

# Public Health Guide for Emergencies

First Edition

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*editors*



**The Johns Hopkins School of Hygiene and  
Public Health .**



**The International Federation of Red Cross  
and Red Crescent Societies**

The **Johns Hopkins Center for Refugee and Disaster Studies**, established in 1998, is based in the Division of Community Health and Health Systems of the Department of International Health. The Center has primary responsibility for emergency health related courses taught within the Department and provides a Certificate in Humanitarian Assistance for qualified degree program students. Each summer, the Center offers the Health Emergencies in Large Populations (HELP) course sponsored by the International Committee of the Red Cross (Geneva), the American Red Cross and the Pan American Health Organization (WHO).

In addition to its teaching responsibilities, the Center carries out operational research in partnership with other universities and implementing organizations better meet the health needs of persons displaced by conflict and disasters. The Center also provides technical assistance to implementing organizations in areas, such as planning, monitoring and evaluation of the impact of services. The Center places special emphasis—in its research and technical assistance—on populations trapped in "permanent crises," returning home or repatriating, and/or during rehabilitation.

The **International Federation of Red Cross and Red Crescent Societies** is the world's largest humanitarian organization, providing assistance without discrimination as to nationality, race, religious beliefs, class or political opinions.

Founded in 1919, the International Federation comprises 176 member Red Cross and Red Crescent societies, a Secretariat in Geneva and more than 60 delegations strategically located to support activities around the world. There are more societies in formation. The Red Crescent is used in place of the Red Cross in many Islamic countries.

The Federation's mission is ***to improve the lives of vulnerable people by mobilizing the power of humanity***. Vulnerable people are those who are at greatest risk from situations that threaten their survival, or their capacity to live with an acceptable level of social and economic security and human dignity. Often, these are victims of natural disasters, poverty brought about by socio-economic crises, refugees, and victims of health emergencies.

The Federation, together with National Societies and the International Committee of the Red Cross, make up the International Red Cross and Red Crescent Movement.

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## ACKNOWLEDGEMENTS

Research and editing for this entire guide has been a huge undertaking by two individuals who were also the Principal Authors of the following chapters:

**Chapter 2** – Management, **Chapter 4** – Disaster Epidemiology, **Chapter 8** – Primary Health Care, **Chapter 9** – Health Services, and **Chapter 12a** – Needs of Children and Adolescents



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**International Federation of the Red Cross and Red Crescent Societies** is an international humanitarian organisation with a unique world-wide network. The Federation provides humanitarian relief to people affected by disasters or other emergencies and development assistance to empower vulnerable people to become more self-sufficient. The organisation commands an immense potential because it can mobilise local volunteers through National Societies world-wide.

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Wherever we live there are constant reminders of the suffering brought on by humanitarian emergencies — through direct impact on our communities, by stories our friends tell, or through newspaper, radio, and television accounts. Although emergencies occur world-wide, Africa continues to have more than its share, particularly from emergencies associated with conflict. Many institutions of civil society that mediate conflicts within populations have weakened. This means that those people excluded may see no recourse other than violence to claim a place in their society. Once violence becomes a common conflict-resolution method in a society, it brings about further breakdown of civil order. It may take several generations to reverse this course.

As urban areas continue to grow rapidly, the population at risk from natural or technological disasters in these areas of dense population rises. Few cities in Africa, and elsewhere in the developing world, have the infrastructure or the municipal organisation to provide a ready response to emergency needs. Organising the capacity for emergency response is a major challenge facing many developing cities. The need for emergency planning and policies that will prevent an emergency is beginning to take hold in much of Africa, as well as elsewhere.

Responding to the needs of more diverse societies, often in unstable environments, is a challenge not only to national and local governments, but to voluntary and non-governmental groups as well. Increasingly, the responsibility of responding to emergencies is falling on groups outside the public sector. Governmental bodies simply are stretched too thin because of population growth and movement of people to cities and larger towns. Although international relief organisations, such as the International Committee of the Red Cross, Medecins sans Frontiers, Oxfam, and others have played a noticeable role in emergency response, these groups lack roots in local societies, and seldom are able to assist in rehabilitation and reconstruction once the emergency is over. Increasingly, there is a role for local non-governmental relief organisations and National Red Cross Societies.

Emergencies have more complex roots today than in the past when flooding or famines were the most common causes. Therefore, the skills needed for an effective response have also become more complex. To build these skills, efforts are needed at many levels within a country. Community volunteers need skills to improve the capacity of their communities to cope. First level health workers need skills to immediately respond to disease outbreaks in their areas. Hospital personnel must know how to triage the injured. Public health managers and planners need the ability to plan and carry out an appropriate response to any type of emergency, and then evaluate this response to identify areas of improvement. Building these skills requires not only the technical health training but also further learning in emergency preparedness and response. This guide is designed to serve as a reference for such training for government, Red Cross, and local non-government groups. Although the focus is on emergency situations, extensive coverage is given to pre- and post-emergency activities for which many local organisations are taking an increasing responsibility. The primary focus has been emergencies in Africa, yet the principles and methods are equally suitable for most parts of the developing world.

This reference guide is divided into fourteen chapters, a glossary, and an index. Each chapter contains the following information:

- **Chapter 1 — Disaster Dimension** considers the characteristics and trends of disasters and their consequences on displaced and host populations. It also deliberates on the future of humanitarian assistance in terms of disaster preparedness and developmental relief.
- **Chapter 2 — Management** focuses on the management tools needed to design, implement, and evaluate more effective emergency health services for displaced populations, based on identified needs and available resources. It emphasises the community-based approach and the use of Sphere Project's minimum standards and other standards in disaster response.

