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Directory

Agencies that Provide Health Assistance after Natural Disasters in Latin America and the Caribbean

PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION
525 Twenty-third Street, N.W.
Washington, D.C. 20037, U.S.A.

1984

The compilation and publication of this directory were made possible by financial support of the Office of U.S. Foreign Disaster Assistance of the U.S. Agency for International Development (AID Grant No. PDC-0000-G-IN-2111-00). The printing of this directory was made possible by financial support of the Canadian International Development Agency (CIDA).

The first run of 500 copies is a limited edition intended to allow agencies to review the same and suggest any final changes before a larger run is made for broad circulation.

The directory was compiled under PAHO Contract No. APO-90640 by INTERTECT, P.O. Box 10502, Dallas, Texas 75207, U.S.A.

1984

TABLE OF CONTENTS

1. INTRODUCTION

1.1 Purpose
1.2 How to Use the Directory

2. AGENCY PROFILES IN ALPHABETIC ORDER

2.1 Governmental Agencies:
Belgian Government
British Government
Canadian Government
Dutch Government
German Government
Irish Government
Norwegian Government
Swedish Government
Swiss Government
United States Government:
Agency for International Development
Centers for Disease Control

2.2 Intergovernmental Agencies:
European Economic Community
United Nations Children's Fund
World Health Organization/Pan American Health Organization

2.3 Non-governmental Organizations:
Australian Overseas Disaster Response Organization
Baptist World Aid Division
British Red Cross Society
Canadian Catholic Organization for Development and Peace
CARE
Caritas Internationalis
Catholic Organization for Joint Financing of Development Programs
Catholic Relief Services
Christian Aid
Church World Service
CONCERN, Ireland
CONCERN, USA
CUSO
Direct Relief International
Emmanuel International
Food for the Hungry International
International Committee of the Red Cross
International Emergency Technical Aid Service
League of Red Cross Societies
Lutheran World Relief
Malteser Hilfsdienst Auslandsdienst, e.V.
Medecins sans Frontieres
Medical Mission Sisters
Mennonite Central Committee

TABLE OF CONTENTS (continued)

Operation California
OXFAM
Pan American Development Foundation
Partners of the Americas
Presiding Bishop's Fund for World Relief
Redd Barna
Relief International
Salvation Army World Service Office
Save the Children Federation, Inc.
Save the Children Fund
Sister Cities International
Southern Baptist Foreign Mission Board
Tear Fund
Terre des Hommes
United Methodist Committee on Relief
World Concern
World Council of Churches
World Vision International

ANNEX 1: Questionnaires

ANNEX 2: Cover Letters

ANNEX 3: List of Acronyms

ANNEX 4: Index by Health Sub-Sector
- 4.1 Curative Medical
- 4.2 Public Health Services - Water Supply
- 4.3 Public Health Services - Sanitation
- 4.4 Public Health Services - Vector Control
- 4.5 Public Health Services - Immunization
- 4.6 Food
- 4.7 Post-Disaster Research
- 4.8 Contingency Funds

ANNEX 5: Standard Drug and Supply Lists
- 5.1 World Health Organization List of Essential Drugs
- 5.2 Standard List of Clinic Equipment
- 5.3 ECHO (The Supply of Charity Hospitals Overseas) List
- 5.4 Australian Overseas Disaster Response Organization List of Essential Drugs for Disaster Relief
- 5.5 Swiss Disaster Relief Unit Drug List

2.1 PROFILES OF GOVERNMENTAL AGENCIES

INTRODUCTION

1.1 PURPOSE

This first issue of the Directory of Agencies has been developed by the Pan American Health Organization in response to repeated requests from its Member Countries.

It attempts to provide accurate, practical and up-to-date information on the main relief agencies providing emergency assistance following natural disasters.

In order to be included in the directory, an agency was required to complete a questionnaire and to meet four basic criteria: 1) to provide "substantial" aid after disasters; 2) to operate in Latin America and/or the Carribbean region; 3) to provide assistance in the health sector; and 4) to be willing to submit to guidelines for the provision of health assistance mandated by the government of the affected country.

Every effort has been made to secure information from all key agencies. Omission from the list does not imply a judgement on the value of the contribution of the omitted agencies, but reflects the lack of information from an authoritative source. Information included in this directory has been secured from the agencies through questionnaires and interviews. The objectives stated and procedures listed do not imply the expression of any opinion or endorsement whatsoever on the part of the Pan American Health Organization.

Agencies specializing in relief assistance have their own policies, procedures and rules, and these are often unwritten. Similarly, governmental agencies for development assistance usually have special offices for disaster relief with more flexible policies, procedures and rules for relief assistance. These are often not known to health officials, even those accustumed to dealing with the same agencies on development matters.

This guide aims to provide some insight to national relief coordinators in order to speed up and facilitate successful negotiations for emergency relief assistance between the government and the funding agency.

1.2 HOW TO USE THE DIRECTORY

This directory was compiled from the responses to a detailed questionnaire (see Annex 1) administered to a list of agencies that provide assistance after disasters. Information was collected between June and February, 1984.

Agencies are entered in the directory in alphabetical order by agency type: governmental, intergovernmental or non-governmental. Governmental agencies are listed in alphabetical order by country name, rather than by the name of the agency.

Entries are standardized to facilitate their rapid examination. Three main types of information are presented: contact information, donor agency capabilities and limitations, and requesting agency responsibilities.

1.2.1 Precise contact information is provided as follows:

Name: the usual name of the agency in English, unless a non-English name is commonly used in international circles.

Address: both street and postal addresses of the agency's headquarters, where provided.

Phone: headquarters telephone number, with an additional emergency number, where provided.

Telex/Cable: headquarters calling codes where available.

Contact: title of the officer or section responsible for receiving disaster assistance inquiries.

Type: agencies are identified as governmental, intergovernmental, or non-governmental organizations.

1.2.2 The following information is provided to permit the health authorities of a disaster-affected country (called the "requesting agency") to match its application to a donor agency's capabilities and limitations, in order to maximize the likelihood of receiving rapid assistance.

General information/objectives: brief background information supplied by the organization relevant to its disaster reponse objectives and mode of operation.

Resources available: US dollar budget available for disaster assistance, and/or a general statement regarding the financial capabilities of the agency.

Geographic limitations: specific countries from which the agency will consider requests for assistance. "None" implies that the organization has stated that it responds to disaster situations anywhere in Latin America and the Caribbean region.

Target population: specific groups with which the agency is concerned. "No preference" implies that the agency is willing to work with all population groups.

BELGIAN GOVERNMENT
GENERAL ADMINISTRATION FOR DEVELOPMENT COOPERATION (GADC) - (ADMINISTRATION GENERALE DE LA COOPERATION AU DEVELOPPEMENT)

Address: Building "A.G."
Place du Champ de Mars, 5
Box 57
B-1050 Brussels, BELGIUM
Phone: 513-9060
Contact: Chief Medical Officer

Type:

Governmental.

General information/objectives:

GADC is the branch of the Belgian Ministry of Foreign Affairs that deals with both development assistance and disaster relief. The Ministry has no division that deals only with disasters. Most decisions about health sector assistance after disasters are taken in consultation with the Research Center for Disaster Epidemiology, Catholic University of Louvain, Brussels. Latin America is not an area of special interest for Belgium, but disaster assistance has recently been given to Bolivia, for example.

Resources available:

No specific budget for disaster relief. Assistance depends on the nature and extent of the disaster in question.

Geographic limitations:

None.

Time frame:

Short-term projects preferred.

Target population:

No preference.

Usual assistance capabilities:

The Belgian government provides cash for curative medical services, immunization, and post-disaster research, and goods, supplies or equipment for curative medical services, immunization or feeding programes.

Drugs. GADC provides drugs, vaccines and related supplies, preferably only a few specific items in emergencies. Drugs provided have a long shelf life remaining before expiration. Controlled substances are not supplied without specific authorization from the affected country.

Personnel. Only on rare occasions does GADC provide personnel, who would be seconded to operational partners.

Procedures:

An emergency request must be made through the Belgian Embassy in the affected country, addressed to the Ambassador or to the Development

Cooperation Section Head, in countries where a cooperation agreement exists. Requests are then channelled to GADC headquarters before action can be taken. The request may originate immediately after a disaster from any agency of the affected government or from a local non-governmental organization (NGO). In the latter case, the request will be investigated to ensure it is in accordance with government policy, and the endorsement of the local Ministry of Health or Belgian International Cooperation Agency may be required. Any form of request is acceptable initially, but a formal letter of request is required before assistance can be granted. The request should contain a brief situation report and a needs assessment.

Drugs. Requests for drugs should contain the generic names.

Conditions:

Most Belgian Government assistance is provided through Belgian NGOs or through UN agencies, rather than directly to the affected government. Funding channels have included, for example, the Red Cross, Medecins sans Frontieres, WHO, UNICEF and the European Economic Community. Where funds are provided through NGOs, GADC requires the NGO to contribute one-quarter of the total value of the aid.

Goods shipped are consigned to the Belgian Embassy in the affected country, which hands them over to local authorities. Assistance may be used either directly for disaster victims or to replace national stocks depleted due to the disaster. The affected country may decide whether to give the assistance free, for a fee or in kind, as long as no goods are sold for profit.

Goods must be purchased in Belgium or another EEC country, unless a special exemption is obtained. Funds are usually given in donor country currency or European Currency Units (ECUs).

Review:

Following technical review, requests are passed to the Cabinet Minister in charge of finance to see that there is sufficient budget. A decision is usually reached within one to two weeks, but it is usually much longer before material assistance arrives in-country.

Reporting:

No particular requirements for governments. Supervision of NGOs operating long-term projects is required.

BRITISH GOVERNMENT
OVERSEAS DEVELOPMENT ADMINISTRATION (ODA)

Address: Eland House, Stag Place
London SW1E 5DH, UK
Phone: (01) 213 5889/5873/5872;
in emergencies: (01) 213 4550
Contact: Duty Officer, Disaster Unit

Type:

Governmental.

General information/objectives:

The Disaster Unit of ODA is the British government agency responsible for overseas disaster assistance. Its objective is the provision of bilateral official emergency relief following natural disasters in any country and man-made disasters in developing countries. The British government attempts to be as flexible as possible in providing assistance in such circumstances.

Resources available:

The Disaster Unit budget for emergency assistance in 1982 was $4 million, of which about $0.8 million (20%) was spent in Latin America. This amount excludes long-term food aid, which is not administered by the Unit.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Short-term/relief or medium-term/recovery projects, up to about six months.

Usual assistance capabilities:

ODA provides cash, personnel, and goods, supplies or equipment to meet any emergency health need, and feeding programs. Charter transportation of British relief supplies may also be arranged by ODA as part of its relief assistance.

Drugs. ODA supplies according to either the WHO or Red Cross standard lists. The amount and type of drugs supplied depend on need, time factor, air freight, costs and local availability. ODA has in the past asked PAHO to arrange drug and insecticide shipments and covered the cost, in order to save time and paper work. ODA does not ship drugs close to their expiration date, and would be unlikely to supply controlled substances.

Personnel. ODA provides physicians, nurses, epidemiologists, nutritionists, and engineers for sanitation, land drainage or water supply schemes. In practice, it usually channels funds to British non-governmental organizations (NGOs) to recruit and administer overseas personnel.

Procedures:

An emergency request for assistance may be issued upon assessment of need by an affected government agency, UNDRO or a NGO. The request should be directed to the British representative in the affected country. An emergency request can take any form (telephone, letter, telex or written proposal) and should contain a budget for total health relief needs and a situation report, including a needs assessment, if possible.

Drugs. A request should contain generic names.

Conditions:

An international appeal is preferred but not necessary for ODA to consider providing assistance. There are no strict rules regarding the currency in which financial assistance is provided. Where assistance for purchase of goods is provided ODA prefers to buy British, but exceptions are made, for instance, to save air freight costs. Assistance must generally be provided to disaster victims only (ODA is not permitted to replace exhausted government stocks) and must be distributed free of charge. Requirements for donor identification depend on the wishes of the individual Ambassador or High Commissioner and is usually preferred.

Reallocation of funds. Repayment to ODA is required.

Review:

The general and technical merit of a request is reviewed by the Disaster Unit with assistance from ODA professional advisers. Sometimes other advice is sought for the technical review, for example, from British academic experts. A decision on whether to provide assistance may take up to one week from receipt of the request.

Reporting:

Cash grants require receipts and an audited statement of accounts. Assistance is given only where ODA is satisfied that it will be used properly, and reporting requirements are kept to a minimum.

CANADIAN INTERNATIONAL DEVELOPMENT AGENCY (CIDA) - (AGENCE CANADIENNE DE DEVELOPPEMENT INTERNATIONAL)

Address: Place du Centre
200 Promenade du Portage
Hull, Quebec KIA 0G4, CANADA
Phone: (819) 997-7718
Telex: 053-4140
Cable: CIDA HULL/MUD
Contact: Coordinator, International Humanitarian Assistance (IHA) Program

Type:

Governmental.

General information/objectives:

The IHA Program within CIDA is the channel through which Canadian emergency assistance is provided to alleviate human suffering. It is designed to ensure a rapid and effective response to the immediate relief and rehabilitation needs of disaster victims. Cash grants are provided to the programs of international institutions and non-governmental (NGOs) as a reflection of Canada's desire to participate in a collective international effort. Canadian emergency food aid does not fall within the IHA Program, but is coordinated by the CIDA Food Aid Coordination and Evaluation Centre in conjunction with the IHA Coordinator, and implemented through bilateral, multilateral and NGO channels. In rehabilitation programs, IHA works together with the Special Programs branch of CIDA. IHA is particularly interested in disaster preparedness measures, especially where employed in development projects of countries in disaster-prone areas where there is Canadian interest.

Resources available:

Up to $50,000 may be made available immediately for small-scale disasters. The amount available for any one major disaster is subject to annual budget limitations. The level of funding is determined by a number of factors including the magnitude of the disaster, other donor support, and commitments to other disaster situations. Additional funding may be provided if a disaster situation worsens after the initial appeal has been launched. The budget for IHA's Disaster Relief Fund (for unforeseen situations not covered by regular contributions to international humanitarian institutions) in the fiscal year 1982-83 was $25.2 million. Of the total IHA program budget for the same fiscal year of $34.5 million, approximately $3.8 million (11%) was disbursed for Latin America and the Caribbean. Up to 10% of the budget may be spent on disaster preparedness activities.

Geographic limitations:

None.

Target population:

Total community.

Time frame:

Short-term/relief and medium-term/recovery projects.

Usual assistance capabilities:

CIDA provides multi-sectoral financial assistance. Only rarely are purchases and shipments of supplies or equipment made directly by CIDA.

Procedures:

CIDA responds to appeals by international humanitarian institutions almost exclusively. Grants may be extended bilaterally in response to an appeal from an affected nation's government only in exceptional circumstances. An emergency health request should be submitted to CIDA headquarters from a UN agency (primarily WHO/PAHO), from an intergovernmental organization, or from a NGO through its Canadian counterpart NGO. No additional endorsement of the request is necessary, but the situation may be verified with other international organizations and/or the Canadian Embassy in the affected country. The request may take the form of a telex or letter and should include a budget for estimated health relief needs and for the component requested from CIDA, a situation report including a needs assessment, and a concise description of the proposed program to be implemented locally with CIDA funding.

Conditions:

CIDA's assistance is usually distributed through UN agencies, NGOs, the International Red Cross, or occasionally directly by CIDA. No formal matching of funds is required. However, cash participation by Canadian NGOs is expected when the NGOs' international partners appeal to CIDA.

Assistance may be used either directly with disaster victims or to replace national stocks depleted to aid disaster victims. In either case, goods purchased with CIDA funds must be distributed free of charge. Local purchase of goods is acceptable, but Canadian products are preferred where feasible and cost competitive. Cash grants are made in Canadian dollars and converted to US dollars or local currency by the recipient organization.

The IHA program gives priority to disasters of such a magnitude that they create severe disruptions of an area, region or an entire country. However, the local Canadian Head of Mission (usually the Ambassador) may, at his discretion, release up to $50,000 of Mission-administered funds for emergency relief for the victims of small-scale local disasters not normally conducive to an international appeal.

In rehabilitation programs, CIDA gives priority to activities that speed the termination of relief efforts and facilitate the transition to development, that can become locally supported and promote self-reliance, and that lead to durable solutions.

Time frame: short-term/relief phase (few weeks), medium-term/recovery phase (few months), or long-term/reconstruction phase (several months). "No preference" indicates that all choices or "any length of time" were checked.

Usual assistance capabilities: health sector capabilities are divided into categories: curative medical, water supply, sanitation, vector control, immunization, food, post-disaster research, contingency funds, and other. Within each category, agencies indicated whether they provide cash, personnel, or goods, supplies and equipment. If water supply, sanitation, vector control and immunization were all checked on the questionnaire, assistance is termed as "public health". Additional information concerning specific categories of assistance is provided where available.

Procedures: indicates which institution should submit a request, and in what form, when and to which branch of the donor agency it should be submitted. For those agencies which employ a formal written proposal, a copy is included where available. All agencies providing drugs need to know specific volumes and quantities required, and shipping, packaging and labelling instructions unless otherwise indicated. Similarly, requests to agencies providing personnel should contain the following information as a minimum, unless otherwise specified: categories and numbers of personnel required, language requirements, desired length of service and time of arrival, visa procedures and personal immunization or medical requirements.

1.2.3 Finally, information is provided to advise requesting agencies of the particular conditions they must meet to receive assistance, and their responsibilities to donor agencies.

Conditions: indicates details concerning financial disbursement, conditions governing place of purchase, desired consignees and distribution agents for material aid, and arrangements for the utilization of unused funds.

Review: indicates which institution reviews requests for assistance, the form of that review, and the usual length of time required to inform the affected nation of a decision by the donor agency.

Reporting: describes reporting, auditing or evaluation requirements, especially where these might delay further aid which is provided in installments. "No special requirements" indicates that no reporting is required from governments receiving assistance.

Review:

A technical review may be carried out by CIDA in conjunction with another Canadian agency, depending on the nature and sector of the appeal. Approval is transmitted from one week to three months after receipt of the appeal.

Reporting:

Where funding is provided in installments, interim narrative and financial reports are required before the next installment is honored. A CIDA officer may make a site visit to become familiar with an organizations's field operations.

DUTCH GOVERNMENT
EMERGENCY RELIEF AND HUMANITARIAN ASSISTANCE SECTION DIRECTORATE-GENERAL FOR INTERNATIONAL COOPERATION

Address: Muzenstraat 30
P.O. Box 20061
2500 EB Den Haag,
THE NETHERLANDS
Phone: 070-624611 or 614941
Telex: 30520
Contact: Chief of Section or Assistant

Type:

Governmental.

General information/objectives:

Dutch government disaster assistance is channelled through the Emergency Relief & Humanitarian Assistance Section of the Directorate-General for International Cooperation. Much of the assistance goes to Dutch non-governmental organizations (NGOs), in particular, the Catholic Organization for Joint Financing of Development Programs (CEBEMO), and to the UN. In general, Africa receives greater priority than Latin America. Current disaster related activities of the Dutch government in Latin America include the setting up of a disaster preparedness program in Jamaica and the financing of an UNDRO publication entitled Shelter After Disaster.

Resources available:

The Dutch budget for 1983 for natural and man-made disaster assistance world-wide was $15 million, excluding large-scale food aid and agreed contributions to UN agencies. Approximately 10% of emergency aid is spent in the health sector. The funding limit for any particular disaster depends on budget limitations, on the balance between different disaster requests, and on assistance available from other sources.

Geographic limitations:

No countries are excluded, but the Dutch government would be unlikely to assist the more prosperous Latin American countries.

Target population:

Preferably, lowest income groups.

Time frame:

Short-term/relief phase or medium-term/recovery phase.

Usual assistance capabilities:

The Dutch government provides goods, supplies or equipment for health services and feeding programs.

Drugs. Usually supplied according to the WHO list.

Procedures:

A government request for assistance should be directed to the Dutch Embassy in the affected country. The request may be simultaneously sent to headquarters, but the Dutch Ambassador's advice will be sought in any case. Ambassadors have small amounts of discretionary funds for development projects which could be diverted in an emergency, but only after referring to headquarters. The emergency request may originate with the government of an affected country, the national health agency, civil defense or national emergency committee, or an NGO. Additional endorsement by the Ministry involved in the request is necessary. The affected government must formally declare an emergency before assistance can be provided.

Drugs. A request for drugs should contain the generic name, the consignee address, the address to be notified, and the sender's address. A medical aid advisor in the Ministry of Foreign Affairs reviews lists in most cases. Occasionally, requests are referred to a private Dutch foundation for final selection; the foundation then arranges for purchase on a non-profit basis.

Conditions:

The Dutch government usually prefers to provide assistance directly through its Embassy or development agencies, a UN agency, or NGO. Assistance may be used directly with disaster victims, to replace national stocks depleted to aid disaster victims before other assistance arrives (rarely), and sometimes to assist also an unaffected adjacent population to prevent ill-will. The Dutch government prefers to distribute goods free of charge, but a fee may be charged if a rotating fund is organized. Donor identification to recipients is not required but is desirable in most situations. Goods are preferably purchased in the Netherlands, but there is no absolute requirement. Funds are made available in whatever currency is requested.

Reallocation of unused funds. No clear policy, but unused money would probably be diverted to a similar project.

Review:

The proposal is given an initial review by the Dutch Embassy in the affected country, and/or by the NGO involved. A further review is then conducted at headquarters. A technical review is occasionally conducted by medical advisors to the Directorate-General. The entire review usually takes two to three weeks from receipt of request to informing the affected country of a decision.

Reporting:

Where funds are released in installments, it is essential that reporting is punctual and gives evidence of aid effectiveness. Further payments may be withheld if the project does not appear to be achieving its objectives.

GERMAN GOVERNMENT
FOREIGN OFFICE (AUSWARTIGES AMT)

Address: Referat 301
99-101 Adenauerallee
D5300 Bonn 1,
FEDERAL REPUBLIC OF GERMANY
Phone: 0228-172295
Contact: Head of Division of German Humanitarian Aid

Type:

Governmental.

General information/objectives:

The Foreign Office of the German government is authorized to provide assistance for survival needs after natural or man-made disasters, irrespective of political or social conditions in the beneficiary countries. Longer-term requirements not strictly classified as "survival", including large-scale food aid, are handled by the Ministry of Economic Cooperation. Five percent of German aid is distributed through affected governments, ten percent through Ambassadors, and 85 percent through non-governmental organizations (NGOs), usually German ones. Caritas Germany is the most important NGO with regard to assistance for Latin America. German assistance was provided to Bolivia, Ecuador, Brazil and Peru in 1983.

Resources available:

The 1983 budget for emergency assistance world-wide was $20 million. There is a limit of approximately $0.4 million that can be made available by the Foreign Office for any one disaster. To exceed that limit requires the additional approval of the Ministry of Finance.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Short-term/relief ("survival") phase.

Usual assistance capabilities:

The Foreign Office can assist in providing any type of health service, including logisitics and storage facilities, with the strict exception of large-scale food aid as mentioned above. Although feasible, contingency funds are rarely granted, and personnel needs are usually met by NGOs rather than by the Foreign Office.

Procedures:

A request for emergency assistance should be directed to the German Ambassador in the affected country, since his comments will help to determine the Foreign Office response. Any agency can submit the request, and any form of request is acceptable. The Foreign Office prefers to

provide assistance after an international appeal has been launched. A request should include a budget both for the proposed Foreign Office contribution and for the total health relief needs, and a situation report including a needs assessment.

Drugs. A request should contain both the generic and manufacturer's names, and the clearest instructions possible. Drugs are usually supplied according to the Red Cross list, but this is not a requirement.

Conditions:

Assistance may be used either directly with disaster victims or to replace national stocks depleted to aid disaster victims. Recipients should receive German aid totally free of charge, and donor identification to recipients is required. Local purchase of goods is acceptable unless the cost is higher than purchase elsewhere plus freight. The Foreign Office is "pleased to see German products used when possible". Funds channelled through NGOs must usually be matched, with the Foreign Office providing about 75% of the total. German Embassies can only release emergency funds after approval of the Foreign Office.

Re-allocation of unused funds. Must be returned to the German government, with interest.

Review:

The general and technical review by the Foreign Office may take as little as a few hours in a high priority emergency situation.

Reporting:

No particular reporting requirements when government-to-government assistance is involved. The Foreign Office will not give further aid to a NGO that has not provided required reports in the past. The Federal Accounting Organization audits all accounts strictly at the end of every project.

IRISH GOVERNMENT
DEPARTMENT OF FOREIGN AFFAIRS

Address: 80 St. Stephen's Green
Dublin 2, IRELAND
Phone: 780822
Contact: First Secretary

Type:

Governmental.

General information/objectives:

The Department of Foreign Affairs administers the Irish government's Disaster Relief Fund to enable the government to provide assistance quickly and flexibly in natural or man-made emergencies throughout the world. The Irish government does not participate directly in disaster relief activities nor is it the practice to provide material or technical assistance. Instead, it channels its resources in the form of cash grants through the major international relief organizations such as UNDRO, UNHCR, the International Committee of the Red Cross (ICRC), or Irish non-governmental organizations (NGOs) involved in emergency relief activities such as CONCERN, Gorta or Christian Aid. In view of Ireland's limited representation in Latin America and the Caribbean, it is dependent on the major relief agencies for detailed assessments of all disaster situations there and would tend to channel its response through them.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

No preference.

