

Balochistan Rapid Response Team (BRRT) Program PREPAREDNESS AND RESPONSE STANDING OPERATING PROCEDURES 2025

Department of Health Balochistan

TABLE OF CONTENTS

Section A BRRT Preparedness SOPs

Section A. 1: Identifying Stakeholders	1
Section A.2: Identifying Roles and Skills	3
Section A.3 RRT Members Identification	10
Section A.4 BRRT Member Selection	12
Section A.5 Data Management	16
Section A.6 Administrative Considerations	18
Section A. 7 Training	22

Section BRRT Response SOPs

Section B.1: Requests for assistance	
Section B.2: RRT Member Selection and Resource Procurement	
Section B.3 Deploying BRRT Members	
Section B.4 Supporting and Coordinating Deployed RRT Members	
Section B.5 Returning from Deployment/Mission Close Out and Debrief	
Section B.6 Monitoring, Evaluation, and Improvement Planning	

ANNEXES

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ACRONYMS AND ABBREVIATIONS

CDC	Centres for Disease Control and Prevention
US CDC	US Centers for Disease Control and Prevention
DDSRU	District Disease Surveillance and Response Unit
CME	Case Management Expert
ERP	Emergency response plan
HR	Human Resource
IHR	International Health Regulations
IMS	Incident management system
JEE	Joint External Evaluation
JSI	John Snow, Inc
DOH	Department of Health Balochistan
PDMA	Provincial Disaster Management Authority
NIH	National Institute of Health
PHEM	Public Health Emergency Management
PDSRU	Provincial Disease Surveillance and Response Unit
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
UNICEF	United Nations International Children's Emergency Fund
EMPHNET	The Eastern Mediterranean Public Health Network
FAO	Food and Agriculture Organization of the United Nations
WHO	World Health Organization

EXECUTIVE SUMMARY

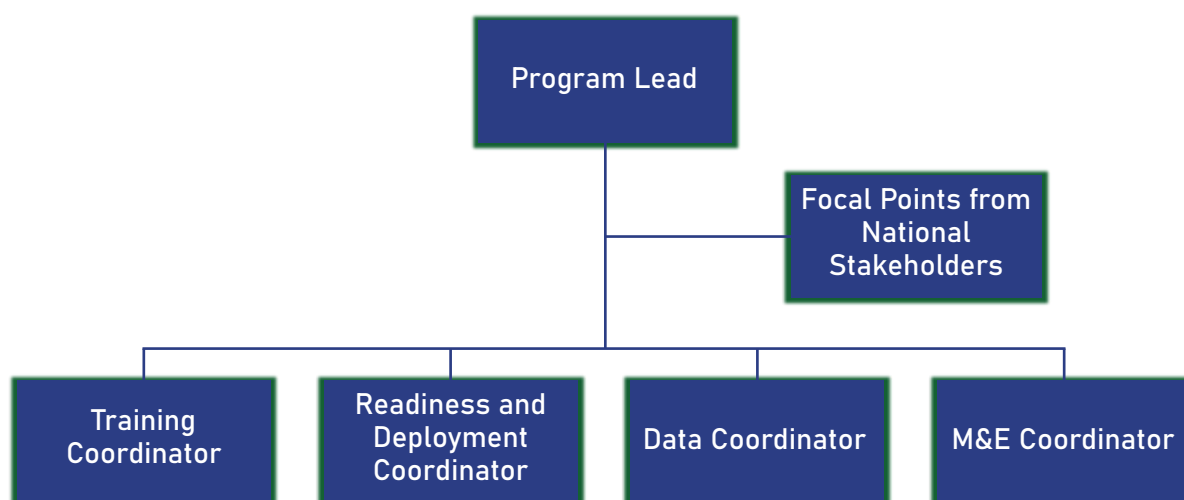
The Global Health Security has gained serious attention during last two decades, due to globalization Travel and trade has significantly increased which may pose a serious threat for cross border transmission of all hazards. The environmental hazards due to climate change, frequent track and increased 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,

In context of Global Health Security (GHS) and International Health Regulations (IHR) 2005. Under the technical arms 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 2 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 focussed 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 responses 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 Balochistan BRRT is a resource that can rapidly respond to public health emergencies throughout the country and region. The objective of the Balochistan Rapid Response Team (BRRT) Program is to strengthen the management and coordination of the Balochistan province 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, ARTs 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 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 Balochistan BRRT Program 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 BRRT 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 BRRT Program. The Balochistan RRT Program Management Team comprised of: RRT Program Lead (Leading the BRRT 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 BRRT 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.



RECORD OF REVISIONS

The Balochistan Rapid Response Team (BRRT) Program Standard Operating Procedures (SOPs) is a document developed to capture general processes implemented by the BRRT for the core functions of the team. The SOPs will be used in support of BRRT emergency activities as well as for institutional memory. The document will be updated as BRRT Procedures evolve.

BRRT PROGRAM SOP - RECORD OF CHANGES			
DATE	CHANGE DESCRIPTION	CHANGE ENTERED BY	APPROVED BY

Balochistan Rapid response Team (BRRT) Standard Operating Procedure

Section A

RRT Preparedness sops

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 Balochistan RRT 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 Stakeholders

- Health Department with its all Provincial, Divisional, District and Tehsil Offices
- Provincial Disaster Management Authority (PDMA)
- Finance Department
- Local Government Department
- Department of Planning, and Development
- Home Department
- Department of Information and Broadcasting
- Education Department
- Balochistan Food Authority
- Department of Religious Affairs and Inter-faith Harmony
- Balochistan Healthcare Commission
- Balochistan Interprovincial Coordination Department
- Department of Food
- Department of Irrigation
- Balochistan Environmental Protection Agency
- Ministry of Climate Change and Environmental
- Pakistan Civil Aviation Authority
- Pakistan Army
- Provincial Emergency Operation Center Polio (PEOC)

A.1.1.2 Non-Governmental Stakeholders

- All the Private Hospitals and Diagnostic Centers registered with the Balochistan Healthcare Commission
- World Health Organization (WHO)
- United Nations International Children's Emergency Fund (UNICEF)
- Food and Agriculture Organization of the United Nations (FAO)
- Centers for Disease Control and Prevention in Pakistan (CDC)
- US Centers for Disease Control and Prevention (US CDC)
- John Snow Inc (JSI)
- The Eastern Mediterranean Public Health Network (EMPHNET)
- Global Fund
- United Kingdom Health Security Agency (UKHSA)

Section A.2

Identifying Roles and Skills

A.2.1 Common Public Health Emergencies in Balochistan

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

INFECTION DISEASES	ENVIRONMENTAL	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 Typhoid Fever Tuberculosis Viral Hepatitis (B, C, & D) Monkeypox Avian Influenza Foodborne outbreak Healthcare Associated Infections Antimicrobial Resistance Salmonellosis	Torrential Rain and Floods Earthquake Drought Heat wave Fire	Industrial Accidents Chemical Biological Radiological Nuclear Mass Gatherings Snake bites Dog bites Road Traffic Accidents (RTA) Other Public Health Events

A.2.2 Balochistan Rapid Response Team (BRRT) Roles, and Skills

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

The roles and skills needed are outlined in table 1 which is the reference for the Balochistan BRRT program's roster form (Annex A).

Table 1. The field responsibilities and required skills of BRRT 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. ● Background knowledge in infectious and non-infectious diseases. ● Knowledge 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 case definitions and data collection tools. ● 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"> ● Basic data management, including collection and analysis. ● Knowledge of epidemiology of diseases. ● Knowledge of statistical software. ● Ability to use electronic data capture tools. ● 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.

