



## UNICEF LOGISTIC RAPID ASSESSMENT

### BACKGROUND INFORMATION

1. Country	2. Region <span style="float: right;">Select</span>	3. UNICEF RO <span style="float: right;">Select</span>	4. Date Prepared
5. Language	6. Country <span style="float: right;">Select</span> Size	7. Est. Population	8. Prepared by:  Title/Position:
9. History of the political system:			
10. The current political situation:			
11. Major Programs of Assistance by importance			
-1- Select	Primary Counterpart:	UN/NGO partners:	
-2- Select	Primary Counterpart:	UN/NGO partners:	
-3- Select	Primary Counterpart:	UN/NGO partners:	
-4- Select	Primary Counterpart:	UN/NGO partners:	
-5- Select	Primary Counterpart:	UN/NGO partners:	
-6- Select	Primary Counterpart:	UN/NGO partners:	
-7- Select	Primary Counterpart:	UN/NGO partners:	
-8- Select	Primary Counterpart:	UN/NGO partners:	
14. UNICEF Sub-Offices:		15. Nature of the cooperation:	
20. List potential calamities that could strike this country:		21. Is this country landlocked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Manmad <span style="float: right;">Select</span>	Other:	.1 Name passable overland entry points:    .2 Name port(s):	
e <span style="float: right;">Select</span>			
Natural <span style="float: right;">Select</span>	<span style="float: right;">Select</span>		
Long <span style="float: right;">Select</span>	<span style="float: right;">Select</span>		
Term			
22. Description of the port, location, number of quays, average monthly activity, potential weather constraints. Provide map and/or sketch.		23. Contact for port operations (Shipping Agent, Cargo Superintendent, etc.):	
		Name	
		Address	
		Phone:	Fax:
<b>PORT ASSESSMENT</b>			
24. Discharge Rates:		25. Specifications:	
Day	#Hatch	Length <span style="float: right;">Select</span>	26. Port Cargo Equipment (operational):
Bulk		Beam <span style="float: right;">Select</span>	Number <span style="float: right;">Capacity</span>
Bagged		Draught at Port <span style="float: right;">Select</span>	Shore Cranes
Container		Draught at Berth <span style="float: right;">Select</span>	Mobile Cranes
			Bagging Machines
Additional information:		Silo Facilities	
		Vacuators	
		Available Storage	
27. Cargo Handling		29. Port Cost for Bulk Cargo Vessels	
Shift	hrs/day    Cost    US\$	Up to 1,000 mt    US\$	
		30. Port Cost for Vessel w/ bagged commodities:	
		Up to 1,000 mt    US\$	

**Comment [a1]:** Name both port and overland entry point if applicable

Weekends/Holidays	Cost	US\$	5,000 mt	US\$	5,000 mt	US\$
28.Container facilities Yes <input type="checkbox"/> No <input type="checkbox"/>			22,000 mt	US\$	15,000 mt	US\$
Handling Rate:	Units per Select		30,000 mt	US\$	Comments:	
31. Stevedoring Cost:			32. Special taxes, dues, concerns, security and additional comments regarding the port operations:			
Bulk	Free Out	US\$				
	Liner Out	US\$				
Bagged	Ship's hold to under tackle	US\$				
	Ship's hold to stacked	US\$				

**RIVER PORT ASSESSMENT**

33. Give a brief description of the general river operations. Include significance of the movement of cargo by river. Provide map and/or sketch of the river location and draught:			34. Contact for river transport operations (broker, forwarder, etc.):			
			Phone:		Fax:	
35. Inland Water Transport Corridors:						
Major River Routes	Draught	Length (m)	Trans-loading Point (name)		(location)	

36. Shifts hrs/day	Approx. Cost	US\$	37. Container facilities Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional Comments:		
Weekends/Holidays	Approx. Cost	US\$	Handling Rate:	Units per Select		
Other:	Approx. Cost	US\$				