- **Chapter 3 — Human Resource Management** is a major issue in most emergencies. This chapter looks at the key concerns for relief workers in humanitarian emergencies. It aims for a better understanding of the human resource management concepts and provides practical ways for improving the overall performance of relief workers.
- **Chapter 4 — Disaster Epidemiology** explains the basic principles of epidemiology needed to improve rapid assessment and program monitoring. It provides practical tools for monitoring and reporting the progress of public health programs.
- **Chapter 5 — Environmental Health** discusses the general principles of environmental health and the relationship between environmental conditions and the health of displaced populations in humanitarian emergencies. This chapter also describes basic steps for managing and monitoring water supply, sanitation, and vector-control programs. As a part of environmental issues the additional sub-chapter on **Vector Control** gives an overview of the unique factors that influence the spread of vector-borne diseases in disasters and appropriate vector control strategies.
- **Chapter 6 — Food and Nutrition** explains the impact of disasters on food security and nutrition. The principles of food aid are also covered. This chapter describes short- and long-term strategies for reducing malnutrition and micronutrient deficiency among displaced populations. In addition, it describes practical ways of assessing food security and nutritional status during humanitarian emergencies.
- **Chapter 7 — Control of Communicable Diseases** covers common and emerging communicable disease threats among displaced populations. General and disease-specific strategies for preventing, monitoring, and controlling disease outbreaks are discussed. A sub-chapter on **Diarrhoeal Disease Control** focuses on the prevention, preparedness, and control of diarrhoeal diseases that cause high morbidity and mortality among displaced populations. Another sub-chapter on **Emergency Immunisation Programs** describes the role of vaccines in preventing outbreaks of vaccine-preventable diseases in emergencies. It can serve as an aid for planning, organising, and evaluating emergency immunisation programs.
- **Chapter 8 — Primary Health Care (PHC)** discusses how health care delivery in emergencies must be based on the PHC framework. In humanitarian emergencies, a thorough understanding of the principles of Primary Health Care is needed for implementing emergency health care at the district level and for planning the restoration of a damaged health infrastructure.
- **Chapter 9 — Health Services** focuses on the establishment of emergency health services. It gives an overview of the consequences of emergencies on the health system, including mass casualty incidents, and describes how to build the capacity of local health facilities, as well as the affected community, to provide basic health care.
- **Chapter 10 — Incident Management System (IMS)** is a proven tool for co-ordinating the relief response, which may be used in the future by many agencies responding to disasters in developed countries. This chapter covers the structure and function of the IMS and how it can bring together humanitarian agencies and military forces in a way that will be useful in planning emergency services in developing countries.
- **Chapter 11 — Reproductive Health Care** reviews the role of reproductive health care in emergency health care and focuses on the priority reproductive health needs of displaced populations. This chapter describes the systematic approach to setting up reproductive health services during the emergency and post-emergency phase.
- **Chapter 12 — Emergency Mental Health Care** describes the psychological problems of people exposed to violence and other stressors. Using lessons learned from previous mental health programs, this chapter provides practical guidelines for setting up mental health programs for displaced populations in developing countries. A sub-chapter on the **Needs of Children and Adolescents** discusses how children and adolescents have experiences in emergencies that create special needs. It describes how to increase psychological support and set up educational and social services in order to meet these needs.

- **Chapter 13 — New Technologies in Humanitarian Emergencies** explains how many technologies can greatly improve the emergency response. This chapter reviews the use of appropriate technology in emergencies. It also reviews various technologies and tools that can enhance the effectiveness of disaster operations.
- **Chapter 14 — Media and Public Affairs** covers the role of the media in humanitarian emergencies. It also describes how to build good media relations to benefit the relief response.

We hope that local and international humanitarian workers at every level will find this guide helpful for improving their skills as well as of those whom they have planning and management responsibility. We would very much appreciate comments from readers on the usefulness of this guide in disaster preparedness and response and any suggestions for future improvements.

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## ***DISASTER DIMENSION***

### **Description**

This chapter reviews the impact of disasters on displaced and host populations and how to build the capacity of vulnerable communities to cope with disasters despite social, political, economic, and cultural constraints.

### **Learning Objectives**

- To describe different disasters, their trends and consequences on displaced populations.
- To define IHL and Human Rights Law and their application in humanitarian emergencies.
- To describe the long-term solutions for refugees and internally displaced persons.
- To describe the major political, economic, social, and cultural processes surrounding humanitarian emergencies.
- To discuss the role of humanitarian assistance in disaster prevention, mitigation, and preparedness.
- To define the strategies for strengthening community participation in developmental relief programs.

### **Key Competencies**

- To analyse current trends and consequences of large, displaced populations following major disasters.
- To apply the IHL and Human Rights Law to conflict and non-conflict situations.
- To understand the impact of long-term solutions on refugees and internally displaced persons.
- To recognise the political, economic, social, and cultural issues surrounding humanitarian emergencies.
- To identify appropriate disaster prevention, mitigation, and preparedness measures.
- To understand the critical role of community participation in new relief programs.



## OVERVIEW OF DISASTERS

*“Disasters... are all too often regarded as unusual events, not part of “normal life.” In reality, however, the opposite is true. Disasters and emergencies are a fundamental part of normal life. They are consequences of the ways societies structure themselves, economically and socially; the ways that societies and states interact; and the ways that relationships between the decision makers are sustained.”<sup>1</sup>*

Disasters happen when the forces of a hazard (an extreme event that disrupts the lives of people) exceed the ability of a community to cope on its own. Not all communities are at risk of every type of disaster, but every community is at risk of some particular disaster. The United Nations Disaster Relief Organisation (UNDRO) defines a disaster as:

*“a serious disruption of the functioning of a society, causing widespread human, material, or environmental losses which exceed the ability of the affected society to cope using its own resources.”*

The most important points in this definition are the following:

1. A disaster interrupts the **normal** function of a community.
2. The affected population cannot cope with the effects of the disaster.
3. Normal function cannot be resumed without external assistance.

Disasters do not occur every time a community is exposed to a drought, fire, conflict, etc. The consequences of a disaster will depend on the nature of the hazard as well as the *vulnerability* and level of disaster preparedness of the population at risk. Certain groups of people have very low capacity to cope with the harmful effects of disasters on their lives and livelihoods. Declining health, education, and other social services and environmental degradation all contribute to increased vulnerability and exposure to risks, shocks, and stress.

*Table 1-1: Terms and Definitions*

<b>Acute Emergency Phase</b>	Begins immediately after the impact of the disaster and may last for 0-3 months. Characterised by initial chaos and a high crude mortality rate (CMR). Ends when CMR drops below 1/10,000 people/day.
<b>Asylum</b>	Giving sanctuary, refuge, shelter or protection from seizure to a refugee from another country.
<b>Camp</b>	A place where a group of displaced people temporarily lodge in tents, huts, or other makeshift shelters. A camp setting may vary as follows: <ul style="list-style-type: none"> <li>• Tented cities relying wholly on external support.</li> <li>• Small, open settlements where the refugee communities have been able to maintain a village atmosphere.</li> <li>• Larger, more crowded settlements where its inhabitants are more dependent on external aid. Level of control exercised by national and international authorities.</li> </ul>
<b>Complex Humanitarian Emergency</b>	<ul style="list-style-type: none"> <li>• A major man-made disaster that may be complicated by natural disaster(s), and loss of life. It often requires the support of a multinational military peace operation.</li> <li>• A humanitarian crisis in a country or region where there is a total or considerable breakdown of authority resulting from internal and/or external conflict, which requires an international response that goes beyond the mandate and capacity of any single agency (UNDHA).</li> </ul>
<b>Complex Political</b>	Situations in which the capacity to sustain livelihood and life is threatened primarily by