TEAM MEMBER	FIELD RESPONSIBILITIES	SKILLS
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 ● 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 Life Support/ Advanced Cardiovascular Life Support ● 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 	<ul style="list-style-type: none"> ● Skilled in IPC assessment and recommendations

TEAM MEMBER	FIELD RESPONSIBILITIES	SKILLS
	<p>utilized by healthcare workers and the facility</p> <ul style="list-style-type: none"> ● IPC training regarding PPE and Waste management ● Coordination with national and regional IPC committees 	<ul style="list-style-type: none"> ● 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
<p>Water, Sanitation and Hygiene (WASH) Expert</p>	<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 and other alternative methods ● Assessments of risk/protective factors, such as improved water sources availability; access to improved sanitation facilities; Hygiene and local funeral practices 	<ul style="list-style-type: none"> ● Ability to assess and suggest WASH practices in healthcare setting and non-healthcare setting ● Water source assessment ● Support the water testing process ● Train others on water testing and Aquatab/chlorine tablets usage ● Water infrastructure mapping ● Knowledge on IPC/general hygiene
<p>Risk Communication/Social Mobilization Expert</p>	<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. 	<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.

TEAM MEMBER	FIELD RESPONSIBILITIES	SKILLS
	<ul style="list-style-type: none"> ● Participate in Crisis and Emergency Risk Communication (CERC) training ● Train other in Crisis and Emergency Risk Communication (CERC) 	<ul style="list-style-type: none"> ● Knowledge regarding the different ethical and cultural norms field considerations in the field understanding .
Laboratory Expert	<ul style="list-style-type: none"> ● Demonstrate sample collection, processing, testing and transporting. ● Evaluate laboratory capacity to test for the appropriate pathogens. 	<ul style="list-style-type: none"> ● Specimen collection and transportation ● Biosafety and Biosecurity knowledge and experience ● Lab Quality Management ● Specimen receiving & accessioning ● Knowledge about Antimicrobial ● Knowledge about Parasitic, bacterial, viral and fungal infections ● Clinical Chemistry ● Blood Banking ● Molecular Methods ● Advanced Molecular Detection (AMD) ● Viral Culture ● Serology ● Knowledge about different tiers of biosafety level ● 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 	<ul style="list-style-type: none"> ● Able to conduct an environmental risk assessment ● Able to apply and enforce national, international and organizational health regulations ● Able to understand one health approach

TEAM MEMBER	FIELD RESPONSIBILITIES	SKILLS
	<ul style="list-style-type: none"> ● Work with epidemiologists and disease surveillance officers to review and analyze data ● Produce regular surveillance bulletins and situation reports 	<ul style="list-style-type: none"> ● Able to conduct routine and legal inspections for moving and stationed vessels ● Able to understand one health approach
Veterinarian	<ul style="list-style-type: none"> ● Identify zoonotic diseases ● Work to maintain knowledge on of 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 analyze, interpret and communicate data ● Ability to collect samples, transport them to reference lab and analyze them
Vaccine Officer	<ul style="list-style-type: none"> ● Oversee vaccine management ● Oversee vaccine waste management ● Supervise the vaccination teams ● Knowledge of and reporting on the Adverse Events Following Immunization (AEFI) 	<ul style="list-style-type: none"> ● Vaccine administration ● Vaccine data collection ● Ring vaccination methodology
Supply Chain Officer	<ul style="list-style-type: none"> ● Oversee provision of all emergency response facilities, supplies, services, and resources ● Provide services to support emergency operations ● Responsible for supplying 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 ● Deployer Training Resources ● Logistics PHEOC

TEAM MEMBER	FIELD RESPONSIBILITIES	SKILLS
Entomologist	<ul style="list-style-type: none"> ● Identify vectors and vector-borne diseases ● Work to maintain knowledge on of the prevalence of vector-borne disease in a specified area ● Work with other key stakeholders in controlling the epidemic 	<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 to 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.

RRT member identification will be conducted annually by the BRRT 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 BRRT Program will identify RRT members from within Health Department of (DOH BALOCHISTAN) including the Field Epidemiology Training Program (FETP), and other relevant governmental and non-governmental stakeholders working in Balochistan. Below outlines outline the process of RRT member identification within each of these institutions.

A.3.1 Identifying RRT Members within Balochistan Health Department

- The request for nomination of RRT members will begin the first week of September of every year.
- The Readiness and Deployment Coordinator and the BRRT Management Lead will coordinate with the Balochistan Public Health Emergency Operation Center (PHEOC) manager or the DGHS Balochistan to send official letters for nomination of potential candidates from different section within DOH Balochistan including the FETP for the RRT.
- The deadline to receive official nominations will be the third week of September.
- Once the nominations are received, the BRRT 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 to the nominated BRRT candidates to complete the roster form.
- The deadline for completing the roster form will be the end of the 2nd week of October of every year.
- All applicants wishing to be included in the BRRT program will be required to meet the selection criteria indicated in the BRRT SOPs (Annex B).

A.3.2 Identifying BRRT Members from relevant Governmental Stakeholders

To include a One Health and multisectoral approach to the staffing and rostering of the BRRT, the inclusion of candidates from other governmental agencies is required. This is supported by current understandings between the Balochistan agencies to promote multisectoral collaboration. To ensure seamless coordination among relevant governmental agencies, the BRRT Management Team lead in coordination with PHEOC manager or DGHS Balochistan will request the nomination to assign BRRT focal person from other relevant governmental agency. The focal person will be responsible for coordinating RRT related activities between their agency and the BRRT Program in DOH Balochistan. This request for new focal person or reappointment of current focal points will take place through an official request from the DOH Balochistan to the leadership of their respective governmental agencies. Nominations of focal person are to be finalized by the end of August. A multisectoral meeting will be held for nominated RRT focal points and BRRT program coordinators for goal alignment and seamless coordination. The meeting will be held by the end of August each year.

- The request for nomination of BRRT members from governmental agencies will begin in the first week of September of every year.
- The BRRT Management Lead will coordinate with the Public Health Emergency Operation Center (PHEOC) manager or the DGHS Balochistan to send official letters to request nomination of potential BRRT members from related governmental agencies. This process will be coordinated with the nominated focal person from the relevant agencies.
- The deadline to receive official nominations will be the third week of September.
- Once the nominations are received, the BRRT 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 focal person from the relevant agencies to the nominated RRT candidates to complete the roster form.
- The deadline for completing the roster form will be the end of the 2nd week of October of every year.
- All applicants wishing to be included in the BRRT program will be required to meet the selection criteria indicated in the BRRT SOPs (Annex B).

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

The BRRT management lead will coordinate with Balochistan PHEOC manager/DGHS Balochistan to send official letter to request focal person for BRRT from Identified/relevant non governmental stakeholder. The dead line for this will be third week of September each year.

In the event that the BRRT 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 BRRT management lead in coordination with PHEOC manager/DGHS Balochistan will reach out to the identified focal person of the partner organizations.

A.4.1 Inclusion and Exclusion Criteria for Balochistan Rapid Response Team (BRRT) Member Selection

Utilizing the roster survey form, the nominated candidates for the BRRT program will be selected based on the minimum inclusion criteria listed in Table 2 (Annex B).

Table 2. Minimum inclusion and exclusion criteria for nomination to the Balochistan BRRT program.

