consistent use of PPEs. d. Conduct fumigation exercises during emergencies. Conduct monitoring and supervision on IPC practices at health facility level.
		4.1.6.3. Strengthen clinical waste management.	a. Identify and specify bins and bin liners to health facilities in collaboration with Logistics. b. Identify and specify biohazard bags with standard color codes in collaboration with Logistics. c. Identify and specify and/ or maintain existing incinerators in health facilities in collaboration with Logistics.
	4.1.7. Ensure comprehensive psychosocial package is available to healthcare providers, patients/clients and families.	4.1.7.1. Provide effective psychosocial support for health care providers, patients/clients and families.	a. Develop standard psychosocial support guidelines. b. Conduct training on psychosocial support guidelines. c. Develop referral guidelines for service providers. d. Conduct quality and effective counseling services for health care providers, patients/clients and families. e. Identify and train family support groups on psychosocial support interventions. f. Facilitate community and self-help groups in disaster situation. g. Strengthen family support services for the orphanage and the elderly in disaster situation. h. Protect and care for people with severe mental disorders and other mental and neurological disabilities during disaster.

5 LOGISTICS AND SAFETY

STRATEGIC OBJECTIVE 5: Logistics System Contributes To Effective And Efficient Response To Emergencies, Security And Safety For Both The Affected Populations and Respondents.			
OPERATIONAL OBJECTIVES	**STRATEGIES**	**MAIN ACTIVITIES**	**SUBACTIVITIES**
5.1. Robust and reliable logistics system for emergency management established.	5.1.1. Assess the performance of the logistics system.	5.1.1.1. Establish the logistics emergency preparedness and response plan.	a. Conduct an assessment of the logistics management system. b. Develop a logistics plan.
		5.1.1.2. Include the best practices and lessons learned on the performance of the logistics system.	a. Conduct regular monitoring of the logistics management system.
	5.1.2. Strengthen supply chain management system.	5.1.2.1. Track the status and availability of resources.	a. Conduct regular quantification exercise. b. Conduct supplier mapping and signing of agreements.
		5.1.2.2. Stocks for emergency preparedness are prepositioned at central and regional levels.	a. Develop a distribution plan. b. Hire and train storekeepers and securities. c. Preposition emergency items. d. Manage unsolicited donated items.
		5.1.2.3. Provide storage facilities.	a. Refurbish stores. b. Building of stores. c. Procure and install cold chain facilities. d. Procure store-handling equipment.

			e. Procure and installation of cooling system.
	5.1.3. Build-in infrastructure, human resource, transport and energy systems.	5.1.3.1. Mobilize and deploy resources.	a. Develop deployment protocols and ToRs.
		5.1.3.2. Perform inventory on medical and nutritional supplies.	a. Conduct quantification exercise.
		5.1.3.3. Build the capacity of logistics staff and relevant logistics partners.	a. Conduct induction of personnel. b. Train personnel on the logistics system. c. Train personnel on the use of communication gadgets.
		5.1.3.4. Provide sufficient and reliable fleet.	a. Procure and maintain fleet for emergency operations. b. Develop a fleet management system. c. Training of fleet drivers.
		5.1.3.5. Provide sufficient energy required for emergency operations.	a. Procure and maintain generating sets and solar equipment. b. Procure and keep stock of fuel supply. c. Procure communication gadgets. d. Train personnel on the use of the communication gadgets.
	5.1.4. Establishes partnership with relevant stakeholders with proven logistics capacities.	5.1.4.1. Set up a logistics partnership networking with stakeholders.	a. Conduct stakeholder mapping and analysis. b. Sign agreements with relevant partners.
	5.1.5. Strengthen Logistics Information Systems for EPR.	5.1.5.1. Incorporate information on logistics-related emergencies into the DHIS2 platform.	a. Procure and set up logistics software creating virtual visibility for supply chain. b. Upgrade the DHIS2 to incorporate emergency logistics information.
		5.1.5.2. Harmonize logistics and	a. Train personnel on the logistic information system.

		risk communication system.	
		5.1.5.3. Support the establishment of e-Surveillance for early warning and early action.	a. Set up of e-surveillance database.
5.2. Established safe and secure environment for both affected population and respondents.	5.2.1. Establish a system for testing the state of preparedness and readiness for emergencies.	5.2.1.1. Set up a Task Force.	a. Hold Task Force meetings.
		5.2.1.2. Conduct regular review meetings on the status of the EPR resources.	a. Conduct quarterly simulation exercise.
		5.2.1.3. Establish Public Health Emergency Operation Center (Command Center).	a. Develop Public Health Emergency Operation Plan. (PHEOP) and Standard Operating Protocols. b. Complete construction of PHEOC. c. Equip and operationalize PHEOC. d. Develop contingency plan and preposition contingency funds for immediate response.
	5.2.2. Build-in water, sanitation and hygiene infrastructure.	5.2.2.1. Provide WASH emergency kits.	a. Develop WASH protocols for health emergencies. b. Procure WASH kits 5 and 2. c. Procure household water treatment kits. d. Train personnel on WASH hardware.
		5.2.2.2. Install emergency water supply system.	a. Installation and treatment of water supply system. b. Procure and maintain sanitary kits.
		5.2.2.3. Provide sanitary facilities.	a. Distribute sanitary kits

		5.2.2.4. Provide waste disposal facilities.	a. Procure and distribute dustbins. b. Procure and install incinerators.
	5.2.3. Ensures availability of medical and non-medical products.	5.2.3.1. Provide emergency medical and non-medical supplies.	a. Perform inventory on medical and non-medical supplies. b. Procure basic emergency food items. c. Procure non-food items (LLINs, cooking utensils, blankets etc.). d. Distribute food and non-food items. e. Procure medicines for emergencies. f. Procure equipment for PHEOC. g. Procure communication gadgets. h. Procure IT equipment and accessories for all components. i. Procure laboratory equipment, reagents and supplies. j. Procure PPEs. k. Procure deployment kits (laptops, torch light, phones, modem, operational jackets, T-Shirts, ID cards, condoms etc.). l. Procure security gadgets. m. Procure vaccines and injection materials. n. Procure fridge and cold chain equipment. o. Procure laboratory equipment/containers for specimen handling and transportation. p. Procure Vit A, deworming and iron tablets, therapeutic feeding and CSB.
	5.2.4. Ensure the availability of protected and safe facilities for the affected population and respondents.	5.2.4.1. Provide temporary shelter for physical security.	a. Conduct site assessment and selection. b. Conduct shelter need assessment. c. Procure shelter kits. d. Distribute and preposition shelter kits.

		5.2.4.2. Provide facilities to promote access to safe health services.	a. Procure pre-fabricated facilities for clinics, isolation wards, laboratories, etc. b. Preposition existing health facilities for emergencies. c. Procure interagency emergency health kits.
5.3. Logistics and security are involved in all coordination processes for emergency management.	5.3.1. Coordinate with relevant authorities and other stakeholders for the emergency response.	5.3.1.1. Participate in stakeholder meetings.	a. Identify logistics focal points for coordination team. b. Identify security focal points for coordination team. c. Provide logistic support for coordination. d. Conduct regular security briefings.

KEY PERFORMANCE OPERATIONAL INDICATORS OF THE THE HEALTH SECTOR EMERGENCY PREPAREDNESS AND RESPONSE PLAN 2017-2019

The implementation of the HSEPRP 2017-2019 will be monitored on a regular basis using a wide range of outcome and operational response performance indicators demonstrating the degree of preparedness by the country to rapidly detect and respond to any public health emergency-related to all hazards. In this context, Table 1. shows the performance indicators to be monitored.

COMPONENTS	PERFORMANCE OPERATIONAL RESPONSE INDICATORS
1. Coordination	1.1 Number of coordination meetings held at all levels. 1.2 Availability of an operational PHEOC. 1.3 Availability of a functional and integrated information management system for emergencies 1.4 Incorporation of key EPR indicators into the national M&E dashboard.
2. Epidemiological & Laboratory Surveillance	2.1 PHES system at all levels established and operationalized. 2.2 PHES integrated into IDSR. 2.3 Medical and Veterinary Laboratory capacity built for surveillance and emergency response.
3. Communication and Social Mobilization	3.1 Proportion of communities utilizing available risk communication products and services. 3.2 Proportion of communities utilizing available WASH products and services. 3.3 Proportion of vulnerable groups utilizing available social protection services.
4. Case Management	4.1 Availability of triage system for all emergencies. 4.2 Proportion of equipped and functional isolation units/wards. 4.3 Availability of emergency medical and non-medical supplies. 4.4 Proportion of affected persons provided with preventive services.
5. Logistics and Safety	5.1All goods are delivered on time at the right place, with right quantity and quality. 5.2 Optimal safety standards for both the population and the respondent assured.