Usual assistance capabilities:

Cash grants only.

Procedures:

A request for emergency assistance should be submitted after an official declaration of emergency by a UN agency (UNDRO or UNHCR) or the ICRC. The request should originate with a UN agency (UNDRO or UNHCR) or the European Economic Community. The usual form of application is a telex, which should contain a situation report, including a needs assessment.

Conditions:

An international appeal must precede consideration of a request. Assistance is provided only through UN agencies or NGOs. Funds are given to the UN in US dollars and to Irish agencies in Irish currency.

Review:

The general and technical merit of the request is reviewed by the Department of Foreign Affairs alone, relying on the reports of UN agencies.

Reporting:

No special requirements.

NORWEGIAN GOVERNMENT
ROYAL MINISTRY OF FOREIGN AFFAIRS (UD)

Address: 7 juni plassen 1
Postboks 8114, Oslo/dep
Oslo 1, NORWAY
Phone: (2) 20 41 70
Telex: 71004 noreg
Cable: NOREG, OSLO
Contact: Emergency Aid Coordinator

Type:

Governmental.

General information/objectives:

UD is the Norwegian government agency responsible for relief aid and assistance in connection with disasters. Its response to emergency appeals and applications is to provide government funds through established Norwegian and international relief agencies.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Usually short-term, but projects up to one year in duration are acceptable.

Usual assistance capabilities:

The Norwegian government provides finanical assistance for curative medical services, water supply, sanitation, immunization, and feeding programs, and also contingency funds.

Procedures:

A government request for assistance should be submitted through an established Norwegian or international relief organization. The request must follow pre-established guidelines which depend upon the agency channeling the request. Before a request can be considered, clear relief requirments must be firmly established.

Conditions:

Norwegian government assistance is granted in US currency. Where assistance is given to purchase goods, supplies or equipment, authorization may be given for either international shipment or local purchase, according to considerations of cost and timeliness. Assistance may only be provided to disaster victims.

Re-allocation of unused funds. Use permitted for the same or a related purpose upon receipt of authorization by the Ministry.

Review:

The general merit of a request is reviewed by the Ministry in cooperation with Norwegian NGOs represented on the Ministry's disaster relief committee. To judge technical merit, the Ministry's draws upon expert consultants as needed. The entire review from receipt of request to informing the affected country of a decision usually takes place within a week.

Reporting:

A continuous follow-up on assistance is required according to procedures established in each case. Audited accounts are necessary upon the conclusion of a project. The Ministry may require site visits or evaluations in specific cases at its own discretion.

SWEDISH GOVERNMENT
SPECIAL UNIT FOR DISASTER RELIEF (SSU)

Address: Army Headquarters
UN Department
Box 80002
104 50 Stockholm, SWEDEN
Phone: 468788 7500
Telex: 19630 fstast S
Cable: FSTAST FNAVDAST
Contact: Head of UN Department

Type:

Governmental.

General information/objectives:

The SSU forms part of the Swedish Stand-by Force in the Service of the UN. The SSU is the agency which implements Swedish disaster assistance overseas. The Ministry of Foreign Affairs, Ministry of Defense and Swedish International Development Authority (SIDA) all collaborate in deciding whether to dispatch the SSU. SIDA provides funding once a decision is reached. The objectives of the SSU are to provide professionals to administer projects, and to provide public health and curative medical services, logistical support and technical assistance. The goal of the SSU is to gradually transfer responsibility for relief activities to local inhabitants, so that they can complete the task by themselves.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Short-term/relief or medium-term/recovery phase, usually up to six months.

Usual assistance capabilities:

SSU provides services for health and related needs, such as drilling of wells. For this purpose, SSU will include in its assistance personnel, goods, supplies, light or medium equipment (such as water drills) as required for the delivery of services.

Personnel. SSU provides physicians, nurses, epidemiologists, nutritionists, administrators, tropical specialists, health educators, laboratory technicians, sanitary and water engineers, pharmacists and store managers. Personnel are administered directly by a SSU coordinator and may serve terms up to six months. Some personnel have local language capacity.

Procedures:

The Swedish Government has formal standing agreements with several Latin American countries, establishing in advance the framework and policies for use of the SSU in case of disasters. Interested countries should contact the Swedish Embassy before a disaster strikes. An emergency request for

assistance should originate with the affected national government and be directed to a UN agency or directly to a Swedish Embassy. The request is forwarded to the Swedish Ministry of Foreign Affairs, which will initiate any Swedish government response. The request may take the form of a telex or letter and should contain a situation report, including a needs assessment.

Conditions:

Swedish disaster assistance takes the form of a relief project implemented by the SSU, which is responsible for expeditures and accounting. Aid may only be used with disaster victims and must be distributed totally free of charge. Two aims of Swedish assistance must be fulfilled: aid must be concentrated within a specific geographical region, as agreed with the national emergency committee and other relief organizations; and the SSU should work either for the UN lead agency or directly under the national emergency committee.

Review:

The Ministry of Foreign Affairs will review the general merit of an emergency request, in consultation with the Ministry of Defense. A Disaster Relief Group including representatives of the Ministry of Foreign Affairs, SIDA and the Swedish Red Cross assists in preparing information for the decision. A Swedish fact-finding mission visits the disaster area to evaluate information submitted. The mission consists of experts from SIDA and/or the SSU who consult with the affected nation's emergency organization and the UN agency coordinating outside assistance. The entire review usually takes from one to two weeks from receipt of request to informing an affected country of a decision.

Reporting:

No special requirements from the disaster-affected country. SSU personnel are responsible for reporting and accounting to the Swedish government.

SWISS GOVERNMENT
SECTIONS DES OEUVRES D'ENTRAIDE INTERNATIONALE, DCA/DISASTER RELIEF UNIT (SDR)

Address: Department Federal des Affaires Etrangeres
Eigerstrasse 71
3003 Bern, SWITZERLAND
Phone: 031 613124
Telex: SKH 32319
Contact: Deputy Director, DCA

Type:

Governmental.

General information/objectives:

The Swiss government assists in disasters primarily through Swiss non-governmental organizations (NGOs) and through financing missions of the SDR. The SDR has been in existence for about ten years and gives operational humanitarian aid abroad. Between 1974 and 1981, the only Latin American country in which the SDR provided assistance was Guatemala.

Resources available:

From 1974 to 1981, the Swiss Government spent approximately $23 million on SDR missions world-wide, mostly in Africa. Only a small portion of aid was devoted to Latin America.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Short-term/relief or medium-term/recovery phase.

Usual assistance capabilities:

The Swiss government provides assistance for health services and feeding programs. Aid usually takes the form of a relief project implemented by the SDR with its own personnel.

Drugs. SDR provides drugs according to its own list (see Annex 5). It initially supplies only small amounts of a few items. No expired drugs are shipped. SDR supplies controlled substances according to international laws.

Personnel. Through SDR most types of health specialists and paramedical workers, including physicians, nurses, epidemiologists, tropical specialists, nutritionists, laboratory technicians, sanitary engineers and administrators, can be supplied. Volunteers are maintained on stand-by and may arrive in the affected country from two days after a disaster. Contracts are for two to four months. There are no strict rules regarding administrative arrangements for personnel in the field, but SDR often provides a coordinator. Personnel speak the language of the country to which they are assigned.

Procedures:

An official declaration of emergency is required before a request for assistance can be considered by the Swiss government. The emergency may be declared by an appropriate UN agency, such as UNDRO, or by the affected country's national emergency or civil defense committee. An international appeal must usually accompany the declaration. An emergency request may originate with the national emergency or civil defense committee, a UN agency, or a Swiss NGO. The request should be directed to SDR headquarters, the Swiss Ambassador or other representative, or to a Swiss NGO. Additional endorsement of a request is preferred and sometimes required. A national authority or international organization may endorse the request. A government request may take any form (telephone, telex, letter or written proposal). The request should contain budgets for the proposed SDR contribution and total health relief needs, and a situation report, including a needs assessment.

Drugs. A request should contain manufacturer's lists, date required, priority of items needed, the manufacturer's name (preferably) and the generic name.

Conditions:

There is an initial limit on emergency assistance of approximately $0.5 million. Above this limit, proposals with budgets must be submitted to the government for approval. Assistance must usually be matched; the specific ratio of matching funds, and identification of the agency supplying these funds, varies with each disaster. Material assistance may be consigned to a national emergency or civil defense committee, or to an international organization or Swiss NGO in the affected country. Assistance may be used both with disaster victims and to replace national stocks depleted to aid disaster victims. Recipients may receive assistance totally free of charge or for a standard or subsidized fee. Donor identification to recipients is required.

Personnel. Volunteers may sometimes require local transportation, room and board, or administrative, medical or communications assistance from the requesting agency.

Review:

The general and technical merit of a request will be reviewed by SDR only, in some cases with assistance from the Swiss government. A site visit is usually part of the review. The quanitity and type of assistance will be determined after the SDR reconnoitering mission. It may take from a few hours to a few weeks to inform an affected country of a decision.

Reporting:

Interim reports and audits may be required where assistance is provided in installments.

UNITED STATES GOVERNMENT
AGENCY FOR INTERNATIONAL DEVELOPMENT
(USAID)/OFFICE OF US FOREIGN DISASTER
ASSISTANCE (OFDA)

Address: Department of State,
Room 1262A
Washington, D.C. 20523, USA
Phone: (202) 632-8924
Telex: 710-822-1975
Cable: FDCC, WSH
Contact: Operations Office for Latin America and the Caribbean or Medical Advisor of OFDA

Type:

Governmental.

General information/objectives:

OFDA is the US government agency concerned with foreign disaster assistance. It seeks guidance from USAID field offices and the Department of State in the analysis of appropriate response mechanisms and content. OFDA's objective in disaster preparedness is to assist disaster-prone populations to prevent, mitigate and cope with the effects of natural hazards. Its objectives in disaster response are to assist affected governments to assess damage and needs and to provide timely and appropriate relief to victims.

Resources available:

USAID spent approximately $73 million for disaster assistance world-wide in 1982. Assistance is based primarily on need rather than resources available in any given emergency, and supplemental funding may be requested from the US Congress.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

By US Congressional mandate, OFDA can work in the short-term/relief phase (up to 60 days) and medium-term/recovery phase (up to 90 days).

Usual assistance capabilities:

OFDA provides cash for curative medical services, water supply, sanitation, vector control and feeding programs. It supplies specialized personnel and goods, supplies or equipment for health services (but does not supply pesticides for vector control), and food for feeding programs (including transportation). Food provided by OFDA is usually purchased locally, but foodstuffs provided under US PL480 may be diverted in some disaster situations. OFDA actively supports disaster mitigation and preparedness activities in Latin America, and also provides funds for post-disaster research.

Drugs. Drugs are supplied according to the WHO list, and are not shipped with less than one year of expiration remaining. Drug Enforcement Agency scheduled drug substances cannot be provided.

Personnel. OFDA supplies physicians, nurses, epidemiologists, tropical specialists and sanitary engineers. The usual length of personnel contracts is less than one month. Personnel are administered by the USAID Mission Disaster Relief Officer. International and non-governmental organizations (NGOs) may receive USAID grants to supply their own personnel to carry out a specific program in response to a disaster. U.S. personnel usually speak the language of the country to which they are assigned, but persons without language capacity may be sent if no one else is available.

Procedures:

An emergency request for assistance in assessing the effects of a disaster may be submitted immediately after it occurs. A request for disaster response by USAID must be preceded by a declaration of emergency. The emergency must be declared by the US Chief of Mission on the basis of reports from the affected nation's national emergency or civil defense committee or from the State Department. The emergency request should be submitted to the US Chief of Mission in the affected country. The request should usually be issued by the Foreign Minister, President or Chairperson of the national emergency committee. No additional endorsement of the request is necessary, but it is desirable that specific requirements are quantified by the relevant government agency. The request usually takes the form of a letter or diplomatic note issued to the Mission. However, it may also take the form of a phone call or telex followed up by a letter. NGOs requesting assistance must complete a formal written proposal. All requests should contain a situation report, including a needs assessment. For international appeals, a budget for total health relief needs is required. NGOs requesting assistance must also submit a budget for OFDA's contribution alone.

Drugs. A request for drugs should contain the generic name, dosage, local language, consignee, and special requirements (such as cold packaging).

Personnel. An emergency request should contain logistics arrangements and special needs for self-sufficiency.

Conditions:

Ambassadors may release up to $25,000 on their own authority provided the situation meets the requirements set down in AID Handbook 8 and State Department Manual 2FAM-060. Under these guidelines, assistance can be provided when a disaster is of such magnitude that it is beyond the affected country's ability to respond adequately, the affected country desires assistance, and it is in the interests of the US government to give aid. OFDA approval must be obtained before releasing installments above $25,000.

OFDA distributes its assistance through the US Mission, the affected nation's national emergency or civil defense committee or other institution, UN agencies, NGOs with a proven record in the affected

country, or the International Red Cross. Assistance is consigned to the US Ambassador. Some material assistance is supplied from stores in Panama which are stockpiled with tents, blankets, generators, plastic sheeting, cots, water purification units, pumps, and small tools (axes, hammers, saws, etc.). Acceptability of local purchase of goods, supplies or equipment is determined by the Mission. Funds are issued either in US dollars or in the affected nation's currency.

Assistance must be used with disaster victims only and may be distributed either free of charge or for a standard or subsidized fee. Where possible, donor identification is requested using the US government handclasp labels. Local news coverage of receipt and coordination with host government officials is also desirable.

Re-allocation of Unused Funds: The Mission de-obligates unspent funds which are returned to the OFDA International Disaster Relief Account.

Review:

The general merit of a request will be reviewed by OFDA, the US Chief of Mission and AID. A technical review will be carried out by OFDA, coordinating with PAHO and with assistance where required from the US Centers for Disease Control, the US Department of Agriculture, Food for Peace, the US Army Corps of Engineers and USAID technical staff. The review for emergencies may be completed in hours, but less immediate requests may require a few days.

Reporting:

There are no special requirements for recipient countries. However, on-going assessments by the US Mission are carried out where large amounts are requested. If a Mission reports unfavorably with regard to aid reaching the intended victims, OFDA may reassess its role.

UNITED STATES GOVERNMENT
CENTERS FOR DISEASE CONTROL (CDC)

Address: 1600 Clifton Rd., N.E.
Atlanta, Georgia 30333, USA
Phone: (404) 329-3530
Telex: 549571
Cable: CDCATL
Contact: Assistant Director for International Health

Type:

Governmental.

General information/objectives:

CDC is a branch of the US Public Health Service within the Department of Health and Human Services. Its objectives in disasters are to provide epidemiologic and preventive health assistance designed to reduce mortality and morbidity.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Short-term/relief phase.

Usual assistance capabilities:

CDC provides personnel for epidemiology and surveillance, vector control and immunization services, including epidemiologists, administrators and tropical specialists. They usually serve less than one month for any particular disaster, and can arrive within three to five days from the initial request. Personnel are usually operationally subject to another organization, such as PAHO or another UN agency, or USAID. Personnel speak the language of the country to which they are assigned.

Procedures:

A government request for emergency assistance must be submitted immediately to CDC headquarters, PAHO and/or the US Embassy in the affected country. The request may be issued by the local civil defense or national emergency committee, a UN agency such as PAHO or UNHCR, the US Embassy or USAID (OFDA). Additional endorsement may be necessary, depending on which agency initiates the request, which may take the form of a telephone call, telex or letter. The communication should include a situation report, including a needs assessment.

Conditions:

The affected government may be called upon to provide transportation for the personnel CDC sends.

Review procedures:

The general merit of the request is reviewed by CDC and other appropriate US government agencies. Review time depends on both the nature of the request and the nature of the disaster.

Reporting requirements:

No special requirements.

2.2 PROFILES OF INTERGOVERNMENTAL AGENCIES

EUROPEAN ECONOMIC COMMUNITY (EEC)

Address: Direction Generale VIII, E/4
Rue de la Loi 200
B-1049 Brussels, BELGIUM
Phone: 235-1111 or 235-1994
Telex: 23726
Cable: COMEV B
Contact: Head of Emergency Aid,
Division DGVIII, Directorate E

Type:

Intergovernmental.

General information/objectives:

EEC channels disaster assistance from the ten member countries to affected countries. Assistance is divided between Lome Convention countries (for practical purposes, the English-speaking Caribbean) where there are EEC delegations, and others (non-associated countries including Spanish-speaking Latin America). EEC's objective after disasters is to provide rapid emergency relief. In Latin America in 1982-83, assistance was given following floods in Bolivia, Ecuador, Honduras, Nicaragua and Peru, following the earthquake in Colombia, and also to displaced persons in Central America.

Resources available:

About $11 million were spent for emergency assistance in Latin America in 1982-83, excluding large-scale food aid.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Relief phase projects up to about six months only. Funding for reconstruction may also be available from the development directorates of the Directorate Generale VIII. However, procedures and channels will be those used for normal development cooperation by the EEC.

Usual assistance capabilities:

EEC provides large-scale food donations and cash for curative medical services and emergency food programs.

Procedures:

Requests to EEC for emergency assistance are only accepted initially from governments, and may only be submitted after an official declaration of emergency. The government of the affected country or UNDRO should formally declare the emergency. The request for assistance should be directed to EEC headquarters (attention: Emergency Aid, DG VIII), and/or to the EEC delegation in Barbados, Belize, Grenada, Guyana, Jamaica, Surinam and Trinidad-Tobago. It may also be submitted via the Embassy of an EEC member country. Later requests for assistance may originate with non-governmental organizations (NGOs).

The request should be written on an official application form (see following pages) which can be obtained from headquarters. The application can also be filled in by Emergency Aid staff from information provided in telexes. If the official form is used, it must be sent in duplicate to the Emergency Aid Division of the EEC no later than two weeks after the disaster or the discovery of major damage following a natural disaster, or a comparable slow-onset catastrophe.

When NGOs submit requests for assistance, an additional copy should be sent to a predefined coordinating agency. The Catholic Organization for Joint Financing of Development Programs (CEBEMO) is presently performing this function. In a given emergency situation, applications from different NGOs should be compiled and sent simultaneously to the EEC by the coordinating agency. In addition to the information on the form, a situation report, including a needs assessment, should be provided with each request.

Conditions:

The EEC cannot provide assistance until an international appeal has been launched. Assistance may be provided directly to governments only in Lome Convention countries. In others, it must be channelled through a UN agency or a recognized NGO (usually European). NGOs are selected on the basis of previous working experience with them. When funds are passed to NGOs, they have to provide matching funds from other sources, but in no fixed ratio.

Assistance must be used directly with disaster victims only, and be given free of charge. The EEC must be identified to recipients as the donor. Funds are granted in European Units of account. Goods may be purchased locally or in EEC or Lome Convention ountries only, in most cases following competitive bidding. In exceptional circumstances, a waiver may be granted by the EEC. EEC-funded services or supplies must be delivered to the disaster victims and funds actually disbursed by the executing agency within strict time limits (generally, three months). Conditions are usually stipulated by the EEC in a standard cable (see following pages for sample).

Review:

The review by the EEC takes between a few days and a few weeks from receipt of request to informing the affected country of a decision, subject to the degree of urgency.

Reporting:

There are no special requirements for governments. Where funds are given to NGOs in installments, further assistance may be linked conditionally to the timely receipt of field reports. An audit is undertaken at the end of any EEC project.

APPLICATION FORM FOR EMERGENCY AID (1)
IN FAVOUR OF POPULATIONS OF NON-MEMBER COUNTRIES
VICTIMS OF NATURAL OR MAN-MADE DISASTERS

1. Name and address of the applicant

2. Description of the emergency situation

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(1) To be sent in duplicate to the Emergency Aid Division of the Commission of the European Communities, 200, rue de la Loi, 1049 Brussels - Telex 21877 COMEUR B - not later than two weeks after the disaster or the discovery of major damage following a natural disaster or a comparable event of a less sudden nature.
In the case of non-governmental organizations (NGOs), an additional copy should be sent to a coordinating body (*). In a given emergency situation, applications from NGOs should all be sent at the same time to the Commission by this body which will ensure that the initiatives taken by all the NGOs involved in such a situation are complementary ; this body will also participate in coordination of a similar kind with the major international organisations ,in accordance with rules previously laid down among them. The coordinating body should complete and sign the last part of the form.

(*) CEBEMO is temporarily performing this function.

CEBEMO, Van Alkemadelaan 2, DEN HAAG - HOLLAND
Telephone 70/24 45 94
Telex 34278 CEMEC NL DEN HAAG

41

3. Damage assessment - in material and money terms - (in the event of a natural disaster)

4. Cost (less refund in the case of food stuffs) of the action programme (1) product by product :

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(1) This is not the action programme which the Community is being asked to finance, but the overall action programme, which will be financed out of own funds (i.e. in the case of non-governmental organizations funds from private sources), funds from other donors and Community funds.

5. Period covered by the action programme

6. Number, location and status of the beneficiaries

7. Funding (less refund in the case of food stuffs) already available or planned for the action programme (state the amounts by source)

8. Community contribution requested and exact use envisaged

9. Time limits for purchasing and distribution planned for the aid financed by the Community contribution

10. If the applicant is an agency, is it in a position, as soon as agreement has been reached between it and the Commission on arrangements for implementing the emergency aid, to advance funds which will subsequently be paid by the Community ? If so, what is the amount which could be pre-financed in this way ?

11. Is the applicant taking charge of :

- the distribution operations ?

  or

- their supervision ?

12. In what way ?

- Throughout the operation ?

- Deploying how many people ?

- Where will they be based ?

- With what logistical back-up ?

- Other arrangements

13. Where the applicant is taking charge of supervision only

- What is the agency responsible for distribution (name and address) ?

- What are its resources in terms of staff and logistical support ?

14. Where the applicant is an agency, state precisely how the agreement of the country in which the action programme will take place was obtained

15. Where the applicant is an agency and the proposed operation is for the benefit of populations of ACP countries or OCTs, a document should be attached showing the agreement of the authorities of the country concerned to the channelling via the applicant agency of any emergency aid granted pursuant to Article 137 of the Lomé Convention or Article 117 of the Council Decision (OCTs) of 16 December 1980

16. Is the applicant agency in a position to open in its internal accounts a special account relating to the entire action programme which will show resources of Community or other origin and particulars of operations financed ?

17. Number of the bank account into which any funds allocated by the Community should be paid

18. Name, capacity and signature of the person submitting the application

Place : Date :

Signature :

19. In the case of applications from non-governmental organizations

Section to be completed by the coordinating body

What steps have been taken to coordinate the efforts of the applicant non-governmental organization and those of the other non-governmental organizations and international organisations involved ?

- in terms of planning

(What are the complementary aspects of the various programmes, etc.)

- in terms of implementation

- other comments

Place : Date :

Signature :

UNICEF (UNITED NATIONS CHILDREN'S FUND)

Address: 866 UN Plaza
New York, New York 10017, USA
Phone: (212) 754-4232 or 754-3101;
in emergencies, (212) 888-9037
or (203) 327-2390
Telex: 127895 or 62346
Cable: UNICEF New York USA
Contact: Emergency Operations Unit

Type:

International.

General information/objectives:

The role of UNICEF is to assure that assistance necessary to ensure the survival and care of young children is quickly available and that essential services for their benefit are restored. UNICEF's mandate now relates primarily to children's long-term needs, but where necessary UNICEF may provide direct material and other program inputs in emergencies. Assistance is coordinated with sister UN agencies, the International Committee of the Red Cross and non-governmental organization (NGOs).

Resources available:

In 1980, UNICEF disbursed $9 million for emergency relief world-wide, excluding Kampuchea. An emergency fund of $5 million is available from general resources each year. Additional amounts are raised through appeals to governments for special contributions.

Geographic limitations:

None.

Target population:

Women and children.

Time frame:

No preference.

Usual assistance capabilities:

UNICEF provides cash for feeding programs, personnel for water supply and sanitation programs, and goods, supplies or equipment for all health services. UNICEF also maintains a stockpile of 300 selected items for use in disaster situations at the UNICEF Packing and Assembly Centre (UNIPAC) in Copenhagen. The stockpile is available on a reimbursable procurement basis to other UN agencies, governments and NGOs.

Drugs. UNICEF adheres to the WHO list for drugs and supplies.

Procedures:

A national counterpart agency, civil defense or emergency committee, or UNDRO may request assistance from the local UNICEF office or headquarters. The request should take the form of a letter with a situation report, including a needs assessment, accompanied by a UNICEF field office assessment.

Drugs. Generic and manufacturers' names are required.

Conditions:

Assistance is distributed through government institutions, UN agencies or NGOs. Aid may be used with disaster victims or to replace national stocks and must be distributed free of charge. Donor identification to recipients is usually required.

A UNICEF representative can, in agreement with the affected government, divert $25,000 from country program funds for immediate relief purposes, which can include supplies and equipment already in central and regional warehouses in the country and funding of local procurement of supplies. Where this amount is insufficient, the Executive Director may use the emergency fund at his discretion. Additionally, funds already committed by UNICEF for longer-term programs in the country can be used for emergency relief. In most cases this arrangement is used for the provision of drugs and medical supplies, including airfreight. Large-scale emergency assistance is financed mainly by specific-purpose contributions. Disbursement of funds is done according to UNICEF/UN financial rules and procedures.

Review:

UNICEF reviews requests in conjunction with its counterpart agencies.