MINIMUM INCLUSION CRITERIA	EXCLUSION CRITERIA
<p>General Member</p> <ul style="list-style-type: none"> ● Relevant education in the technical area ● 1-year relevant experience in technical area ● Proficiency in the Urdu language ● Proficiency in the English language is preferred ● 1-year commitment to the BRRT program ● Supervisor approval ● Member consent <p>Field Team Lead</p> <ul style="list-style-type: none"> ● Minimum inclusion criteria of General Member, and ● 1-year Field deployment experience OR 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 Process

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

- ▶ **Core Tier:** Dedicated responders on the BRRT, who will regularly respond to outbreaks as part of their normal duties. Commonly more experienced emergency responders who can be deployed for longer periods of time. (All BRRT core 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 needed.

A.4.3 Selection Committee:

The selection committee will be comprised of the following positions,

- BRRT Management Lead
- BRRT Data Coordinator
- BRRT Emergency Readiness and Deployment Coordinator
- BRRT Training Coordinator
- BRRT Monitoring and Evaluation Coordinator
- DGHS Balochistan
- Provincial IDSR focal person
- Director Public Health
- Balochistan PHEOC manager

A.4.4 Selection Timeline:

Balochistan BRRT Member selection will be conducted by the last week of October and selected members will be informed by e-mail through the Data Management System and WhatsApp (Annex C). Selected members will be informed that they are invited to attend the mandatory Provincial RRT All-Hazards Training and Program Orientation scheduled to start in the first week of December of the following year.

BRRT Member selection begins in the third week of October by the selection committee. The below scoring metrics, will be used for the categorization of BRRT members as needed.

Table 3. Scoring metrics during BRRT applicant's Biodata

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 Prevention Control (IPC) Diploma 	1 for FETP Advance / FETP Frontline fellow or having short certificate in public health 2 for FETP Frontline graduate, 3 for Advanced FETP graduates 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 and writing skills	
Formal Local Language proficiency	1 good speaking skills	
English (oral and written)	1 for Basic 2 for Intermediate 3 for Professional	
Previous experience in the 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 the BRRT program	1 for surge 2 for core	
Total	23	

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

A.4.5 Rapid Response Team (RRT) Roster Size

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

Tier 1 In this tier members are those who are committing to be on call 6 months per year, which can be selected from any of the provincial government department

Tier 2 In this tier members are those who are committing to becoming a member of the BRRT program and be on-call for at least one month of the year and will respond when requested from provincial non government stakeholders.

The breakdown of the total number of BRRT members total and by Tier 1 and 2 can be found in table Table 3 (Annex D).

Table 4. Balochistan PRRT Program Roster size by member role/skills.

TEAM MEMBER ROLE	MINIMUM NUMBER		
	Core	Surge	Total
Epidemiologist/Surveillance Officer	50	50	100
Data management officer	40	15	55
Case Management	30	20	50
Mental Health Specialist	10	5	15
Infection Prevention and Control Expert	20	10	30
Risk Communication/Community Engagement Expert	15	10	25
Laboratory Expert	60	40	100
Supply chain specialist	10	5	15
Veterinarian	30	10	40
WASH	20	10	30
Vaccine Expert	30	20	50
Entomologist	40	15	55
Total	355	210	565

A.4.6 RRT Team Lead

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

A.4.7 Pre-deployment readiness requirements

Once the BRRT member has attended the mandatory 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 BRRT Readiness and Deployment Coordinator to review.

The pre-deployment readiness requirements are,

1. Completed BRRT orientation training
2. Signed code of ethics acknowledgement form (Annex E)
3. CV/Resume
4. Professional certification (if applicable)
5. Supervisory Approval (Annex F)
6. Medical fitness certificate at the 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.DOH.Balochistan.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>

A.5.1 Data Coordinator

The BRRT Data coordinator is responsible in for developing the BRRT databases. The databases include,

1. Roster database
2. Readiness and Training database
3. Request and deployment database
4. Monitoring Evaluation database

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

A.5.2 BRRT Databases Platform

The variables collected for the BRRT Databases will be housed on in a data management system. The effective usability and sustainability of the DHIS2 platform will be evaluated annually by the BRRT 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 biodata 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 by 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.5.2.2 RRT administrator

- The Data Coordinator must be familiar with the Data Management System
- The 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 the Data Coordinator
- Data Coordinator and management Lead must have access to up-to-date data to in all databases

A.5.3 BRRT Database Variables and Collection

The BRRT database variables are in Annex A

PRRT DATABASE	DATA COLLECTION TIMELINE
Roster database	Data collection begins annually in August and is completed by the end of 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 BRRT readiness and deployment coordinator
Evaluation database	Data collection begins upon the 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 BRRT database will be managed by the BRRT Data Coordinator on an ongoing basis as members update their information and experiences, and new roles and skillsets are identified throughout the year. The BRRT Data Coordinator is also responsible for the visual presentation of the BRRT database data within the Balochistan BRRT Program as and required. Further standard operating procedures of the database management process will be outlined after the development and utilization of the BRRT databases in the Data Management System.

A.6.1 Multisectoral Understanding and Support of Balochistan RRT Program

Commitment and understanding of provincial institutions and external partners' support and participation as members of the Balochistan BRRT 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 BRRT program will operate under PHEOC, DGHS Balochistan. To maintain the BRRT Program during preparedness and response phase, the following requirements are needed to sustain the operations of the program.

1. BRRT Management team
2. Office space and equipment
3. Annual Provincial RRT All-Hazards Training and Program Orientation
4. Annual Subject Matter Expert (SME) Training Package Adaptation Workshop
5. Tabletop/Functional Simulation Exercise (annual/biannual)
6. Field equipment
7. Deployment logistical support
8. Healthcare Insurance Coverage/ Departmental medical reimbursement
9. Safety and Security

A.6.2.1 BRRT Management Team

The BRRT Program Lead and Coordinators are the core team involved in the maintenance and coordination of the program's operations.

The BRRT Program management team are,

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

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

A.6.2.2 Office equipment

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

1. Zoom account
2. Mentimeter

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

The RRT All-hazards Orientation training or trainings will be held annually during December as per the availability of funds to introduce the new incoming BRRT members to the BRRT Program and provide all-hazards training for the most common disease outbreak they may be responding to in Balochistan. The training will need to accommodate a minimum 35-40 BRRT 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
8. Logistic support (Accommodation and Per diem)

A.6.2.4 Annual RRT Training Package Adaptation Workshop

In preparation of for training BRRT members on the most common public health threats in Balochistan the All-Hazards and Just-in-Time training packages will need to be updated and adapted to the disease and Balochistan context. This workshop will be held on an annual basis every November with selected Provincial 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
6. Logistic support (Accommodation and Per diem)

A.6.2.5 Annual/biannual Tabletop/Functional SimEx

A tabletop or functional SimEx will be conducted annually or biannually in the month of July to evaluate the BRRT program and the BRRT management team and members' ability to apply the SOPs with regards regard 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 BRRT Program managers and requested from the relevant departments from other ministries, DGHS and/or organizations.