TABLE 2. SUMMARY INDICATIVE COSTING OF THE HEALTH SECTOR EMERGENCY PREPAREDNESS AND RESPONSE PLAN BY COMPONENTS IN US$

COMPONENTS	YEAR 1 US$	YEAR 2 US$	YEAR 3 US$	US$
COORDINATION	703,940.00	289,700.00	282,700.00	1,276,340.00
EPIDEMIOLOGICAL AND LABORATORY SURVEILLANCE	2,279,205.00	2,092,330.00	1,436,460.00	5,807,995.00
ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION	704,292.50	436,980.00	434,465.00	1,575,737.50
CASE MANAGEMENT	1,008,342.50	782,157.50	682,497.50	2,472,997.50
LOGISTICS AND SAFETY	3,743,082.50	2,103,687.50	1,114,732.50	6,961,502.50
TOTAL	8,438,862.50	5,704,855.00	3,950,855.00	18,094,572.50

SOURCE: Costing Team, Ministry Of Health & Social Welfare, 2016

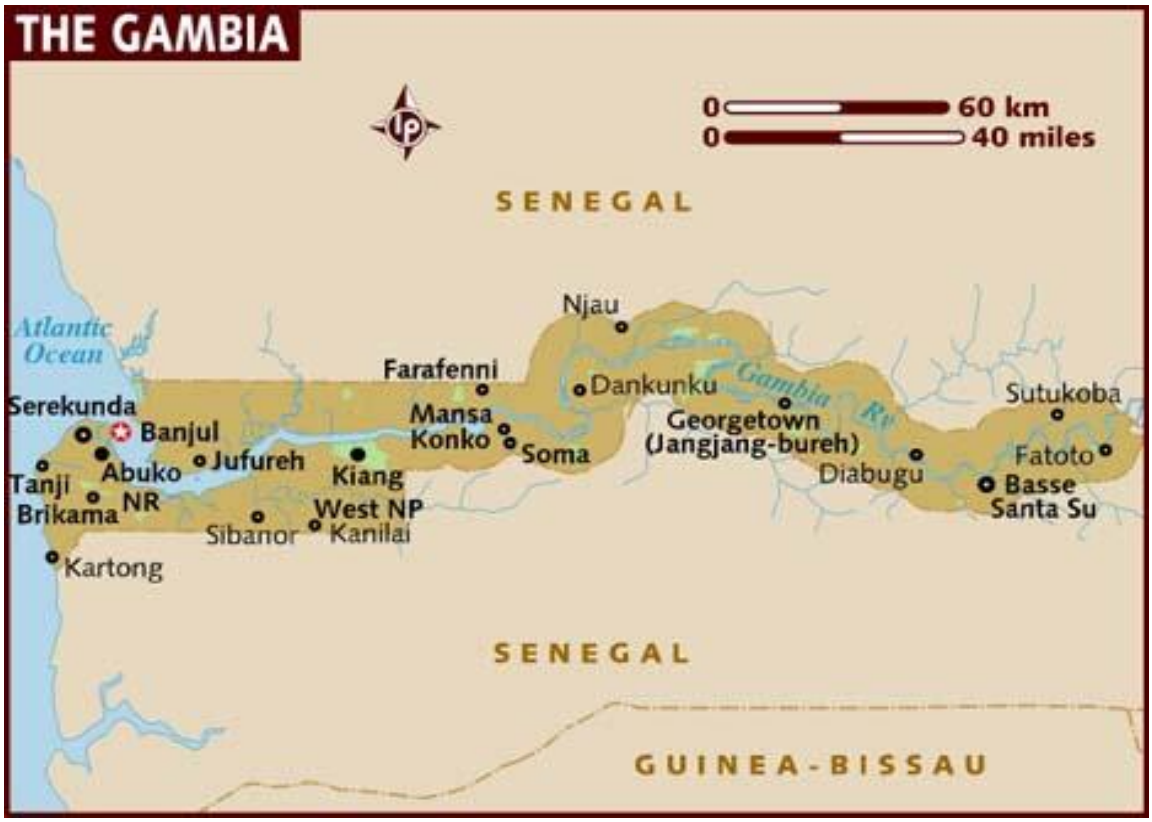
1. BACKGROUND INFORMATION

1. 1 COUNTRY PROFILE

1.1.1 Geography

The Gambia covers about 400 kms inland into the Republic of Senegal except for a short seaboard on the Atlantic Coastline. It has a land area of 10,689km2, with an estimated population of 1,882,450 people (Population and Housing Census, 2013), yielding a population density of 176 persons per km2. This makes The Gambia one of the highest densely populated countries in Africa, which has implications on availability of productive land and provision of social services.

Figure 1 Map of The Gambia



Source:http://www.lonelyplanet.com/maps/africa/gambia/

1.1.2 Climate

The Gambia is situated on the West Coast of Africa between Latitude 130 and 140 North of the Equator. It has a tropical climate characterized by two seasons, rainy season from June to October and dry season from November to May.

1.1.3 Economy

The Gambia is amongst the Least Developed Countries (LDCs) with Gross Domestic Product (GDP) per capita of US$ 479 (IMF Staff report 2015). Agriculture forms the backbone of the economy with nearly 70% of the working population involved in the sector. However, it is the services sector that is the biggest contributor to GDP, at 60%, with agriculture contributing about 30%. The Gambia is ranked 175 out of 188 countries in the 2015 UN Human Development Index. According to the Integrated Household Survey Income and Expenditure Assessment Report 2010, about 48.8% of the total Gambian population lives below the poverty line (living below $1.25 per day)

1.1.4 Health Profile

This Health Sector Emergency Preparedness and Response Plan (HSEPRP) 2017-2019 is anchored on the National Health Policy 2012-2020 as well as the VISION 2020 Policy Document. Taking cue from the National Health Policy 2012-2020, Section 5.4 Disease Control, the need for a multisectoral approach in dealing with disasters and emergencies has been clearly described. Equally, the overall VISION 2020 Blueprint has made a Policy and Legal Pronouncement under Part 3, Strategic Issues: Provisions for the Development of Environment and Emergency Preparedness and Response Plan as well as the National Action Plan for Disaster Risk Reduction by the National Disaster Management Agency (NDMA). The MoHSW contributes to the achievement of the main outcomes elaborated in the Plan related to all disasters, and this HSEPRP will no doubt contribute to that objective.

The Health Sector comprises a three-pronged system namely, Primary, Secondary and Tertiary Levels. The Primary Level consists of the Village Health Services and Community Clinics; the Secondary comprises the Minor and Major Health Centers whilst the Tertiary consists of the General Hospitals and the Teaching Hospital.

In The Gambia, significant improvements have been registered in the health sector particularly on women and children’s health over the past fifteen years. As a nation, significant progress in terms of the attainment of the core health-related MDGs (4, 5 & 6) has been achieved as at 2014.

1.2 DISASTER CONTEXT IN THE GAMBIA

1.2.1 Hazard Profile

The Gambia, located in the Sahel Region, is prone to many natural and human-made disasters. The major disasters affecting the country include drought, floods, bush fires, windstorms, locust invasions, environmental degradation and epidemics. For example, between 2002 and 2006 there were 65 flood-related disasters and 45 incidents of fire in the Western Region only (1). Based on the information from the Global Disaster Database (CRED) between 1900 and 2014, eight incidents of drought affected 1,285,000 people and four epidemics (both viral and bacterial) have been reported to affect close to 1,000 people with 340 deaths (2).In addition, owing to The Gambia's location on the meningitis belt and its strategic position in the West African Subregion, it is highly vulnerable to diseases such as Ebola, Meningitis, Cholera, Avian and Pandemic Influenza and other cross-border disease outbreaks of epidemic potential.

According to the Hazard and Vulnerability Assessment carried out in 2014 by NDMA (See Table 1 below), The Gambia is prone to five major natural hazards, namely floods, drought, disease outbreaks, fires and storms.

Floods and droughts are the most experienced disasters in the history of The Gambia since 1948. Since then the country has experienced 15 flood events with serious impact on people, agricultural activities and livelihoods. Floods are therefore recurrent phenomena in the country. The major vulnerable areas to flood hazard include all Regions except the Lower River Region (3). Forest fires annually consume hundreds of thousands of acres of land in The Gambia, destroying forests, wildlife and human lives. As regards to population movements, as of now around 500,000 refugees have been registered, coming from Senegal, Liberia, Ivory Coast, Togo, Democratic Republic of Congo, Somalia, Cameroon, Sierra Leone, Guinea Bissau and Sudan.

As per records, the most vulnerable areas to flood hazards in The Gambia are Kanifing Municipality, Banjul, West Coast Region, North Bank Region,Central River Region and the Upper River Region. The most vulnerable areas to forest fires are Lower River Region; areas vulnerable to population movements include the West Coast Region. The Greater Banjul Area is most exposed to oil spills. Disease outbreaks are most common in the Kanifing Municipality, West Coast, North Bank, Central River and Upper River Regions.

