



National Rapid Response Program Pakistan PREPAREDNESS AND RESPONSE STANDARD OPERATION PROCEDURES 2024



National Institute of Health
Ministry of National Health Services, Regulations and Coordination

National Rapid Response Program Pakistan

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MESSAGE BY THE CEO, NIH

The National Institute of Health, Ministry of National Health Services, Regulations and Coordination is committed to develop resilient public health systems in the country and to improve the health of our people. Public health emergencies arising from public health threats continue to be a major concern across the world. There is a dire need to strengthen the public health Emergency Operations Centers (EOCs) equipped with structured rapid response team program at all levels to fulfill the International Health Regulations-2005 (IHR) obligations.

In today's rapidly changing world, public health emergencies can arise at any moment, posing significant threats to our communities. To address this challenge, NIH is proud to announce the launch of Rapid Response Team (RRT) program by developing the National RRT preparedness and response standard operating procedures, designed to swiftly respond to and mitigate the impact of public health crises.

Our RRT program will comprise multidisciplinary teams of experts, equipped with advanced training, cutting-edge technology, and robust infrastructure to respond to emergencies such as: Infectious disease outbreaks, Natural disasters, Bioterrorism threats, and Chemical or radiation emergencies.

With this program, we aim to enhance our capacity to detect and respond to public health threats in real-time, Strengthen collaboration with local, national, and international partners, Protect vulnerable populations, reduce health disparities, and foster a culture of preparedness and resilience

NIH is committed to ensuring that our organization is at the forefront of public health emergency response. Together, let us work towards a safer, healthier future for all.

Finally, I would like to acknowledge and thank national, provincial health and other department experts and country teams and international development partners for their continued technical and financial assistance in terms of formulation of this document.



Dr. Muhammad Salman

Chief Executive Officer

National Institute of Health

Islamabad

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ACRONYMS AND ABBREVIATIONS

CDC	Centres for Disease Control and Prevention
CONOPS	Concept of operations
DDSRU	District Disease Surveillance and Response Unit
EMTs	Emergency Medical Teams
ERP	Emergency response plan
HR	Human Resource
ICT	Information communication technology
IHR	International Health Regulations
IMS	Incident management system
JEE	Joint External Evaluation
JSI	John Snow, Inc
MoNHSRC	Ministry of National Health Services, Regulations and Coordination
NAPHS	National Action Plan for Health Security
NCOC	National Command and Operations Centre
NDMA	National Disaster Management Authority
NIH	National Institute of Health
NPHEM	National Public Health Emergency Management
PDSRU	Provincial Disease Surveillance and Response Unit
PHEM	Public Health Emergency Management
PHEOC	Public Health Emergency Operations Centre
POEs	Points of Entries
RRTs	Rapid Response Teams
SOPs	Standard Operating Procedures
TORs	Terms of References
TWG	Technical Working Group
UKHSA	United Kingdom Health Security Agency
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

The Global Health Security has gained serious attention during last two decades, due to globalization travel and trade has significantly increased which may pose a serious threat for cross border transmission of all hazards. The environmental hazards due to climate change, frequent travel, trade and increased human-animal interaction are significantly contributing to escalate the emergence and re-emergence of all types of hazards and risk ultimately paving the way to compromise the global health security. As far as biological hazards/treats are concerned during last two-decade, Influenza, MERS-COV, COVID-19, Mpox and other pandemics have challenged the best health systems of the countries and evidently proved that lots of efforts need to be done to effectively respond to infectious diseases.

The National Institute of Health (NIH), Ministry of National Health Services, Regulations and Coordination, Islamabad, Pakistan being the leading National Public Health Institute of the country in collaboration with development partners is determined to strengthen the public health emergency management system of Pakistan to build and enhance the country capacity in the context of Global Health Security (GHS) and International Health Regulations (IHR) 2005. Under the technical area of Health emergency Management IHR-2005 countries need to establish disease outbreak/public health threat prevention and control capacity including the ability to respond rapidly in a coordinated approach. As per the recommendations of 2nd round of Joint external evaluation 2023, there is a need to establish a formal and sustainable structure of Public Health Emergency Management System across the country dealing with all types of emergencies. In this context country need to establish a structured rapid response teams program under Public Health Emergency Operation Center to provide rapid response to the public health threats, improved response coordination, implementation of evidence based focused intervention and to guide policy makers for evidence based allocation of resources.

Public Health Rapid Response Teams (RRTs) are multidisciplinary teams, trained and equipped, to rapidly deploy to a public health emergency in coordination with a larger emergency response framework. Utilizing an interdisciplinary approach, RRT is integral part of public health emergency response system and can be used at all tiers of a public health emergencies. The Pakistan NRRT is a resource that can rapidly respond to public health emergencies throughout the country and region. The objective of the NRRT Program is to strengthen the management and coordination of Pakistan's response to public health emergencies through effective and efficient rapid response team plans, policies, and procedures. The program will also enhance country workforce development and emergency response capacity in support of International Health Regulations to respond to current and emerging public health threats.

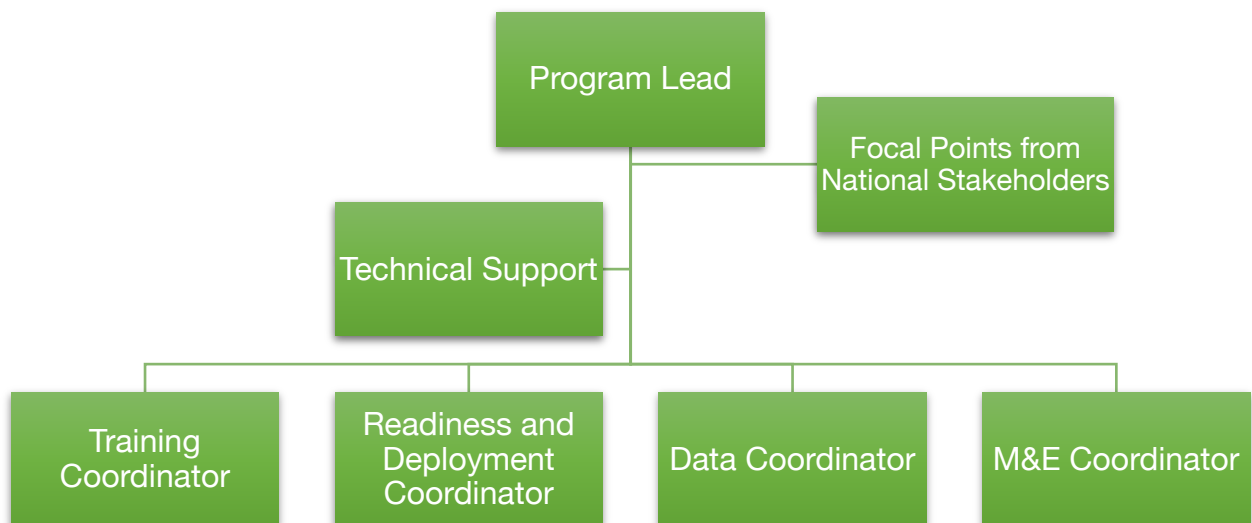
In the past, RRTs or other alternative system have been effectively used in outbreak response, prevention and control. In 2024, Pakistan initiated the establishment and institutionalization of a National Rapid Response Program that aims towards building a sustained and institutionalized multisectoral rapid response effort in the context of one health approach. The 1st draft of Standard Operating Procedures (SOPs) has been developed in consultation with all relevant stakeholders through a comprehensive five-day workshop which was subsequently reviewed by national and international expert reviews to shape the final version of SOPs. This document will provide step-by-step guidance for the management and operational modalities of the Pakistan RRT Program.

The Pakistan NRRT Program is established under the National Command and Operations Center (NCOC), National Health Institute (NIH) with the aim to coordinate with all relevant governmental and

non-governmental stakeholders including development partners required for response. The operations of the program will be managed through Rapid Response Program Manager and Coordinators of the Pakistan NRRT program. Stakeholders involved in rapid response will be expected to nominate Rapid Response Focal Persons to Manage and coordinate rapid response efforts between their organization and linking those with NRRT Program. The Pakistan NRRT Program Management Team comprised of : RRT Program Lead (Leading the NRRT Management team and coordinating with leadership and stakeholders), Readiness and Deployment Coordinator (Management of RRT member readiness, selection, and deployment support), Training Coordinator (Development of training curriculum and coordination for training activities), Data Coordinator (Develop and update the databases. Provide data reports on program capacity and impact), Monitoring and Evaluation Coordinator (Monitor and evaluate the quality of the NRRT program management, training, and operations), Technical Support (Provide the needed technical support based on program needs in coordination with relevant RRT program coordinators)

This document regulates the procedures for the National RRT Program of Pakistan and will also serve as a guiding document for provincial and district RRT Programs to develop their SOPs in accordance with national document in their own context. All stakeholders are required to ensure that relevant staff are made aware of the NRRT Program procedures, and their responsibilities elaborated in the document. This will be a live document and will be reviewed periodically by all the relevant stakeholders for any change or up gradation.

Organizational Structure of the NRRT Program



Section A

RRT Preparedness SOPs

Section A.1: Identifying Stakeholders

A.1.1 Key Stakeholders

These SOPs shall be brought to the attention of key stakeholders that are involved in the preparation and response phase of the Pakistan NRRT program activities in responding to events of public health concern. Some of the key stakeholders include, but not limited to:

A.1.1.1 Governmental Stakeholder

- Ministry of National Health Services, Regulations and Coordination (NHSR&C)
- Ministry of National Food Security & Research
- Ministry of Climate Change and Environmental
- Ministry of Planning, Development & Special Initiatives
- Ministry of Information and Broadcasting
- Ministry of Interior
- Ministry of Religious Affairs and Inter-faith Harmony
- Ministry of Inter Provincial Coordination
- Drug Regulatory Authority
- National Institute of Health
- District Health Office, Islamabad (ICT & CDA)
- Health Services Academy
- Pakistan Institute of Medical Sciences
- Federal Government Services Hospital
- Capital Development Authority Hospital
- Federal General Hospital
- Islamabad District Administration
- Islamabad Local Government
- Federal Directorate of Immunization (FDI)
- National Agriculture Research Center (NARC)
- Animal Husbandry commission
- National Veterinary Laboratory (NVL)
- Federal Directorate of Education (FDE)
- Nutrition Program
- Islamabad Food Authority
- National Disaster Management Authority

- Capital Development Authority (CDA)
- Islamabad Health Regulatory Authority (IHRA)
- Pakistan Civil Aviation Authority
- Pakistan Armed forces
- National Emergency Operation Center Polio (NEOC)
- Border Health Services
- Directorate of Malaria control
- National TB control Program
- National AIDS control Program

A.1.1.2 Non-Governmental Stakeholder

- Shifa International Hospital
- Kulsum International Hospital
- Ali Medical Hospital
- Maroof International Hospital
- Quaid-e-Azam International Hospital
- Private sector diagnostic laboratories
- United Kingdom Health Security Agency (UKHSA)
- Centers for Disease Control and Prevention, Pakistan Country Office (CDC)
- The Eastern Mediterranean Public Health Network (EMPHNET)
- World Health Organization (WHO)
- United Nations International Children's Emergency Fund (UNICEF)
- Food and Agriculture Organization of the United Nations (FAO)
- John Snow Inc (JSI)
- USAID
- World Bank country office
- UNFPA
- UNHCR
- WFP
- WWF
- OCHA
- Academia
- Welfare ambulatory services

*The engagement of stakeholders will depend on the scalability and relevance to public health emergencies

Section A.2: Identifying Roles and Skills

A.2.1 Common Public Health Emergencies in Pakistan

To begin identifying skills and roles required for the Pakistan NRRT Program, NRRT Program Management Team and subject matter experts have identified most common threats and hazards during the last five years in Pakistan. The high priority threats and hazards in the country are detailed in the table below.