Laboratory	NO.	Communication & IT	NO.	Travel	NO.
Tourniquet	100	Laptop	20	Medium deployment bag for PPEs Secure/water resistant/break proof carryon bag with wheels for communication/IT equipment	20
Disposable sterile syringes / vacutainers needles & holders	2000	Tablet + Data	45	Portable O2 cylinder	6
Different sampling tube (vacutainer serum, EDTA, Heparin)	2000	Hotspot	6	Icebox (50-70L) for lab specimens	100
Sterile leak proof cups	2000	Power bank charger	50	Water purifiers	1000
Clean containers	2000	Mini projector + HDMI	5	Water tester	1000
Alcohol swabs	2000	Mini printer + ink	5	Flashlight, batteries	10
Sterile Cotton swabs	2000	Satellite phones (walkie talkies)	10		
Sterile dacron swabs	2000	Fire extinguisher	6	Electrical generators	2
VTM transport media	1000	PPES	NO.	Ice packs	3000
Cary blair transport media	15kg	Surgical gowns	1000	Flashlight	20
Amis transport media	15kg	Tyvek suits	500	MEDICAL SUPPLIES	NO.
Permanent markers	500	overalls	500		
Lab forms	2000	Boot covers	1000	Malaria chemoprophylaxis	100 dose
Nitrogen tanks	6	Gloves	1000	Metronidazole	100 dose
Spill kits	50	Goggles	20	Ciprofloxacin	100 dose
RDTs (Malaria, Dengue, Ebola, Covid -19, Influenza , HBV, HCV, HIV , FUO)	1000	Boots	20	Paracetamol	100 dose
RTDs for N. meningitidis, S. pneumoniae or H. influenzae from CSF	1000	Face shields	20	Omeprazole	100 dose

Laboratory	NO	PPEs	NO.	Medical Supplies	NO
RTDS for Cholera, Enteric fever, Brucella , TB	500 each	Surgical masks	1000	Bacitracin ointment	100 dose
Multiplex rapid molecular techniques for pathogens causing RTI, Meningitis, Gastro-enteritis, FUO	500 each	N95 respirator	1000	Diphenhydramine	100 dose
Automatic pipettes	6	Head cover	1000	First aid kit	20
Blood culture bottles	500	Alcohol hand rub	20 L	Thermometer	100
Wasserman tube with cover	1000	Liquid hand soap	15 L	Pulse oximetry	20
Minicentrifuge	6	Safety boxes	200	Outreach requirements	No.
Plastic racks	100	Waste red bags 90*60	10 kg	Mobile labs	12
Filtered tips (variable size)	1000	Heavy duty gloves	12	4×4 truck or car	5
Pasteur pipettes Other sampling materials Lab and case investigation forms	1000			Power bank Charger	20
Sampling carriers					

A.6.2.7 Deployment logistical support

Mostly BRRT will be deployed in the local area. Logistic Sports in the form of Lodging transportation, is required from respective parent departments sports deployed RRT member in the fields.

A.6.2.8 Healthcare Insurance Coverage/Departmental Medical Reimbursement

Any kind of Health Coverage/reimbursement for BRRT members will be Provided by the DOH Balochistan and the respective government stakeholders as well as the non government stakeholders as per their policies.

A.6.2.9 Safety and Security

The safety and security of BRRT members is an important aspect of the BRRT program. Prior to deployment, the BRRT Pre deployment coordinator will provide BRRT members from DOH BALOCHISTAN and other relevant stakeholders 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 organizations/agencies.

A.6.3 Dismissal from BRRT Program

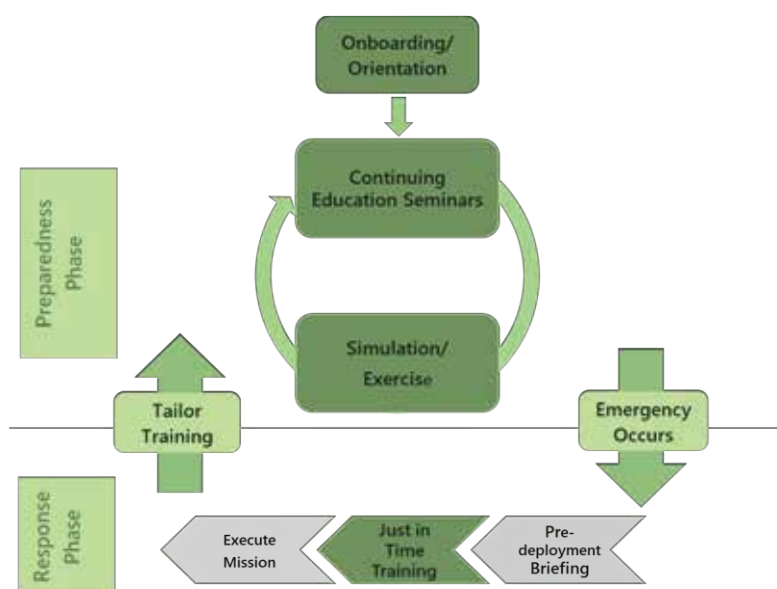
The members of the BRRT program must abide by the Pakistani Code of Ethics for the Public Service found in Annex D. The BRRT members are required to review the document and sign and submit the acknowledgement acknowledgment form to the BRRT Readiness Coordinator. BRRT members that who breach the conduct will be relieved from their duties in the BRRT Program. This will be done through an official letter shared by the BRRT management lead through the official channels to concerned departments.

A.7.1 Balochistan Rapid Response Team (BRRT) Program Training and Timeline

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

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

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



A.7.1.1 Training During Preparedness Phase

A.7.1.1.1 BRRT All-hazards Training and Program Orientation

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

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

Timeline: December

Duration: 5 days

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

A.7.1.1.2 Online requirement trainings

Objective: To educate the new incoming BRRT members to on the Incident Management System and how to remain safe in the field.

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://ipclearning.DOH.Balochistan.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>

A.7.1.1.3 Technical Specific capacity-building

BRRT Program coordinators and members might require additional technical specific capacity-building in priority areas. Some recommended training areas include but are 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 analytics

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

A.7.1.1.4 Quarterly Educational Webinars

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

A.7.1.2 Response Phase

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

Annex A: BRRT Database Variables

Part 1: Background

Full Name:

Title (Ms/Mrs/Miss/Mr/Dr/Prof)

Gender (Female/Male)

Age:

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

Part 2: Education and Language

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

Other professional qualification qualifications 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):

Pashto: (Basic/Intermediate/Advanced)

Balochi: (Basic/Intermediate/Advanced)

Saraiki: (Basic/Intermediate/Advanced)

Hindko: (Basic/Intermediate/Advanced)

Barahui: (Basic/Intermediate/Advanced)

Other: For languages that are not listed above, please enter them in the following format: LANGUAGE1-LEVEL; LANGUAGE2-LEVEL; etc.

Part 3: Experience and Skills

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

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

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

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

BRRT 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
- Project Management
- Protocol and Grant Writing
- Public Health Emergency Management
- Quality Improvement
- QGIS
- ArcGIS

- Research Methodology
- Risk Assessment
- Statistical Analysis Package (e.g. R, SPSS, STATA)
- Advanced Records Management
- Transport and Logistics
- Laboratory Quality Management Systems (QMS)
- Good Clinical Laboratory Practice (GCLP)
- Other (indicate)

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

INFECTIOUS DISEASES	ENVIRONMENTAL	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 Typhoid Fever Tuberculosis Viral Hepatitis (B, C, & D) Monkeypox Avian Influenza Foodborne outbreak Healthcare Associated Infections Antimicrobial Resistance Monkey pox* Salmonellosis	Floods Earthquake Drought Heat wave	Industrial Accidents Chemical Biological Radiological Nuclear Mass Gatherings Other Public Health Events

Other: (indicate)
None

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 a 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 Balochistan PRRT Program. Include any relevant background not mentioned previously [Comment Section]

Part 5. ACKNOWLEDGEMENT

I understand that I will be required to undergo a medical clearance evaluation based on responder readiness guidance issued by the Balochistan BRRT Program.

