Introduction

Over 350 million people are affected each year by disaster and conflict. The international community is often unable to respond effectively to these crises. Every year, millions of people need humanitarian assistance to survive and recover from disasters and conflicts.

The increasing frequency of disasters, coupled with a number of emerging threats and trends, are leaving more people vulnerable to the effects of disasters and inflicting greater damage, loss, and dislocation on vulnerable people worldwide. According to the United Nations, in 2008, more than 235,000 people were killed by disasters, 2.14 million affected, while the cost of disasters was over 190 billion US$.

The situation of vulnerable people is now aggravated by evolving, complex threats such as climate change, new patterns of marginalization, demographic growth and a rising proportion of older people, unplanned urbanization, high levels of violence, involuntary migration, emerging infectious disease and the growing burden of non-communicable disease, environmental degradation, and insecurity of access to food, water, first aid, and natural resources.

The humanitarian sector is further challenged by of the recent financial crisis and the increasing involvement of military and political actors in humanitarian response. The complexity of the humanitarian environment has led to demands for improved coordination. At the same time, improved forecasting and technology for early warning call for improvements in our capacity for early action and for information management in disasters. There are also calls for greater innovation and more inclusive ways of delivering assistance, with a strong focus on accountability, good partnership and good donor ship. All of the above reinforces the need for a strong International Aid and Humanitarian Organizations, flexible enough to adapt to a fast changing world.

To mark the World Humanitarian Day 2009 the WFWO Operations Team (OT) and its partners calls to international communities to react focuses on the effects of the global financial crisis on donor funding for humanitarian assistance, strategies to safeguard the quality and effectiveness of aid for people affected by disasters, conflicts and emergencies, despite the best of intentions, the response of the different actors who fund and implement humanitarian assistance is not enough.

World Humanitarian Day - 2009

Established by the General Assembly (GA) of the United Nations in December 2008, 19 August 2009 is the first World Humanitarian Day. The designation of the Day is a way to increase public understanding of humanitarian assistance activities worldwide. The Day also aims to honor humanitarian workers who have lost their lives or been injured in the course of their work. The General Assembly invites all countries, the entities of the UN system and international and non-governmental organizations to observe the day annually in an appropriate manner.

Delivering Aid, Despite the Risks

They provide life-saving assistance to millions of people around the world. They work in conflict zones and areas of natural hazards. They place their own lives at risk. They are the thousands of workers providing humanitarian aid to people worldwide, who are often direct targets of those who have no respect for the humanitarian nature of their work.

In the last decade, more than 700 humanitarian workers have made the ultimate sacrifice while striving to help those most in need in some of the world’s most hostile environments. Thousands more have endured bombing, kidnapping, attacks, hijacking, robbery and rape.

The United Nations General Assembly has chosen to dedicate this day, 19 August, to honor all humanitarians. For their selfless courage in facing the challenges of an imperfect world and their inspirational mission to improve it, humanitarians deserve not only our praise. They also deserve our firm commitment to help ensure their safety and security in the line of duty.
World Humanitarian Day - Security Trends

More than 23 international staff out of every 10,000 humanitarian workers were victims of security incidents in 2008 (around nine national staff out of every 10,000). Compared to 1998 when around 14 international staff out of every 10,000 humanitarian workers were victims of security incidents (4 national staff every 10,000).

Humanitarians Victims

More than 260 humanitarians were victims of security incidents in 2008 (185 NGO, 65 UN, four ICRC, one IFRC, and the rest were donor/others). Compared to 1998 when 69 humanitarians were involved in security incidents (14 NGO, 24 UN, 26 ICRC, and five IFRC staff). In 2008, 260 humanitarian aid workers were killed, kidnapped or seriously injured in violent attacks. This toll is the highest on record. The overall number of attacks against aid workers has risen steeply over the past three years, with an annual average almost three times higher than the previous nine years. Relative rates of attacks per number of aid workers in the field have also increased — by 61%. The 2008 fatality rate for international aid workers exceeds that of UN peacekeeping troops.

Humanitarian Facts and Figures

Hunger:

According to the FAO, world hunger is projected to reach a historic high in 2009, with just over a billion people going hungry every day. The most recent increase in hunger is not just the consequence of poor global harvests, but rather a combination of underlying factors, including most recently the world economic crisis, which have dramatically reduced access to food by the poor. Almost all of the world’s undernourished live in developing countries. In Asia and the Pacific, an estimated 642 million people suffer from chronic hunger (equivalent to about half the population of China). In sub-Saharan Africa that figure is 265 million (more than the population of Indonesia, which is the fourth most populous nation on earth); in Latin America and the Caribbean 53 million; in the Near East and North Africa 42 million. In comparison, the number of people going hungry in developed countries is 15 million in total.