Infectious Diseases/Biological	Environmental/Climate Change	Other
Acute Flaccid Paralysis (AFP) Acute Viral Hepatitis (A & E) Acute Diarrhea (Non-Cholera) Acute Watery Diarrhea (suspected Cholera) Anthrax Bloody Diarrhea/ Dysentery Brucellosis Chickenpox/ Varicella Chikungunya COVID-19 Crimean Congo Hemorrhagic Fever (CCHF) Dengue Fever Diphtheria (Probable) Gonorrhea HIV/AIDS ILI (Influenza like Illness) Leishmaniasis (Cutaneous) Leishmaniasis (Visceral) Leprosy Malaria Measles Meningitis Mumps Neonatal Tetanus Pertussis (Whooping Cough) Pneumonia/ALRI (Acute Lower Respiratory Infections) under 5 years Rabies (Human) Rubella (Congenital Rubella Syndrome) SARI (Severe Acute Respiratory Infection) Syphilis	Heavy Rain fall/Flash Earthquake Heat wave Fire Incidents	Industrial Accidents Chemical Mass Gatherings Other Public Health Events

Typhoid Fever Tuberculosis Viral Hepatitis (B, C, & D) Monkeypox Avian Influenza Foodborne outbreak Healthcare Associated Infections Antimicrobial Resistance Monkey pox* Salmonellosis		
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A.2.2 NRRT Roles and Skills

To adequately respond to the above-mentioned common disease threats to Pakistan the NRRT Program requires the identification and selection of members of specific roles and skills to be able to respond in the field.

The responsibilities and skills needed are outlined in table 1 and is the reference for the Pakistan NRRT program's roster form (Annex A).

Table 1. The field responsibilities and required skills of Pakistan NRRT Program members.

Team Member	Field Responsibilities	Skills
Team Leader (Can play a dual role if deploying with a small number of RRT members)	<ul style="list-style-type: none"> • Coordinate response activities with key stakeholders and other actors in the field • Coordinate team members and activities • Evaluate whether appropriate data is being collected and indicators met • Report to headquarters on the team's activities, challenges, current and expected needs 	<ul style="list-style-type: none"> • Must have supervisory and team building skills • Skills in outbreak investigation • Knowledgeable in IDSR guidelines • Awareness of the Political and geographical context
Epidemiologist/ Surveillance Officer/ Public Health Coordinator	<ul style="list-style-type: none"> • Support/guide the ground teams in case detection, identification, reporting and data analysis and interpretation • Review data collected (e.g., line lists) from all sources of data • Evaluate and improve (as needed) compliance with approved surveillance protocols, standardized 	<ul style="list-style-type: none"> • Basic data management, including collection and analysis • Knowledge of epidemiology of diseases • Knowledge of statistical software • Ability to use electronic data capture tools

Team Member	Field Responsibilities	Skills
	<p>case definitions and data collection tools</p> <ul style="list-style-type: none"> • Identify at-risk groups, demographics, etc. • Work with and increasing the capacity of local epidemiologists or disease surveillance officers to review and analyze data • Produce regular surveillance bulletins and situation reports 	<ul style="list-style-type: none"> • Excellent written and verbal communication skills • Ability to design and implement simple epidemiological studies • Ability to conduct Rapid Risk Assessments • Knowledge of Surveillance System • Ability to conduct outbreak investigation • Ability to determine disease status • Knowledge and skills regarding Contact Tracing
Data Management Officer	<ul style="list-style-type: none"> • Manage database including content, structure, file location, and backup system • Work with surveillance officer to support data entry and analysis • Incorporate all relevant data to produce map products, statistical data for reports and / or analysis 	<ul style="list-style-type: none"> • Quantitative Data Analysis • Qualitative Data Analysis • Ability to use excel for data analysis and visualization; • Ability to use software data management software • Ability to train others on software • Expertise of Management of Surveillance Database • Expertise in Data Visualization • Knowledge of Geographic Information System (GIS)
Case Management Expert	<ul style="list-style-type: none"> • Evaluate the clinical management of patients 	<ul style="list-style-type: none"> • Basic Life Support/ Advanced Cardiovascular Life Support

Team Member	Field Responsibilities	Skills
	<ul style="list-style-type: none"> • Facilitate the provision of the necessary materials, medications, etc. for healthcare facility functioning • Provide treatment/ management guidelines for local healthcare workers • Ensure proper personal protective equipment and infection prevention and control principles are being utilized by healthcare workers and the facility 	<ul style="list-style-type: none"> • Basic knowledge on outbreak investigation • Clinical management advice and recommendations • Healthcare facility IPC • Basic Knowledge on diseases Surveillance System • Ability to determine disease status • Risk-based triage management skills • Knowledge of basic risk assessment
Mental Health Specialist	<ul style="list-style-type: none"> • Supports the RRT members during the debriefing sessions and throughout the year as needed • Capacity building of RRT members in Psychological First Aid (PSA) 	<ul style="list-style-type: none"> • Knowledge of RRT program operations • Certified to provide mental health support in emergency settings
Infection prevention and control expert	<ul style="list-style-type: none"> • Ensure proper personal protective equipment and infection prevention and control principles are being utilized by healthcare workers and the facility • IPC training regarding PPE and Waste management • Coordination with national and regional IPC committees 	<ul style="list-style-type: none"> • Skilled in IPC assessment and recommendations • Knowledge of national IPC guidance • Ability to support outbreak investigation • Ability to conduct facility assessments • Involvement in Quality Improvement • Ability to guide and supervise use of PPE • Knowledge of IHR related IPC measures • Ability to develop a mechanism to ensure IPC compliance

Team Member	Field Responsibilities	Skills
Water, Sanitation and Hygiene (WASH)	<ul style="list-style-type: none"> • Collaborate with other partners in WASH • Conduct participatory training appraisals in the community • Ensure CLTS, PHAST approaches are implemented • Identify common sources water supply and make actions • Determine chlorination level of all water resources • Assessments of risk/protective factors, such as improved water sources availability; access to improved sanitation facilities; hygiene behaviors; and local funeral practices 	<ul style="list-style-type: none"> • Ability to assess and suggest WASH practices in Healthcare setting • Non-healthcare setting • Water source assessment • Support the water testing process • Train others on water testing and Aquatab usage • Water infrastructure mapping • Knowledge on IPC/general hygiene
Risk Communication/Social Mobilization Expert	<ul style="list-style-type: none"> • Identify and manage misconceptions and rumors that exist in the community • Develop communication strategies and IEC materials • Identify barriers to acceptance of public health interventions • Increase awareness and knowledge of public health events in the community and encourage engagement in controlling the outbreak • Participate in Crisis and Emergency Risk Communication (CERC) training • Train other in Crisis and Emergency Risk Communication (CERC) 	<ul style="list-style-type: none"> • Ability to interact with the Media • Knowledge on Behavioral Change Communication Initiative (BCCI) • Ability to develop Risk communication messages • Knowledge on different communication channels • Expertise in Community Engagement • Knowledge regarding the different ethical and cultural norms field considerations in the field understanding
Laboratory Expert	<ul style="list-style-type: none"> • Evaluate laboratory capacity to test for the appropriate pathogens • Demonstrate sample collection, processing, testing and testing 	<ul style="list-style-type: none"> • Biosafety Experience • Lab Quality Management • Specimen receiving & accessioning

Team Member	Field Responsibilities	Skills
		<ul style="list-style-type: none"> • Specimen transport • Antimicrobial • Parasitology • Mycology • Clinical Chemistry • Blood Banking • Molecular Methods • Advanced Molecular Detection (AMD) • Viral Culture • Serology • BSL3 • Bacterial Culture • Phlebotomy • Lab Training Instructor • Lab supervision • Lab field response coordination
Environmental Health Expert	<ul style="list-style-type: none"> • Review data collected at the health facilities such as line lists • Support the ground teams in case identification, detection, data analysis and interpretation • Work with epidemiologists and disease surveillance officers to review and analyses data • Produce regular surveillance bulletins and situation reports 	<ul style="list-style-type: none"> • Able to conduct environmental risk assessment • Able to apply and enforce national and internal health regulations • Able to understand one health approach • Knowledgeable in IDSR • Able to conduct routine ad legal inspections for moving and stationed vessels • Able to understand one health approach

Team Member	Field Responsibilities	Skills
Veterinarian	<ul style="list-style-type: none"> • Identify zoonotic diseases • Work to maintain knowledge on prevalence of Zoonotic disease in a specified area • Work with other key stakeholders in controlling epidemic 	<ul style="list-style-type: none"> • Skilled in animal disease surveillance • Ability to analyses, interpret and communicate data • Ability to collect samples, transport t reference lab and Analyze them
Vaccine Expert	<ul style="list-style-type: none"> • Oversee vaccine management • Oversee waste management • Supervise the vaccination teams • Manage the Adverse Events Following Immunization (AEFI) 	<ul style="list-style-type: none"> • Vaccine administration • Vaccine data collection • Ring vaccination methodology
Supply Chain Specialist	<ul style="list-style-type: none"> • Oversee provision of all emergency response facilities, supplies, services, and resources • Provide services to support emergency operations • Establish and maintain communications and the message center • Responsible for communications hardware (for example, radios, telephone) • Coordinate procurement contracts with the finance section • Order, receive, store, and distribute supplies and equipment • Prepare and maintain logistic management plans and SOPs 	<ul style="list-style-type: none"> • Shipping & Receiving • Specimen Packaging • Warehouse Management • Travel Coordinator • Fleet Vehicles • Field Resources Mover • Deployed Training Resources • Logistics EOC
Entomologist	<ul style="list-style-type: none"> • Identify vectors and vector-borne diseases. • Work to maintain knowledge on prevalence of vector-borne disease in a specified area. 	<ul style="list-style-type: none"> • Skilled in vector and vector-borne disease surveillance. • Ability to trap and collect vector samples, perform testing or transport them

Team Member	Field Responsibilities	Skills
	<ul style="list-style-type: none"> Work with other key stakeholders in controlling epidemic. 	<ul style="list-style-type: none"> reference lab, and analyze results. Ability to analyze, interpret, and communicate data. Ability to apply and enforce national and internal health regulations (IHR). Ability to apply one health approach.

Section A.3 RRT Members Identification

RRT member identification will be conducted annually by the Pakistan NRRT Program Management team to ensure that the roster members have the various required roles and skills necessary to respond to the emerging public health threats. The Pakistan NRRT Program will identify RRT members from within National Institute of Health (NIH) including Field Epidemiology Training Program (FETP) and other relevant governmental and non-governmental stakeholders. Below outlines the process of RRT member identification within each of these institutions.

A.3.1 Identifying RRT Members within NIH including FETP

- The request for nomination of RRT members will begin the first week of September of every year.
- The Readiness and Deployment Coordinator and the NRRT Management Lead will coordinate with National Command and Operation Center (NCOC) manager/Coordinator or the NIH CEO to send official letters to request nomination of potential candidates within NIH including FETP.
- The deadline to receive official nominations will be the third week of September.
- Once the nominations are received, the RRT Readiness and Deployment Coordinator in coordination with the Data Coordinator will send a survey link of the roster form to the nominated RRT candidates to complete the roster form through data management system/ WhatsApp.
- The deadline for completing the roster form will be the 2nd week of October of every year.
- All applicants wishing to be included in the Pakistan NRRT program will be required to meet the selection criteria indicated in the NRRT SOPs (Annex A).

A.3.2 Identifying RRT Members from Pakistan’s relevant Governmental Stakeholders

To include a One Health and multisectoral approach to the staffing and rostering of the Pakistan NRRT Program, inclusion of NRRT member candidates from other governmental agencies is required. This is supported by current understandings between national agencies to promote multisectoral

collaboration. In order to ensure seamless coordination among relevant governmental agencies, the RRT Management Lead in coordination with the NCOC manager/coordinator or NIH CEO will request the nomination to assign national RRT focal persons for each relative governmental agency. The assigned focal persons will be responsible for coordinating RRT related activities between their agency and the NRRT Program in NIH. This request for new focal persons will take place through official request from NCOC manager/coordinator or NIH CEO to the leadership of their respective governmental agencies. Nominations of focal persons are to be finalized by end of August. A multisectoral meeting will be held for nominated RRT focal persons and NRRT program coordinators for goal alignment and seamless coordination. The meeting will be held by the end of August each year.

1. The request for nomination of RRT members from governmental agencies will begin the first week of September of every year.
2. The NRRT Management Lead will coordinate NCOC manager/Coordinator or the NIH CEO to send official letters to request nomination of potential candidates from related governmental agencies. This process will be coordinated with the nominated national focal persons from the relevant agencies.
3. The deadline to receive official nominations will be the third week of September.
4. Once the nominations are received, the RRT Readiness and Deployment Coordinator in coordination with the Data Coordinator will send a survey link of the roster form through the data management system/ WhatsApp in coordination with the nominated national focal persons from the relevant agencies to the nominated RRT candidates to complete the roster form.
5. The deadline for completing the roster form will be the end of the 2nd week of October of every year.
6. All applicants wishing to be included in the Pakistan NRRT program will be required to meet the selection criteria indicated in the NRRT SOPs.