[1] Gambia Disaster Management Policy 2007 p 5
2 CRED Emergency Data Base (EMDAT) available on the web site http://www.emdat.be/country_profile/index.html
[3]Multi-Hazard National Contingency Plan of The Gambia 2014-16

Table 1 Hazard and Vulnerability Assessment in The Gambia

Hazard	Seasonality	Time of the year	Periodicity	Health Risk	Likelihood	Severity	Geographical distribution
Cholera	Rainy season During mass gatherings	June-October November-May	Mostly imported	Cholera outbreak	Very likely	High severity	Urban areas (KMC, WCR, LRR, CRR and NBR)
Meningitis	Dry Season	November-May	Annual	Meningitis outbreak	Almost certain	High severity	URR, CRR, LRR, NBW
Measles	No seasonality		Annual	Measles outbreak	Likely	High severity	Entire Country
Pandemic Influenza	No seasonality		Random	Outbreak	Unlikely	Very high severity	Entire Country
Rift Valley Fever	No seasonality		Random (last reported case: December 2002)	RVF outbreak	Unlikely	Moderate severity	CRR, LRR, URR
Rabies	No seasonality		Annual	Outbreak	Almost certain	Low severity	Entire Country
Anthrax	No seasonality		Random	Outbreak	Unlikely	Moderate severity	Western Region 2
EVD	No seasonality		Random	Outbreak	Likely	Very high severity	Entire Country
Dengue	No seasonality		Random	Outbreak	Likely	High severity	Entire Country
Zika	No seasonality		Random	Outbreak	Likely	Low severity	Entire Country

Pest infestations	No seasonality		Annual	Malnutrition	Very likely	Moderate severity	URR, CRR, LRR, NBR
Floods	Rainy season	June-November	Annual	Drowning, Cholera and other diarrhoeal diseases Skin conditions Malaria Malnutrition	Almost certain	Moderate severity	Entire Country
Drought	Dry season	November-May	Random	Malnutrition Cholera Skin conditions	Likely	Moderate severity	Entire Country
Wildfires	Dry season	November-May	Annual	Burns Malnutrition	Very likely		LRR, CRR, URR
Storms (Windstorm)	No seasonality		Random	Crush injuries	Likely		Entire Country

SOURCE: Hazard and Vulnerability Assessment , 2014.

These disasters/emergencies when they occur leave untold hardships on the people. Therefore, immediate action to manage them effectively and efficiently is what the National Disaster Management Policy is about.

Further, the assessment clearly showed key components as priorities for public health during emergencies, namely mass casualty management, communicable diseases, nutrition, reproductive and child health, water sanitation and hygiene, non-communicable diseases including mental health, pharmaceuticals and biologicals, and health care delivery services.

The unprecedented Ebola Virus Disease (EVD) outbreak in West Africa spurred many countries in the Region to review their level of preparedness and to accelerate capacity strengthening to enable prompt and effective action. Partners around the world rallied to support countries in these efforts.

The Gambia developed a national EVD preparedness plan, which was implemented under the leadership of the MoHSW with the oversight of the National Task Force (NTF) and technical support from the WHO. The NTF brought together all partners to ensure that actions taken in country were coordinated.

2. JUSTIFICATION

The National Ebola Virus Disease Plan (NEVDP) 2015 was developed at the end of 2014. It was the sole guiding national document for addressing key strategic and operational priorities for the implementation of EVD preparedness and response activities in The Gambia. Since the NEVDP was disease specific, there was a need to develop an All-Hazard Health Sector Emergency Preparedness and Response Plan. This new Mid-Term Plan (MTP) will build on the systems and structures laid down by the NEVDP, consolidating the gains so far made.

In October 2015, WHO in collaboration with MoHSW, NDMA and other partners did conduct a Country Capacity Assessment (CCA) mission.

The Overall Goal of the Assessment Mission was to strengthen Disaster Risk Management (DRM) within the health sector of The Gambia.

The Specific Objectives of the CCA were to a) conduct risk mapping for The Gambia, b) assess the existing capacity and prevailing weaknesses on DRM in the health sector, c) identify the critical gaps in disaster management in the health sector, and d) develop a Roadmap for strengthening health DRM in the country.

The findings of the CCA and a Roadmap detailing key actions to be addressed were reviewed. An implementation plan was subsequently developed.

The HSEPRP was developed to address the major consequences of disasters on the health system and health of disaster-affected populations. Given the commonalities in the health consequences of various hazards and disasters and the key strategies aimed at addressing these consequences as well as to avoid using a vertical approach to HSEPR planning in the country, an integrated planning methodology was used to develop this plan.

The Guiding Principles and Health Emergency Preparedness and Response strategies described below give a broad overview of Health Emergency Preparedness and Response mechanisms in the country and set the stage for development of detailed implementation and operational support plans.

3. THE GUIDING PRINCIPLES

Taking into consideration the health care delivery system and the challenges associated with disaster management in the country, the following principles will guide the development, implementation, monitoring and evaluation of this plan:

The MoHSW has overall stewardship and responsibility for planning, implementing, monitoring and evaluating this all-hazard HSEPRP at the national level and will advocate for the support of all relevant Partners and Sectors in this direction.

The development and implementation of this HSEPRPis based on an all-hazard approach which focuses on enhancing the capacity of the health sector to address all types of major risks ranging from epidemics to natural disasters and situations of mass casualty in an integrated and holistic manner.

This plan will be implemented within the framework of existing national policies, strategies and mechanisms.

While taking into consideration, the need for special emergency health programmes in some situations, implementation of this plan will be largely integrated and aligned with the implementation of the GNHSSP 2014-2020 during its review.

As much as possible, a Health System Strengthening approach will be used in the implementation of this plan; this approach will focus on strengthening all the six building blocks of the health system and ensure that they are able to withstand and effectively respond to disasters.

Given the regional approach of the health care delivery in the country, the Regional Health Directorates (RHDs) will be encouraged to mainstream this plan into their Regional Health Plans (RHPs). Although the MoHSW will implement few activities of its own, its main role will be to build the capacity of and provide technical guidance to the RHDs which are the operational level for implementation of health activities.

Given that reducing the public health impact of emergencies requires collaboration of various sectors, a participatory and multisectoral approach to planning, implementation and monitoring of this plan will be encouraged.

Strong emphasis will be on Disaster Risk Reduction (DRR) to ensure a comprehensive response to health disasters in the country.

Development and implementation of this plan will take into consideration cross-cutting issues such as gender, health and human rights (the right to health), HIV/AIDS, etc.

Community participation in health emergency planning, response, recovery and DRR.

4. GOAL AND OBJECTIVES

4.1 Goal

To establish health emergency preparedness and response system that will contribute to the prevention and reduction of mortality, morbidity and disability arising from various hazards in The Gambia.

4.2 Strategic Objectives

4.2.1 Establish mechanisms for effective coordination, monitoring and evaluation of Health Sector Emergency Preparedness and Response activities.

4.2.2 Strengthen early warning systems to detect, investigate, report, and respond to all emergencies.

4.2.3 Provision of advocacy, communication and social mobilization support to vulnerable communities or populations.

4.2.4 Institute prompt and effective identification, isolation and management of cases during emergencies.

4.2.5 Robust and reliable logistics system for emergency management established.

5. COMPONENTS OF THE HEALTH SECTOR EMERGENCY PREPAREDNESS AND RESPONSE STRATEGIC PLAN

The Health Sector Emergency Preparedness and Response Plan 2017-2019 focuses on five strategic areas incorporating the essential components of EPR, namely a) Coordination and Monitoring Mechanisms, b) Epidemiological and Laboratory Surveillance, c) Advocacy, Communication and Social Mobilization, d) Case Management, and e) Logistics and Safety.

STRATEGIC OBJECTIVE 1. ESTABLISH MECHANISMS FOR EFFECTIVE COORDINATION, MONITORING AND EVALUATION OF THE HEALTH SECTOR EMERGENCY PREPAREDNESS AND RESPONSE ACTIVITIES.

Operational Objective 1.1 Strengthen Effective Coordination Of The Health Sector Emergency Preparedness And Response Plan At Central And Regional Levels.

Strategy 1.1.1 Strengthen planning and coordination mechanisms for HSEPRP.

Main Activity 1.1.1.1

a. Strengthen PHEPR structures at national level.

Subactivities

a. Transform National EVD Task Force to become the National PHEPR Steering Committee.
b. Orientate National Steering Committee on their Terms of Reference (ToRs).
c. Conduct regular National Steering Committee meetings on PHEPR.
d. Provide support for the effective functioning of the national PHEOC regular updates on PHE and share with stakeholders and partners.
e. Identify technical, material, and logistics needs to the coordination structures for all emergencies at regional, district and community levels.

Main Activity1.1.1.2

a. Conduct an analysis (mapping) of stakeholders involved in HSEPR.

