



ANNEX - Considerations for epidemic preparedness

National Societies’ role in epidemic preparedness

The 1918 Spanish Influenza pandemic, which is estimated to have killed between 50 and 100 million people, is one of the main reasons why the IFRC first came into existence. Since this time, the Movement has worked closely with key partners such as the World Health Organization to prevent, prepare for and respond to epidemics and pandemics, including recent outbreaks of measles, polio, dengue, cholera, plague, Ebola virus disease outbreaks and the Zika virus disease epidemic.

The Statutes of the Movement recognize that National Societies cooperate with the public authorities in the prevention of disease, the promotion of health and the mitigation of human suffering for the benefit of the community. As auxiliaries in the humanitarian field, National Societies agree with national public authorities on the areas in which they supplement or substitute for public humanitarian services.

The [resolution “Time to act: Tackling epidemics and pandemics together”](#) approved at the 33rd International Conference of the Red Cross and Red Crescent encourages National Societies to work in close coordination with national authorities and other local and international organizations responding to epidemics and pandemics.

What is Preparedness for Effective Response (PER)?

The increasing number and complexity of disasters, epidemics, and other crises National Societies are facing has triggered various initiatives within the Movement aimed at strengthening National Societies capacity to reduce risk, prepare for and respond to humanitarian emergencies.

Strengthening disaster preparedness at the global, regional, national and local level is critical to save lives, protect livelihoods and strengthen recovery from disasters and crises. The goal of the [Preparedness for Effective Response \(PER\)](#) approach is to enable National Societies to fulfil their auxiliary role, **by strengthening local preparedness capacities to ensure timely and effective humanitarian assistance.**

The Preparedness for Effective Response approach provides guidance to National Societies on 37 components of a robust [National Disaster Preparedness for Response Mechanism](#), organized in 5 areas:

- policy, strategies and standards,
- analysis and planning,
- operational capacity,
- coordination,
- and operations support.



Aspects to consider when preparing for epidemics

When engaging in the PER process, National Societies decide which hazards they want to prioritize in their preparedness plans, based on country risk assessments, as well as their mandate, services, ongoing projects and overall capacity. The tables below provide a brief overview of all Preparedness for Effective Response components and highlight specific aspects to take into consideration when a National Society is preparing to respond to outbreaks.

Policy, Strategy and Standards

Component	PER multi-hazard key elements	Epidemics considerations
NS Mandate, RC Law and Legislation 	<ul style="list-style-type: none"> NS auxiliary role and mandate are set in legislation, aligned with RCRC Fundamental principles. NS mandate is reflected in policies and known. 	<ul style="list-style-type: none"> NS role is clarified in epidemics preparedness and response with authorities; and in strategy and plans. NS has experience in epidemic risk management.
DRM Strategy 	<ul style="list-style-type: none"> DRM strategy exists, reflects mandate, hazard and risk analysis and operations objectives. It is regularly reviewed and it's known. It engages technical sectors and support services. 	<ul style="list-style-type: none"> NS Disaster Risk Management strategy reflects specific risk analysis for public health and includes public health emergency strategies.
DRM Policy 	<ul style="list-style-type: none"> There is an existing DRM policy, or the NS adopted IFRC's one. The policy is known by staff and volunteers, and used to guide decision-making in response. 	<ul style="list-style-type: none"> The NS DRM policy clarifies the roles and responsibilities of DM and health staff in epidemics to ensure technical leadership.
Disaster Law Awareness and Management 	<ul style="list-style-type: none"> Relevant legal entitlements and exemptions for response are identified (entry of international goods and personnel). A focal point exists at the NS to lead and discuss related issues in a response. There is a mechanism to track Disaster Law lessons. 	<ul style="list-style-type: none"> NS is aware of Joint External Evaluation (WHO) and contributes to national adherence to International Health Regulations. NS management understands International and local Health Regulations including rules on data sharing and quarantine.
Quality and Accountability 	<ul style="list-style-type: none"> During response NS involves affected populations and adapts assistance so it is appropriate. There is a Community Engagement and Accountability (CEA) focal point, CEA is considered in plans, templates and response SOPs. There are existing feedback mechanisms. NS uses Sphere, Core Humanitarian Standards, Protection for sexual exploitation and abuse, includes disabilities, unaccompanied children, and PSS in policies and plans. NS applies do no harm principles. Gender, disability and diversity indicators are reflected in response plans & reviews. 	<ul style="list-style-type: none"> During an outbreak, the NS is able to identify communication gaps, communicate key life-saving messages and health promotion behaviour changes, track rumours and ensure acceptance (e.g. among population in areas under lockdown). Sex/age/disabilities disaggregated data is used to identify vulnerabilities in populations potentially exposed to epidemics. NS uses protection, gender and inclusion (PGI) analysis to adapt protection policies in a highly infectious disease environment, and potential harmful health impacts of assistance are minimised.

