

Humanitarian Assistance in Disaster Situations

A Guide for Effective Aid



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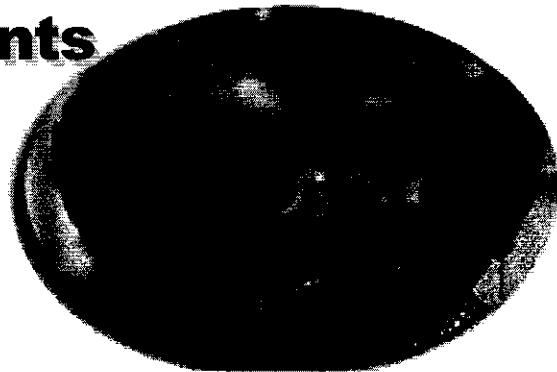
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International health relief assistance: benefit or burden?

An overview



PAHO/WHO

Natural, as well as complex disasters have become increasingly destructive in Latin America and the Caribbean and other developing regions of the world. In 1985, catastrophic earthquakes struck urban areas of Chile and Mexico, killing more than 10,000 people. In the same year, the Nevado del Ruiz volcano exploded in Colombia, killing 23,000. Hurricanes have taken thousands of lives and devastated infrastructure in the Caribbean, Mexico, and Central America. In 1998, one storm—Hurricane Mitch—killed over 10,000 people in five countries, and decades of investment in economic and social development were lost. The military coup in 1991 in Haiti and the international embargo that followed precipitated a humanitarian crisis of grave proportions, particularly in the health sector.

Thanks to modern communications, word of these tragedies reached the international community within minutes, and in some cases, relief was mobilized in a matter of hours. This outpouring of assistance can greatly help a disaster-stricken country if it meets real needs. However, it can just as quickly become a burden when the assistance has not been requested or donor institutions or individuals have misperceptions of what the needs are.

Messages received from both the press and the aid community focus attention on the most visible health effects of natural disasters. This tends to confirm the myth that populations and authorities are in need of whatever help the "outside" world can provide. In the most advanced developing countries, in particular in Latin America, national health services, voluntary organizations, and the affected communities mobilize their own resources to meet the most compelling medical needs in the early phase after a disaster. Requirements for external assistance are generally limited to highly skilled expertise or equipment in a few specialized areas.

Nevertheless, disaster workers continue to be overwhelmed with donations, the large majority of which are unsolicited medicines, food, clothing, blankets, and other low priority items.

Moving from improvised to planned disaster response in the Americas

Major advances have been made in the last 20 years in the way Latin American and Caribbean countries and the international community respond to and prepare for disasters. Many governments have well-established agencies charged with developing national capacity to respond to disasters. In 1986 countries adopted a regional policy to improve coordination of international humanitarian health assistance (see Box 1). All Latin American and Caribbean nations have Health Disaster Coordinators¹ within their Ministries of Health who not only coordinate relief efforts in the event of a disaster, but continuously update emergency plans and conduct preparedness training for health and medical personnel. The Ministries of Foreign Affairs in several countries have established procedures on the role of diplomatic missions in both donor and recipient countries during the response phase of disasters.

1. Visit PAHO's website for a complete listing of Latin America and the Caribbean's Health Disaster Coordinators, at: www.paho.org/english/ped/peddeal.htm

Box 1

A regional policy for international relief assistance

After the traumatic losses caused by the earthquake in Mexico and the volcano in Colombia in 1985, high-level delegates of the Governments of the Americas met in Costa Rica in 1986 with representatives from international agencies, donor countries, and NGOs to examine ways to make international health relief assistance more compatible with the needs of affected communities. The essence of this policy, to which all Member Governments of PAHO adhere, is the following:

- ◆ Foreign health relief assistance should be made only in consultation with officials designated by the Ministry of Health to coordinate such assistance.
- ◆ National health authorities should quickly assess needs for external assistance and immediately alert the international community to the specific type of assistance which is, or is not, needed. Priorities should be clearly stated, making a distinction between immediate needs and those for rehabilitation and reconstruction.
- ◆ Diplomatic and consular missions should communicate to donor countries firm policies on the acceptance of unsolicited or inappropriate supplies.
- ◆ To avoid duplication of health relief assistance, full use should be made of the clearinghouse function of PAHO to inform donors of pledged contributions and determine genuine health needs.
- ◆ Countries should give high priority to the preparation of their own health and medical personnel to respond to the emergency needs of the affected population. Donor countries and organizations should support such disaster preparedness activities.
- ◆ All countries must identify their vulnerability to disasters and establish appropriate measures to mitigate the impact on the most vulnerable populations.