Subactivities

a. Adapt WHO assessment tool for stakeholder mapping in emergencies.
b. Conduct mapping of stakeholders using the tool.
c. Conduct a one-day workshop to validate the information collected.
d. Finalize and disseminate mapping report to partners and stakeholders.

Main Activity 1.1.1.3

a. Identify stakeholders' roles and responsibilities for effective coordination.

Subactivities

a. Document stakeholders' roles and responsibilities.
b. Conduct a one-day consensus meeting on roles and responsibilities.

Main Activity 1.1.1.4

a. Hold regular planning and review meetings with stakeholders.

Subactivity

a. Hold monthly planning and coordination meetings at all levels (national, regional, and district levels).

Main Activity 1.1.1.5

a. Advocate for the support and participation of stakeholders for effective coordination during emergencies.

Subactivity

a. Conduct consultative and advocacy meetings with stakeholders on a quarterly basis.

Main Activity 1.1.1.6

a. Develop and implement Legal and Institutional Framework for health sector emergency management.

Subactivities

a. Assessment and review of related legal policies and frameworks.
b. Drafting and validation of the legal and policy documents.
c. Conduct consultative meetings with relevant stakeholders.
d. Conduct advocacy meetings with policy makers.
e. Establish National Committee for Health Sector Emergency Management (NCHSEM).
f. Develop Terms of Reference (ToRs) for NCHSEM.
g. Advocate for the inclusion of the International Disaster Law in the NDMA Act.

Strategy 1.1.2 Strengthen intra and intersectoral collaboration for Health Sector Emergency Preparedness and Response.

Main Activity 1.1.2.1

a. Strengthen and streamline planning and coordination mechanisms at all levels (national, regional and district levels).

Subactivity

a. Develop and streamline ToRs for planning and coordination mechanisms at all levels.

Main Activity 1.1.2.2

a. Capacity development of planning and coordination teams on:

Subactivities

a. Training of the coordination teams on management of EPR at national, regional and district level.
b. Organizing study tours for all teams.
c. Conducting on-the-job mentorship.
d. Resource mobilization skills.

Main Activity 1.1.2.3

a. Repurpose the regional disaster management structures and ToRs for timely and adequate response to emergencies.

Subactivities

a. Strengthen the development of EPR operational plans at regional levels.
b. Strengthen the operations of the Regional Task Forces on HSEPR (simulations exercises, drills, meetings, supportive supervisory visits).

Main Activity 1.1.2.4

a. Conduct cross-border collaborative operations.

Subactivities

a. Conduct joint cross-border coordination meetings biannually at strategic (central) and operational (regional) levels.
b. Conduct an International Conference on IHR (2005) Core Capacities for West African countries annually.
c. Strengthen central, regional and district levels on IHR (2005) core capacities.
d. Strengthen international/cross border collaboration and response to emergencies.

Strategy 1.1.3 Support resource mobilization for national health sector emergency preparedness and response operations.

Main Activity 1.1.3.1

a. Develop a resource mobilization strategic plan.

Subactivities

a. Hold workshops to develop strategic plan.
b. Hold workshops to finalize and validate the plan.
c. Disseminate the plan.

Main Activity 1.1.3.2

a. Establish a Resource Mobilization Subcommittee.

Subactivity

a. Hold meeting to formally launch/inaugurate the Resource Mobilization Subcommittee.

Main Activity 1.1.3.3

a. Conduct donor-mapping exercise for the subcommittee to proactively mobilize resources.

Subactivity

a. Conduct Donor Roundtable Conference.

Main Activity 1.1.3.4

a. Advocate for resources to implement the plan.

Subactivity

a. Develop an investment case to attract more resources for HSEPR.

Main Activity 1.1.3.5

a. Establish a mechanism to manage funds for HSEPR operations.

Subactivities

a. Create a robust financial management and accountability system.
b. Conduct regular review meetings on the status of the HSEPR resources.

Main Activity 1.1.3.6

a. Technical Assistance to support the implementation of the HSEPR Plan.

Subactivities

a. Develop ToRs for technical support for knowledge and skills transfer.
b. Recruitment of TA.

Main Activity 1.1.3.7

a. Management of unsolicited resources/items during emergencies.

Subactivities

a. Develop a relief requirement plan.
b. Create a robust relief distribution formula, management for accountability.

Operational Objective 1. 2 Establish And Strengthen The Incident Management System On Health Emergencies And Response For All-Hazards.

Strategy 1.2.1 Establish a command and control system for incident management at central and regional levels.

Main Activity 1.2.1.1

a. Establish Risk Management Unit for all hazards within the MoHSW under DHS.

Subactivities

a. Develop ToRs and Organogramme for the Unit.
b. Recruit/redesignate staff and equip the Unit.

Main Activity 1.2.1.2

a. Strengthen Public Health Emergency Operation Center (Command Center)

Subactivities

a. Development of the Public Health Emergency Operation Plan (PHEOP) and Standard Operating Protocols from the central, regional to district Levels.
b. Complete construction of PHEOC.
c. Equip and operationalize PHEOC.
d. Develop contingency plan and preposition contingency funds for immediate response.

Main Activity 1.2.1.3

a. Strengthen existing Rapid Response Teams (RRT).

Subactivities

a. Develop TORs for the RRTs with clearly defined roles and responsibilities.
b. Train RRTs on Emergency Preparedness and Response.
c. Quarterly review meetings between central and regional RRTs.

Strategy 1.2.3 Establish a system for testing the state of preparedness and readiness for emergencies.

Main Activity 1.2.3.1

a. Capacity strengthening of the RRTs through trainingsessions and mentorship.

Subactivities

a. Conduct regular skills drill and functional simulation exercises.
b. Strengthen the capacities of POEs on IHR (2005) core capacities.
c. Conduct regular assessment (stocktaking) of the state of readiness of all PHEOCs (human and material resources).

Operational Objective 1.3 Establish A Robust Monitoring And Evaluation System For Emergency Preparedness And Response.

Strategy 1.3.1Establish a system for monitoring and evaluating all-hazard health emergencies.

Main Activity 1.3.1.1

a. Use the key indicators within the HSEPRP to inform the National Monitoring and Evaluation Plan and the Strategic Plan.

Subactivities

a. Conduct periodic monitoring of implementation progress.
b. Conduct quarterly monitoring and technical supervisory visits.

c. Conduct periodic performance evaluations of the implementation status of the EPR plan.
d. Ensure regular reporting of all EPR activities (indicators and implementation progress).
e. Develop quarterly activity work plans and reports.

Main Activity 1.3.1.2

a. Integrate into the existing DHIS2 database for reports/documents from all components of the HSERP.

Subactivity

a. Document best practices.

Strategy 1.4.2 Ensure the availability and retention of highly skilled and well-motivated Human Resource for Health on EPR.

Main Activities 1.4.2.1.

a. Coordinate the assessment of human resources capacity needs on emergencies.

Subactivities

a. Facilitate capacity strengthening of health workers and partners at national, regional and district level on ERP.
b. Ensure adequate staffing at regional and district with requisite knowledge and skills on EPR.
c. Replicate the West Africa Disaster Preparedness Initiative (WADPI) Training in The Gambia.
d. Coordinate capacity strengtheningactivities on emergency management and response (including psychosocial and trauma management).

STRATEGIC OBJECTIVE 2. STRENGTHEN EARLY WARNING SYSTEMS TO DETECT, INVESTIGATE, REPORT AND RESPOND TO ALL EMERGENCIES.

Operational Objective 2.1Strengthen The Existing Surveillance System To Address Public Health Emergency Surveillance.

Strategy 2.1.1 Establish a public health emergency surveillance (PHES) system.

Main Activity 2.1.1.1

a. Assess capacity needs for establishing a PHE surveillance system at all levels.

Subactivities

a. Engage a Consultant to conduct capacity needs assessment for PHES.
b. Review, validate and finalize the public health emergency capacity needs assessment report.
c. Print and disseminate the assessment report.
d. Implement key recommendations of the PHEPRP assessment report.

Main Activity 2.1.1.2

a. Establish a national disease surveillance network based on the one health concept.

Subactivities

a. Form multi-sectoral PHEPR committees at all levels.
b. Convene quarterly multi-sectoral and multi-disciplinary PHEPR committee meetings at all levels.

Main Activity 2.1.1.3

a. Cross-border collaboration in health emergency surveillance.

Subactivities

a. Sign MoU with counterparts in the Republic of Senegal on PHES.
b. Hold regular meetings with counterparts in the Subregion on PHES.
c. Create a harmonized infectious disease surveillance database for information sharing system across the Subregion.
d. Conduct study tour to health emergency affected countries to learn from experience.

Main Activity 2.1.1.4

a. Conduct livestock and wildlife surveillance in collaboration with the DLS and DPW management.