Analysis and Planning

Component	PER multi-hazard key elements	Epidemics considerations
<p data-bbox="118 555 290 792">Hazard, Context and Risk Analysis, Monitoring and Early Warning</p> 	<ul data-bbox="335 273 861 801" style="list-style-type: none"> • NS uses multi-hazard risk analysis and a monitoring of risks is done regularly to inform preparedness. • NS has the capacity to collect trend information, including access/acceptance risks identified. • An early warning system (EWS) is established, including thresholds and ability to communicate actions required. • There is a community level input on risks (VCA); Sex Age Disabilities Disaggregated Data (SADD) demographic information is available for at risk areas. • NS coordinates risk information with neighbouring countries. 	<ul data-bbox="912 273 1497 1263" style="list-style-type: none"> • Volunteers are trained in epidemic control, can recognize the signs of most common epidemics and can act quickly and effectively in the event of an epidemic. • For cross-border high risk areas, NSs coordinate risk monitoring, are familiar with each other's capacities and procedures, and have a mechanism in place to share information. • Community Based Surveillance (CBS) Assessment is completed (using IFRC template), CBS is established with indicators for epidemics and zoonoses if deemed appropriate by assessment. • CBS is coordinated with MoH surveillance structures and Emergency Operations Centre (including for zoonoses indicators). • NS has the capacity to collect and analyze data derived from VCAs and epidemic risk assessments on health hazards (including zoonoses) and health system access. • NS epidemic risk analysis, risk assessment, scenario and response strategy use Sex Age Disabilities Disaggregated Data to understand gender and diversity specific needs and issues of acceptance and security during epidemics. • The NS has updated maps of health facilities, which are shared with branches every year.
<p data-bbox="140 1550 268 1617">Scenario Planning</p> 	<ul data-bbox="335 1272 861 1554" style="list-style-type: none"> • Scenarios and contingency plans are developed for high-risk areas/hazards including multi-sectoral, impacts, access, and response strategy. • Scenarios are reviewed regularly . • There are triggers to activate plans. • NS participates in regional contingency plans (specifically linked to epidemics). 	<ul data-bbox="912 1272 1497 2016" style="list-style-type: none"> • Scenarios and Response options take into account key practices (e.g. hygiene, open defecation, slaughtering, respiratory etiquette), access to clean water, availability of soap, oral rehydration supplements, access to health care, vaccination level and adequate nutrition, as well as migration patterns. • NS has developed specific scenarios that are aligned with Government's scenarios for epidemics including zoonoses and risk of infectious diseases and safety of first responders. • Response thresholds are set using MOH thresholds where available or aligned with them. • A response strategy for epidemic outbreaks is available and details NS's contribution to the national response plan and the MoH EOC. • Epidemic-specific scenarios, response strategies and SOPs are agreed with bordering NSs.

