

WHO SEAR and Country Offices Emergency Readiness Training (Module – 2)

12-14 December 2017, WHO – SEARO

READINESS CHECKLIST

Name of the Country Office: _____

Name of the focal person for preparation of readiness plan – BCP/CP:

E mail ID of the focal person: _____

Request you to kindly fill in the responses with tick marks.

The checklist is subdivided into four sections and have included questions which are mandatory minimal, applicable to all WCO irrespective of the risk level.

(The assessment will be measured on 50-50 rule, once started, the task is marked as 50% complete and the balance is earned at final completion/dissemination of the work.)

S. No	Planning Checklist for WCO Readiness - Key Questions	No/ Not yet started	In-process /Started	Yes/ Completed
RISK ASSESMENT AND RISK MONITORING				
Multi-hazard strategic risk assessment (SRA) and rapid risk assessments (RRA)				
A SRA identifies the hazards threatening the population in a country or area, analyses the exposures and vulnerabilities to those hazards, analyses the capacities available to manage these risks and ultimately analyses the risks, associated with these hazards.				
Rapid risk assessments are conducted as soon as a health event occurs				
1	Is the most recent national health strategic risk assessment available to the WCO?	No/ Not yet started	In-process /Started	Yes/ Completed
2	If there is no national SRA, is there a risk assessment conducted by health sector partners or WCO?	No/ Not yet started	In-process /Started	Yes/ Completed
3	Are mechanisms for rapid (event) risk/needs assessments with the MoH, health sector partners and /or other sectors (i.e., MIRA or MoUs) in place?	No/ Not yet started	In-process /Started	Yes/ Completed

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Health data for risk assessments				
Core national and subnational data from health and non-health sources at national and international levels are the basis for context specific risk assessments. The WCO should be able to provide the most recent data on populations, vulnerabilities and capacities in hazard prone areas				
4	Are baseline data on hazards to health, their impact on the functioning of the health system, health status and population trends available in the WCO and regularly updated?	No/ Not yet started	In-process /Started	Yes/ Completed
5	Are disaggregated public health data (national, subnational, local, gender, vulnerable population) available/ easily accessible within 24h in the WCO?	No/ Not yet started	In-process /Started	Yes/ Completed
6	Are assessments of health system capacities available/ easily accessible within 24h in the WCO?			
	i) Vulnerability and Risk Analysis & Mapping (VRAM)	No/ Not yet started	In-process /Started	Yes/ Completed
	ii) International Health Regulations/Joint External Evaluation (IHR/JEE)	No/ Not yet started	In-process /Started	Yes/ Completed
	iii) Health systems assessment	No/ Not yet started	In-process /Started	Yes/ Completed
	iv) Hospital safety assessments	No/ Not yet started	In-process /Started	Yes/ Completed
	v) Health Resources Availability Mapping System (HeRAMS)	No/ Not yet started	In-process /Started	Yes/ Completed
6	vi) Country health emergency and disaster management assessments	No/ Not yet started	In-process /Started	Yes/ Completed
7	Are reports on human resource capacities in health and related technical disciplines/domains at community, sub-national and national levels (MCH, CD, NCD, MCM, Nutrition, Trauma care, WASH) available/easily accessible in the WCO?	No/ Not yet started	In-process /Started	Yes/ Completed
Risk Monitoring				
Monitoring early warning signs of imminent disasters can reduce the disasters impact as well as emergency response cost.				
8	Is there a surveillance system in place which collects data on priority diseases weekly to which the WCO has access?	No/ Not yet started	In-process /Started	Yes/ Completed
9	Does the WCO have access to information on the monitoring and investigation mechanisms of the surveillance, alert and early warning system for priority diseases?	No/ Not yet started	In-process /Started	Yes/ Completed
10	Does the WCO have access to information on the monitoring and early warning for priority hazardous events that pose risks to public health?	No/ Not yet started	In-process /Started	Yes/ Completed
11	Does the WCO have access to information on, or participate in, the investigation and monitoring of the surveillance, alert and early warning system for priority hazards, including for priority diseases, syndromes, clusters of unexplained deaths or illnesses, and other events representing a priority risks to public health?	No/ Not yet started	In-process /Started	Yes/ Completed