Reporting:

Subsequent installments of aid depend on impact monitoring of previous inputs and an update of the needs assessment. Some bilateral donors insist on phase reporting and implementation before making further contributions.

WORLD HEALTH ORGANIZATION/PAN AMERICAN HEALTH ORGANIZATION

In the Americas:	Address:	Pan American Health Organization Attn: Disaster Relief Coordinator 525 Twenty-Third Street, N.W. Washington, D.C. 20037, USA
	Phone:	(202) 861-4325 (during working hours) (202) 861-3200 (outside working hours)
	Telex:	ITT 440057-PASB
	Cable:	OFSANPAN
Outside the Americas:	Address:	World Health Organization Attn: Emergency Relief Operations 20 Avenue Appia 1211 Geneva 27 SWITZERLAND
	Phone:	91-21-11
	Telex:	845-27821
	Cable:	UNISANTE

Type:

Intergovernmental. PAHO, the specialized inter-american organization in health recognized by the Organization of the American States (OAS), is also the WHO regional office for the Americas.

General information/objectives:

WHO (PAHO in the Americas) provides ongoing technical cooperation to health agencies of its Member Countries. In addition, it provides emergency technical assistance in situations threatening the public health of the country.

Geographic limitations:

None for WHO.

Target population:

Preference to groups most vulnerable to public health risks.

Time frame:

From preparedness and planning phase to reconstruction.

Usual assistance capabilities:

WHO/PAHO assistance consists primarily of advisory services of experts in health-related fields with emphasis on assessment of health needs following the disaster, formulation of rehabilitation projects and coordination of external assistance. Fields covered include: mass casualty management, communicable diseases surveillance and control, water supply systems, sanitation, vector control, management of supplies, etc.

WHO/PAHO may provide limited assistance in the form of donated supplies or equipment from its own resources or from donations channelled through the Organization by other donors. It does not provide food supplies or cash subsidies. Medical supplies are provided according to the WHO list (Annex 5)

WHO/PAHO also provides authoritative comments on requests addressed to the international community. When appropriate, it may mobilize resources directly on behalf of the country.

PAHO is routinely providing extensive support to its Member Countries in the Americas to prepare in health sector to face all types of disaster.

Procedures:

Assistance is provided on request from competent national authorities through WHO/PAHO Country Representative or Program Coordinators. Appeals on health matters made through UNDRO are also regarded as requests to WHO.

Conditions:

Assistance may be provided when: national resources and external assistance received are insufficient to meet the health needs; requests are genuinely related to the emergency and do not include material for long-term normal requirements; requests are technically sound and in line with WHO recommendations (for example, primary health care, essential drugs, etc.).

Supplies are usually consigned to the health authorities through the office of the PAHO/WHO Country Representative.

Review:

Technical and administrative internal review is prompt (a few hours, when emergency so demands).

Reporting:

No special requirement unless requested by donors channelling their assistance through WHO/PAHO.

2.3 PROFILES OF NON-GOVERNMENTAL ORGANIZATIONS

Procedures:

A request for emergency assistance should be directed to headquarters and simultaneously to the Australian diplomatic mission in the affected country, New York or Geneva, or directly to ADAB in Canberra. The emergency request may be submitted by a national counterpart organization of a NGO member to AODRO, or by a Foreign Minister or by UNDRO to the Australian government. The request may take the form of a phone call, telex or letter, and should contain a proposed budget for AODRO's contribution and for the total health relief needs, and a situation report, including a needs assessment.

Drugs. A request should contain generic names, dosage and priority. The request should also state if a second language on the label is required (if time permits, AODRO labels drugs with the language of the recipient country automatically).

Personnel. A request should contain the offer of a local contribution to offset local costs incurred by staff, if any.

Conditions:

AODRO has a preliminary limit on funding depending on resources immediately available from members and/or the Australian government. For larger amounts, members raise appeals individually or collectively through their combined appeal mechanism (the International Disasters Emergency Committee), or AODRO requests assistance from the government. Aid is consigned to and distributed through member NGOs or counterparts, an affected nation's national emergency or civil defense committee, or any UN agency. Funds are provided in the affected nation's currency. Excessive costs may exclude local purchase of goods. Material assistance may be used either directly with disaster victims or to replace depleted national stocks and must be distributed totally free of charge. Donor identification to recipients is required.

Personnel. Personnel sometimes require transportation, room and board from the requesting agency or a member NGO when funds provided by AODRO are insufficient.

Re-allocation of Unused Funds. At the direction of the distributing agency.

Review:

A request is reviewed by AODRO and member NGOs, together with ADAB in the case of Australian government-funded assistance. It takes three to six hours to complete the review and inform an affected country of a decision.

Reporting:

No special requirements.

BAPTIST WORLD AID DIVISION
OF BAPTIST WORLD ALLIANCE (BWA)

Address: 1628 - 16th St., N.W.
Washington, D.C. 20009, USA
Phone: (202) 265-5027
Cable: BAPTIST, Washington
Contact: Director, Baptist World Aid
or Associate Secretary, BWA

Type:

Non-governmental organization.

General information/objectives:

"The Baptist World Aid Division shall act immediately in times of disaster, to give emergency aid to those who are in need; establish long-term solutions through a holistic approach through relief, development and fellowship assistance."

Resources available:

$10,000 can be released immediately for any one disaster. Further assistance depends on BWA's organizational budget for the current year, and fund-raising success.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

No preference.

Usual assistance capabilities:

BWA provides financial assistance for curative medical services, water supply, sanitation, immunization, and food purchase.

Procedures:

Affected governments are requested not to apply directly for assistance. Projects must have the written approval of a Baptist World Alliance member body working in the area in which the project is proposed. An emergency request may also be issued by a UN agency. Projects originating with other agencies with whom Baptists cooperate may also be considered. A Baptist World Aid Application for Assistance Form must be completed, but a telephone call from a BWA member body can initiate the funding procedure at headquarters even before the official request is received. The emergency request should contain a situation report, including a needs assessment. Endorsement by the government or international organizations is not required but is appreciated.

BWA headquarters can authorize the immediate use of up to $10,000 to meet an emergency request from a member body. The purpose of such funds is to provide for immediate relief needs in the form of food, cooking utensils, shelter, blankets and medical services.

Conditions:

Material assistance must be used directly for disaster victims and distributed free of charge.

Re-allocation of Unused Funds. Upon completion of a project, remaining funds, if any, must be reported promptly. Authority for subsequent expenditures from this balance must be secured from headquarters, which may direct that the funds be returned.

Review:

When headquarters reviews a request, priority is given to programs implemented through Baptist agencies. Consideration will be given to any responsible available channel where there is no Baptist group capable of assuming responsibility.

Reporting:

Financial management guidelines are available from headquarters.

BRITISH RED CROSS SOCIETY (BRCS)

Address: 9 Grosvenor Crescent
London, SW1X 7EJ, UK
Phone: (01) 235-5454
Telex: 918657
Cable: REDCROS, LONDON, SW1
Contact: International Aid Department

Type:

Non-governmental organization.

General information/objectives:

The British Red Cross Society (BRCS) is a member of the League of Red Cross Societies and functions as a member agency in most disaster situations. However, BRCS may act as a separate entity when a disaster occurs on a Caribbean island that remains constitutionally dependent on Britain. These British Dependencies include Bermuda, British Virgin Islands, Montserrat, St. Kitts/Nevis, Anguilla, Cayman Islands and the Turks and Caicos Islands. The Red Cross organizations on those islands are technically committees, forming part of the BRCS. In these locations, a government request for emergency assistance should be directed to the Red Cross Committee, which would forward the request to the British Red Cross.

See the entry for the League of Red Cross Societies for full details of the work of the Red Cross outside British Dependencies.

CANADIAN CATHOLIC ORGANIZATION FOR DEVELOPMENT AND PEACE (CCODP)

Address: 2111 rue Centre
Montreal H3K 1J5, CANADA
Phone: (514) 932-5130-6
Telex: 05 267420
Contact: Projects Director

Type:

Non-governmental organization.

General information/objectives:

CCODP is primarily a fund-raising organization which usually works through its partner in Latin America, Caritas Internationalis.

Resources available:

CCODP provides between $10,000 and $50,000 for any one disaster. Its budget for emergency relief is 10% of total fund-raising.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Short-term/relief phase only.

Usual assistance capabilities:

CCODP provides cash assistance for the initial relief period.

Procedures:

An emergency request must originate with CCODP's local NGO counterpart, usually Caritas, and should be directed to CCODP headquarters. The request may take the form of a telex, letter or formal written proposal. It should contain a budget for total health relief needs and a situation report, including a needs assessment.

Conditions:

CCODP funds are provided in Canadian dollars and released in installments. Local purchase of goods is acceptable. Aid is distributed by the local counterpart and can be used directly with disaster victims only.

Re-allocation of Unused Funds. An agreement on unused funds may be reached between the local counterpart and CCODP.

Review:

CCODP review usually takes from five to ten days from receipt of a request to inform an affected country of a decision.

Reporting:

No special requirements.

CARE (Cooperative for American Relief Everywhere)

Address: 660 First Avenue
New York, New York 10016, USA
Phone: (212) 686-3110
Cable: PARCELUS NY
Contact: Director, Overseas Operations

Type:

Non-governmental organization.

General information/objectives:

CARE maintains overseas offices in most Latin American countries. It is one of the major NGO distributors of US PL480 food aid commodities, and one of its major activities in disasters is the rapid provision of relief food. CARE maintains a preparedness plan for each disaster-prone country where it works. Therefore, information on CARE's probable role in an emergency for a particular country should be available from the local office. CARE produces a disaster manual for field directors, which is currently under revision.

Geographic limitations:

CARE presently has on-going country programs in Belize, Bolivia, Chile, Colombia, Costa Rica, Ecuador, Guatemala, Honduras, Nicaragua, Panama and Peru. However, it will consider emergency requests from all Latin American or Caribbean countries.

Target population:

No preference.

Time frame:

Medium-term/recovery phase.

Usual assistance capabilities:

CARE provides cash for curative medical services, personnel for water supply, sanitation or feeding programs, and goods, supplies or equipment for curative medical services, water supply, sanitation, vector control or feeding programs.

Drugs. Medicines and medical supplies are not usually provided unless specifically requested, needs have been firmly established, and no other organization is able to assist.

Personnel. CARE personnel contracts are for two years, and staff either work directly for CARE or are seconded to another agency, such as UNHCR. Workers speak the language of the country to which they are assigned.

Procedures:

An emergency request should be submitted to the CARE country program office or, if none exists, directly to headquarters. The request should be issued by the affected government's civil defense or national emergency committee, or by a UN agency, and should take the form of a formal written proposal with a situation report, including a needs assessment.

Conditions:

CARE country representatives can release up to $25,000 in any genuine emergency situation after obtaining permission from headquarters. CARE allocates its assistance in US currency. The contribution must be used directly with disaster victims only and be distributed free of charge. Identification of CARE as a donor to recipients is required. Where provided, material assistance is consigned to CARE or a national counterpart. Goods bought with CARE funds may be purchased (in order of preference) in the US, in the affected country, or in a third country. In the initial stages of a disaster, emergency supplies identified in the preparedness plan as locally available may be purchased with country program offices' discretionary funds.

Review:

Requests are reviewed at CARE headquarters by a four or five person disaster committee, and an affected country is usally informed of a decision within one to two weeks.

Reporting:

Situation reports are required from the field, and further assistance might be delayed if these are not submitted.

CARITAS INTERNATIONALIS

Address: Palazzo San Calisto
00120 Citta del Vaticano, ITALY
Phone: (06) 698 7197/698 7235
Telex: 504/2014 CI VA
Cable: INTERCARITAS Roma
Contact: Service "Operations"

Type:

Non-governmental organization.

General information/objectives:

Caritas Internationalis' objectives in disasters are to encourage and organize Christian communities to assume their responsibilities, and to coordinate Christian initiatives throughout the world so that the aid given to the victims is specifically suited to needs, and given at the right time and in sufficient quantity.

Caritas has published an Emergency Manual (Volume I: Natural Disasters; Volume II: Man-Made Disasters) and collaborated in the production of an Emergency Supply Logistics Handbook. These documents detail Caritas' operational plans for emergencies.

Caritas Internationalis has about 120 member groups world-wide. The most significant contributing members to disaster relief in Latin America are the Caritas organizations in Germany, Japan, Belgium, Austria and Switzerland, and Catholic Relief Services in the US.

Geographic limitations:

Caritas has national member organizations in Argentina, Bolivia, Brazil, Chile, Colombia (called Secretariado Nacional de Pastoral Social), Costa Rica, Dominican Republic, Ecuador (Comision Episcopal de Promocion Humana), El Salvador, Guatemala, Haiti, Honduras, Mexico (Centro de Estudios y Promocion Social), Nicaragua, Panama (Departamento Nacional de Pastoral Social y Caritas), Paraguay, Uruguay and Venezuela (Departamento de Pastoral Social Caritas). However, emergency assistance is not necessarily limited to these countries.

Target population:

No preference.

Time frame:

Caritas prefers to keep relief work to a minimum and pass quickly to the rehabilitation phase.

Usual assistance capabilities:

Caritas provides any type of health-related emergency aid, including contingency funds.

Drugs. Caritas usually provides drugs according to the WHO or Red Cross lists. It prefers to supply large quantitites of bulk packaged medicine most in demand. Labels and instructions are printed in the local language.

Procedures:

A request for emergency assistance should originate with the Caritas organization in the affected country, in consultation with the national government. The request should be submitted to Caritas headquarters, and may simultaneously be submitted to other member organizations. Any form of request is acceptable initially, but should be followed up with a formal written proposal (see following page). Even the initial request should contain a budget for total health relief needs documenting proposed local inputs and a situation report, including a needs assessment.

Drugs. A request should contain the expected delivery date, suggested freight procedures and arrangements for supervision.

Personnel. A request should contain employment conditions.

Conditions:

Assistance is usually consigned to and distributed by the national Caritas organization, but exceptions may be made in special circumstances. Local participation is encouraged as a prerequisite to receiving assistance. Donor identification to recipients is required. Local purchase of supplies is encouraged wherever possible.

Review:

Caritas headquarters reviews a request in collaboration with interested member organizations and other non-governmental organizations. The time required to reach a decision varies greatly, with a minimum of 24 hours for high priority emergencies.

Reporting:

Interim and final reports are required from the national Caritas, which may in turn require reports from the local government before continuing installments. Extensive evaluations are encouraged.

EMERGENCY RELIEF PLAN

and Aid request to CI and Foreign Organizations

(to be completed by the national Caritas)

1. Disaster date, nature and place
2. Extent of damages and summary of needs
3. Number of families or persons needing aid
4. Nature and extent of the Church/Caritas aid program:

Items	Price in US$	Total US$
a) Food	$.....per person x no.pers.	.....
b) Clothing	$..... " " " "	.....
c) Blankets	$..... " " " "	.....
d) Cooking utensils	$.....per family x no. fams.	.....
e) Miscellaneous (soap, bleach, detergents,etc)	$..... " " " "	.....
f) Temporary shelter materials	$..... " " " "	.....
g) Medicines and medical supplies	$..... x quantity	.....
h) Others (specify)	$.....	.....
	Total	.....

5. Amount of outside aid requested:
   a) in cash (for local purchase of relief supplies and program implementation) US$ .....
   b) in kind(type product, quantity, delivery date, etc) US$ .....
6. Explanation of methods used for feeding/ clothing/shelter programs, etc.
7. Preliminary indications of maximum amount of Caritas rehabilitation budget and outside aid required in this connection

Date:

Signature: National Caritas Director

CATHOLIC ORGANIZATION FOR JOINT FINANCING OF DEVELOPMENT PROGRAMS (CEBEMO)

Address: Rhijngeesterstraatweg 40
P.O. Box 77
2340 AB Oegstgeest
THE NETHERLANDS
Phone: 071-171771
Telex: 30223
Cable: CEMEC NL
Contact: Director for Foreign Relations

Type:

Non-governmental organization (coordinating body).

General information/objectives:

CEBEMO acts on behalf of the Dutch Catholic community as a recognized channel of the joint financing program of the Dutch government. Its objective in disasters is to provide relief aid via local counterparts. CEBEMO is currently the co-ordinating agency for European Economic Community emergency relief supplied through non-governmental organizations.

Resources available:

Approximately 75% of the Dutch government's disaster assistance world-wide for 1983 (about $15 million, excluding bulk food aid) was channelled through CEBEMO.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Medium-term/recovery or long-term/reconstruction phase.

Usual assistance capabilities:

CEBEMO provides cash and goods, supplies or equipment for curative medical services, water supply, sanitation and feeding programs.

Procedures:

Applications for assistance should be directed to CEBEMO headquarters from a counterpart organization. A request should take the form of a telex followed by a formal written proposal. Both should contain a budget for total health relief needs.

Conditions:

Assistance is channelled through CEBEMO counterparts in the affected country. Local purchase of goods is acceptable.

Review:

The Dutch government sometimes assists CEBEMO in reviewing requests.

Reporting:

No special requirements.

CATHOLIC RELIEF SERVICES (CRS)

Address: 1011 First Avenue
New York, New York 10022, USA
Phone: (212) 838-4700
Telexes: 224241 and 667207
Cable: CATHWEL New York
Contact: Refugee & Disasters Officer
or Regional Director for
Latin America

Type:

Non-governmental organization.

General information/objectives:

CRS is the official overseas relief and development agency of the American Catholic community. In Latin America, CRS maintains offices in most countries, but generally works through its local counterpart organization, Caritas.

Resources available:

In 1981, CRS spent $49.1 million world-wide on emergency aid and disaster relief, including long-term planning for disaster victims. At the time of the Nicaraguan and Guatemalan earthquakes in the 1970s, more than $5 million was raised for each disaster.

Geographic limitations:

None.

Target population:

Aid is usually targeted at the rural poor.

Time frame:

No preference.

Usual assistance capabilities:

CRS provides contingency funds and cash for water, sanitation and immunization programs, personnel for curative medical services, water supply and feeding programs, and goods, supplies and equipment for curative medical services, vector control and immunization programs. CRS is a major supplier of US government PL480 food aid.

Personnel. CRS exceptionally supplies doctors, nurses, nutritionists, social workers, health educators and sanitary engineers. Personnel speak the local language and usually serve from three to 12 months. CRS generally administers its own personnel directly.

Drugs. Drugs are generally supplied according to the standard WHO list. Drugs with an expiration date of less than six months are not normally provided. Shipment of controlled substances requires prior approval from the local Ministry of Health.

Procedures:

An application for emergency assistance should originate with a national

counterpart (usually Caritas) after a declaration of emergency, although requests are also received directly from individual bishops and other church and private sector organizations. No government endorsement of the request is necessary, although there should be no objection from the local Ministry of Health. CRS prefers that a host government declare an emergency before embarking on large-scale fund-raising efforts. The request should contain a budget for total health relief needs and a situation report, including a needs assessment. Requests for equipment should state what maintenance facilities are available and the appropriate voltage required for electrical equipment.

Drugs. Requests should contain both the generic and manufacturer's name, preferred expiration date, where and how items will be stored and distributed, if there is a qualified health worker to handle drugs, how transport costs will be handled and whether the host government will provide duty-free importation facilities.

Conditions:

The country program director can usually spend $10,000 to $20,000 immediately after a disaster, with headquarters approval. For funding beyond this level, CRS conducts an appeal, both to the US general public and through Catholic parishes. Local input into projects is desired. Funds are disbursed in local currencies. Assistance provided may be used directly with disaster victims only.

CRS attempts to balance price, quality, and delivery time in-country in deciding whether to supply from the US or other countries. Goods are usually consigned to CRS or its counterpart. Food aid may sometimes be channelled via a National Emergency Committee or government.

Drugs. CRS prefers to send large amounts of a few specific items that cannot be supplied locally by other agencies.

Re-allocation of Unused Funds. Headquarters decides on re-allocation on the recommendation of the CRS Program Director in the affected country. Excess funds must normally be used in emergency relief or rehabilitation and reconstruction activities.

Review:

The review procedure by the country program office and headquarters takes up to ten days. The time may be reduced if the request is handled via telex and all relevant data are supplied. CRS has no particular priority area of interest and its response to disasters is usually geared to the amount of available funds and to what role other agencies are playing.

Reporting:

CRS requires periodic situation reports from the local Caritas organization as a means of monitoring the disaster. If there are difficulties with program implementation, subsequent cash installments by CRS may be delayed. Headquarters encourages site visits and requires periodic evaluations.

CHRISTIAN AID

Address: 240/250 Ferndale Road
P.O. Box No. 1
Brixton, London SW9 8BH, UK
Phone: 01-733-5500
Telex: 916504 CHRAID G
Cable: WORLDAID LONDON SW9 8BH
Contact: Head of Aid Department

Type:

Non-governmental organization.

General information/objectives:

Christian Aid is the relief and development division of the British Council of Churches. Funds for relief are allocated in a flexible manner using local agencies with which Christian Aid has developed partnerships over a number of years. In emergency situations, Christian Aid depends upon the coordination facilities of the World Council of Churches and the British Disaster Emergency Committee.

Resources available:

In 1983, Christian Aid allocated $1.4 million for emergency assistance world-wide, excluding refugee assistance. The greatest part of this money was spent in Lebanon.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

No preference.

Procedures:

Christian Aid does not normally respond to government requests. Assistance is provided through local counterparts, usually in the form of funds tied to specific projects. A request from a counterpart may take the form of a telex, letter or formal written proposal, and should contain a budget for total health relief needs and a situation report, including a needs assessment.

Drugs. The services and expertise of ECHO, a British organization which purchases drugs from a standard list in bulk for charities, are used. (See Annex 5 for the ECHO drug list.)

Review:

The time taken to review a request by Christian Aid and its counterpart varies greatly and depends on the situation.

Reporting:

Annual reports and audited accounts are required where funds are released in more than one installment.

CHURCH WORLD SERVICE (CWS)

Address: 475 Riverside Drive
New York, New York 10115, USA
Phone: (212) 870-2257;
in emergencies, (212) 749-1631
Telex: 234579 NCC-UR (RCA) or
710-581-5891 (TWX)
Cable: Dominicus
Contact: Foreign Emergency Response

Type:

Non-governmental organization.

General information/objectives:

CWS represents 31 Protestant and Orthodox communions and works in cooperation with colleague agencies in 74 countries. In coordination with other non-governmental organizations (NGOs), CWS has responded to disasters with emergency supplies and assisted in reconstruction, and emphasizes disaster preparedness in vulnerable areas. Wherever possible, CWS operates in conjunction with a world-wide ecumenical network.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

No preference.

Usual assistance capabilities:

CWS provides goods, supplies or equipment for all health services, and occasionally doctors and nurses for curative medical services.

Drugs. CWS uses the Interchurch Medical Assistance list. Drugs supplied have a minimum of 10 months before expiration upon arrival in the affected country.

Procedures:

A local counterpart agency may request assistance from CWS headquarters or from the local National Council of Churches. The request may take the form of a phone call or telex, and should contain budgets for the proposed CWS contribution and total health sector relief needs, and a situation report, including a needs assessment.

Drugs. Generic names are required.

Conditions:

CWS distributes assistance through a Christian US consortium or local group. Aid must be given free of charge. Donor identification to recipients is required.

CWS can immediately release up to $5,000 for any one disaster. Amounts over that limit must be raised through the Executive Director's appeal to supporting US denominations.

Review:

CWS reviews a request for assistance in light of information available from all sources, including the media, and may reach a decision within hours if necessary.

Reporting:

No special requirements, but site visits are sometimes conducted.

CONCERN (IRELAND)

Address: 1 Upper Camden St.
Dublin 2, IRELAND
Phone: 353-1-681237/751463
Telex: 25596 CERN EI
Contact: Deputy Chief Executive

Type:

Non-governmental organization.

General information/objectives:

CONCERN is primarily a volunteer-sending agency. Much of its assistance is provided by the Irish Government. Irish CONCERN is loosely affiliated with the US organization of the same name. CONCERN's objective after disasters is to restore basic services in a manner appropriate to social/economic conditions.

Geographic limitations:

None.

Target population:

Women and children especially.

Time frame:

No preference.

Usual assistance capabilities:

CONCERN provides public health nurses, nutritionists, administrators and sanitary engineers for water supply, sanitation, immunization and feeding programs, and cash for water supply and sanitation. Volunteers usually serve from three to 12 months. The time elapsed between request and arrival of personnel in the field ranges from one week to one month. Volunteers remain under the direct administrative supervision of CONCERN's own coordinator, but work on programs agreed with local authorities.

Procedures:

A request for emergency assistance should be submitted immediately after the disaster occurs directly to CONCERN headquarters from the civil defense or emergency committee of the affected country. The request may take the form of a letter or telex and should contain a situation report, including a needs assessment.

Conditions:

CONCERN assistance is for disaster victims only, distributed either totally free of charge or for a standard or subsidized fee.

Review:

The entire review from receipt of request at CONCERN headquarters to informing the affected country of the decision may take between three days and one month.

Reporting:

No special requirements.

CONCERN (USA)

Address: P.O. Box 1790
Santa Ana, California 92702 USA
Phone: (714) 953-8575
Contact: Director

Type:

Non-governmental organization.

General information/objectives:

CONCERN is involved in international development and the relief of hunger. Its objective in disasters is to send professionals on a volunteer basis to provide expert assistance. The US CONCERN is loosely affiliated with the Irish organization of the same name.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

No preference.

