



## South Sudan Programme

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Madaktari wasio na mipaka - Doctors without Borders

### TRANSPORT AGREEMENT

Between MEDECINS SANS FRONTIERES – France  
 Represented by Philippe Clerc (Logistic coordinator)  
 Hereafter referred to as MSF/F

And Lugano General Transporter  
 Represented by Charles Lugano  
 Hereafter referred to as "The transporter company"

The following has been agreed :

#### Article 1:

The transporter has been appointed to transport for MSF/F

- Unimix : 280 X 25 = 7000 Kg
- Beans : 60 X 45 = 2 700 Kg
- BP5 : 50 X 12 = 600 Kg
- Cooking oil = 84 X 12 = 1008 Kg
- Dry food : 481 Kg      13 Parcels
- Normal Saline : 2000 Kg

The Normal Saline has to be picked up in Kampala in the MSF/F Kampala office.  
 Total of the whole MSF FRANCE cargo: 13 789 KG

The definite mission is to transport all the goods stated above to Ibba in Western Equatoria, South Sudan.

#### Article 2:

The present agreement is a fixed term contract starting on the ..... and it has been agreed that the consignment will be delivered within 10 days.

The truck will pass by the Malaba custom exit to Uganda. Then it will proceed up to Kampala to load the remaining goods (Normal Saline) and will continue up to Arua, Yei, Maridi, Ibba

#### Article 3:

As remuneration for this service, the Transporter shall receive a total remuneration of 5400 USD. This amount is constituted by two costs. From Loki to Koboko, 170 USD per metric ton and 0.5 USD per metric ton and kilometer from Koboko up to Ibba. After delivery of the goods in Ibba, MSF/F will pay the fees of transport in Lokichoggio by bank transfer or cheque.

**Article 4:**

In the case that MSF/F finds after transportation that the distance completed does not fit with the predicted distance, then, MSF/F keeps the right to request a refund of the remaining difference.

**Article 5:**

MSF/F won't be responsible for any expenses incurred during the trip.  
The transporter is liable to pay any road tolls and for fine of overloading.

**Article 6:**

The transporter will be responsible of any loss or damage of the goods under his responsibility during the trip agreed by the parties. The transporter agrees to refund the value of the damaged or loss goods, which results from negligence on the part of the transporter or the driver according to the amount paid by MSF/F for these goods.

**Article 7:**

As we agreed, the truck in charge to carry the goods will be equipped with HF radio in order to inform of its location throughout the trip. The manager of the transport company should inform MSF/F every day by any means of communication about the location of the truck.  
MSF/F reserves the right to refuse acceptance of any vehicle, which appears not to be in good running condition or does not guarantee safe transportation.

**Article 8:**

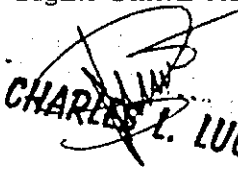
The truck is hired exclusively for the transportation of humanitarian goods belonging to MSF/F from Loki to Ibba as per the attached packing list.  
The transporter commits himself to not load anything else in the truck, otherwise the present contract will be cancelled and MSF/F will be discharge of any liability for the payment of the remaining terms.

**Article 9:**

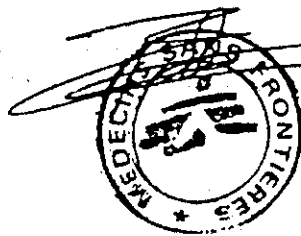
Prior to departure the transporter should produce photocopies of all legal and valid documents for the truck (Road license, Insurance, driving license....)