Refugees and Displaced People:

Tens of millions of people around the world have been forcibly displaced, both within their own countries and across international borders. There are 15.2 million refugees, people who have been forced to flee their own countries due to violence and war. At least 26 million have been displaced within their own countries by conflict or other forms of violence. Millions more are forcibly displaced within their own countries each year by natural disasters and other causes. This number is expected to rise still further in the coming years, at least in part in the context of climate change. Often the most vulnerable people in a humanitarian crisis, those forcibly displaced from their homes are commonly at risk of further violence, discrimination and destitution.

Children:

In 2008 more than 9 million children died before their fifth birthday. Most of these children lived in developing countries and died from a disease or a combination of diseases that could easily have been prevented or treated — antibiotics for pneumonia, or a simple mix of water, salt and sugar for diarrhea. Malnutrition still contributes to more than a third of these deaths. Almost half of the persons of concern to the United Nations Refugee Agency (UNHCR) are children. Forcible displacement exacerbates children’s exposure to violence, exploitation, abuse and neglect. Of all displaced persons, children are at particular risk and require special attention due to their dependence upon adults to survive, their heightened vulnerability to physical and psychological trauma and the developmental needs that must be met to ensure normal growth and development. Although children enjoy comprehensive rights under international law, more often than not, refugee, other displaced and stateless children are deprived of the most basic ones, including the right not to face discrimination, the right to health and the right to education. This is most notably the case when refugee children lack access to child protection systems in the country of asylum.

While all children have common needs, certain groups may face increased protection risks. These include unaccompanied and separated children; adolescents, especially teenage mothers and their children; victims of trafficking and sexual abuse; survivors of violence, in particular sexual and gender-based violence; children who get married under the age specified in national laws or are forced into unions; children who are or have been associated with armed groups; children in detention; children who face social discrimination; children with mental or physical disabilities; children living with or affected by HIV/AIDS; and children out of school.
Water and Access to Sanitation:

Every year, 1.8 million people die from diarrhoeal diseases. Getting water and sanitation supplies and services to victims of disasters and conflicts is a top priority for humanitarian workers. Ninety percent of deaths in children under the age of five occur in developing countries. Improving water-supply systems can reduce diarrhoea-related illness by 21 percent and better sanitation can reduce diarrhoea cases by 38 percent. The simple act of washing hands can reduce diarrhoea cases by up to 35 percent, while additional improvement to drinking water quality, such as point-of-use disinfection, reduces diarrhoea episodes by 45 percent.

Gender-Based Violence:

Women and girls are the victims of gender-based violence, including sexual violence. In many places, men and boys are also victims of sexual violence, but this is often not reported. Many are abducted to serve as sex slaves; pregnant women are physically assaulted; and many women and girls have been infected with HIV/AIDS. Sexual violence against women and girls during or after armed conflicts has been reported in every war zone. Victims often suffer serious health consequences and risk stigmatization and political and economic exclusion. One of the current trouble spots where sexual violence has reached epidemic proportions is the eastern Democratic Republic of Congo’s provinces of North and South Kivu. There, substantial efforts have been made to address sexual violence, including improved reporting of cases. However, issues such as fear of reporting due to stigma and threats of reprisal make it difficult to keep accurate statistics of the problem. Information on reported cases of sexual violence indicate a larger percentage of perpetrators of sexual violence in the Kivus are members of the national army, rebels, and other parties to the conflict in the Kivus. The majority of the victims are girls.

New Challenges

The total number of people affected by the natural disasters has risen sharply over the past decade. An average of 211 million people are directly affected each year, nearly five times the number affected by conflict. Women and children in particular are those already struggling with poverty, insecurity, hunger, poor health and environmental decline.

Climate change is also expected to dramatically affect patterns of migration and population movement. The millions expected to be displaced by prolonged droughts and repeated floods or storms will be especially vulnerable, requiring significant assistance and protection. Recognizing that climate change is increasingly the cause of weather events that have humanitarian consequences, aid agencies are united in calling for the humanitarian impacts of climate change to be addressed in the successor agreement to the Kyoto Protocol in Copenhagen in December 2009.

The global economic crisis puts pressure on the aid budgets of all donor governments, but the impact of the recession is mostly felt by crisis-stricken people in poor countries. Jobs – already rare – are lost; remittances from relatives abroad decline; food and fuel prices remain high; and farming inputs become harder to access, making food production less secure.

Humanitarian needs are increasing because of the economic crisis and other global challenges such as population pressure; global health pandemics; increasing food insecurity; price spikes in, for example, oil; water scarcity; and increasing numbers of people on the move. Meeting these challenges needs more flexible funding and adaptable humanitarian work to address these emerging and complex developments.