Usual assistance capabilities:

CONCERN provides physicians, nurses, epidemiologists, nutritionists, health educators and sanitary engineers for health services and feeding programs. The time elapsed from initial request to the arrival of personnel in the affected area ranges from two to six weeks. Volunteers usually serve from three to 12 months in the field. While volunteers are fully supported by CONCERN, they may be either directly administered through a CONCERN coordinator, be operationally subject to a local government organization, or be seconded to another implementing agency. Volunteers sent to Spanish-speaking countries speak that language.

Procedures:

A request may take the form of a telephone call, letter or formal written proposal to headquarters. A request must contain a situation report, including a needs assessment.

Conditions:

None specified.

Review:

CONCERN determines whether to provide assistance on the basis of a site visit, during which a representative discusses arrangements with government authorities.

Reporting:

No special requirements.

CUSO

Address: 151 Slater Street
Ottawa, Ontario K1P 5H5, CANADA
Phone: (613) 563-1242
Telex: 053 4706
Cable: CUSUCO Ottawa
Contact: Manager, Overseas Operations
or Executive Director

Type:

Non-governmental organization.

General information/objectives:

CUSO is primarily a volunteer-sending agency whose main concern is development, but it has provided assistance after disasters in several countries. CUSO involves disaster victims in self-help through on-the-job training by local counterparts. It is funded mainly by the Canadian International Development Agency.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Medium-term/recovery or long-term/reconstruction phase preferred.

Usual assistance capabilities:

CUSO provides physicians, nurses, nutritionists, administrators, health educators and laboratory technicians for health services, feeding programs, or other reconstruction needs. Volunteers usually serve two years and have local language ability.

Procedures:

A request for assistance should be submitted to a local CUSO representative. Any agency may issue the request, but it is desirable to obtain endorsement from the affected country's Ministry of Health or an international organization. Any form of request is acceptable.

Conditions:

CUSO volunteers usually require a salary paid by the host agency, local transportation, accommodation and, where applicable, salary for an individual counterpart. Volunteers may be administered through a CUSO coordinator, be operationally subject to a local government organization, or be seconded to another implementing agency.

Review:

CUSO reviews the general merit of a request, sometimes in collaboration with a local counterpart organization.

Reporting:

Requirements depend on the agreement worked out in each situation.

DIRECT RELIEF INTERNATIONAL (DRI)

Address: 2801 B De la Vina
P.O. Box 30820
Santa Barbara, California 93105
USA
Phone: (805) 687-3694
Telex: 371 8227 (ITT Box 4991561)
Cable: RELIEF
Contact: Director of Programs or Medical Supply Division Coordinator

Type:

Non-governmental organization.

General information/objectives:

DRI responds to the medical needs of victims of man-made and natural disasters. Shipments of pharmaceuticals, medical supplies and equipment may be dispatched on short notice to be transported by air to affected areas.

Resources available:

The Medical Supply/Emergency Relief Division spent $740,000 world-wide last year on shipping expenses and administration expenses, in addition to the value of the supplies donated.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Short-term/relief phase.

Usual assistance capabilities:

DRI provides personnel and goods, supplies and equipment for curative medical services.

Drugs. DRI supplies drugs according to its own list, which is a combination of the WHO and Red Cross standard lists. Drugs have at least one year of use remaining before expiration. Exceptions are made only in emergency cases when assurance is given that the shipment will move rapidly. DRI does not supply controlled substances.

Personnel. Personnel available include physicians, nurses, dentists, nutritionists, health educators, laboratory technicians and epidemiologists. It usually takes six months from the time of initial request to the arrival of personnel in the affected area. Volunteers usually serve from three months to three years. Personnel function under the administration of the health officials in the facility to which they are assigned. They do not necessarily speak the language of the country in which they serve.

Procedures:

An emergency request for assistance should be submitted to DRI headquarters immediately after the disaster. The request may originate with a national health agency, civil defense or national emergency committee in an affected country, a local or international non-governmental organization, UN agency or the US Government Office of Foreign Disaster Assistance. In an emergency, any form of request is acceptable so long as it includes a situation report, including a needs assessment. DRI has its own questionnaires and request forms that can be obtained from headquarters (see following pages).

Personnel. Requests should include proposed living arrangements and whether a stipend will be provided by the requesting agency.

Conditions:

Drugs and supplies are provided free, but a contribution for handling expenses is required, either from the receiving facility or from funds raised with the assistance of DRI. Drugs provided may be used to replace depleted national stocks. DRI prefers that recipients pay a standard or subsidized fee for drugs and supplies, but they may also be distributed totally free of charge. Goods may be consigned to the national emergency or civil defense committee, to a local government institution, or to a non-governmental organization, depending on the situation.

Personnel. Local transportation, food and lodging must be supplied by the requesting agency.

Review:

DRI requires from 24 hours to several days to review a request.

Reporting:

DRI requires situation reports, medical assessments and transportation reports before further shipments of drugs can be supplied.

DIRECT RELIEF INTERNATIONAL
P.O. Box 30820
Santa Barbara CA 93105

MEDICAL SUPPLY DIVISION QUESTIONNAIRE

1. Name and Mailing address of Hospital/ Dispensary, i.e. P.O. Box, Number and Street, City, Country, cable or telex no.

_____

_____

_____

_____

2. Port of Entry: _____

3. What group or individual will sponsor the costs of processing, packing materials and transport of your shipment?

Name: _____

Address: _____

_____

_____

4. INDIA ONLY: Are you on the Government of India LIST to receive non-consummables? If you are not, then we can only send you medicines, no supplies or equipment. This has nothing to do with customs duty, which you will not be assessed on shipments to India.

Yes_____ No_____ Don't know_____

5. Applicable to all countries except:

India, Thailand, Nicaragua, Korea, Dominican Republic and Guatemala -

We need your shipment consignment address

_____

_____

_____

_____

- AND -

6. What arrangements can you make to insure duty free clearance of this shipment? What documents do you need for this purpose? Do you have a clearing agent in the port-of-entry?

_____

_____

_____

_____

_____

We pledge to make distribution of the medical goods received strictly on the basis of need without regard to race, religion, nationality, ethnic origin or political affiliation, and that in no case will supplies be withheld from needy persons because of their inability to pay or work.

_____
Signature of Physician in Charge

_____
Signature of Administrator

_____
Printed Name of Physician in Charge

_____
Printed Name of Administrator

1/83

7. IMPORTANT: Is your health facility registered with the government as a charitable institution?

Yes_____ No_____ Don't know_____

8. Is it sponsored by the government? Yes_____ No_____ Don't know_____

9. Is it privately owned by an individual or company? Yes_____ No_____

10. Is it privately owned for profit? Yes_____ No_____

11. What other medical facilities are available for these patients?_____

_____

12. From whom are you currently receiving pharmaceuticals, medical supplies and equipment?_____

13. How many physicians work in your hospital or clinic?_____

General_____ Specialists_____ Surgeons_____ Dentists_____

14. List the diseases common in your area:_____

_____

15. Population of the area served by your hospital_____

16. How many beds in your hospital?_____

17. Do you have medical outposts? _____ Where are they and at what distance from your headquarters?_____

18. How many patients did you treat last year?_____

Inpatients_____ Outpatients_____

19. List the approximate number of cases handled each year:_____

General_____ Pediatric_____ Leprosy_____ Dental_____

Obstetrical_____ Tubercular_____ Surgical_____ Other_____

20. How many surgeries did you perform last year?_____

21. What facilities have you available for: Surgery?_____

Dentistry?_____

22. In what proportion did DRI's previous contributions assist your work?

More than 25%_____ More than 50%_____ More than 75%_____

23. PLEASE ATTACH A BRIEF HISTORY OF YOUR HOSPITAL ON A SEPARATE SHEET.

24. Attach photos of your health facility, staff and patients if possible.

DIRECT RELIEF INTL

MEDICAL SUPPLY DIVISION

LIST OF PHARMACEUTICALS * (P)

WE NEED THE ITEMS MARKED BELOW:

A. NUTRITIONAL PRODUCTS

62. Vitamins - Oral
(May contain animal-derived iron)

B. BLOOD MODIFIERS

44. Hematinics - iron containing products

C. HORMONES

34. Oral Contraceptives
41. Estrogens
59. Thyroid Hormones

D. CARDIO-VASCULARS

35. Vasodilators(coronary)
18. Antihypertensives

E. AUTONOMIC DRUGS

36. Nasal Vasoconstrictors
67. Antiasthmatics
64. Antinauseants and/or motion sickness (vertigo)
71. Common cold

F. CENTRAL NERVOUS SYSTEM DRUGS

13. Antidepressants
1. Analgesics and antipyretics
56. Skeletal muscle relaxants
60. Phenothiazines

G. GASTRO-INTESTINAL DRUGS

25. Antispasmodics, gastro-intestinal
6. Antacids
49. Laxatives (may include enemas)

H. MISCELLANEOUS PREPS

37. Dermatological
94. Dermatological for Liver Spots
27. Antitussives-Expectorants
88. Rectal or hemmorhoidal
63. Miscellaneous agents (pleas list specific items needed and not marked above):

_____

_____

_____

_____

_____

_____

_____

Name of Hospital: _____

Address of Hospital: _____

Signature and Printed Name of Physician: _____

Date of Request: _____

DIRECT RELIEF DOES NOT ASSUME RESPONSIBILITY FOR LOSS OR DAMAGE IN TRANSIT.

*(If in Stock)

1/83

DIRECT RELIEF INTERNATIONAL MEDICAL SUPPLY DIVISION

WE NEED THE ITEMS OF MEDICAL AND HOSPITAL SUPPLIES * MARKED BELOW: (*If in stock)

Ambulatory patient warmers, used
Antiseptic pads
Audio digest tapes, reel-to-reel and cassettes
Baby powder
Bandages, assortment only
Barium sulfate
Bedpan, stainless steel
Bone joint socket replacement,(S.S.)
Caps, surgical, disposable
Caps, nurses, disposable
Carafes
Catheters
Corra tubing
Cotton goods(assortment) new & used
Crutches,canes,forearm braces,new and used
Deodorant
Douche kit
Emesis basins, plastic
Eyeglasses, used, coded
First aid kits
Glassware, assortment
Gloves
Hospital utensils, assortment, S.S.
Hospital utensils, assortment, plastic
Intravenous placement units
Iron-on patches for mending
Laboratory glass collection bottles
Laboratory glassware
Laboratory supplies (assortment)
Laboratory trays
Liquid detergent
Masks, surgical, disposable
Micropipettes
Orthopaedic supplies, assortment, new&used
Oxygen accessories
Oxygen head canopy
Oxygen masks for adults, disposable
Oxygen masks pediatric, disposable
Pants and clothing, used
Pill boxes,small containers,jars(assorted)
Pitchers, S.S.
Pitchers, plastic
Plastic film in rolls
Plastic tips, disposable
Scrub brushes
Shampoo
Sheet, bed, used
Shoe covers, disposable
Soap
Sterilizing bags
Surgical instruments,assortment,new&used
Surgical sponges
Sutures
Syringes
Tape, non-surgical
Touchgloves
Trephine instruments, assortment
Tubing
Uniforms, used
Utensil wire baskets, used
Vacutainers
Vacutainer needles

AND

Medical textbooks and journals, used
Surgical supplies, assorted
Cleansing supplies, assorted

PREPACKED PALLETIZED SUPPLIES: We are currently able to offer prepacked palletized container(s) of medical and hospital supplies needed in most medical programs, they are approximately 550 pounds each, the value is approximately $6,000 U.S. and they are called "PALLET A's". Possible contents include: glass syringes, antiseptic solutions, sutures, eyeglasses, needles, emesis basins, catheters, antiseptic pads, surgical instruments, orthopaedic products, and/or other valuable items.

QUANTITY REQUESTED _____

DIRECT RELIEF INTERNATIONAL

MEDICAL SUPPLY DIVISION

EQUIPMENT AVAILABLE * (Most equipment listed is used, coming from contributed sources. It is checked by a technician to be in good serviceable condition before being packed for shipment.)

MEDICAL AND HOSPITAL EQUIPMENT (DESCRIPTION)

+ Anesthesia machine
+ Autoclave, small
Baby bassinets
Bedtrays, portable
Chart rack
Commode
Crutches, pair
Dental chair
Dental kit
+ Dental unit
+ Electric furnace
Examination table

+ Floor lamp
Foot stool
+ Gooseneck lamp
+ Heat lamp, small
+ Heat lamp, large
Hospital bed, manual
Instrument cabinet
Laboratory stool
Laundry bag stand
Overbed table

+ Pipette shaker
Polycentric knee instrumentation
Sphygmomanometer
+ Sterilizer unit
+ Surgical lamp
Treatment table
Utility Cabinet
Utility table
+ Vaporizer
Walker
Waste Container, metal
X-Ray cassettes
X-ray hanger
+ X-Ray view box
+ X-ray, chest survey unit
+ X-ray, mobile radiographic
+ X-ray, radiographic

+ ELECTRICAL OUTLET NEEDED (ALL EQUIPMENT WITH + OPERATES ON 110 VOLTS AND NEEDS A TRANSFORMER (NOT PROVIDED) TO OPERATE ON 220 VOLTS OR OTHER.

* If in stock

DIRECT RELIEF DOES NOT ASSUME RESPONSIBILITY FOR LOSS OR DAMAGE IN TRANSIT.

IMPORTANT: PLEASE DO NOT FORGET TO SIGN RELEASE OF LIABILITY ON PAGE 6.

EMMANUEL INTERNATIONAL

Address: P.O. Box 50
Stouffville, Ontario LOH 1LO
CANADA
Phone: (416) 640-2111
Telex: 06986659
Contact: Disaster Relief Coordinator

Type:

Non-governmental organization.

General information/objectives:

Emmanuel International is an evangelical Christian relief and rehabilitation agency. It normally works through a national Christian (preferably evangelical) church within the affected country.

Resources available:

Up to about $15,000 is available initially for any one disaster. Additional amounts depend on the funds that can be raised, and take varying lengths of time depending on the particular situation and donor's wishes.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

No preference.

Usual assistance capabilities:

Emmanuel International provides physicians, nurses, nutritionists, social workers, health educators and sanitary engineers for health services and feeding programs.

Procedures:

A government request for emergency assistance may be submitted to a local Christian counterpart agency immediately after a disaster. The counterpart agency will then relay the request to Emmanuel International.

Conditions:

Personnel are usually seconded to a local church agency and provide assistance to disaster victims only. Volunteers usually serve from one to three months. They often, but not necessarily, speak the local language.

Review:

A review team could arrive within 48 to 72 hours of the initial request to conduct a needs assessment.

Reporting:

No specific requirements.

FOOD FOR THE HUNGRY INTERNATIONAL (FHI)

Address: 108 Route de Suisse
CH-1290 Versoix
Geneva, SWITZERLAND
Phone: (22) 55-14-44
Telex: 28114 FHI CH
Contact: Director of Relief Services

Type:

Non-governmental organization.

Geographic limitations:

FHI will consider requests from anywhere in Latin America or the Caribbean, but its capabilities are limited in countries where it has no staff. There are presently FHI programs in Bolivia, the Dominican Republic and Peru.

Target population:

Christians.

Time frame:

No preference.

Usual assistance capabilities:

FHI provides personnel and goods, supplies and equipment for feeding programs.

Personnel. FHI provides "Hunger Corps Volunteers" who are generalists with nutritional training. Personnel contracts are for at least one year. A FHI administrator supervises volunteers in the countries where there are FHI programs, but staff are seconded to another implementing agency in other countries. Volunteers arrive in the field within one to two weeks of receipt of a request.

Procedures:

An emergency request for assistance may originate with the affected nation's civil defense or national emergency committee, a UN agency, or the US Agency for International Development. It may be submitted to FHI headquarters immediately after a disaster or after a FHI site visit. The request may take the form of a telephone call, telex or letter, and should include a situation report, including a needs assessment.

Conditions:

Goods are consigned to FHI and distributed by FHI missionaries or a national church organization. Assistance must be used primarily with disaster victims and distributed totally free of charge.

Review:

It usually takes one day to one week for FHI to review a request and inform an affected country of a decision.

Reporting:

No special requirements.

INTERNATIONAL COMMITTEE OF THE RED CROSS (ICRC)

Address: 17 Avenue de la Paix
CH-1211 Geneva DL, SWITZERLAND
Phone: (022) 346001
Telex: 22269 cicr-ch
Contact: President

Type:

Non-governmental organization.

General information/objectives:

ICRC is included in this directory of agencies that provide assistance after natural disasters only for clarification. In time of international or civil war or internal disturbances, ICRC acts as a neutral institution, endeavoring to ensure that the victims of such conflicts, whether civilian or military, receive protection and assistance. ICRC can take any humanitarian initiative in conformity with the principles of the Geneva Conventions and its role as a neutral and independent institution. ICRC's objectives in man-made disasters include the protection and assistance of victims, civilian and military. ICRC occasionally participates with the League of Red Cross Societies and national Red Cross societies in relief of natural disasters, but this role is invoked only under special circumstances. ICRC provides both relief assistance through its own appeals and aid from other agencies such as the European Economic Community.

Resources available:

Total ICRC expenditure in 1982 for relief operations in Latin America amounted to approximately $4.4 million, 90% of which was expended in El Salvador.

Geographic limitations:

None.

Target population:

All war victims.

Time frame:

Short-term/relief phase.

Usual assistance capabilities:

ICRC provides personnel and supplies for curative medical services, water supply, sanitation, immunization and feeding programs. It does not normally provide food on a large scale, but only small amounts for special circumstances, such as emergency infant feeding.

Personnel. Available personnel include physicians, nurses, pharmacists, surgeons, anaesthetists, prosthetists, physiotherapists, epidemiologists, nutritionists, tropical public health specialists, administrators, health educators, laboratory technicians and sanitary engineers. Medical personnel could be dispatched within one to several days.

Drugs. Drugs are supplied according to the International Red Cross list (see Annex 5).

Procedures:

In the case of natural disasters, the League of Red Cross Societies should be contacted first. Where there is overlap in responsibilities, or in the case of man-made disasters, the local Red Cross society may be contacted first; the local society will then forward the request to ICRC or the League, as appropriate. As the capacity of local societies to respond may vary, it may be advisable to copy the request to ICRC. Once established in an affected country, ICRC always works with and through the local Red Cross society.

A request for assistance may originate with any source, since ICRC always evaluates the request. ICRC usually operates in collaboration with the national Ministry of Defense or other branch of government.

Conditions:

ICRC only provides material assistance under the supervision and administration of its own personnel. Aid must be used directly with disaster victims only and must be distributed totally free of charge. Donor identification to recipients is required.

Review:

The ICRC reviews requests and makes a decision on whether to act within a few days.

Reporting:

ICRC sends its own teams to evaluate emergencies and report to Headquarters.

INTERNATIONAL EMERGENCY TECHNICAL AID SERVICE (IETAS)

Address: 9-11 Richmond Buildings
Dean Street, Soho
London W1, UK
Phone: 01-437-8305/6;
in emergency, Lingfield 832 241

Type:

Non-governmental organization.

General information/objectives:

IETAS consists of a register of experts who make themselves available in the event of disasters. The objective of IETAS is to provide technical assistance related to emergency planning, construction and engineering.

Geographical limitations:

None.

Target population:

No preference.

Time frame:

No preference.

Usual assistance capabilities:

IETAS provides volunteers to assist in planning or research on a short-term basis, usually for less than one month. Volunteers are drawn from a registry of about 100 professionals. Some have local language capabilities.

Procedures:

A request for assistance may be made to headquarters by any agency at any time.

Conditions:

Volunteers provided by IETAS normally require transportation, food and lodging to be supplied by the requesting agency in the affected country.

Reporting:

No special requirements.

LEAGUE OF RED CROSS SOCIETIES (LRCS)

Address: 17 Chemin des Crets,
Petit-Saconnex
P.O. Box 276
1211 Geneva 19, SWITZERLAND
Phone: (022) 34 55 80
Telex: LRCSH 22555
Cable: LICROSS GENEVA
Contact: Secretary General

Type:

Non-governmental organization.

General information/objectives:

One of the essential roles of the LRCS is to aid victims of natural or man-made disasters. The League also encourages and facilitates development of national societies in the field of relief. It assists these societies in developing disaster preparedness plans, in particular by offering them the services of technicians and contributing to the instruction and training of their personnel. LRCS coordinates Red Cross international relief operations in natural disasters. In contrast to ICRC, the League does not respond in the event of armed conflict.

Resources available:

The League budget for all its activities in 1983 was approximately $7 million.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Usually short-term/relief phase, but in exceptional cases the League assists in medium- to long-term reconstruction efforts.

Usual assistance capabilities:

LRCS provides cash, personnel and goods, supplies or equipment for curative medical services, and maintains a disaster relief emergency fund.

Personnel. LRCS supplies physicians, nurses, first aid workers, health educators, nutritionists, laboratory technicians, social workers and administrators. Personnel contracts may last from one to 12 months. Staff may arrive at a disaster from a few hours to a few days from time of request. Personnel usually report to the LRCS Delegate or the national Red Cross Society, or may be under the administration of a counterpart agency. Staff speak the language of the country to which they are assigned.

Drugs. LRCS provides drugs and supplies according to the WHO and Red Cross standard lists (see Annex 5). Drugs shipped have six months of shelf life remaining after date of arrival. Controlled substances are not shipped, but are purchased locally as required.

Procedures:

An application for assistance should originate with the national Red Cross Society and be directed to LRCS. Government endorsement of the request is required. When a disaster occurs, the League analyzes the situation and, at the request of a national Red Cross Society, may launch an appeal to sister Societies, passing necessary data on the disaster. LRCS then coordinates the relief operations, arranges material procurement and supply. The extent of the Red Cross relief program depends on the responsibilities delegated to a national Red Cross Society by the government of the affected country through the national relief plan, where there is one. LRCS usually sends one or more delegates to the disaster site to gather information for an appeal. Up to $20,000 is available on an emergency basis from headquarters for each disaster before an appeal is launched.

Personnel. A request should contain categories and numbers of personnel required, including education and experience, and drivers' license requirements.

Drugs. Requests should give the generic names.

Conditions:

Assistance is consigned to LRCS or a national society only and is distributed through the national society. Local purchase of goods, supplies or equipment is preferred. Aid must be used with disaster victims only, and distributed totally free of charge. A League delegate assigned to a disaster remains on site throughout the emergency and determines use of aid, when assistance will end, and prepares monthly reports.

Re-allocation of Unused Funds. Determined by post-disaster evaluation.

Review:

Requests are reviewed by LRCS only, usually within a few hours to a few days of receipt.

Reporting:

No special requirements.

LUTHERAN WORLD RELIEF (LWR)

Address: 360 Park Avenue South
New York, New York 10010, USA
Phone: (212) 532-6350
Telex: WUI 620651
Cable: LUTHWORL NEW YORK
Contact: Assistant Executive Secretary
or Director for Material Resources

Type:

Non-governmental organization.

Geographic limitation:

None. In 1983, LWR had counterparts in Bolivia, Brazil, Chile, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua and Peru.

Target population:

No preference.

Time frame:

No preference.

Usual assistance capabilities:

LWR provides cash for curative medical services, water supply, sanitation, immunization and feeding programs.

Procedures:

LWR responds to requests from counterparts, Lutheran World Federation or the World Council of Churches. The request should be directed to LWR headquarters in the form of a letter or telex and should include a situation report, including a needs assessment.

Conditions:

LWR distributes assistance through its counterpart agencies only. Local purchase of goods is acceptable. Aid must be used directly with disaster victims only and must be distributed free of charge. Donor identification to recipients is preferred.

LWR can initially release up to $10,000 for each emergency; amounts above this limit require action by the Board of Directors.

Re-allocation of Unused Funds: Prior approval from LWR and a financial plan for the balance are required before a decision can be made.

Review:

The general merit of a request will be reviewed by LWR only. A technical review will be carried out in collaboration with the counterpart and other non-governmental organizations. The entire review takes about one week.

Reporting:

No special requirements.

MALTESER-HILFSDIENST AUSLANDSDIENST, E.V.

Address: Haupstrasse 11
Postfach 501660
5000 Koln 50
FEDERAL REPUBLIC OF GERMANY
Phone: (0221) 350100
Telex: 888 2337 mhkd d
Cable: MALTESER-KOLN
Contact: Arbeitlungsleiter

Type:
Non-governmental organization.

General information/objectives:
Malteser works in collaboration with Caritas Internationalis member organizations, especially Deutscher Caritasverband, to provide assistance in disasters.

Geographic limitations:
None.

Target population:
No preference.

Time frame:
No preference.

Usual assistance capabilities:
Malteser provides personnel for any health sector need, especially water purification projects. It can supply physicians, nurses, epidemiologists, tropical specialists, health educators, nutritionists, laboratory technicians, social workers, sanitary and water engineers, and administrators.

Procedures:
An initial request should be submitted to Caritas Internationalis or Deutscher Caritasverband, which would then request Malteser to provide personnel (see directory entry for Caritas Internationalis).

Conditions:
Personnel work directly with disaster victims only and provide service free of charge. Donor identification to recipients is required.

Review:
Malteser responds only to requests already reviewed by Caritas Internationalis or Deutscher Caritasverband.

Reporting:
No special requirements.