Drawn up in Lokichoggio on the 20/05/2002

Read and approved  
Charles Lugano  
Lugano General Transporter

  
CHARLES L. LUGANO

Read and approved  
Clerc Philippe  
Logistic coordinator for MSF/F



# South Sudan Programme

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**MEDECINS  
SANS FRONTIERES**

Madaktari wasio na mipaka - Doctors without Borders

## TRUCK RENTAL CONTRACT

1. CARGO REFERENCE WAYBILL NO. 123 / NBI / LOKI / MAR / SD298  
LOADING DATE: 28 / 03 / 02
2. THIS CONTRACT IS MADE BETWEEN MEDECINS SANS FRONTIERES AND OWNER OF TRUCK  
TEAS TRANSPORTERS LTD
3. FOR HIRING HIS TRUCK FOR A TRIP FROM NAIROBI TO LOKICHOGGIO  
OR FOR A PERIOD FROM: 28 / 03 / 02 TO: 30 / 03 / 02
4. PAYMENT WILL BE KSH. FIVE THOUSAND KE ONLY PER TON AND WILL BE DONE AFTER  
TOTAL COMPLETION OF THE TRANSPORT
5. OWNERS RESPONSIBILITIES ARE:
  - 5.1 TO ENSURE THE TRUCK IS IN GOOD MECHANICAL ORDER AND CONDITION AND  
MAINTAIN IN SUCH CONDITION THROUGHOUT, AND WHERE NECESSARY TO REPAIR  
THE TRUCK AT HIS OWN EXPENSE.
  - 5.2 TO PROVIDE A COMPETENT DRIVER, WITH A VALID LICENSE, PAID BY HIM THE  
DRIVER WILL FOLLOW THE DIRECTIVES OF MSF.
  - 5.3 TO PROVIDE DIESEL FUEL, OIL AND ANY NEEDED SPARE PARTS FOR THE TRUCK
  - 5.4 TO ENSURE THAT THE TRUCK HAS A VALID ROAD TAX CERTIFICATES, COMPREHENSIVE  
LICENSE AND ANY OTHER LICENSE IT REQUIRES TO OPERATE AND THAT THE INSURANCE  
COMPANY HAS BEEN DULY NOTIFIED AND APPROVES OF THE HIRE AND WILL COVER ANY  
DAMAGE OR LOSS IN CASE OF CLAIM ARISING HEREUNDER
  - 5.5 TO ENSURE THE CARGO IS CARRIED WITH CARE AND FULLY DELIVERED TO THE  
DESTINATION ACCORDING TO THE QUANTITY MENTIONED ON THE MSF TRANSPORT  
DOCUMENT
  - 5.6 TO ENSURE THE TRUCK IS ESCORTED BY POLICEMEN WHEREVER NEEDED.
  - 5.7 TO BE HELD RESPONSIBLE FOR THE SAFE TRANSPORT OF MSF PROJECT MATERIALS  
BETWEEN THE POINTS OF DESTINATION. IN THE EVENT OF LOST, MISSING OR DAMAGED  
CARGO, THE TRANSPORTER WILL BE RESPONSIBLE.
6. MSF'S RESPONSIBILITIES SHALL BE
  - 6.1 TO USE THE TRUCK IN A PROPER MANNER.
  - 6.2 CHARGES FOR LOADING AND UNLOADING
  - 6.3 TOTAL PAYMENT FOR THIS TRIP IS KSH.5000/=

IN WORDS FIVE THOUSAND ONLY

NB MSF France WILL HAVE THE RIGHT TO PROSECUTE THE TRUCK COMPANY IN THE EVENT THAT  
THIS AGREEMENT IS BREACHED IN ANY WAY

SIGNED BY Mohammed Mip  
ON BEHALF OF MSF-France

SIGNED BY [Signature]  
ON BEHALF OF THE TRUCK COMPANY

Non Governmental Organisation  
Emergency Medical and Humanitarian Assistance

## 資料 8

### ARRANGING FOR LOCAL TRANSPORT IN THE FIELD

#### 1 - How to choose a highway transport company

- Begin by asking the logistics coordinator if s/he has any information
- Determine the kind of truck required based on the shipment's volume and weight (small trucks with a maximum capacity of 5-10 tons are the most common in the field)
- Make a list of transport companies and request price quotes
- Check the companies' reputation with other MSF sections or other organizations
- Find out whether these companies regularly serve the route requested
- Check the condition of the company's fleet
- Do not group shipments (i.e., the truck is to carry only MSF materiel)
- Establish a sales contract with the shipper (shipper responsibility, price, insurance, etc. -- see model contract).

#### 2 - Prepare the shipment

- Weigh the packages (if these are boxes coming from MSF Logistique, the weight can be found on the packing list)
- Draw up a packing list with detailed information on the package (weight/volume/content)
- Label the packages (recipient address and package numbers: 1/25, 2/25, etc.. )

#### 3 - Shipping documents

- Packing List
- Manifest (in Europe, the CMR is used; in the field, never!) If there is none, create a waybill (an MSF document including all information related to the shipment):
  - ➤ sender (address and telephone number)
  - recipient ( ditto)
  - number of packages
  - total shipment weight
  - total volume

Signed by the sender + driver + recipient (on arrival)  
(keep a copy of the driver's license or other form of identification)

#### 4 - Loading

Rule No. 1: Be present at loading

Rule No. 2: Before starting to load, organize the team that will do the work (record names)

There are always dozens of people who want work.

Load the heaviest packages on the bottom and the most valuable ones in the back of the truck.

Make sure that the load is stable and tie it down if necessary.

Take special care with dangerous products (chlorine and toxic or flammable items). Separate them from food and medications (wrap in plastic sheeting if possible)

**DO NOT SEND COLD CHAIN ITEMS BY TRUCK TRANSPORT**

#### 5 - Monitor the shipment

- notify the mission or the capital that the truck has departed
- provide details on the load if necessary
- ask to be notified of the truck's arrival

#### 6 - Unloading

Observe the unloading along with the driver.

Check packages against the packing list or cargo manifest

If there are missing or damaged packages:

- ⇒ make a note on the waybill and have the driver countersign it
- ⇒ If there has been serious damage, see the transport company manager and negotiate reimbursement

#### 7 - Payment

The rule is never to pay the full amount of the transport bill before the shipment is completed. You may pay part of the bill at loading. The balance may be paid when the truck has been unloaded and the goods verified.



**GOLD CHAIN SUPPORT**  
**Olivier Blanchet**

CEFORLOG - 2003

## ***CONTENTS***


## INTRODUCTION

The objective of this document is to provide MSF logicians on missions with the knowledge they need to manage the cold chain equipment and oversee its maintenance. This document is simply a refresher course covering a few basic principles that may make it easier to supervise national staff.

### **PREVENTION is better than the CURE.**

This text is meant to supplement "MSF's Cold Chain Guidelines", "What to do in the event of a measles epidemic", and "Management of epidemic meningococcal meningitis".

This document does not go into the management of a vaccination campaign.

 **NOTE:** throughout the document, this symbol will indicate precautions to be taken.

### Thanks:

This document wouldn't have seen the light of day without Cathy Sonrel, who did an excellent job of listening, Richard Jabot, who provided educational advice, and Eric Boivin, Hocine Bouhabib and Gilles Isard, who did the proofreading.



# WATER SUPPLY

## Quantity :

We consider that the following quantities have to be respected :

- 05 L / Pers / minimum in any situation
- 05 L / Consultation in dispensary
- 20 L / Pers / in refugee camp
- 40 L / Pers / in open area
- 50 L / Patient / day in cholera camp
- 50 L / patient / day in hospital
- 100 L / surgery
- 50 L / Pers / in therapeutic feeding center

## Quality :

**turbidity** : we will measure it with the turbidity tube :

If the turbidity is above 20 NTU, a pre-treatment will be necessary (sedimentation and / or flocculation).

In emergency situation, if the turbidity is above 10 NTU but below 20 NTU, chlorination could be done without prior pre-treatment.

The ideal is to have a water below 5 NTU in order to optimise the chlorination.

**Chemical Analysis** : Usually and mostly in emergency situations, we will be limited to taste and smell acceptance. More complete analysis (laboratory) would be done in case of suspicion of pollution or for a long term project.

**Bacteriological Analysis** : It means to look for indicators of fecal pollution. The finding of fecal coliforms (E. Coli) confirms this type of contamination and indicated a potential threat for human beings.

**Chlorination** : After a sufficient contact time (30 mn), we should measure with a « Pool Tester » a rate of free residual chlorine between 0,2 and 0,5 mg/L.

## CANDLE FILTRATION

### Weekly check

- \* *Brush* under filtered water or not
- \* *Soaking* in a chlorinated solution at 0.2 % for 15 min.
- \* *Cleaning* internal - external of the filter buckets
- \* *Contrôle* : ⇒ Integrity of candles → No cracks ⇒ Sealed system

## Distribution :

➔ We recommend at least **1 tap for 250 pers**

➔ And **1 well for 500 pers.**

➤ **MINIMAL DISTANCE :**

➔ **Water spring - Latrines**

➔ **30 m**

➔ **Water spring – Waste pit**

➤ If a latrine or a waste pit is closer than 15m from a water point (water table under the ground), we will have to chlorinate the water before use in order to limit a risk of contamination.

➤ Water containers used for transportation are not in metal :

➔ Destruction of the free residual chlorine.

## **Storage :**

➤ **MINIMUM VOLUME OF STORAGE :**

➔ **2 days of supply for health facilities.**

➔ **Containers have to be closed.**

➔ **Prevent contaminations from air.**

## Elimination of waste water :

- ➔ Stagnant water means bad drainage or bad infiltration in the ground.
  - ➔ For rain water ⇒ Dig trenches around buildings and send water outside health facilities.
  
- ➔ For stagnant water: drainage and infiltration of water in the soil will depend on its nature :

Soil type	infiltration speed( L/m <sup>2</sup> /J)
Sand	50
Sandy ground	30
Silt	20
Terre argilo limoneuse poreuse	
Terre limoneuse compacte	10
Clay	

- ➔ Problem can occur with undersized infiltration system.
  
- ➔ WE CALCULATE IT THE FOLLOWING WAY:

$$\text{Infiltration Surface (m}^2\text{)} = \text{Vol. of waste water (L/J)} / \text{infiltration speed (L/m}^2\text{/J)}$$

- For sullage water(showers, clothes, etc.) : we will build a grease trap and then send the water in an infiltration system.
  
- ➔ A specific waste pit will be built for laboratory waste waters, full of heavy metal.

## The preparation and use of chlorine solutions in our medical facilities using clean water

What to clean	How to clean	Dose (%)	Preparation with 65% HTH	Storage	Remarks
Stainless steel medical instruments and utensils, bedpans, basins, and buckets	Soak for 10 min to decontaminate then rinse, then proceed with detergent or sterilisation.	0.1	2g per litre 20g per 10 L	To be renewed once a week	Do not mix the chlorine solution with a detergent. Stainless steel must always be immersed in cold chlorinated water
Laundry, coats, sheets, blankets	Soak for 10 min to decontaminate then rinse, then wash and sterilise if necessary.	0.1	2g per litre 20g per 10 L	To be renewed once a week	Do not mix the chlorine solution with detergent.
Hands and skin	Leave in contact for a few minutes, then dry.	0.05	1g per litre 10g per 10 L	To be renewed everyday	Do not mix the chlorine solution with detergent.
Floors (wood, plastic, tiled) bathrooms, sinks, operating or delivery tables	Wash with the chlorine solution and leave for 10 min before rinsing.	0.5	8g per litre 80g per 10 L	To be renewed once a week	Do not mix the chlorine solution with a detergent. After use; the mop should be rinsed, wrung out and left to dry outside
Foot basins		0.5		To be renewed twice a day	
Surfaces contaminated with blood or excreta	Apply the solution directly to the surface	1	15g per litre 150g per 10 L	To be renewed once a week	Do not mix the chlorine solution with a detergent.
Cadavers (during cholera or Ebola epidemics)	Prepare the solution in a basin. Spray the solution directly on the corpse, making sure all orifices are well plugged.	2	30g for 1 litre 310g for 10 L		Do not mix the chlorine solution with a detergent.

For drinking water, prepare main solution with 1%. The concentration of residual chlorine should be between 0.3 and 0.6mg for 1L. Refer to the MSF public health engineering guidelines for preparation and use.