Subactivities

a. Conduct joint field monitoring of wildlife and livestock.
b. Training of community actors (rangers, livestock assistants, fishermen, volunteers, etc) to identify and report early warning signs of an emergency in animals.
c. Culling of affected animals where necessary.
d. Train livestock farmers in hygiene and proper handling of livestock and livestock products.
e. Collect regular data and share with stakeholders and partners.
f. Sensitize communities on wild life and livestock surveillance.
g. Identify and specify equipment for wildlife monitoring.

Strategy 2.1.2 Operationalize the Public Health Emergency Surveillance System at all levels.

Main Activity 2.1.2.1

a. Provide technical and logistics support for surveillance of emergencies at all levels.

Subactivities

a. Identify mobility requirements for public health emergency surveillance.
b. Identify communication gadgets for PHES.
c. Set up CUG system to facilitate timely reporting, response and feedback on public health emergencies.
d. Install GIS software to facilitate public health emergency surveillance operations including risk mapping.
e. Develop and provide surveillance tools for public health emergencies.
f. Train surveillance staff on the proper use of personal protective equipment.
g. Train surveillance staff on PHE surveillance (including clinicians) to detect, report and respond to health emergencies.
h. Train surveillance staff on contact tracing and follow-up.

Strategy 2.1.3 Strengthen health emergency response structures and services at all levels.

Main Activity 2.1.3.1

a. Strengthen PHEPR structures and services at regional and district levels.

Subactivities

a. Update IDSR Technical Guidelines to include other health emergencies.
b. Review and update standard case definitions on public health emergency surveillance at all levels.
c. Train RRTs to respond to PHEs.
d. Conduct FETP for healthworkers at all levels.

Main Activity 2.1.3.2

a. Conduct community surveillance.

Subactivities

a. Translate simplified community-based case definitions for public health emergencies in the local languages.
b. Train existing community structures (VDCs, VSGs, Volunteers) on community-based health emergency surveillance for early detection and reporting.
c. Orientate traditional healers on PHEPR.

Strategy 2.1.4 Strengthen the information management system, monitor and evaluate PHES system for surveillance and coordination of emergencies.

Main Activity 2.1.4.1

a. Establish an e-surveillance for PHEs.

Subactivities

a. Introduce e-surveillance for all hazards and emergencies at all levels.
b. Establish an e-surveillance system for PHE using DHIS2 platform.
c. Identify equipment and other logistics required to maintain a functional e-surveillance system.
d. Train health staff on e-surveillance.
e. Train data managers on PHE information management.
f. Monitor and evaluate PHE activities.

Main Activity 2.1.4.2

a. Monitor key PHEPR indicators.

Subactivities

a. Conduct quarterly supportive supervision of PHEPR activities.
b. Conduct annual evaluation of PHE surveillance system.
c. Conduct monthly feedback meetings on PHE surveillance activities
d. Provide regular surveillance reports and updates.

Operational Objective 2.2 Strengthen Medical And Veterinary Laboratory Surveillance Systems For Emergencies At All Levels.

Strategy 2.2.1 Strengthen laboratory capacity for surveillance and emergency response.

Main Activity 2.2.1.1

a. Assess available medical and veterinary laboratory resources for investigating, confirming and responding to emergencies.

Subactivities

a. Leveraging on existing laboratory data to determine potential biological hazards.
b. Enumerating and categorizing the scope of laboratories available in country and assessing their state of emergency preparedness.
c. Putting in place effective referral system.

Main Activity 2.2.1.2

a. Form laboratory emergency surveillance and response teams.

Subactivities

a. National Public Health Laboratories (NPHL) to maintain records and details of designated veterinary and medical laboratory personnel involved in emergency response.
b. Conduct quarterly medical and veterinary laboratory response team meetings.
c. Institute a robust feedback mechanism to partners.
d. NPHL to network with all medical, veterinary, public, private and research laboratories for emergency hazard surveillance and rapid response.

Main Activity 2.2.1.3

a. Develop SOPs and train medical and veterinary laboratory personnel.

Subactivities

a. Development of SOPs, Guidelines and ToRs on sample collection, packaging, transportation and testing.
b. Train laboratory staff on the developed surveillance SOPs, protocols and documentation.
c. Training of medical and veterinary laboratory personnel in handling highly specialized PPEs and testing hazardous biological samples in timely manner.

Strategy 2.2.2 Operationalize NPHL and Animal Health Laboratory Servicesfor emergency case management support.

Main Activity 2.2.2.1

a. Institute diagnostic services to support emergency preparedness and response.

Subactivities

a. Acquisition of dedicated vehicles and cold chain equipment for transporting biological surveillance samples and blood products.
b. Maintain minimum laboratory consumables, reagents and equipment stock levels in all designated medical and veterinary laboratories for emergencies.
c. Provision of rapid test kits and training of community health workers/livestock assistants on their use.

Main Activity 2.2.2.2

a. Enhance decentralized Blood Transfusion Service to support emergency preparedness and response.

Subactivities

a. Establish regional blood banks in all the Health Regions in the country.
b. Recruit and maintain voluntary blood donors who can be called upon during emergencies.
c. Provision of test kits for screening blood transmittable infectious diseases.

Main Activity 2.2.2.3

a. Establish a BSL4 Laboratory to support fatal infectious diseases diagnosis.

Subactivities

a. Feasibility assessment of establishing a BSL4 laboratory.
b. Construction and equipping of the BSL4 laboratory.
c. Conduct training of medical and veterinary laboratory personnel on advanced laboratory procedures.
d. Instituting quality assurance system for the laboratory

Operational Objective 2.3 Strengthen The Existing Surveillance System To Address Emergency Livestock Diseases

Strategy 2.3.1 Establish livestock emergency surveillance system

Main Activity 2.3.1.1 Assess capacity needs for establishing animal disease emergency surveillance in the Regions

Subactivities

a. Engage a consultant to conduct capacity needs assessment for livestock disease emergency surveillance.
b. Review, validate and finalize the livestock health emergency capacity needs assessment report.
c. Print and disseminate the assessment report.
d. Implement key recommendations of the AHEPRP assessment report.

Main Activity 2.3.1.2 Collaborate with partners and other stakeholder in animal health emergency surveillance

Subactivities

a. Create a national livestock disease surveillance network based on the one health concept.
b. Form multisectoral AHEPR committee at all levels.
c. Convene quarterly multi-sectoral and multi-disciplinary AHEPR Committee meeting at all levels.

Main Activity 2.3.1.3 Conduct cross-border collaboration in animal health surveillance.

Subactivities

a. Sign an MOU with Republic of Senegal on animal health emergency surveillance.
b. Conduct study tour to animal health emergency affected countries to learn from their experience.

Strategy 2.3.2 Operationalize the animal health emergency surveillance system atall levels.

Main Activity 2.3.2.1 Provide technical and logistics support for surveillance of emergencies at all levels.

Subactivities

a. Identify mobility requirements for animal health emergency surveillance.
b. Identify communication gadgets for AHES.
c. Develop and/provide surveillance tools for animal health emergencies.
d. Train surveillance staff on the proper use of personal protective equipment.
e. Train surveillance staff on animal health emergency surveillance to detect, report and respond to health emergency.

Operational Objective 2.4 Strengthen Both Central And Regional Veterinary Laboratories Surveillance System For All Hazards.

Strategy 2.4.1 Build laboratory capacity for surveillance and emergency response

Main Activity 2.4.1.1 Assess available veterinary laboratory resources for investigating, confirming and responding to emergencies.

Subactivities

a. Leveraging on existing laboratory data to determine potential biological hazards.
b. Enumerating and categorizing the scope of veterinary laboratories available in country and assessing their state emergency preparedness.

Main Activity 2.4.1.2 Form laboratory emergency surveillance and response teams.

Subactivities

a. Central veterinary laboratory to maintain records and details of designated Regional veterinary personnel involved in emergency response.
b. Conduct quarterly veterinary laboratory response team meetings.

STRATEGIC OBJECTIVE 3.PROVISION OF ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION SUPPORT TO VULNERABLE COMMUNITIES OR POPULATIONS.

Operational Objective 3.1 Communities And Stakeholders Fully Engaged And Have The Necessary Knowledge And Skills To Respond To Emergencies.

Strategy 3.1.1 Advocacy for assuring stakeholder support and partner commitment to effectively enhance the implementation of the HSEPR plan.

Main Activity 3.1.1.1

a. Advocate for partner support for the implementation of the HSEPRP.

Subactivities

a. Advocate for the allocation of resources for the implementation of the HSEPRP.
b. Advocate for the availability of medical and non-medical supplies.
c. Advocate for the availability of medical services during emergencies.
d. Conduct an advocacy meeting with stakeholders, NGOs and influential leaders.

Main Activity 3.1.1.2

a. Advocacy for nutrition interventions during emergencies.

Subactivities

a. Conduct nutrition assessments during emergencies.
b. Prepositioning of nutritional supplements and nutritional packages for malnourished individuals during emergencies.
c. Conduct sensitizations and community engagement sessions with traditional communicators, traditional healers and community drama groups on Integrated Management of Acute Malnutrition (IMAM).
d. Identify nutrition supplement requirements to be procured.