<b>Disaster</b>	political factors, and, in particular, by high levels of violence.
<b>Disaster</b>	Regardless of the cause, disasters have the following characteristics: <ul style="list-style-type: none"> <li>• A great or sudden misfortune</li> <li>• Beyond the normal capacity of the affected community to cope, unaided</li> <li>• The interface between vulnerable human conditions and a natural hazard</li> </ul>
<b>Hazard</b>	Extreme event (natural, man-made) that may disrupt the lives of people, particularly vulnerable people, exposing them to loss of property or livelihood, injury, or death.
<b>Integration</b>	Neighbouring country of asylum allowing refugees to settle permanently with the host population without restrictions.
<b>Internally Displaced Person (IDP)</b>	<ul style="list-style-type: none"> <li>• Persons who have been forced to flee their homes suddenly or unexpectedly in large numbers, as a result of armed conflict, internal strife, systematic violations of human rights, or natural or man-made disasters, and who are within the territory of their own country (UN Secretary General 1992).</li> <li>• Persons or groups of persons who have been forced or obliged to leave their homes or places of habitual residence, in particular as a result of, or in order to avoid the effects of, armed conflict, situations of generalised violence, violations of human rights, or natural human-made disasters, and who have not crossed an internationally recognised state border (Inter-Agency Standing Committee Guiding Principles 1998).</li> </ul>
<b>Post-Emergency Phase</b>	Begins when the CMR drops below 1/10,000 people/day and may last 1-6 months or longer. Characterised by improvement and expansion of relief activities.
<b>Refugee</b>	<ul style="list-style-type: none"> <li>• Any person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it (UNHCR 1951).</li> <li>• Every person who, owing to external aggression, occupation, foreign domination, or events seriously disturbing public order in either part or the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek refuge in another place outside his country of origin or nationality (OAU).</li> </ul>
<b>Relief</b>	Assistance given to people in need after a disaster. The initial assistance in an emergency is usually provision of food, clean water, shelter and protection.
<b>Rehabilitation or Reconstruction Phase</b>	After the relief phase, reconstruction begins. This should lead to restoration of pre-disaster conditions (repaired facilities, functioning services, self-reliance).
<b>Repatriation</b>	Returning to the country of birth or citizenship. May be forced or voluntary.
<b>Resettlement</b>	Allowing refugees to settle in a third country when repatriation or integration is not possible. Usually offered as a temporary solution.
<b>Vulnerability</b>	<p>The defencelessness, insecurity, and exposure to risks, shock, and stress—and having difficulty coping with them.</p> <p>Living on an “edge” such that if something goes wrong, or if part of the situation changes, then the ability to sustain life is endangered. The potential that when something destructive happens, people will not be able to handle the consequences by themselves.</p>

## Types of Disasters and Trends

There are many types of disasters. Most of them arise due to the forces of nature or man. A large part of the world's population is subject to natural disasters. Between 1971 and 1995, natural disasters caused, on average, more than 128,000 deaths and affected the lives of 136 million people each year. This decade has seen more "complex political emergencies" involving large-scale population movements, displaced people and refugees. Between mid-1996 and mid-1997, an estimated 5.57 million people were killed as a result of "high-intensity" conflicts world-wide.<sup>2</sup>

Some disasters strike very rapidly, while other disasters begin with low-levels of violence or deteriorating social conditions. The following table classifies disasters into five major categories: *sudden-onset disasters*, *slow-onset hazards*, *industrial/technological events*, *armed conflict*, and *epidemics*.

Table 1-2: Classification of Disasters

NATURAL DISASTERS	MAN-MADE DISASTERS
<b>Sudden Impact</b> — earthquakes, tropical storms, tsunamis, volcanic eruptions, etc.	<b>Industrial/Technological</b> — pollution, fires, spillages, explosions, etc.
<b>Slow-Onset</b> — drought, famine, pest infestation, deforestation, etc.	<b>Complex Emergencies</b> — wars, civil strife, armed aggression, etc.
<b>Epidemic Diseases</b> — water-borne, food-borne, vector-borne, etc.	<b>Others</b> — transportation accidents, material shortages.

1. **Sudden-onset disasters** include floods, earthquakes, tsunamis, or tidal waves, tropical storms, volcanic eruptions, and landslides. As their name implies, sudden-onset disasters occur swiftly and often without any warning. Floods are the most frequent type of natural disaster associated with sudden migration of large populations and food shortages. Other types of disasters generally occur more frequently in Asia, Latin America, and the Caribbean rather than in Africa. When these disasters occur, they frequently cause thousands of deaths and casualties. Earthquakes cause the greatest number of deaths and overwhelming infrastructural damage. Communities at risk of these types of disasters should recognise and respond to threats posed by local weather patterns and the shape and contours of the land.
2. **Slow-onset disasters** include droughts, famine, environmental degradation, deforestation (loss of trees and vegetation), pest infestation and desertification (conversion of arable lands to deserts). These disasters are usually the result of adverse weather conditions combined with poor land use. Traditionally, African communities, particularly the poor, have been at increased risk of these types of disasters because of poverty and social inequality, environmental degradation from poor land use and rapid population growth. Slow-onset disasters can be prevented because they happen over a long period of time and human decisions contribute to (or cause) problems. Early warning systems can be easily put in place to lessen or even prevent the disaster.
3. **Industrial/technological disasters** result from a society's industrial and technological activities that lead to pollution, spillage, explosions, and fires. They may occur because of poor planning and construction of man-made facilities (buildings, factories, etc.) or from neglect of safety procedures. Sudden-onset disasters such as earthquakes, floods, and terrorist acts may trigger secondary disasters such as fires or pollution. Industrial events have the potential to cause large-scale loss of life and infrastructural damage, especially in developing countries with unregulated industrialisation, and inadequate safety standards and disaster response capacity. Wherever there is a man-made facility, there is the potential for an industrial or technological disaster to occur. Reducing the occurrence and effects of industrial disasters requires a multi-sectoral approach.
4. **Complex emergencies** are usually man-made, with multiple contributing factors. They often follow wars between states, internal conflict, and, increasingly, terrorist acts. Massive population displacements may occur due to lack of food, insecurity, and increasing death rates. Poverty and risk of conflict go hand in hand. Civilians that are not part of the conflicts end up bearing the majority of casualties because they are often targets of both sides of the conflict.

5. **Epidemic diseases** are those diseases that normally do not occur in stable communities but have the potential to spread under certain conditions. This can cause frequent and severe outbreaks. These diseases may be spread by contaminated water or food, person-to-person contact, or through animals or insect vectors. Examples of epidemic diseases that commonly threaten displaced populations include cholera, measles, dysentery, respiratory infections, malaria, and, increasingly, HIV. After a major disaster, the risk of epidemic diseases increases mainly as a result of overcrowding and unhygienic conditions.

## Consequences of Disasters

Disasters have massive human and economic costs. They may cause many deaths, severe injuries, and food shortages. Most incidents of severe injuries and deaths occur during the time of impact, whereas disease outbreaks and food shortages often arise much later, depending on the nature and duration of the disaster. Anticipating the potential consequences of disasters can help determine the actions that need to be started before the disaster strikes to minimise its effects. The following table summarises the potential consequences of some common disasters.

Table 1-3: Potential Consequences of Disasters

<b>Consequences</b>	<b>Floods</b>	<b>Earthquakes</b>	<b>Droughts</b>	<b>Complex Emergencies</b>
<b>Deaths</b>	Few	Many	Many	May be many
<b>Severe injuries</b>	Few	Overwhelming	Few	May be many
<b>Disease outbreaks</b>	Possible (water-borne)	Possible	Possible (due to malnutrition)	Common (all types)
<b>Food shortages</b>	Common	Rare	Overwhelming	Common
<b>Mass displacement</b>	Common	Not common	Common	Common

## Phases of Disasters

Disaster situations are dynamic, always changing and demanding a change in response. There are six phases of disasters. Even though the evolving situation may appear continuous, recognising the end of a particular phase may help predict new needs and plan better responses. Each phase is described below.