38. Discharge Rate (mt):		39. Specifications (for bulk/bagged cereal cargoes):			40. Port Cargo Equipment (operational)		
Day	Hatch	Length	Beam	Draught at port	Number	Capacity	
Bulk					Shore Cranes	Mt	
Bagged					Mobile Cranes	Mt	
Additional information:					Bagging Machines	Mt	
					Silo Facilities	Mt	
					Vacuators	Mt	
					Available Storage	Mt	

41. Stevedoring Cost:		42. Special fees, taxes, dues, concerns, security and additional comments regarding river port operations:				
Bulk	US\$ /					
	US\$ /					
Bagged	US\$ /					
	US\$ /					

**AIRFIELD ASSESSMENT**

43. Give a brief description of the airfield, size, location, average monthly activity, potential weather constraints, (snow, ice, fog, etc.) Provide maps/sketch with coordinates:			44. Contact for air operations (broker, freight-forwarder, etc.):			
			Phone:		Fax:	
45. Name of main airfield:	46. Location and Coordinates:		47. International Airport Yes <input type="checkbox"/> No <input type="checkbox"/>			
			Comments:			
48. Airport details:						
Runway	Length	Availability of:		Airport hours	From	To or
	Width	Customs	Yes <input type="checkbox"/> No <input type="checkbox"/>			

	Surface	Immigration	Yes <input type="checkbox"/> No <input type="checkbox"/>	Potential weather conditions	Select
	Orientation	Storage Capacity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other:	

49. Describe, if any, location and height of obstructions along runways:

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50. Describe, if any, location and height of obstructions in the approach and departure zones:

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51. Provide taxi and parking data (general dimensions, surface, condition, strength, lighting, tie down facilities and markings):

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52. Describe ground movement and taxi access to fuel, maintenance and unloading areas:

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53. Describe navigation aids and support available:

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54. Provide information regarding the aircraft types which can be operated from the airfield, number of aircraft (by type) which can be parked on site and level of sustainable activity:

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55. Provide information regarding security in general:

Inside Terminal

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Outside the Terminal

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56. Confirm availability, location and condition of the following facilities:

Base Operating Room or Building	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:
Control Tower	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Weather Facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cargo Terminal	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cargo Handling Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Loading Ramps	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fire Protection Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Passenger Terminal	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cold room	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pass/Cargo Transport to Airfield	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Aircraft Support Services	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Latrine and Disposal	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Servicing		
De-icing Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ground Power and Starter Units	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fuelling Capacity	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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57. Describe the level of weather forecasting support provided and information flow:

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58. Describe Security conditions, including perimeter strength, location, presence of guards, baggage check/controls, customs and alert procedures:

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59. Secondary Airports

<p>Name:</p> <table style="width: 100%;"> <tr> <td style="width: 10%;">Runway</td> <td style="width: 10%;">Length</td> <td style="width: 10%;">Width</td> <td style="width: 10%;">Surface</td> <td style="width: 10%;">Orientation</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>n</td> </tr> </table>	Runway	Length	Width	Surface	Orientation					n	<p>Name:</p> <table style="width: 100%;"> <tr> <td style="width: 10%;">Runway</td> <td style="width: 10%;">Length</td> <td style="width: 10%;">Width</td> <td style="width: 10%;">Surface</td> <td style="width: 10%;">Orientation</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>n</td> </tr> </table>	Runway	Length	Width	Surface	Orientation					n	<p>Name:</p> <table style="width: 100%;"> <tr> <td style="width: 10%;">Runway</td> <td style="width: 10%;">Length</td> <td style="width: 10%;">Width</td> <td style="width: 10%;">Surface</td> <td style="width: 10%;">Orientation</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>n</td> </tr> </table>	Runway	Length	Width	Surface	Orientation					n
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60. Additional comments related to air passenger and cargo transport and handling:		
61. 1 Principal Government Aviation Traffic Authority: Rank/Title:  Ministry: Address  Phone: Fax:	62. Principal (Aviation) Military and/or Civil Defense Authority: Rank/Title: : Contingent Address:  Phone: Fax:	
<b>ROAD TRANSPORT ASSESSMENT</b>		
63. Give a brief description of the general road conditions (i.e. mountainous, narrow, steep, etc.). Distinguish primary roads, secondary roads and village road/tracks. Indicate the size of cargo transport passable for each of the mentioned conditions and portray potential weather constraints, (i.e. fog, snow rains). Provide a map and/or sketch, indicating major routes, border point, railheads, town-names, bridge locations and capacities, tunnels, overhangs, steep hills (%), river crossing and/or ferries (w/ expected delays) tolls, etc.:	64. Contact for road transport operations (broker, freight-forwarder, etc.)  Phone: Fax:	
65. Local Transport Companies List available road cargo operators: Select Truck Capacity Truck Size(s) 1 Truck size(s) 2 Range Cost per Ton per KM in-US\$ From To Name: Name: Name: Name:		
66. Which type of light (support) vehicles are best suitable for the general road conditions? .1 Select   .2 Select   .3 Select   .4 Select	67. Licensing requirements and procedures:	
68. Are there adequate rental (support) vehicles available? Yes <input type="checkbox"/> No <input type="checkbox"/> Type: Select   Indicative Cost:   US\$ per Select		
69. Border Crossing Points:		
Capacity: Trucks per Select	Driver Support Facilities Yes <input type="checkbox"/> No <input type="checkbox"/>	Inspection Procedures:
Operating hours: From till	Fuel Availability Yes <input type="checkbox"/> No <input type="checkbox"/>	