Source: Office for the Coordination of Humanitarian Affairs (OCHA)

FWWO - Emergency Preparedness and Response to:

a) Emergencies Operations Programs (EOP)
b) Relief & Rehabilitation Programs (RRP)

FWWO’s Emergency Response Operations Team (EROT) and its partners is often faced with a sudden emergency requiring an immediate response - an eruption of fighting causing tens of thousands of people to flee their homes, perhaps, or a massive earthquake displacing hundreds of thousands. That means we must react and be able to respond to the emergency first aid to support to the affected zone without delay. Providing fleeing civilians with emergency help is often the first step towards their long-term protection and rehabilitation with close cooperation with local and international partners working in the field of emergency operations.

To prepare for and respond to an emergency first aid operations, WFWO has a voluntary teams of people with a wide range of key skills who are ready for deployment for emergency first aid international call at a moment’s notice, in order to respond to an emergency efficiently the WFWO has developed the first phase emergency first aid package trough the contribution and support of our partners composed by C.F.C. Group and 888.Holding.Com. (See Phase I package completed by 2009 - The Phase II will be developed as per framework strategy plan 2010/2015) The first emergency aid logistical facilities, to supplement local aid supplies in areas of need, but not food items. In this context we are working closely with our partners in order to establish a good relations with freight forwarders and logistics
companies, and developed a global network of suppliers, specialist group and partners to support the WFWO - Emergency Response Operation Team (EROT). This will provide the capacity of the WFWO EROT to respond to a new first aid emergency operation. WFWO/OT has also developed resource mobilizations Team Task Force in order to facilitate the fundraising mechanisms for the immediate mobilization of financial resources to help meet the response to an first aid emergency operations with the support and to maintain this capacity and preparedness.

WFWO has also developed training programs through our partners, the main topics will include workshop on emergency Management, team-building, operations planning, operational partnerships, communication and negotiation skills, security, coordination and information-sharing, and humanitarian protection which prepares all volunteers selected by the OT/EOP/EROT will contribute to improve emergency preparedness and response capabilities to enhance early warning and preparedness

The increasing frequency of disasters, coupled with emerging threats and trends which leave more people vulnerable to the effects of disasters, underlie the need for a strong WFWO’s OT/EOP/EROT to improve its capacity to respond, coordinate and adapt to changing needs with close cooperation and support of its partners.

The WFWO’s Emergency Operations Program (EOP) launched the “First Aid Package “(FAP) to response and react on the United Nations call on the World Humanitarian Day on 19 August 2009, in order to strengthen the disaster assistance program is aligned with WFWO contribution to the Eight Millennium Development Goals (MDGs): “To reduce the numbers of deaths, injuries and impact from disasters” and is well articulated through its strategic aims as per WFWO’s Task Force and Strategy Framework Plan for 2010-2015:

• To enable WFWO’s OT/EOP/EROT to be supported by its partners, to response and build disaster resilience and safety of communities and to deliver appropriate and timely response to disasters and crises while ensuring improved restoration of community functioning.

• To enable plan will focus on WFWO/OT/EOP/EROT services prioritized by the logistical support of the WFWO/OT/EOP/EROT and its partners, including coordination, information management and trend analysis.

• To enable the plan to strengthen WFWO/OT/EOP/EROT management tools and systems, assessment, analysis, planning, and resource mobilizations approaches to enable local communities and NGO’s to provide more to WFWO/OT/EOP/EROT services to more vulnerable people and to increase the effectiveness of their preparedness, relief and recovery programs. Disaster Services will reflect the demand for greater professionalism and accountability in the way disaster operations are planned and implemented and a quality assurance function will be established to set standards and evaluate global performance.

• To enable the promotion of a learning experience within disaster management will seek to enable greater innovation of emergency first aid equipments and information’s, improve effectiveness and strengthen ability to adjust to external trends and national partners needs to better anticipate risks and serve vulnerable people.

• To enable the WFWO/OT/EOP/EROT, will seek to improve the capacity and efficiency of the emergency first aid logistical facilities equipments for the disaster response by using the global tools and adapting surge capacity to meet the wide range of disaster response needs. Priority will also be given towards ensuring that the global tools are understood and valued more widely by the national partners and are therefore readily requested when needed.