I understand

I understand that if accepted, I have 30 days to meet the readiness requirements outlined by the BRRT Program to deploy or face removal from the team.

I understand

I understand that during a deployment (field or Balochistan PHEOC) I may have to work outside of regular hours and in austere environments.

I understand

I confirm that the survey has been filled out truthfully and to the best of my knowledge.

I confirm

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"

Full Name
 CNIC Number
 Institution
 Department
 Supervisor Name
 Signed supervisory approval document (Attach)
 Location City
 Place of Work
 Phone Number
 E-mail
 Signed code of ethics acknowledgment form (Attached)
 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

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

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 previously 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 PRRT 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 Balochistan PRRT program provided during your overall deployment experience?
 - Very supportive
 - Supportive
 - Somewhat supportive
 - Not supportive
 - If somewhat or not supportive, what could the Balochistan PRRT Program do differently to support PRRT 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: _____

Email: _____ Contact Number: _____

Address: _____

Thank you for your feedback!
END OF SURVEY

List of previously submitted surveys titled “SME EVALUATION FORM FOR ARRT MEMBER”
Option to select “Add a new survey”

EVALUATION FORM FOR AN RRT MEMBER BY BRRT TEAM LEAD

Field deployment support:

RRT member name: _____

Team Lead name: _____

Team Lead e-mail address: _____

1. Overall, how satisfied were you with the performance of the BRRT member?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Somewhat satisfied
- ☐ Not satisfied

2. Overall, how satisfied were you with the BRRT 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 BRRT member's achievement of deployment deliverables?
5. What factors hindered the BRRT member's achievement of deployment deliverables?

BRRT Program feedback:

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

Thank you for your feedback!

END OF SURVEY

Annex B: Inclusion and exclusion criteria for applicant selection to the BRRT program

MINIMUM INCLUSION CRITERIA	EXCLUSION CRITERIA
<p>General Member</p> <ul style="list-style-type: none"> ● Relevant education in the technical area ● 1-year relevant experience in technical area ● Proficiency in the Urdu language ● Proficiency in the English language is preferred ● 1-year commitment to the BRRT program ● Supervisor approval ● Member consent <p>Field Team Lead</p> <ul style="list-style-type: none"> ● Minimum inclusion criteria of General Member, and ● 1-year Field deployment experience OR 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 C: Member Selection Notification E-mail

THE Public Health Emergency Operation Center, DGHS Balochistan

Address: Sariab Road Quetta

Dear [Responder Name: _____] Date: _____

Thank you for your interest in becoming part of the Balochistan Provincial Rapid response Team (BRRT) Program at the Public Health Emergency Operation Center, DGHS Balochistan. It is with great pleasure that we inform you of your selection as a Provincial Rapid Response Team member as part of cohort 2025.

You are invited to take part in the mandatory 5-day BRRT All-Hazards Training and Program Orientation on January [date], at [insert venue]. Kindly confirm your acceptance to the BRRT Program and your ability to attend the mandatory training in January.

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

(Signature of BRRT Program Lead)

[Name]

BRRT Program Lead

Annex D: Total number of PRRT members by role and tier.

TEAM MEMBER ROLE	MINIMUM NUMBER		
	Core	Surge	Total
Epidemiologist/Surveillance Officer	50	50	100
Data management officer	40	15	55
Case Management	30	20	50
Mental Health Specialist	10	5	15
Infection Prevention and Control Expert	20	10	30
Risk Communication/Community Engagement Expert	15	10	25
Laboratory Expert	60	40	100
Supply chain specialist	10	5	15
Veterinarian	30	10	40
WASH	20	10	30
Vaccine Expert	30	20	50
Entomologist	40	15	55
Total	355	210	565

Annex E: Pakistan Code of Ethics for the Public Service

CODE OF ETHICS ACKNOWLEDGMENT FORM

ACKNOWLEDGEMENT

Original copy to Employee Master File Second copy to Ministry/Department Third copy to Employee

I, (P r i n t N a m e), HAV E ACKNOWLEDGED RECEIPT, READ, UNDERSTOOD AND DO HEREBY UNDERTAKE TO ADHERE TO THE PROVISIONS OF THE CODE OF ETHICS 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 for the Public Service and a copy of this form (CECAF1) on the date indicated above.

SIGNATURE: _____ DESIGNATION: _____

DATE: _____

Head of Human Resources: _____ Date: _____

Annex F: Supervisor Approval Form

The Public Health Emergency Operation Center, DGHS Balochistan

Address: Sariab Road Quetta

[Date]

Dear Supervisor,

We are writing to you on behalf of the Balochistan Provincial Rapid response Team (BRRT) Program. Your supervisee has been selected as a BRRT 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 BRRT Program, please provide your signature below. We sincerely thank you in advance for your cooperation and support.

Sincerely,

[Name]

BRRT Program Lead

Balochistan Rapid response Team Program

Dear [Name],

I, _____, provide full support for my supervisee, _____, to be deployed within short notice to response to a public health emergency and with full concentration.

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

As a BRRT core member, you will be asked to serve at least 6 on-call months during the 2024 calendar. 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, BRRT 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 can serve as a BRRT member in the year of 2025 as a Tier 2 (Core Team) member

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

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

As a BRRT surge member 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 2024 – December 2024. Based on the information you provide below, the BRRT 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 a 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 the team's events.

Please indicate when can serve as a BRRT member in the year 2025 as a Tier 2 (Surge Team) member:

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

Section B

BRRT Response sops

B.1.1 Types of Requests

The Balochistan Rapid Response Team (BRRT) program receives requests from Health Care facilities through District Health Offices to support their current response efforts if required. Requests that can be supported by the BRRT program are:

B.1.1.1 RRT members Only

RRT members requests include the all-hazards technical assistance including capacity-building from the BRRT management team, both virtually and in-person. The technical roles that can be requested from the BRRT program is outlined in Section A.3 of the Preparedness SOPs.

B.1.1.2 Resources Only

Resource requests include equipment that would assist the operations of a response i.e

- Personal Protective Equipment (PPE)
- 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 (i.e, lodging)

B.1.1.3 RRT Members and Resources

RRT members and resource requests can be requested by the District level. Resources will be supplied with the deployed BRRT member upon deployment as applicable.

B.1.2 Processing a Request

B.1.2.1 Official Request Route

BRRT Program can receive official requests via email or official correspondence.

- E-mail: (pdsrubghsbalochistan@gmail.com)
- Telecommunications followed by official correspondence.