Because countries that share geographic territory also share risks to natural hazards, the Andean region, Central America, and the Caribbean are strengthening their collective response abilities. When a country needs additional resources after a disaster, assistance from neighboring countries can be on the scene quickly, and there are few language and cultural barriers. An initiative that has helped to build regional disaster response capacity is SUMA, a supply management system that facilitates the receipt, inventory, classification, and rapid distribution of key humanitarian supplies and equipment. Thousands of individuals have received training in Central America, the Andean countries, and the Caribbean, and SUMA teams can mobilize quickly to respond to local events or those in neighboring countries (Annex 1 has a description of the SUMA system).

In developing countries, the high costs of relief operations can drain, in a matter of days, the resources allotted for a country's long-term primary health care and development goals. The most vulnerable groups—children, pregnant and lactating mothers, the elderly, and low income groups, particularly the underprivileged in urban areas—are the ones whose survival and development are threatened most by the slow recovery of health services.

Because of the competition for dwindling resources at national and global levels, all governments, non governmental agencies and institutions must consider, before the next major disaster strikes, the most effective form of international humanitarian assistance. We hope that the recommendations made in this guide will assist donors and recipients to make decisions that will have the greatest long-term benefit to countries affected by natural or complex disasters.

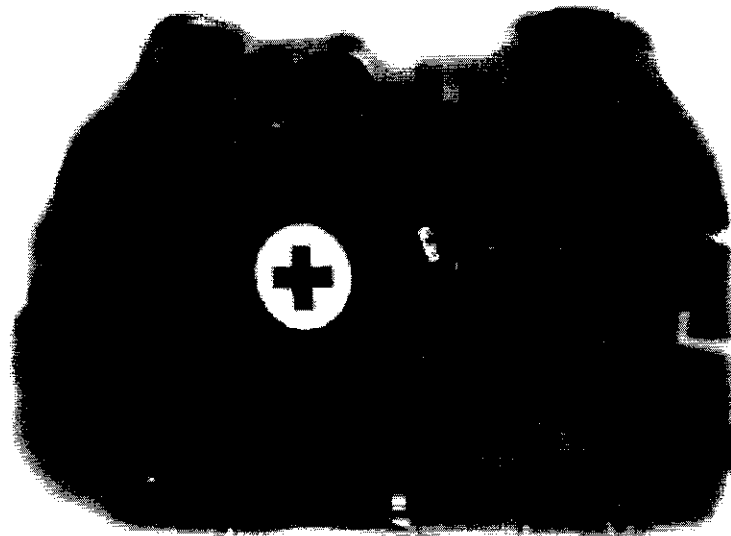
Principles of humanitarian assistance

Humanitarian assistance is beneficial to disaster victims and can play an important role in the development of the country if it is properly coordinated and responds to real needs. Both donors and authorities in disaster-prone countries should keep in mind the following principles for effective humanitarian assistance.

- ✓ *Don't stereotype disasters.* The effects of disasters on the health sector differ according to the type of disaster, the economic and political situation in the affected country, and degree to which its infrastructure is developed.
- ✓ *Health relief assistance should be made in consultation with officials designated by the Ministry of Health to coordinate health-related humanitarian assistance.* The Health Disaster Coordinator is a senior health official who serves as a focal point for emergency preparedness and coordinates health-related humanitarian activities.
- ✓ *Observe procedures for communication, coordination, and supervision established by authorities in disaster-affected countries.* This is best accomplished through regular meetings as part of the disaster-planning process between national authorities and representatives of donor agencies, NGOs, and other organizations involved in humanitarian assistance.
- ✓ *Needs assessment must be carried out promptly by national health authorities in the affected country.* Donors should be informed immediately of the specific type of assistance that is or is not needed. Delays between the identification of needs and the actual arrival of assistance from the outside are unavoidable and sometimes prolonged, resulting in assistance that arrives after needs have been met.

- ✓ *Inform donors of what is not wanted or needed.* This is as critical as giving specifications for requirements. Guidelines should be circulated to all potential suppliers of assistance and diplomatic and consular representatives abroad to prevent ineffective contributions.
- ✓ *Donors should not compete with each other to meet the most visible needs of an affected country.* The quality and appropriateness of the assistance is more important than its size, monetary value or the speed with which it arrives.
- ✓ *Emergency assistance should complement, not duplicate, measures applied by the affected country.* While some duplication is unavoidable as many countries and agencies worldwide hasten to meet the same needs, real or presumed, much of this duplication can be avoided by making use of the clearing-house functions of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and PAHO/WHO regarding health needs. There are well-organized consortia of NGOs and voluntary organizations that coordinate humanitarian assistance (see Box 3 for a description of some of the major agencies).
- ✓ *It is unlikely that medical personnel will be required from abroad.* The immediate needs of disaster victims must be met within hours of disaster impact. Unsolicited foreign medical teams and volunteers arrive unprepared or too late to be of real assistance to disaster victims. On the other hand, teams from neighboring countries or regions that share a common culture and language can provide valuable assistance.
- ✓ *The need for search and rescue, life-saving first aid and other immediate medical procedures is short-lived.* Special caution is necessary when considering international assistance that is useless once the acute emergency phase has passed. This type of assistance includes personnel, specialized rescue equipment, mobile hospitals, and perishable items.
- ✓ *Use of the Internet has become a necessity before and during emergencies.* Electronic communications reduce delays in making pledges and contributions in disaster situations. NGOs and other partners should participate in and encourage the open sharing of information on the Internet.

- ✓ *Information must be circulated openly and subjected to review to ensure accountability in the management of humanitarian supplies.* Donors and national authorities must be provided accurate reports on the status of shipments and distribution of supplies. Supply management systems such as SUMA (see Box 4) assist in maintaining inventories, categorize, and sort incoming supplies, and provide donors and national authorities with accurate reports on the status of shipments and deliveries.
- ✓ *National, and increasingly, foreign military forces play an important role in humanitarian assistance, particularly in the area of logistics (transportation, communication, and aerial surveys).* Continuous dialogue between civilian and military authorities and participation in joint exercises will help to ensure that military involvement enhances rather than displaces the influence of national health authorities in emergency situations.
- ✓ *Don't overreact to media reports for urgent international assistance.* Despite the tragic images we are shown, get the complete picture and wait until pleas for aid have been formally issued.



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Obtaining international disaster relief

Agencies providing outside humanitarian assistance in emergencies fall into several categories—foreign governments, international organizations, and non governmental organizations. Authorities in disaster-affected countries should be aware of the resources, channels of communication, and constraints of these agencies. Following are some guiding principles for obtaining international assistance.

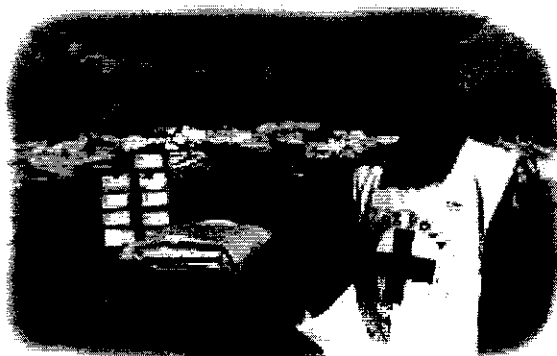
- ✓ *Agencies can make cash grants, donate supplies, provide technical assistance, furnish food, or make loans.* Some specialize in only one of these areas, while others have a more general mandate. It is essential to understand these resources to avoid requesting cash from an agency that provides only in-kind assistance, or supplies from an agency that specializes in technical cooperation.
- ✓ *Non governmental organizations vary considerably in their approaches to humanitarian assistance and the health contributions they can make.* Larger, experienced agencies and those already engaged in development work in the affected country tend to have a better understanding of the nature of the problems encountered. Agencies without a prior commitment to the country concerned generally have less knowledge of local problems and sometimes harbor misconceptions about the needs created by a disaster. They can thus increase the pressure on the local government by demanding operational support (for example, for transportation) that would be better allocated to another agency.
- ✓ *Proper communication channels are important. Some agencies may only accept requests for assistance from one specific source within the affected country, or will only disseminate assistance through a specific agency or ministry.* For example, PAHO/WHO accepts requests for assistance from health ministries, while the International Federation of Red Cross and Red Crescent Societies distributes its aid exclusively through its national members. However, despite these preferential channels, the

Ministry of Health, through its Health Disaster Coordinator, should remain the ultimate public health authority in the affected country, and must be informed of, and monitor the type and quantity of health assistance arriving in the country.

- ✓ *Donor agencies may require the declaration of a state of emergency by the affected country or their own representative or a formal request from the government before they can respond.* A request made to the U.N./OCHA is regarded as a request to the entire U.N. system.
- ✓ *Agencies may require first-hand or conclusive evidence of the need for relief before making expenditures or conducting fund raising.* Donors are increasingly better informed through their local experts, NGOs, or others of the validity of needs and are less likely to blindly accept official information. For instance, blaming the natural disaster for long-standing development problems and requesting emergency humanitarian funds for their solutions is detrimental.
- ✓ *Some foreign governments and agencies will commit funds for specific projects in the early stage of an emergency, before a thorough assessment of health sector priorities has even been initiated.* The health sector must, therefore, prepare and submit preliminary cost estimates for short-term emergency humanitarian assistance needs as soon as possible before all emergency funds are committed by donors. These estimates of immediate humanitarian needs are distinct from the estimated cost of the disaster to the health sector. Presenting to the donor community the total or conglomerate cost of the health impact (immediate needs, reconstruction cost, and indirect economic impact) is confusing, as many humanitarian donors—by statute—must refrain from development or reconstruction activities.

After a disaster, do....

- ✓ *Consult with affected country's Health Disaster Coordinator for information about health needs. Don't start collecting relief items until you have this information.*
- ✓ *Whenever possible, donate cash or credit directly to the national health authorities, to international agencies, or channel it through well-established NGOs. Most of the relief items can be purchased locally or in neighboring countries. Cash also can be used to restore the pre-disaster level of health care and to replace national resources that have been diverted from essential programs and used for the emergency.*
- ✓ *Assist countries during the preparedness, rehabilitation, and reconstruction phases. An affected country will deplete many of its financial and material resources when responding to the immediate effects of a disaster. While certain types of assistance have high visibility and humanitarian appeal (for instance, search and rescue teams), donors should invest in long-term projects aimed at reconstruction and reducing vulnerability to future disasters (e.g., training, improved water supply systems).*
- ✓ *Coordinate the efforts of independent assessment teams or fact-finding missions with those of the affected country and other agencies.*
- ✓ *Ensure that an agency is identified in advance that will take responsibility for delivering items to the affected population. Unconsigned relief items should not be sent to a disaster-affected country.*



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Discourage sending...

- ⊘ *Used clothing, shoes, etc.* In most cases, the local community donates more than enough of these items to meet the demand. It is more economical, convenient and sanitary to purchase items locally than to ship used items. Refer offers of this type of assistance to local charities or voluntary agencies.
- ⊘ *Household foods.* The same applies for food items. A disaster is not likely to cause a national food shortage in Latin America and the Caribbean, although the international media may highlight local distribution problems. If food is requested, it must be non-perishable, clearly labeled, and appropriate to the local culture.
- ⊘ *Household medicines or prescriptions.* These items are medically and legally inappropriate. Pharmaceutical products take up needed space and divert the attention of medical personnel from other more pressing tasks to sort, classify, and label them.
- ⊘ *Blood and blood derivatives.* There is much less need for blood than the public commonly believes. In recent disasters in Latin America, local blood donors in the affected country have covered the victims' needs. This type of donation is unsuitable because it requires quality and safety controls, such as refrigeration or screening for detection of HIV antibodies.



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- ⊘ *Medical or paramedical personnel or teams.* Local health services are able to handle emergency medical care to disaster victims. In fact, most countries in Latin America and the Caribbean have a relatively high physician-to-population ratio. If international aid is needed, neighboring countries are in the best position to assist during the immediate aftermath of an event. Exceptions to this are highly skilled specialists who have been specifically requested by the Ministry of Health. Foreign medical or paramedical personnel who are unfamiliar with local language and conditions should be encouraged to remain at home.
- ⊘ *Field hospitals, modular medical units.* Considering that this type of equipment is justified only when it meets medium-term needs, it should not be accepted unless it is donated. Equipment specifications such as weight, volume, freight and installation costs should be transmitted to Ministry of Health authorities so that they can decide on its usefulness.



Nazario Garcia, Dominican Republic

Consult further about donations of....



-  *Used medical equipment.* Specifications must be provided. If the value of the equipment justifies it, an on-site inspection may be arranged by a technician in the donor country or an international agency.
-  *New equipment.* When considering these donations, take into account the cost of air freight, the continued availability of spare parts, and local availability of personnel who are trained in operation and maintenance of the equipment. Most manufacturers are willing to wait several days to allow technical consultation with the appropriate Ministry.
-  *Tents.* Many countries stock a large quantity of locally manufactured tents. The funds that donors are willing to spend to purchase and air-lift tents could be put to better use by purchasing reconstruction materials locally.
-  *Vaccines.* They are most often neither needed nor approved by the corresponding Ministry of Health. Check the presentation, dose, and expiration date and inform the Ministry of Health, or check with PAHO/WHO.

Myths and realities of natural disasters

Many mistaken assumptions are associated with the impact of disasters on public health. Those in the donor community as well as those in disaster-prone countries should be familiar with the following "myths and realities":



Myth: *Foreign medical volunteers with any kind of medical background are needed.*

Reality: The local population almost always covers immediate lifesaving needs. Only medical personnel with skill that are not available in the affected country may be needed.

Myth: *Any kind of international assistance is needed, and it's needed now!*

Reality: A hasty response that is not based on an impartial evaluation only contributes to the chaos. It is better to wait until genuine needs have been assessed.

Myth: *Epidemics and plagues are inevitable after every disaster.*

Reality: Epidemics do not spontaneously occur after a disaster and dead bodies will not lead to catastrophic outbreaks of exotic diseases. The key to preventing disease is to improve sanitary conditions and educate the public.

Myth: *The affected population is too shocked and helpless to take responsibility for their own survival.*

Reality: On the contrary, many find new strength during an emergency,



as evidenced by the thousands of volunteers who spontaneously united to sift through the rubble in search of victims after the 1985 Mexico City earthquake.

Myth: *Disasters are random killers.*

Reality: Disasters strike hardest at the most vulnerable group, the poor—especially women, children and the elderly.

Myth: *Locating disaster victims in temporary settlements is the best alternative.*




Reality: It should be the last alternative. Many agencies use funds normally spent for tents to purchase building materials, tools, and other construction-related support in the affected country.

Myth: *Things are back to normal within a few weeks.*

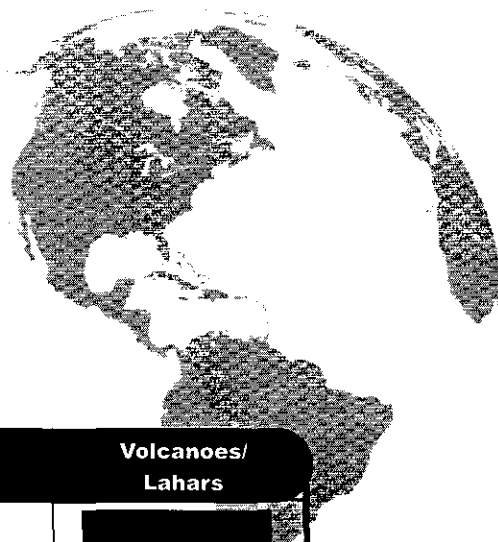
Reality: The effects of a disaster last a long time. Disaster-affected countries deplete much of their financial and material resources in the immediate post-impact phase. Successful relief programs gear their operations to the fact that international interest wanes as needs and shortages become more pressing.


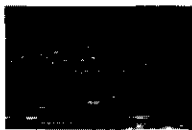

Effects of natural disasters on

The effects of disasters on health differ according to the type of disaster, the economic and political situation in the affected country, and degree to which its infrastructure is developed.