In this context, the WFWO/OT/EOP/EROT needs to have the capacity to mitigate, prepare for and respond to disasters call and across all levels - household, community, national, regional and international. The WFWO/OT/EOP/EROT is committed to contribute to the achievement of the Eight Millennium Development Goal targets 1/2/3/4/5/6/7/8: “to reduce the numbers of deaths, injuries and impact from disasters” and to the four strategic aims of Strategy framework plan 2010-2015:

a) Contribute to save lives, protect livelihoods, and prepare for and recover from disasters and crises
b) Contribute to enable healthy and safer living to contribute to the MDG’s objectives
c) Promote public awareness focusing on global development issues.
d) Contribute to enable local partners, supported by WFWO/OT/EOP/EROT, to build disaster resilience and safety of communities and to deliver appropriate and timely response to disasters and crises while ensuring improved restoration of community functioning.
e) Contribute to adapted disaster response tools and reliable surge capacities that are always available for appropriate and timely response to disasters.

Communications on Humanitarian and Emergency Aspect to Strengthen the WFWO’s Public Awareness and Campaign.

The WFWO/OT/Communications Team (CT), in order to response to emergency aspect, due to the increasingly competitive and overcrowded humanitarian arena, communication and advocacy functions have become strategic leverages in better profiling, promoting and positioning the WFWO in addressing humanitarian and emergency response and development issues, and as a preferred organization by the donor community and other partners.
Moreover, as part of the newly mainstreamed humanitarian framework plan, the communication role and its potential in influencing key stakeholders are to be strengthened and streamlined.

Two overall agendas on WFWO’s Millennium Development Goals (MDGs): Goal 1/2/3/4/5/6 and Goal 7 Climate change Priorities and current work with partners to support WFWO/OT/EOP/EROT:

Corporate campaign that mainstreams Strategy 2010-2015 aims and purpose as a leverage for a common organization targets are:
- Reviewed Communication on Sustainable Development
- Corporate package to support WFWO/OT/EOP/EROT
- Campaign material
- Communications Advocacy toolkit - Capacity-building
- Media and field visit events
- Campaign material and partnerships
- Support to beneficiary communications

Principles Guidelines and Good Practice of Humanitarian

Guidelines and Definition of Humanitarian Action used by the WFWO/OT/EOP/EROT:

1. The objectives of humanitarian action are to save lives, alleviate suffering and maintain human dignity during and in the aftermath of man-made crises and natural disasters, as well as to prevent and strengthen preparedness for the occurrence of such situations.

2. Humanitarian action should be guided by the humanitarian principles of humanity, meaning the centrality of saving human lives and alleviating suffering wherever it is found; impartiality, meaning the implementation of actions solely on the basis of need, without discrimination between or within affected populations; neutrality, meaning that humanitarian action must not favour any side in an armed conflict or other dispute where such action is carried out; and independence, meaning the autonomy of humanitarian objectives from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

3. Humanitarian action includes the protection of civilians and those no longer taking part in hostilities, and the provision of food, water and sanitation, shelter, health services and other items of assistance, undertaken for the benefit of affected people and to facilitate the return to normal lives and livelihoods.

General principles

4. Respect and promote the implementation of international humanitarian law, refugee law and human rights.

5. While reaffirming the primary responsibility of states for the victims of humanitarian emergencies within their own borders, strive to ensure flexible and timely funding, on the basis of the collective obligation of striving to meet humanitarian needs.

6. Allocate humanitarian funding in proportion to needs and on the basis of needs assessments.

7. Request implementing humanitarian organisations to ensure, to the greatest possible extent, adequate involvement of beneficiaries in the design, implementation, monitoring and evaluation of humanitarian response.

8. Strengthen the capacity of affected countries and local communities to prevent, prepare for, mitigate and respond to humanitarian crises, with the goal of ensuring that governments and local communities are better able to meet their responsibilities and co-ordinate effectively with humanitarian partners.

9. Provide humanitarian assistance in ways that are supportive of recovery and long-term development, striving to ensure support, where appropriate, to the maintenance and return of sustainable livelihoods and transitions from humanitarian relief to recovery and development activities.

10. Support and promote the central and unique role of the United Nations in providing leadership and co-ordination of international humanitarian action, the special role of the International Committee of the Red Cross, and the vital role of the United Nations, the International Red Cross and Red Crescent Movement and non-governmental organisations in implementing humanitarian action.

The WFWO/OT and its partners is committed to contribute to ensuring the first aid emergency operation capacity in preparedness for response, to provide relief to people affected by disaster, but this depending on our capacity to respond and the scale of the disaster response in a timely manner in close partnership with its partners as per framework strategy plan and guidelines for 2010-2015:

WFWO Lending Programs for Emergency Operations and Assistance Phase I developed in 2009
**TENT WITH ALUMINIUM FRAME FOR ACCOMMODATION**

- Wide: 5,90 m  
- Base: 35 mq  
- Lenght: 6,00 m  
- Weight: 87 kg  
- High: 1.90 m

- **Frame:**
  - made of anodized aluminium pipe (40 x 1,5 mm)  
  - plug connection is made of full-plastic  
  - earth anchors made of hot-dip galvanized steel