MEDECINS SANS FRONTIERES (MSF)

Address: 161 Boulevard Lefebvre
75015 Paris, FRANCE
Phone: 828-3961
Telex: 201720F
Contact: Executive Director, Medical Director or President

Type:

Non-governmental organization.

General information/objectives:

MSF's objective is to provide medical assistance to populations that are victims of war or natural disasters and to populations living in conditions of inadequate medical care. In Latin America, MSF has assisted Honduras, Guatemala, Peru, Haiti and Nicaragua. It has international affiliates in the Netherlands, Belgium and Germany. MSF receives funding from the European Economic Community, the French government, UNHCR and private contributors.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

No preference.

Usual assistance capabilities:

MSF provides personnel and goods, supplies or equipment for curative medical services and immunization programs, and also personnel for sanitation and feeding programs.

Personnel. MSF can provide any type of health worker, including physicians, nurses, tropical specialists, health educators, nutritionists, and laboratory technicians. They usually serve from three to 12 months. Administrative arrangements for personnel vary, but usually there is a MSF coordinator, or personnel are subject to a local government organization, or both. Volunteers speak the language of the country to which they are assigned.

Drugs. MSF supplies drugs according to a modified WHO list.

Procedures:

An emergency request for assistance should be sent to MSF headquarters, preferably by the national health organization or UNDRO. Any form of request is acceptable, but it must contain a situation report, including a needs assessment. MSF normally responds initially with a small exploratory mission to investigate the situation. Depending on the mission's report, MSF may then establish an active mission.

It should be noted that whereas previously MSF would react to a disaster on

its own initiative to send an exploratory mission, MSF has now abandoned this unilateral action in natural disasters in Latin America. Currently, MSF responds only to government or UN requests for assistance in the region.

Conditions:

MSF provides drugs and related supplies only in conjunction with its own personnel. It would initially send a two-week supply for its team to prescribe, and follow this up with additional shipments where required. Recipients should receive assistance totally free of charge.

Review:

The general merit of the request is reviewed by MSF, utilizing any reliable sources of information. It usually only takes MSF a few days from receipt of request to make a decision and dispatch personnel.

Reporting:

No special requirements.

MEDICAL MISSION SISTERS (MMS)

Address: 8400 Pine Road
Philadelphia, PA 19111, USA
Phone: (215) 742-6100; in emergencies, (215) 722-8290
Cable: SAMARITAN Philadelphia
Contact: Sector Superior, North America

Type:

Non-governmental organization.

General information/objectives:

MMS is an international religious community of women whose objective in disasters is to provide immediate humanitarian assistance. MMS has not provided disaster assistance recently in Latin America, but has worked in Thailand and Lebanon.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Medium-term/recovery phase.

Usual assistance capabilities:

MMS provides personnel such as physicians or nurses for curative medical services and immunization programs.

Procedures:

A request for assistance may be sent directly to headquarters from the national health agency in the affected country.

Conditions:

MMS personnel may work through any agency present in the affected country. They are usually sent for one to three months. The requesting agency must provide MMS personnel with local transportation, food and lodging. MMS personnel do not necessarily speak the language of the country to which they are assigned.

Review:

The general merit of a request is reviewed by MMS headquarters only. The length of time required to review the request and dispatch personnel depends on the degree of emergency.

Reporting:

No special requirements.

MENNONITE CENTRAL COMMITTEE (MCC)

Address: 21 South 12th Street
Akron, Pennsylvania 17501, USA
Phone: (717) 859-1151
Telex: 90-2210
Cable: MENCENCOM
Contact: Secretary for Latin America

Type:

Non-governmental organization.

Resources available:

MCC can initally provide up to $10,000 for any one disaster without launching a special appeal.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Medium-term/recovery and long-term/reconstruction preferred, but where local counterparts exist, MCC may provide short-term relief.

Usual assistance capabilities:

MCC provides contingency funds, cash for sanitation programs, personnel for water supply, sanitation or feeding programs, and goods, supplies or equipment for curative medical services and feeding programs.

Personnel. MCC supplies nurses, nutritionists, social workers, health educators and, rarely, doctors. Staff usually serve for terms of more than one year.

Drugs. MCC does not ship expired drugs or controlled substances.

Procedures:

An emergency request should be passed from a local counterpart agency to the MCC representative in the affected country, who would then conduct a site visit to evaluate the situation.

Conditions:

Local purchase of goods is usually acceptable. Assistance may be used either with disaster victims or to replace national stocks depleted to aid disaster victims.

Review:

MCC reviews requests in conjunction with its local counterpart. It generally takes less than two weeks to inform an affected country of a decision.

Reporting:

Monthly and quarterly progress reports are required.

OPERATION CALIFORNIA (OpCal)

Address: 336 Foothill Road, Suite 1
Beverly Hills, CA 90210, USA
Phone: (213) 858-8184;
in emergencies, 399-2971
Telex: 295252 OPCA UR
Contact: President/Executive Director
or Managing Director

Type:

Non-governmental organization.

Resources available:

OpCal has shipped $18 million worth of donated medicines, food, clothing and agricultural supplies world-wide in about four years.

Geographic limitations:

Nicaragua, Grenada, El Salvador and Mexico only.

Target population:

No preference.

Time frame:

No preference.

Usual assistance capabilities:

OpCal provides goods, supplies or equipment for health services.

Drugs. OpCal supplies drugs according to any standard list and prefers to send large amounts of only a few items. OpCal does not ship expired drugs or controlled substances.

Procedures:

A request for emergency assistance may be submitted to headquarters by any national or UN agency or relief group. The request should contain a situation report, including a needs assessment. Visa requirements in case of site visits should be mentioned.

Drugs. Requests should contain the desired consignee, generic and manufacturer's names, and a statement indicating that the affected country will waive all taxes and fees associated with importation.

Conditions:

OpCal's assistance must be distributed free of charge to disaster victims only. Donor identification to recipients is required.

Review:

OpCal's review process usually takes one week.

Reporting:

No special requirements. Site visits for evaluation are preferred unless OpCal already knows and has good working relations with the implementing agency.

OXFAM

Address: 274 Banbury Road
Oxford OX2 7DZ, UK
Phone: (0865) 56777
Telex: 83610
Contact: Disaster Unit, or Latin American Desk Officer

Type:

Non-governmental organization.

General information/objectives:

Although its primary focus is development, OXFAM was formed in response to an emergency (the Nigerian Civil War in the 1960s) and continues to provide disaster assistance in many countries. It has sister organizations in Australia, Belgium and the USA.

Resources available:

In the fiscal year 1982-83, OXFAM spent approximately $1.2 million for disasters of all types in Latin America.

Geographic limitations:

None in theory, but in practice countries where OXFAM has no contacts are excluded, which presently affects Uruguay and Venezuela.

Target population:

No preference.

Time frame:

Medium-term/recovery or long-term/reconstruction projects preferred.

Usual assistance capabilities:

OXFAM provides funding for curative medical services, water supply, sanitation and immunization programs, personnel for water supply programs and rarely for health services, and goods, supplies or equipment for water supply and feeding programs.

Personnel. In Latin America, OXFAM supplies water engineers to assist in the installation of water supply kits (see below).

Goods, supplies or equipment. OXFAM has developed emergency kits for particular needs. These include:

1. Water packs, comprising equipment and materials in standard kit form for easy transport to areas where water supply is an urgent priority and difficult emergency conditions prevail. There is a variety of different packs covering a wide range of possible requirements. Packs are held in the OXFAM Disaster Store, ready to be sent overseas. The first packs were installed at Mocoron refugee camp in Honduras.

2. Feeding kits, including the Nutritional Surveillance and Assessment Kit, containing necessary equipment and literature to carry out nutritional surveys and ongoing monitoring of nutritional status; the Supplementary

Feeding Kit, suitable for administering on-the-spot daily supplements for 250 malnourished children; and the Therapeutic Feeding Kit which provides equipment for the intensive nutritional care of up to 100 severely malnourished children.

3. Sanitation packs, designed for South Asia, but probably not appropriate for Latin America.

Procedures:

An emergency request to OXFAM should be issued by a local non-governmental organization (NGO) rather than directly by a government. Requests for assistance should be submitted directly to the local OXFAM representative. If the representative is unavailable, a telex or phone call should be directed to OXFAM headquarters. The request should contain a situation report, including a needs assessment. The OXFAM Field Officer's Handbook describes a series of criteria with which requests for assistance should comply, and should be consulted while drafting a request.

Conditions:

Assistance is distributed directly through OXFAM or a local NGO, church or community group, or occasionally through a national emergency committee or other national institution, or a UN agency. Aid is consigned to OXFAM or its local NGO counterpart. Depending on the need, OXFAM aid may be used directly with disaster victims or to replace depleted national stocks. Recipients may receive material assistance totally free of charge or for a fee, subject to the same criteria adopted by OXFAM for its regular development work. Local purchase of goods or supplies is preferable, even if the cost is higher.

Re-allocation of Unused Funds: An unused portion of a grant is cancelled, and a new grant would be issued if necessary.

Review:

A request for assistance is received and reviewed by the Disaster Unit and the Latin America Desk in view of the content of the local representative's report. A technical review is carried out with advice from other appropriate agencies. OXFAM headquarters communicates its decision to the applicant within a few days.

Reporting:

Where aid is given in installments, a project is treated as a development project, and OXFAM requires periodic reports. Where funds originate with the European Economic Community or the British government, audits may be required. Continuation of a long-term project depends on the Field Officer's evaluation during periodic site visits.

PAN AMERICAN DEVELOPMENT FOUNDATION (PADF)

Address: 1889 F Street, N.W.
Washington, D.C. 20006, USA
Phone: (202) 789-3969
Telex: 440251
Cable: FUPAD
Contact: Director, Health Services Program

Type:

Non-governmental organization.

Geographic limitations:

None.

Target population:

Any group affected by disaster except the military.

Time frame:

Medium-term/recovery phase preferred.

Usual assistance capabilities:

PADF provides goods, supplies or equipment for curative medical services through soliciting donations from commercial concerns.

Drugs. PADF prefers to send large drug shipments at one time. Drugs with expiration dates of less than six months are not shipped.

Procedures:

A request for assistance should be submitted directly to headquarters by a government representative or an international organization. Additional endorsement of the request by the affected government, UNDRO or PAHO is required. The request may take the form of a phone call, telex or letter, and should include a situation report, including a needs assessment. An official declaration of emergency is useful for PADF fund-raising purposes.

Drugs. A request should contain the intended location of distribution, names and addresses of recipients and consignees, and generic and manufacturer's names.

Conditions:

Material assistance may be distributed through PADF or any national institution in the affected country, and may be used either directly with disaster victims or for other beneficiaries approved by PADF. Recipients should be charged a standard or subsidized fee. Donor identification to recipients is required.

Review:

The length of time required for PADF to review a request depends on the ease of obtaining procurement information.

Reporting:

Where aid is given in installments, reports and satisfactory evaluations are required before further assistance can be provided.

PARTNERS OF THE AMERICAS

Address: 1424 K Street, N.W.
Washington, D.C. 20005, USA
Phone: (202) 628-3300
Telex: 64261
Cable: NAPAR
Contact: Director of Administration

Type:

Non-governmental organization.

General information/objectives:

Partners links citizens of 44 states in the USA with 27 Latin American and Caribbean nations. Partners' objectives in disasters include short-term, immediate response through contributions of cash and (where appropriate) equipment and supplies from the US partner, and long-term technical assistance for reconstruction, rehabilitation, disaster prevention and preparedness.

Resources available:

In 1979, Partners supplied $13 million for projects of all types in Latin America and the Caribbean. Cash response to a disaster is based upon the need expressed by the Latin American partner, and the US partner state's ability to respond. For example, Wisconsin Partners raised $300,000 in 1972 after the Nicaraguan earthquake.

Geographic limitations:

Partnerships existed in early 1983 between US states and Antigua and Barbuda, Barbados, Belize, Bolivia, Brazil, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Montserrat, Nicaragua, Panama, Paraguay, St. Kitts/Nevis, St. Lucia, St. Vincent, Trinidad and Tobago, Uruguay and Venezuela.

Target group:

No preference.

Time frame:

No preference.

Usual assistance capabilities:

Partners provides contingency funds, cash for curative medical services and feeding programs, personnel for health services, and goods, supplies or equipment for curative medical services, water supply and sanitation projects.

Personnel. Partners supplies physicians, nurses, epidemiologists, rehabilitation specialists, nutritionists, social workers, administrators, tropical specialists, health educators, laboratory technicians and sanitary engineers. Volunteers serve less than one month, and are operationally subject to the local Partners organizations. Preference is given in recruitment to professionals with local language capability. On average it takes two to four weeks from request to arrival of volunteers in the affected country.

Procedures:

A request for assistance should be submitted both to headquarters and to the local Partners group, and may originate with a national or UN agency. The request may take any form, but where initial contact is made by telephone, a written request must follow. The application should include a budget for total health relief needs and a situation report with a needs assessment.

Conditions:

Assistance may be used directly with disaster victims, to replenish national stocks, or for long-term rehabilitation. Local purchase of goods is acceptable, even if the cost is higher. Assistance is distributed only through the local Partners organization. Goods are preferably consigned to Partners but may also be consigned to the national civil defense or national emergency committee where appropriate.

Personnel. The requesting agency must provide room and board for volunteers.

Re-allocation of Unused Funds. Policy varies with each country Partners organization. Generally liberal conditions aimed at long-term reconstruction/rehabilitation efforts apply.

Review:

The local Partners organization usually reviews a request and informs an affected country of a decision within one to five days.

Reporting:

No special requirements. Continued installments of long-term assistance may depend on project evaluations.

PRESIDING BISHOP'S FUND FOR WORLD RELIEF (PBF)

Address: The Episcopal Church Center
815 Second Avenue
New York, NY 10017, USA
Phone: (212) 867-8400; night line, (212) 687-9454/5
Telex: 971271
Cable: DOMFOR MIS NYK
Contact: Executive Director

Type:

Non-governmental organization.

General information/objectives:

PBF is the official channel through which the Episcopal Church provides humanitarian assistance around the world. Its objective in disasters is to answer immediate relief needs.

Resources available:

Emergency grants of up to $25,000 can be provided by headquarters for each affected region (usually a Diocese). Grants for reconstruction range from $3,000 to $30,000.

Geograhic limitations:

None.

Target population:

No preference.

Time frame:

No preference.

Usual assistance capabilities:

PBF provides cash for short-term/relief phase operations, and cash, personnel and/or goods, supplies or equipment for any health services in the long-term/reconstruction phase.

Drugs. PBF usually supplies drugs according to the WHO or Red Cross lists in cooperation with the overseas logistics office of World Mission Development. Drugs supplied have at least 18 months remaining before the expiration date if shipped by surface transport, or as little as three months if shipped by air. PBF conforms to US government regulations on the shipment of controlled substances.

Personnel. PBF supplies physicians, nurses, nutritionists, social workers, administrators, health educators, dental assistants, laboratory technicians and sanitary engineers. Contracts vary in length up to three years. Personnel are administered by Anglican or Episcopal authorities in the field and are fully supported by PBF. They speak the language of the country to which they are assigned. It may take from three months up to two years to fill requests.

Procedures:

An emergency request may be submitted directly to headquarters by the Episcopal or Anglican dioceses or ecumenical agencies, such as the World Council of Churches. No official declaration of emergency is required but it is useful for PBF's fund-raising purposes.

In emergencies, an official application form (see following pages) should be completed, but need not include a proposal summary, or the required information can be included in a telex. Requests for assistance must reach headquarters within 30 days of the commencement of a disaster. Proposals for rehabilitation projects must include a problem statement or assessment of need, program objectives, plan of action, evaluation strategy, budget, plan for continued funding, and a one-page proposal summary.

Conditions:

PBF's emergency assistance is channelled directly to local church groups or the local Bishop or through Church World Service, the World Council of Churches or the National Council of Churches.

Long-term material assistance may be distributed additionally through a national emergency or civil defense committee, UNHCR or UNICEF, or a non-governmental organization. Goods are consigned to the implementing agency as set forth in the request for assistance. Material assistance may be used with disaster victims only and must be distributed free of charge. Donor identification to recipients is not required but is desirable for fund-raising purposes. Local purchase of goods is usually acceptable.

Review:

A request will be reviewed sequentially by the local Archbishop, Bishop, ecumenical agency, and PBF. The entire review for crisis response takes from one day to one week.

Reporting:

Financial accounting and program implementation reports are required by headquarters, and accounts are subject to annual audit.

FOR OFFICE USE ONLY:
GRANT #_____

DATE RECEIVED_____

The Presiding Bishop's Fund for World Relief

GRANT APPLICATION

NOTE: The Episcopal/Anglican Bishop's signature of approval or letter of support for a project in his jurisdiction must be included in this application.

Name of Project:_____

Address:_____

City:_____ State:_____ Zip Code_____

Telephone: (Area Code)_____ (Number)_____

Contact Person:_____

Address:_____

City:_____ State_____ Zip Code_____

Telephone: (Area Code)_____ (Number)_____

Episcopal Diocese/Anglican Diocese:_____

Bishop:_____

Budget Request: $_____ Project: New_____ Beginning Date: _____

Continuing_____ _____

Project Description (including brief history)

_____

_____

_____

_____

_____

_____

_____

Presiding Bishop's Fund for World Relief

APPLICATION (Continued):

Describe Project Goals: _____

_____

_____

_____

_____

Objectives:

Short Range (be specific): _____

_____

_____

_____

_____

How will these be measured and by whom? _____

_____

_____

_____

Long Range (be specific): _____

_____

_____

_____

_____

How will these be measured and by whom? _____

_____

_____

_____

_____

_____

Presiding Bishop's Fund For World Relief

APPLICATION (Continued):

- What research or feasibility study has been done on the project?

- Outline elements of environmental impact if any, such as availability of water, temperature range, soil types, etc.

- Why is the approach selected cheaper and more effective than alternative ones? (Are there any financial statements available? If so, supply them).

- Identify present source(s) amounts(s) of funding:

- Identify funding requests made of other sources:

- Has this project received a grant from any other source?

  When?_____Amount_____

- What is the expected duration of the project?

- What steps will be taken to ensure that the project will be self-supporting at the end of the grant period?

- How many people are expected to benefit from this project?

Presiding Bishop's Fund For World Relief

APPLICATION (Continued)

List Budget items/amounts. Identify specific amount and purpose of the funds requested from the PBFWR:

- ☐ Current audited statement attached
- ☐ Current list of Board of Directors
- ☐ Latest annual Report
- ☐ Diocese approves (please check)

_____
Applicant's Signature

_____
Diocesan Bishop's Signature
Director, ecumenical council signature

EVALUATION SHEET TO BE COMPLETED BY THE BISHOP
IN WHOSE JURISDICTION THE PROJECT IS LOCATED

Dear Bishop:

This brief evaluation and your recommendations will greatly assist consideration of this proposed project in your jurisdiction. Your supplying this additional information is greatly appreciated.

Please indicate Diocesan monies committed to this program.

If none, please explain.

REDD BARNA (Norwegian Save the Children)

Address: P.O. Box 505 Sentrum
Jernbanetorget 2
Oslo 1, NORWAY
Phone: (02) 41-46-35
Telex: 19143 reddb n
Cable: REDDBARNA
Contact: Programme/Disaster Coordinator

Type:

Non-governmental organization.

General information/objectives:

Redd Barna is a member of the Save the Children Alliance. It assists in the formulation of disaster preparedness plans and provides aid when disasters occur.

Geographic limitations:

None.

Target population:

Women and children.

Time frame:

No preference.

Usual assistance capabilities:

Redd Barna provides cash primarily, but also personnel and goods, supplies or equipment for all health services.

Personnel. Redd Barna provides nurses and social workers, on contracts from three to 12 months in length. It takes from one to four weeks from initial request to arrival of personnel.

Procedures:

An emergency request should be submitted to headquarters by the affected nation's health agency, civil defense or national emergency committee or a counterpart agency. The request should take the form of a telex, letter or formal written proposal, and should include a situation report, including a needs assessment.

Drugs. Requests must state both the generic and manufacturer's names.

Conditions:

Local purchase of goods is acceptable. Assistance must be used directly with disaster victims only and may be distributed either free of charge or for a standard or subsidized fee. Donor identification to recipients is required.

Review:

Redd Barna and its counterparts take from one to four days to review a request and inform the affected country of a decision.

Reporting:

Specific requirements are agreed upon in each case.

RELIEF INTERNATIONAL

Address: 275 Slater Street
Ottawa, Ontario K1P 5H9, CANADA
or: Box 3299, Station "D"
Ottawa, Ontario K1P 6H8, CANADA
Phone: (613) 232-8336 or 230-6165
Telex: 053-4939
Contact: President or Executive Director

Type:

Non-governmental organization.

General information/objectives:

Relief International is developing a professional registry to enable it to supply subsidized human and material resources at short notice.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Short-term/relief and medium-term/reconstruction only.

Usual assistance capabilities:

Relief International supplies personnel, with limited material support, for all health services.

Personnel. Relief International's registry includes physicians, nurses, sanitary and water engineers, logistics experts, epidemiologists, nutritionists, tropical specialists and health educators. It may take up to one week from receipt of request to arrival of personnel in the field.

Drugs. Relief International supplies unexpired drugs according to the WHO or Red Cross lists. Controlled substances are only sent to agencies that will prescribe them through a nationally-accredited physician.

Procedures:

An emergency request should be directed to Relief International headquarters by a national health agency, civil defense or national emergency committee, UN agency or non-governmental organization (NGO). The request may take any form and should contain a brief situation report.

Drugs. The generic name of each drug is required.

Conditions:

Personnel and materials are provided at subsidized rates subject to fund-raising success. Aid may be used directly with disaster victims only. A standard or subsidized fee for this aid should be charged to recipients. Assistance may be channelled through a government, UN agency or established NGO.

Personnel. Personnel operationally subject to a local government organization are fully supported by Relief International. NGOs requesting personnel must provide them with local transport, food and lodging, administrative guidance and professional support. Personnel do not necessarily speak the language of the country to which they are assigned, so that interpreters must be provided where appropriate.

Review:

A minimum of one and maximum of three days is required to review a request and inform an affected country of the decision.

Reporting:

No special requirements.

THE SALVATION ARMY WORLD SERVICE OFFICE (SAWSO)

Address: 1025 Vermont Avenue, N.W., #305
Washington, D.C. 20005, USA
Phone: (202) 833-5646
Telex: 89-460
Cable: SALVATION WSH
Contact: Director

Type:

Non-governmental organization.

General information/objectives:

SAWSO is a component of the Salvation Army, and the agencies work together to determine the mechanism and content of their disaster response. SAWSO either assists the Salvation Army, which has offices in over 80 countries, with technical assistance, or secures funding in order to provide appropriate aid for immediate needs resulting from disasters.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

No preference.

Usual assistance capabilities:

SAWSO provides cash, personnel and goods, supplies or equipment for all health servcies.

Personnel. SAWSO supplies physicians, nurses and other health staff, but does not always provide full support.

Procedures:

A request for assistance should be submitted to the local Salvation Army office in the form it specifies, but it should always contain a budget for SAWSO's contribution and a situation report, including a needs assessment. A declaration of emergency by the Office of US Foreign Disaster Assistance is desirable.

Conditions:

Material assistance may be consigned to SAWSO or the local Salvation Army office only. Recipients must receive material assistance totally free of charge.

Review:

A review is conducted by the local office with SAWSO assistance.

Reporting:

Monthly progress and financial reports are usually required.

SAVE THE CHILDREN FEDERATION, INC. (SAVE)

Address: 48 Wilton Road
Westport, Connecticut 06880, USA
Phone: (203) 226-7272
Telex: 6819138
Contact: Vice President for Program/
Latin American Regional Director

Type:

Non-governmental organization.

General information/objectives:

SAVE is dedicated to the ideals set out in the Declaration of the Rights of the Child. SAVE is a full member of the Save the Children Alliance, which occasionally funds and administers specific projects of its own. In disasters, SAVE seeks to respond rapidly in the regions and countries where it already has programs, and incorporates a development focus where possible.

Geographic limitations:

Colombia, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico and Nicaragua.

Target population:

Women and children.

Time frame:

Long-term/reconstruction phase.

Usual assistance capabilities:

SAVE provides goods, supplies or equipment for curative medical services, water supply and sanitation programs.

Drugs. SAVE occasionally ships donations in kind of medicines collected in the US.

Procedures:

A request for assistance should be directed to the SAVE representative in the affected country, but headquarters will also act on requests sent directly. A request may originate with any national or UN agency, and should contain a budget for total health relief needs and a situation report, including a needs assessment.

Conditions:

SAVE generally distributes material assistance only through its own personnel. Assistance must be used directly with disaster victims only and be distributed for a standard or subsidized fee. Donor identification to recipients is required.

Review:

The review process at headquarters usually takes one to three weeks.

Reporting:

Reporting is only required of SAVE local representatives, but audits, site visits and evaluations may be required.

SAVE THE CHILDREN FUND (SCF)

Address: Mary Datchelor House
17 Grove Lane
London SE5 85D, UK
Phone: (01) 703-5400
Telex: 892809 SCFLON G
Cable: SAVINFUND London SE5
Contact: Senior Medical Officer

Type:

Non-governmental organization.

General information/objectives:

SCF is wholly concerned with emergency relief and the long-term welfare of children. It is a sister organization to Commonwealth SCF organizations including Australia, New Zealand and Canada, and is a full member of the Save the Children Alliance, which occasionally funds and administers specific joint projects.

Resources available:

In the year 1981-82, SCF spent approximately $0.5 million on overseas relief work in Latin America and the Caribbean.

Geographic limitations:

None.

Target population:

Children.

Time frame:

No preference.

Usual assistance capabilities:

SCF provides cash, personnel, and goods, supplies or equipment for all health services.

Drugs. SCF usually supplies drugs purchased from the Supply of Equipment to Charity Hospitals Overseas (ECHO), a British non-profit organization which provides generic drugs at cost for charities (see Annex 5 for the ECHO list). No short-term or expired drugs are shipped. SCF rarely supplies controlled substances, as it is extremely difficult to ship these from the UK.

Personnel. SCF provides physicians, nurses, epidemiologists, nutritionists, tropical specialists, health educators and sanitary engineers. Personnel usually serve terms of more than one year. They are administered directly by a SCF field coordinator and are required to speak the language of the country to which they are assigned. SCF personnel may be seconded to another agency.

Procedures:

An emergency request should be directed first to the local SCF representative in the affected country. Where no representative exists,

headquarters may send an officer on its own initiative to report on the situation. The emergency request should originate with the affected government, preferably the Ministry of Health. Any form of request for assistance is acceptable, but it should contain a budget for total health relief needs and a situation report, including a needs assessment.

Drugs. A request must state both manufacturer's and generic names.

Personnel. A request should contain a written justification.

Conditions:

SCF may provide funds or assistance in kind to local agencies, but is more likely to develop its own programs. In an emergency, SCF local representatives may be authorized to release available funds after consultation with headquarters. Funds may be released in installments, depending on local need. Assistance must be provided free of charge to beneficiaries.

Review:

SCF reviews a request based on the views expressed by the local representative and other authorities. The time required from receipt of request to informing a country of a decision varies greatly, but because of budget flexibility, funds can usually be obtained quickly once a decision is reached.

Reporting:

No special requirements, but SCF prefers to receive reports from the government or implementing agency.

SISTER CITIES INTERNATIONAL (SCI)

Address: 1625 Eye Street, N.W., Suite 424-26
Washington, D.C. 20006, USA
Phone: (202) 293-5504
Contact: Technical Assistance Program

Type:

Non-governmental organization.

General information/objectives:

The SCI Technical Assistance Program is designed to assist cities to plan and implement collaborative projects including public health, emergency medical services, water resource development, sanitation, and disaster planning and preparedness. US Sister City Committees may, at their discretion, also respond to disaster situations with funds, food or medical supplies. For example, through its Central American Emergency Committee, Sister Cities responded to floods in El Salvador in 1982 by providing medical and other supplies.

Geographic limitations:

In early 1983, Sister Cities Committees existed in Argentina, Bahamas, Belize, Bolivia, Brazil, Cayman Islands, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Peru, St. Vincent, Uruguay and Venezuela.

Target population:

No preference.

Time frame:

SCI headquarters' technical assistance is provided for medium- and long-term/reconstruction programs only. Individual US Sister Cities Committees may provide assistance for short-term/relief.

Usual assistance capabilities:

SCI provides technical assistance personnel for public health or curative medical services. Individual Sister Cities Committees may also provide other forms of disaster assistance related to health.

Personnel. SCI supplies physicians, nurses or health educators. Consultants usually serve less than one month, during which their transportation and living expenses are met by SCI headquarters. Personnel may be seconded to a local government or other agency approved by the Sister City Committee. They do not necessarily speak the language of the country to which they are assigned.

Procedures:

An application for assistance should be submitted to SCI headquarters by a Mayor's office or Sister City Committee in the affected country. Any form of request is acceptable, but it should include a brief history of the relationship between the two collaborating cities, a description of the project objectives, a situation report including a needs assessment, time frame, budget, categories of personnel and language requirements. Guidelines and other information are available from SCI headquarters.

Conditions:

For emergency assistance, conditions are set by the individual US Sister City Committee.

Review:

The general merit of an emergency request will be reviewed by the US Sister City Committee. Specific programming criteria for reconstruction projects are available from SCI headquarters. Technical assistance requests take an average of six months to be processed. Requests for emergency assistance can take as little as a few days, depending on the capacity of the Sister City Committee.

Reporting:

No special requirements.

SOUTHERN BAPTIST FOREIGN MISSION BOARD

Address: 3806 Monument
P.O. Box 6597
Richmond, Virginia 23230, USA
Phone: (804) 353-0151
Contact: Senior Consultant, Human Needs Ministry or Consultant, Community Development

Type:

Non-governmental organization.

General information/objectives:

The Foreign Mission Board is the branch of the Southern Baptist Convention that responds to disasters in developing countries. Its strategy in emergency situations is described in "Guidelines for Utilization of Human Needs Resources" and "Disaster Response Manual", available from headquarters.

Geographic limitations:

None.

Target population:

Priority is given to the Baptist community.

Time frame:

No preference.

Usual assistance capabilities:

The Board supplies cash, personnel, and goods, supplies or equipment for curative medical services, water supply, sanitation or immunization programs.

Personnel. The Board provides almost any category of health personnel and maintains a team of volunteer physicians and nurses on stand-by to respond within 48 hours of a request. Personnel are fully supported by the Board but may be operationally subject to a local government organization. Volunteers do not necessarily speak the language of the country to which they are assigned.

Drugs. The Board supplies unexpired drugs according to the standard WHO or Red Cross lists. Controlled substances are shipped only for use under the supervision of physicians. Prepackaged medical kits consisting of general equipment and appropriate medicines, packed in containers, are available to medical teams so that they are self-sufficient to provide out-patient care rapidly for a limited period.

Procedures:

A request for assistance should only be submitted through a local Baptist missionary organization in the affected country. The request will be forwarded to the Baptist area director, who will in turn contact headquarters. There is a standard emergency request form (see following pages) which must be completed. However, an initial request may be made by telphone or telex, using the form as a guideline for the required

information. The request should contain a budget for the Board's contribution and a situation report, including a needs assessment.

Drugs. Generic names should be specified.

Conditions:

Aid is provided through and consigned only to local Baptist organizations. Aid must be used directly with disaster victims only. Local purchase of goods is acceptable, and donor identification to recipients is required. The area office may authorize expenditure of up to $5,000 in emergencies.

Review:

The Foreign Mission Board may review a request and reach a decision within hours.

Reporting:

The Board requires progress reports and periodic project evaluations.

HUMAN NEEDS MINISTRIES
EMERGENCY REQUEST FORM

This form should be used to provide the Foreign Mission Board area office with data in support of an emergency request. If the initial request is made by telephone, this form should be used as a guide for providing as much verbal information as possible. The written request should then be forwarded to the area office as back-up materials. If necessary, in order to effect a timely response, the mission may authorize expenditure of up to $5,000 which will be reimbursed by the Foreign Mission Board upon receipt of the back-up request. References: Guidelines for Utilization of Human Needs Resources and Disaster Response Manual.

I. General Information:

A. Mission Name _____ Mission Number _____

B. Relief Project Name _____

C. Disaster Relief Coordinator _____

D. Missionary Responsible for project _____

E. Anticipated Beginning Date _____

F. Anticipated Completion Date _____

II. Emergency Information:

A. Information concerning missionary personnel and national leaders (Injuries or losses) _____

B. Information to be passed on to family and friends _____

C. Type of emergency (i.e. flood, earthquake, storm, etc.) _____

D. Specific Location _____

III. Brief statement of need (physical, property, material, etc.): _____

IV. Statistical data (estimates):

A. Total number of families affected _____

Total number of Baptist families affected _____

B. Total number of families to be ministered to _____

Total number of Baptist families to be ministered to _____

Average number per family _____

C. Estimated loss of life _____

D. Other important data (value of property loss, total homeless, etc.)

_____

V. Plans for responding to need _____

_____

_____

_____

_____

_____

_____

THE FOLLOWING SECTION MAY BE ANSWERED ON SEPARATE SHEET IF NECESSARY

VI. Budget Breakdown: (Give details and divide into general relief and/or hunger relief)

_____

VII. Supplies, equipment needed from U.S.A. (include in budget above) and time frame needed (prepare separate detailed list when appropriate).

List description, quantity, estimated cost and any special instructions.

VIII. Describe any plans/need for volunteers:

List description, number needed, time frame, and special instructions.

IX. Any special instructions regarding notification or procedure for sending funds. (Normally the mission treasurer and the project director are notified of approval by mail. You may request telegram notification if such is necessary.)

_____

X. Any peculiar circumstances or problems we need to be aware of:

_____
Approved Mission (Chairman)

Mission Action Number_____
(When applicable)

Mail to: Area Director
Foreign Mission Board
Box 6767
Richmond, VA 23230

Copy to: Human Needs Ministries
Foreign Mission Board

LH:SP

TEAR (THE EVANGELICAL ALLIANCE RELIEF) FUND

Address: 11 Station Road
Teddington, Mddx. TW11 9AA, UK
Phone: (01) 977 9144
Telex: 8955019 Tear G
Cable: TEARFUND Teddington
Contact: Relief Administrator

Type:

Non-governmental organization.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

No preference.

Usual assistance capabilities:

Tear Fund provides cash and goods, supplies or equipment for water supply, sanitation, immunization or feeding programs, and personnel for water supply and immunization programs.

Personnel. Tear Fund provides nurses, health educators, laboratory technicians and administrators. Personnel contracts are from three months to one year in length.

Procedures:

An emergency request to Tear Fund headquarters should originate with a local Christian church group and be endorsed by the head of the church or diocese in the affected country. An initial request may take any form but must be followed up with a completed Project Proposal Form (see following pages). The request should contain a budget for total health relief needs and a situation report, including a needs assessment.

Drugs. A request should contain drugs' generic names.

Conditions:

Assistance is consigned to and distributed by Tear Fund or its local Christian counterpart only. Local purchase of goods is acceptable. Assistance must be used with disaster victims only and be distributed free of charge. Donor identification to recipients is required.

Review:

Criteria for funding include scope for community participation, concern for vulnerable groups and diminished dependency on outside resources. Decisions are reached within one to three days.

Reporting:

No special requirements.

DARU 6/1

PROJECT PROPOSAL FORM

(Disaster and Relief Project)

1. Applicant

Name:

Position:

Organisation/Church:

Address:

2. Project Background

Please describe the geography and economy of the project area.

Please describe the forms of Christian activity in the area.

Please describe the previous and present work of your church/organisation in this area.

3. Current Situation

Please describe the event giving rise to the present crisis.

What effect has the crisis had on people's security, livelihood, health, nutrition and welfare?

4. Project Beneficiaries

Who are the people who will benefit from the project?

How many people will benefit?

Why have these particular people been chosen?

What are the most serious needs of these people?

5. Project Objectives

What do you wish to achieve by the project? That is, how will people benefit from the project?

6. Project Activities

What activities will the project undertake in order to achieve these objectives?

7. Project Personnel

Who will manage the project?

What skilled staff will the project require, and how will they be recruited?

8. Church and Community Involvement

Please describe the relationships which link the church, the community, and the project.

How will the community be involved in carrying out the project?

9. Project Logistics

What items of equipment, machinery, and supplies will be necessary for the project activities to occur?

10. Project Finance

Please list out all the estimates in the project budget.

Which items in the budget are you requesting Tear Fund to finance?

If a grant is agreed to, what is the best and quickest way of transferring finance to the project? Please give details of bank account and telex number.

11. Endorsement

To be signed by the senior officer of the church or organisation and the project leader.

"In making this application we recognise that this project is an integral part of our total Christian mission and will be regarded, alongside all our other projects and activities, as worthy of our fullest possible support in terms of personnel, finance and prayer. We declare that the project, and this application to Tear Fund, has the full support and approval of our church/organisation."

Signed: _____ Countersigned: _____

Designation: _____ Designation: _____

Date: _____ Date: _____

116

TERRE DES HOMMES

Address: rue du Maupas 49
Case postale 388
1000 Lausanne 9, SWITZERLAND
Phone: (021) 384444
Telex: 24042 tdh ch
Contact: Director of Programs

Type:

Non-governmental organization.

General information/objectives:

Terre des Hommes (Lausanne) is one of several groups of the same name based in European cities. Its aim is to provide direct and immediate aid to children in distress.

Resources available:

Total Terre des Hommes budget is about $10 million per year.

Geographic limitations:

None.

Target population:

Children.

Time frame:

No preference.

Usual assistance capabilities:

Personnel and goods, supplies or equipment for curative medical services and feeding programs.

Drugs. Terre des Hommes does not adhere to any standard list. It provides unexpired drugs, but does not ship controlled substances.

Personnel. Physicians, nurses and administrators are provided on two-year contracts, working directly in Terre des Hommes programs.

Procedures:

Any national or international agency may request aid from headquarters. A phone call, letter or telex is acceptable and should include a situation report, including a needs assessment.

Drugs. Generic names are required.

Conditions:

Aid is consigned to and administered by Terre des Hommes personnel alone, and is only provided to disaster victims.

Review:

Terre des Hommes reviews and decides on requests within a few days.

Reporting:

No special requirements.

UNITED METHODIST COMMITTEE ON RELIEF (UMCOR)

Address: 475 Riverside Drive, Room 1374
New York, New York 10015, USA
Phone: (212) 870-3600
Cable: MISSIONS - New York
Contact: Disaster Coordinator

Type:
Non-governmental organization.

Geographic limitations:
None.

Target population:
No preference.

Time frame:
No preference.

Usual assistance capabilities:
UMCOR provides cash for curative medical services, water supply, sanitation, immunization and feeding programs, personnel for curative medical services, and goods, supplies or equipment for curative medical services and feeding programs.

Personnel. UMCOR provides physicians, nurses and health educators. It takes from four to eight days from receipt of a request to the arrival of workers in the field. Personnel contracts are for less than one month.

Procedures:
An emergency request may originate with the national health agency, any religious group or disaster coordinating agency in the affected country, and should be submitted to UMCOR headquarters in the form of a letter or telex. It should include a budget for total health relief needs and a situation report, including a needs assessment.

Conditions:
UMCOR conducts a site visit before it will consider an emergency request. Initially, emergency funds available are limited to small amounts already at hand, but a special appeal may be made for funds to the United Methodist Church. Wherever possible, UMCOR works with ecumenical groups, often related to Church World Service (CWS). Local purchase of goods is acceptable. Aid must be distributed totally free of charge, to disaster victims only.

Re-allocation of unused funds. Return to UMCOR required.

Review:
UMCOR and its counterparts may review a request and reach a decision within a few days.

Reporting:
No special requirements.

WORLD CONCERN

Address: 19303 Fremont Avenue, N.
P.O. Box 33000
Seattle, Washington 98133, USA
Phone: (206) 546-7201;
in emergencies (206) 775-3190
Telex: 152179 WORCON SEA
Cable: WORCON
Contact: Director, Relief and Refugee Services

Type:

Non-governmental organization.

General information/objectives:

World Concern's objectives in disaster response are to mitigate suffering and build a base for development. World Concern/US works cooperatively with World Concern/Canada in determining involvement in various projects.

Resources available:

Assistance in any one disaster ranges from $10,000 to $50,000.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

No preference.

Usual assistance capabilities:

World Concern provides cash for curative medical services, water supply, sanitation and feeding programs, personnel for curative medical services, water supply and sanitation programs, and goods, supplies or equipment for curative medical services or feeding programs.

Drugs. No expired drugs or controlled substances are shipped.

Personnel. World Concern supplies most types of health personnel. Usual length of personnel contracts is three to 12 months. Personnel do not necessarily speak the language of the country to which they are assigned.

Procedures:

Any locally-represented agency may initiate a request for assistance to World Concern headquarters. Sometimes World Concern initiates a disaster assessment through contacts in the affected country. Requests should normally be submitted on a formal application form (see following pages), but the form may be completed at headquarters from a telex if all relevant information is provided. The telex should be in the following format: summary of the general situation; summary of damage assessment for health needs; problem areas that would hinder a response; brief summary of involvement of other agencies; specific requests for World Concern

assistance by category; means of evaluation; and instructions for sending needed resources.

Drugs. A request should contain special packaging instructions, port of entry, mode of transportation, generic and manufacturer's names.

Personnel. Experience and education requirements should be stated.

Conditions:

A request is not considered until needs are determined by an assessment team. Material assistance is provided through a local Christian relief agency, or a consortium of local or international relief agencies. Local purchase of goods is usually acceptable. Assistance must be used with disaster victims only unless alternative plans are agreed mutually in advance. Aid should be distributed totally free of charge, but recipient's participation in some way, such as organizing distribution, is desirable.

Personnel. When working with a national agency, personnel require local transportation and assistance in finding housing.

Re-allocation of Unused Funds. Notification of amount of unused funds with recommendations on utilization required.

Review:

World Concern criteria for disaster assistance include lack of local resources to meet needs, target group of at least 50 families, facility for quick provision of relief and progress towards the rehabilitation phase, establishment of good working relationships with local government and an implementing agency, and feasibility of evaluation. A decision on whether to provide assistance is usually reached within one to two weeks.

Reporting:

Where assistance is provided in installments, reporting must be done according to the established standards for the project. Site visits and evaluations are required before any extension of a project may be approved.

RETURN TO:

Director, Relief and Refugee Services
World Concern International
P.O. Box 33000, Seattle, WA 98133 U.S.A.
Phone: (206) 546-7201 Cable: WORCON
Telex: 152179 WORCON SEA

RELIEF QUESTIONNAIRE

Date _____
month day year

1. Name and Title of Field Contact _____

2. Agency _____

3. Mailing Address _____

4. Phone _____ 5. Cable _____ 6. Telex _____

7. Briefly summarize the situation which requires relief assistance: (include dates, places, causes, etc.)

8. How large is the affected area (in sq. km or miles)? _____

   How large is the area you have selected to help? _____

9. How many people are affected in the following ways: Dead _____

   Missing _____ Injured _____ Trapped _____ Homeless _____

   What percentage of the injured need significant treatment? _____

10. What is the percentage of women in the affected population? _____

    children under 14? _____

11. What is the number of men in the affected population and what is the percentage of men that would be able to work on a relief project?

12. What is the predominant language used in the affected area? _____

13. Briefly describe the culture of the affected population. If they represent a minority group in the country, briefly state the attitude of the majority towards the affected group and their receiving outside assistance:

14. Describe the damage to the following items:
    a. Water Systems:

    b. Food Systems:

    c. Housing:

    d. Communication Systems (phone, mail, telex, cable, radio):

    e. Medical Facilities:

    f. Transportation Systems:

    g. Electrical Systems:

    h. Fuel Systems:

15. Will current weather conditions cause additional difficulties in the affected area?_____ If yes, describe the potential weather hazards and the difficulties they cause:

16. Describe the current conditions of the various types of transportation and access routes in the country to the affected areas and to major cities and ports of entry:

17. Have any large groups of people gathered in one or more places to receive assistance?_____ If yes, state where they are gathered, how many people are at each place, and the way they can be reached:

18. Describe the ability of the local population to deal with the situation themselves:

19. Describe the possibility of the following taking place:
    a. Food Shortage:

    b. Disease:

    c. Fire:

    d. Migration:

    e. Violence:

    f. Political Change:

    g. Military Conflict:

20. List and estimate the cost of the items needed for an effective relief program. Include material, equipment, personnel, transport costs, etc. For those items not available in the country, estimate the duty costs. If possible, attach needed customs forms that can be filled out in advance for any of the items listed below. Attach additional lists of needed items if necessary.

Item	Number Needed	Cost/ Unit	Total Cost	Avail.in Country?	Avail.in Adjacent Country?	Duty Cost	Quantity Requested of World Concern

123

21. State any known ways that would allow duty to be waived for the requested items.

22. State any special instructions that should be followed in order to allow any of the requested items to enter the country:

23. How long will it take for air freight to clear customs?_____ ocean freight?_____

24. What government or social restrictions exist that would hinder the delivery of material assistance?

25. If any of the requested items were offered, how should they be shipped and addressed? (state any special packing instructions)

26. What persons would we need to contact if we were to offer aid? (give names, titles, addresses, phone and telex numbers)

27. Who would receive the shipments?

28. How would supplies be delivered to the affected population?

29. Describe how the distribution of the items would be monitored:

30. How would the effectiveness of the aid distribution be reported to World Concern?

31. State how long aid would need to be offered:

32. If aid were offered, would World Concern be free to choose its recipients?

33. Briefly describe how relief assistance will affect: a) local economic conditions and b) the unaffected people in the area:

34. List any other agencies (private, government, Red Cross, religious, etc.) that are involved in the relief effort. Include the names of the contact person, their address and phone number. Briefly describe their involvement in the relief effort. Attach a separate sheet if necessary.

35. How does the requested assistance fit into any organized over-all response plan?

36. Have any of the items requested of World Concern been requested of other agencies?_____ If yes, which items have been requested of which agencies?

37. If relief workers came from outside the country, how would they be housed during their stay?

38. What government or social restrictions exist that would hinder the work of expatriate personnel?

39. What immunizations are needed by workers to ensure good health while in the country?

40. What immunizations are required by law to enter the country?

41. What type of visa would one apply for in order to survey the situation (a short visit)?

42. What type of visa would one apply for in order to work as a member of a relief team?

43. State the type of qualifications that a person should have in order to effectively work in this relief situation. Also state any documents needed by a person to work in the affected area:

WORLD COUNCIL OF CHURCHES (WCC)

Address: 150 Route de Ferney
P.O. Box 66
1211 Geneva 20, SWITZERLAND
Phone: 022 98 9400
Telex: 23423 OIK CH
Cable: OIKOUMENE Geneva
Contact: Emergencies Officer

Type:

Non-governmental organization.

General information/objectives:

WCC is a fellowship of over 300 member churches throughout the world. Its objective in disasters is to assist those in acute human need everywhere, through ecumenical assistance programs in emergency and rehabilitation work, followed up by a reconstruction program where possible. WCC assumes a coordinating role in disasters in communication with contributing church agencies on the one hand and church structures in the disaster area on the other. In Latin America, WCC normally channels assistance through Church World Service (CWS) as its implementing partner.

Resources available:

In 1982, approximately $66 million was channelled through WCC for development and disaster activities world-wide.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

No preference.

Usual assistance capabilities:

WCC provides cash and goods, supplies or equipment for feeding programs, and personnel for health services.

Personnel. WCC provides any type of curative or public health personnel requested. It usually takes several weeks from receiving a request to arrival of workers in the field. Personnel contracts are usually several months up to one year in length. Staff are generally seconded to a member church or its subsidiary, but other administrative arrangements are acceptable. Personnel do not necessarily speak the language of the country to which they are assigned.

Procedures:

An emergency request for assistance should be sent to WCC headquarters. It is usually issued by a national counterpart or member church, but the government of the affected country may contact WCC directly. WCC may also send a mission on its own initiative to investigate disaster needs. Any form of request is acceptable, but it should include a budget for the

proposed WCC contribution and for total health relief needs, and a situation report, including a needs assessment.

Conditions:

WCC can initially provide up to $25,000 for any one disaster. If more than $25,000 is requested, a needs assessment and relief plans are required from the requesting and implementing church partners respectively, in order to appeal to WCC members for the amount needed. There is no requirement for matching of funds on the part of the requesting agency, but WCC prefers such an arrangement. Material assistance is consigned to a national counterpart and must be distributed by member churches or related agencies only.

Re-allocation of Unused Funds. Arranged in consultation with donating church agencies.

Review:

The general merit of a request will be reviewed by both WCC and its counterpart organizations, and a technical review will be carried out by an organization acceptable both to WCC and the counterpart. From receipt of an emergency request to informing an affected country of a decision usually requires a few days to a week.

Reporting:

Installments of assistance may be delayed if reporting requirements agreed in advance are not met.

WORLD VISION INTERNATIONAL (WVI)

Address: 919 Huntington Drive
Monrovia, California 91016, USA
Phone: (213) 357-1111 or 357-7979
Telex: 67-5341
Cable: WORVIS
Contact: Relief Division Director

Type:

Non-governmental organization.

Geographic limitations:

None.

Target population:

No preference.

Time frame:

Medium-term/recovery phase only.

Usual assistance capabilities:

WVI provides contingency funds, cash, personnel and goods, supplies or equipment for most health services.

Drugs. WVI supplies limited quantities of unexpired drugs.

Personnel. WVI provides physicians and nurses on contracts from one to three months. Workers are usually seconded to another implementing agency, but only rarely to a government.

Procedures:

WVI headquarters or its local representative will consider requests originating with a counterpart agency or a local church. The request should take the form of a phone call, telex or letter, and contain a budget for WVI's contribution and for total health relief needs, and a situation report, including a needs assessment.

Drugs. Scientific and generic names are required.

Conditions:

WVI's local representatives may release up to $2,500 at their own discretion following a disaster. It rarely distributes assistance other than through local churches. Tax exemption for the importation of relief goods is required. Aid must be used directly with disaster victims only.

Re-allocation of Unused Funds. A new project design must be submitted, or funds returned to WVI.

Review:

Urgent requests are reviewed by WVI within 36 hours.

Reporting:

Periodic reports are required, as well as satisfactory site visits for major projects.

ANNEXES

ANNEX 1: Questionnaires

ANNEX 2: Cover Letters

ANNEX 3: List of Acronyms

ANNEX 4: Index by Health Sub-Sector
- 4.1 Curative Medical
- 4.2 Public Health Services - Water supply
- 4.3 Public Health Services - Sanitation
- 4.4 Public Health Services - Vector Control
- 4.5 Public Health Services - Immunization
- 4.6 Food
- 4.7 Post-Disaster Research
- 4.8 Contingency Funds

ANNEX 5: Standard Drug and Supply Lists
- 5.1 World Health Organization List of Essential Drugs
- 5.2 Standard List of Clinic Equipment
- 5.3 ECHO (The Supply of Charity Hospitals Overseas) List
- 5.4 Australian Overseas Disaster Response Organization List of Essential Drugs for Disaster Relief
- 5.5 Swiss Disaster Relief Unit Drug List

INTERTECT

International Disaster Specialists

P. O. Box 10502

Dallas, Texas 75207 U.S.A.

Tel.: (214) 521-8921

PAN AMERICAN HEALTH ORGANIZATION

SURVEY OF DISASTER/EMERGENCY RELIEF CAPABILITY IN THE HEALTH SECTOR

A. Organizational identification data. Please make appropriate corrections where necessary, and/or insert missing information.

1. Organization name _____
2. Acronym _____
3. Street address _____

   _____
4. Mailing address, if different from above _____

   _____
5. Telephone _____
6. Telex no./cable address _____ / _____
7. Emergency phone no. (weekends and holidays) _____
8. Contact person(s) for disaster/emergency assistance _____

   _____
9. Title(s) _____
10. Type of organization _____

B. Disaster/Emergency Response Capability

1. Please state concisely your organization's objectives in disaster preparedness or response, or attach relevant literature.

   _____

   _____

   _____

   _____

2. Is your organization affiliated with or subordinate to another agency or institution which has a primary role in determining the mechanism or content of your own disaster response?

Yes ☐ No ☐

If yes, please give name and address of this agency or institution:

_____

_____

_____

3. Where would your organization be likely to focus its assistance in future disaster situations?

a. Types of assistance (please check any boxes that reflect the types of disaster assistance which your organization is normally capable of providing):

	Cash	Personnel	Goods, Supplies &/or Equipment
Curative Medical	☐	☐	☐
Public Health:			
• Water	☐	☐	☐
• Sanitation	☐	☐	☐
• Vector control	☐	☐	☐
• Immunization	☐	☐	☐
Food	☐	☐	☐
Post-disaster research	☐	☐	☐
Contingency funds	☐		
Other (please specify)			
_____	☐	☐	☐
_____	☐	☐	☐

b. Countries (please check those applicable):

Central America only ☐ South America only ☐
Caribbean only ☐ Anywhere in Latin America or Caribbean ☐
Specific countries only ☐ (please specify) _____

_____

Other ☐ (please specify) _____

c. Types of disasters:

Natural (earthquakes, hurricanes, etc.) only ☐
Man-made (refugees, civil disturbance) only ☐
All types ☐ Other ☐ (please specify)_____

d. Population groups:

Children ☐ Women ☐ Old Persons ☐
Religious denomination ☐ (please specify)_____
Other ☐ (please specify)_____

4. Through which implementing agencies would your organization be willing to distribute material assistance:

Directly (through your own or a counterpart's personnel) only ☐
Affected nation's national emergency committee/civil defense ☐
Other affected national institution ☐
United Nations agency ☐ (please specify)_____
Private voluntary agency ☐ (please specify)_____
Other ☐ (please specify)_____
Not applicable ☐ (please go to question 6)

5. For organizations providing medical supplies (if not applicable, please go to question 6):

a. Does your organization supply according to a standard list of drugs and supplies?

Yes ☐ No ☐

If yes, which list do you use:

PAHO ☐ WHO ☐ Red Cross ☐
Other ☐ (please specify)_____
(If your organization has its own list of drugs and supplies, please provide a copy.)

b. Does your organization prefer to send:

Few items/large amounts ☐ Large selection/few of each ☐
No preference ☐

If you stated a preference, please explain:

_____

_____

c. Does your organization have a policy on the shipment of drugs close to their expiration date?

Yes ☐ No ☐

If yes, please explain your policy: _____

_____

d. Does your organization have a policy on the shipment of controlled substances (e.g. narcotics)?

Yes ☐ No ☐

If yes, please specify: _____

_____

6. For organizations providing personnel (if not applicable, please go to Section C):

a. What types of personnel would your organization supply?

Curative medical:

Physicians ☐ Nurses ☐
Other ☐ (please specify) _____

Public health:

Epidemiologists ☐
Nurses ☐
Nutritionists/dieticians ☐
Social workers ☐
Administrators ☐
Tropical specialists ☐
Health educators ☐
Lab technicians ☐
Sanitary engineers ☐
Other ☐ (please specify) _____

b. How long does it take on average from time of initial request to time of arrival of these personnel in the affected area?

_____

c. What is the usual length of personnel contracts?

Less than one month ☐
Three to 12 months ☐
One to three months ☐
More than 12 months ☐
Not applicable ☐ Other ☐ (please specify) _____

d. How does your organization administer its disaster relief personnel once in the field?

No preference ☐
Directly through your organization's coordinator only ☐
Supported by your organization, but operationally subject to local government organization ☐
Seconded to another implementing agency ☐ (please specify) _____

_____

Other ☐ (please explain) _____

e. Would personnel be fully supported by your organization?

Yes ☐ No ☐

If not, what services or support would they require from a national agency?

Transportation ☐ Food/lodging ☐
Other ☐ (please specify)_____

f. Does your organization require that personnel sent to Spanish-, Portuguese- or French-speaking countries speak that language?

Yes ☐ No ☐

C. Terms or Conditions for Providing Disaster/Emergency Assistance:

1. How long a project is preferred by your organization? (Examples: a relief effort might be the emergency supply of food or drugs; a recovery project might be the emergency repair of a clinic; a reconstruction project might be the replacement of a damaged clinic with a new permanent facility.)

Short-term, relief phase only (few weeks) ☐
Medium-term, recovery phase only (few months) ☐
Long-term, reconstruction only (six months or more) ☐
Any length of time ☐
Other ☐ (please specify)_____

2. When should a government request for emergency assistance be submitted to your organization?

Immediately ☐ After donor site visit ☐
After declaration of emergency ☐
Other ☐ (please specify)_____

3. Is an official declaration of emergency essential before your organization can consider providing emergency assistance?

Yes ☐ No ☐

If yes, who must declare the emergency?

Affected nation's national emergency committee/civil defense ☐
Donor Embassy/Foreign Ministry/State Department ☐
United Nations agency ☐ (please specify)_____
Other ☐ (please specify)_____

4. Does there have to be an international appeal in order for your organization to consider assistance?

Yes ☐ No ☐

5. Is there a preliminary limit on emergency funds your organization can release?

Yes ☐ No ☐ Not applicable ☐

If yes, what is it? _____

Is it possible to appeal for additional funding above this limit?

Yes ☐ No ☐

If yes, please explain: _____

_____

_____

6. Are authorized funds released in installments?

Yes ☐ No ☐ Not applicable ☐

If yes, what are the limits on installments? _____

7. Does your organization require that the value of its assistance be matched?

Yes ☐ No ☐ Not applicable ☐

If yes, what is the ratio of matching funds/materials to your organization's contribution? _____

Matching funds/materials may be provided:

Only by affected nation ☐ By any other donor ☐
Other ☐ (please explain) _____

8. Are your organization's local representatives authorized to release emergency funds?

Yes ☐ No ☐ Not applicable ☐

If yes, how much are they authorized to release? _____

What are the circumstances under which they may release emergency funds, and for which purposes may funds be used?

_____

_____

9. When assistance is provided to purchase goods, equipment or supplies, where should these be purchased?

Local purchase acceptable (even if cost is higher) ☐
Purchase in donor country required (even if cost is higher) ☐
Other ☐ (please explain)_____
Not applicable ☐

10. Where material assistance is provided, to whom must goods, equipment or supplies be consigned:

Sending organization or national counterpart only ☐
National emergency committee/national defense ☐
Other local government institution ☐
Other ☐ (please specify)_____
Not important ☐ Not applicable ☐

11. Is your organization's assistance:

A gift or grant ☐ A subsidy ☐ A credit ☐
A reimbursable loan ☐ (please specify conditions)_____

_____

Other ☐ (please specify)_____

12. Would your funds be given in:

US $ ☐ Donor country currency ☐
Affected nation's currency ☐
Other ☐ (please specify)_____
Not applicable ☐

13. Constraints on use of your organization's assistance:

a. May material/financial assistance be used:

Directly with disaster victims only ☐
To replace national stocks depleted to aid disaster victims before other assistance arrives ☐
Other ☐ (please specify)_____
Not applicable ☐

b. Should recipients receive material assistance:

Totally free of charge ☐ For a standard or subsidized fee ☐
No preference ☐ Not applicable ☐

c. Is donor identification to recipients required?

Yes ☐ No ☐

14. For organizations providing medical supplies or drugs (if not applicable, please go to question 15):

a. What specifications are necessary in a request for supplies or drugs?

Shipping or packaging instructions ☐ Labelling instructions ☐
Specific volumes/quantities ☐ Manufacturer's lists ☐
Other itemized lists ☐ (please specify) _____

If you checked any of the above, please explain in detail your information requirements, or provide relevant literature.

_____

_____

_____

b. Should requests for drugs contain:

Generic name ☐ Manufacturer's name ☐
Other ☐ (please specify) _____

15. If your organization provides personnel, should an emergency request contain:

Categories of personnel ☐ Numbers of personnel ☐
Language requirements ☐ Length of service ☐
Time of arrival ☐ Visa procedures ☐
Personal immunization or medical requirements ☐
Other requirements ☐ (please specify) _____
Not applicable ☐

16. Please specify your conditions for the reallocation of unused funds:

_____

_____

D. Disaster/Emergency Application Procedures

1. Should the emergency request be directed to:

Headquarters (address as on page 1) ☐ Local representative ☐
Other ☐ (please specify) _____

2. Who should issue the emergency request/application?

National counterpart ☐ National health agency ☐
Civil defense/national emergency committee ☐
Other national agency ☐ (please specify) _____
United Nations agency ☐ (please specify) _____
Other ☐ (please specify) _____

137

3. Is additional endorsement of the request necessary (for example, by the affected nation's Ministry of Health, or an international organization)?

Yes ☐ No ☐

If yes, by whom? _____

4. Should the emergency request be on a specific application form and/or follow pre-established guidelines?

Yes ☐ No ☐

If yes, where can forms or guidelines be obtained (please provide a copy):

_____

_____

If not, acceptable form of request:

Telephone ☐ Telex ☐
Letter ☐ Formal written proposal ☐
Other ☐ (please specify) _____

5. Should the emergency request contain:

A budget for your organization's contribution only ☐
A budget for the over-all sector contribution ☐
A situation report, including a needs assessment (even when this may be obtained from other sources) ☐
Other ☐ (please specify) _____

E. Donor Disaster/Emergency Request Review Procedures

1. Who will review the general merit of the emergency request?

Your organization only ☐ Counterpart organization(s) ☐
Other ☐ (please specify) _____

2. Will there be a technical review?

Yes ☐ No ☐

If yes, will the emergency request be reviewed:

By your organization only ☐ By a counterpart organization ☐ By PAHO ☐
By other UN agency ☐ (please specify) _____
By other government agency ☐ (please specify) _____
Other ☐ (please specify) _____

3. How long does the entire review usually take from receipt of request to informing the affected country of a decision? _____

_____

152

F. Disaster/Emergency Assistance Reporting Requirements

1. Please specify if there are reporting requirements which would limit or delay further installments of disaster assistance.

_____

_____

2. Please specify if there are auditing requirements which would limit or delay further installments of disaster assistance.

_____

_____

3. Please specify if there are site visit or evaluation requirements which would limit or delay further installments of disaster assistance.

_____

_____

Name _____

Date _____ Title _____

Comments: _____

_____

_____

Please return completed questionnaire to: Peggy L. Henderson, MPH
INTERTECT Project Coordinator

PAN AMERICAN HEALTH ORGANIZATION
SURVEY OF DISASTER/EMERGENCY RELIEF CAPABILITY IN THE HEALTH SECTOR

1. Organization name _____

2. Has your agency provided health-related assistance to disaster victims in Latin America or the Caribbean in the past three years?

   Yes ☐ No ☐

2. Would your organization consider similar assistance in the future?

   Yes ☐ No ☐

   If yes, please estimate the value of the assistance you could provide for any one short-term disaster situation:

   Less than US$10,000 ☐ US$10,000 - US$50,000 ☐

   US$50,000 - US$100,000 ☐ More than US$100,000 ☐

   Don't know ☐

3. In a disaster situation, would your organization respond primarily with:

   Personnel ☐ Material assistance ☐

   Financial assistance ☐ All or a combination of the above ☐

   Other ☐ (please specify) _____

   _____

4. Is your agency affiliated with or subordinate to another agency or institution which has a primary role in determining the mechanism or content of your own disaster response?

   Yes ☐ No ☐

   If yes, please give name and address of this agency or institution:

   _____

   _____

   _____

   _____

June 1, 1983

Dear

INTERTECT, an international consulting firm specializing in technical assistance related to disasters, has been selected by the Emergency Preparedness Unit of the Pan American Health Organization to prepare a directory of key agencies and institutions that provide assistance following disasters in Latin America and the Caribbean. The objectives of the directory are set out in the accompanying letter from Dr. Carlyle Guerra de Macedo, Director of PAHO.

The basic information to be included in this directory will be compiled through a survey of potential donors. As a representative of an agency that we expect to include, we would like to request that you help us by taking time to complete the enclosed questionnaire and return it to INTERTECT in the envelope provided. In addition, since you have been identified as a key agency, a member of the INTERTECT project staff will contact you after reviewing your response to arrange an appointment to discuss some of the points on the questionnaire in further detail at your convenience.

I sincerely hope that you will help us in this important work. If you have any questions or would like us to clarify any part of the questionnaire, please feel free to contact either myself or one of the project staff members listed below.

Wishing you continued success in your work, I am,

Sincerely,

Peggy L. Henderson, MPH
Project Coordinator

Project staff:

Robin Biellik	(713) 790-0308
Jim Noel	(609) 443-1494
Ed Perez	(202) 547-2504

June 1, 1983

Dear

INTERTECT, an international consulting firm specializing in technical assistance after disasters, has been selected by the Emergency Preparedness Unit of the Pan American Health Organization to prepare a directory of key agencies and institutions that provide assistance after disasters in Latin America and the Caribbean. The objectives of this directory are set out in the accompanying letter from Dr. Carlyle Guerra de Macedo, Director of PAHO.

The basic information to be included in this directory will be compiled through a survey of potential donors. As a representative of an agency that may fit the criteria for inclusion, we would like to request that you help us by taking time to complete the enclosed questionnaire and return it to INTERTECT in the envelope provided.

I sincerely hope that you will help us in this important work. If you have any questions or would like us to clarify any part of the questionnaire, please feel free to contact either myself or one of the project staff members listed below.

Wishing you continued success in your work, I am,

Sincerely,

Peggy L. Henderson, MPH
Project Coordinator

Project staff:

Robin Biellik	(713) 790-0308
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June 1, 1983

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We have not yet finalized the list of agencies and institutions to be included in the directory. As a representative of an agency that may fit the criteria for inclusion, we would be grateful if you would be kind enough to answer a few questions on the attached forms and return it to INTERTECT in the envelope provided. We can then determine whether we would like to request further information on your agency later.

I sincerely hope that you will help us in this important work. If you have any questions or would like us to clarify any information, please feel free to contact either myself or one of the project staff members listed below.

Wishing you continued success in your work, I am,

Sincerely,

Peggy L. Henderson, MPH
Project Coordinator

Project staff:

Robin Biellik	(713) 790-0308
Jim Noel	(609) 443-1494
Ed Perez	(202) 547-2504

PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

525 TWENTY-THIRD STREET, N.W., WASHINGTON, D.C. 20037, U.S.A. CABLE ADDRESS: OFSANPAN

IN REPLY REFER TO: PED/3/10(420) TELEPHONE 861-3200

7 June 1983

Dear Sir:

The Pan American Health Organization established in 1977 a comprehensive program on Emergency Preparedness and Disaster Relief Coordination with the objective of assisting the health sector of the countries in the Americas to prepare themselves for emergency situations caused by natural or man-made disasters. You will find attached a brochure on our program.

Following requests from national authorities in the countries PAHO serves, we are undertaking the compilation of a directory of key governmental and non-governmental agencies who are in position to make a significant contribution to the relief and rehabilitation effort of the national health authorities of a disaster-affected country in Latin America or the Caribbean.

Agencies listed in this directory may provide their assistance directly to the victims or channel it through a national counterpart under the supervision and overall responsibility of the national health authorities.

The directory will provide a summary of the policies, priorities and procedures of the agencies or institutions chosen for inclusion. It is hoped that this focus will make it possible for national authorities to process requests for assistance according to the requirements and possibilities of each agency. It is hereby intended to streamline and shorten the entire process of response time in national emergencies.

The task of compiling the relevant information has been contracted by PAHO to INTERTECT, a specialized consulting firm with extensive experience and contacts.

.../...

I would like to request your cooperation in forwarding this letter and the subsequent correspondence from our Contractor to the officer in charge of disaster relief of your organization.

Please feel free to direct any inquiry regarding the Emergency Preparedness and Disaster Relief Coordination Program or the objectives of this directory to the Pan American Health Organization, attention Dr. Claude de Ville de Goyet, telephone 202/861-4325.

In order to facilitate the processing of the data and appropriate follow up, we would appreciate your returning your reply to the attached letter from Intertect and addressing any inquiries of technical nature directly to the Intertect Project Coordinator, Peggy L. Henderson, MPH, 1026 Dreyfus No. 20, Houston, Texas 77030.

Your cooperation in this matter will be highly appreciated.

Sincerely yours,

for J. Paul Sherlock, Jr.
Carlyle Guerra de Macedo
Director

Encls.

ANNEX 3. LIST OF ACRONYMS

AODRO	Australian Overseas Disaster Response Organization
BRCS	British Red Cross Society
BWA	Baptist World Alliance
CARE	Cooperative for American Relief Everywhere
CCODP	Canadian Catholic Organization for Development and Peace
CDC	Centers for Disease Control (US Government)
CEBEMO	Catholic Organization for Joint Financing of Development Programs
CIDA	Canadian International Development Agency (Canadian Government)
CRS	Catholic Relief Services
CUSO	formerly, Canadian University Service Overseas; now known as CUSO
CWS	Church World Service
DRI	Direct Relief International
EEC	European Economic Community
FHI	Food for the Hungry International
GADC	General Administration for Development Cooperation (Belgian Government)
HQ	headquarters
ICRC	International Committee of the Red Cross
IETAS	International Emergency Technical Aid Service
LRCS	League of Red Cross Societies
LWR	Lutheran World Relief
MCC	Mennonite Central Committee
MMS	Medical Mission Sisters
MSF	Medecins sans Frontieres
NGO	non-governmental organization
ODA	Overseas Development Administration (British Government)
OFDA	Office of US Foreign Disaster Assistance/AID (US Government)
OpCal	Operation California

PADF	Pan American Development Foundation
PAHO	Pan American Health Organization
PBF	Presiding Bishop's Fund for World Relief
SAVE	Save the Children Federation
SAWSO	Salvation Army World Service Office
SCF	Save the Children Fund
SCI	Sister Cities International
SDR	Disaster Relief Corps (Swiss Government)
SSU	Special Unit for Disaster Relief (Swedish Government)
Tear Fund	The Evangelical Alliance Relief Fund
UD	Royal Ministry of Foreign Affairs (Norwegian Government)
UMCOR	United Methodist Committee on Relief
UNICEF	United Nations Children's Fund
USAID	Agency for International Development (US Government)
WCC	World Council of Churches
WHO	World Health Organization
WVI	World Vision International

ANNEX 4: INDEX OF AGENCIES BY HEALTH SUB-SECTOR

*C = Cash, P = Personnel, G = Goods, supplies and/or equipment

	C*	P*	G*
4.1 CURATIVE MEDICAL SERVICES			
Australian Overseas Disaster Response Organization		X	X
Baptist World Alliance	X		
Belgian Government	X		X
British Government	X	X	X
Canadian Government	X		
CARE	X		X
Caritas Internationalis	X		X
Catholic Organization for Joint Financing of Development Programs	X		X
Catholic Relief Services			X
Church World Service			X
CONCERN, USA		X	
CUSO		X	
Direct Relief International		X	X
Dutch Government			X
Emmanuel International		X	
European Economic Community	X		
German Government	X		X
International Committee of the Red Cross		X	X
Irish Government	X		
League of Red Cross Societies	X	X	X
Lutheran World Relief	X		
Malteser Hilfsdienst Auslandsdienst, e.V.		X	
Medecins sans Frontieres		X	X
Medical Mission Sisters		X	
Mennonite Central Committee			X
Norwegian Government	X		
Operation California			X
OXFAM	X		

ANNEX 4: INDEX OF AGENCIES BY HEALTH SUB-SECTOR (continued)

	C*	P*	G*
4.1 CURATIVE MEDICAL SERVICES (Continued)			
Pan American Development Foundation			X
Partners of the Americas	X	X	X
Presiding Bishop's Fund for World Relief	X	X	X
Redd Barna	X		
Relief International		X	X
Salvation Army World Service	X	X	X
Save the Children Federation, Inc.			X
Save the Children Fund	X	X	X
Sister Cities International		X	X
Southern Baptist Foreign Mission Board	X	X	X
Swedish Government		X	X
Swiss Government		X	X
Terre des Hommes		X	X
UNICEF			X
United Methodist Committee on Relief	X	X	X
United States Government - Agency for International Development	X	X	X
World Concern	X	X	X
World Vision International	X	X	
4.2 PUBLIC HEALTH SERVICES - WATER SUPPLY			
Australian Overseas Disaster Response Organization		X	X
Baptist World Alliance	X		
British Government	X	X	X
Canadian Government	X		
CARE		X	X
Caritas Internationalis	X		X

ANNEX 4: INDEX OF AGENCIES BY HEALTH SUB-SECTOR (continued)

4.2 PUBLIC HEALTH SERVICES - WATER SUPPLY (Continued)	C*	P*	G*
Catholic Organization for Joint Financing of Development Programs	X		X
Catholic Relief Service	X		
Church World Services			X
CONCERN, USA		X	
CONCERN, Ireland	X	X	
CUSO		X	
Dutch Government			X
Emmanuel International		X	
German Government	X		X
International Committee of the Red Cross		X	X
Irish Government	X		
Lutheran World Relief	X		
Malteser Hilfsdienst Auslandsdienst, e.V.		X	
Mennonite Central Committee		X	
Norwegian Government	X		
Operation California			X
OXFAM	X	X	X
Partners of the Americas		X	X
Presiding Bishop's Fund for World Relief	X	X	X
Redd Barna	X		
Relief International		X	X
Salvation Army World Service	X	X	X
Save the Children Federation, Inc.			X
Save the Children Fund	X	X	X
Sister Cities International		X	
Southern Baptist Foreign Mission Board	X	X	X
Swedish Government		X	X
Swiss Government		X	X
Tear Fund	X	X	X
United Methodist Committee on Relief	X		

	C*	P*	G*
4.2. PUBLIC HEALTH SERVICES - WATER SUPPLY (Continued)			
UNICEF		X	X
United States Government - Agency for International Development	X	X	X
World Concern	X	X	
World Vision International	X		X

4.3 PUBLIC HEALTH SERVICES - SANITATION			
Australian Overseas Disaster Response Organization		X	X
Baptist World Alliance	X		
British Government	X	X	X
Canadian Government	X		
CARE		X	X
Caritas Internationalis	X		X
Catholic Organization for Joint Financing of Development Programs	X		X
Catholic Relief Services	X		
Church World Service			X
CONCERN, Ireland	X	X	
CONCERN, USA		X	
CUSO		X	
Dutch Government			X
Emmanuel International		X	
German Government	X		X
International Committee of the Red Cross		X	X
Irish Government	X		
Lutheran World Relief	X		
Malteser Hilfsdienst Auslandsdienst, e.V.		X	
Medecins sans Frontieres		X	
Mennonite Central Committee	X	X	

ANNEX 4: INDEX OF AGENCIES BY HEALTH SUB-SECTOR (continued)

	C*	P*	G*
4.3 PUBLIC HEALTH SERVICES - SANITATION (Continued)			
Norwegian Government	X		
Operation California			X
OXFAM	X		
Partners of the Americas		X	X
Presiding Bishop's Fund for World Relief	X	X	X
Redd Barna	X		
Relief International		X	
Salvation Army World Service	X	X	X
Save the Children Federation, Inc.			X
Save the Children Fund	X	X	X
Sister Cities International		X	
Southern Baptist Foreign Mission Board	X	X	X
Swedish Government		X	X
Swiss Government		X	X
Tear Fund	X		X
United Methodist Committee on Relief	X		
UNICEF		X	X
United States Government - Agency for International Development	X	X	X
World Concern	X	X	
4.4 PUBLIC HEALTH SERVICES - VECTOR CONTROL			
Australian Overseas Disaster Response Organization		X	X
British Government	X	X	X
Canadian Government	X		
CARE			X
Caritas Internationalis	X		X
Catholic Relief Services		X	X
Church World Service			X