- Pre-Emergency phase
  - Impact and Flight phase
  - Acute Emergency phase
  - Post-Emergency phase
  - Repatriation phase
  - Rehabilitation or Reconstruction phase
1. **Pre-Emergency Phase** — The period before the disaster strikes may be used to assess how often a particular community is exposed to different risks (risk mapping), and how good is their preparedness. Protective actions can be undertaken based on the disaster warnings and the available resources, e.g., identifying temporary shelters, stocking basic supplies, planning evacuation routes, monitoring trends, etc.
  2. **Impact and Flight Phase** — When a disaster strikes, the hazard (fire, earthquake, floods, conflict, etc.) may trigger the displacement of large numbers of people from their homes. How long this phase lasts depends on the type of disaster, the number of people affected and the distance they must travel to find sanctuary. Search and rescue and other assistance, e.g., providing transportation, shelter and basic supplies to affected people may be carried out to reduce the loss of lives.

3. **Acute Emergency Phase** — This phase begins immediately after the impact of the disaster and is marked by intense, often reactive activities by many humanitarian agencies responding to media reports of very high death rates (may be 5-60 times the normal death rates). The priority is to keep the affected population alive. Security may be a major concern in complex emergency situations. Critical services such as providing food, water, sanitation, basic health care, and protection from violence and harassment are quickly organised. This phase ends when crude death rates fall below 1/10,000 persons/day.  
**Note:** *The Crude Mortality Rate (CMR) for stable populations in Africa is about 0.5 deaths/10,000 persons/day.*
4. **Post-Emergency Phase** — The population movement usually slows down. This enables critical services to be properly established and maintained. During this phase, the cause of the displacement may be evolving. The displaced people wait for “something to happen” so that they can either return home, integrate with the local community or relocate elsewhere. As international support declines, the emphasis shifts to building the local capacity and promoting community participation. Tracing, reproductive health care, mental health care, and other services may be initiated, based on the epidemiological information.
5. **Repatriation Phase** —After the emergency situation is over, displaced people are expected to return to their place of origin either on their own or with the help of relief agencies. Repatriation may be either forced or voluntary.
6. **Rehabilitation or Reconstruction Phase** — Once a permanent solution is found, the focus shifts from relief to development. The aim is to help the affected community become self-reliant. The responsibility of providing assistance is handed over to the affected community, the local authorities, development agencies, and other non-governmental organisations. Because humanitarian and development technicians have different approaches to providing assistance and the infrastructure for relief is inadequate for development, the programs are re-oriented and redesigned.

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## HUMAN RIGHTS LAWS AND INTERNATIONAL HUMANITARIAN LAW (IHL)

The **Human Rights Laws** and the **International Humanitarian Law (IHL)** are designed to guarantee individuals the right to a life of physical and mental well being. Both have their foundation in centuries old beliefs about the respect for human life and welfare. However, these laws apply in different circumstances and have different mechanisms for enforcement.

### Human Rights Laws

Human Rights Laws are international legal instruments that are designed to protect individuals, and groups of individuals, from having their rights (civil, political, economic, social, and cultural) violated by a government. These laws are adopted through treaties that are signed by nations. These treaties guarantee citizens the right to life, humane treatment, freedom from slavery and from *ex post facto* laws (laws passed to punish people for activities that were previously legal). Human Rights Laws generally apply during peacetime, although they could be applied during times of war as well. However, they do not specifically address the means and methods of warfare. Because the *government* of a country is the signatory to the treaty, groups outside the government, such as rebels or terrorists, are not punishable by International Human Rights Laws, but instead by the laws of the nation in which they are operating.

The following table lists some of the Human Rights Laws designed to keep governments from violating the human rights of their own citizens.

Table 1-4: Common Human Rights Laws

Common Human Rights Laws	
1.	Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment
2.	Convention on Consent to Marriage, Minimum Age for Marriage, and Registration of Marriages
3.	Convention on the Elimination of All Forms of Discrimination Against Women
4.	Convention on the Prevention and Punishment of the Crime of Genocide
5.	Convention on the Rights of the Child
6.	Convention Relating to the Status of Refugees and its Protocol
7.	Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief
8.	Declaration on the Protection of Women and Children in an Emergency and Armed Conflicts
9.	ILO Convention Concerning Indigenous and Tribal Peoples in Independent Countries
10.	International Convention on the Elimination of All Forms of Racial Discrimination
11.	International Covenant on Civil and Political Rights
12.	International Covenant on Economic, Social, and Cultural Rights
13.	Standard Minimum Rules for the Treatment of Prisoners
14.	Universal Declaration of Human Rights

In order for Human Rights Laws to be enforced, the oppressed or injured party must bring suit, either in a national court or in an international body against a government. Therefore, enforcing Human Rights Laws can become very political and is often not based purely on humanitarian principals and neutrality, as is IHL.

## International Humanitarian Law (IHL)

*Definition:* IHL is the part of international law designed to protect victims during warfare. It applies to both soldiers and civilians, wounded, sick, and shipwrecked members of the armed forces and prisoners of war. Medical workers, military chaplains, and civilian support workers are also protected. IHL applies to all parties in armed conflicts.<sup>3</sup>

The principle legal documents of the IHL are the **four Geneva Conventions of 1949** and the **two Additional Protocols of 1977**, which are based on the principals of *humanity*, *impartiality*, and *neutrality*. The founding of the modern IHL began after Henry Dunant, a Swiss businessman witnessed the suffering of wounded and dying soldiers in Solferino, Italy in 1859 after a battle between French and Austrian armies. He called for an international conference to draft agreements on how to deal with battlefield casualties. He also proposed the formation of volunteer relief groups, which were protected from harm, to care for the wounded. As a result, the Geneva Conventions were negotiated and the **International Committee of the Red Cross (ICRC)** was formed. The symbol of a red cross was identified as the universal protective emblem for those assisting the wounded and civilians in conflict areas.

The purpose of using IHL is to help resolve conflicts and return to a state of peace. IHL is enforced by a system of **Protecting Powers**. Under this system, these Protecting Powers appoint certain neutral countries to safeguard the interest of the parties in conflict in enemy countries. If no appointments have been made, the International Committee of the Red Cross will offer to the parties in conflict its help as the designated Protecting Powers.<sup>4</sup>

IHL is enforced in many ways. Almost all nations have ratified the Geneva Conventions, and over one hundred nations have ratified one or both Additional Protocols. Nations that ratify the Geneva Conventions have a legal obligation to uphold them. They are required to enact domestic laws that provide legal actions against violators. Legal action against violators may be brought before an international tribunal, such as those that occurred in Nuremberg after the fall of Nazi Germany. The most effective means of obtaining respect for these laws is to provide education during times of peace.<sup>5</sup>

### **The Geneva Conventions and Additional Protocols**

The IHL is comprised of four Geneva Conventions and two Additional Protocols. All Geneva Conventions contain a **Common Article 3**. The conventions and protocols specify rules that safeguard combatants (members of armed forces) who are out of battle, prisoners of war, civilians accompanying the armed forces, and the civilian population. Each document applies to different situations:

- The four Geneva Conventions and the Additional Protocol I apply to all situations of declared war or armed conflict *between nations*.
- The Additional Protocol II and Article 3, which is common to the four Geneva Conventions, apply to situations of *internal conflict* (excluding internal disturbance and isolated acts of violence).