Component	PER multi-hazard key elements	Epidemics considerations
<p>Risk Management</p> 	<ul style="list-style-type: none"> • Overall risk management responsibility is assigned to trained staff. • NS reviews and mitigates reputational risks (including risk management discussions by Board). • Risks are coordinated across sectors. • Key NS stakeholders are identified and engaged to ensure acceptance. • There are NS systems to prevent fraud and corruption. • NS has capabilities to manage critical incidents . 	<ul style="list-style-type: none"> • NS ensures protection of first responders including contractors (capacities, inputs), taking into account the impact of fear, stigma and diseases-specific precautions. • NS has identified trusted sources of communication to ensure community engagement and public health messaging. • NS has policies and procedures to manage infected staff and volunteers. • Systems and procedures are in place to prevent fraud and corruption and reinforce acceptance, security and access.
<p>Preparedness Plans and Budgets</p> 	<ul style="list-style-type: none"> • Preparedness gaps are identified; a plan is in place, actions are ongoing, reviewed and updated. • Financial gaps are identified, there is a strategy for resource mobilisation. • Allocation of emergency or development budgets allocated for preparedness. • NS has trained Focal Points for preparedness. 	<ul style="list-style-type: none"> • Epidemic preparedness is well coordinated between DM and Health teams. • Epidemic preparedness gaps are identified based on risk analysis, response strategy and take into account the strengthening of support units. • NS ensures assessment, planning and response include measures to avoid fear and stigma. • Financial gaps for epidemic preparedness or early actions are identified. The NS actively seeks resources and support.
<p>Business Continuity</p> 	<ul style="list-style-type: none"> • There is a plan in place to continue “critical” services/programs during an emergency. • Business continuity is prioritized in the DRM strategy/model of NS. • Procedures exist to communicate to donors the need to repurpose funds to unexpected/ emerging needs. 	<ul style="list-style-type: none"> • RCRC health facilities, blood bank and/or pre-hospital care services have business continuity plans for epidemic scenarios and follow WHO/MoH guidance regarding Infection and Prevention Control. • NS Business Continuity plan includes epidemics among major risks. • Agreements with donors are in place to repurpose funds for epidemic control and management including early action.
<p>Emergency Response Procedures (SOPs)</p> 	<ul style="list-style-type: none"> • There are SOPs for relevant areas of intervention; describing roles and responsibilities at strategic, management and operational levels • SOPs for early warning, early action, assessment, response planning, recovery, etc. exist. • SOPs include alert levels and actions to scale up & down. • They are known by staff and followed. • SOPs contain an up to date organogram. • Decision-making flowchart is reflected in SOPs. 	<ul style="list-style-type: none"> • Roles and responsibilities for epidemic response strategy take into consideration NS support to the MoH including active participation in the MoH EOC, in addition to alternates and backups for emergency operations. • Specific SOPs for epidemic response are available, which include all response phases (early warning, early action, emergency assessment, response planning, etc.) and standardized templates. • Branches have epidemic response SOPs agreed with local authorities and partners. • An up to date response organigram with contact details exists, is shared and aligns with SOPs. It includes links between disaster management personnel and health personnel.

Component	PER multi-hazard key elements	Epidemics considerations
<p>Response and Recovery Planning</p> 	<ul style="list-style-type: none"> • The NS Multi-sectorial response plan (exists, is up to date and approved) <ul style="list-style-type: none"> • recognises SADD, community capacities • considers secondary risks • acknowledges actions of other actors • considers recovery and transition • The process is participatory, adaptable when context changes and updated with lessons learned. • Priority needs/gaps are communicated to public for donations. 	<ul style="list-style-type: none"> • The NS adapts its epidemic response plan to changing contexts and emerging needs. • NS has a policy for donation of medical items. • The NS follows WHO/MoH guidance regarding use and distribution of Personal Protective Equipment (PPE). • Any PPE distribution is combined with specific training and fitting to ensure benefit and prevent the risk of harm. • Community response plans for epidemics are available.
<p>Pre-Disaster Meetings and Agreements</p> 	<ul style="list-style-type: none"> • Annual Pre-disaster meetings happen with key stakeholders. • Pre-disaster agreements with key stakeholders are known, and align with principles. • There are agreements to expedite visa and imports. • Pre-existing agreements with contractors exist (formalized, signing CoC, CTP). • The NS is working with existing social protection systems/agencies. 	<ul style="list-style-type: none"> • Coordination and management arrangements with MOH at national, district and local levels are formalised. • A mapping of capacities of Movement partners is available, it includes the capacity to respond to different epidemic-prone diseases. • Agreements with contractors include insurance and protection for contractors (infection prevention and control). • NS has agreements with public authorities for the facilitation of imports of medication such as vaccines and medical equipment and supplies including consumables and non-consumables such as PPEs and laboratory supplies. • Agreements with key suppliers of medical consumable and non-consumable such as PPEs and lab supplies and medication/vaccines are formalized with an agreed mechanism for activation. • Regular community discussions on epidemics include health officials and other public sector officials in charge of the community.