4.4 PUBLIC HEALTH SERVICES - VECTOR CONTROL (Continued)	C*	P*	G*
CONCERN, USA		X	
CUSO		X	
Emmanuel International		X	
German Government	X		X
Irish Government	X		
Operation California			X
Partners of the Americas		X	
Presiding Bishop's Fund for World Relief	X	X	X
Redd Barna	X		
Relief International		X	
Salvation Army World Service	X	X	X
Save the Children Fund	X		
Sister Cities International		X	
Swedish Government		X	X
Swiss Government		X	X
UNICEF			X
United States Government - Agency for International Development	X	X	X
United States Government - Centers for Disease Control		X	
World Vision International	X	X	

4.5 PUBLIC HEALTH SERVICES - IMMUNIZATION			
Australian Overseas Disaster Response Organization		X	X
Baptist World Alliance	X		
Belgian Government	X		X
British Government	X	X	X
Canadian Government	X		
Caritas Internationalis	X		X
Catholic Relief Services	X		X

ANNEX 4: INDEX OF AGENCIES BY HEALTH SUB-SECTOR (continued)

4.5 PUBLIC HEALTH SERVICES - IMMUNIZATION (Continued)	C*	P*	G*
Church World Service			X
CONCERN, Ireland		X	
CONCERN, USA		X	
CUSO		X	
Dutch Government			X
Emmanuel International		X	
German Government	X		X
International Committee of the Red Cross		X	X
Irish Government	X		
Lutheran World Relief	X		
Malteser Hilfsdienst Auslandsdienst, e.V.		X	
Medecins sans Frontieres		X	X
Medical Mission Sisters		X	
Norwegian Government	X		
Operation California			X
OXFAM	X		
Partners of the Americas		X	
Presiding Bishop's Fund for World Relief	X	X	X
Redd Barna	X		
Relief International		X	X
Salvation Army World Service	X	X	X
Save the Children Fund	X	X	X
Sister Cities International		X	
Southern Baptist Foreign Mission Board	X	X	X
Swedish Government		X	X
Swiss Government		X	X
Tear Fund	X	X	X
United Methodist Committee on Relief	X		
UNICEF			X
United States Government - Agency for International Development		X	X

4.5 PUBLIC HEALTH SERVICES - IMMUNIZATION (Continued)	C*	P*	G*
United States Government - Centers for Disease Control		X	
World Vision International	X	X	

4.6 FOOD			
Australian Overseas Disaster Response Organization			X
Baptist World Alliance	X		
Belgian Government			X
British Government	X	X	X
Canadian Government	X		
Caritas Internationalis	X		X
Catholic Organization for Joint Financing of Development Programs	X		X
Catholic Relief Services			X
Church World Service			X
CONCERN, Ireland		X	
CONCERN, USA		X	
CUSO		X	
Dutch Government			X
Emmanuel International		X	
European Economic Community	X		X
Food for the Hungry International		X	X
German Government	X		X
International Committee of the Red Cross		X	X
Irish Government	X		
League of Red Cross Societies			X
Lutheran World Relief		X	
Malteser Hilfsdienst Auslandsdienst, e.V.		X	
Medecins sans Frontieres		X	
Mennonite Central Committee		X	X

ANNEX 4: INDEX OF AGENCIES BY HEALTH SUB-SECTOR (continued)

6. FOOD (Continued)	C*	P*	G*
Norwegian Government	X		
Operation California			X
OXFAM			X
Partners of the Americas	X		
Presiding Bishop's Fund for World Relief	X	X	X
Redd Barna	X		
Relief International		X	X
Salvation Army World Service	X	X	X
Save the Children Fund	X	X	X
Swedish Government		X	X
Swiss Government		X	X
Tear Fund	X		X
Terre des Hommes		X	X
UNICEF	X		X
United Methodist Commitee on Relief	X		X
United States Government - Agency for International Development	X		X
World Concern	X		X
World Council of Churches	X		X
World Vision International	X		X

4.7 POST-DISASTER RESEARCH			
Australian Overseas Disaster Response Organization		X	
Belgian Government	X		
International Emergency Technical Aid Service		X	
Malteser Hilfsdienst Auslandsdienst, e.V.		X	
Partners of the Americas		X	
Presiding Bishop's Fund for World Relief	X	X	X
Southern Baptist Foreign Mission Board	X	X	
United States Government - Agency for International Development	X		

ANNEX 4: INDEX OF AGENCIES BY HEALTH SUB-SECTOR (continued)

4.8 CONTINGENCY FUNDS	C*	P*	G*
Australian Overseas Disaster Response Organization	X		
Caritas Internationalis	X		
Catholic Relief Services	X		
German Government	X		
Mennonite Central Committee	X		
Norwegian Government	X		
Partners of the Americas	X		
World Concern	X		
World Council of Churches	X		
World Vision International	X		

*C = Cash, P = Personnel, G = Goods, supplies and/or equipment

ANNEX 5: STANDARD DRUG AND SUPPLY LISTS

5.1 World Health Organization List of Essential Drugs (also used by the Red Cross)

Analgesics

Acetylsalicylic acid 300mg tabs
Paracetamol 500mg tabs

Antihelmintics

Mebendazole 100mg tabs
Piperazine syrup 500mg/5ml

Antibacterials

Ampicillin suspension 125mg/5ml
Benzylpenicillin inj 0.6g (1 million IU)
Phenoxymethylpenicillin 250mg tabs
Procaine Benzylpenicillin inj 3.0g (3 million IU)
Sulfamethoxazole + Trimethroprim 400mg + 80mg tabs
Tetracycline 250mg tabs

Antimalarials

Chloroquine 150mg tabs
Chloroquine syrup 50mg/5ml

Antianemics

Ferrous salt + folic acid 60mg + 0.2mg tabs

Dermatological Preparations

Benzoic acid + Salicylic acid ointment 6% + 3%
Neomycin + Bacitracin ointment 5mg + 500IU/g
Calamine lotion
Benzyl Benzoate Lotion 25%
Gentian Violet crystals

Disinfectants

Chlorhexidine solution 20%

Antacid

Aluminium Hydroxide 500mg tabs

Cathartic

Senna 7.5mg tabs

1. World Health Organization List of Essential Drugs (also used by the International Red Cross) (continued)

Diarrhea

Oral Rehydration Salts

Opthalmological

Tetracycline eye ointment 1%

Solutions

Water for injection 2ml
Water for injection 10ml

Vitamins

Retinol (Vitamin A) 60mg caps (200,000 IU)
Retinol (Vitamin A) 7.5mg caps (25,000 IU)

From: Pan American Health Organization, Medical Supply Management after Natural Disasters, PAHO, Washington, D.C., 1983.

5.2 Standard List of Clinic Equipment (used by the World Health Organization and the International Red Cross)

Sterile disposable syringes, Luer 2ml
Sterile disposable syringes, Luer 10ml
Sterile disposable needles 0.8 x 40mm/G21 x 1/2"
Sterile disposable needles 0.5 x 16mm/G25 x 5/8"
Interchangeable glass syringes, Luer 2ml
Interchangeable glass syringes, Luer 10ml
Interchangeable needles, 144 assorted, Luer
Sterile swabs
Emergency suture sets with needles, pkt 12
Needle-holder
Scalpel handle No. 3 size
Artery forceps
Dissecting forceps
Blades, disposable size 10
Scissors, straight
Scissors, suture
Thermometers
Stethoscope, standard and foetal
Shygomanometer, anaeroid
Diagnostic set (auroscope, ophthalmoscope)
Battery, alkaline dry cell "D" type 1-5 v for item 20
Vaginal speculum, Graves
Metal syringes for ear washing, 90ml
Tongue depressor, metal
Nasogastric tubes size Ch.5 (premature), polyethylene
Nasogastric tubes size Ch.8 (infant), polyethylene
Nasogastric tubes size 12, polyethylene
Scalp vein needles
Gloves, reusable small
Gloves, reusable medium
Gloves, reusable large
Dressing tray with lid, stainless steel
Basin, kidney 350ml, stainless steel
Bowls, round with lid 240ml, stainless steel
Bowls, round 600ml, stainless steel
Gauze swabs 5 x 5cm in packets of 100
Gauze swabs 10 x 10cm in packets of 5
Sterile gauze swabs 10 x 10cm in packets of 5
Eye pads (sterile)
Paraffin gauze dressings 10 x 10cm in tins of 36 pieces
Sanitary towels
White cotton wool, rolls of 500 gms
Zinc oxide plaster 25mm x 0.9m roll
Gauze bandage, 25mm x 9m
Gauze bandage, 50mm x 9m
Guaze bandage, 75mm x 9m
Plaster of Paris bandages 3" x 3yds, packs of 1 dozen
Pneumatic splint sets, multipurpose

5.2 Standard List of Clinic Equipment (used by the World Health Organization and the International Red Cross) (continued)

Safety pins, 40mm
Hand towels
Soap, cleansing
Nail brush, surgeon's
Health cards with plastic envelopes
Plastic envelopes for drugs
Plastic sheeting 910mm wide
Apron, plastic
Tape measure 2m/6'
Weighing scale, adult 140kg x 100g
Weighing scale, infant 25kg x 20g
Height measuring board
Sterilizer dressing pressure type, 350mm diameter x 380mm
Stove for 6l, kerosene single burner pressure
Basic laboratory kit and spares
Filter, water candle aluminium, 9 litres
Clinitest tabs
Multistix
Airway (children's set)

From: International Red Cross Circular Letter to All National Societies, July, 1983.

5.3 ECHO (The Supply of Charity Hospitals Overseas List (continued)

Antihistamine Drugs

Chlorpheniramine Maleate BP 4mg tabs
Promethazine Hydrochloride BP 25mg tabs
Promethazine Hydrochloride elixir 5mg/5ml BPC
Promethazine Hydrochloride BP 25mg/1ml amps

Chemotherapeutic and Bactericidal Drugs

Cotrimoxazole BP tabs comprising: Sulphamethoxazole 400mg, Trimethoprim 80mg
Cotrimoxazole Pediatric BP tabs 100mg/20mg
Nitrofurantoin BP 100mg tabs
Phthalylsulphathiazole BP 500mg tabs
Sulphadimidine BP 500mg tabs
Sulphamethoxypyridazine BP 500mg tabs
Triplesulphonamide USP 500mg tabs

Dermatological Drugs

Tetracycline 3% skin ointment
Benzyl Benzoate application BP
Cetrimide cream
Benzoic acid ointment compound

Diuretic and Antihypertensive Drugs

Bendrofluazide BP 5mg tabs
Frusemide BP 40mg tabs
Frusemide 20mg/2ml amps
Methyldopa BP 250mg tabs
Reserpine BP 0.25mg tabs

Epilepsy Drug

Phenytoin Sodium BP 100mg tabs

Filariasis, Amebiasis, Schistosomiasis and Antifungal Drugs

Diethylcarbamazine Citrate BP 50mg tabs
Emetine Hydrochloride BP 30mg/1ml amps
Stibophen inj BP 320mg/5ml amps (6.4%)
Griseofulvin BP 125mg tabs
Metrifonate (Bilarcil) 100mg tabs
Metronidazole BP 200mg tabs
Benzyl Metronidazole equivalent to: Metronidazole 125mg/5ml dry powder for suspension
Niridazole 500mg tabs
Niridazole 100mg tabs

5.3 ECHO (the Supply of Charity Hospitals Overseas) List

Anesthetic Drugs

Ketamine Hydrochloride 500mg/10ml vials
Ketamine Hydrochloride 200mg/20ml vials
Lignocaine Hydrochloride plain BP 1% 20ml vials
Lignocaine Hydrochloride plain BP 2% 20ml vials
Lignocaine heavy 5% 2ml amps

Analgesic and Antipyretic Drugs

Aspirin BP 300mg tabs
Aspirin BP 75mg tabs - Children's
Aspirin Co BPC tabs
Paracetamol BP 500mg tabs

Antibiotic Drugs

Ampicillin BP 250mg caps
Ampicillin BP 500mg vials
Ampicillin Trihydrate BP dry powder for susp 125mg/5ml
Chloramphenicol BP 250mg caps
Chloramphenicol Palmitate susp 125mg/5ml BPC
Chloramphenicol Succinate BPC 1gm vials
Cloxacillin BP 250mg caps
Cloxacillin BP 500mg vials
Crystalline Penicillin 600mg (Benzyl Penicillin G BP) 1 mega unit vials
Gentamicin Sulphate BP 80mg/2ml amps
Oxytetracycline BP 250mg tabs
Penicillin V BP 250mg oral tabs
Penicillin V Potassium BP dry powder for susp 125mg/5ml
Procaine Penicillin BP fortified 4 mega unit vials
Streptomycin Sulphate BP 1gm vials
Streptomycin Sulphate BP 5gm vials
Triple Penicillin - single dose 1 M.U. vials (Triplopen) comprising Benethamine Penicillin G 500,000 U., Procaine Penicillin 250,000 U., Sodium Penicillin G 500,000 U.
Tetracycline BP 250mg caps
Tetracycline syrup 125mg/5ml BP

Antacid Drug

Magnesium Trisilicate Co. BPC tabs

Antihelmintic Drugs

Levamisole 50mg tabs
Levamisole 150mg tabs
Mebendazole 100mg tabs
Niclosamide BP 500mg tabs
Piperazine Adipate BP 300mg tabs
Piperazine Citrate elixir BPC

5.3 ECHO (The Supply of Charity Hospitals Overseas) List (continued)

Leprosy Drugs

Dapsone BP 100mg tabs
Dapsone BP 50mg tabs
Dapsone BP 25mg tabs
Lamprene (Clofazimine) 100mg tabs
Lamprene 50mg caps

Malaria Drugs

Chloroquine Phosphate BP 250mg (150mg base) tabs
Chloroquine Phosphate BP (200mg base) 5ml amps
Chloroquine Phosphate BP (1200mg base)/30ml vials
Chloroquine Phosphate BP dry powder for suspension 80mg (50mg base)/5ml
Sulphadoxine 500mg combined with Pyrimethamine 25mg tabs
Pyrimethamine BP 25mg tabs
Quinine Sulphate BP 200mg tabs s/c
Quinine Dihydrochloride BP 300mg/2ml amps

Ophthalmic Preparations

Chloramphenicol 0.5% eye drops
Chloramphenicol 1% eye ointment
Sulphacetamide 6% eye ointment
Oxytetracycline 3% eye ointment

Sedative Tranquillizing, Antiasthmatic, Antispasmodic Drugs

Chlorpromazine BP 50mg/2ml amps
Diazepam BP 5mg tabs
Diazepam BP 10mg/2ml tabs
Ephedrine Hydrochloride BP 30mg tabs
Phenobarbitone BP 30mg tabs

Tuberculosis Drugs

Ethambutol 400mg tabs
Isoniazid BP 100mg tabs
Isoniazid BP 300mg combined with Thiacetazone BPC 150mg tabs
Isoniazid BP 100mg combined with Thiacetazone BPC 50mg tabs
Rifampicin 150mg caps
Rifampicin 300mg caps

5.3 ECHO (The Supply of Charity Hospitals Overseas) List (continued)

Vitamins, Minerals and Hemopoietic Drugs

Ascorbic acid (Vit C) BP 100mg tabs
Vitamin A caps 25,000 units
Vitamin A caps (soft gelatine) 200,000 units
Vitamin A amps 100,000 units/2ml (oily)
Vitamin B Compound BPC tabs
Vitamin B Compound Forte 2ml amps
Calcium Lactate BP 300mg tabs
Calcium Gluconate BP 10% 10ml amps
Ferrous Sulphate BP 200mg tabs
Folic Acid BP 5mg tabs
Iron Dextran BP 100mg/2ml amps
Iron Dextran BP 250mg/5ml amps
Multivitamin tabs BPC formula
Multivitamin syrup

Miscellaneous Drugs

Adrenalin BP 1:1000/1ml amps
Aminophylline BP 250mg/10ml amps
Atropine Sulphate BP 0.5mg/1ml amps
Dexamethasone Phosphate 4mg/1ml amps
Digoxin BP 0.25mg tabs
Digoxin BP 0.5mg/2ml amps
Ergometrine Maleate BP 0.5mg/1ml amps
Gentian Violet crystals BP
Oral Rehydration Salts (WHO formula)
Water purifying tabs (Chloramine T12.2mg)
Dettol antiseptic liquid
Vegetable laxative BPC tabs
Water for injection, sterile pyrogen free 5ml amps
Water for injection, sterile pyrogen free 10ml amps
Water for injection, sterile pyrogen free 100ml

From: ECHO Pharmaceutical Price List & Order Form, 1983(2).

5.4 Australian Overseas Disaster Response Organization List of Essential Drugs for Disaster Relief

Analgesics

Acetylsalicylic acid 300/500/900mg range tabs
Paracetamol 500mg tabs

Antihelmintics

Mebendazole 100mg tabs
Piperazine Citrate syrup 500mg/5ml

Antianemics and Hematinics

Ferrous sulfate + Folic acid 60mg + 0.2mg tabs

Antibiotics and Sulphonamides/Antibacterial

Benzylpenicillin inj 0.6g 1 million IU vials
Procaine Penicillin (Procaine Benzylpenicillin) inj 3.0g 3 million IU vials
Ampicillin oral suspension 125mg/5ml
Tetracycline 250mg tabs/caps
Phenoxymethylpenicillin 250mg tabs 1 million units each
Sulfamethoxazole + Trimethroprim tabs 400mg + 80mg

Antiprotozoals/Antimalarials

Chloroquine 150mg base tabs
Chloroquine syrup 50mg/75mg base per 5ml

Cathartics

Senna 7.5mg tabs

Dermatological Preparations/Topicals/Antiinfectives

Methylrosanilinium Chloride (Gentian violet) powder/crystals
Benzyl benzoate lotion 25%/application saponated concentrate
Benzoic acid + Salicylic acid 6% + 3% ointment
Neomycin + bacitracin 5mg + 500,000 IU/g ointment
Calamine lotion

Disinfectants/Antiseptic Detergent

Chlorhexidine solution 20%

Eye Preparations/Ophthalmic Preparations

Tetracycline opthalmic ointment 1%/3%

5.4 Australian Overseas Disaster Response Organization List of Essential Drugs for Disaster Relief (continued)

Gastrointestinal Tract Medicaments/Antacid

Aluminium hydroxide 500mg tabs

Vitamins

Retinol (Vitamin A) 60mg 200,000 IU caps
Retinol (Vitamin A) 7.5mg 25,000 IU caps

Volume Replacement Preparations-Rehydration

Oral Rehydration Salts

Water for Injection

Water for injection 2ml
Water for injection 10ml

5.5 Swiss Disaster Relief Unit Drug List (primarily by Swiss manufacturers' trade names)

Anesthetics

Alloferin 10mg in 2ml amps
Cinchocain jelly
Halothan 250ml vial
Ketalar 10ml/50mg/ml amps
Lidocaine chloride 2% 2ml amps
Prostigmin 0.5mg in 1ml amps
Succinylcholin (dissolved in 30ml solution) 300mg
Xylocaine-Epinephrine 100ml/1% amps

Analgesics

Acetylsalicylic acid 0.5g tabs
Acetylsalicylic acid compound 1.0g tabs
Dolantin (BG) 2ml/100mg amps
Epizon suppositories for children
Fortalgesic 50mg tabs
Fortalgesic 30mg in 1ml amps
Morphine Chloride (BG) bottle 30ml/2%
Novalgin bottle 10ml/50%
Voltaren 25mg

Antihelmintics

Cobantril susp 500mg/10ml
Vermox 100mg tabs
Yomesan 0.5mg tabs

Antiallergics

Decoderm Trivalent cream
Fanistil Retard 2.5mg tabs
Prednisone 5mg tabs
Sandostan-Calcium 10ml amps
Ultracorten-H water soluble (25mg)

Antidiabetics

Daonil 5mg tabs
Insulin Actrapid MC 40 10ml/40IE/ml amps

Antianemics

Ferrum Hausmann IM 2ml/IM amps
Resoferon

5.5 Swiss Disaster Relief Unit Drug List (primarily by Swiss manufacturers' trade names) (continued)

Antiasthmatics and Antitussives

Alupent 0.5mg in 1ml amps
Ipecac opiati.solub. 0.25 tabs
Paracodine 1%/20gr drops
Perphyllon 2ml amps

Antibiotics and Sulphonamides

Bactrim syrup 100ml bottle
Bactrim IV 5ml amps
Bactrim IM 3ml amps
Bactrim with Cotrimoxazol tabs
Chloromycetin (Chloramphenicol) 1gr amps
Cotrimoxazol tabs
Garamycin 2ml/80mg amps
Penadur 6-3-3 (Benzathine-Penicillin) 2ml/1.2 million units amps
Penicillin G 10 million units amps
Servicillin 1000 (Ampicillin-Na) 1000mg amps
Servicillin 250 (Ampicillin-trihydrate) 250mg/5ml
Serviclofen (Chloramphenicol) 250mg caps
Serviclofen (Chloramphenicol-palmitate) 125mg/5ml
Servimycin 250 (Oxytetracycline Hydrochloride) 125mg/5ml
Servipen-V (Phenoxymethylpenicillin K) 250mg tabs
Servitrocin 500 (Erythromycin stearate) 500mg tabs
Servitrocin 200 (Erythromycin ethylsuccinate) 200mg/5ml
Servistrept (Streptomycin sulphate) IM/1000mg amps
Vibravenos (Doxycyclin) 5ml/100mg amps

Cardiovascular Medications

Adrenaline 1ml/0.1% amps
Brinerdin
Cadilanid 2ml/2mg/ml amps
Chinidinum sulphuricum 200mg tabs
Digoxin 0.25mg tabs

Coagulants

Konakion 1ml/10mg amps
Liquemin (5ml = 25,000USP-E) 5ml amps
Protamin 1,000E 5ml amps
Sintrom 4mg tabs

5.5 Swiss Disaster Relief Unit Drug List (primarily by Swiss manufacturers' trade names) (continued)

Dermatological Preparations/Antiinfectives

Aethanolum diluent 70% (Spiritus diluent 70%)
Ammonium sulphabituminosi (ointment) Bituminatsalbe
Asterol powder 5%
Atansalbe (ointment)
Baygon dust/Insecticide powder
Benzyl benzoate
Chloramin
Copper sulphate
Hydromerfen disinfectant
Calcium Permanganate
Kik liquid
Logamel cream
Merbrominum
Merfentinktur colored disinfectant
Methylrosanilinium chloride (Gentian violet) powder
Neocid powder
Paraffin subliquid
Perhydrol 30%
Prioderm shampoo
Silver Nitrate
Silver Nitrate stick
Servicort topical salve
Terracotril cream
Varecort salve
Vaseline salve

Diuretics

Kalium Hausmann (delayed action)
Lasix 20mg/2ml
Lasix 40mg tabs

Gastroenterological Medications

Andursil tabs
Arobon 150gr
Bismuth with opium BG tabs
Dulcolax
Entero-Vioform 250mg tabs
Imodium 2mg caps
Imodium 2mg/ml
Imodium syrup
Oral Rehydration Salts

5.5 Swiss Disaster Relief Unit Drug List (primarily by Swiss manufacturers' trade names) (continued)

Gynecologicals

Methergin drop solution 10ml vials
Methergin 0.2mg in 1ml amps
Syntocinon 5 I.E. amps

Haemostyptica

Biogaze bandage 20x20cm
Spongostan Dental 10x10x10mm
Spongostan Standard 70x50x10mm

Injectables/Preparations for Volume Replacement

Distilled sterile water 100ml vials
Distilled sterile water 10ml amps-Blood Pack, OTS Solution (Ringer's Lactate)
Fenwall (CPD Pack/ACD soft container)
Glucose 5%
Glucose 20% 10ml amps
Haldane
Calcium chloride 10% 10ml amps
Natriumchloride 0.9%
Natrium hydrogencarbonicum 5% 100ml/5%
Physiogel
Practo-Clyss
Ringer's Lactate (soft container)

Odontologicals

Asphalin A II paste
Iodoform Gazebinden 5%

Ear-Nose-Throat/Eye Preparations

Bucosin tabs
Ciloprin 12gr vials
Cortimycin eye ointment
Homatropin 1% eye drops 10ml vials
Novesin eye drops 0.4%
Terramycin eye ointment
Vibrocil nasal jelly

5.5. Swiss Disaster Relief Unit Drug List (primarily by Swiss manufacturers' trade names) (continued)

Sedatives

Haldol 5mg/ml amps
Largactil 25mg/5ml amps
Largactil 25mg tabs
Nozinan 1ml/25mg amps
Phenergan 2ml/50mg amps
Phenergan sysrup
Phenobarbital 100mg tabs
Valium 10 2ml/10mg amps
Valium 10 10mg tabs
Suxinutin 250mg caps

Spasmolytics

Atropin Sulfuric 1ml/1mg amps
Buscopan compositum 5ml amps
Papaverinum Hydrochloride 20mg/ml amps
Spasmolytici tabs
Torecan 6.5mg/1ml amps

Sera and Vaccines

Tetanus toxoid 5ml amps
Tetanus toxoid 0.5ml amps
Tetuman 2ml = 250IE amps

Antiprotozoals and Antileprotics

Ambilhar 500mg tabs
Chinidini sulphate 250mg tabs
Chinidini 200mg tabs
Dapsone 50mg tabs
Dehydroemetin 1ml/30mg amps
Fansidar 500mg tabs
Lampren 100mg caps
Oral Rehydration Salts (WHO formula)
Serviquine (Chloroquine phosphate) 250mg tabs, 150mg base
Servizol (Metronidazole) 250mg tabs