Effect	Earthquakes	High winds (w/out flooding)	Tidal waves/ flash floods
			
	Many	Few	Many
	Many	Moderate	Few
Potential risk following all major disasters			
	Severe (structure and) equipment)	Severe	Severe but localized
	Severe	Light	Severe
	(may occur due to economic and logistic factors)		Common
Rare (may occur in heavily damaged urban areas)			

health



	Slow-onset floods	Landslides	Volcanoes/Lahars
			
	Few	Many	Many
	Few	Few	Few
(Probability rises with overcrowding and deteriorating sanitation)			
	Severe (equipment only)	Severe but localized	Severe (structure and equipment)
	Light	Severe but localized	Severe
	Common	Rare	Rare
	Common (generally limited)		

SUMA—

A comprehensive humanitarian supplies system²



The flood of relief supplies that arrive in the aftermath of large-scale disasters often pose serious logistic and management problems for national authorities. To address these problems, the Pan American Health Organization, in conjunction with other international agencies and governments, initiated the Supply Management Project, known as SUMA, in 1992. The main objective of this project is to strengthen national capacity to effectively manage humanitarian assistance supplies.

2. The SUMA software is copyrighted by PAHO, but is distributed free of charge in English, Spanish, and French. Copies of SUMA software and manuals are available on request from the Emergency Preparedness Program, PAHO/WHO, 525 23rd St., NW, Washington, DC 20037, USA; Fax (202) 775-4578; e-mail: disaster@paho.org, or from FUNDESUMA, Apdo. 869, Pavas 1200, Costa Rica, Fax: (506) 257-2139; e-mail: funsuma@sol.racsa.co.cr. The software and manuals also can be downloaded from the SUMA web site (www.disaster.info.desastres.net/SUMA/) where announcements, information on emergencies, and related material can be viewed. Information on SUMA training can be obtained from the above addresses or PAHO/WHO Representatives in countries of the Region of the Americas.

To this end, thousands of officers in all countries in the Americas and in other regions have received or are receiving training.

The main tasks of SUMA are to:

- ◆ sort and identify humanitarian assistance supplies;
- ◆ rapidly identify and prioritize distribution of those supplies urgently needed by the disaster-affected population;
- ◆ maintain inventory and distribution control in warehouses;
- ◆ enter all incoming supplies in the SUMA database. National authorities use reports generated for decision-making;
- ◆ register consignments that are delivered to consignees;
- ◆ keep national authorities and donors informed about items received;
- ◆ keep disaster managers informed about items available for distribution.

In most countries in the Region of the Americas, SUMA focal points have been designated to coordinate the project. Among the institutions involved in the project are: ministries of health and other health agencies, civil defense or national emergency agencies, ministries of foreign affairs, customs departments, Red Cross Societies, fire fighters, and non governmental organizations involved in humanitarian assistance.

One of the most important features of SUMA is its flexibility. It can be used in many different emergency situations, and for response to natural disasters as well as in complex emergencies. The development and modification of the software has depended on constant feedback from national team members who have used it in a variety of disaster situations and training sessions.

Contact information

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E-mail: disaster@paho.org

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Visit PAHO/WHO's Emergency Preparedness Program's website frequently to get the latest information on this directory and on the disaster "focal points" in Latin American and Caribbean countries.

<http://www.paho.org/english/ped/pedhome.htm>

"A hurried response that is not based on an impartial assessment only contributes to chaos. It is better to wait until real needs have been assessed... It is more economical, appropriate and hygienic to buy new articles locally than to send used items... Donors should not compete among themselves to satisfy the more visible needs of the affected country... Emergency assistance should complement rather than duplicate the measures used by the affected country."

These are some examples of the practical advice and recommendations offered in the **Guide for Effective Aid**. It provides strong evidence that humanitarian assistance can considerably benefit a country ravaged by disaster if it responds with real needs. Likewise, when responding with unsolicited donations, or when donors have a misguided view of those needs, it can also become a burden.

This new Guide combines and updates several publications that PAHO has published in the last 15 years. We hope their recommendations and principles will help donors and beneficiaries in making their decisions to maximize the benefits in the short and long terms for the countries affected by natural and complex disasters.

You can view this publication online at:
www.paho.org/english/ped/pedsren.htm



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