Main Activity 3.1.1.3

a. Advocate for more local leadership and women involvement during emergencies.

Subactivities

a. Conduct advocacy meetings with Local Government Authorities and women on the HSEPRP.
b. Introduction of local leaders and women to the Disaster Management Act 2008.

Main Activity 3.1.1.4

a. Develop and produce food-based dietary guidelines and nutrition education to promote healthy diet during emergencies.

Subactivities

a. Conduct workshop to develop guidelines and messages.
b. Pre-testing of messages.
c. Finalization and production of materials.
d. Dissemination of messages.
e. Advocate for levy of tax on healthy foods (high salt and high sugar food etc).

Main Activity 3.1.1.5

a. Strengthen the capacity of training institutions.

Subactivities

a. Advocate for mainstreaming risk/outbreak communication in public health emergencies in the curriculum of health training institutions.
b. Develop a module on public health emergency preparedness and response.
c. Mainstream public health emergency preparedness and response.
d. Advocate for the First Aid and ambulance services in schools and communities.

Strategy 3.1.2 Communication for Behavioural Impact (COMBI).

Main Activity 3.1.2.1

a. Develop and implement a health emergency risk/outbreak communication strategic plan.

Subactivities

a. Conduct rapid assessment to determine the best modalities for the dissemination of health information in the country.
b. Conduct a stakeholder workshop to develop a risk communication strategy.
c. Conduct participatory message development workshop to develop and pretest key messages in different languages.
d. Institute a mechanism to detect, investigate, report and address rumors and misconceptions.
e. Support the operation of the national communication spokesperson.
f. Conduct shows and demonstrations with communities to allay fears, concerns and misconceptions towards emergency operation materials such as ambulances, PPEs, etc.
g. Identify and procure risk communication gadgets and media center equipment.
h. Identify and procure vehicles for central level and motorbikes for regional level for risk communication intervention.

Main Activity 3.1.2.2

a. Develop a national health promotion and education strategy.

Subactivities

a. Conduct workshop to develop national health promotion and education strategy.
b. Engage stakeholder commitment and support for the implementation of the national health promotion and education strategy.

Strategy 3.1.3 Social mobilization and community engagement.

Main Activity 3.1.3.1

a. Participatory community engagement for emergency preparedness and response.

Subactivities

a. Conduct a thorough assessment of community resources and assets to inform social mobilization and community engagement interventions.
b. Develop SOPs for community mobilization, communication and engagement during emergencies.
c. Conduct periodic community-based dialogue to identify community needs and concerns in support of public health emergencies.
d. Support sharing of community best practices in social mobilization.
e. Engage and subcontract communities to develop and implement community action plans.
f. Engaging the driving populations on road safety and basic first aid services.
g. Develop, print and distribute IEC materials (billboards, posters, leaflets, etc.).
h. Develop pretest and produce radio and television spots.

Main Activity 3.1.3.2

a. Mobilize and engage organized community structures for community actions.

Subactivity

a. Engage community structures (VSGs, MDFTs, drama groups, traditional communicators, mothers clubs, Community Child Protection Committees, Red Cross Volunteers, VDCs and village health volunteers) in mobilizing and engaging communities on hazards preparedness and response.

Main Activity 3.1.3.3

a. Support district level mobilization for district and community structures.

Subactivities

a. Review the ToRs of TAC members.
b. Organize orientation session for TAC members and District Chiefs.
c. Organize step down orientation of village heads by the District Chiefs.
d. Organize youth caravan to raise awareness.

Main Activity 3.1.3.4

a. Engage congregate settings for emergency preparedness and response.

Subactivities

a. Conduct dialogue with congregate settings (teachers, students, cluster monitors, peer health educators, religious leaders and market vendors) on emergency preparedness and response.
b. Mainstream basic First Aid in the school curriculum.

Main Activity 3.1.3.5

a. Conduct capacity development for frontline workers and stakeholders.

Subactivities

Orientation of health workers, NGOs, security forces and partners on the following:

a. Interpersonal communication skills.
b. Risk communication and rumor management.
c. Beneficiary communication skills.
d. Nutrition education and counseling.

Main Activity 3.1.3.6

a. Engage Media Groups on emergency preparedness and response.

Subactivities

a. Conduct training for members of the Association of Health Journalists on emergency health reporting.
b. Regular media briefing pre, during and post emergency.
c. Conduct field recording to produce documentaries.

Main Activity 3.1.3.7

a. Provide psychosocial support for affected communities and responders.

Subactivities

a. Conduct training for emergency responders on psychosocial counselling and stress management to the affected.
b. Emergency responders to conduct psychosocial counselling to affected people.
c. Psychosocial support to elderly, people with disability, orphans and vulnerable children.

Operational Objective 3.2 A Comprehensive WASH Package Available For HSEPR.

Strategy 3.2.1 Strengthen and scaling up WASH interventions.

Main Activity 3.2.1.1

a. Community engagement on the importance of WASH promotion.

Subactivities

a. Develop household water treatment guidelines.
b. Dialogue with community health volunteers on WASH.
c. Construction and promotion of simple hand washing technologies.
d. Dialogue with communities on household water treatment and storage procedures.
e. Embark on hygiene promotion training of IDP camps, nutrition centers, households and health facilities.
f. Conduct sensitization on waste management.
g. Identify WASH requirement to be procured.

Operational Objective 3.3 Strengthen Social Protection Support During Disaster Emergencies And Food Price Shocks.

Strategy 3.3.1 Social protection support to vulnerable groups.

Main Activity 3.3.1.1

a. Set up early warning systems linked to short-term emergency cash and food transfers and nutrition support.

Subactivities

a. Undertake a detailed urban/rural vulnerability assessment to assess the type and level of exposure to food insecurity.
b. Develop a standardized minimum package of benefits and services for times of shock.

Main Activity 3.3.1.2

a. Crop weather-indexed insurance.

Subactivity

a. Undertake a feasibility study to look into establishing crop weather-indexed insurance for vulnerable farmers.

STRATEGIC OBJECTIVE 4. INSTITUTE PROMPT AND EFFECTIVE IDENTIFICATION, ISOLATION AND MANAGEMENT OF CASES DURING EMERGENCIES.

Operational Objective 4.1 Prompt And Timely Access To Quality Health Care Services During Emergencies.

Strategy 4.1.1 Prompt identification of emergency-related cases.

Main Activity 4.1.1.1

a. Establish and/or strengthen a robust triage system.

Subactivities

a. Identify and train health care providers on triage system.
b. Provide materials for triage.

Strategy 4.1.2 Prompt isolation of potential infectious cases.

Main Activity 4.1.2.1

a. Identify and/or operationalize isolation units.

Subactivities

a. Equip isolation units/wards.
b. Identify appropriate and adequate Personal Protective Equipment (PPE) in collaboration with logistics.
c. Identify and specify appropriate ventilation in isolation units/wards in collaboration with logistics.

Strategy 4.1.3. Prompt and safe transportation of emergency cases.

Main Activity 4.1.3.1

a. Establish emergency ambulance services.

Subactivities

a. Develop a policy and strategic plan on emergency ambulance services in collaboration with Coordination.
b. Identify and specify standard ambulances for emergencies in collaboration with logistics.
c. Deploy identified ambulances to strategic locations.
d. Review and update existing referral protocols including overseas evacuation.

Strategy 4.1.4 Ensure availability of sufficient and skilled human resources during emergencies.

Main Activity4.1.4.1

a. Review and update SOPs for emergency case management.

Subactivity

a. Train health care providers on various SOPs.

Main Activity 4.1.4.2

a. Strengthen capacity of health care workers on case management.

Subactivities

a. Train health care providers on case management guidelines/protocols.
b. Conduct a simulation exercise for emergency response for various cases.
c. Conduct emergency evacuation simulation exercise.
d. Develop an incentive package for emergency response team in collaboration with Coordination Committee (i.e. allowances, life insurance, etc).

Main Activity 4.1.4.3

a. Institute predeployment committees for emergency.

Subactivities

a. Establish predeployment committees at central and regional levels.
b. Develop ToRs for predeployment committees.
c. Develop SOPs for human resource predeployment preparation in emergency.
d. Conduct a human resource mapping (inventory).

Strategy 4.1.5 Ensure prompt management of all emergency cases

Main Activity 4.1.5.1

a. Provide timely diagnosis of all emergency cases.

Subactivities

a. Strengthen laboratory and imaging services.
b. Facilitate confirmation of cases by use of appropriate investigation methods.

Main Activity 4.1.5.2

a. Strengthen and/ or scale up blood transfusion services.

Subactivities

a. Develop SOPs on blood transfusion.
b. Train health care providers on SOP developed on blood transfusion.

c. Provide materials for blood transfusion (e.g. drip stands) in collaboration with logistics team.