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MULTIHAZARD RESPONSE PLANS - Contingency Plan				
Contingency plans (CPs) WHO and MoH need to ensure that the national multi-hazard response plan and health sector CPs for some specific issues are available for all major health threats. The multi-hazard response plan, as well as each CP should clearly define the roles, responsibilities, planned actions and support that each partner anticipates providing in case of an emergency. As part of this process WHO needs to perform an independent analysis of comprehensiveness and quality. Eventual gaps, if any, left by government/partners need to be addressed. Finally, WHO should develop its own set of time-bound actions to accomplish in preparedness and response to these threats.				
12	Has the WCO ensured that a national multi-hazard response plan is available and that health is significantly represented?	No/ Not yet started	In-process /Started	Yes/ Completed
13	Are scenario-specific annexes (such as CPs) to the main multi-hazard response plan developed and endorsed by the MoH and other health partners?	No/ Not yet started	In-process /Started	Yes/ Completed
14	Has WCO developed its own contingency plan to ensure the effective contribution to and participation in the health sector/multi-sectoral CPs?	No/ Not yet started	In-process /Started	Yes/ Completed
15	Are the CPs regularly tested through exercises?	No/ Not yet started	In-process /Started	Yes/ Completed
Mitigation measures: prevention and control Effective mitigation measures that increase the resilience of the population need to be identified and supported by the WCO. These measures should build on existing programmes and activities aimed at strengthening country capacities for health emergency risk management, including the implementation of the IHR (2005), and at building the resilience of health systems				
16	Has the WCO agreed with MOH and other partners on the specific prevention measures to be implemented for each priority risk (such as vaccination, vector control, waste management, trauma care, etc.)?	No/ Not yet started	In-process /Started	Yes/ Completed
17	Has the WCO reviewed that the status of implementing risk mitigation measures in the health sector (IHR, trauma care, etc.)?	No/ Not yet started	In-process /Started	Yes/ Completed
18	Has the WCO/CP identified which risk mitigation measures will need to be implemented immediately or scaled up?	No/ Not yet started	In-process /Started	Yes/ Completed
Mitigation measures: risk communication and community engagement: Communication is a necessary component of any effort to achieve positive health outcomes. Through accurate health information in a way that encourages audiences to act and follow advice and guidance, safety and health can be protected.				
19	Does the WCO have a risk communication plan/strategy for the main hazards?	No/ Not yet started	In-process /Started	Yes/ Completed

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READINESS FOR CRITICAL FUNCTIONS				
WHO's critical functions for emergency response include: Leadership; Partner coordination; Information and planning; Health operations and technical expertise; Operations support and logistics; and Finance and administration.				
Staff health, wellbeing and security; Premises and assets				
20	Have all staff participated in a simulation exercise/drill that addresses staff security and well-being in the last 24 months?	No/ Not yet started	In-process /Started	Yes/ Completed
21	Does the WCO have procedures in place to ensure that, in the event of an emergency, adequate provisions are in place to provide care and support to all eligible personnel?	No/ Not yet started	In-process /Started	Yes/ Completed
22	Have the office and relocation buildings been assessed as structurally and non-structurally safe in relation to the commonest hazards and measure taken to enhance structural and functional safety?	No/ Not yet started	In-process /Started	Yes/ Completed
EOC				
In ideal situations, the Incident Management Teams work out of an established or adapted national Health Emergency Operations Centre (HEOC), which is a central facility for coordination of health emergency operations.				
23	Are WHO's roles, functions and collaboration procedures with the national HEOC/relevant entity defined, agreed and documented with the MoH?	No/ Not yet started	In-process /Started	Yes/ Completed
24	In the absence of a national HEOC, has the WCO identified a location from where the national health sector response operations can be coordinated (i.e., WHO premises, national disaster management authority/line ministry)?	No/ Not yet started	In-process /Started	Yes/ Completed
25	Are WCO critical operations and functions identified that need to be maintained during an emergency (see WCO business continuity plan)?	No/ Not yet started	In-process /Started	Yes/ Completed
26	Has an emergency operation room in the WCO been identified that can be utilised and equipped to function independently (equipment, communications, transport) as an EOC during an emergency?	No/ Not yet started	In-process /Started	Yes/ Completed
27	Are regular exercises conducted in the WCO to test the BCP, the EOC functionality, and the IMS?	No/ Not yet started	In-process /Started	Yes/ Completed
Communication/External relations				
The WCO is responsible for the coordination of WHO's response to media and public queries for information, and the development and dissemination of both internal and external communication products during an emergency				
28	Are visibility items (flags, posters, jackets, stickers, etc.) in stock?	No/ Not yet started	In-process /Started	Yes/ Completed
29	Is the WCO webpage updated and providing information on potential risks being managed and monitored (within the sensitivities of the context) annually or after each new risk assessment?	No/ Not yet started	In-process /Started	Yes/ Completed

30	Is the contact information list of communication officers of other key stakeholders in emergency management (government, donors, UN partners, NGO, Civil Society Organisation (CSO) and the national and international media updated?	No/ Not yet started	In-process /Started	Yes/ Completed
Health and intersectoral coordination Health partner coordination ensures that collective action results in appropriate coverage and quality of essential health services for the affected population, especially the most vulnerable. The inter- sectoral coordination mechanism depends on the context and is normally under the aegis of a national entity, the UN Country Team (UNCT) or the cluster mechanism, but the purposes of coordination are similar: to engage stakeholders in risk assessments and needs assessments, planning, information management and sharing, service delivery, monitoring and quality assurance, and advocacy.				
31	Does the WCO have an updated list of all coordination partners in health, including state and non-state actors?	No/ Not yet started	In-process /Started	Yes/ Completed
32	Has the WCO established effective coordination with UN agencies and other national and sub-national actors with responsibilities for health-related issues, such as nutrition, water and sanitation services, veterinary services, etc.?	No/ Not yet started	In-process /Started	Yes/ Completed
33	Are the national inter-sectoral coordination mechanisms for emergencies established and do they include the health sector?	No/ Not yet started	In-process /Started	Yes/ Completed
34	Does the WCO participate effectively in the intersectoral coordination committees (such as the MoH, UNCT, etc.) related to emergency and disaster risk management, including emergency preparedness and response?	No/ Not yet started	In-process /Started	Yes/ Completed
Health service delivery WHO works with the Ministry of Health (MoH) and partners to ensure optimal coverage and quality of health services in response to emergencies Human resource capacity development WHO supports the capacity development of health staff, including local and international personnel? This training is often related to information management (e.g., risk assessments, HeRAMS), risk communication, disease surveillance, disease prevention and control, and various aspects of clinical care.				
35	Has the WCO identified gaps in the provision of health services (e.g., isolation facilities, decontamination units, mass casualty management, trauma care, mental health, sexual and reproductive health, etc.) required in response to specific risks as a basis for WCO response planning to fill the gaps?	No/ Not yet started	In-process /Started	Yes/ Completed
36	Do WCO plans exist for supporting the continuous delivery of essential health services for the population in risk prone areas?	No/ Not yet started	In-process /Started	Yes/ Completed
37	Has the WCO identified together with the MoH and other health partners gaps in the national human resources capacity in the health sector for preparedness and response to emergencies and initiated relevant training?	No/ Not yet started	In-process /Started	Yes/ Completed
38	Does capacity building of first responders, emergency medical teams, and search and rescue teams include preparedness and response to outbreaks of disease and other identified health risks, and is personal protection sufficiently available?	No/ Not yet started	In-process /Started	Yes/ Completed
39	Does capacity building address mental health management for	No/ Not	In-process	Yes/