A.3.3 Identifying RRT Members from Pakistan's relevant non-Governmental Stakeholders

The RRT Management Lead in coordination with the NCOC manager/coordinator or NIH CEO will request the nomination to assign national RRT focal persons for each relative non-governmental organizations as mentioned above. The assigned focal persons will be responsible for coordinating RRT related activities between their agency and the NRRT Program in NIH. In the event that the Pakistan NRRT Program requires additional resources and manpower to respond to a public health emergency, it will reach out to external organizations to support the response to the public health emergency. The Pakistan NRRT Manager Lead in coordination with NCOC manager/Coordinator or CEO NIH will reach out to the identified POCs of partner organizations for further coordination.

Section A.4 NRRT Member Selection

A.4.1 Inclusion and Exclusion Criteria for NRRT Member Selection

Utilizing the roster survey form, the nominated candidates for the Pakistan NRRT program will be selected based on the minimum inclusion criteria listed in table 2.

Table 2. Minimum inclusion and exclusion criteria for nomination to the Pakistan NRRT program.

Minimum Inclusion Criteria	Exclusion Criteria
<p>General Member</p> <ul style="list-style-type: none"> • Relevant education in technical area • 1-year relevant experience in technical area • Proficiency in Urdu language • Proficiency in English language is preferred. • 1-year commitment to Pakistan NRRT program • Supervisor approval • Member consent <p>Field Team Leads</p> <ul style="list-style-type: none"> • Minimum inclusion criteria of General Member, and • 1-year Field deployment experience <u>OR</u> 1- year PHEOC deployment experience • FETP (advanced/frontline training) is preferred. 	<ul style="list-style-type: none"> • Does not meet set inclusion criteria. • Physical and mental conditions that may challenge and prevent deployment to the field or the PHEOC. • Any misconduct or administrative disciplinary action

**Exception to candidate selection can be made based on advanced skills or experiences outlined in their application form.*

A.4.2 Nomination Tiers

The RRT members will be selected under one of two tiers.

- Core Tier: Dedicated responders on the RRT, who will regularly respond to outbreaks as part of their normal duties. Commonly more experienced emergency responders who can deploy

for longer periods of time. (All the Pakistan NRRT surge members need to commit on-call availability at least 6 month during the year (Annex B)

- Surge Tier: RRT members who are regularly employed in other positions and only activate for larger responses or when specific skills are neededA.3.3 Selection Process. ((All the Pakistan NRRT surge members need to commit on-call availability at least one month during the year (Annex C)

A.4.3 Selection Committee

The selection committee will be comprised of the following positions,

- NRRT Management Lead
- NRRT Data Coordinator
- NRRT Emergency Readiness and Deployment Coordinator
- NRRT Training Coordinator
- NRRT Monitoring and Evaluation Coordinator
- Chief CDC
- National IDSR focal person
- NCOC Manager/Coordinator

A.4.4 Selection Timeline

Pakistan NRRT Member selection will be conducted by last week of October and selected members will be informed by e-mail through the Data Management System/WhatsApp (Annex D). NRRT Member selection begins in the third week of October by the selection committee. The below scoring metrics, will be used for categorization of NRRT members as needed.

Table 3. Scoring metrics during NRRT applicants' Bio data.

Scoring Metric	Score Points	Comments
Minimum required education	1 for minimum inclusion criteria 2 for more additional degrees	
Certificate or graduation of the following: <ul style="list-style-type: none"> • Field Epidemiology Training Program (FETP) • Public Health Master • Public Health Diploma • Infection Control Diploma 	1 for FETP advance/FETP Frontline fellow or having short certificate in public health 2 for FETP Frontline graduate, 3 for Advanced FETP graduate or Master of Public Health/epidemiology	

Experience in technical area	1 for 1 year 2 for 1 – 3 years 3 for 3+ years	
Field experience	1 for 0-1 year 2 for 1 – 3 years 3 for 3+ years 4 for experience in events with international collaborations	
Proficient in computer use, Microsoft office and e-mailing skills	1 Yes without certificate 2 Yes with certificate	
Formal Urdu proficiency	1 good speaking, reading and writing skills	
Formal Local Language proficiency	1 good speaking skills	
English (oral and written)	1 for Basic 2 for Intermediate 3 for Proficiency	
Previous experience in RRT program	0 for no experience 1 for previous experience	
Team Lead experience in the field	0 for no experience 1 for previous experience	
1-year commitment to NRRT program	1 for surge 2 for core	
Total	23	

Selected members will be informed that they are invited to attend the mandatory National RRT All-Hazards Training and Program Orientation scheduled for the first week of December.

A.4.4 RRT Roster Size

The Pakistan NRRT roster will comprise at a minimum of NRRT members at the Tier 1 and Tier 2 level.

Tier 1 members are those who are committing to be on call 6 months per year, which can be selected from any of the national agencies.

Tier 2 members are those who are committing to becoming a member of the RRT program and be on-call at least one month of the year and will respond when requested.

The breakdown of the number of NRRT members total and by Tier 1 and 2 can be found in table 4 (Annex E).

Table 4. Pakistan NRRT Program Roster size by member role and team.

Team Member Role	Minimum Number of Responders		
	Total	Core (Tier1)	Surge (Tier2)
Epidemiologist/Surveillance Officer/Public Health	74	24	50
Data management officer	20	5	15
Case Management	25	5	20
Mental Health Specialist	07	2	5
Infection Prevention and Control Expert	15	5	10
WASH	13	3	10
Risk Communication/Community Engagement Expert	7	2	5
Laboratory Expert	74	24	50
Environmental Health Expert	14	4	10
Veterinarian	25	5	20
Vaccine Expert	30	10	20
Supply Chain Specialist	15	5	10
Entomologist	20	5	15
Total	339	99	240

A.4.5 RRT Team Leads selection

Team Leads will be selected based on previous leadership experience in the field from the roster. Pakistan NRRT members can be promoted to team lead role based on previous response experience during their Pakistan NRRT Program membership.

A.4.6 NRRT member pre-deployment readiness requirements

Once the NRRT member has attended the mandatory National RRT All-Hazards Training and Program Orientation in December, they are required to complete the pre-deployment readiness requirements. Proof of completion of the pre-deployment readiness requirements must be uploaded to the Data Management System by the second week of February for the NRRT Readiness and Deployment Coordinator to review.

The pre-deployment readiness requirements are:

1. Completed NRRT orientation training
2. Signed code of ethics acknowledgement form (Annex F)
3. CV/Resume
4. Professional certification (if applicable)
5. Supervisory Approval (Annex G)
6. Medical fitness certificate at time of joining
7. Up-to-Date Recommended Vaccinations
 - COVID-19 vaccine
 - Flu vaccine
 - Tdap (within 10 years)
 - Hepatitis B
 - Meningitis
 - Measles and Rubella (MR)
 - Rabies
 - Cholera (recommended for at risk deployments)
8. Required Online Trainings:
 - WHO Incident Management System (Tier 1): <https://openwho.org/courses/incident-management-system>
 - WHO Incident Management System (Tier 2): <https://openwho.org/courses/incident-management-system-tier2>
 - GOARN BSAFE: <https://extranet.who.int/goarn/course/135017/bsafe>
 - Infection Prevention and Control (IPC): <https://ipclearning.nih.org.pk/moodle/>
 - Risk Communication online training course at the EMPHNET's Learning Management System (LMS): <https://lms.emphnet.net/enrol/index.php?id=17>
 - Any other relevant training required

Section A.5 Data Management

A.5.1 Data Coordinator

The NRRT Data coordinator for the Pakistan NRRT Program is responsible in developing the Pakistan NRRT databases. The Pakistan NRRT databases include,

1. Roster database
2. Readiness and Training database

3. Request and deployment database
4. Monitoring and Evaluation database

Upon development of the Pakistan NRRT databases the Data coordinator is then responsible for the maintenance, management, and updating of the databases. The Data coordinator will work closely with the NRRT Training coordinator and NRRT Readiness and Deployment Coordinator to track NRRT members pre-deployment readiness, training, and official deployment requests received by the Pakistan NRRT program. In addition, the NRRT Data Coordinator will work closely with the NRRT Monitoring and Evaluation coordinator in the development of update and program impact reports for situational updates and leadership, respectively.

A.5.2 NRRT Databases Platform

The variables collected for the NRRT Databases will be housed on a data management system. The effective usability and sustainability of the NRRT database will be evaluated annually by the NRRT Data coordinator. A data management system must include the following RRT member and RRT administrative requirements,

A.5.2.1 RRT members:

- RRT members will submit their complete bio data profile through a survey to the Data Management System
- RRT members should be able to view their data in an easy-to-read formatted profile once submitted.
- Some variables should only populate based on previous answers.
- RRT members will have access to see their own profile data, but cannot edit their data except through submitting a request to the Data Coordinator
- RRT members and Team Leads will be able to access the intended post-deployment surveys in the M&E database.

A.5.2.1 RRT administrator:

- Data Coordinator must be familiar with Data Management System
- Data Coordinator must be able to view, analyze and save data relevant to specific or groups of responders quickly and accurately
- Database must be secure, ensuring that responder data is only accessible to Data Coordinator
- Data Coordinator and management Lead must have access to up-to-date data to all databases

A.5.3 NRRT Database Variables and Collection

The NRRT Roster database variables are in Annex H.

NRRT Database	Data Collection Timeline
Roster database	Data collection begins annually in August and completed by October
Readiness and Training database	Data collection begins following the annual December RRT All-Hazards Training and Program Orientation with continual updates throughout the year
Request and deployment database	Data collection begins once an official request is received and followed through by the NRRT readiness and deployment coordinator
Evaluation database	Data collection begins upon RRT member’s return from deployment
Monitoring Database	Data will be collected continuously throughout the year based on agreed upon indicators

A.5.4 Database Management Process

The NRRT database data within the Data Management System will be managed by the NRRT Data Coordinator on an ongoing basis as members update their information and experiences, and new roles and skillsets are identified throughout the year. The NRRT Data Coordinator is also responsible for the visual presentation of the NRRT database data within the Pakistan NRRT Program as and when required. Further standard operating procedures of the database management process will be outlined after the development and utilization of the NRRT databases in the Data Management System.

Section A.6 Administrative Considerations

A.6.1 Multisectoral Understanding and Support of Pakistan NRRT Program

Commitment and understanding of national institutions and external partners’ support and participation as members of the Pakistan NRRT program is part of the International Health Regulations through the One Health Approach. This is supported by current understandings between national institutions to promote multisectoral collaboration particularly during a public health emergency.

A.6.2 Sustainability Requirements

The Pakistan NRRT program will operate under NCOC NIH. To maintain the Pakistan NRRT Program during preparedness and response phase, the following requirements are needed to sustain the operations of the program.

1. NRRT Management team
2. Office space and equipment
3. Annual National RRT All-Hazards Training and Program Orientation

4. Annual Subject Matter Expert (SME) Training Package Adaptation Workshop (If required)
5. Tabletop/Functional Simulation Exercise (annual/biannual as per availability of funds)
6. Field equipment
7. Deployment logistical support
8. Healthcare Insurance Coverage/Departmental medical reimbursement
9. Safety and Security

A.6.2.1 NRRT Management Team

The Pakistan NRRT Program Lead and Coordinators are the government officials and is the core team involved in the maintenance and coordination of the program's operations. The Pakistan NRRT Program management team members are,

1. RRT Program Lead
2. RRT Readiness and Deployment Coordinator
3. RRT Training Coordinator
4. RRT Data Analyst and Manager
5. RRT Monitoring and Evaluation Specialist

The salary of the NRRT managers is supported by their annual salaries from the government as per their pay scales.