The following tables summarise who is protected and the mandate of the Geneva Conventions, the Additional Protocols, and Common Article 3.

Table 1-5: Protected Persons and Mandate of the Geneva Conventions

	Protected Persons	Mandate
<b>First Geneva Convention</b>	<p>Provides protection to the following:</p> <ul style="list-style-type: none"> <li>• Soldiers who are out of battle</li> <li>• Soldiers who are wounded or sick</li> <li>• Medical personnel, facilities and equipment</li> <li>• Military chaplains</li> <li>• Wounded civilians in a military support role</li> <li>• Civilians who spontaneously take arms to fight an invasion<sup>6</sup></li> </ul>	<ul style="list-style-type: none"> <li>• They shall be free from discrimination on the basis of sex, race, nationality, religion, political beliefs, or other criteria.</li> <li>• They are not to be murdered, exterminated, or subjected to torture or biological experiments.</li> <li>• They are to receive adequate care.</li> <li>• They are to be protected against pillage and ill-treatment.</li> <li>• All parties must search for and collect the wounded and sick after battle, and inform the Central Tracing Agency.</li> </ul>
<b>Second Geneva Convention</b>	<p>Adapts the First Geneva Convention to conditions at sea:</p> <ul style="list-style-type: none"> <li>• Armed force members who are wounded, sick, or shipwrecked</li> <li>• Medical personnel</li> <li>• Civilians accompanying armed forces</li> </ul>	<ul style="list-style-type: none"> <li>• All parties will aid in their rescue and care.</li> <li>• Neutral ships such as merchant ships can be called on for aid and given protection as neutral parties.</li> <li>• Hospital ships cannot be used for any military purpose.</li> <li>• A ship's religious, medical, and hospital personnel on combat ships cannot be captured.</li> <li>• Warships can hold the wounded, sick, and shipwrecked as prisoners of war, on condition they respect the Third Geneva Convention.</li> </ul>
<b>Third Geneva Convention</b>	<p>Sets out specific rules for the treatment of prisoners of war (POWs). May include:</p> <ul style="list-style-type: none"> <li>• Members of the armed forces</li> <li>• Volunteer military forces, including resistance movements</li> <li>• Civilians accompanying armed forces</li> </ul>	<ul style="list-style-type: none"> <li>• POWs are required only to give their name, rank, date of birth, military number.</li> <li>• Names of POWs must be sent immediately to the ICRC, and they should be allowed to correspond with their families.</li> <li>• POWs are not to be subject to torture, experimentation, discrimination or public display.</li> <li>• POWs should be housed in clean shelter and given food, water, and medical care.</li> <li>• POWs are subject to the laws of their captors and can be tried in their captors' courts.</li> <li>• Seriously ill POWs are to be repatriated.</li> <li>• All POWs to be released without delay once conflict ends.</li> </ul>
<b>Fourth Geneva Convention</b>	<p>Protects the rights of civilian populations living in areas occupied by armed forces.</p>	<ul style="list-style-type: none"> <li>• To be allowed to lead a "normal life" and should not be deported or detained except for security reasons.</li> <li>• To be protected from murder, torture, brutality, and discrimination.</li> <li>• Safety, honour, family life, religious practices and customs are to be respected.</li> <li>• Orphans are to be cared for and ICRC tracing agency to transmit family news and facilitate family reunification.</li> <li>• Hospitals and safety zones are to be established.</li> <li>• Available hospitals &amp; medical personnel are to be protected.</li> <li>• Civilians cannot be forced into military-related labour, and they are to be paid for any work.</li> <li>• Public officials may retain their post and powers unless they present a security risk.</li> <li>• The occupying power must ensure food, medical, and</li> </ul>

		<p>public health facilities for the civilian population or allow relief organisations to assist them.</p> <ul style="list-style-type: none"><li>• Detainees to receive adequate care/protection as POWs; children &amp; pregnant women not to be detained too long.</li></ul>
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Table 1-6: Protected Persons and Mandate of Additional Protocols and Common Article 3

	Protected Persons	Mandate
<b>The 1977 Protocol I</b>	Expands the protection for civilians, the military and medical workers in international armed conflict.	<ul style="list-style-type: none"> <li>• It outlaws indiscriminate attacks on civilian populations and necessary infrastructures, such as food and water.</li> <li>• Protects dams, dikes, nuclear plants, and places of cultural or religious worship.</li> <li>• Weapons that cause superfluous injury, unnecessary injury, or long term damages to the natural environment are outlawed.</li> <li>• Gives special protections to women, children, civilian medical workers, and journalists.</li> <li>• Forbids the recruitment of children less than 15 years of age into the armed forces.</li> <li>• Use of the protective emblems of the ICRC for deceit is illegal.</li> </ul>
<b>The 1977 Protocol II</b>	Contains more protection for victims of high intensity internal conflicts such as civil wars. Does not apply to internal disturbances and isolated acts of violence.	<p>Offers protection to parties who do not take direct part in the conflict:</p> <ul style="list-style-type: none"> <li>• Evacuation of children to safe areas, where possible, and eventual reunification with families.</li> <li>• Forbids attacks on civilians and “objects indispensable for survival” such as crops, water supplies, and religious buildings.</li> <li>• Persons detained during internal conflicts are to be afforded the same rights as POWs by the Third Geneva Convention.</li> <li>• Impartial relief organisations are to be permitted to continue humanitarian services.</li> <li>• Strengthens protection of wounded, sick, shipwrecked, medical and religious personnel.</li> </ul>
<b>Common Article 3</b>	Extends coverage to <i>non-international conflicts</i> for soldiers who have put down their arms or are out of the conflict due to injury or sickness.	<p>To ensure that non-combatants get humane treatment, it prohibits the following:</p> <ul style="list-style-type: none"> <li>• Violence to life or person — murder, mutilation, cruel treatment, torture</li> <li>• Taking hostages</li> <li>• Outrages against dignity — humiliating or degrading treatment</li> <li>• Passing of sentences and carrying out executions</li> </ul>

## Conclusion — Human Rights Laws and IHL

Human Rights Laws and IHL have a common goal — to protect humans from inhuman acts and to promote their fundamental rights in all circumstances. These laws have been developed in different ways and are embodied in different treaties. Human rights apply in principal in all circumstances, while IHL apply during times of war.<sup>7</sup> To alleviate suffering and achieve a better life with greater freedoms for people during war and peace times requires a common understanding and a universal respect for these laws. It is the duty of each country that has ratified the IHL and Human Rights Laws to communicate the information contained in these laws during times of peace.

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## DISPLACEMENT AND DISPLACED PERSONS

Many disasters occur every year. These disasters force large populations to leave their homes in order to:

- Escape the effects of conflict and violence resulting from weakened states or external aggression.
- Find food, water, shelter, which are lacking due to poverty and economic collapse.
- Seek protection from persecution because of race, religion, political opinion, nationality, or membership in a social group.
- Escape the devastation of an environmental disaster.

### Impact of Displacement

Displacement causes a strain on both the populations that have been displaced and the host populations that have to share their scarce resources.

The risk of death is usually highest immediately after displaced people arrive at a place of safety. This may occur because of physical exhaustion and prolonged lack of food and medical care. Most deaths among displaced populations occur in children less than five years of age. Because people need water to survive, most displaced people settle themselves near rivers and streams. The risk of contaminating these water sources with human waste can give rise to serious outbreaks of communicable diseases such as cholera, typhoid, and dysentery.

“Since 1990, death rates among the Sudanese refugees in Ethiopia (July 1990), the newly arrived Somalia refugees in Ethiopia (June 1991), the Somalia refugees in Kenya (January 1992), the Bhutanese refugees in Nepal (May 1992), and the newly arriving Mozambican refugees in Zimbabwe and Malawi (July 1992) have been elevated between five to twelve times the crude mortality rate in the country of origin.”<sup>8</sup>

The impact of displacement is not only felt by the persons being displaced, but also by those living around their new residence, whether it is temporary or permanent. Host populations can be adversely affected when large numbers of people settle (even temporarily) in a region that is ill-prepared for supporting a large influx of displaced people. Many rural and urban societies in Africa are being sustained on the most basic of subsistence economies. Any change to the environment can interfere with the livelihoods of the residents hosting the displaced population. For example, when there is limited access to food in an area, even small increases in the demand for food can disrupt local market prices and food availability, resulting in increased malnutrition.

The following table summarises the consequences of displacement on *displaced persons* and *host populations*:

Table 1-7: A Summary of the Consequences of Displacement

Effects of Displacement on <i>Displaced Persons</i>	Effects of Displacement on the <i>Host Population</i>
<ul style="list-style-type: none"> <li>• Loss of livelihood/increased poverty</li> <li>• Hunger, malnutrition, and starvation</li> <li>• Lack of shelter</li> <li>• Lack of heating and cooking fuels</li> <li>• Lack of potable water</li> <li>• Spread of communicable diseases</li> <li>• Overcrowding</li> <li>• Loss of land tenure</li> <li>• Long-term psychosocial trauma</li> <li>• Breakdown of traditions, common values and norms</li> <li>• “Community” functioning is disrupted</li> </ul>	<p><b>Initially</b></p> <ul style="list-style-type: none"> <li>• Competition for essential resources and services</li> <li>• Food shortages and increases in food prices</li> <li>• Reduced wages</li> <li>• Impeded transportation and/or movement in the area</li> <li>• Civil unrest</li> <li>• Interruption of local commerce due to black market economies</li> <li>• Increased pollution due to overburdened water and sanitation systems</li> <li>• Spread of communicable diseases</li> <li>• Overcrowding</li> <li>• Long-term psychosocial trauma</li> </ul> <p><b>Later</b></p> <ul style="list-style-type: none"> <li>• Local commerce increases and booms</li> </ul>

External support in response to refugee problems is often late, hampered by the unwillingness of local or host governments to appeal to the international community for assistance. Private or other political factions within the community may be the root cause this unwillingness. In other situations, the media and donors may not respond to an appeal until the situation becomes critical. By then, the lives of both the displaced and host populations may be at risk from disease outbreaks and inadequate health care. Permanent solutions for displaced persons should also address the adverse impact of displaced populations on the host population.

## Refugees and Internally Displaced Persons

Africa continues to have a disproportionate number of refugees and internally displaced persons. From 1990 to 1993, the world population of internally displaced persons and refugees grew by 40 percent, from 30 million to 43 million people. Of these, approximately 16 million people were located in Africa as of 1993.<sup>9</sup> Globally, the bulk of displaced persons have been in Afghanistan, Bolivia, Sierra Leone, Liberia, the African Great Lakes Regions and the Balkans.

The following sections describe the major differences between refugees and internally displaced persons.

### 1. Refugees

“Refugees” are people who, because of fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, flee from their home country (and are unwilling to return) and seek protection across an international border.

**Note:** *It is becoming increasingly difficult to obtain the required documentary evidence of genuine “fear of persecution.”*

How refugees should be treated is clearly defined in the Geneva Convention and Added Protocols. Almost all countries have signed the Geneva Conventions and are obliged to grant asylum to any refugee that flees into their territory.<sup>10</sup> While it would be illegal for these countries to return refugees to the country they are fleeing from, there is no legal way of forcing a country to offer them asylum. This is because the United Nations and

other humanitarian organisations that try to assist the increasing numbers of refugees must respect the sovereignty or freedom of the host country to rule itself.

The following table summarises who is not a refugee.

*Table 1-8: Those Persons Not Qualifying as Refugees*

<b>Under the United Nations Refugee Mandate, the Following Persons are <u>Not</u> Refugees:</b>
1. Someone who fled from his home areas due to fear of persecution but does not cross an international border (IDP).
2. Someone who is a victim of a natural disaster — famine, drought, etc.
3. Someone who is fleeing from economic hardship (economic migrant).
4. Someone who returns back to his country of nationality.
5. Someone who acquires a new nationality in another country, and enjoys protection by the country of his new nationality.
6. Someone who cannot invoke compelling reasons for refusing to return to the country of his nationality, because the circumstances that led to his refugee status have ceased to exist.
7. Someone who has committed a crime against peace, a war crime, or a crime against humanity.
8. Someone who has committed a serious non-political crime outside the country of refuge prior to his admission to that country as a refugee.
9. Someone who has been guilty of acts contrary to the aims and principles of the United Nations.

Because most developing countries are poor and overwhelmed by their own problems, they may request for aid once they detect a serious refugee problem. The United Nations High Commission for Refugees (UNHCR) and other humanitarian agencies may provide assistance to refugees. UNHCR is responsible for protecting the rights of refugees and ensuring that they are treated according to internationally recognised standards.

## **2. Internally Displaced Persons**

The majority of displaced persons are referred to as “internally displaced persons” (IDPs). These people are forced to flee from their home suddenly or unexpectedly in large numbers as a result of armed conflict, internal strife, systematic violations of human rights or natural or man-made disasters but remain within the territory of their country. Although some IDPs are compelled by similar reasons to flee (and may face similar problems) as refugees, they do not enjoy the same legal status for protection and for assistance simply because they did not cross their country’s borders. Prior to 1998, no international agency had been given the responsibility of ensuring adequate care and protection for IDPs. Since then, Guiding Principles have been developed by the United Nations to define standards for the treatment of internally displaced persons<sup>11</sup>.

**Note:** *The biggest cause of internal displacement is urbanisation, which is a disaster in itself. For details, see the section on Prevention, Mitigation and Preparedness: the future of humanitarian assistance.*

Whether displaced persons cross a border or not, they should first be provided with basic necessities of life before sorting out their identities and other criteria. Permanent solutions for refugees and IDPs should be approached the same way, e.g., voluntary repatriation and return of IDPs to their place of origin should be carried out in a similar manner. Displacement for both groups should be addressed in the context of the root causes. If human rights abuses were the major factor, then human rights groups should join together with agencies and increase awareness of the problem while providing assistance and protection.

## **Special Concerns of Displaced Persons**

Populations that have been displaced due to armed conflict, civil strife, increased human rights violations, natural

or man-made disasters may have unique concerns, including the following:

### 1. Increased Vulnerability

In many emergency situations, up to 80% of the affected population are women, children, and elderly persons. Displacement makes these groups more prone to violence, starvation, and even death. They are vulnerable because they lack the capacity to cope, for example:

- *Physiologically vulnerable* — those who lack access to basic needs, including health care, e.g., malnourished, sick, pregnant and lactating women, young children, and the elderly.
- *Socially vulnerable* — those who lack access to education and social support, e.g., female-headed households, unaccompanied minors, AIDS orphans and the disabled.
- *Economically vulnerable* — those who lack sufficient income, e.g., the poorest
- *Politically vulnerable* — those who lack autonomy and have no control over their situation, e.g., internally displaced persons, refugees, and ethnic minority groups (by language).

If the above vulnerabilities are not effectively reduced, the affected people may suffer more serious consequences, and their “return to normalcy” may be more difficult.

**Note:** *The above classification of vulnerable groups represents overlapping but separate problems. For example, there may be many female-headed households among the very poor, but targeting all women for seeds and tools distribution will not solve the problem of poverty, which has many other underlying causes.*

### 2. Lack of Security and Protection

All displaced persons are under constant threats of physical violence if normal defence and policing systems are disrupted, during their flight and in the relief camp, especially if it is a detention-like situation. Children and females of any age or marital status, who are on their own for whatever reason, will be more vulnerable, for example:

- People in power may demand sexual favours from women and adolescent girls in exchange for “protection” and basic subsistence goods, such as food and water.
- Unaccompanied children may be at higher risk for sexual violence, particularly when foster care placement occurs without adequate screening.
- When displaced persons cross international borders, they may be held in closed detention facilities. These facilities may house criminals with children and females with males.
- Breakdown of the community which usually enforces traditional norms, individual roles, and security results in disruption of social patterns and disappearance of the safety net.
- Not having proper personal identification may put a person at higher risk for sexual violence. The male head of the household may have been given all the relevant documents and may not be available to produce them when questioned by authorities.<sup>12</sup> In addition, politically active people among IDPs and refugees may interfere with the system of providing relief.

Relief workers need to be aware that the above incidents do occur and they can be reduced through basic preventive measures, such as better site planning, ensuring a balance of power between various groups of displaced people in camp settlements, and taking legal action against those who commit acts of violence.

### 3. Psychological Trauma

Considerable psychological trauma occurs when people are forced to flee from their homes. Displaced persons face stress during the flight, throughout their life in a settlement, and even after they return to their homes or settle in other countries. Common reactions to stress may include *anxiety, fear, and aggression* in the early phase of flight from their homes. As their displaced status becomes chronic, these reactions may progress to *psychosomatic illness, depression, substance abuse* and possibly *suicide*. Common causes of stress include lack of basic needs, concern for missing family members, and uncertainty about their future.

To date, effective mental health programs for displaced persons have not been established. Even though there is sympathy for displaced populations, few donors are keen on supporting mental health care and social services programs. Nonetheless, simple measures can reduce the continuous exposure to stress, for example:

- Helping displaced persons to reunite or find out about the fate of missing family members can significantly reduce their anxiety and enable them to resume normal function for their future life.
- Ensuring access to basic needs and services and giving them opportunities to live a meaningful life in the settlement can help restore dignity and hope among displaced persons.

(Refer to the *Emergency Mental Health Care* and *Needs of Children and Adolescents* chapters for further information on mental health care and social services.)

#### **4. Loss of Livelihood**

Camps often put the lives of hundreds of thousands of displaced persons on hold. They are cut off from their normal means of survival, and may not be allowed to farm, trade, or receive wages or state benefits. For complex emergency situations, relief may be their only means of survival since traditional coping mechanisms do not work. As a result, they require prolonged external support, which can create dependency among the beneficiaries. This causes more hardship when programs are terminated abruptly (which is often the case). It is essential to find long-term solutions for displaced persons that reduce their vulnerabilities and prepare them for sustainable livelihood. See last section in this chapter on Humanitarian and Developmental Relief.

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## **LONG-TERM SOLUTIONS FOR DISPLACED POPULATIONS**

In many situations, refugees and internally displaced persons are not able to return immediately to their place of origin. Their lives are kept on hold for as long as they are “displaced persons.” The fundamental humanitarian question is:

*What should be done with people who fear persecution and even death if they return to their homes before conflict is resolved?*

### **UNHCR Responsibility to Refugees and IDPs**

The United Nations High Commissioner for Refugees (UNHCR) is mandated to guarantee protection for refugees as well as to find a long-term solution for their displacement. The three main long-term solutions are listed below (but all are subject to approval by the governments concerned):

- Repatriation to the country of origin
- Integration into a neighbouring country of asylum
- Resettlement in a third country (usually in a developed country)

Refugee law is based on a need for *temporary* protection in the country of asylum. The UNHCR is not mandated to care for refugees after they have been repatriated, integrated, or resettled. Therefore, immigrants become subject to new laws without the United Nations or other relief organisations to ensure their basic rights are respected and that they live under acceptable conditions. Refugees being settled in a permanent location may find it more difficult to handle problems of rehabilitation, re-integration, or re-adaptation than to handle the previous problems in a refugee camp.

Assistance to IDPs is broadly similar to that for refugees. However, the protection and rights of IDPs are based on the national laws of their state as well as the universal human rights laws. The presence of UNHCR and other humanitarian NGOs has proven helpful in promoting respect of these laws by host authorities and parties to the conflict. Certain situations may demonstrate a need for increased UNHCR assistance toward internally displaced populations. For example, where IDPs are, or are likely to be mixed with returning populations, or where the same causes have produced both refugee flow and internal displacement. UNHCR may also decide to get involved in order to tone down the causes of internal displacement and contribute to conflict resolution through humanitarian action.