Main Activity 4.1.5.3

a. Initiate prompt treatment for all emergencies.

Subactivities

a. Provide an appropriate stockpile of emergency medicines, vaccines and non-medical supplies in collaboration with logistics team.
b. Provide health and safety environment in health care facilities in collaboration with logistics team.
c. Conduct quality improvement and patient safety training on emergencies for healthcare providers.

Main Activity 4.1.5.4

a. Provide preventive health services during emergency.

Subactivities

a. Vaccinate vulnerable groups (routine and supplementary).
b. Provide supplementary nutrition services.
c. Provide reproductive health services.

Main Activity 4.1.5.5

a. Develop a mass casualty management plan.

Subactivities

a. Conduct health facility safety index evaluation.
b. Identify and specify appropriate and adequate equipment and medical supplies for trauma management in collaboration with Logistics team.
c. Train health care providers on trauma management.
d. Train Red Cross Volunteers on trauma management at community level.

Strategy 4.1.6 Institute effective Infection Prevention and Control Practices (IPCs).

Main Activity 4.1.6.1

a. Conduct a situational analysis of IPC status.

Subactivity

a. Conduct an IPC survey.

Main Activity 4.1.6.2

a. Improve standard IPC practices.

Subactivities

a. Train health care providers and support staff on IPC.
b. Develop IPC tools (i.e. protocols/guidelines, SOPs and posters) for health facilities.
c. Identify and specify appropriate IPC materials (i.e. detergents, disinfectants) for health facilities in collaboration with logistics team.
d. Identify and specify IPC equipment (i.e. PPEs) in collaboration with logistics team.
e. Train health care providers on appropriate and consistent use of PPEs.
f. Conduct fumigation exercises during emergencies.
g. Conduct monitoring and supervision on IPC practices at health facility level.

Main Activity 4.1.6.3

a. Strengthen clinical waste management.

Subactivities

a. Identify and specify bins and bin liners for health facilities in collaboration with logistics.
b. Identify and specify biohazard bags with standard color codes in collaboration with logistics.
c. Identify and specify and/ or maintain existing incinerators in health facilities in collaboration with logistics.

Strategy 4.1.7 Provide a comprehensive psychosocial package to healthcare providers, patients/clients and families.

Main Activity 4.1.7.1

a. Provide effective psychosocial support for health care providers, patients/clients and families.

Subactivities

a. Develop a standard psychosocial support guideline.
b. Conduct training on psychosocial support guideline.
c. Develop referral guidelines on psychosocial support for service providers.
d. Conduct quality and effective counselling services for health care providers, patients/clients and families.
e. Identify and train family support groups on psychosocial support interventions.
f. Facilitate community and self-help groups in disaster situation.
g. Strengthen family support services for the orphanage and the elderly in disaster situation.
h. Protect and care for people with severe mental disorders and other mental and neurological disabilities during disaster.

STRATEGIC OBJECTIVE 5. LOGISTICS SYSTEM FOR EFFECTIVE AND EFFICIENT RESPONSE TO EMERGENCIES, SECURITY AND SAFETY FOR BOTH THE AFFECTED POPULATIONS AND RESPONDENTS.

Operational Objective 5.1 Robust And Reliable Logistics System For Emergency Management Established.

Strategy 5.1.1 Assess the performance of the logistics system.

Main Activity 5.1.1.1

a. Establishment of the logistics emergency preparedness and response plan.

Subactivity

a. Conduct an assessment of the logistics management information system.

Main Activity 5.1.1.2

a. Include the best practices and lessons learned on the performance of the logistics system.

Subactivity

a. Develop a logistics plan.

Strategy 5.1.2 Strengthenthe supply chain management system.

Main Activity 5.1.2.1

a. Track the status and availability of resources.

Subactivities

a. Conduct regular quantification exercise.
b. Conduct supplier mapping and signing of agreements.

Main Activity 5.1.2.2

a. Stocks for emergency preparedness are prepositioned at central and regional levels.

Subactivities

a. Develop a distribution plan.
b. Hire and train store keepers and securities.
c. Conduct prepositioning of emergency items.
d. Manage unsolicited donated items.

Main Activity 5.1.2.3

a. Provide storage facilities.

Subactivities

e. Refurbish stores.
f. Build stores.
g. Procure and install cold chain facilities.
h. Procure storehandling equipment.
i. Procure and installation of cooling system.

Strategy 5.1.3 Build infrastructure, human resource, transport and energy systems.

Main Activity 5.1.3.1

a. Mobilization and deployment of resources.

Subactivities

a. Develop deployment protocols.
b. Develop ToRs.

Main Activity 5.1.3.2

a. Perform inventory on medical and nutritional supplies.

Subactivity

a. Conduct quantification exercise.

Main Activity 5.1.3.3

a. Build the capacity of logistics staff and relevant logistics partners.

Subactivities

a. Conduct induction of personnel.
b. Train personnel on the logistics system.

Main Activity 5.1.3.4

a. Provide sufficient and reliable fleet.

Subactivities

a. Procure and maintain fleet for emergency operations.
b. Develop a fleet management system.
c. Training of fleet drivers.

Main Activity 5.1.3.5

a. Provide sufficient energy required for emergency operations.

Subactivities

a. Procure and maintain generators and solar.
b. Procure and keep stock of fuel supply.
c. Procure communication gadgets.
d. Train personnel on the use of the communication gadgets.

Strategy 5.1.4 Establish partnerships with relevant stakeholders with proven logistics management capacity.

Main Activity 5.1.4.1

a. Set up a logistics partnership networking with stakeholders.

Subactivities

a. Conduct stakeholder mapping and analysis.
b. Sign agreements with relevant partners.

Strategy 5.1.5 Strengthen logistics information systems for emergency preparedness and response.

Main Activity 5.1.5.1

a. Incorporate information on logistics related to emergencies into the DHIS2 platform.

Subactivity

a. Procure and set up logistics software creating virtual visibility for supply chain.

Main Activity 5.1.5.2

a. Harmonize logistics and risk communication system.

Subactivity

a. Upgrade the DHIS2 to incorporate emergency logistics information.

Main Activity 5.1.5.3

a. Support the establishment of e-surveillance for early warning and early action.

Subactivities

b. Train personnel on the logistic information system.
c. Set up of e-surveillance database.

Operational Objective 5.2 Established Safe And Secure Environment For Both Affected Populations And Respondents.

Strategy 5.2.1 Establish a system for testing the state of preparedness and readiness for emergencies.

Main Activity 5.2.1.1

a. Set up a Task Force.

Subactivity

a. Convene regular Task Force meetings.

Main Activity 5.2.1.2

a. Conduct regular review meetings on the status of the EPR resources.

Subactivity

a. Conduct quarterly simulation exercise.

Main Activity 5.2.1.3

a. Establish Public Health Emergency Operations Center (Command Center).

Subactivities

a. Develop Emergency Operations Plan (EOP) and Standard Operating Protocols (SOPs).
b. Complete construction of PHEOC.
c. Equip and operationalize PHEOC.
d. Develop contingency plan and preposition contingency funds for immediate response.

Strategy 5.2.2 Ensure water, sanitation and hygiene infrastructure.

Main Activity 5.2.2.1

a. Provide WASH emergency kits.

Subactivities

a. Develop WASH protocols for health emergencies.
b. Procure WASH Kits 5 and 2.
c. Train personnel on WASH hardware.

Main Activity 5.2.2.2

a. Installation of emergency water supply system.

Subactivities

a. Procure household water treatment kits.
b. Installation and treatment of water supply system.

Main Activity 5.2.2.3

a. Provide sanitary facilities.

Subactivities

a. Procure and maintain sanitary kits.
b. Distribute sanitary kits.

Main Activity 5.2.2.4

a. Provide waste disposal facilities.

Subactivities

a. Procure and distribute dustbins.
b. Procure and install incinerators.

Strategy 5.2.3. Ensure availability of medical and non-medical products.

Main Activity 5.2.3.1

a. Provide emergency medical and non-medical supplies.

Subactivities

a. Undertake inventory of medical and non-medical supplies.
b. Procure basic emergency food items.
c. Procure non-food items (LLINs, cooking utensils, blankets, etc).
d. Distribute food and non-food items.
e. Procure medicines for emergencies.
f. Procure equipment for PHEOC.
g. Procure communication gadgets.
h. Procure IT equipment and accessories for all components.
i. Procure laboratory equipment, reagents and supplies.
j. Procure PPEs.
k. Procure deployment kits (laptops, torch lights, phones, modems, operational jackets, T-Shirts, ID cards, condoms, etc).
l. Procure security gadgets.
m. Procure vaccines and injection materials.
n. Procure refrigerators and cold chain equipment.
o. Procure laboratory equipment/containers for specimen handling and transportation.
p. Procure Vit A, deworming and Iron tablets, therapeutic feeding, Corn Soya Blend (CSB).

Strategy 5.2.4Ensuring the availability of protected and safe facilities for affected populations and respondents.

Main Activity 5.2.4.1

a. Provide temporary shelter for physical security.

Subactivities

a. Conduct site assessment and selection.
b. Conduct shelter needs assessment.
c. Procure shelter kits.
d. Distribute and preposition shelter kits.

Main Activity 5.2.4.2

a. Provide facilities to promote access to safe health services.

Subactivities

a. Procure prefabricated facilities for clinics, isolation wards, laboratories, etc.
b. Preposition existing health facilities for emergencies.
c. Procure interagency emergency health kits.

Operational Objective 5.3 Logistics And Security Are Involved In All Coordination Processes For Emergency Management.

Strategy 5.3.1. Coordinate with relevant authorities and other stakeholders for the emergency response.

Main Activity 5.3.1.1

a. Participate in stakeholder meetings.

Subactivities

a. Identify logistics focal points for coordination team.
b. Identify security focal points for coordination team.
c. Provide logistic support for coordination.
d. Conduct regular security briefings.

6. MONITORING AND EVALUATION FRAMEWORK.

STRATEGIC OBJECTIVE 1 Establish mechanisms for effective coordination, monitoring and evaluation of emergency preparedness and response activities by 2019.	
OPERATIONAL OBJECTIVES	**PERFORMANCE OPERATIONAL INDICATORS**
1. 1 Strengthen effective coordination of the Health Sector Emergency Preparedness and Response (HSEPR) Plan at Central and Regional Levels.	1.1.1Number of coordination meetings held at all levels. 1.1.2 Proportion of resources mobilized against the plan. 1.1.3 Availability of contingency plan and funds for initial response during emergencies. 1.1.4 Number of stakeholders representation. 1.1.5 Number of signed MoUs. 1.1.6 Number of cross-border meetings and/or operations held. 1.1.7 Number of TAs recruited. 1.1.8 Number of ToRs developed.
2.1Establish and strengthen the incident management system for emergencies for all hazards.	2.1.1Availability of an operational All-Hazards Risk Management Unit within MoHSW. 2.1.2 Availability of an operational PHEOC. 2.1.3 Number of skills drills and simulation exercises conducted by RRTs at various levels.
3. 1 Establish a robust monitoring and evaluation system for Emergency Preparedness and Response (EPR).	3.1.1Availability of an M&E framework that takes on board KPIs related to all health hazards. 3.1.2 Number of performance evaluations conducted and shared. 3.1.3 Availability of a functional and integrated information management system for emergencies or incorporation of key EPR indicators into the national M&E dashboard.
4.1 Establish structures for operational research and human resource development on HSEPR.	4.1.1 Capacity needs assessment. 4.1.2 Research conducted and information shared on EPR.

STRATEGIC OBJECTIVE2 Strengthen early warning systems to detect, investigate, report, and respond to all emergencies.	
OPERATIONAL OBJECTIVES	**PERFORMANCE OPERATIONAL INDICATORS**
2.1 Strengthen the existing surveillance system to address Public Health Emergency Surveillance (PHES).	2.1.1 PHES system at all levels established and operationalized. 2.1.2 PHES integrated into IDSR. 2.1.3. Emergencies response structure and services strengthened at all levels. 2.1.4. Information management system strenghthened.
2.2. Strengthen medical and veterinary laboratory surveillance systems for all hazards at all levels.	2.2.1. Laboratory capacity built for surveillance and emergency response. 2.2.2. Laboratory emergency case management and response operationalized.

STRATEGIC OBJECIVE 3 Provision of advocacy, communication and social mobilization support to vulnerable communities or populations.	
OPERATIONAL OBJECTIVES	**PERFORMANCE OPERATIONAL INDICATORS**
3.1 Communities and stakeholders fully engaged and have the necessary knowledge and skills to respond to emergencies.	3.1.1 Proportion of communities utilizing available risk communication products and services. 3.1.2 Availability of food-based dietary guidelines and nutrition education materials. 3.1.3 Availability of a health promotion strategy and a risk communication plan.
3.2 A comprehensive WASH package available for HSEPR.	3.2.1 Proportion of communities utilizing available WASH products and services. 3.2.2 Number community structures and institutions reached with WASH promotion and education.
3.3 Strengthen social protection support during disaster emergencies and food price shocks.	3.3.1 Proportion of vulnerable groups utilizing available social protection services.

STRATEGIC OBJECTIVE 4 Institute prompt and effective identification, isolation and management of cases during emergencies.	
OPERATIONAL OBJECTIVE	**PERFORMANCE OPERATIONAL INDICATORS**
4.1 Prompt and timely access to quality health care services during emergencies.	4.1.1 Availability of triage system for all emergencies. 4.1.2 Proportion of equipped and functional isolation units/wards. 4.1.3 Availability of guidelines, Standard Operating Procedures (SOPs) and Protocols for emergencies. 4.1.4 Availability of emergency medical and non-medical supplies. 4.1.5 Proportion of affected persons provided with preventive services. 4.1.6Availability of comprehensive psychosocial Package

STRATEGICOBJECTIVE 5Logistics system contributes to effective and efficient response to emergencies, security and safety for both affected and respondents.	
OPERATIONAL OBJECTIVES	**PERFORMANCE OPERATIONAL INDICATORS**
5.1 Robust and reliable logistic system for emergency management established.	5.1.1 All goods are delivered on time at the right places, with right quantity and quality. 5.1.2 Network of logistics partners fully operational.
5.2 Established safe and secure environment for both affected populations and respondents.	5.2.1 Optimal security preparedness measures in place at all levels. 5.2.2 Optimal safety standards for both the population and the respondent assured.
5.3 Logistics and security are involved in all coordination processes for emergency management.	5.3.1 Logistics and security are active members of all coordination structures. 5.3.2 Logistics and security access real time information to make appropriate decisions.

7. SUMMARY INDICATIVE COSTING PER OPERATIONAL OBJECTIVE

COMPONENTS	YEAR 1 US$	YEAR 2 US$	YEAR 3 US$	TOTAL US$
1. COORDINATION	**703,940.00**	**289,700.00**	**282,700.00**	**1,276,340.00**
1.1 Strengthen coordination of the Health Sector Emergency Preparedness and Response (HSEPR) at National and Regional Levels.	422,572.50	172,415.00	172,415.00	767,402.50
1.2.1. Establish and strengthen the incident management system on health emergencies response for all hazards.	137,205.00	49,310.00	42,310.00	228,825.00
1.3. Establish a robust monitoring and evaluation system for Emergency Preparedness and Response.	55,362.50	12,970.00	12,970.00	81,302.50
1.4. Establish structures for operational research and human resource development on HSEPR.	88,800.00	55,005.00	55,005.00	198,810.00
2. EPIDEMIOLOGICAL AND LABORATORY SURVEILLANCE	**2,279,205.00**	**2,092,330.00**	**1,436,460.00**	**5,807,995.00**
2.1. Strengthen the existing surveillance system to address Public Health Emergency Surveillance(PHES).	1,686,900.00	959,460.00	935,710.00	3,582,070.00
2.2. Strengthen medical and veterinary laboratory surveillance systems for PHEs related to all hazards at all levels.	458,395.00	1,008,090.00	408,090.00	1,874,575.00

2.3 strengthen the exsiting surveillance system to address emergency livestock diseases.	118,250.00	109,120.00	77,000.00	304,370.00
2.4. Strengthen both central and regional veterinary laboratories surveillance system for all hazards in regions.	15,660.00	15,660.00	15,660.00	46,980.00
3. ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION	**704,292.50**	**436,980.00**	**434,465.00**	**1,575,737.50**
3.1. Communities and stakeholders fully engaged and have the necessary knowledge and skills to respond to emergencies.	632,352.50	376,090.00	373,575.00	1,382,017.50
3.2 A comprehensive WASH package available for HSEPR.	62,565.00	57,460.00	57,460.00	177,485.00
3.3 . Strengthen social protection support during disaster emergencies and food price shocks.	9,375.00	3,430.00	3,430.00	16,235.00
4. CASE MANAGEMENT	**1,008,342.50**	**782,157.50**	**682,497.50**	**2,472,997.50**
4. 1 Prompt and timely access to quality health care services during emergencies.	1,008,342.50	782,157.50	682,497.50	2,472,997.50
5. LOGISTICS AND SAFETY	**7,422,520.00**	**4,206,730.00**	**2,228,820.00**	**13,858,070.00**
5.1 Robust and reliable logistic system for emergency management established.	1,606,880.00	1,308,777.50	350,722.50	3,266,380.00

5.2: Established safe and secure environment for both affected population and respondents.	2,072,557.50	794,265.00	763,365.00	3,630,187.50
5.3 Logistics and security are involved in all coordination processes for emergency management.	3,743,082.50	2,103,687.50	1,114,732.50	6,961,502.50