\* 1° chlorometric = around 0.3% active chlorine, 1 ppm = 1mg/L + 0.0001% active chlorine

\* (10°(100/% of chlorine generating product)) \* per dosage, e.g. (10°(100/65))\*0.1 = 2g per 1L or 20g per 10 L

1 tablespoon = 15g of active chlorine

## Preparation of Chlorine Solutions

### CAUTION !!

- *Chlorine is a very aggressive and corrosive chemical.*
- *Always wear protective clothing when handling chlorine products and solutions.*
- *Always prepare chlorine solutions in a well-ventilated area, preferably in the open air.*

### Preparation

- Wear apron and gloves for preparation
- Put the required amount of chlorine product in the clean and empty container

### For HTH® :

- Add a small quantity of water (enough to make a paste)
- Make a paste out of chlorine and water, crush the granules as much as possible
- When you have a smooth paste, then add the rest of the water
- Stir well
- Wait until the deposit is at the bottom and use supernatant liquid.

### Storage

- Store the solution in a cool and dark place in a closed plastic container, for example a jerry can.
- Sunlight and heat decrease the effect of the solution.
- Solutions should not be kept for more than 1 week.

**PREPARATION OF CHLORINE SOLUTION**

**USING HTH® 65%**

<b>Strength</b>	<b>Preparation volume (litres)</b>	<b>Instructions</b>
1%	For 20 litres	Put 300g HTH® or 1 and ½ graduated measuring cups(1) or mix 20 table spoons(2)of HTH® and add 20 litres of clean water
0,5%	For 20 litres	Put 150g HTH or 10 table spoons(2)of HTH® and add 20 litres of clean water
0,1%	For 20 litres	Put 30g HTH® or 2 table spoons(2)of HTH® and add 20 litres of clean water

(1) graduated measuring cup = 200 g

(2) table spoon = 15g

## PREPARATION OF CHLORINE SOLUTIONS

### USING 1% SOLUTION\*

Strength	Preparation volume (litres)	Directions
0,5%	For 20 litres	Put 10 litres of 1% solution in a 20 L container and fill with clean water
0,1%	For 20 litres	Put 4 litres of 1% solution in 20 L container and fill with clean water

\*To prepare a solution of 1% of active chlorine, you need 300g or 1 and ½ graduated measuring cups or 20 table spoons of HTH® at 70%.

(1 graduated measuring cup = 200g and 1 table spoon = 15g)

**PREPARATION OF JIK® (EAU DE JAVEL) AT 3,5% OF ACTIVE CHLORINE**

**IN A JERRY CAN OF 20 LITRES**

<b>Strength</b>	<b>Preparation volume (litres)</b>	<b>Instructions</b>
1%	For 20 litres	Pour 8 bottles* of JIK® at 3,5% and fill with clean water
0,5%	For 20 litres	Pour 4 bottles* of JIK® at 3,5% and fill with clean water
0,1%	For 20 litres	Pour 2 bottles* of JIK® at 3,5% and fill with clean water

\* 1 bottle = 0,75 litre

New solution should be made or diluted whenever required.  
Diluted solution should be used within 24 hours.



**Infection control in Health facility**

<b>What we have to clean</b>	<b>How to clean</b>	<b>Which dosage</b>	<b>Specials recommendations</b>
Instruments, basins, bowls, jars, trays, buckets, trolleys	Leave to soak in solution of 0,1% for 10 minutes then rinse	0,1 %	Never mix chlorine with detergent
Linen, smocks	Leave to soak in solution of 0,1% for 10 minutes then rinse	0,1 %	Never mix chlorine with detergent
Floors, toilets, sinks, delivery or operation tables.	Wipe with solution of 0,5% and leave for 15 minutes	0,5 %	Never mix chlorine with detergent
Surfaces, objects or materials contaminated by : blood, excreta, vomit....	Put solution of 1% and leave for 10 minutes	1 %	Never mix chlorine with detergent

**If you are using a detergent, you must rinse before using chlorine, because chemical reactions may occur !!!**

**Infection control in Hospital  
Wash floors with Omo or any detergent**

<b>WARD with</b>	<b>Detergence/ How and When</b>
<p><b>High risk of contamination</b>                      Maternity                      Operating Theatre                      Casualty unit</p>	<p>Wash with OMO + RINSE + chlorine 0,5%                       WHENEVER NEEDED. But at least once a day</p>
<p><b>Moderate risk of contamination</b>                      All the other wards</p>	<p>Wash with OMO + RINSE every day                      And                      Once a week on cleaning day :                      OMO + rinse + chlorine 0,5%</p>

## CLEANING AND DISINFECTION OF PREMISES

### Materials:

- ◇ The same materials must **not** be used for clean and dirty areas.
- ☉ It would be inappropriate to clean the operating room with the same cloth used to clean the latrines.
- ◇ It is preferable that the materials be stored in an area reserved for this purpose.  
⇒ Avoid the spread of micro-organisms .
- ☉ It is, however, better to have an area reserved for this purpose on each ward.

### ◇ Detergents - Disinfectants

Disinfectant products are often misused, and this makes them ineffective, and sometimes even dangerous. A more effective, selective and rational use of products would help prevent infection, but also help avoid waste of money and energy.

⇒ Use of products

Materials	Choice product	Alternative product
Miscellaneous	* 0.2 % chlorine solution * Lysol (5 %)	* LYSOL ( 5 %)
Linens (white cotton)	* 0.1 % chlorine solution	
Clothes and blankets	* Lysol ( 5 %)	
Wooden or concrete floors	* 0.2 % chlorine solution	
Latrine maintenance (slabs)	* 0.2 % chlorine solution	

**NB:** Lysol may be replaced by a similar product: [[Cresyl, [[Creoline, [[Lyorthol,...

*See Guide on hygiene in health care in precarious situations, Annex 8, pp. 240-251*

*See guidelines on use of disinfectants*

⇒ Preparation and storage:

- ◆ Remember that metal inhibits the action of chlorine.
- ◆ The containers must:
  - ⇒ Be opaque as much as possible.
    - Prevent light from affecting the product.
  - ⇒ Have a closure mechanism of some kind.
    - Avoid any evaporation.

### ◇ Basic rules to be respected:

- ⇒ Never add fresh solution to leftover old solution.
  - Empty the bottle, wash it and dry it before each refilling.
- ⇒ Always label containers, indicating the name, concentration, date product made and expiry date.

## Stages and Frequency of cleaning

### ◇ Classification of stages

- 1) *Clean*: with a scraper or broom covered with a cloth soaked in detergent solution.
- 2) *Rinse*
- 3) *Allow to dry*
- 4) *Disinfect*: with a scraper or broom covered with a cloth soaked in disinfectant solution.
- 5) *Allow to dry*

**NB:** Never rinse off; leave enough time for the disinfectant to act.

### 6) Carefully *rinse* and *disinfect* the cleaning materials.

### ◇ Basic rules to be respected:

- ⇒ Always begin with the least dirty areas or equipment.
- ⇒ Always work around the facility in a circular fashion, making sure that all surfaces are cleaned, without going back on yourself or crossing the facility.
- ⇒ Never use a detergent and a chlorine-generating product without rinsing first.
  - ➔ Production of gaseous chlorine and deactivation of chlorine.
- ⇒ Never sweep floors when dry.
  - ➔ Massive displacement of dust and bacterial flora.

### ◇ Frequency:

Minimum cleaning-disinfecting frequency	Average-risk areas	High-risk areas
After each use	* Work surfaces	* Operating or delivery tables * Work surfaces * Floors
After each patient stay	* Beds, Mattresses, Night-tables, Hospital bedding	
Once / Day	* Sanitation facilities: Washbasins, Showers, Latrines * Floors	* Sanitation facilities: Washbasins, Showers, Latrines * Floors
Once / Week	* Furniture (all surfaces)	* Furniture * Doors and windows
Once / Month	* Doors and Windows	
Once every 6 Months		* Walls and ceilings
Once / Year	* Walls and ceilings	

**NB:** *Average-risk areas* = Administrative areas, Corridors, Waiting-rooms, General hospitalisation wards and consultation areas.