Operational Capacity

Component	PER multi-hazard key elements	Epidemics considerations
<p data-bbox="116 304 285 398">NS Specific areas of intervention</p> 	<ul data-bbox="336 275 911 768" style="list-style-type: none"> • Community based Disaster Preparedness and DRR • Evacuation • Health in emergencies • First-aid • Water and Sanitation • Food Security • Livelihoods and Safety Nets • Search and Rescue • Restoring family links • Transition to recovery • Chemical, Biological, Radiological and Nuclear preparedness • Community-based health and first aid <p data-bbox="328 808 603 837">Health in emergencies</p> <ul data-bbox="336 846 922 1854" style="list-style-type: none"> • Multi-sectoral response needs are identified for different epidemic scenarios including multi-country outbreaks. • NS has procedures, data collection and feedback mechanisms in place to ensure community engagement in prevention and response interventions. • NS has a procedure in place to manage and respond to rumours. • NS has safety protocols in place for paid staff and volunteers, for infection prevention and control. • NS is part of the public authorities' safe and dignified management of dead bodies and identification system in infectious disease outbreaks. • NS has appropriate personal protection equipment in place with regularly trained staff and volunteers on handling, using and disposing this equipment. • NS has clearly identified their role within epidemics and have established relevant technical support to ensure best practice. • NS has clearly identified their role in the case of isolation and quarantine being declared and have established relevant technical support to ensure best practice. 	<p data-bbox="954 275 1445 369">NS health care services (NS health facilities, blood banks, pre-hospital care services)</p> <ul data-bbox="962 380 1477 925" style="list-style-type: none"> • Infection Prevention and Control measures are duly considered in normal times and are adjusted as required during outbreaks. • Staff and volunteers supporting NS health care services have appropriate training and regular refresher trainings on communicable diseases and epidemic control. • NS discuss their technical or supportive health services with their governments during outbreaks to define their role (e.g. maintenance of regular health services, quarantining, home based care, point of control screening, etc.). <p data-bbox="954 943 1430 1037">Community-based health and first aid (CBHFA),Community-based DP and DRR</p> <ul data-bbox="962 1048 1477 2018" style="list-style-type: none"> • NS volunteers and staff providing Integrated Community Case Management are regularly trained in communicable diseases and epidemic control. • NS trains CBHFA volunteers on epidemics simulations, preparedness and response planning and monitoring utilizing the CBHFA Communicable Disease Prevention module and Epidemic Control for Volunteer toolkit. • During an outbreak, staff and volunteers are informed of care at home for people suffering from mild or undiagnosed infections, or those unwilling or unable to seek care, who can be a source of continued transmission of a virus. • Community Based Surveillance (if appropriate after assessment), detection and control is in place in vulnerable communities and NS has the capacity and materials to inform at-risk communities about the causes and consequences of major epidemic threats and to help them identify key practices for epidemic control.

NS Specific areas of intervention



- NS ensures assessment, planning and response include measures to avoid fear and stigma.
- CDRT/NDRT are familiar with the NS epidemic response strategy and its complementarity with the national strategy, are trained and equipped to respond to epidemics and can mobilize local resources.
- NSs who are partnering with the Ministry of Education to run activities in schools are in a position to scale-up some activities during outbreaks.

Evacuation

- If quarantine communities in high-risk areas is declared, NS has mechanisms to liaise with MoH to provide support.

Health in emergencies

- NS has SoPs and pre-positioned supplies for the management of dead bodies.
- Staff and volunteers are regularly trained on the use and disposal of PPE.

First Aid

- NS has Infection Prevention and Control policies and procedures to accompany first aid responders in an infectious disease outbreak. E.g. no-touch policy.

Water and Sanitation

- NS response strategy includes water, sanitation and hygiene measures in case of epidemics, and response teams are familiar with WASH in infectious settings including environmental sanitation.
- Epidemic specific WASH support is available.

Food Security

- NS has early warning system for food contamination in epidemics and has SOPs for food distribution in quarantine.
- The identified technical staff for food assistance is trained to identify needs and analyse market situation taking note that potential population lockdown might impact market prices and supply availability and affect household income.

Livelihood security and safety nets

- Markets as potential sources of transmission are mapped.
- In epidemic-prone areas, risks to community and household productive