- **Covering:**
  - 50 % cotton 50 % polyester  
  - Weight per sq.m 420 g  
  - Cellular, tearproof, impregnated  
  - PVC mud-wall  
  - Both gables separate, two entrances, entrance also in the middle available  
  - On each long side 1 or 2 windows with mosquito netting and shutters;

- The tent is full of current generator, fuel tank, electrical panel, lighting system;

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**INFLATABLE TENT FOR ACCOMMODATION**

- Wide: 5,50 m  
- Base: 33 mq  
- Lenght: 6,00 m  
- Weight: 85 kg  
- High: 3,00 m

- The inflatable tents are planned for special emergency services or auxiliary applications. Our quick application tents are practise-tested, suited for everyday life and stand firm to the highest requirements. All our tents can be connected often with each other tents. Under use of our centre tent whole tent cities are built up.

- The tents are full of Electric turbo blower, current generator, fuel tank, electrical panel, lighting system.

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Ref: WFW/FA/A/TENT1/AF/B  
Ref: WFW/FA/A/TENT2/IT/B
TENT WITH ALUMINIUM FRAME FOR FIRST AID

Wide: 5.90 m    -   Base: 35 mq    -  Lenght: 6.00 m    -  Weight: 87 kg    -   High: 1.90 m

• Frame:
  - made of anodized aluminium pipe (40 x 1.5 mm)
  - plug connection is made of full-plastic
  - earth anchors made of hot-dip galvanized steel

• Covering:
  - 50 % cotton 50 % polyester
  - Weight per sq.m 420 g
  - Cellular, tearproof, impregnated
  - PVC mud-wall
  - Both gables separate, two entrances, entrance also in the middle available
  - On each long side 1 or 2 windows with mosquito netting and shutters;

• The tent is full of current generator, fuel tank, electrical panel, lighting system;

• The tent is full of current generator, fuel tank, electrical panel, lighting system and first-aid equipments:
  - Body Temperature Thermometer
  - Camp refrigerator, AC supply
  - Defibrillator
  - Disposable material (gloves, masks, 10 coats)
  - Electric radiator
  - Emergency scissor for clothes removal
  - Extrication collar
  - Extricator
  - Hanging panel with pockets and sleeves
  - Instruments trolley
  - Isothermal blanket
  - Kit for Burns treatment

• Multifunction monitor
• Multilevel stretcher for in-patient
• Operating lightbeam
• Otorhinolaryngological kit
• Oxygen bomb with 5 litre spineboard
• Pressure gauge with assorted brassards
• Resuscitating set: ambu rubber bag, masks and accessories (in carrying case)
• Splint-and-band kit
• Sterilizer
• Surgical aspirator, Surgical tools kit
• Washbasin on trolley, AISI 304, Tap and waste water

Any other item available upon request

Ref: WFW/FA/E/TENT3/AF/R
INFLATABLE TENT FOR FIRST AID

- Wide: 5,50 m          - Base: 33 mq         - Lenght: 6,00 m       - Weight: 85 kg         - High: 3,00 m

- The inflatable tents are planned for special emergency services or auxiliary applications.
- Our quick application tents are practise-tested, suited for everyday life and stand firm to the highest requirements.
- All our tents can be connected often with each other tents. Under use of our centre tent whole tent cities are built up.

- The tents are full of Electric turbo blower, current generator, fuel tank, electrical panel, lighting system and first-aid equipments:
  - Body Temperature Thermometer
  - Camp refrigerator, AC supply
  - Defibrillator
  - Disposable material (gloves, masks, 10 coats)
  - Electric radiator
  - Emergency scissor for clothes removal
  - Extrication collar
  - Extricator
  - Hanging panel with pockets and sleeves
  - Instruments trolley
  - Isothermal blanket
  - Kit for Burns treatment

- Multifunction monitor
- Multilevel stretcher for in-patient
- Operating lightbeam
- Otorhinolaryngological kit
- Oxygen bomb with 5 litre spineboard
- Pressure gauge with assorted brassards
- Resuscitating set: ambu rubber bag, masks and accessories (in carrying case)
- Splint-and-band kit
- Sterilizer
- Surgical aspirator, Surgical tools kit
- Washbasin on trolley, AISI 304, Tap and waste water