- Official requesting letter to BRRT Management team lead made by the district level using the below information:

a. Name:

b. Address:

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,

- Date: _____
- Requestor name: _____
- Requestor Department/Institute: _____
- 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.
- Request justification/explanation: _____

B.1.2.2 Decision Making Criteria

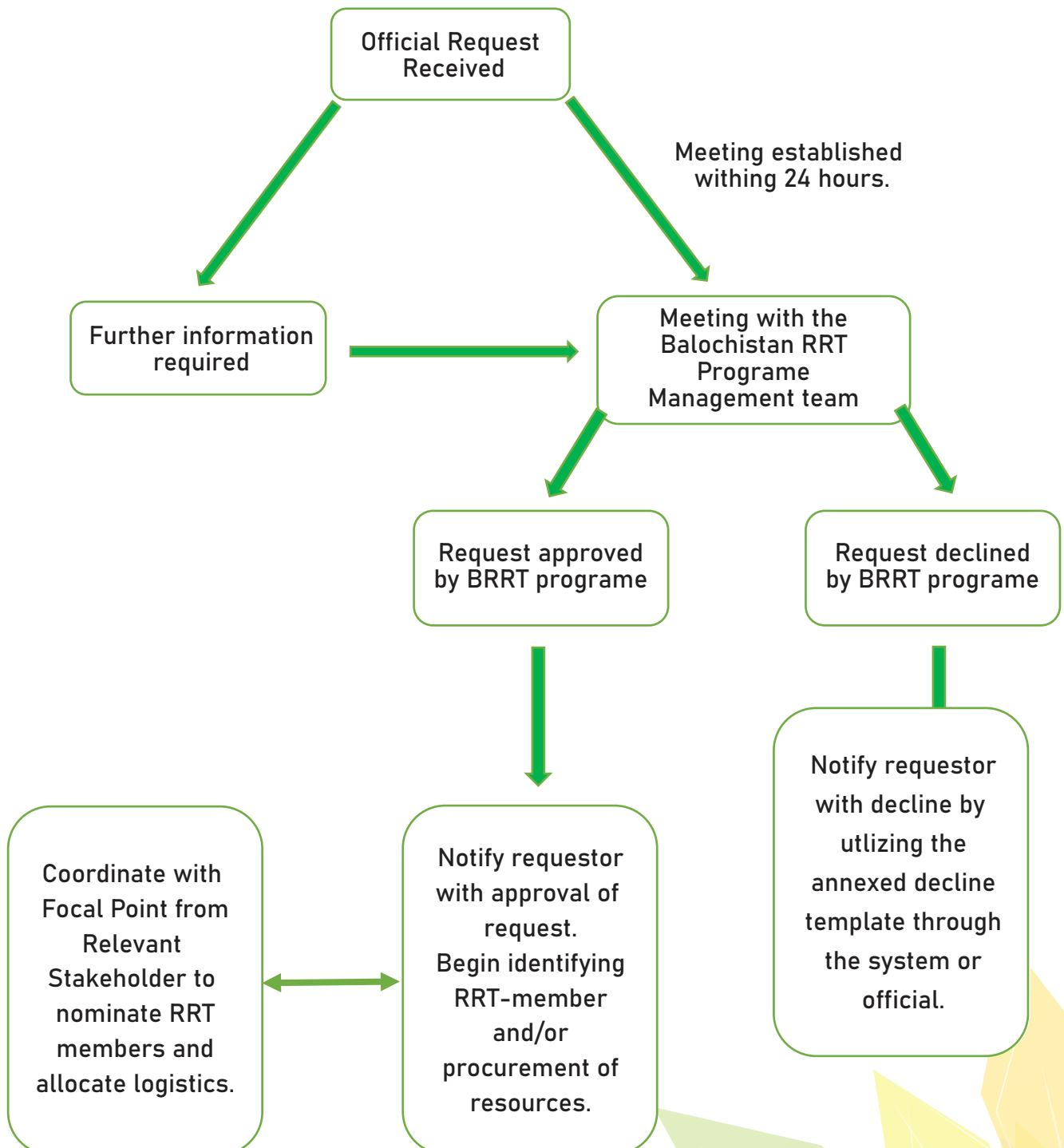
Decision criteria to activate the BRRT program for high priority disease threats identified in the updated in the IDSR and other events captured by event-based surveillance. The general activation of the BRRT program will be through the following criteria below:

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:	Request Approved	Consider Further through continuous monitoring or Consider Decline

B.1.2.3 Official Request Process

1. Once an official request is sent to the BRRT program via email and/or phone call followed by a written official correspondence, the BRRT Program management team lead should then convene a meeting in person or virtual within 24 hours to be attended by BRRT Program management team and Provincial SME (if needed). The BRRT Program management team 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 BRRT Program management team lead will be responsible for the decision making and for briefing the Additional Director PDSRU and DGHSS/PHEOC manager. 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 E).
 - The requesting entity will then provide contact information to the following individuals in the field:
 - Focal Person from the field
 - District Health Officer
 - Safety Officer (Home department/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 E). Any declined request by the BRRT Program will be monitored for any change in the situation that might require rapid response intervention.
3. 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 BRRT Program management team lead and Additional Director/Incharge PDSRU will approve the request.

Official Request Process Flowchart and Approval/Decline Letter Template



B.2.1 RRT members Selection for Approved BRRT Activation Requests

B.2.1.1 RRT Members Identification

Once request for activation of the BRRT has been approved, the BRRT Program management team lead with the BRRT 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.4.6)
- RRT program management team lead will also consider the RRT members with less experience and can deploy with the experienced RRT members for further capacity building

B.2.1.2 BRRT members Selection:

The BRRT 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 departments/institutions. The BRRT Readiness and Deployment Coordinator will communicate with the BRRT Focal Person from relevant departments/institutions to request deployment of BRRT members along with needed logistics arrangements for the deployment.

B.2.1.2.1 RRT Member accepts deployment:

- The Balochistan RRT 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 Focal Points involved in
- i. **Deployment Briefing**
 - a. Technical SME at provincial and local level
 - b. If required: Safety and Security SME at provincial and local level.
- ii. **Just-in-time training**
 1. BRRT Training Coordinator
 2. National/Provincial technical SME
 3. IPC SME

B.2.1.2.2 RRT Member declines deployment or is unavailable:

- The Balochistan RRT Readiness and deployment coordinator will repeat the above steps under identification and inform BRRT Program management team lead

- The Balochistan RRT 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 BRRT Activation Requests

Once request for resource(s) has been approved by Additional director/Incharge/PDSRU, Balochistan PHEOC Manager the BRRT Program Lead will coordinate with PDSRU 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 PDMA. Funding for BRRT Program support will be secured either from department of health Balochistan, NIH, Partners or other external resources.

Section B.3

Deploying BRRT 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, BRRT 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 BRRT program will send the e-mail found in Annex C 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 BRRT 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 PRRT Program office Balochistan PhEOC/DDSRU 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. Provincial subject matter expert (SME) will be identified by the BRRT training coordinator if required.

The deployment briefing will include the following information,

- Overall response update from BRRT Programme management team lead in the field
- Local situational update by the requestor
- Safety and security situation in the field by Home Department/local administration
- Activities, objectives, and deliverables in the field by BRRT Readiness and deployment Coordinator, BRRT Program management Lead, and demobilized BRRT member if any. Provincial stakeholder contact list provided by

BRRT 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, BRRT Readiness and deployment coordinator will discuss with the with the BRRT Program Management team 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 BRRT Training Coordinator prior to RRT member deployment for specified public health events and/or diseases. The Just-in-Time training can be provided right after the deployment briefing by the Provincial 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 D) will be provided by the BRRT program in coordination with the Balochistan PHEOC logistics coordinator who will facilitate the 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. The BRRT Program management team Lead will obtain Director General Health Services/PHEOC Manager approval to request funding support from external partners for deployments which extend beyond the BRRT Program's capacity to support. Additional logistical arrangements/procurements of materials needed for the response related of other agencies/organizations will be coordinated through the focal person from the respective agencies/organizations as needed.

Should there arise a need for rapid procurement of materials crucial for emergency

response, the BRRT program will coordinate through Balochistan PHEOC to request support from the Provincial Disaster Management Authority (PDMA) 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 the agency from the 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 BRRT program.