	responders?	yet started	/Started	Completed
Technical expertise - Guidelines and SOPs Health operations should be informed by the best available technical expertise and guidance, and adhere to recognized standards and best practices. WHO often provides this technical expertise directly to the Ministry of Health and partners, or leverages expert networks and partnerships (e.g., through GOARN), to do so.				
40	Are the national guidelines on infection control measures (including waste management and disposal of medical waste) based on risk assessment and existing WHO guidelines?	No/ Not yet started	In-process /Started	Yes/ Completed
41	Are updated technical guidelines to respond to the foreseen direct and indirect health risks and impacts (trauma, MCM, VBD, malnutrition, outbreaks of vaccine preventable diseases, Mental health and psychosocial support (MHPSS), etc.) available in the WCO for dissemination?	No/ Not yet started	In-process /Started	Yes/ Completed
Finance and administration Finance, management and administrative readiness enable the smooth functioning of the WHO response. It ensures the availability of immediate funds in an emergency and allows for funding of risk assessments and detailed field investigations				
42	Does the WCO regularly inform donors and potential donors on actions taken to mitigate risks, prepare for an emergency and on the required support?	No/ Not yet started	In-process /Started	Yes/ Completed
43	Did the WCO identify budget lines that can easily be reprogrammed to cover emergency activities?	No/ Not yet started	In-process /Started	Yes/ Completed
Repurposing of WCO staff In an emergency, the WCO needs to establish an initial IMS to cover the six critical functions. This will be done initially through repurposing of country office staff. Repurposing may require several WCO staff to cover two positions, such as administrative and logistics functions, or communication and public health, etc. The WCO will have identified critical functions (see BCP development) and the time that the staff member of this critical function may allocate in addition to a repurposed function.				
44	Are the WCO staff capacities sufficient for selected critical functions (repurposing)?	No/ Not yet started	In-process /Started	Yes/ Completed
45	Does the readiness focal person monitor the implementation of the readiness action plan and reports quarterly to the Head of Office on progress? Critical functions (repurposing)?	No/ Not yet started	In-process /Started	Yes/ Completed
46	Have all staff members that are considered critical in an emergency operation been trained on the emergency SOPs and participated in their repurposing function in simulation exercises/drills of the CPs, BCPs and the critical functions of the incident management system?	No/ Not yet started	In-process /Started	Yes/ Completed
Surge staff The WCO needs to be ready to support human resource needs of surge staff including sourcing, entry formalities, briefing and training, on-site operational and administrative support, de-briefing and performance evaluations				
47	Are procedures in place in coordination with WHO Regional Office and HQ to request assistance from the	No/ Not yet started	In-process /Started	Yes/ Completed

	WRO operational (logistics, grants management, communication) and technical experts for mass casualty management, integrated vector surveillance and control management, mass vaccination campaigns, etc.?			
48	Are fast-track procedures for recruitment of local staff in place?	No/ Not yet started	In-process /Started	Yes/ Completed
49	Is a briefing package for WHO surge teams available and periodically updated?	No/ Not yet started	In-process /Started	Yes/ Completed

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READINESS FOR RECOVERY				
The WCO should ensure efficient and effective health and rehabilitation services during recovery through strengthening the health system before a disaster strikes. Pre-disaster planning should include recovery planning which represents much more than a return to the pre-event state. While recovery and mitigation actions may seem in many instances overlapping, recovery needs to be included as part of a continuum, inseparable from preparedness, response, mitigation, and sustainable development.				
50	Are there any government or health sector recovery plans that have been developed for major risks?	No/ Not yet started	In-process /Started	Yes/ Completed
51	Is there a process for the development of recovery plans and has a role been identified for WHO?	No/ Not yet started	In-process /Started	Yes/ Completed

Please enlist the support required by SEAR Office for development of BCP and CP

- a.
- b.
- c.
- d.
- e.

Name of the respondent: _____

Designation: _____ **Email id:** _____

Date of entry: _____