Any other item available upon request
DECONTAMINATION SHOWERS

- Worldwide there grows the danger of epidemics, of attack from chemical or radioactive substance.
- That's why the WFWO provides decontamination assistance full equipped Decon-tents and showers for Emergency Assistance.
- These tents are split by an aseptic, loose inside cover, as well as by a system of inside partitions in different shower, around or dressing zones.
- In the shower are integrated cells covers and wall nozzles, hand showers and washing brushes which guarantee an optimum decontamination.
- The range of products is rounded by separate decon-shower which are offered as a single shower, single shower with offshore basin or as a double shower.
- The decon shower can be used individually outside as a self-sufficient system or however, separate system in inflatable tents.
- The integral groundsheet providing excellent protection from sand and water ingress.
- The modularity of the tents allows to obtain in the inside, through separating walls, shower areas, dressing areas, undressing and control areas divided into lines for men, women and stretchers.
- More tents can create an integrated system of larger dimensions in case of mass decontamination.
## MONITOR MULTI PARAMETER

- The monitor has a double function: diagnosis and monitoring.
- This is a monitor that allows measurement of various vital parameters, which can also be checked singly.
- Measurement in adult, pediatric and neonatal patients.
- 10.4” TFT colour display for 7 trace display.
- Management of the checks and controls of the monitor through front button panel and control knob.
- Analysis of arrhythmias, multi-derivation of the ST segment, pacemaker detection.
- OxyCRG function for control of infant circulatory and respiratory functions.
- 40-second review of waveforms.
- Graphic and numeric trends with 72-hour memory on all the measured parameters.
- Fold down carry handle on top.
- Analogue output for external VGA display.
- Equipped with adjustable minimum and maximum alarms, with visual and audible warning, and apnoea alarm.
- Operation from mains or integrated rechargeable batteries.
- Output for connection to centralised system.
- Performing diagnostics and monitoring fitted with printer.

## OXYGEN BOTTLE 5 lt CAPACITY

- Oxygen bottle, 5 l capacity with valve, oxygen reducer, manometer and distributors, oxygenation mask with tube.
  The kit is supplied in a fibrone case with handle for transport.
- High cm 61
- Width cm 17
- Depth cm 18
- Weight Kg 11.5
### SURGICAL ASPIRATOR

**TECHNICAL FEATURES**
- 1000cc tank
- Compressor: rotative
- Maximum aspiration flow: 30l/mn
- Power absorption: 106VA
- Dimensions: cm27x21x22h
- Weight: 5,25kg
- Continuous use
- Maximum suction: -0,80 bar
- Complete with: silicone tubes, tube connectors, CH16 aspiration probe, jar cap with anti overflow float
- Power supply: 230V / 50Hz

### FOLDING MULTI LEVEL STRETCHER WITH WHEELS

- The perfect synthesis between practicality and ease of handling.
- Folding stretcher with ABS top adjustable in height by mean of gas pistons. Foldable, for transport it is provided with 4 rotating wheels diam. 100 two of which with brake.
- Length: 190 cm.
- Width : 63 cm.
- Max height: 86 cm.
- Minimum height: 35 cm.
- Closed length: 95 cm.
- Thickness when folded:25 cm.
- Weight: 27 kg.

### SOFT STRETCHER

- Soft stretcher made with fireproof, antitear, waterproof nylon.
- Available with 6 and 8 strong sewn handles.
- Dimensions: 192x75 cm
STAINLESS STEEL TROLLEY

- Entire structure in pressed stainless steel sheet. Stainless steel shelves forming a shallow tray with 90° edges and depth 4 cm, bolted to the structure.
- Shelves can be inverted if rim is not required.
- Handle for movement at one end.
- Swivelling castors, diam. 9.5 cm.
- Total capacity 60 kg.
- Max. dimensions - cm 87x46x85

REFRIGERATOR

- Voltage: 220v-240v
- Frequency: 50Hz
- Power: 75W
- Capacity: 40L
- Temperature: 22 °
- Consumption (kw * h/24h): 1.5 kw * H/24H
- Sizes: 43 x 52 x 49cm

DEFIBRILLATOR

- The AED defibrillators currently on the market are mainly semiautomatic. They are therefore controlled by vocal commands and the shocks are delivered by means of a manual command given by the operator. A simple guided operation.
- Biphasic technology, more advanced system for delivering and supplying the shocks
  - First shock efficacy: 100% certified
  - Mean shock per patient: 2.3
  - Time required for efficacious defibrillation: 55 secs
- Programmable VF/VT ratio: 120-240 bpm
  - Asystole threshold: 0.08 Mv
  - Detection of noise during analysis: yes
  - Control of shocks delivered: yes
  - Monitoring during CPR: yes
  - Synchronized shock: yes
  - Detection of Pacemaker pulse: yes
### STERILIZER

- Sterilizer glass beads to a bactericidal ultraviolet rays.
- Ergonomic equipment that allows for rapid sterilization, with the temperature of the glass beads at 230 °C, and cold sterilization by the action of UV germicidal.
- Also useful in maintaining the sterile instruments without altering the structure of metal and cutting tools sharp.
- Reached in 10-15 minutes, the temperature of 230 °C.
- Dimension: diameter 6.3 cm, 5.3 cm depth.

### MERCU RIAL SPHYGMOMANOMETER

Aluminium painted case with self locking, nylon velcro cuff, metal D ring, internal graduated glass scale with internal diameter 3.5 mm and a clear reading scale. On/Off mercurial tap. STANDARD MODEL and BIGGER TYPE available. Scale 0-300 mmHg. Air release at closed tap max 4mmH/minute. Manual setting of deflation possible up to 2/3 mmHg/s. From 260mmHg to 15mmHg max deflation time 10sec. Graduated scale from 2mmHg to 2mmHg, with bigger notches graduated every 10 units. Latex bulb with valve completely chromium plated, Air tap wholly chromium plated with regulation of venthole air by screw valve. Metal D-ring. Single packaging on printed carton box.

### OPHTHALMOSCOPE

It offers basic functions of one ophthalmoscope. Large - small - hemispot - red - free filter.
## UNIVERSAL HEAD IMMOBILIZER

**ADJUSTABLE CERVICAL COLLAR**

- **UNIVERSAL HEAD IMMOBILIZER**
  Indispensable for head immobilization, it is easily adaptable to spinal board and to scoop stretcher. Made with expanded material at closed cells and cover by an exclusive vinyl system.

- **ADJUSTABLE CERVICAL COLLAR**
  New cervical collar adjustable to 4 different sizes. Designed to have in one article different possibilities of immobilization, it has been developed for the emergency medical use. Pre-molded chin support, locking clips, rear ventilation panel, enlarged trachea opening. The Patriot cervical collar is produced with high density polyethylene and foam padding; the flat one-piece design enables efficient storage where space is limited. X-ray lucent and easy to clean and disinfect.

## NEOPRENE SPLINT FOR LEG, ARM AND FOREARM

- **LEG**: Rigid flexible splints produced with neoprene and complete with an inside aluminium sheet that can be adjusted as needed during the rescue operations. The special material used for their production allow to keep constant the body temperature, to adapt the splints to each limb and to clean and disinfect them easily. 5 available sizes: leg, arm, forearm, wrist and ankle/elbow.

## MULTI USAGE OBJECT HOLDER RED

- **Object holder made with anti-tear nylon. It is composed by a open pocket for little objects and by a bigger open pocket for documents. It is fixed to the tube of the tent with practical belts. Available in red colours.**
### MULTI USAGE OBJECT HOLDER
**BLUE FOR AUTOMATIC LOADING STRETCHER**

Object holder made with anti-tear nylon to be put under back rest of all automatic loading stretcher Meber. It is composed by a closed pocket with a zip for little objects and by a bigger open pocket for documents. It is fixed to the trolley tube of the stretcher with practical Velcro® belts. Available in red and blue colours. Dimensions: cm 50x35.

### SURGICAL INSTRUMENTS

- Dressing forceps with Tungsten Carbide inserts
- Dressing forceps - Tissue forceps
- Grasping Forceps
- Tongue Depressor
- Laryngeal Mirrors
- Nasal Specula
- Otology – Hooklets
- Ear and Nose Dressing Forceps

### KIT SCISSORS

- Eye scissors rectas 11,5cm
- Hemostatic forceps kocher 18cm
- Hemostatic forceps klemmer 18cm
- Operatong scissors 14,5cm
- Emergency scissors yellow
## WASHBASIN

- Structure in tubular stainless steel AISI 304, cross-section 2.5x2.5cm.
- Top tier suitable for insertion of washbasin.
- Max. dimensions - cm 112x62x112
- The trolley is full of wheels with brake

## GENERATOR

- Max power 3,0 (KVA)
- Frequency 50Hz
- Battery 12V - 12A c.c
- Voltage 230 Volt
- Noise level at 7m: 58db
- 4-stroke engine: O.H.V.si
- Consumption: 0,7 - 1,9 l/h
- Electronic Control of motor’s tourn
- Tank capacity: 3 litri
- Control of oil level (Oil Alter)
- Weight: 61 kg

The generator incorporates the electronic control unit “inverter”, governed by a microcomputer, capable of ensuring stable quality and perfect for the form of sine waves.

This new generator is particularly suitable for powering sophisticated electronic equipment; two models of the EU can be connected in parallel with a simple cable to get twice as much electric power.
WFWO’S HUMANITARIAN FIRST AID EMERGENCY HOUSE IN WOOD

- Mq 20-30-35
- With and without terrace 28mm thick walls complete with tiles, doors, windows and interior partitions
- Wood of spruce of northern Europe
- Can be easily carried and put in any place
- In the 20mq house can stay 4 people
- In the 30mq house can stay 6 people
- In the 35mq house can stay 8 people

Ref: WFW/FA/E/HW
The Drinking Water Plant for Water Supplied in developing countries for the WFWO's Emergency First Aid and for Rural Area Program.