A.6.2.2 Office Equipment

The Pakistan NRRT Program requires a dedicated working space for the RRT management team with adequate size to conduct their,

1. Monthly team meetings
2. Briefings
3. Debriefs
4. Just-in-time trainings

The Pakistan NRRT management team will also require software to aid in their communication and coordination of their operations. The software required are,

1. Zoom account/ MS Teams with Microsoft Office and Outlook
2. Mentimeter

A.6.2.3 Annual National RRT All-hazards Orientation Training and Program Orientation

The National RRT All-hazards Orientation training or trainings will be held annually during December as per availability of funds to introduce the new incoming Pakistan NRRT members to the Pakistan NRRT Program and provide all-hazards training for the most common disease outbreak they may be responding to in Pakistan. The training will need to accommodate at minimum 35-40 NRRT members every December for 5 days. The materials and resources required to host the training are,

1. Venue

2. Lunch and refreshments
3. Audiovisual equipment (I.e. Projector/projector screen, microphone, speakers)
4. Wi-Fi
5. Printing
6. PPE equipment
7. Laboratory equipment

A.6.2.4 Annual RRT Training Package Adaptation Workshop

In preparation of training NRRT members on the most common public health threats in Pakistan, the All-Hazards and Just-in-Time training packages will need to be updated and adapted to the disease and Pakistan context. This workshop will be held on an annual basis every November with selected national SMEs. The workshop will need to accommodate at minimum 15 SMEs every November for 4 days. The materials and resources required to host the training are,

1. Venue
2. Lunch and refreshments
3. Audiovisual equipment (I.e. Projector/projector screen, microphone, speakers)
4. Wi-Fi
5. Printing

A.6.2.5 Annual/biannual Tabletop/Function SimEx

A tabletop or functional SimEx will be conducted annually or biannually in the month of July to evaluate the Pakistan NRRT program and the NRRT management team and members' ability to apply the SOPs with regards to communication and coordination. This activity may range from 1-3 days.

A.6.2.6 Field Equipment

Equipment required for the field is outlined below. Financial support is needed to maintain the availability and stock of the needed equipment. The funding mechanism for the field equipment will be prepared annually through the RRT Program managers and requested from the relevant departments from other ministries and/or organizations.

Table 5. List of RRT Field Equipment

Item	Quantity	Item	Quantity
Tourniquet	50	Fire extinguisher	2
Disposable sterile syringes / vacutainers needles & holders	1000	PPEs	1000

NATIONAL PREPAREDNESS & RESPONSE SOPs

Item	Quantity	Item	Quantity
Different sampling tube (vacutainer serum, EDTA, Heparin)	1000	Surgical gowns	1000
Sterile leak proof cups	1000	Tyvek suits	50
Clean containers	1000	Coveralls	1000
Alcohol swabs	1000	Boot covers	1000
Sterile Cotton swabs	1000	Gloves	1000
Sterile dacron swabs	1000	Goggles	50
VTM transport media	500	Boots	50
Cary blair transport media	1000	Face shields	1000
Amis transport media	3Kg	Surgical masks	1000
Permanent markers	50	N95 respirator	500
Lab forms	1000	Head cover	1000
RDTs (Malaria, Dengue, Ebola, Covid - 19, Influenza , HBV, HCV, HIV , FUO)	500 each	Alcohol hand rub	10 L
RTDs for N. meningitidis, S. pneumoniae or H. influenzae from CSF	500 each	Liquid hand soap	5 L
RTDS for Cholera, Enteric fever, Brucella , TB	500 each	Safety boxes	200
Automatic pipettes	6	Waste red bags 90*60	5 Kg
Blood culture bottles	500	Heavy duty gloves	6
Wasserman tube with cover	1000	Plastic zip ties	500
Tablets	5	Mobile labs	1

Item	Quantity	Item	Quantity
Sim Card for tablets	10	4x4 truck or car	1
Power bank charger	5	Coaster car	1
Satellite phones (walkie talkies)	3	Malaria chemoprophylaxis	50 dose
Medium deployment bag for PPEs Secure/water resistant/break proof carryon bag with wheels for communication/IT equipment	10	Metronidazole	50 dose
Icebox (50-70L) for lab specimens	6	Ciprofloxacin	50 dose
Chlorine tablets	1000	Paracetamol	50 dose
Flashlight, batteries	20	Omeprazole	50 dose
Ice packs	30	Bacitracin ointment	50 dose
Flashlight	10	Diphenhydramine	50 dose
First aid kit	6	Pulse oximeter	10
Thermometer	50		

A.6.2.7. Deployment Logistical Support

Mostly NRRT will be deployed in the federal area but in certain situations on the provincial/area request NRRT will also be deployed at the provincial/Area level. Logistical support in the form of lodging, transportation, and per diem if required will be provided by the respective department of the RRT member to support deployed RRT members in the field.

A.6.2.8. Healthcare Insurance Coverage/Departmental Medical Reimbursement

Any kind of health coverage/reimbursement for the NRRT will be provided through the Ministry of National Health Services, Regulations and Coordination and other relevant department and ministries

A.6.2.9. Safety and Security

Safety and security of NRRT members is an important aspect of the Pakistan NRRT program. Prior to deployment, the Safety Officer NCOC will provide NRRT members with security briefings covering the local security situation, medical evacuation plans, and security evacuation plans.

The safety and security of RRT members from external partners will be the responsibility of their respective organization/agency.

A.6.3. Dismissal from NRRT program

The members of the Pakistan NRRT program must abide the government servant conduct rules under civil servants rules Pakistan 2020 or any department approved code of ethics. The NRRT members that breach the conduct will be relieved from their duties in the Pakistan NRRT Program. This will be done through official letter shared by the RRT management lead through the official channels to concerned departments. Moreover, if any RRT member want to withdraw the RRT program then He/She has to communicate to the NRRT data coordinator through the supervisor.

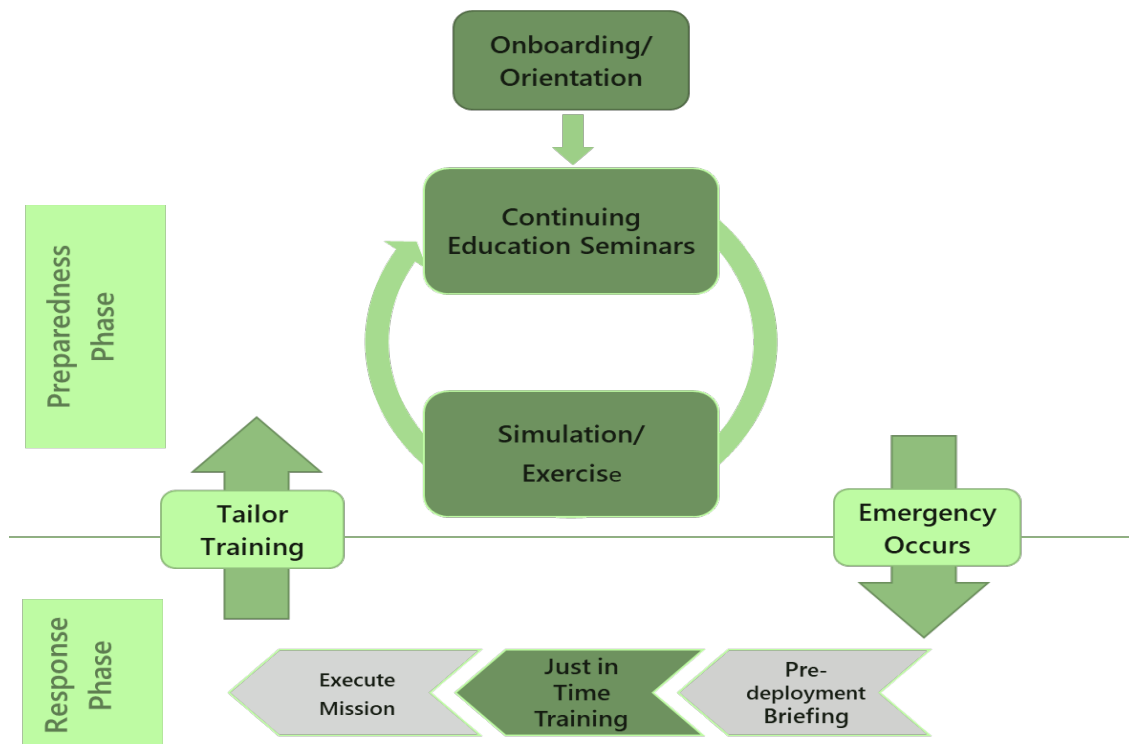
Section A.7 Training

A.7.1 Pakistan NRRT Program Trainings and Timeline

All NRRT members will undergo continual training throughout their membership in the Pakistan NRRT program and prior to deploying for a public health emergency.

The goal of the Pakistan NRRT program is to prepare and train NRRT members to be ready to deploy prior to a public health emergency. In addition, the Pakistan NRRT program’s training curriculum;

1. Ensures NRRT members have the same level of basic knowledge and skills,
2. Provides NRRT members opportunities to learn new skills and practice existing skills,
3. Keeps NRRT members’ skills current with changing methods and science,
4. Allows NRRT members to engage with their teammates prior to their deployment,
5. Translates NRRT members’ subject matter expertise into a field and response setting.



A.7.1.1 Trainings during Preparedness Phase

A.7.1.1.1 National RRT All-hazards Training and Program Orientation

Objective: To introduce the new incoming NRRT members to the Pakistan NRRT Program and provide all-hazards training for the most common public health emergencies they may be responding to in Pakistan.

Participants: 35-40 Core NRRT members (New members each year)

Timeline: December

Duration: 5 days

Training package adaptation or update: One month prior (in November) coordinated by the NRRT Training Coordinator and RRT Focal Points from other agencies/organizations and facilitated by National Subject Matter Experts (SMEs) and RRT management team.

A.7.1.1.2 Online Trainings

Objective: To educate the new incoming NRRT members to the Incident Management System, PC and other required trainings.

Timeline: to be completed before March (end of 1st quarter of the year)

Duration: 1 to 3 days (personal time)

The required online training include,

1. WHO Incident Management System (Tier 1): <https://openwho.org/courses/incident-management-system>
2. WHO Incident Management System (Tier 2): <https://openwho.org/courses/incident-management-system-tier2>
3. GOARN BSAFE: <https://extranet.who.int/goarn/course/135017/bsafe>
4. Infection Prevention and Control (IPC): <https://ipclearing.nih.org.pk/moodle/>
5. Risk Communication online training course at the EMPHNET's Learning Management System (LMS): <https://lms.emphnet.net/enrol/index.php?id=17>
6. Other if any

A.7.1.1.3 Technical Specific Capacity-Building

Pakistan NRRT Program coordinators and members might require additional technical specific capacity-building in priority areas. Some recommended training areas include but not limited to:

1. After-Action Review (AAR) and Intra-Action Review (IAR)
2. Risk Management (focusing on Risk assessment)
3. Simulation Exercise design and implementation.
4. Surveillance, sample collection, contact tracing, data collection, reporting and analysis

Such activities will require internal and external support to be identified and allocated.

A.7.1.1.4 Quarterly educational webinars

The Pakistan NRRT members are required to attend the quarterly education webinars.

Objective: Continue to provide training on four major themes that will be made useful as information and skills required in the field:

1. Scientific (public health threat specific)
2. Technical (Public health, surveillance, laboratory, data, epidemiology)
3. Informational/Situational awareness (current responses, relevant response agencies/partners), and
4. Soft skills (teamwork, communications, responder wellbeing, etc.)
5. Any other related topic

Duration: 1 hour per quarter (40 min didactic, 20 min Q&A)

Preparation: RRT Training Coordinator identifies topic and SME to present. An invitation is then sent to the NRRT members via e-mail and WhatsApp with webinar details.

A.7.1.2 Trainings during Response Phase

Training required for response phase is dependent on the public health event and/or disease. The NRRT Training Coordinator will coordinate with the SMEs in the development of content and material for the Just-in-Time training packages when needed during response. The Just-in-Time training will cover the following main content,

1. Technical specific information
2. Data collection forms/tools
3. Reporting mechanisms
4. Donning and doffing of PPE
5. Other relevant topics

Section B

RRT Response SOPs

Section B.1: Requests for assistance

B.1.1 Types of Requests

The Pakistan National Rapid Response Team (NRRT) program receives support requests from health care facilities through District Health Office, Islamabad and from provincial rapid response team lead to support the response efforts if required. Requests that can be supported by the Pakistan NRRT program are:

B.1.1.1 RRT Members Only

RRT members requests include the all-hazards technical assistance including capacity-building from National RRT members to the Provincial/Regional and District level RRT management in the field, both virtually and in-person. The technical roles that can be requested from the Pakistan NRRT program is outlined in Section A.1 of the Preparedness SOPs.

B.1.1.2 Resources Only

In addition to the provincial/regional resource, the NRRT will facilitate the requests include equipment that would assist the operations of a response at the Provincial/Regional and District level as per the availability of funds. Resources include:

- Personal Protective Equipment
- Data collection equipment (i.e., data collection tablets)
- Data collection tools/forms (i.e., contact tracing, case investigation, etc.)
- Specimen collection kits and packaging (referral of samples to any National reference PH laboratory)
- Transportation
- Information Education Communication materials (i.e., Posters, leaflets, etc.)
- Financial Support if required (i.e., lodging)

B.1.1.3 RRT Members and Resources

RRT members and resource requests can be requested by the Provincial/Regional and District level. RRT members and resource requests include all the above. Resources will be supplied with the deployed National RRT member upon deployment as applicable and as per the availability of the funds.

B.1.2 Processing a Request

B.1.2.1 Official Request Route

Pakistan NRRT Program can receive official requests via email or official correspondence.

- pakistanrrt@nih.org.pk
- Telecommunications followed by Official correspondence.

- Official requesting letter to Pakistan NRRT Program made out to the NRRT Program Lead using the below information:
 - a. Name: NRRT program Lead
 - b. Address: NCOC, CDC, NIH, Park road Chak Shahzad, Islamabad

Official letter can be sent by e-mail, courier services, or telecommunications as a signed Letter or pdf document.

The official request form must include the following information,

- Requestor name: _____
- Contact information: _____
- Request Location: _____
- Type of request:
 - RRT members, or
 - Resources, or
 - RRT members and Resources
- Expected duration of request: _____
- Request activities and objectives:
 - 1.
 - 2.
 - 3.
 - .
 - .
 - .

B.1.2.2 Decision Making Criteria

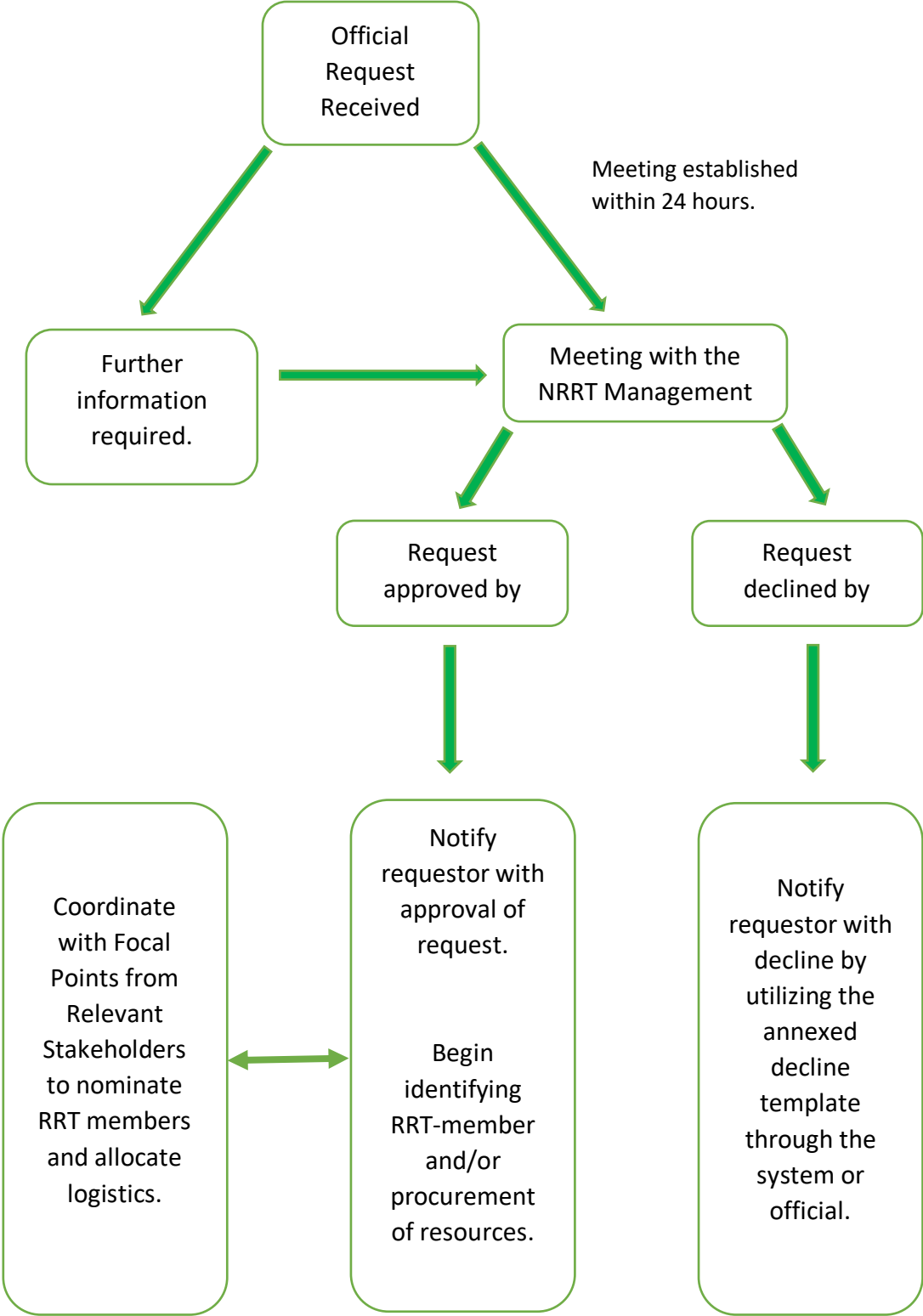
Decision criteria guideline to activate Pakistan NRRT program by high priority disease threats identified in the most updated thresholds in the IDSR guidelines. The general activation of the Pakistan NRRT program will be through the decision-making criteria below:

Criteria	Approval Factors	Decline Factors
Leadership Decision	Leadership approves.	Leadership declines
Public Health impact of action vs. inaction	High Ro High Morbidity/Mortality Rate	Low Ro Low Morbidity/Mortality Rate
Local capacities of skills/resources requested.	Lack of Technical Expertise and Resources at Requesting level	Adequate Expertise and Resources at requesting level.
Outbreak Location/Cross-border	Epidemic prone diseases or public health event of national concern. Regional accessibility	No cross-border transmission, not a PHEIC
Availability of appropriate staff/funding	Staff with Required Technical Expertise is Available	Staff with Required Technical Expertise is not available.
Cost/Benefit	High-Cost Benefit	Low-Cost Benefit
Emerging/Re-emerging Disease	Changes in the pathogen epidemiological pattern consider further.	If endemic lower than the activation threshold. Consult, modify or consider
Color Key:	Consider Further	Consult, Modify, or Consider Decline

B.1.2.2 Official Request Process

1. Once an official request is sent to the Pakistan NRRT program via email and/or phone call followed by a written official correspondence, the NRRT Program Lead should then convene a meeting in person or virtual within 24 hours to be attended by NRRT Program Lead, RRT Readiness and Deployment Coordinator, Data Coordinator, NCOC Logistician, EOC Manager, and National SME (if needed). The NRRT Program Lead will request the participation of the Requesting entity either in person or virtually (via phone call or online platform) if needed.
2. If the request is approved, the NRRT Program Lead will be responsible for the decision making and for briefing the Executive Director of Center of Disease Control and Prevention (CDC), NIH. The request will be documented in the request tracker in the data management system. Official communication will be made to the requesting entity during the meeting followed by an official approval e-mail/mail (Annex I).
 - The requesting entity will then provide contact information to the following individuals in the field:
 - Focal Person from the field (both provincial and district level)
 - District RRT Team lead
 - Safety Officer (ministry of interior/local administration)
3. If the request is declined, communication will be made to the requesting entity outlining why the request was declined utilizing the formatted e-mail or any other official communication channel (Annex I). Any declined request by the NRRT Program will be monitored for any change in the situation that might require rapid response intervention.
4. If further information is required, the requesting entity will be asked to provide clarifying information during the meeting. If the information provided is satisfactory, the NRRT Program Lead and Executive Director of CDC will approve the request.

Official Request Process Flowchart and Approval/Decline Letter Template



Section B.2: RRT Member Selection and Resource Procurement

B.2.1 RRT members Selection for Approved NRRT Activation Requests

B.2.1.1 Member Identification

Once request for activation of the NRRT has been approved by the Executive Director of CDC, the Pakistan NRRT Program Lead with the NRRT Readiness and Deployment Coordinator will identify and select the RRT member(s) to meet the objectives of the request after decision has been made (within same day). The requirements for selection include,

- RRT member has experience in technical area or skill requested.
- RRT member has additional valuable skills for dual role, if necessary (i.e., experience in secondary technical area, languages, contact tracing, etc.)
- Selected from core team and if not available selected from surge team
- Meets pre-deployment requirements (Preparedness Section A.3.4)

B.2.1.2 RRT Members Selection:

The Pakistan NRRT Readiness and Deployment Coordinator will contact the identified RRT members(s) by phone and/or e-mail with request for deployment after the decision meeting with supervisory approval from their respective agency/organization. The RRT Readiness and Deployment Coordinator will communicate with the RRT Focal Points from relevant agencies/ministries to request deployment of RRT members along for arrangements for the needed logistics for the deployment.

B.2.1.2.1 RRT Member accepts deployment:

- The Pakistan NRRT Readiness and Deployment Coordinator will then e-mail the RRT-Member (and copy the member respective supervisor/department) with,
 - a. Pre-deployment checklist
 - b. Contact information for logistics.
 - c. CC in the email NRRT training coordinator, SMEs & Safety and security SME to arrange
- I. Briefing
 - a. Technical SME at national and local level
 - b. If required: Safety and Security SME at national and local level
- II. Just-in-time training
 - a. NRRT Training Coordinator
 - b. National technical SME
 - c. IPC SME

B.2.1.2.2 RRT Member declines deployment or is unavailable:

- The Pakistan NRRT Readiness and deployment coordinator will repeat the above steps under identification and inform RRT Program Lead
- The Pakistan NRRT Readiness and deployment coordinator will evaluate the reason(s) for decline and discuss future considerations of program membership of the RRT Member.

B.2.2 Resource Procurement for Approved NRRT Activation Requests

Once request for resource(s) has been approved by NIH CEO, the NRRT Program Lead will coordinate with NCOC logistics coordinator to identify and procure/arrange resources within 24 hours. The delivery method will depend on the type of resource requested and whether an RRT Member will be deployed to the field.

If there are emergency-response related materials that need to be procured in a timely manner, it will be coordinated with NDMA through NCOC. Funding for NRRT Program support will be secured either from NIH or other external resources.

Section B.3 Deploying NRRT Members**B.3.1 Deployment Requirements**

Deployment to the field will depend on various factors beginning with the emergency of a potential public health threat requiring immediate response. Briefings will be provided regarding the processes to be followed before, during and after the outbreak response. Composition and size of the teams will vary from time to time depending on the nature and scale of the outbreak as well as competences needed for the response.

Once the RRT member has fulfilled all pre-deployment requirements, Pakistan NRRT program will make adequate arrangements with the RRT member respective agency/organization to ensure that RRT members are equipped and ready to respond safely and effectively in the field. The Pakistan NRRT program will send the e-mail found in Annex J or any other communication channels to the RRT member with logistical information on deployment requirements and contact information. The deployment procedures must be completed by the NRRT member within 24 hours of accepting deployment request and include the following,

B.3.1.1 Deployment Briefing

One of the initial activities is to conduct an in-person or virtual deployment briefing at NRRT Program office or the NCOC at NIH. This is essential for purposes of providing situational awareness of the public health event and/or disease. The briefing should include updates on previous response measures if any prior to deployment. National subject matter expert (SME) will be identified by the NRRT training coordinator if required.

The deployment briefing will include the following information,

- a. Overall response update from RRT Team Lead in the field
- b. Local situational update by the requestor
- c. Safety and security situation in the field by ministry of interior/local administration

- d. Activities, objectives, and deliverables in the field by NRRT Readiness and deployment Coordinator, RRT Program Lead, and demobilized NRRT member if any
- e. National stakeholder contact list provided by NRRT Readiness and Deployment Coordinator
- f. Local stakeholder contact list provided by Focal Person from the local district/provincial focal point
- g. Information about the logistic arrangements for the team
- h. Expected duration to stay in the field
- i. Reporting mechanisms and frequency

During the deployment briefing, NRRT Readiness and deployment coordinator will discuss with the with the National, Provisional/Regional or District RRT Program Lead the objectives, activities, and deliverables they need to accomplish in the field and the indicator/metrics that will be utilized to evaluate their performance.

Team member	Objectives	Activities	Deliverables	Indicator/Metrics

B.3.1.2 Just-in-Time Training

The Just-in-Time training will be coordinated by the NRRT Training Coordinator prior to RRT member deployment for specified public health event and/or disease. The Just-in-Time training can be provided right after the deployment briefing by the national response SME physically or virtually through various communication methods based on the situation.

The public health event and/or disease specific Just-in-Time training will include the following information,

- a. Technical specific information
- b. Data collection forms/tools
- c. Reporting mechanisms
- d. Donning and doffing of PPE
- e. Others

B.3.1.3 Logistical Support

All RRT members will be supplied with the necessary equipment to achieve deployment objectives. A checklist for the required items (Annex K) will be provided by the NRRT program in coordination with the NCOC logistics coordinator who will facilitate provision of all the prescribed response needs. Critical items needed for the response are supplied prior to departure for field work while other materials may be sent to the deployment sites after RRT teams have deployed.

Logistical support for accommodation, travel, per diem, and miscellaneous items will be provided by the parent department for the initial deployment. The NRRT Program Lead will obtain CEO NIH approval to request funding support from external partners for deployments which extend beyond NRRT Program's capacity to support. Additional logistical arrangements/procurements of materials needed for the response related to the mission of other agencies/organizations will be coordinated with the focal persons from the respective agencies/organizations as needed. Further information on funding sources is provided in Section B.3.2.

Should there arise a need for rapid procurement of materials crucial for emergency response, the NRRT program will coordinate through NCOC to request support from the National Disaster Management Authority (NDMA) to ensure a prompt and effective procurement process.

For international deployments, the RRT member will work with the Focal Persons of the funding source to provide a Letter of Invitation from agency from host country to secure a travel visa, if required.

B.3.1.4 Medical requirements (If applicable)

Deployed RRT member(s) may need additional vaccinations or medical testing based on current response requirements by the Pakistan NRRT program.

Below are a list of recommended vaccinations and prophylaxis prior to deployment,

- COVID-19 vaccine (recommended)
- Flu vaccine
- Tdap (within 10 years)
- Hepatitis B
- Meningitis
- Measles and Rubella (MR)
- Rabies (recommended)
- Cholera (recommended for at risk deployments)

B.3.2 Logistical Funding Support

B.3.2.1 Deployment during Non-NCOC Activation

Deployments approved during a non-NCOC activation will be supported financially by the respective parent department. This support will include the transportation, accommodation, per diem, and miscellaneous items that the RRT member requires to operate safely and effectively in the field to execute their objectives.

Once the prerequisites are met, the NRRT Program Lead will authorize the deployment through coordination with the RRT readiness and deployment coordinator who will also coordinate with RRT Focal Persons from other stakeholders. The contact person to assist the RRT member in securing the above logistical needs is the NCOC Logistician. In the event the NRRT program requires additional funds to support NRRT member deployment, the program lead will coordinate with CEO NIH to request assistance from external stakeholders.

B.3.2.2 Deployment during NCOC Activation

Deployments approved during a NCOC activated response will be supported financially by Ministry of National Health Services, Regulations, and Coordination and other governmental and non-governmental stakeholders. This support will include transportation, accommodation, per Diem, supplies and miscellaneous. Items that the RRT member requires to operate safely and effectively in the field to execute their objectives. Once the prerequisites are met, the NRRT Program Lead will contact the NCOC Logistician through Operations Lead and Incident Manager to work directly with the RRT member to secure their logistical needs. During NCOC activation, RRT Focal Points from relevant stakeholders might be requested to join in person in NCOC for seamless and timely deployment activities coordination and information exchange.

Section B.4 Supporting and Coordinating Deployed RRT Members

B.4.1 Points of Contact during Standard Operations

Once the RRT member has arrived in the field, the RRT member will contact the NRRT Readiness and Deployment Coordinator to inform them of their arrival. The NRRT Readiness and Deployment Coordinator will confirm that the RRT member has the following list of contacts to ensure an effective and safe deployment.

B.4.1.1 In the field

- Provincial Health Department
- District Health Office
- Provincial IDSR Focal person
- RRT provincial Program lead
- RRT Team lead
- Ministry of interior/local administration security person
- Local authorities (district level or any other level) (district level administration)/division/provisional

B.4.1.2 At headquarters

- NRRT Program Lead/NRRT Readiness and Deployment Coordinator
- NCOC Logistics section/Financial supporting stakeholder Focal Point

B.4.1.3 Emergency contact information after work hours

The order of emergency contact after work hours should be as follows,

- Security officer
- RRT Provincial and District RRT Team lead
- NCOC Watch-mood staff/Operation section head

B.4.2 Reporting During a Deployment

B.4.2.1 NCOC Not Activated

During a non-NCOC activation, deployed NRRT member(s) are to report daily situational updates to the NRRT Readiness and Deployment coordinator. The NRRT Team lead in the field is responsible for providing situational report through a written report based on what is agreed upon during the pre-deployment briefing.

B.4.2.2 NCOC Activated

During NCOC activation and establishment of an Incident Management Structure, RRT team lead, and members have different reporting requirements. The National RRT team will either serve as,

1. Lead RRT team at the local level which is dependent on if the local level does not contain the technical expertise and resources needed to respond, or
2. Part of the local RRT team filling in the needed technical expertise or resources requested

The NRRT team lead's field duties and reporting requirements to the National IMS include:

1. Coordinate with their RRT members at National level and with Provincial RRT program leads to provide daily field updates to the NRRT Program manager and national IMS in written form.

Format of technical updates includes,

- Activity updates:
 - Activity next steps:
 - Activity challenges:
 - Technical or logistical support Needs:
 - Staff well-being:
2. Coordinate with the NRRT Program Lead to develop the weekly field Situational Report (Annex L)
 3. NRRT Team lead in coordination with NRRT program lead will provide updates on the evolving public health situation during the IMS meeting via e-mail or virtual meeting/telephone call.

The NRRT team member's field duties and reporting requirements to the National IMS activation include:

1. Provide daily updates to the RRT Team Lead in written form as instructed by the RRT Team Lead
2. Meet with the RRT team lead once a week to provide field updates for technical lane
3. Provide written bulleted summary report to submit to RRT Team Lead.

B.4.2.3 Prior to returning from the field:

Each RRT Team Lead will be required to develop and submit their trip report (Annex M) prior to returning from the field or within 2 weeks of their return from their deployment. The trip report is to be submitted to the NRRT Readiness and Deployment Coordinator.

B.4.3. Additional Requests during Deployment

During the daily/weekly updates provided by the Team Lead to the RRT Readiness and Deployment Coordinator, the Team Lead will provide information regarding,

- Changes required to the RRT structure
- Technical assistance needs
- Equipment and logistical needs, and
- Security updates
- Any additional information required

Based on the information provided in this meeting, the RRT manager can determine whether to mobilize or demobilize RRT members and resources to the field.

The RRT readiness and deployment coordinator will then establish a meeting with NRRT Program Lead to request approval for potential changes made to the field.

Section B.5 Returning from Deployment/Mission Close Out and Debrief

B.5.1 Demobilizing/Deactivating Response Activities

B.5.1.1 Criteria to demobilize/Deactivate RRT activities

The demobilization/deactivation of RRT activities in the field will be the inverse to the criteria used to activate the Pakistan NRRT program (Annex A).

In addition, specific situational information utilized in the decision-making process may include any of the following,

- The trends and data from the field begin to suggest that the status of public health emergency is improving and/or stable
- Situation Report no longer report new cases
- The issue is no longer a public health threat
- National resources and assistance are no longer required; and
- The incident or state of emergency has been declared over by the MoH or designated authority

B.5.1.2 Authority for demobilization/deactivation

The decision to demobilize/deactivate the National RRT support will be made by NRRT Program Lead in coordination with the national, provincial/district RRT Management throughout their scheduled response meetings.

B.5.1.3 Deactivation Checklist

Once the decision to demobilize/deactivate National RRT support, the following action items will need to be completed,

- RRT Readiness and Deployment Coordinator notifies RRT Focal Points from respective agencies/organizations of the demobilization/deactivation decision.
- NRRT Data Coordinator collects data, logs, situation reports, message forms, and other significant documentation for archiving by deployed RRT members.
- Ensure all NRRT Program equipment has been returned to the respective level (national, provincial, or district)
- NCOC Logistician is to develop a list of all supplies that need replacement and to send it to the respective department.

B.5.2 RRT Member Responsibilities upon Returning Home

B.5.2.1 Inform Pakistan NRRT Program

Upon return to home duty station, RRT member is responsible for communicating safe return from their deployment to the Pakistan NRRT Readiness and Deployment Coordinator.

B.5.2.2 Reimbursement of out-of-pocket deployment expenses

Upon return to home duty station, RRT member is responsible for ensuring submission of reimbursement request of any out-of-pocket expenses made during their deployment to their respective department.

B.5.2.3 NCOC Equipment

The RRT member upon return to home duty station is responsible for returning all borrowed NCOC Equipment to the NCOC Logistics Lead within 72 hours upon return.

B.5.2.4 Trip Report

If the RRT member has not submitted the trip report prior to departure from the field, they must submit the report within 5 working days to the RRT Readiness and Deployment Coordinator (Annex F).

B.5.3 Debriefs, Intra and After-Action Review

Following the RRT members return from the field and after the deactivation of a response a debrief and After-Action Review (AAR) will be conducted in the post deployment phase, respectively. Should the duration of the response extend beyond 3-months, an Intra-Action Review (IAR) of the Pakistan NRRT Program activities will be held every 3-months until the deactivation of the response.

B.5.3.1 Debriefs

An operational debrief or meeting to discuss the RRT member experience should occur within 2 weeks upon return of the RRT members to provide feedback on the response. Debriefs are conducted for individual deployers or teams. If multiple RRT members are deployed successively, each RRT member will debrief upon return. Sensitive issues can be reported directly to the Pakistan NRRT program. Anonymous feedback can be provided through post-deployment online surveys.

If possible, clinical professionals such as psychologists will participate in the debrief sessions to identify any potential stressors and provide pro-active emotional support and resources upon return. It is recommended that a Mental Health Specialists (such as Psychiatrists and psychologists added to the roster will be asked to join during the debrief to provide any needed support.

The debrief will highlight the following main points,

- What worked well in the field?
- What didn't work well in the field?
- Challenges in the field.
- Gaps in support by Pakistan NRRT program during the pre-, during-, post-deployment phases.
- Recommendation to address the gaps and challenges.

After the conclusion of the debrief, the Pakistan NRRT program team will discuss the gaps and recommendations and assigning responsibility for implementing the recommendations.

B.5.3.2 D Intra-Action Review

In 3-month interims the Pakistan NRRT program will meet to discuss program activities during a protracted response to ensure the continued improvement of RRT member support in the field.

The NRRT Monitoring and Evaluation Coordinator will be in charge of coordinating with SMEs to conduct the Intra-Action Review of the Pakistan NRRT program activities. All members of the Pakistan NRRT program will be present at the Intra-Action Review and a select number of RRT members deployed in the last 3-months will be invited to join.

The Intra-Action Review will highlight the following,

- Timeliness of RRT deployment after surveillance alert verified
- Quality of pre-deployment activities
 - Pre-deployment brief utility
 - Just-in-time training appropriateness
 - Resource distribution matched to RRT needs
- Quality of response activities
 - RRT completion of objectives and meeting indicators
- RRT support mechanisms
 - Communication and reporting
 - Human resources
 - Supplies and equipment
 - Subject matter expertise
- RRT challenges

At the conclusion of the Intra-Action Review, an action plan to provide recommended actions for improvement will be developed by the Pakistan NRRT program to prioritize the activities for implementation with clear timeliness to address the identified gaps and assign a point of contact for each activity.

B.5.3.3 After Action Review

An After-Action Review (AAR) should be conducted within one month upon deactivation of a response.

The Monitoring and Evaluation Coordinator will be in charge of leading the AAR of the Pakistan NRRT program activities. All members of the Pakistan NRRT program will be present at the AAR and a select number of RRT members deployed in the response. Representatives from the requesting entities will also be invited to join the AAR, in order to gain feedback from the requesting perspective.

The guidance to conduct an After-Action Review is available from multiple references online.

The After-Action Review will highlight the following

- Timeliness of RRT deployment after surveillance alert verified
- Quality of pre-deployment activities
 - Pre-deployment brief utility
 - Just-in-time training appropriateness
 - Resource distribution matched to RRT needs
- Quality of response activities
 - RRT completion of objectives and meeting indicators
- RRT support mechanisms
 - Communication and reporting
 - Human resources
 - Supplies and equipment
 - Subject matter expertise
- RRT challenges

At the conclusion of the After-Action Review, an action plan to provide recommended actions for improvement will be developed by the Pakistan NRRT program to prioritize the activities for implementation with clear timeliness to address the identified gaps and assign a point of contact for each activity.

B.5.3.4 Program Review

In 6-months interims the Pakistan NRRT program will meet to discuss program activities to ensure the continued improvement of RRT member support in the field.

The NRRT Monitoring and Evaluation Coordinator will oversee and coordinate the Program Review of the Pakistan NRRT program activities. The NRRT Management will be present at the Program Review

and a select number of RRT members deployed in the last 6-months and stakeholders representatives will be invited to join.

The Program Review will highlight the following,

- Timeliness of RRT deployment after surveillance alert verified
- Quality of pre-deployment activities
 - Pre-deployment brief utility
 - Just-in-time training appropriateness
 - Resource distribution matched to RRT needs
- Quality of response activities
 - RRT completion of objectives and meeting indicators
- RRT support mechanisms
 - Communication and reporting
 - Human resources
 - Supplies and equipment
 - Subject matter expertise
- RRT challenges
- RRT recommendations

At the conclusion of the Program Review, an action plan to provide recommended actions for improvement will be developed by the Pakistan NRRT program to prioritize the activities for implementation with clear timeliness to address the identified gaps and assign a point of contact for each activity.

Section B.6 Monitoring, Evaluation, and Improvement Planning

B. 6.1 Monitoring

A monitoring and evaluation framework is required to highlight the impact of the Pakistan NRRT program. The importance of this activity is to present to leadership program activities, impact, provide evidence-based data to support continued funding for the sustainability of the program and highlight areas of additional funding/support requirements for the improvement of the program.

As shown in the below framework, the NRRT Program aims to contribute to the third UN Strategic Development Goal (SDG): *Good health and wellbeing* to achieve better control of PH emergencies at the national level.

In order to ensure achieving the intermediate outcomes, the NRRT Program will collect to measure the following indicators:

Goal/Impact	SDG 3 : Good health and wellbeing		
St. Objective	Better control of public health emergencies		
Outcome\ Results	Efficient operation of the RRT program	Successful response to outbreaks (1,2)	Institutionalization of RRT program into the national emergency response Structure
Intermediate- results	<ul style="list-style-type: none"> Strengthening program preparedness for response (1) Enhanced capacity of the RRT members (2) Improved RRT program composition & coordination (3) 	<ul style="list-style-type: none"> Timeliness of RRT program response (3) Enhanced containment of disease outbreaks (4) Engagement of the community for better public health response (5) 	<ul style="list-style-type: none"> Accountability of the RRT program to respond to public health emergencies (1) Establishment & operationalization of the RRT-management unit (2) Investment in the retention of the RRT Staff (3)
Indicators	<ol style="list-style-type: none"> Preparedness score of the RRT program Percentage of RRT members who received capacity building Percent of deployed RRT members pulled from the roster Percent of the outbreaks that reported operational challenge 	<ol style="list-style-type: none"> Percent change in the case fatality rate by outbreak type Percent change of the survival rate by outbreak type % of the outbreaks achieved <u>717 targets</u> Percent change in the attack rate by outbreak Percent of the outbreaks with actively involved communities 	<ol style="list-style-type: none"> Percent of the requested emergency assistance fulfilled by RRT program Satisfaction rate of the RRT members Attrition rate of the RRT members Percent change in the budget allocated for the RRT program

The NRRT program coordinators will follow the procedures detailed in M&E framework of Pakistan NRRT program. The M&E Coordinator will be responsible for establishing the data collection plan and will get the approval from the program manager. Once approved, the M&E coordinator will hold a meeting and present to the NRRT program coordinators their responsibilities regarding data indicators to be monitored, data collection tools and resources. In Addition, the M&E coordinator will be responsible for following up periodically (every month or every 3 months) with the program coordinators in coordination with the Program Lead regarding any issues or gaps in the data collection.

Moreover, monitoring of RRT member needs in the field will be accomplished through thorough review of the RRT Team Lead reports and weekly meetings with the RRT Program Lead.

Every six months, the M&E coordinator will finalize the Annual M&E report to be included in the Program’s bi-annual Program Review report.

B.6.2 Evaluation

B.6.2.1 RRT-Member Evaluation

The RRT member will be evaluated based on the number of objectives met that were identified prior to their deployment, their accomplished activities and deliverables. The RRT team lead will evaluate their respective RRT member based on predetermined indicators and metrics developed prior to deployment. The RRT team lead will fill out an evaluation form and send it to the NRRT Monitoring and Evaluation Coordinator.

B.6.2.2 Pakistan NRRT Program Evaluation

In addition to the post-deployment debrief, Intra-Action Review, and After-Action Review of the Pakistan NRRT Program, a post-deployment survey (Annex H) will be sent by the NRRT Monitoring and Evaluation Coordinator to the deployed RRT member within 5-days of return from the field.

B.6.3 Reporting and SOP modification

Monitoring and evaluation report will be developed bi-annually by the Monitoring and Evaluation Coordinator and stored electronically in a Monitoring and Evaluation database.

The reports will be shared with NRRT Program Lead. The Pakistan NRRT Data Coordinator will review the reports and provide recommendations for SOP modification.

The Executive Director of CDC in coordination with the RRT Program Lead will authorize modifications to the SOP with final approval of CEO NIH. A copy of the final approved SOP to be shared with relevant stakeholders.

ANNEXES

Annex A: Inclusion and exclusion criteria for applicant selection to the Pakistan NRRT program

Minimum Inclusion Criteria	Exclusion Criteria
<p>General Member</p> <ul style="list-style-type: none"> • Relevant education in technical area • 1-year relevant experience in technical area • Proficiency in Urdu language • Proficiency in English language is preferred. • 1-year commitment to Pakistan NRRT program • Supervisor approval • Member consent <p>Team Lead</p> <ul style="list-style-type: none"> • Minimum inclusion criteria of General Member, and • 1-year Field deployment experience <u>OR</u> 1-year PHEOC deployment experience • FETP (advanced/frontline training) is preferred. 	<ul style="list-style-type: none"> • Does not meet set inclusion criteria. • Physical and mental conditions that may challenge and prevent deployment to the field or the PHEOC. • Any misconduct or administrative disciplinary action

**Exception to candidate selection can be made based on advanced skills or experiences outlined in their application form.*

Annex B: Post- Enrollment Availability Survey Form (Core Members)

As a Pakistan NRRT core member, you will be asked to serve at least 6 on-call months during the every year. In the section below, please select the months that you will be available to be on-call between January 2024 – December 2024. Based on the information you provide below, Pakistan NRRT Program will assign your on-call months. On-call team members should be reachable via phone, email, or other communication channels and must be ready to respond within 24 hours of being called upon.

Note that the more months you choose, the more likely we will be able to accommodate your schedule. You will then receive confirmation e-mail of your 6 assigned on-call months with your supervisor cc'd. Reminder: Speak with your supervisor to ensure that the months you may be assigned will not conflict with your responsibilities or team's events.

Please indicate when are able to serve as a Pakistan National RRT member in the year of 2024 as a Tier 2 (Core Team) member

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Annex C: Post- Enrollment Availability Survey Form (Surge Members)

As a Pakistan NRRT surge member, you are committing to becoming a member of the RRT program and be on-call at least one month of the year and will respond when requested between January – December Every year. Based on the information you provide below, Pakistan NRRT Program will assign your on-call month. On-call team members should be reachable via phone, email, or other communication channels and must be ready to respond within 24 hours of being called upon.

Note that the more months you choose, the more likely we will be able to accommodate your schedule. You will then receive confirmation e-mail of your assigned on-call month(s) with your supervisor cc'd. Reminder: Speak with your supervisor to ensure that the months you may be assigned will not conflict with your responsibilities or team's events.

Please indicate when are able to serve as a Pakistan National RRT member in the year of 2024 as a Tier 2 (Surge Team) member:

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Annex D: Member Selection Notification E-mail

NATIONAL PUBLIC HEALTH INSTITUTE

Address

Date: _____

Dear [Responder Name]_____

Thank you for your interest in becoming part of the Pakistan National Rapid Response Team Program at the Pakistan National Public Health Institute. It is with great pleasure that we inform you of your selection as a National Rapid Response Team member as part of cohort 2024.

Kindly confirm your acceptance to the Pakistan NRRT Program and your ability to attend the mandatory trainings.

We thank you for your service and we look forward to meeting you,

(Signature of Pakistan NRRT Program Lead)

[Name]

Annex E: Total number of NRRT members by role and tier.

Team Member Role	Minimum Number		
	Total	Core (Tier 1)	Surge (Tier 2)
Epidemiologist/Surveillance Officer/Public Health	74	24	50
Data management officer	20	5	15
Case Management	25	5	20
Mental Health Specialist	07	2	5
Infection Prevention and Control Expert	15	5	10
WASH	13	3	10
Risk Communication/Community Engagement Expert	7	2	5
Laboratory Expert	74	24	50
Environmental Health Expert	14	4	10
Veterinarian	25	5	20
Vaccine Expert	30	10	20
Supply Chain Specialist	15	5	10
Entomologist	20	5	15
Total	339	99	240

Annex F: Pakistan Code of Ethics for the Public Service

CODE OF ETHICS ACKNOWLEDGMENT FORM

ACKNOWLEDGEMENT

I, (Print Name), HAVE ACKNOWLEDGED RECEIPT, READ, UNDERSTOOD AND DO HEREBY UNDERTAKE TO ADHERE TO THE PROVISIONS OF THE CODE OF ETHICS UNDER CIVIL SERVANTS RULES 2020 FOR THE PUBLIC SERVICE.

IN THE EVENT OF ANY VIOLATION OF THE PROVISIONS OF THE CODE ON MY PART, I UNDERTAKE TO AVAIL MYSELF TO THE DUE PROCESS OF APPLICABLE DISCIPLINARY CODE.

FURTHER, SHOULD I BECOME AWARE OF ANY VIOLATIONS OF THE CODE; I UNDERTAKE TO NOTIFY THE APPROPRIATE AUTHORITIES.

SIGNATURE: _____

DESIGNATION:

DATE: _____

MINISTRY/INSTITUTION:

I certify that the above-named officer has been provided with a copy of The Code of Ethics under Civil Servants Rules 2020 or any departmental code of conduct for the Public Service

SIGNATURE: _____

DESIGNATION: _____

DATE: _____

Head of Human Resources: _____

Date: _____

Annex G: Supervisor Approval Form

THE PAKISTAN NATIONAL PUBLIC HEALTH INSTITUTE

Address

[date]

Dear Supervisor,

We are writing to you on behalf of the Pakistan National Rapid Response Team (NRRT) Program. Your supervisee has been selected as a Pakistan NRRT member. One of the pre-deployment requirements is that your supervisee must obtain supervisory approval for potential future deployments.

Supervisory approval includes the following elements,

1. Supervisee will be able to deploy with short notice (within 24 hours)
2. Ability to deploy for 2 weeks at a time
3. Assist the supervisee in handing off normal duty responsibilities to other colleagues while on deployment

If you agree with these elements of your supervisee being part of the Pakistan NRRT Program, please provide your signature below. We sincerely thank you in advance for your cooperation and support.

Sincerely,

[Name]

NRRT Program Lead

Pakistan National Rapid Response Team Program

Annex H: NRRT Data base

I. Roster Database

Pakistan NRRT Member Roster Form

Part 1: Background

Full Name:

Title:

Gender (Female/Male)

Date of Birth:

CNIC:

Institution:

Department:

Supervisor designation:

Supervisor e-mail:

Location Province:

Location District:

Phone Number:

Office Number:

Emergency number:

E-mail:

Nature of current job (for public sector):

- Permanent employee
- Contractual employee

Current Technical area of expertise based on your Role at Workplace (select one only):

Case Management (physician)

- *Infectious Medicine*
- *Internal Medicine*
- *Pediatrics*
- *Dermatology*

Case Management (nurse)

Mental Health (psychosocial support)

Laboratory

Epidemiology

Surveillance

Public Health Coordinator

Information Technology

Supply Chain

Risk Communications/ Social Mobilization

Management and Operations

Data Management

Infection Prevention and Control

Environmental Health

Veterinary Medicine

Public Health Specialist

Toxicology

Safety and Security

Water, Sanitation and Hygiene (WASH)

Vaccinology

Nutrition

Entomology

Other (please indicate)

Years of experience in current job:

Please select areas of your other secondary Role/expertise:

Case Management (physician)

- *Infectious Medicine*
- *Internal Medicine*
- *Pediatrics*
- *Dermatology*

Case Management (nurse)

Mental Health (psychosocial support)

Laboratory

Epidemiology

Surveillance

Public Health Coordinator

Information Technology

Supply Chain

Risk Communications/ Social Mobilization

Management and Operations

Data Management

Infection Prevention and Control

Environmental Health

Veterinary Medicine

Public Health Specialist

Toxicology

Safety and Security

Water, Sanitation and Hygiene (WASH)

Vaccinology

Nutrition

Entomology

Other (please indicate)

Part 2: Education and Language

Highest educational qualification completed: (Diploma, Bachelor's, Master's, Higher Diploma, Doctorate, Other, Please indicate)

Other professional qualification obtained:

Please indicate your language proficiency for each of the languages listed using the criteria below.