Comment [a2]: Light

Comment [a3]: Heavy

Frequent congestion? Yes <input type="checkbox"/> No <input type="checkbox"/>	Communication Facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>
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70. List major Transit Points:

Name:	Location:	Describe inspection procedures at Transit Points:
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**RAIL TRANSPORT ASSESSMENT**

71. Give a brief description of the general railroad conditions; track network and operation overview. Indicate significance of movement of cargo, size of cargo by rail, conditions of rail-tracks and rail fleet. Provide map and/or sketch.	72. Contact for railroad transport operations (broker, freight-forwarder, etc.):
	Phone: _____ Fax: _____

73. Rail Track Network:

Describe the overall condition of rail network:

Kilometres of Track by gauge: Number of usable cargo rail-wagons: No of Engines: _____ Average Age: _____ Years	Frequency of rail traffic: Select per Select	Describe the overall reliability of rail transport (on time, availability of suitable wagons, etc.): Describe overall efficiency of rail transport: List seasons when rail transport could become in-operational From: Select To Select Reason:
	Type of existing rail traffic:	
Capacity per cargo train: _____ mt wagons Other:		

**Comment [a4]:** Locomotives

74. List Major Transit Points:

Name:	Location	Rail Wagon Capacity	Rail Siding:	Storage available	Capacity (mt)	Cranes / Capacity (mt)
		Per Select	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Per Select	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Per Select	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Per Select	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Per Select	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

75. Describe procedures at Transit Points:

**STORAGE FACILITIES**

76. Give a brief description of the general warehousing conditions. Indicate the location of main warehousing, availability at entry points, ports, etc., availability of rail siding, skilled warehousing staff, labourers, etc. Provide map and/or sketch of main warehouse locations and strategically located warehousing:	77. Contact for warehousing (owners, freight consolidators, Realtor, etc.):
	Phone: _____ Fax: _____

78. Is UNICEF directly involved? Yes:  No:

Whether answer is 'yes' or 'no', please answer the following questions:

.1 Premises

Location	Type	Condition	Capacity(m2)	Telecommunication	Cold Chain	Security
-	- Select	- Select	-	- Select	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fence <input type="checkbox"/> - Lighting <input type="checkbox"/> - Guards <input type="checkbox"/>
-	- Select	- Select	-	- Select	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fence <input type="checkbox"/> - Lighting <input type="checkbox"/> - Guards <input type="checkbox"/>