Below is 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-PHEOC Activation

Deployments approved during a non-PHEOC activation will be supported financially by the respective parent department. 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 BRRT Program management team Lead will authorize the deployment through coordination with the BRRT 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 need is the Balochistan PHEOC Logistician. In the event the BRRT program requires additional funds to support BRRT member deployment, the BRRT program management team lead will coordinate with DGHS/NRRT Program Management Lead to request assistance from external stakeholders.

B.3.2.2 Deployment during PHEOC Activation

Deployments approved during a PHEOC activated response will be supported financially by the Parent department, DOH 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 BRRT Program management team lead will contact the PHEOC Logistician through the Operations Lead and Incident Manager to work directly with the RRT member to secure their logistical needs. During PHEOC activation, RRT Focal Person from relevant stakeholders might be requested to join in person in PHEOC for seamless and timely deployment activities coordination and information exchange.

B.4.1 Points of Contact during Standard Operations

Once the RRT member has arrived in the field, the RRT member will contact the BRRT Readiness and Deployment Coordinator to inform them of their arrival. The PRRT 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 management team lead
- RRT Team lead
- Home Department/local administration security person
- Local authorities (district level or any other level) (district level administration)/division/ provisional

B.4.1.2 At headquarters

- BRRT Program management Lead/BRRT Readiness and Deployment coordinator
- Balochistan PHEOC Logistics section/Financial supporting stakeholder Focal Person

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
- Balochistan PHEOC Watch-mood staff

B.4.2 Reporting During a Deployment

B.4.2.1 PHEOC Not Activated

During a non-PHEOC activation, deployed PRRT member(s) are to report daily situational updates to the BRRT Readiness and Deployment coordinator. The BRRT management team lead in the field is responsible for providing situational reports through a written or verbal report based on what is agreed upon during the pre-deployment briefing. The BRRT Program management team Lead will share the regular brief with Balochistan PHEOC manager/coordinator.

B.4.2.2 Balochistan PHEOC Activated

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

1. Lead RRT team at the local level which is dependent on whether 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 BRRT programme management team lead's field duties and reporting requirements to the Provincial IMS include:

1. Coordinate with their RRT members to provide daily field updates to the BRRT Program manager and Provincial 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 BRRT Program Lead to develop the weekly field Situational Report (Annex E)
 3. RRT Team lead in coordination with BRRT programme management lead will provide updates on the evolving public health situation during the IMS meeting via e-mail or virtual meeting/telephone call.

The BRRT team member's field duties and reporting requirements to the Provincial 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 the technical lane
3. Provide a written bulleted summary report to submit to the 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 F) 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 BRRT Readiness and Deployment Coordinator.

B.4.3 Additional Requests During Deployment

During the daily/weekly updates provided by the Team Lead to the BRRT 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 BRRT management lead can determine whether to mobilize or demobilize RRT members and resources in the field.

The RRT readiness and deployment coordinator will then establish a meeting with the BRRT Programme management team lead to request approval for potential changes made to the field.

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 of the criteria used to activate the Balochistan BRRT 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 reports 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 BRRT support will be made by the BRRT Program management team Lead in coordination with the provincial/district RRT Management throughout their scheduled response meetings.

B.5.1.3 Deactivation Checklist

Once the decision to demobilize/deactivate Provincial 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.
- BRRT Data Coordinator collects data, logs, situation reports, message forms, and other significant documentation for archiving by deployed RRT members.
- Ensure all BRRT Program equipment has been returned to the respective level (national, provincial, or district)
- NCOC/PHEOC 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 Balochistan RRT Program

Upon return to home duty station, RRT members are responsible for communicating a safe return from their deployment to the BRRT 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 the submission of reimbursement requests of any out-of-pocket expenses made during their deployment to their respective department.

B.5.2.3 PHEOC Equipment

The RRT member upon return to home duty station is responsible for returning all borrowed balochistan PHEOC Equipment to the PHEOC 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 Balochistan BRRT 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 5 days /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 BRRT 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 proactive emotional support and resources upon return. It is recommended that 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 BRRT program during the pre-, during-, and post-deployment phases.
- Recommendation to address the gaps and challenges.

After the conclusion of the debrief, the BRRT program team will discuss the gaps and recommendations and assign responsibility for implementing the recommendations.

B.5.3.2 Intra-Action Review

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

The BRRT Monitoring and Evaluation Coordinator will oversee coordinating with SMEs to conduct the Intra-Action Review of the BRRT program activities. All members of the BRRT 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 matches 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 Balochistan PRRT program to prioritize the activities for implementation with clear timelines 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 oversee leading the AAR of the BRRT program activities. All members of the BRRT program will be present at the AAR and a select number of RRT members deployed in response. Representatives from the requested entities will also be invited to join the AAR, to gain feedback from the requested 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 matches 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 BRRT program to prioritize the activities for implementation with clear timelines 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 BRRT program will meet to discuss program activities to ensure the continued improvement of RRT member support in the field.

The BRRT Monitoring and Evaluation Coordinator will oversee and coordinate the Program Review of the BRRT program activities. The BRRT Management will be present at the Program Review and a selected number of RRT members deployed in the last 6-months and stakeholder's 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 matches 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

Section B.6

Monitoring, Evaluation, and Improvement Planning

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

B.6.1 Monitoring

A monitoring and evaluation plan is required to highlight the impact of the BRRT 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 BRRT 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 BRRT Program will collect to measure the following indicators



The BRRT program coordinators will follow the procedures detailed in M&E framework of Pakistan BRRT 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 BRRT 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.

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 BRRT Monitoring and Evaluation Coordinator.

B.6.2.2 BRRT Program Evaluation

In addition to the post-deployment debrief, Intra-Action Review, and After-Action Review of the Balochistan BRRT Program, a post-deployment survey (Annex H) will be sent by the PRRT 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 reports will be developed bi-annually by the Monitoring and Evaluation Coordinator and stored electronically in a Monitoring and Evaluation database.