		<p>assets are identified and a plan for protecting assets is in place.</p> <ul style="list-style-type: none"> • NS can support business continuity planning for private sector actors (especially Small and Medium Enterprises). <p>Search and Rescue</p> <ul style="list-style-type: none"> • Scenarios consider epidemic risk and absence of key personnel. <p>Shelter, household items, settlements</p> <ul style="list-style-type: none"> • Replacement of destroyed or contaminated NFI during epidemic is planned for. <p>Management of dead bodies to facilitate their identification</p> <ul style="list-style-type: none"> • NS in countries with epidemic risk for viral hemorrhagic fevers can carry out safe and dignified burials. <p>Restoring Family Links</p> <ul style="list-style-type: none"> • NS can carry out RFL in epidemics due to separation in isolation. <p>Transition to recovery</p> <ul style="list-style-type: none"> • Stigma to reintegrate survivors into communities and other aspects that might be specific to epidemics. <p>Chemical, Biological, Radiological and Nuclear preparedness</p> <ul style="list-style-type: none"> • Chemical events are included in CBS as a specific indicator or as an unusual event. NS includes contacts to chemical authorities in CBS SOP.
<p>Mapping of NS capacities</p> 	<ul style="list-style-type: none"> • NS Focal Points exist for each technical service sector. • Staff & volunteers are up to date for each sector. • Equipment and materials exist for each sector service. • HR/equipment are sufficient to cover initial response (gaps are being addressed). • NS levels of response identify capacities needed. 	<ul style="list-style-type: none"> • Capacities are mapped in line with types of epidemic prone diseases and epidemic risks. • The NS has identified its current capacity in terms of response teams, especially teams trained in Health in Emergencies, or Epidemic Control for Volunteers and Community Engagement and Accountability (CEA). • Available and needed PPE is identified.

<p>Early Action Mechanisms</p> 	<ul style="list-style-type: none"> • There are existing mechanisms to coordinate with national system. • EWS is linked to actions to take place. • NS is using appropriate methods – text, twitter, email, cell, FB • Personnel is available to disseminate alerts to appropriate audiences within the organisation. 	<ul style="list-style-type: none"> • Early Action mechanism in case of epidemics is formalized with MoH, including triggers. • NS has appropriate mechanisms to communicate key messages and protection actions for contamination mitigation to the branches. • The branches have functioning local networks to inform communities of potential epidemics (respecting mandates of public authorities).
<p>Cash-based assistance</p> 	<ul style="list-style-type: none"> • Cash preparedness plan exists (tailored to address NS opportunities and barriers). • There is an up to date database of Cash trained volunteers. • A feasibility cash analysis and baseline about market systems exists. • There are SOPs for Cash. • Cash delivery mechanisms and service providers are mapped. • Cash in emergencies toolkit is adapted and used. • NS leads on Cash coordination mechanism (internally and externally). 	<ul style="list-style-type: none"> • Cash transfer programme is tailored to face the challenges of infectious disease outbreaks.
<p>Emergency Needs Assessment</p> 	<ul style="list-style-type: none"> • Standard templates for primary and secondary data collection for priority sector services exist. • Data collections happen according to SADD and diversity of sources (focus groups). • NS assesses communities' capacities to respond. • Assessment process includes analysis of actions of other actors. • Trained multi-sectoral assessment teams is available. • The NS participates in joint assessments with other actors. 	<ul style="list-style-type: none"> • Data collection templates for epidemic needs assessment are available. They include health services and needs, trusted communication channels, information requirements, etc. • Emergency multi-sectoral assessment team is trained on Infection prevention and control.
<p>Affected Population Selection</p> 	<ul style="list-style-type: none"> • Selection criteria exist (sex, age, diversity, etc.) and are used. • There are methods to communicate selection criteria. • Beneficiary lists are cross-checked to verify inclusion/exclusion issues. • Data is protected. 	<ul style="list-style-type: none"> • NS has a policy to share personal data with operational actors (i.e. contact tracing) in line with Movement data protection policies.

<p>Emergency Operations Centre (EOC)</p> 	<ul style="list-style-type: none"> • Current EOC SOPs are consistent with other documents, incl. technical sectors and support services • There is an EOC Focal Point. • Personnel know their roles and responsibilities (trained and know SOPs). • EOC is activated according to defined levels and activation is communicated. • Intended space exists with sufficient equipment to manage information and coordination, it does not affect other NS activities, and an alternate exists. • EOC is self-sufficient with power, water & IT with back-up means of communication in working order. • Up to date contact list for relevant personnel exists. • NS has the ability to manage and display updated situational information regularly. • Strategic decisions are based on situational analysis to address operation gaps/needs. • Information is collected, validated and analyzed to provide updated standardized situation reports. • Levels of authority between strategic and management are defined. • EOC is operational 24/7 but, operational period of staff does not exceed 12 hrs/shift. 	<ul style="list-style-type: none"> • EOC structure includes decision-making responsibilities for health staff, and how NS EOC supports the national EOC. • NS EOC is linked to the MOE's EOC. • EOC SOPs are adapted to epidemics and involve health staff. • The roles of health managers within the EOC are clear.
<p>Information Management (IM)</p> 	<ul style="list-style-type: none"> • Situation reports include information on NS response, other actors' response, challenges, achievements and gaps. • Situation reports are analysed to adapt response plans. • Standard templates are used to communicate across levels and sectors. • There is an adequate access to equipment to compile, visualise and share information- printers, ink, software, etc. • Decisions are documented and filed. • There is a system to store and share files with emergency personnel. 	<ul style="list-style-type: none"> • Key staff at headquarters and branch level are familiar with IM templates (these may be the NS or IFRC), methodology and procedures specific to epidemics. • Specific SOPs for data sharing in epidemics are available. • Ongoing scenario plans and response options are documented and filed.
<p>Testing and Learning</p> 	<ul style="list-style-type: none"> • NS participates/organises regularly simulation and drills (local and national). • Drills and simulations include access, and security issues. • Drills and simulations are conducted with national authorities. • Lessons gathered inform procedures and plans. 	<ul style="list-style-type: none"> • NS conducts epidemic-specific simulations and drills that cover cross-border dimensions at least once a year and more often in areas at high risk of epidemics. • Testing includes infection prevention and control for staff and volunteers.