-	- Select	- Select	- Select	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fence <input type="checkbox"/> - Lighting <input type="checkbox"/> - Guards <input type="checkbox"/>
-	- Select	- Select	- Select	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fence <input type="checkbox"/> - Lighting <input type="checkbox"/> - Guards <input type="checkbox"/>
-	- Select	- Select	- Select	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fence <input type="checkbox"/> - Lighting <input type="checkbox"/> - Guards <input type="checkbox"/>
-	- Select	- Select	- Select	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fence <input type="checkbox"/> - Lighting <input type="checkbox"/> - Guards <input type="checkbox"/>

.2 Management (referring to the same locations as above)

Location:	Owner:	Managed by:	Yearly Costs in USD (when applicable):		Staffing & Labour	Other (Elect. Insur, security, Phone...)	Present Stock Value (USD)
			Rental	Management & handling fee			
-	- Select	- Select	-	-	-	-	-
-	- Select	- Select	-	-	-	-	-
-	- Select	- Select	-	-	-	-	-
-	- Select	- Select	-	-	-	-	-
-	- Select	- Select	-	-	-	-	-
-	- Select	- Select	-	-	-	-	-

79. List locations with available storage facilities:

Location	Capacity (mt)	Condition Select	Security Select	Cleanliness Select	Skilled Labor Select	Platform Type Select	Refrigeration Yes <input type="checkbox"/> No <input type="checkbox"/>	Other
		Select	Select	Select	Select	Select	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Select	Select	Select	Select	Select	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Select	Select	Select	Select	Select	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Select	Select	Select	Select	Select	Yes <input type="checkbox"/> No <input type="checkbox"/>	

80. Which type of warehouse (i.e. prefab steel, Rubb/Wick Hall, etc.) would be recommended, assuming that there is no warehousing available and why:

81. Describe general rental conditions:

82. Give an indicative rate for warehouse space: US\$ per Select per

83. Give an indicative rate for handling: US\$ per Select

84. Is there any mechanical handling equipment available? Yes  No  If "yes" describe:

85. Are there any pallets available? Yes  No . If "no" can pallets be locally procured? Yes  No . If "yes" for what price? . Delivery time: Select

**COMMUNICATION**

86. Is there a constant and regular supply of power through the country? Yes  No . Explain:

87. Is there an existing telephone network? Yes  No . If "yes" is it reliable? (no of shut-offs per day/week)

88. Is there a GSM (mobile phone) network? Yes  No . If "yes" is it reliable? Are SIM cards easily obtainable?

89. Is there an ISP (Internet Service Provider)? Yes  No . If "yes" is it government owned or private? What are the approximate rates? Per

90. Can Communication equipment (i.e. satellite and radio) be imported? Yes  No . If "yes" What are the regulations? List any restrictions:

91. What other UN-Agencies are having communication systems established and to what extent? Can UNICEF tap into these resources? Name Contact:

92. List any requirements for technical staff entering the country (i.e. visa, vaccination, Security Phase, etc.):

93. List names, rank, organization, address, phone and fax noose of authorities concerned with each of the above:

94. Additional information relevant to the establishment or enhancement of emergency communication systems:

<b>COSTUMS</b>	
95. Describe the national system for customs:	
.1 Is there a efficient custom system? Yes <input type="checkbox"/> No <input type="checkbox"/>	
.2 Are UNICEF programs exempts of import duties? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, is it on a case by case or on a annual base or following the MPO? Select	
.3 Are goods subjected to pre shipment inspection before arrival? Yes <input type="checkbox"/> No <input type="checkbox"/>	
.4 Does the country has a National tariff codification book? Yes <input type="checkbox"/> No <input type="checkbox"/>	
.5 How many port of entry are equipped with customs facilities for goods? Describe:	
.6 Is it easy to re-export goods already in the country? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:	
96. Describe Customs procedures for cargo clearance at entry points	
97. Describe Customs procedures for transit goods	
98. Estimate duration for cargo custom clearance and cost: US\$ per	
.17 What are the handling charges for loading/off-loading of trucks? US\$ / MT	
99. Additional information or comments:	
<b>ADDITIONAL COMMENTS AND RECOMMENDATIONS:</b>	
<p>Note: Update information regularly and establish and maintain contact with relevant authorities and other resident UN agencies.</p>	