The Drinking - Water Plant process of direct osmosis in nature is essential for any single to living being. On the other hand cell dwelling is any animal or vegetable body feed on osmosis. A well known phenomenon of direct osmosis is the one taking place in the roots of trees: both plants and flora generally absorb substances necessary for life from the ground.

The Drinking Water Plan Engine works on a Reverse Osmosi basis. Osmosi is the diffusion of fluid trough a semi-permeable membrane until there is an equal concentration of fluid on either side of the membrane. Reverse Osmosi is a split process of released salts from the solvent and allows the only transit of water. It does prevent, instead, solved minerals, viruses and bacteria from going through it. Drinking Water Plant that is to be considered as a must.

Its compact size allows anyone to shift it easily. This can treat 120 up to 240 and more litres drinkable to be stocked up in one hour.

A Drinking -Water Plant for Emergency First Aid process about 1,000 litres for hour. A storage tank may stock up to 8,000 litres a day. Such facilities consists of a modular system and housed in a trailer. This one can be easily lifted and shifted by a helicopter by means of clasps.

A Drinking - Water Plant has an electric generation of its own. The components of the machine belong to good brands as well. The design and execution are reliable, yet its maintenance shall be easy. Extra storage tanks are available together with disinfection system.
The WFWO Lending Programs for Emergency Operations and Assistance Phase II, to contribute and support the populations in developing countries to be developed as per framework strategy plan by 2010/2015:

1) WFWO Mobile Clinic Center for emergency and support to rural communities as per lending and priorities strategy plan of THE WFWO for GLOBAL HUMANITARIAN PROGRAMS TO SUPPORT THE POPULATION IN DEVELOPING COUNTRIES WITH FREE MEDICAL TREATMENT AND ASSISTANCE. The WFWO has selected to companies working in the field of mobile hospital and emergency for its objectives and strategy plan for emergency and relief programs for 2010-2015 (as per planning proposal).

25P WFWO Mobile Clinic Center
25p Mobile Clinic Center is made of 25p bus.
The simple medical equipment like x-ray system are equipped in the vehicle.
It goes to remote area and provides the people living beyond medical service areas.
Power for this medical system is supplied from city power resources.

35P WFWO Mobile Clinic Center
35p Mobile Clinic Center is made of 35p bus or 3.5t truck.
X-ray system, EKG system, sphygmomanometer, normal clinic system are available in this vehicle. It goes to schools, institutes, etc in remote areas and provides the people living beyond medical service area.
Power for this medical system is supplied from city power resources.

45P WFWO Mobile Clinic Center
45p Mobile Clinic Center is made of 45p bus or 5t truck.
X-ray system, EKG system, vision test system, height & weight measuring system, sphygmomanometer, normal clinic system are available in this vehicle.

2) WFWO Libero Ambulance is made with a box on a 1t truck base.
This vehicle is walkthrough type, and it has strobe type of warning lights.

In the vehicle, various medical equipment including oxygen supply system for emergency. Libero ambulance transports patients comfortably by air bag system applied on the leaf springs of rear tires.
3) WFWO Media TV OB Van can move promptly for WFWO TV broadcasting. Mini bus, Starex (Hyundai), Istana, carnival (Ssangyong), trucks, etc. are available in TV OB Van use to be used for emergency and also promote the activities of global issues worldwide trough WFWO channel and its partners.

WFWO Media TV OB Van can go wherever user want in very difficult areas. Especially, small & medium-sized broadcasting stations prefer the vehicle.

4. HEALTH COMPONENT PROJECT (The WFWO Hospital Ship Program including emergency hospital camp and houses for populations)

Proposed Project: Global Humanitarian Development project to respond to emergency and Reconstruction phase, including support to Africa, Asia and Latin America.

Project name: Global Hospital Ship: Development of Integrated free Social Medical assistance Program.
Region: Asia and the Pacific, Africa Western and Central, Asia and Latin America

a) WFWO Hospital Ship for more than 250 beds with all the necessary instrument for emergency surgical operations - including helicopter for logistical assistance as ambulance for emergency only as support.

b) WFWO Hospital camp for emergency only

c) WFWO emergency houses for population heated by the natural disasters

d) The units for emergency mobile operations are adapted to a variety of well defined specialised uses:
• Consulting room (air conditioned)
• Infirmary
• Dental surgery (see plan below)
• Ophtalmic surgery
• Echography
• Magnetic Resonance Imaging
• Medical analysis
• Gynaecology / Obstetric