Urdu: (writing, reading, speaking) (Basic/Intermediate/Advanced)

English: (writing, reading, speaking) (Basic/Intermediate/Advanced)

Pakistan Languages (Reading, Speaking):

Part 3: Experience and Skills

Have you previously served as a National RRT member? (Yes/No), if yes, in which role (drop down)

Public health field experience in Pakistan: (Y/N) if yes, how many years?

Public Health Emergency Operations Center (PHEOC) experience in Pakistan: (Y/N), if yes, how many years?

International public health field work experience (not study abroad): (Y/N), , how many months/years?

RRT Team Lead experience in the field (Y/N): if yes, how many years?

Short courses completed (select all that apply)

Biosafety and Biosecurity

Field Epidemiology Training Program (FETP) - Advanced

Field Epidemiology Training Program (FETP) - Frontline

Finance Management

Incident Management System (IMS)

Infection Prevention and Control (IPC)

Integrated Disease Surveillance and Response (IDSR)

Leadership and Management

Manuscript Development and Writing

Monitoring and Evaluation (M&E)

Outbreak Investigation

Procurement

Other

I have responded to sudden-onset disasters and natural hazards such as: (Select all that apply)

List of Infectious, natural and manmade public health emergencies

I have responded to at least one complex emergency: Yes No

Defined as "a humanitarian crisis in a country, region or society where there is total or considerable breakdown of authority resulting from internal or external conflict which requires an international response that goes beyond the mandate or capacity of any single and/or ongoing UN country programme.

Based on the skills you listed in all sections above, what role do you think you can fill on a rapid response team without any assistance in the field?

Primary Role: (drop down list)

Secondary Role: (drop down list)

Part 4. Other

Mention anything else you would like us to consider when reviewing your form for the Pakistan NRRT Program. Include any relevant background not mentioned previously [Comment Section]

Part 5. Acknowledgement

<p>I understand that I will be required to undergo a medical clearance evaluation based on responder readiness guidance issued by the Pakistan NRRT Program.</p>	<p>I understand.</p>
<p>I understand that if accepted, I have 30 days to meet the readiness requirements outlined by the Pakistan NRRT Program to deploy or face removal from the team.</p>	<p>I understand.</p>
<p>I understand that during a deployment (field or NCOC) I may have to work outside of regular hours and in austere environments.</p>	<p>I understand.</p>
<p>I confirm that the survey has been filled out truthfully and to the best of my knowledge.</p>	<p>I confirm.</p>

Please ensure that you have answered all questions to the best of your ability. You may be notified that there are required fields unanswered, please see the error message highlighted in red to locate the question that requires an answer.

Once you've reviewed your information, and confirmed you understand, click "Submit"

II. Readiness and Training Database

Full Name

CNIC

Institution

Department

Supervisor Name

Signed supervisory approval document (Attach)

Location City

Place of Work

Phone Number

E-mail

Signed code of ethics acknowledgement form (Attach)

CV/Resume (attach)

Up-to-date passport (attach)

Annual medical clearance (attach)

Annual respiratory fit test (result)

Up-to-Date Vaccinations (attach vaccination records)

- COVID-19 vaccine (recommended)
- Tdap (within 10 years)
- Polio +/- Pertussis
- Hepatitis A (if possible)
- Hepatitis B
- Meningitis
- Measles Mumps and Rubella (MMR)
- Rabies (recommended)
- Yellow fever (mandatory for international travel)
- Cholera (recommended for at risk deployments)
- Other (specify)

Required Trainings

- Pakistan National RRT All-Hazards Training and Program Orientation
 - o Date of training
 - o Certificate
- WHO Incident Management System (Tier 1)
 - o Date of training
 - o Certificate
- WHO Incident Management System (Tier 2):
 - o Date of training
 - o Certificate
- GOARN BSAFE
 - o Date of training
 - o Certificate
- Infection, Prevention and Control (IPC)
 - o Date of training
 - o Certificate
- EMPHNET's Risk Communication

- Date of training
- Certificate

III. Request and Deployment Database

Request database

1. Requester: Dropdown list of

- Ministerial Agencies
- Provincial Departments of Health
- Activated response

2. Request date:

3. Request approval:

Approved

Denied

4. Date of Request approval/denial:

5. Request:

- Technical request
- Resource request
- Funding request
- Other (specify)

6. Technical Request: Dropdown list of RRT roles

- Team Lead
- Epidemiologist/Surveillance Officer
- Data Manager
- Case Management Expert
- Infection Prevention and Control Expert
- WASH
- Risk Communication/Social Mobilization Expert
- Laboratory Expert
- Vaccine Expert
- Logistics Expert
- Safety and Security Officer
- Other (Specify)

7. Request location:

8. Request duration:

Deployment database

1. Event Name:

2. Deployer:

3. Deployment Start Date (expected):

4. Deployment End Date (expected):

5. Location City:

6. Location Province:

7. Skills required:

8. Language required:

IV. Evaluation Database

List of previous completed surveys titled “My post deployment surveys”

Option to select “Add a new survey”

Post-Deployment Survey

Experiences from deployment:

1. When was your deployment period (start and end date)?

2. Where were you deployed?

3. What were your main duties during deployment?

4. What were the most positive aspects of NRRT Program support during this deployment (administrative, logistical support, training and technical support, communication, task planning, occupational health, safety and psychological well-being, any other matters related to the response)?

5. What were the most difficult aspects of this deployment for you?

Field deployment support:

6. Overall, how would you rate the support the Pakistan NRRT program provided during your overall deployment experience?
- Very supportive
 - Supportive
 - Somewhat supportive
 - Not supportive
 - If somewhat or not supportive, what could the Pakistan NRRT Program do differently to support NRRT members for future deployments?

Personal feedback:

7. Are you willing to deploy again in the future if invited?
- Yes
 - No
 - If No, why would you not be interested in deploying again?
8. What changes would you like to see made to support you during future deployments?

9. Please provide any additional comments or suggestions that were not covered by this survey.

Would you like to share with us your personal information in the event we would like to discuss your feedback further? (Name, age, contact info)

- Yes
- No

Personal information:

Name _____ Age _____ Gender _____

Address _____ Contact no. _____

Email address _____

Thank you for your feedback!

End of Survey

List of previously submitted surveys titled "SME EVALUATION FORM FOR A RRT MEMBER"

Option to select "Add a new survey"

EVALUATION FORM FOR AN RRT MEMBER BY RRT TEAM LEAD

Personal information:

RRT member name _____

Team Lead name _____

Team Lead e-mail address _____

1. Overall, how satisfied were you with the performance of the NRRT member?
 - Very Satisfied
 - Satisfied
 - Somewhat satisfied
 - Not satisfied

2. Overall, how satisfied were you with the NRRT member’s ability to report and communicate field updates with the national response?
 - Very Satisfied
 - Satisfied
 - Somewhat satisfied
 - Not satisfied

Deployment Deliverables:

1. How many deliverables were set out prior to deployment?
2. How many of those predetermined deliverables were met?
3. Were there any changes made to the deliverables?
4. What factors facilitated the NRRT member’s achievement of deployment deliverables?
5. What factors hindered the NRRT member’s achievement of deployment deliverables?

NRRT Program feedback:

1. How can the Pakistan NRRT Program better prepare the NRRT member for future deployments in this role?

Thank you for your feedback!

End of Survey

Annex I: Request approval or denial letter template

NATIONAL INSTITUTE OF HEALTH

Address

[Date]

Dear [Requestor Name],

We appreciate your reaching out to the Pakistan NRRT program to join you in the response. We are pleased to let you know/Regretfully, the Pakistan NRRT program is not able to support the request at this time.

[Insert explanations(s) for the Acceptance/Decline]

We remain open to you and your team for assistance future or if current situation changes. For any specific concerns or clarifications on this development, you can reach us on e-mail.

Thank you again for reaching out to the Pakistan NRRT program. We wish you well in the Response.

Sincerely,

[Signature]

Pakistan National RRT Program Lead

[Name]

Pakistan National RRT Program Lead

Annex J : RRT Responder Deployment Confirmation and Coordination E-mail

NATIONAL INSTITUTE OF HEALTH

Address

Date:

Dear [Responder

Name]:

Thank you for accepting deployment to (location) as a (position) as part of the [Disease] response from (date to date). Your deployment is approved and the travel confirmation #XXXXXXX.

The purpose of your trip is [insert requestor justification for request]. Full details of the deployment objectives and activities will be explained further in the deployment debrief. The invitation to the deployment briefing and just-in-time will soon follow this e-mail.

You are requested to fulfill the following requirements as a responder prior to departure:

1. Attend deployment briefing at [Location] on [Date and time]
2. Attend just-in-time training at [Location] on [Date and time]
3. Contact the NCOC Logistician (e-mail) to request deployment equipment. Please see attached deployment equipment request form. Please CC the Pakistan NRRT Program in your correspondence (e-mail) for situational awareness.
4. Contact the [insert supporting funding stakeholder POC and contact information] to secure your deployment logistics and administrative requirements. Please CC the Pakistan NRRT Program in your correspondence (e-mail) for situational awareness.
5. Provide proof of medical requirements to the Pakistan NRRT Coordinator (e-mail) (if applicable):
 - [Insert specific medical requirements]

Kindly confirm your receipt of this e-mail and availability.

I thank you for your service,

[Signature]

NRRT Program Lead

[Name]

Pakistan National RRT Program Lead

Annex K: Equipment Request Checklist

National Institute of Health

Address

<p>DEPLOYMENT EQUIPMENT REQUEST CHECKLIST</p> <p>Name of the District/Province: _____ Deployment Purpose: _____</p> <p>Deployment Location: _____</p> <p>Deployment Start Date: _____</p> <p>Deployment End Date: _____</p>
<p><u>CHECK NEEDED ITEMS ONLY</u></p> <p><u>PERSONAL</u></p> <ul style="list-style-type: none"> • Laptop • Smart Cell Phone (Android) • International Travel Power Converter Kit w/ Adapters (international travel only) <p><u>PHEOC EQUIPMENT</u></p> <ul style="list-style-type: none"> • Tablet and charger • Internet • HDMI cable • Satellite phones • Field Bag • Reporting tools • Diagnostic materials • Surgical gowns • Coveralls • Boot covers • Exam gloves • Boots • Face shields • Surgical masks • Goggles • N95 respirator (submit respiratory fit test result) • Any other _____

Table 1: Breakdown of new and cumulative cases, deaths and recoveries by province/district

DISTRICT	NUMBERS BY DISTRICT						
	New Cases	New Deaths	New Recoveries	Cumul. Cases	Cumul. Deaths	Cumul. Recoveries	Total Active
TOTAL	X New Cases	X New Deaths	X New Recoveries	X Cases	X deaths	X recoveries	X Active

Table 2: Breakdown of case management statistics reported in the last 24hrs by province/district

PROVINCE/ DISTRICT	NEW ADMISSIONS	FACILITY DISCHARGES	CURRENTLY ADMITTED	PATIENTS ON OXYGEN	CRITICAL PATIENTS
TOTAL					

3.3 VACCINATION PROGRAMME

3.4 LABORATORY AND SAMPLE MANAGEMENT

3.5 INFECTION, PREVENTION AND CONTROL

3.6 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

3.7 SAFETY AND SECURITY

3.8 LOGISTICS

Annex M: End-of-Mission Report Template

End of Mission Report

National Institute of Health

Date:

To: [Public Health Agency] Director General

From: [Name of responder]

Subject: [Location] [Response] Trip Report from [Date] to [Date]

Travel Confirmation #:

I. Purpose:

II. Dates and Place(s) Visited:

Date(s)	Place/Person(s)

III. Key Persons Met:

Person(s)	Organization	Title

IV. Key Issues, Activities, Outcomes, Challenges, Accomplishments, Future Plans, and Recommendations:

Key Issues

-
-

Challenges

-
-

Recommendations

-
-