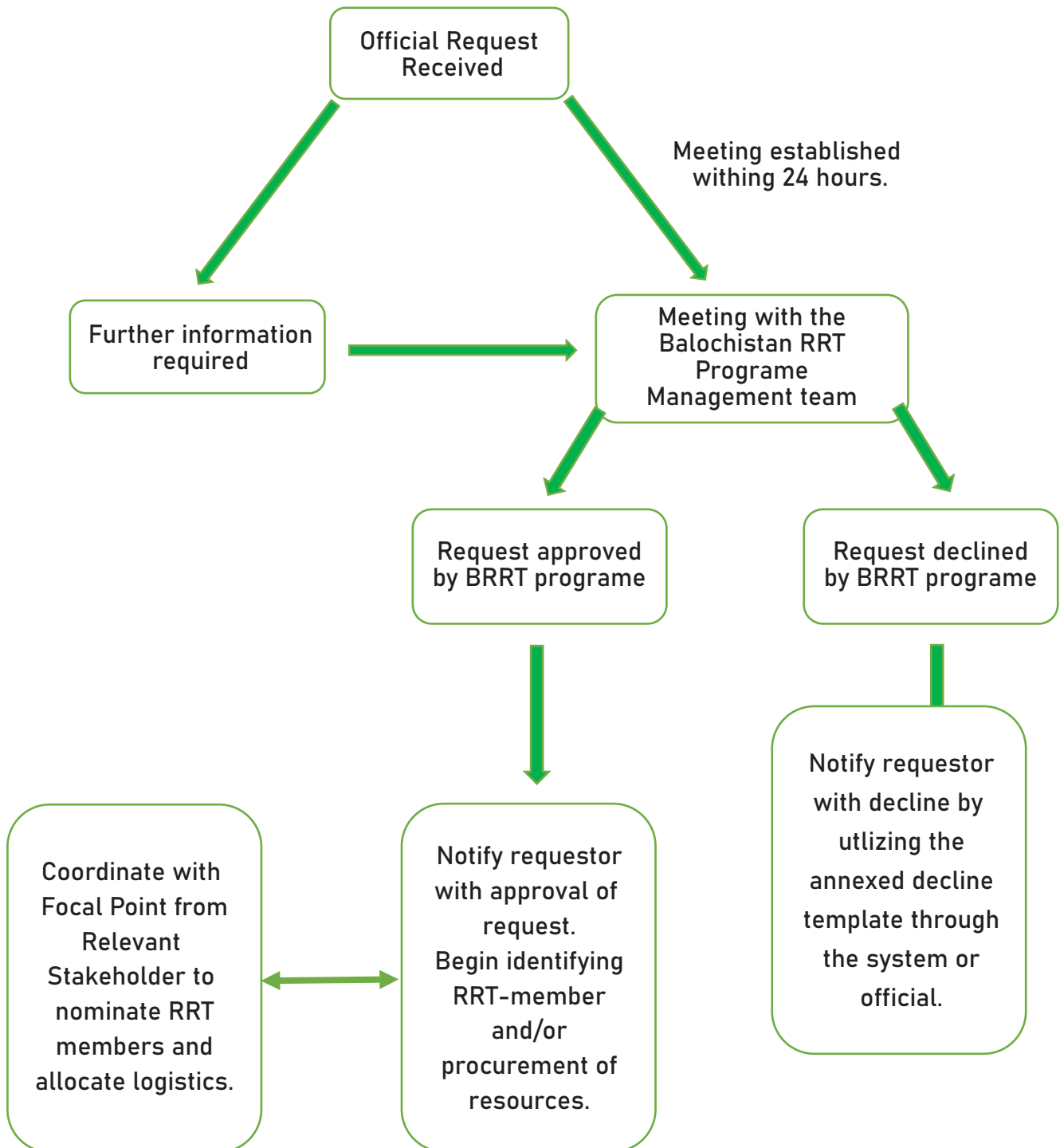
The reports will be shared with NRRT/BRRT Program management team Lead. The BRRT Data Coordinator will review the reports and provide recommendations for SOP modification.

The Director Public health in coordination with the BRRT Program Lead will authorize modifications to the SOP with final approval of DGHS. A copy of the final approved SOP to be shared with relevant stakeholders after major modifications relating to their involvement.

Annexes

Annex A

Request Approval Decision Tree



**THE Public Health Emergency Operation Center,
DGHS Balochistan**

Address: Sariab Road Quetta

[Date]

Dear [Requestor Name],

We appreciate your reaching out to the BRRT program to join you in the response.

We are pleased to let you know/Regretfully, the BRRT program is not able to support the request at this time. Situational factors considered when reviewing requests include the nature of the emergency, source of request, the urgency of the situation, existing BRRT and non-[Public Health Agency] activities, the skills required of the responder and other relevant issues.

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

To move forward, please reply with the names and contact information of the following individuals in the field,

- Provincial Health Director
- District Health Director / DHO
- Provincial Surveillance Officer
- Technical Team lead
- RRT Team lead
- Safety Officer

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

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

Sincerely,

[Signature of BRRT Program Lead]

[Name]

BRRT Program Lead

**THE Public Health Emergency Operation Center,
DGHS Balochistan**

Address: Sariab Road Quetta

Dear [Responder Name]:

Date:

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 PHEOC Logistician (e-mail) to request deployment equipment. Please see the attached deployment equipment request form. Please CC the BRRT 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 BRRT Program in your correspondence (e-mail) for situational awareness.
5. Provide proof of medical requirements to the BRRT 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 of BRRT Program Lead)

[Name]

BRRT Program Lead

DIRECTOR GENERAL HEALTH SERVICES Balochistan Rapid Response Team (BRRT)**Tel:****e-mail:****DEPLOYMENT EQUIPMENT REQUEST CHECKLIST**

Name of the District/Province: _____

Deployment Purpose: _____

Deployment Location: _____

Deployment Start Date: _____

Deployment Start Date: _____

Deployment End Date: _____

Pick-up Date: _____

CHECK NEEDED ITEMS ONLY**1. COMMUNICATIONS/IT EQUIPEMENT****PERSONAL**

Laptop

Smart Cell Phone (Android)

International Travel Power Converter Kit w/
Adapters (international travel only)**PHEOC EQUIPMENT**

Laptop (only if personal laptop not available)

Tablet and charger

Hotspot

Airtime

Data bundles

Portable Printer

Mini Projector

HDMI cable

HDMI cable adaptor

Satellite phones

2. PERSONAL PROTECTIVE EQUIPMENT**PHEOC EQUIPMENT**

Surgical gowns

Coveralls

Boot covers

Exam gloves

Boots

Face shields

Surgical masks

Goggles

N95 respirator (submit respiratory fit test result)

3. FIELD EQUIPMENT**PERSONAL**

Laptop backpack

Rolling duffel bag/suitcase

Insecticides

Mosquito repellent or coils

PHEOC EQUIPMENT

Laptop (only if personal laptop not available)

Tablet and charger

Hotspot

Airtime

Data bundles

Portable Printer

Mini Projector

HDMI cable

HDMI cable adaptor

Hand held GPS devices

Physical maps

4. LODGING AND TRANSPORT**PHEOC EQUIPMENT**

Per diem

Car and fuel

Helicopter

Motorbike

Boats

[LOCATION] [RESPONSE] SITUATION REPORT**Disease Outbreak:****Response start date:****Outbreak Declared:****Report date:****Prepared by:****Correspondence:****1. SITUATION UPDATE:**

	Date: (xx –xx Month)	Cases	Deaths
Recoveries			
1.1	CURRENT NUMBERS (as of 00:00 hours)		
●	In the last 24hrs, we recorded XXX new cases out of X tests (X% positivity), X deaths and X recoveries.		
●	The cumulative number of confirmed [Disease] cases recorded to date is X with X deaths (CFR=X%) and X recoveries (X% recovered). Of the total deaths, X have been classified as [DISEASE] deaths (CFR=X%) and X as associated deaths.		
●	Currently: there are X active cases: of these, X (X%) under community management and X (X%) hospitalized		

2. EPIDEMIOLOGICAL HIGHLIGHTS

Figure 1: Epicurve of [DISEASE] confirmed cases, deaths and recoveries by week as of XX, MONTH, YEAR

3. ACTIONS TO DATE (modify based on response structure)

3.1 coordination

3.2 surveillance and clinical case management

- Active surveillance is ongoing in healthcare facilities, at community level, through contact tracing and at points of entry. The surveillance and case management reports are provided in Table 1 and 2 below.

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

PROVINCE/ DISTRICT	NUMBERS BY PROVINCE / 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

End of Mission Report

The Public Health Emergency Operation Center, DGHS Balochistan

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

Person(s)	Organization	Title

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

KEY ISSUES

-
-
-
-

CHALLENGES

-
-
-
-

RECOMMENDATIONS

-
- ▪

The official request must include the following information,

- Requestor name:
- Contact information:
- Location:
- Type of request: [RRT members, Resources, or RRT members and Resources]
- Duration of request:
- Request justification/explanation:
- Activities and Objectives:

