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## Appendix 1 – Medical Questionnaire

Date: \_\_\_\_\_

### Personal Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_

Fax number: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Next of Kin

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/fax: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Passport Details

Nationality: \_\_\_\_\_

Passport number: \_\_\_\_\_

Place of issue: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Date of expiry: \_\_\_\_\_

### Medical details

#### GP Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/fax: \_\_\_\_\_

Current medical problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past medical problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past psychiatric history: \_\_\_\_\_

Current medication: \_\_\_\_\_

Allergies (drugs, food,  
environmental): \_\_\_\_\_

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Immunisations (with dates):

Diphtheria	_____
Polio	_____
Tetanus	_____
Hepatitis A	_____
Hepatitis B	_____
Meningococcal meningitis	_____
Rabies	_____
Tuberculosis (BCG)	_____
Typhoid	_____
Yellow fever	_____

Blood group:	_____
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Swimming ability (At least 100m in clothing)	_____
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## Appendix 2 – Medical Kit Listing

ITEM USE

### Medication

Malarone	Malaria treatment
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Amoxicillin	Common penicillin
Ciprofloxacin	Broad antibiotic - salmonella, gut, respiratory, skin, and urinary infections
Erythromycin	Penicillin substitute for Emilie!
Chloramphenicol ointment	Eye infections

Aspirin	Pain and fever relief
Paracetamol	Pain and fever relief
Ibuprofen	Pain and anti-inflammatory
Eye bath pods	For cleaning eyes

Throat lozenges	Throat and mouth infections
Chlorphenamine (Piriton)	Antihistamine - hayfever, insects bites/stings, rashes and itching
Dioralyte	Oral rehydration powder - diarrhoea and heat exhaustion
Laxative	Senna-based (fast acting)
Loperamide - Imodium/Arret	Diarrhoea treatment - intensive
Prochlorperazine (Stemetil)	Anti-sickness/nausea and vertigo

Haemorrhoid cream	Haemorrhoids
Calamine based cream (Benadryl)	Sunburn and skin irritation
Aloe Vera gel	Sunburn
Betnesol-N drops	Ear drops for treatment of ear infections
Canesten cream	Fungal skin infections (especially in genital area)
E45 cream	Treatment for dry skin
Flamazine/Bactroban cream	Skin infections and second/third degree burns
Malathion lotion	Body lice and scabies

Antiseptic cream	Treatment of minor cuts and grazes
Savlon concentrate	Antiseptic solution for cleaning wounds
Vaseline	Brings out burrowing maggots

### Dressings

Adhesive plasters - waterproof and normal	Various sizes
Cotton wool	
Cotton buds	
Crepe bandages	
Vaseline gauze	Covering open grazes and burns where there



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	is skin loss
Triangular bandages	
Non-adhesive Melolin dressings	
Adhesive tape (micropore)	
Steristrips	
Eye dressing	
Flourescein eye test strips	Enables foreign bodies in the eye to be seen more clearly
Tubigrip	Sprained ankles/wrists etc
Blister packs e.g. Compede	

#### Hardware

Tweezers	
Mini torch	
Scissors	
Paper clip	
Plastic bags	
Safety pins	
Thermometer (not mercury)	
Foil blanket	To keep patients warm
Sterile gloves	

#### Personal Medkit lists

Paracetamol	Headache and pain relief
Adhesive plasters	Minor wounds
Antiseptic wipes	Wound cleaning
Blister kit	Blister protection
Antihistamine cream	Allergy and itch relief
Piriton	Antihistamine tablets
Insect repellent	Protection from biting and stinging insects
Sun block	Sun protection
After sun lotion	For after sun exposure
Lip salve with SPF	Sun protection for lips and to prevent dryness
Iodine solution	Water purification
Puritabs	Water purification
Betadine antiseptic paint	For cleaning wounds
Dioralyte	Rehydration powder
Imodium	Against diarrhoea
Foot powder	
Water purifying tablets	
Antimalarial tablets	Malaria prevention
Personal Medication	N/A

#### Paperwork

Confidential medical records  
Medical notebook for treatment histories  
List of contents of medical kits and quantities  
Instructions for use of dressings and drugs

## Appendix 3 – Risk Assessment

Each risk is a product of likelihood of occurrence (low, medium, high) and severity of impact (low, medium, high), which permits a degree of risk management through their prioritisation.

Area	Hazard	Detail	Control Measure	Reaction Measure
Team	Pre-expedition health	Prev and existing medical conditions	High levels of communication to ensure medical officer aware of any conditions and guarantee a sufficient supply of any necessary medications	Treatment by medical officer or transport to nearest medical facility
Team	Fitness		Pre-expedition training plan to bring team members up to necessary fitness levels	n/a
Team	Attitude and Behaviour	Bullying, drunken behaviour, consideration for others	High levels of communication in order to resolve any problems as soon as they arise, careful team selection, limited access to alcohol whilst in the field, group discussion, if necessary disciplinary action of team members up to and including being sent home	If necessary disciplinary action up to and including being sent home
Team	Experience and Training	Expedition, scientific and medical experience	Pre-expedition training sessions on all aspects	Hands on lessons in the field
Team	Personal Equipment		Pre-expedition briefing on kit list and appropriate use/maintenance of kit	Repair of article if possible or dispose of it.
Environment	Weather - Climate	Heat, humidity and excessive rainfall	Adequate preparation in terms of suitable equipment for all potential situations	Treatment by medical officer or transport to nearest medical facility
Environment	Weather - Flooding	General camp flood, flash flood	Awareness of physical location and flood likelihood	Move to higher ground, be patient, emergency rescue if necessary
Environment	Weather - Earthquake	Building collapse, mud slide	Briefing on earthquake drill, care over accommodation sites (inc risk of deadfall)	Treatment by medical officer or transport to nearest medical facility
Environment	Flora	Deadfall, stinging/sharp plants, fruits and berries	Briefing on dangerous flora in pre-expedition training	Treatment by medical officer or transport to nearest medical facility
Environment	Fauna	Stinging insects, biting insects, burrowing insects, wild	Briefing on dangerous fauna in pre-expedition training	Treatment by medical officer or transport to nearest medical facility

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		animals, domestic animals, soil/microscopic organisms, leeches, snakes		
Health	Endemic Diseases	Dengue, yellow fever	Pre-expedition yellow fever inoculations and preventative measures whilst in the field, e.g. insect repellent. Ensure that team can recognise dengue	Transport to nearest medical facility
Health	Malaria		Malarial tablets to be taken for duration of expedition and appropriate length of time before and after expedition, Preventative measures whilst in field	Transport to nearest medical facility, possible transport home
Health	Polluted Water	Water-borne disease, other pollutants	Water purifying tablets/bottle, drinking bottled water when possible, boiling water before use.	Treatment by medical officer or transport to nearest medical facility
Health	Contaminated Food	Weevils, insects, gone-off	Careful storage of food, only buying food from recognised vendors	Treatment by medical officer or transport to nearest medical facility
Health	Open Wounds	Infection by insects, bacteria, fungus	Keeping the wound clean, dry, and well protected with aid of medical officer.	Treatment by medical officer or transport to nearest medical facility
Health	Acclimatisation		Pre-expedition briefing on what to expect in new surroundings	Spend time in the field acclimatising to new environment before start of work
Health	Alcohol and drug abuse		Limited access to alcohol whilst in the field and a strict policy on illegal; drugs and other substances.	If necessary disciplinary action up to and including being sent home
Health	Psychological	Jungle-fever, depression, team rupture	High levels of team communication and careful monitoring of the mental health of fellow team members, consideration for others.	Treatment by medical officer or transport to nearest medical facility
National Culture	Political Climate	Political uprising, national conflict	Monitoring of political situation pre-expedition, registering with the British Embassy in Lima	Withdrawal to safer areas and if necessary, transport home

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National Culture	Attitudes to foreigners	National attitude to westerners	Pre-expedition briefing of national cultures in order to prevent causing offence unintentionally, consideration for locals at all times	Withdrawal to safer areas
National Culture	Cultural differences		Pre-expedition briefing of national cultures in order to prevent causing offence unintentionally, consideration for locals at all times	Withdrawal to safer areas
National Culture	Language barrier	Spanish	Pre-expedition lessons of basic Spanish for all team members, one team member will have fluency in Spanish, translators when appropriate	Use of interpreters or ACPC staff
National Culture	Criminal activities	Illegal drugs and crime	Awareness of situation and practising caution in unknown areas	Withdrawal to safer areas
Local Population	Attitudes to foreigners	Local attitude to westerners	Pre-expedition briefing of local cultures in order to prevent causing offence unintentionally, consideration for locals at all times	Withdrawal to safer areas
Local Population	Cultural differences		Pre-expedition briefing of local cultures in order to prevent causing offence unintentionally, consideration for locals at all times	Withdrawal to safer areas
Local Population	Language barrier	Ashaninka	Translators when appropriate	Learn language whilst in the field, use an interpreter
Local Population	Local dangers	Local conflict, drug trade	Registering with British Embassy, use of ACPC as a source of local knowledge, CART/CARE radio networks, use of local ACPC-recommended guides, carrying emergency communication equipment	Withdrawal to safer areas, contact ACPC/British Embassy
Expedition Activity	River crossing	River's may be in spate making them difficult and/or dangerous to cross	Awareness of weather conditions and try to plan crossings at safest times, practising high levels of caution at all times when crossing rivers, following ML guidelines to cross	Wait until river is safer to cross if river is in spate, call for help if necessary
Expedition Activity	Scientific fieldwork	Contact with potentially poisonous	Pre-expedition briefing on best practice, protective gloves, careful washing after handling	Treatment by medical officer or transport to nearest medical facility

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		creatures	frogs	
Expedition Activity	Scientific fieldwork	Getting lost whilst working at night	Use of headtorches and backup torch, working in pairs, briefing on separation procedure, visit areas by day first, marking potential dangers with reflective tape	Follow separation procedures, request emergency help to find missing team member
Expedition Activity	Equipment failure		Thorough maintenance of all equipment at all times	Purchase/rent new equipment or substitute if possible with other pieces of equipment
Expedition Activity	Inappropriate use	Inappropriate use of equipment leading to injury or death	Pre-expedition training of correct methods of using equipment, ensuring correct usage of equipment at all times by keeping an eye on other team members using potentially dangerous equipment.	Treatment by medical officer or transport to nearest medical facility, if necessary disciplinary action
Expedition Activity	Trekking	Getting lost, dangers on steep ground	Careful approach: hiring ACPC recommended guides, using waterways as navigation aids, multiple forms of navigation (compass/GPS), reducing exposure to tiredness and risk, agreed procedures	Treatment by medical officer if necessary, self-rescue procedures, use sat phone
Expedition Activity	Separation from team	Long term separation from group leading to disorientation and loss of team, lack of emergency aid	Consistent communication between team members whilst in the field as to personal movements, ensure everyone carries a whistle/compass and knows the agreed procedures	Request emergency help to find missing team member
Expedition Activity	Travel between sites		Travel by recognised routes and travel providers	Request emergency help to find missing team member
Travel to project area	Air travel		Travel by recognised routes and travel providers	Ensure insurance covers all travel
Travel to project area	Customs	Refusal of entry into the country, or long term delays leading to missing connections for onward travel	Ensuring before travel that all travel documents are in correct order, carrying copies	Find alternative travel arrangements, transport home for team member if necessary

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Travel to project area	Vehicular travel	Bus, taxi, motorbike, pedal bike	Travel by recognised routes and travel providers	Treatment by medical officer or transport to nearest medical facility
Travel to project area	Separation from team	Travel to incorrect location or causing delay of onward travel	Consistent communication between team members as to personal movements.	Find alternative travel arrangements
Travel to project area	Water travel	Boats and canoes	Travel by recognised routes and travel providers that carry life-jackets and use when maintained equipment, ACPC have two boats that ought to be used in the first instance	Treatment by medical officer or transport to nearest medical facility
Travel to project area	Accommodation and food	Unsanitary conditions in hostels and badly cooked/prepared food in restaurants	Only stay in and eat at recognised/recommended hostels/restaurants	Treatment by medical officer or transport to nearest medical facility
Camp Life	Cooking	Danger of cooking device, e.g. flames	Ensure all cooking is done in safe area away from equipment	Treatment by medical officer or transport to nearest medical facility
Camp Life	Accommodation	Level of protection offered by accommodation and danger of equipment failure	Careful choice of accommodation site using local knowledge where possible	Treatment by medical officer or transport to nearest medical facility, make alternative arrangements for accommodation if necessary
Camp Life	Leisure activities	e.g. climbing trees, swimming, walking	Consistent communication between team members as to personal movements, exercise common sense when carrying out leisure activities	Treatment by medical officer or transport to nearest medical facility
Camp Life	Camp hygiene	Unsanitary conditions including latrines	Maintain high levels of good hygiene at all times.	Treatment by medical officer or transport to nearest medical facility
Camp Life	Food	Incorrectly cooked/prepared food	Thorough cooking, washing and, if appropriate, peeling of all foodstuffs before consumption.	Treatment by medical officer or transport to nearest medical facility
Camp Life	Personal hygiene	Danger of infection	Maintain high levels of good hygiene at all times.	Treatment by medical officer or transport to nearest medical facility

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Camp Life	Ext communicati on failure	Failure of CART/CARE radio link	Check that villages radio equipment is working	Use sat phone to contact ACPC field base in Satipo
Camp Life	Ext communicati on failure	Failure of sat phone	Continual checks on the state of the equipment to ensure that all is in working order should it be required	Have ACPC activate emergency procedures if should have returned to village but have not sent radio message



## **Appendix 4 - Crisis Management Plan**

Our Risk Assessment is a statement of the hazards that have the potential to cause harm and an indication of how likely the hazard is to happen, with the product of these factors being an indication of risk. For each identified hazard we have included 'Control' measures, designed to minimize the likelihood of occurrence, and 'Reaction' measures that we take upon occurrence. This document expands the Reaction Measures described in the Risk Assessment. The RGS<sup>1</sup> states that the key to Crisis Management is:

- To put in place planning systems and measures which help to recognise a crisis in the making
- To prevent one from happening in the first place
- To effectively handle a crisis if one does occur

### ***1 - Recognising a Crisis in the Making***

Central to this is our development of the Risk Assessment. Because every team member has been involved they are aware of potential hazards and are better able to identify a crisis in the making. Our Peruvian counterparts will be fully briefed before we start the fieldwork phases. We will have a safety briefing/discussion each morning to review potential hazards for that day and how we can minimise the risk. Good communication is important to recognising a crisis in the making, and our small team will help to ensure that everyone is fully aware of a rapidly evolving situation. We will be in regular contact with the ACPC fieldbase in Satipo to ensure that we are aware of a changing local environment, either political or weather.

### ***2 - Preventing a Crisis from happening in the first place***

Again the Risk Assessment and daily briefings are important. Because we are following the precautionary principle and Trekforce safety guidelines the primary factor in any decision will be that of safety of the team. Proper acclimatisation and training briefings will mitigate much of the internal risks. The time required for these activities is included in our time plan. We will be personally visiting the British Embassy, ACPC fieldbase, Satipo hospital and army helicopter base to establish relations and agree on emergency plans. External hazards are harder to minimise but proper information flows through regular contact with Britain and Satipo will enable us to adjust our plans whilst in the field according to any unforeseen events.

Because we will be mobile whilst in the field it will be essential to maintain a current CasEvac plan. Most notable will be identifying potential helicopter landing sites (HLS). Some of the Ashaninka villages contain airstrips which would be suitable. Their community areas will also most likely contain suitable HLSs. The steep ground that protects the Communal Reserve will not contain any HLSs. The plateau is more likely to, for example Parijaro Waterfall is known to contain a rough airstrip suitable for use as an HLS. The decision to either stretch or raft a casualty out will be made on the basis of a nearest HLS.

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<sup>1</sup> RGS Expedition Handbook, 2003

### ***3 - Handling a Crisis Effectively***

The RGS advocates worse-case planning and using the following 8-step process as a framework on which to base a Crisis Management plan:

1. Immediate care of a casualty/ies and other involved parties
  - First Aid training completed by all members
  - Relevant briefings (Tropical disease, Dehydration) given by Medical Officer
2. Evacuation to relevant medical care
  - Walk-out if one or more mobile casualties. The team is large enough to cope with the distributing the kit load over the non-injured members
  - Stretcher carry (improvised from a hammock and pole) if one immobilised casualty (8 people in stretcher carrying team). May involve rafting
  - Army helicopter extraction from HLS
  - 'Wings of Hope' NGO aircraft service flying mainly from Cutivireni and Atalaya but five other landing strips exist
3. Revision of expedition logistics/objectives
  - Due to small team we would probably all evacuate upon crisis. However, helicopters generally have carrying capacity of four and aircraft of six so may be forced to split team, and send the party on the ground back to an Ashaninka community
4. Communication with interested parties at home and overseas
  - Satellite phone in field
  - Radio network in Ashaninka communities
  - Telephone in Satipo
5. Monitoring of casualty/ies in care
  - Satipo hospital is a large facility, and our Medical Officer will be able to stay in Satipo (most probably ACPC fieldbase)
6. Liaison with families/close relatives
  - Communication as above via home agent
7. Liaison with insurers/assistance agencies
  - Call direct from Peru
8. Follow-up and review
  - Immediate review as a team
  - Medical Review in Expedition Report

Our CasEvac planning contains a worse case scenario of multiple emergency immobilisations (for example badly broken legs) whilst at a survey site, thus precluding (due to a lack of manpower) a stretcher evacuation. In this case we would send one of the guides back to the closest Ashaninka village to ask for assistance to move the casualties to the nearest pre-identified HLS, if helicopter support is available (ascertained via satellite phone call to Satipo hospital). Failing this we would evacuate back to the main river system and nearest aircraft landing strip for evacuation by 'Wings of Hope.' From the hospital we can continue manage the crisis by notifying relevant parties and organising further treatment as necessary.

### ***Additional Information***

#### **Medical Umbrella**

All British team members will have basic first aid training and the Medical Officer 'Wilderness Medical Training'. We will run a series of briefings and exercises both pre-expedition and upon arrival, during the acclimatisation period. The nearest hospital is in Satipo, but there are many village health clinics in the area (including Cutivireni and Atalaya), with doctors who attend the Ashaninka communities in the rivers Perene, Ene and Tambo, where we are going to be. The hospital in Satipo is open 24 hours and serves a population of

around 40000. It has a communication centre with telephones, Internet and radio transmitter/receptor of VHF, ambulances, stocks of blood and anti-venom, and an anti-malaria unit. There is an airbase in Satipo and a military one in Mazamari, with helicopters that can be used for health purposes in case of an emergency. An NGO called 'Wings of Hope' run a flight service between Satipo and the two river valleys.

## **Communications**

Our primary link to both the UK and ACPC fieldbase in Satipo whilst away from community areas will be a satellite phone. Matt has experience of using both Iridium and Immersat services whilst in the rainforest environment. It will be important to train the rest of the team in the use of the phone. The phone will be kept in a Pelican case with silica gel for protection. We do not envisage requiring a recharger.

Our secondary link will be the Ashaninka radio network installed recently to all CART and CARE communities. It was installed to allow messages to propagate from the Upper Ene and Apurimac community areas. The ACPC fieldbase in Satipo and Satipo hospital are part of the network. Whilst in community areas we would have access to it.

The communications protocol entails contact with the home agent once a fortnight, and with ACPC fieldbase once a week. This is expected to be straightforward whilst in the community areas, but whilst in the Communal Reserve it is likely that regular communications will be impossible, if for example the survey site is in dense rainforest or on steep terrain. Therefore 'lost communications' procedure will only be initiated if the team has not communicated with either the home agent or ACPC fieldbase within one day of the stated return date to a community area post-survey. This is reasonable because most of the risk will be incurred whilst in transit. If a crisis develops during an insertion to a survey site then communications would be made as part of the emergency evacuation. If a crisis develops whilst returning from a survey site then again communications would again be made quickly. The relatively static nature of the survey work means relatively less risk would be incurred whilst communication was difficult. Additionally, this static nature provides an opportunity to find a reliable communications site during a survey phase.

The lost communications procedure is initiated by ACPC fieldbase and involves contacting (via the Ashaninka radio network) the community from which the team departed and initiated a search party. If the situation becomes more urgent ACPC would be able to call on 'Wings of Hope' to fly over our expected area. Because we are working on what is effectively a slope that leads to the river system the risk of the team getting lost is low.

## **Insurance**

The insurance cover will cover emergency evacuation by helicopter and if necessary transport home. We also hope that it will cover flying in fresh and validated blood supplies if necessary. We are in discussion with AON for their expedition-level insurance cover.

### **Legal Considerations**

The Wilderness Medical Training covers legal issues on the medical side. We will develop a set of legal considerations resulting from this, and also any other non-medical legal issues.

## **Contacts**

All team members will carry a list of contact information for:

- The home agent [Fleur Pelly]
- The host country contact [Ivan Brehaut/ACPC HQ Lima - +51 1 4216197]
- British Embassy [+51 1 6173000]
- ACPC fieldbase in Satipo
- Satipo hospital
- Peruvian army

- Insurance company

### **Sharing Experience**

The Expedition Leader has been on a 'gap-year' style expedition organised by Trekforce. The Leaders on such expeditions have great experience in tropical environments and with group dynamics in crisis situations, and were able to offer general advice that is summarised as follows:

- Water is crucial in any tropical environment, and can be a forgotten factor in a crisis, for example when organising a team for a stretcher carry, someone must be carry group water supplies
- An important issue when dealing with a crisis is dealing with shock, both with the casualty and potentially other members of the team, including the leader. It is crucial for the leader to consult on the issue with a trusted member of the team before making a decision during a crisis
- Talk to the team immediately and offer a plan, ask for support and show confidence in a positive outcome
- Have several planned options in detail, but keep an eye on the big picture
- Let all the team members involved in the crisis participate in the solution
- Be patient, since sometimes the best course of action is to do nothing but watch and wait, for example crossing a rising river

A venture to a new environment has an inherent level of uncertainty, so it is important to ask for advice and information from a variety of sources. We will be consulting with the British Embassy, Satipo hospital, Peruvian army, ACPC and the Ashaninka upon arrival to further develop and then confirm the Crisis Management planning.

## Appendix 5 – The Ashaninka Language

Since the dialect varies from the Rio Tambo communities to the Rio Ene communities examples from all variants heard are given.

English	Ashaninka (emphasis in bold italics)
<b>Greetings</b>	
Good morning	Kitt <sup>í</sup> piri (accented i is long as in “tie”) Kitt <sup>í</sup> iteri Tittiri
Good afternoon (noon time)	Chinteri
Good afternoon	<b>Shabini</b>
Good evening	Chiteniri
Phrases	
What is your name?/ My name is...	<b>Howca pahitari</b>
What is his/his name?	<b>Howca ihitari</b>
Where are you going?	<b>Howca pihateri</b>
I’m going/leaving	Hatahana
I want ...	No <b>quempi</b> ...
Yes	<b>Iro</b> <b>Aari</b>
No	Te/De (a soft “t”)
Thank you	Pasonqui
I like it (food)	Pusheni
I don’t want	Te noncoye
Descriptions	
Good/Pretty	<b>Cametsa</b>
Pretty/Beautiful(in looks)	Ochiti
Tasty/Delicious	Poshini
Drunk	Shinkitaka
<b>People</b>	
Man	Shirampari
Woman	Shinani/ Chinani
Child	<b>Hanika</b>
Children	Irihanika
Others (other people including Ashaninka)	Pashini
<b>Nouns</b>	
House	Pankotsi
Farm	Chakarate
Wood	Chichi hempeki
Fire	Tsitsi

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Rock	<i><b>Mapi</b></i>
Water	Niha
Yucca	Kaniri
Achiote	Potsoti
Masato	Pier <i><b>enchi</b></i>
Dog	Ochit <i>i</i>
Spider	<i><b>Heto</b></i>
Cat	<i><b>Mishi</b></i>
Tiger	Manit <i>i</i>
Chicken	<i><b>Gapa</b></i>
Toad	Mashero
Frog	Pirinto
Fish	Shema
Beads	Nanketchiqui
Ashaninka woven bag	Sarato
Willy	Nochib <i>i</i>
Bum	Petog <i>i</i> (“tog” is ‘spat’; g sounds like k)
<b>Numbers</b>	
1	Apar <i>o</i>
2	Apit <i>e</i>
3	<i><b>Maba</b></i> (Mava)
4	Otchipasat <i>i</i>
5	Appapakur <i>o</i>

## Appendix 6 – Frog Sample Table

Family	Species	Sample Number	Site	Location
ACANTHACEAE	Acanthaceae 1	5	Coriteni	TrA
	Acanthaceae 1	54	Coriteni	TrA
	Acanthaceae 2	9	Coriteni	
	Acanthaceae 3	10	Coriteni	
	Acanthaceae 4	28	Coriteni	
	Dicliptera sp	13	Coriteni	TrA
	Dicliptera sp	40	Coriteni	
	Justicia appendiculata	16	Coriteni	TrB
	Ruellia glischrocalyx	34	Coriteni	
	Ruellia glischrocalyx	50	Coriteni	TrB
	Ruellia haenkeana	12	Coriteni	
	Ruellia sp1	2	Coriteni	TrA
	Ruellia sp2	3	Coriteni	S
	Ruellia sp3	21	Coriteni	
	Ruellia yurimaguensis	64	Coriteni	C
	Sanchezia habra	6	Coriteni	S
	Sanchezia stenantha	7	Coriteni	
AMARYLLIDACEAE	Eucharis sp	8	Coriteni	
ANNONACEAE	Annonaceae 1	41	Coriteni	
	Guatteria sp1	18	Coriteni	
	Guatteria sp2	20	Coriteni	
	Guatteria sp3	24	Coriteni	
	Guatteria sp4	56	Coriteni	TrB
APOCYNACEAE	Apocynaceae 1	23	Coriteni	TrB
ARACEAE	Anthurium sp1	26	Coriteni	
	Anthurium sp2	44	Coriteni	
	Monstera sp	31	Coriteni	
ARECACEAE	Geonoma sp1	14	Coriteni	
	Geonoma sp2	55	Coriteni	
ASTERACEAE	Eirmorcephala brachiata	76	Cutivireni	P
	Jungia amplistipuala	81	Cutivireni	P
	Liabum acuminatum	68	Cutivireni	P
	Liabum amplexicaule	36	Coriteni	
	Vernonia sp	49	Coriteni	TrB
BEGONIACEAE	Begonia sp	32	Coriteni	
	Begonia sp	62	Coriteni	S
BORAGINACEAE	Tournefortia sp	79	Cutivireni	P
BROMELIACEAE	Aechmea sp	17	Coriteni	
CAPPARIDACEAE	Capparis sola	51	Coriteni	TrB

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	Cleome sp	80	Cutivireni	P
CLUSIACEAE	Chrysochlamis sp	53	Coriteni	
COMMELINACEAE	Tradescantia zanonina	38	Coriteni	
CYCLANTHACEAE	Asplundia sp	65	Coriteni	S
CYPERACEAE	Kyllinga sp	78	Cutivireni	P
EUPHORBIACEAE	Acalypha sp	82	Cutivireni	P
	Euphorbiaceae 1	48	Coriteni	TrB
FABACEAE	Crotalaria nitens	72	Cutivireni	P
	Erythrina sp	11	Coriteni	
	Inga nobilis	25	Coriteni	
FLACOURTIACEAE	Mayna odorata	42	Coriteni	
	Mayna odorata	52	Coriteni	TrB
GESNERIACEAE	Besleria variabilis	75	Cutivireni	P
	Gloxynia sylvatica	74	Cutivireni	P
HELICONIACEAE	Heliconia sp	57	Coriteni	
ICACINACEAE	Citronella incarum	27	Coriteni	S
LAMIACEAE	Scutellaria aurata	22	Coriteni	
LAURACEAE	Ocotea sp	63	Coriteni	S
LOGANIACEAE	Strychnos tarapotensis	39	Coriteni	
LYTHRACEAE	Cuphea sp	70	Cutivireni	P
MALVACEAE	Pavonia sp	29	Coriteni	TrA
MELASTOMATACEAE	Aciotis sp	59	Coriteni	TrB
MELIACEAE	Guarea sp	46	Coriteni	
MONIMIACEAE	Siparuna sp	60	Coriteni	S
MYRTACEAE	Myrtaceae 1	43	Coriteni	
ORCHIDACEAE	Sobralia sp	67	Cutivireni	P
PIPERACEAE	Piper sp	15	Coriteni	
POACEAE	Poaceae 1	73	Cutivireni	P
PTERIDOPHYTA	Equisetum bogotensis	71	Cutivireni	P
RUBIACEAE	Manettia sp	66	Cutivireni	P
	Psychotria sp	19	Coriteni	
	Psychotria sp	33	Coriteni	
RUTACEAE	Rutaceae 1	4	Coriteni	TrB
SOLANACEAE	Lycianthes sp	47	Coriteni	
	Solanaceae 1	77	Cutivireni	P
	Solanum sp	30	Coriteni	
THEOPHRASTACEAE	Clavija sp	1	Coriteni	TrA
	No. of identifiable samples	75		TrA : Transect A
				TrB : Transect B
	Total Families	38		P : Parijaro
	Total Species	70		S : By stream



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	identified to family	11		C : Camp
	identified to genus	39		
	identified to species	20		

## Appendix 7 – Species List

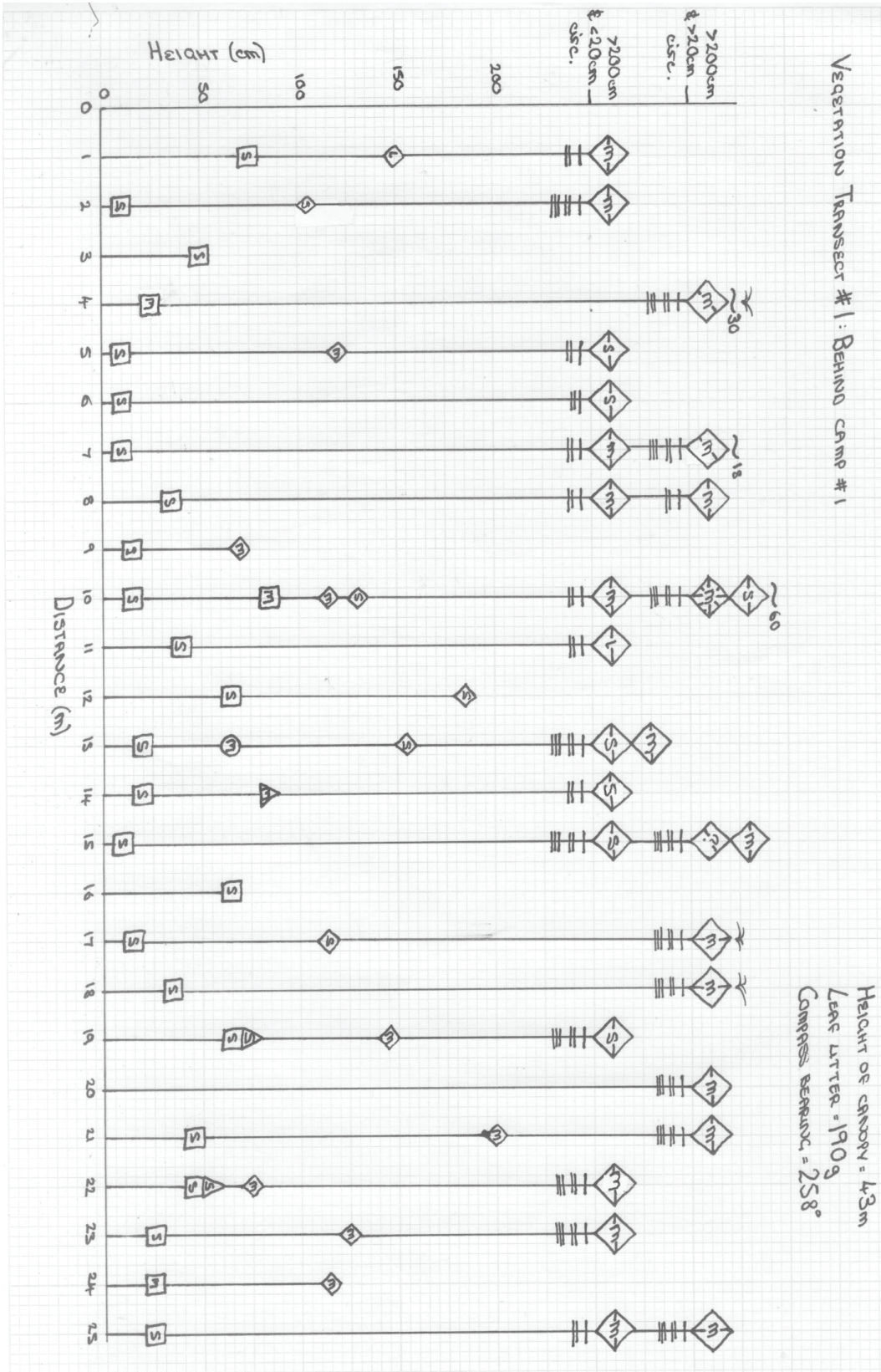
Species List with vouchner specimen numbers		(currently kept in the Museo de Historia Natural de la Universidad de San Marcos)
Species	Tambo/Ene?	Specimen numbers
ANURA		
Bufonidae		
Bufo marinus	T/E	EMM171, EMM172, EMM173
Bufo gr. typhonius	T	EMM114, EMM142, EMM143, EMM144, EMM151, EMM152, EMM153, EMM163
Dendrobatidae		
Allobates femoralis	T	EMM116, EMM139
Epipedobates haneli	T	EMM119, EMM149
Epipedobates macero	T	EMM110, EMM128
Centrolenidae		
Cochranella nov. sp.	E	EMM183
Hylidae		
Juvenile hylidae sp.	T/E	EMM129, EMM157, EMM158, EMM159, EMM179
Osteocephalus nov. sp.	T	EMM109, EMM131, EMM146, EMM147, EMM148, EMM156
Osteocephalus sp.	T/E	EMM168, EMM176, EMM180, EMM181, EMM196
Phyllomedusa camba	T	EMM126
Leptodactylidae		
Eleutherodactylus cf. altamazonicus	T	EMM113, EMM134, EMM140
Eleutherodactylus altamazonicus	T	EMM117, EMM122, EMM135, EMM138, EMM154, EMM155, EMM160, EMM161, EMM162
Eleutherodactylus bokermani (tbc)	E	JRL040, JRL045, JRL046
Eleutherodactylus fenestratus	T	EMM169, EMM170
Eleutherodactylus cf. martinae	T	EMM133
Eleutherodactylus cf.	T/E	EMM132, EMM177

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ockendeni (tbc)		
Eleutherodactylus peruvianus	T/E	EMM130, EMM137, EMM145, EMM150, EMM190
Eleutherodactylus cf. peruvianus	T	EMM108, EMM125
Eleutherodactylus cf. variabilis	E	EMM182
Eleutherodactylus cf. vilarsi	T	EMM127
Eleutherodactylus sp. (tbc)	T/E	EMM107, EMM121, EMM136, EMM141, EMM174, EMM178, EMM191, EMM194, JRL043, JRL044, JRL047, JRL049
Ischnocnema saxitilis	T/E	EMM111, EMM112, EMM118, EMM120, EMM123, EMM175, EMM184, EMM195, JRL038
Microhylidae		
Hamptophryne boliviana	T	EMM115
SAURIA		
Gekkonidae		
Gonatodes humeralis	T/E	JRL020, JRL021, JRL028, JRL029
Gymnophthalmidae		
Neusticurus ecpleopus	T/E	JRL017, JRL018, JRL019, JRL031
Polychrotidae		
Anolis fuscauratus	T/E	JRL023, JRL024, JRL032, JRL034, JRL035, JRL036, JRL039
Teiidae		
Kentropix altamazonica	E	JRL026, JRL027, JRL030, JRL033, JRL041, JRL042
SERPENTES		
Colubridae		
Clelia clelia	T/E	No sample
Leptodeira annulata	T	EMM124
Leptotyphlopidae		
Leptotyphlops sp	T	EMM106

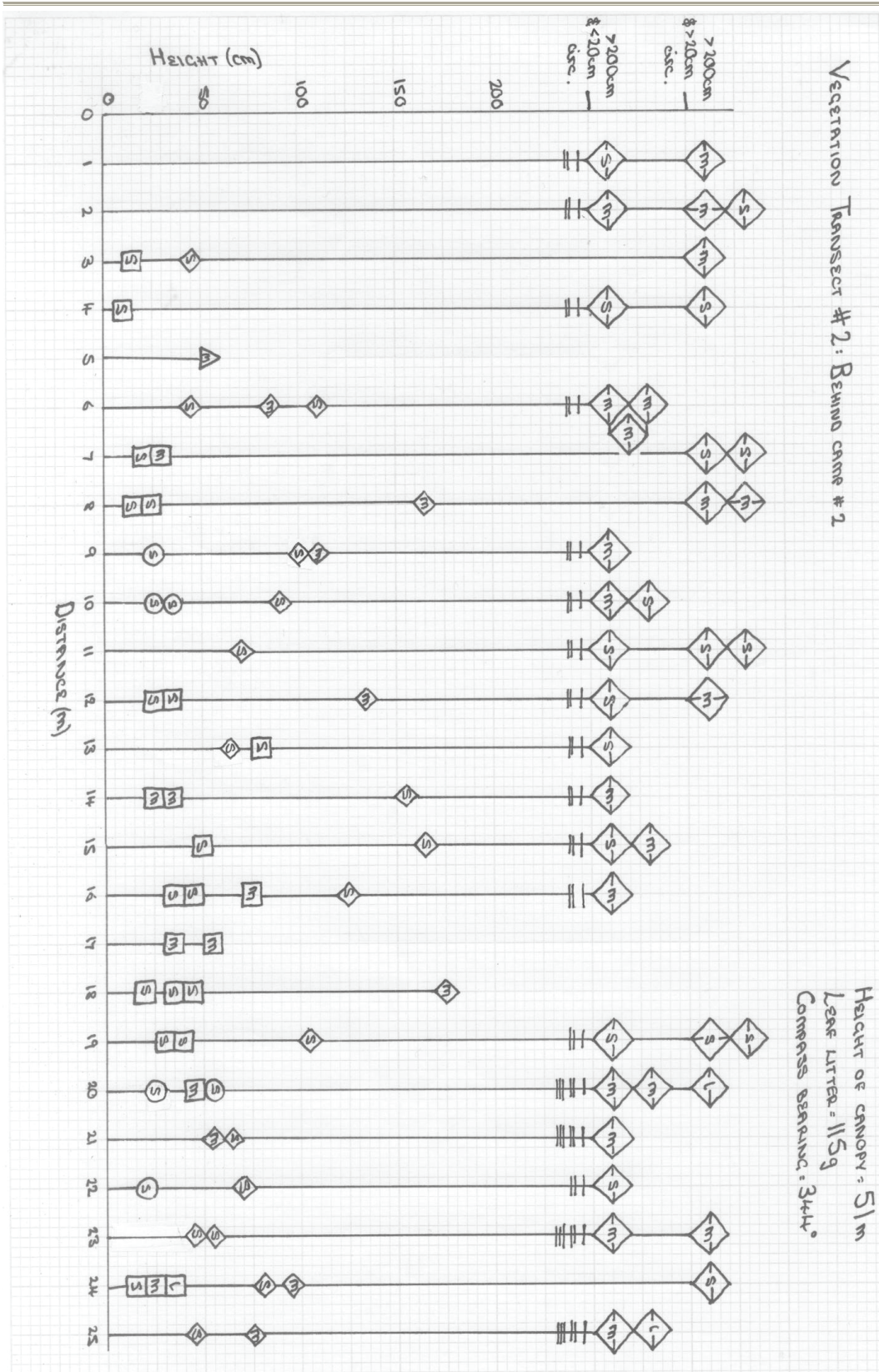
## Appendix 8 – Field Work Diagrams

### Schematic Diagrams of Vegetation Transects

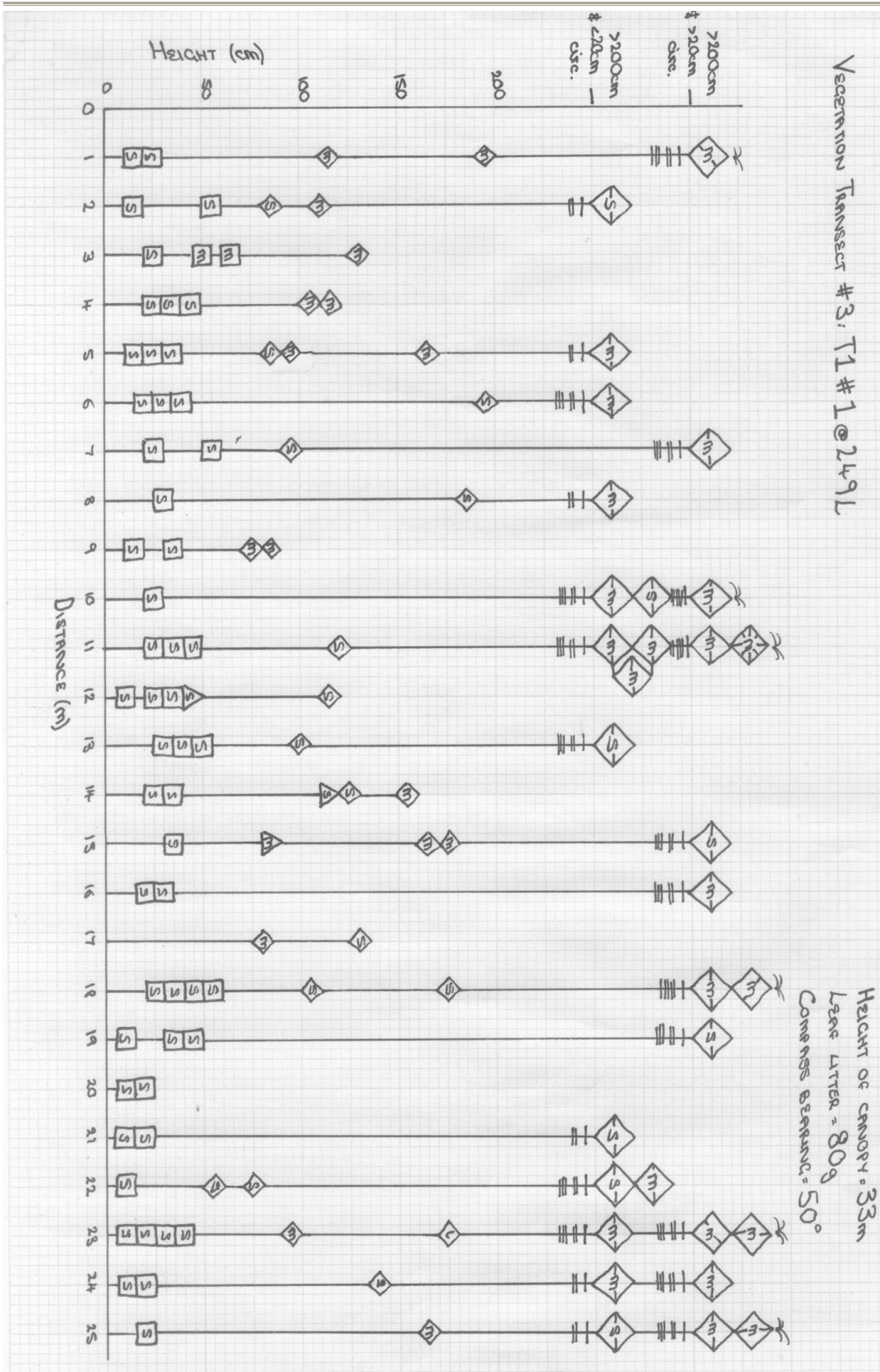




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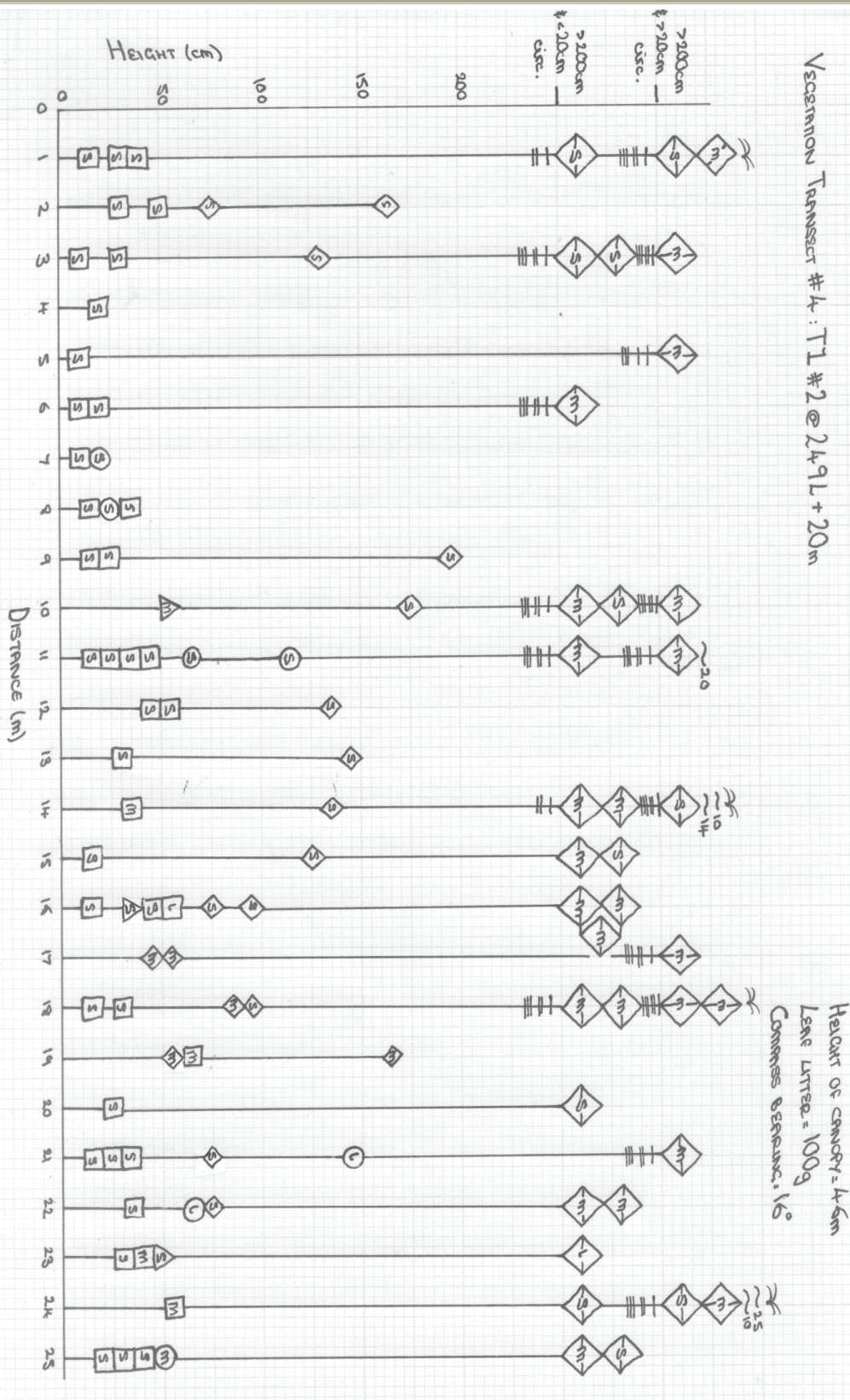


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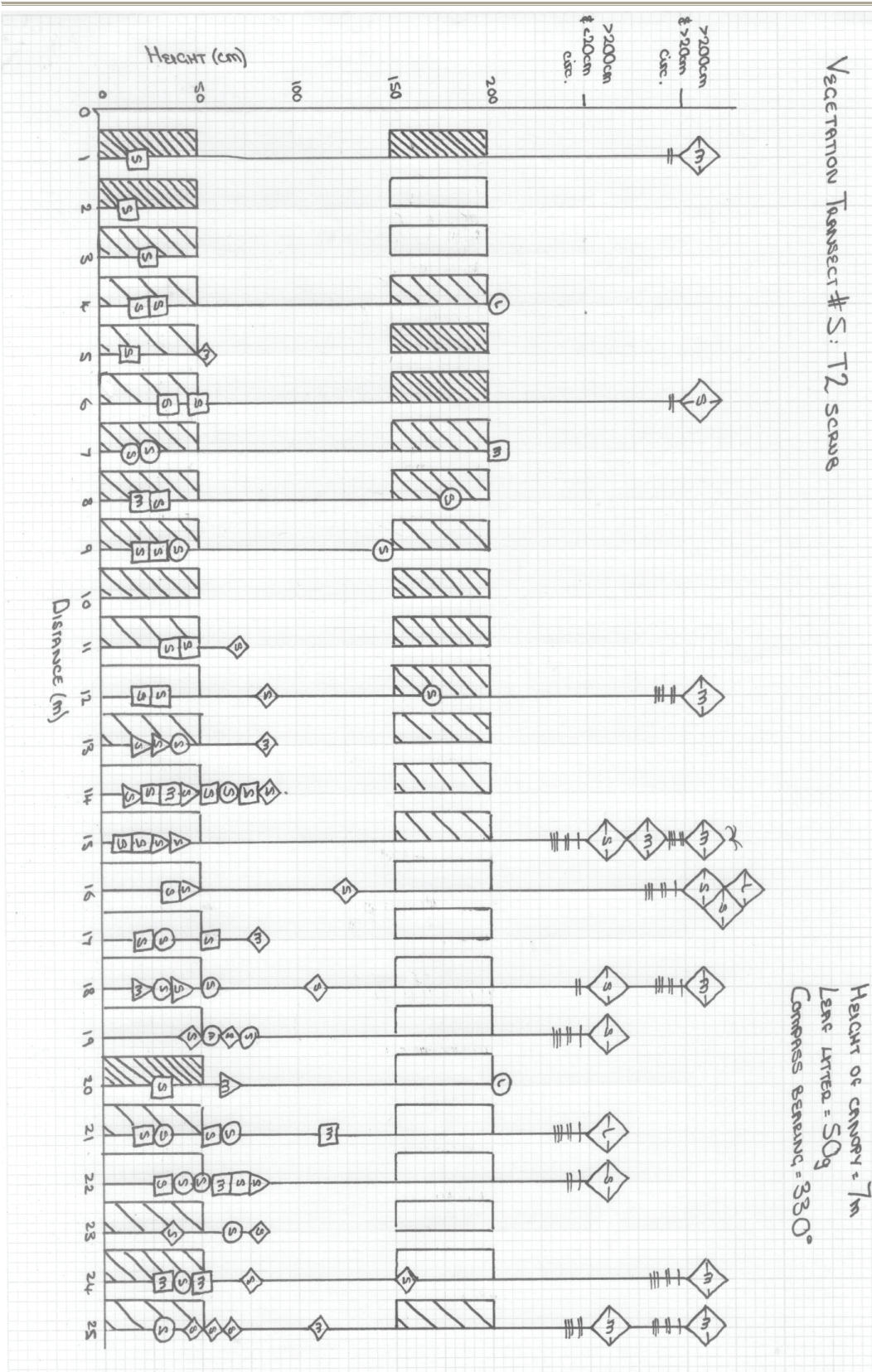




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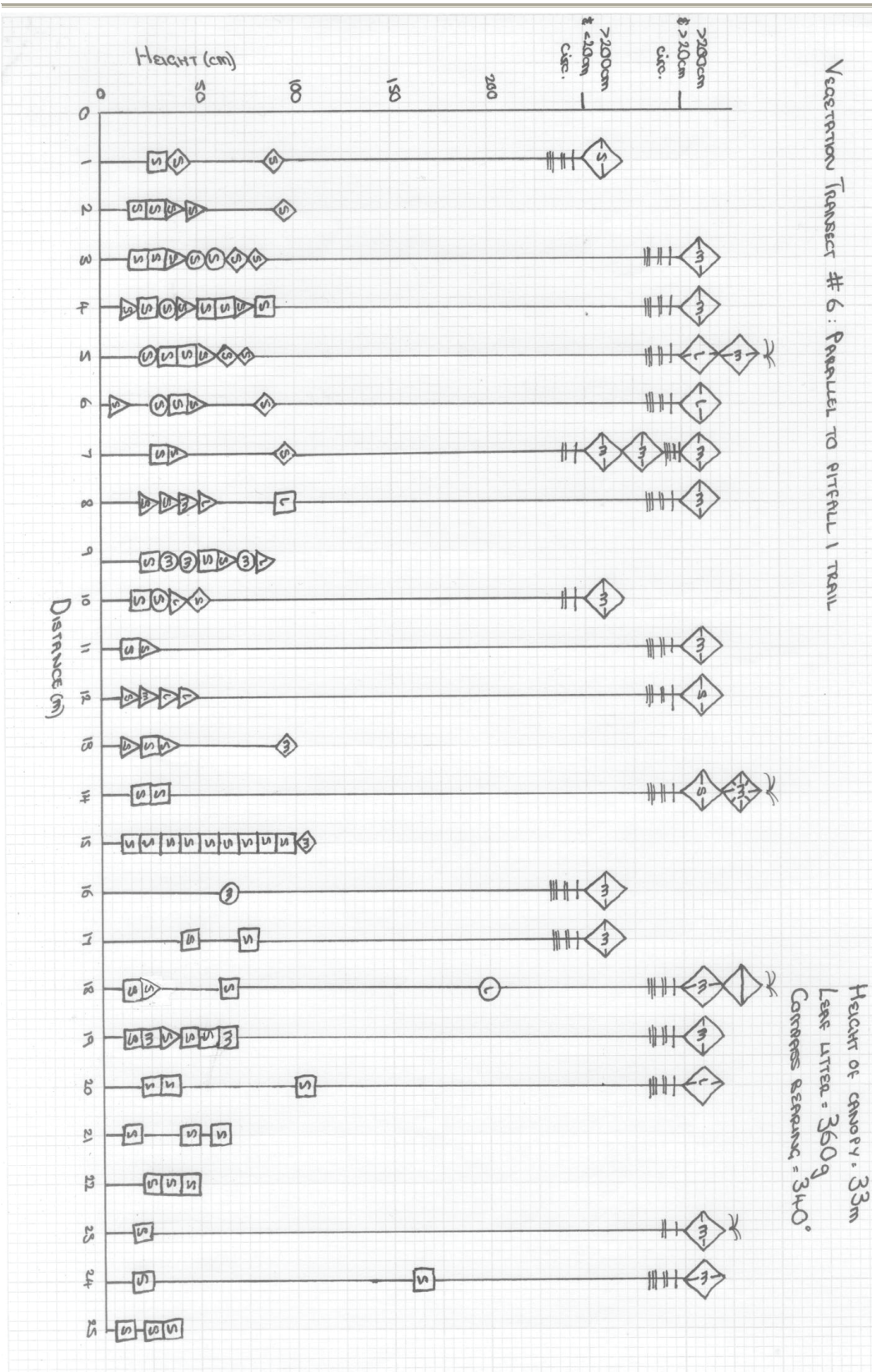


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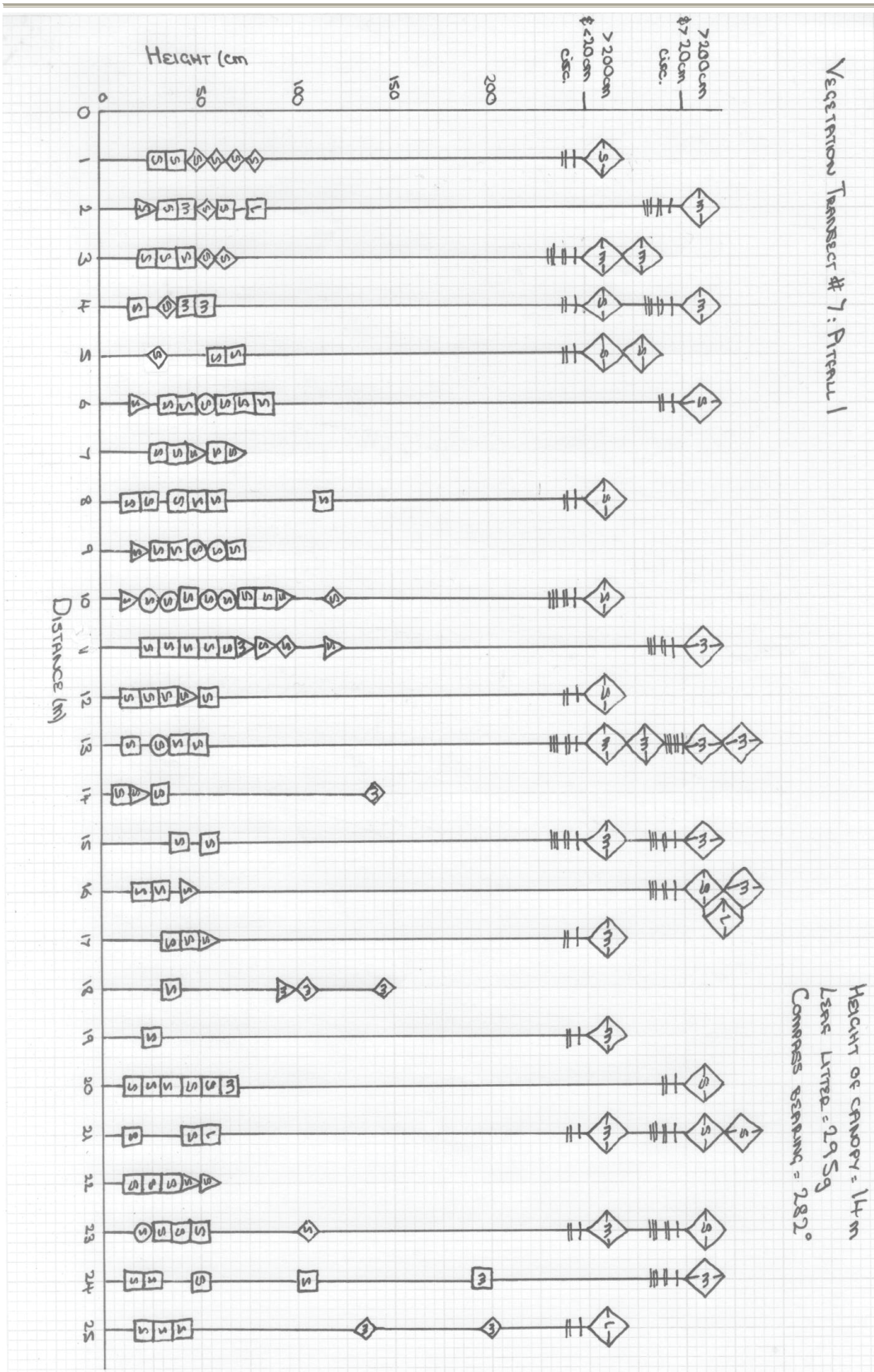




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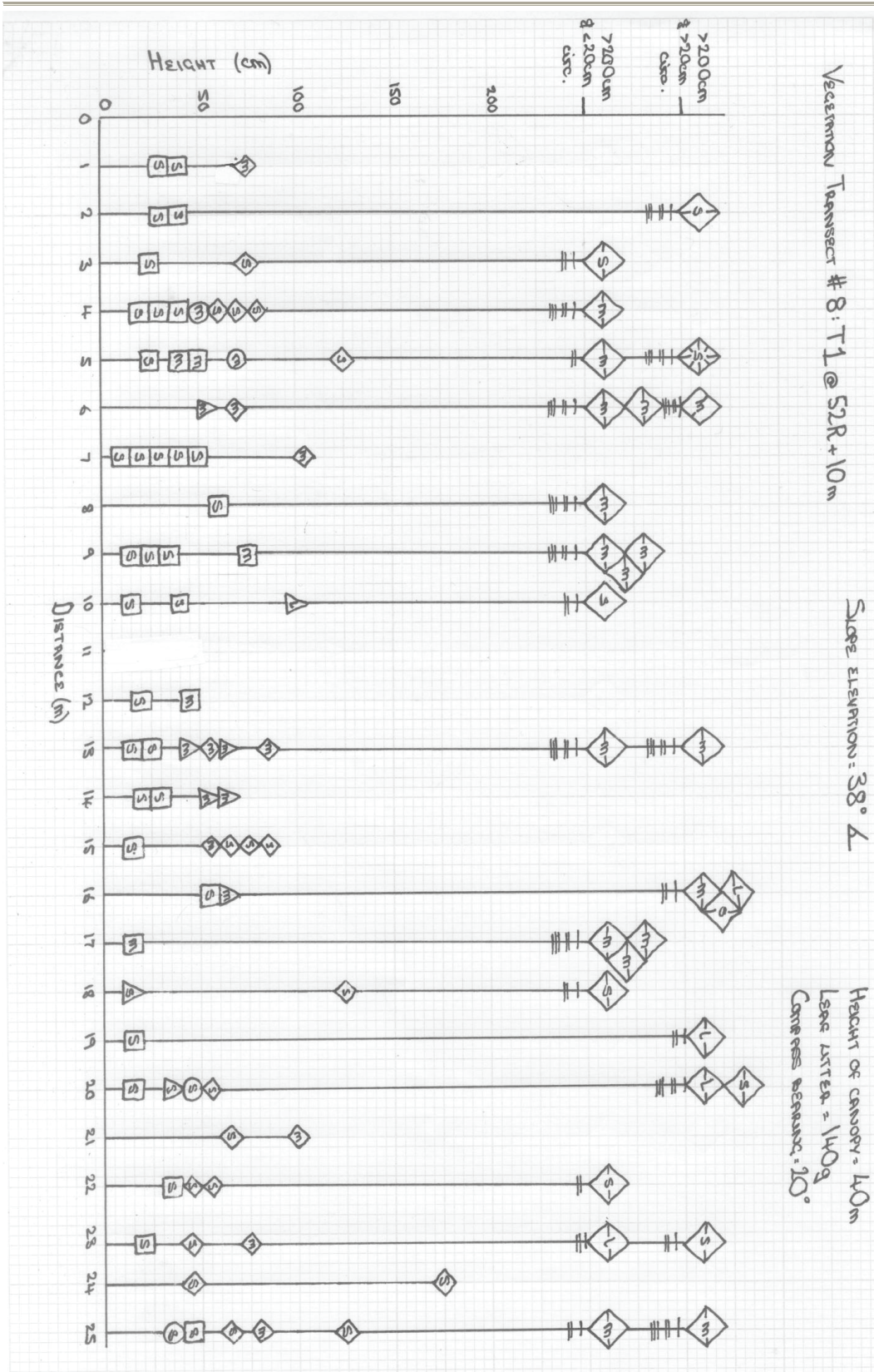


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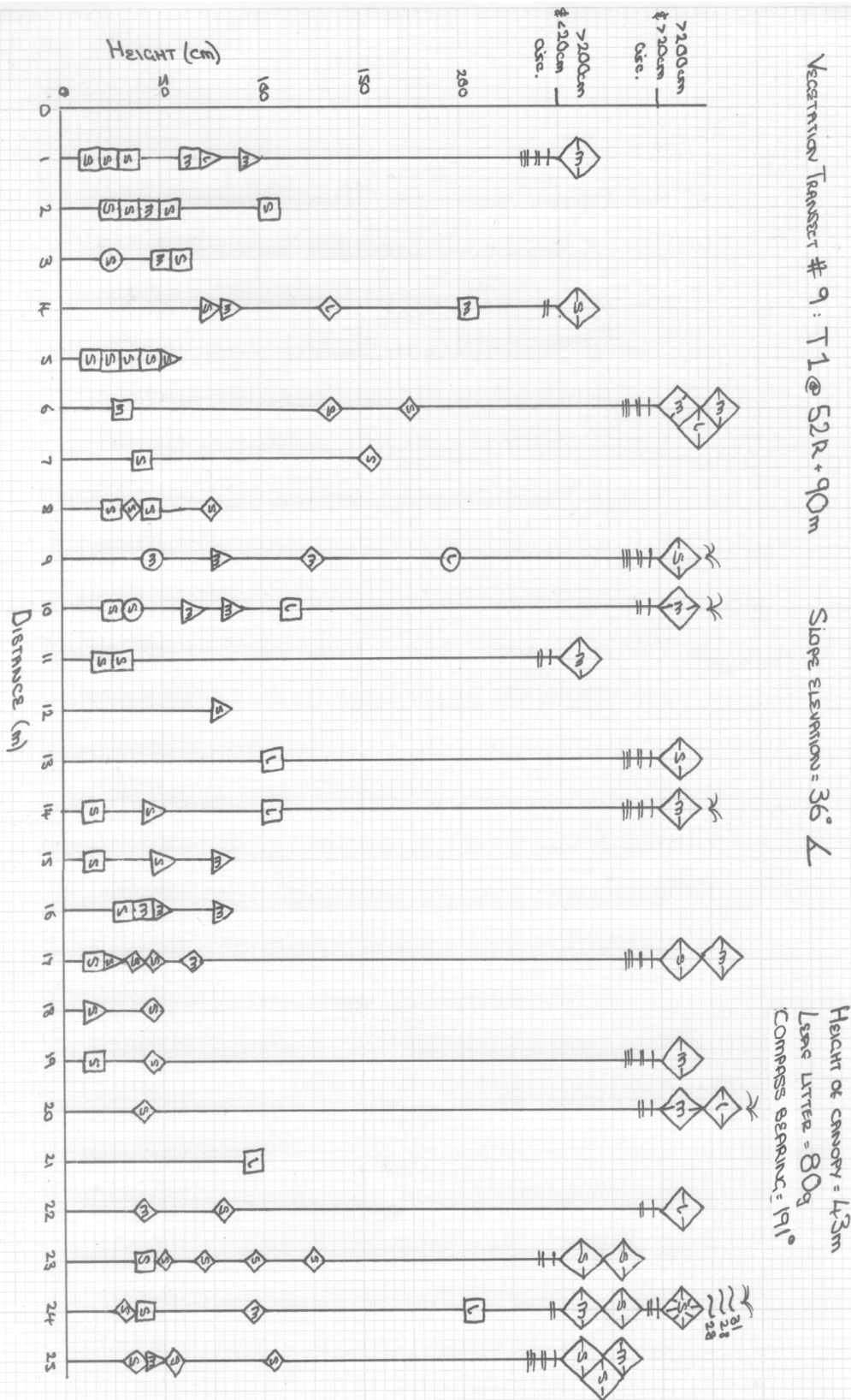




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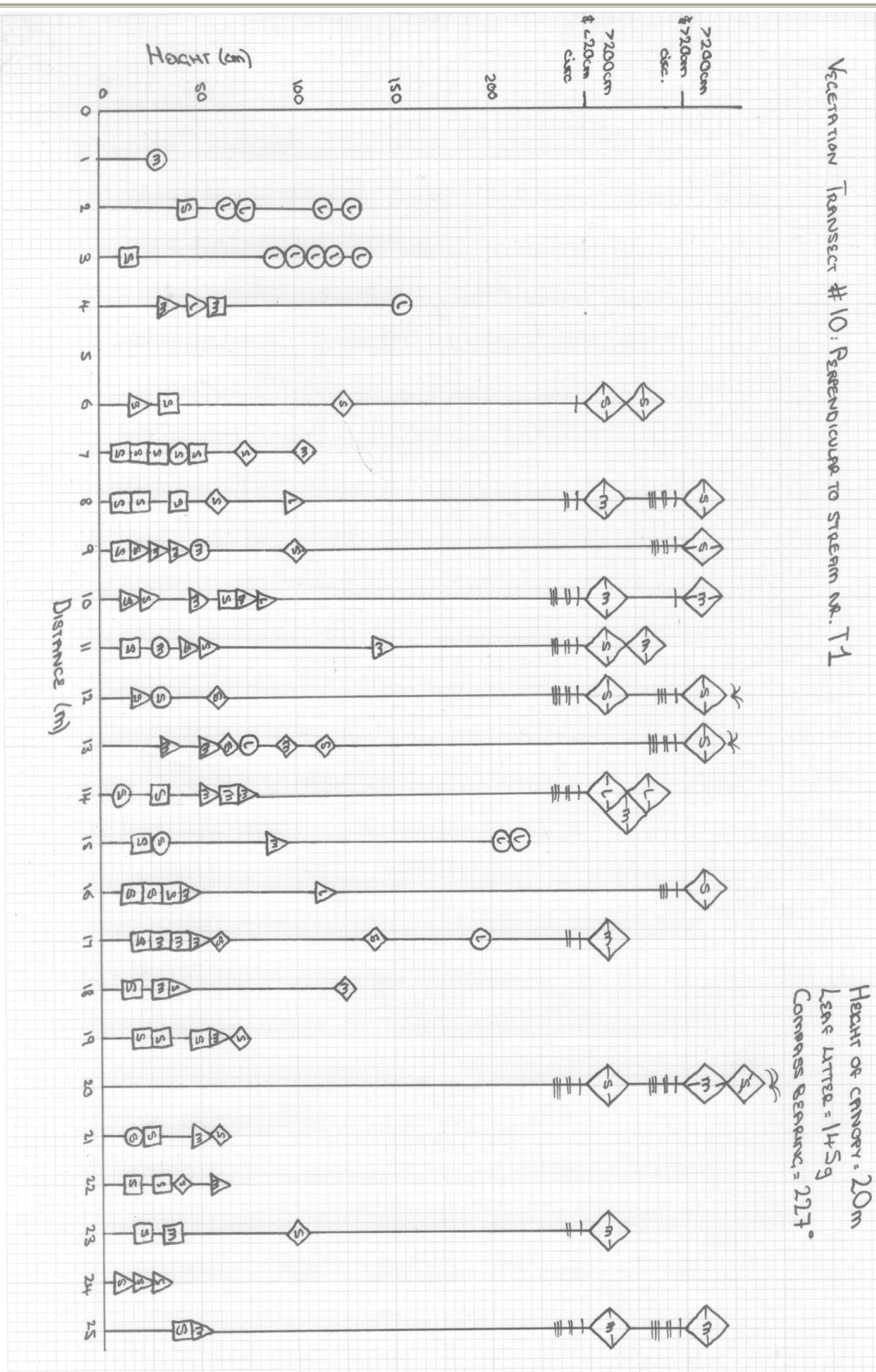


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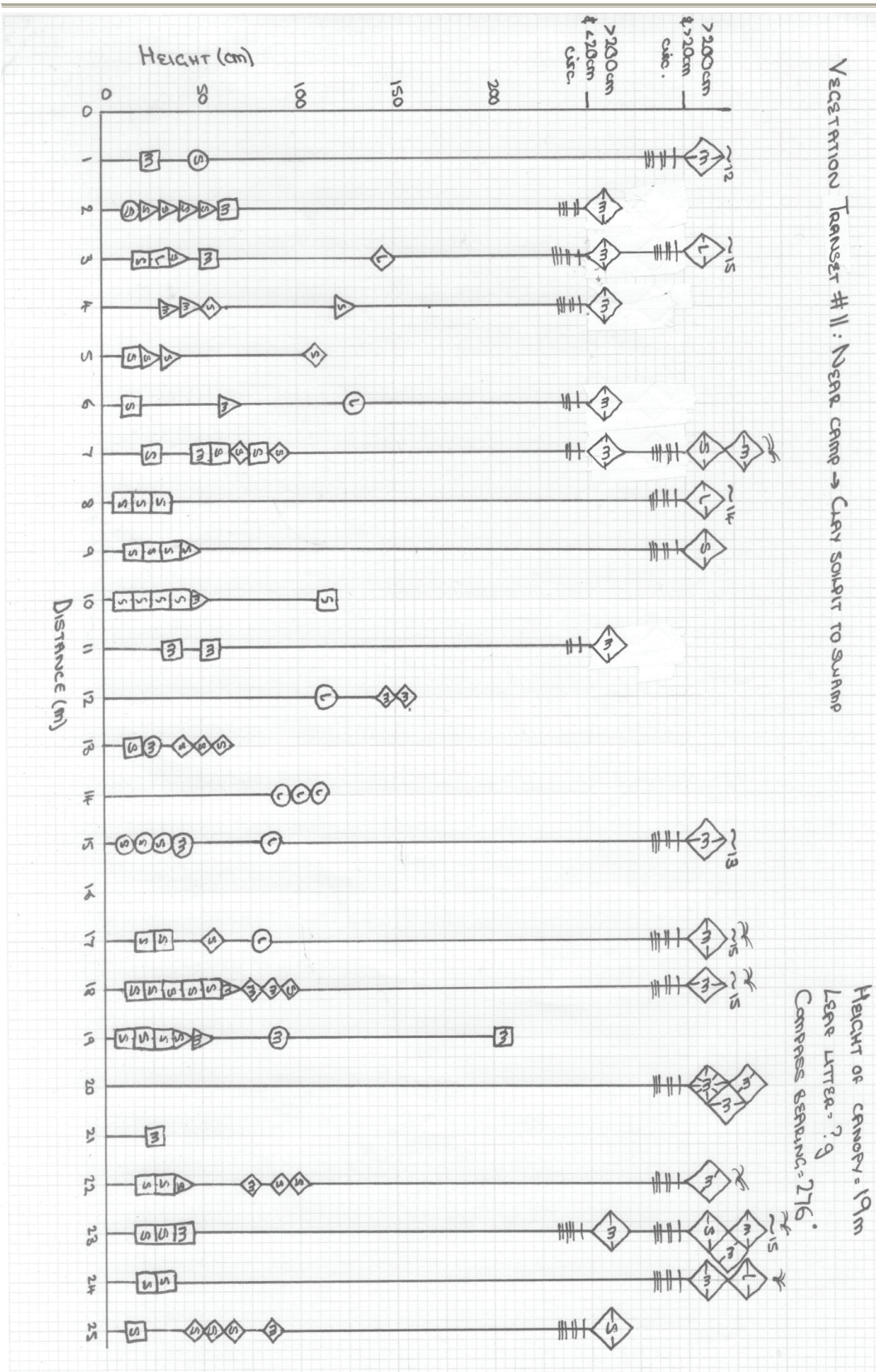




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## Appendix 9

### *Diagrammatic River Transects*

