

# Preface

The *Guidelines on Public Health in Emergencies for District Health Workers* have been developed by the Department of Health Services (DHS) / Epidemiology and Disease Control Division (EDCD) in collaboration with the World Health Organisation (WHO) / Emergency & Humanitarian Action (EHA) to supplement and strengthen the emergency preparedness and disaster response capacity of the health sector in Nepal. The overall responsibility for disaster response lies within the Ministry of Home Affairs but within the health sector, the recently institutionalised Disaster Health Working Group is the responsible body for coordination of emergency preparedness and disaster response. At the district level, the District Natural Disaster Relief Committee (DDRC) will coordinate and manage any disaster that happens in the respective district. Any health related disaster response taking place should therefore always be coordinated with the DDRC. However, as health is not their primary focus, it was felt that a handy guideline outlining the most common features of public health concerns in disasters would be useful at the district level.

The main target group of these guidelines is the district Rapid Response Teams. Because they are already present in the district they are likely to be the first responders concerned with public health issues in emergencies. Furthermore, the guidelines can be of value to health sector emergency planners when establishing disaster response mechanisms.

The overall objective of the guidelines is to enhance the emergency response capacity of the district Rapid Response Teams thereby minimising the effects of an emergency, especially on the lives of the vulnerable groups. More specifically, the aim is to give the District Rapid

Response Teams clear directions for effective emergency preparedness, response and prevention. As the directions are broad and general in nature, they do not give specific operational procedures for different types of specified natural hazards such as floods, landslides or earthquakes. Rather, the issues raised in these guidelines must be tailored in each individual response activity to match the needs of the affected population depending on magnitude and severity of the occurrence.

The guideline consists of three chapters. The first chapter deals with the background and the experienced disasters in Nepal before briefly outlining core issues that influence the public health following disasters and concludes by presenting disaster related terms.

The second chapter focuses on the disaster management responsibilities of the District Rapid Response Teams outlined in three phases; emergency preparedness, disaster response and rehabilitation activities.

The third chapter provides minimum standards and key indicators adapted from *The Sphere Project*. The minimum standards and key indicators cover basic public health related areas such as water and sanitation. The third chapter can hopefully serve as a handy guideline providing the essential information in disaster response for the district RRTs.

It is the first operational guideline for district Rapid Response Teams offering practical recommendations on how to prepare for and respond to natural disasters affecting the public health. Although the focus of this publication is on large-scale disasters with the potential to cause large displacement of the affected population, most of the recommendations are also relevant for preparing for and responding to small-scale and recurring disasters with little or no population displacement. I therefore strongly urge all district Rapid Response Teams to pay serious attention to this publication and take the necessary actions in order to enhance the emergency preparedness of the health services. Once the guidelines have been field tested, they will be translated into

Nepali in order to facilitate their use at all levels of the health services system. In order to improve the guidelines, comments and suggestions on their usefulness and appropriateness would be highly appreciated, not least from the members of the Rapid Response Teams throughout the country whose experiences in disaster response should form the basis for any future revisions.

Finally, I would like to acknowledge the fact that in the course of preparing these guidelines, a number of people have contributed significant efforts and time, not least Mr. Umesh K. Kattel, National Operations Officer, Ms. Martha Topperzer (former intern), Mr. Erik Kjaergaard (former Technical Officer), and Ms. Trine Ladegaard, Technical Officer, all from Emergency & Humanitarian Action (EHA)/WHO. In addition, Dr. Ashok Sharma, National Operations Officer, Communicable Disease Surveillance Programme / WHO as well as staff from the Epidemiology & Disease Control Division have provided valuable input to the technical content.



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