**Activation of
Regional and
International
Support**



- There is an identified IFRC contact and assigned NS Focal Point.
 - Key staff know technical, financial, HR, and material support available from IFRC and ICRC.
 - NS alerts the IFRC to possible emergency (GO platform) within 24 hrs.
 - NS is familiar with EPoA procedures, DREF criteria and EA procedures.
 - Bilateral supports are in accordance with RCRC Principles and Rules.
 - NS supports goods/personnel into country with authorities.
- SOPs for the acceptance of medical personnel, medical equipment and supplies including medication and laboratory supplies.

Coordination

Component	PER multi-hazard key elements	Epidemics considerations
Coordination with Movement 	<ul style="list-style-type: none"> • NS established coordination mechanisms with the IFRC, ICRC, PNS and neighbouring NS • NS has communications with neighbouring countries for response resources. • NS established a framework to receive, coordinate, account for and report on received international assistance. • NS has knowledge of and complies to SMCC. 	<ul style="list-style-type: none"> • Framework for the use and coordination of international assistance includes management of medical teams.
Coordination with Authorities 	<ul style="list-style-type: none"> • NS is a formal part of a national emergency system with regular participation and exchange of information (across sector service areas). • NS fulfills auxiliary role to support authorities' capacities. • NS informs national system of RCM capacities for response. • NS has control over assets and resources and use of emblem, and ensures independence. 	<ul style="list-style-type: none"> • NS knows the national authorities' capacities for epidemic prevention and control and identifies areas within a response to fulfil their auxiliary role. • The use of emblem by medical teams is clearly defined. • NS is part of the National Risk Communication and Community Engagement (RCCE) working groups.
Coordination with External Agencies 	<ul style="list-style-type: none"> • NS can ensure active coordination with other NGOs and UN agencies and possible partnership agreements. • NS knows its role in clusters. • NS is aware of IFRC role in shelter cluster coordination. • NS is aware of UN appeal and funding mechanisms. 	<ul style="list-style-type: none"> • Coordination mechanisms specific to epidemic risk management. • NS is actively engaged in the country's health security agenda, adopting a OneHealth approach. • NS has identified partners it works closely with and discussed coordination mechanisms for epidemic risk management (government authorities, Civil Protection, UNICEF, Global Fund, GAVI, IFRC, PNS, ICRC, private sector, media, etc.).
Civil Military Relations 	<ul style="list-style-type: none"> • NS coordination with military adheres to principles, IHL and RCM guidance. • NS considers potential impact on security when coordinating with military forces, uses military assets as a last resort and does not use armed protection or armed transport. • NS ensures appropriate use of emblems. 	<ul style="list-style-type: none"> • Coordination mechanisms specific to epidemic risk management. • If an epidemic situation escalates and takes a national security angle, resulting in restrictions impacting the ability of responders to move, NS is prepared to ensure the protection of humanitarian space.
Coordination with Local Community Level Responders 	<ul style="list-style-type: none"> • NS supports community-level response (within NS or with authorities). • NS ensures effective management of information from and to communities (Information informs NS decision-making). • NS system exists to communicate with CDRTs. 	<ul style="list-style-type: none"> • Coordination mechanisms specific to epidemic risk management (e.g. with limited number of key available staff and volunteers, security/access limitations).

Component	PER multi-hazard key elements	Epidemics considerations
<p data-bbox="121 163 296 264">Cooperation with Private Sector</p> 	<ul data-bbox="347 163 879 387" style="list-style-type: none"> • NS selects corporate partners using due diligence. • NS ensures appropriate use of emblem by partners. • NS trains and uses volunteers from corporate partners. 	<ul data-bbox="946 163 1453 331" style="list-style-type: none"> • Coordination mechanisms specific to epidemic risk management (e.g. partnership with communication or PPE providers, protection of corporate partner volunteers).

Operations Support

Component	PER multi-hazard key elements	Epidemics considerations
<p>Safety and Security Management</p> 	<ul style="list-style-type: none"> • Appropriate security system is in place in NS to protect personnel (including policy and compliance system) and is known. • NS has trained staff accountable for safety & security. • Risk information is provided to responders regularly. • There are systems/templates in NS to report safety and security incidents and issues. 	<ul style="list-style-type: none"> • NS has conducted a protection, gender and inclusion (PGI) analysis to put a gender and culturally appropriate security system in place to protect all staff and volunteers from the risk of epidemics. • All responders are trained in PGI and are aware of gender specific safety and security requirements during epidemics.
<p>Operations Monitoring, Evaluation, Reporting and Learning</p> 	<ul style="list-style-type: none"> • NS has a dedicated person to do PMER in emergencies. • Lessons from previous operations are used in response planning (existing systems to track). • NS response planning uses objectives and indicators. • NS uses monitoring templates and compilation of operation progress against agreed plan (including frequency of updates to stakeholders). • Monitoring is used to revise NS plans as necessary. • Affected population contributes to response reviews. • There is existing NS budget set aside for review of operation. 	<ul style="list-style-type: none"> • PMER aspects that might be particularly affected during an outbreak (e.g. with limited number of key staff and volunteers available). • System to monitor community feedback and rumours during epidemics is in place.
<p>Finance and Admin Policy and Emergency Procedures</p> 	<ul style="list-style-type: none"> • NS has accounting system and procedures to track and report on funds, expenses and in-kind resources regularly according to national and IFRC standards. • There is trained personnel in finance and admin with appropriate procedures. • There are approved and adapted finance and admin procedures for emergencies in NS (linked to SOPs). • Relevant NS admin/finance staff are familiar with existing emergency-related MoUs for compliance. 	<ul style="list-style-type: none"> • Finance and administration processes that might be particularly affected during epidemics (e.g. with limited number of key staff and volunteers available).
<p>Information and Communication Technology</p> 	<ul style="list-style-type: none"> • NS has trained IT support focal points. • Key staff and vehicles are equipped with functioning means of communication according to context needs (mobile phones, two-way VHF and HF, satellite phones). • Up-to-date, approved Emergency Notification Protocol and SOPs are followed. • Frequencies for emergency radio transmission are officially cleared. 	<ul style="list-style-type: none"> • Information and Communication Technology processes that might be particularly affected during epidemics (e.g. with limited number of key staff and volunteers available, management of rumours), or necessary to carry out Community Based Surveillance (CBS) activities.

	<ul style="list-style-type: none"> • Key staff carries a list of critical numbers. • NS has an agreed social media platform for emergency communications and messaging. • NS has portable generators and internet connectivity to ensure continuity of operations at key HQ and branches. 	<ul style="list-style-type: none"> • There are infection prevention and control measures set for the use of ICT equipment during epidemics.
<p style="text-align: center;">Logistics, Procurement and Supply Chain</p> 	<p>Logistics Management</p> <ul style="list-style-type: none"> • Key staff is identified to carry out coordination of overall logistics activities; roles are defined and staff received appropriate training and job descriptions. • Staff is familiar with IFRC services. • Back-up volunteers are trained to support emergencies. • Supply chains are reviewed for cost, speed and reliability. • Materials are pre-positioned and meet standards. <p>Supply Chain</p> <ul style="list-style-type: none"> • Inventory is up to date. • NS coordinates inventory with key stakeholders in country. • Expedited procedures for additional relief items from local pre-agreed supplies exist. • Procedures for in-kind donations exist. • Procedures exist for import of goods (regulations, duty and taxes). <p>Procurement</p> <ul style="list-style-type: none"> • Procurement responsibility is defined & procedures exist (authorisation levels, templates). • There are agreements with suppliers & updated list (including ability to track poor suppliers). <p>Fleet and transportation management</p> <ul style="list-style-type: none"> • A fleet manual exists (known by staff/vol). • There are sufficient, insured and appropriate vehicles. • Vehicles have seatbelts, FA kits, fire extinguishers. • Licensed mechanics are chosen for vehicle maintenance. • There are documented procedures for reporting accidents and insurance claims. • In-country resources to rent/borrow cars/drivers are mapped. • NS tests the drivers (including appropriate onboarding, trainings) 	<p>Logistics management</p> <ul style="list-style-type: none"> • WHO and MOH have been consulted on specifications of pre-positioned relief items related to epidemics and NS has analysed optimal supply chain options (e.g. prepositioned relief items, pre-existing agreements with suppliers, environmental impact) in terms of cost, speed and reliability. • NS is prepared to manage the impact of lockdown, and possible disrupted supply chain of essential items. • NS has SOPs for accepting, rejecting, storing, disposing and reporting on in-kind medical donations. <p>Supply chain management</p> <ul style="list-style-type: none"> • NS has a procedure on supply chain management processes that might be specific to epidemics (e.g. PPE, vaccines). <p>Procurement</p> <ul style="list-style-type: none"> • NS has procurement processes that might be specific to epidemics (e.g. PPE). <p>Fleet and transportation management</p> <ul style="list-style-type: none"> • There are infection prevention and control measures set for the use of vehicles during epidemics. • Drivers are included in infection prevention and control and psychosocial support training in epidemics.

	<p>Warehouse & Stock Management</p> <ul style="list-style-type: none"> • Standard forms exist: receipt, storage, release, dispatch and disposal of stock. • Forms are known. • Secure, dedicated, appropriate space with 24/7 access to store enough supplies for immediate needs is available. • Storage space (owned, rented, shared) near high-risk communities to pre-position supplies exists. 	<p>Warehouse & Stock management</p> <ul style="list-style-type: none"> • NS has warehousing and stock management procedures that might be specific to epidemics.
<p>Staff and Volunteer Management</p> 	<ul style="list-style-type: none"> • NS responders have (and are deployed according to): <ul style="list-style-type: none"> • Job descriptions • Defined technical competencies in sectoral service areas • Appropriate equipment • Insurance • Visibility items • Appropriate ID • Trained in: <ul style="list-style-type: none"> • Sectoral service area • Quality & accountability standards • Safety & Security • Psychological First Aid • Procedures exist to: <ul style="list-style-type: none"> • track responders' competencies and contacts • activate, deploy and manage responders • revise safety and security • listen to staff/volunteer/beneficiary feedback. • Onboarding includes quality and accountability standards & signing of CoC • Expedited procedures exist for minimum screening for spontaneous volunteers. • Scale-up plan exists for recruitment of volunteers within the NS. • NS has rotation and retention strategies. • Self-care, violence prevention in workplace and PSS support is available in the NS. • Appropriate compensation (per diem and expenses) is provided. • Mechanisms to coordinate with other volunteering organisations and government agencies are in place. 	<ul style="list-style-type: none"> • NS conducts regular training of key staff on epidemic prevention and control at all levels (HQ, high-risk branches, volunteers). • NS takes measures to protect staff and volunteers, by limiting their risk exposure or enhancing safety and protection measures. • NS checks local labour law to identify if specialized skills are required to carry out particular tasks. • NS assesses its capacity to insure staff and volunteers and informs/deploys them accordingly (NB: in general, insurance policies for volunteers do NOT cover epidemic risk). • Mental health and psychosocial support arrangements are available for response teams or other staff and volunteers to help them manage stress/stigma during/after an outbreak.

<p>Communication in Emergencies</p> 	<ul style="list-style-type: none"> • Official spokesperson is identified from NS in an emergency. • Templates for communications are available (key messages, public awareness). • Basic communications is provided to media within 24 hrs of emergency; NS coordinates with the IFRC on messaging where appropriate. • NS uses public & social media to solicit support for needs (using evidence-base). • NS tracks public and social media for possible negative press for reactive messaging. 	<ul style="list-style-type: none"> • Key messages and public awareness messages for specific epidemics are available and shared with staff regularly. • NS has as a rumor management system for epidemics.
<p>Resource Mobilization</p> 	<ul style="list-style-type: none"> • NS has a strategy on how to mobilise resources (funds, stuff, people) in an emergency. • There is a focal point and resource mobilisation is discussed in EOC. • There is an existing national emergency fund. • There is donation tracking system within NS. • NS process exists to discuss realistic deliverables and progress to donors for emergency operation. • NS has a platform able to accept donations. 	<ul style="list-style-type: none"> • Partners and donations that might be specific to epidemics.