The main requirements for UNHCR to become involved with internally displaced persons (IDPs) are as follows:

1. A specific request from the United Nations General Assembly, Secretary General or other competent principle organ of the UN;
2. The consent of the concerned state or other relevant entity;
3. The relevance of UNHCR's expertise to assist, protect and seek solutions for internally displaced persons in the particular situation
4. The availability of resources for the activities in question.<sup>13</sup>

**Note:** *All refugees and internally displaced persons are expected to return willing to their place of origin once conditions are considered safe. Because some issues surrounding finding a long-term solution for IDPs are similar to those for refugees, this section will focus on solutions for refugees.*

## Containment in a Camp

Countries in Africa have traditionally been very hospitable to refugees from neighbouring war-torn countries, expecting that their plight will be short-lived. Individual families, religious institutions, and local authorities and organisations readily assist the affected population, usually for humanitarian reasons. The quotes below illustrate the reasons Tanzanian families gave for hosting Rwandese refugees following the Rwanda and Burundi crisis:

*“They are fellow human beings...we have to share with them the little we have.”*

*“They were relatives, and even those who were not kin were friends and neighbours to our kinsmen. How could we turn them away?”*

Unfortunately, more and more crises are becoming “chronic.” Hospitality of any kind is sweet when it is for a short and limited time. More frequent and prolonged conflicts now make it difficult for poor developing countries to host and help refugees for indefinite periods. It also makes it more difficult for displaced people to help themselves. To reduce the adverse impact on the host population and the local infrastructure, host authorities frequently contain displaced populations in camps that are located in the least desirable areas. Locations near the country's border may expose the population to increased insecurity. Despite the negative experience of camps, the international community usually assumes responsibility for establishing these camps and providing assistance to the displaced people rather than offering to resettle them in developed countries.

The design and layout of the camp may compromise the security and protection of displaced persons, for example:

- The physical and geographic location of a camp may increase the likelihood of sexual violence. If the camp is isolated or located in a zone with high crime, persons in the camp may be at higher risk.
- Overcrowding and the breakdown of a social structure may contribute to problems of personal security. Unrelated families may need to share common living and sleeping accommodations. People may be forced to live with strangers or with those they may consider enemies.

- Poor access to services and facilities may also increase the vulnerability of certain groups. When children or women must travel distances to obtain food, water, fuel, latrines, washing facilities, and to distribution or collection areas, they may get exposed to unnecessary risk.
- Inadequate security measures may be another factor. When vulnerable persons are housed in centres or camps where sleeping and washing facilities cannot be locked or secured, they are exposed to unnecessary risk.
- Lack of police protection or general lawlessness may encourage incidents of sexual violence in some camps. Police or persons charged with security may accept bribes and stop investigating complaints or release perpetrators from custody.<sup>14</sup>

## Repatriation

Repatriation is defined as returning back to the country of birth or citizenship. The trip is not always planned or expected. All refugees are expected to return to their country of origin willingly once there is evidence of change in the political climate (voluntary repatriation). Repatriation of refugees entails the same concerns as the return of internally displaced persons to their home areas. Most displaced persons return to their former homes on their own initiative. Sometimes, however, refugees are forced by host authorities to repatriate when the hospitality of the host population has been exhausted (forced repatriation). In these situations, the UNHCR with other agencies, may organise a large-scale repatriation program for the mass movement and provide the returnees with repatriation packages and transportation.

**Note:** *Forcing displaced people to return to their place of origin against their will (forced repatriation) is expressly forbidden in the Geneva Conventions and Additional Protocols. It often results in severe consequences (including death and being internally displaced) for people who return to areas with ongoing conflict or landmines. UNHCR should seek reliable information on areas reportedly affected by landmines and discourage returnees from travelling to there.*

Repatriation is a complex process, which involves more than simply helping displaced people to return to their former homes. Forced repatriation does not guarantee that the displaced population will remain and re-integrate with other people in their place of origin. It is important to understand which factors motivate displaced persons to repatriate, for example:

- *Factors that “push” displaced persons from a host country* — insecurity, phasing out of food distributions and other essential services, poor integration with local population.
- *Factors that “pull” displaced persons to their home country* — improved security conditions, improved access to land, political change, assistance for returnees (transport, basic supplies, protection), agricultural season, etc.

Rather than cutting back relief assistance in the camp it is more effective to improve the conditions in the place of origin and address any constraints preventing the displaced population’s return. Ensuring security, access to basic needs, and opportunities for economic development and self-sufficiency at the final destination is essential for a successful return. (See last section on Developmental Relief.)

The following preparations may be necessary for repatriation (and resettlement) of displaced persons:

- Ensuring that repatriation is safe
- Ensuring family reunions or families can go together
- General health screening
- Immunisation campaigns
- Treatment of the very ill
- Controlling existing outbreaks of communicable diseases
- Ensuring completion of drug treatments for patients with tuberculosis or appropriate follow-up at their final destination
- Providing basic supplies for the trip

## Integration

Integration is when the neighbouring country is willing to allow refugees to settle with the local population without any restrictions for as long as the security situation in their country of origin remains uncertain. Although integration is becoming less common than other long-term solutions, it may still occur if the following conditions are present:

- The number of refugees is small.
- The displaced persons share a similar cultural or ethnic background as the local population.
- The integration process does not provoke mass migration of people who are not entitled to protection (magnet effect).
- The host country economy is strong enough to welcome the additional labour and market expansion, and there is no threat of economic or environmental damage.

Some refugees may acquire adequate resources and social support to enable them to create a comfortable livelihood in the host country, without depending on relief aid. These refugees may never return to their country of origin even if there is peace. Competition for essential services and resources may give rise to domestic tensions between the local people and the migrants. Host countries may demand for additional development aid from the international community to continue to host the displaced persons.

When a stable long-term relationship can develop between different societies, a sense of helping and learning from one another develops. People are only now beginning to understand that building and preserving *social* capital is as necessary for a country's growth as human and physical capital. The ability of different people to come together and bond socially is very important in promoting economic growth and social stability.

**Note:** *Promoting integration as a long-term solution can pose serious political implications. It can imply that the United Nations and the host country support the ongoing efforts of ethnic cleansing in war-torn countries.*

## Resettlement

Resettlement may be defined as giving protection to refugees in a third country. It may be the only option when repatriation and integration are not possible. In many situations, refugees are not able to return to their home country. For example, in Somalia, many villages were mined as hostile forces withdrew.

Resettlement in a developed country is considered the *least preferred* long-term solution for donors and governments, but the *most attractive* to many displaced persons. Many developed countries perceive no strategic value in admitting socially and culturally diverse displaced communities. The United States views resettlement more positively than Europe and some Asian countries. The conditions for a third country (usually one of the developed countries) to grant resettlement to displaced persons are similar to those described under integration. Because there is no external support after admitting displaced persons, most developed countries grant resettlement as a *temporary* solution. They may limit the level of social protection to displaced persons and prohibit them from working, as work is an important method of integration into host societies. They may also give them incentives to return to their country of origin once the situation is safe.

## Future of Displaced Populations

Having the wisdom of knowing which option to select for displaced persons, and the power, resources, and commitment to see it through, is often difficult to achieve. Although it has been said that the international community should intervene earlier in complex disasters involving civil war, human rights abuses, food shortages, and mass displacement, doing this is extremely difficult.<sup>15</sup> When returning home is not an option for refugees or internally displaced persons due to ongoing civil unrest, heavy landmine presence, or other unnatural event, alternative strategies should be considered, such as:

- In armed conflict situations, the regional and international community may need to implement peacemaking and peacekeeping initiatives while seeking long-term solutions for the displaced.

- The international community should assume greater responsibility and consider compensation to the host populations when their social and economic infrastructure is strained by the displaced population.
- When necessary, trade and economic power should be used to improve access to, and the treatment of, displaced populations. Even though it is important to respect the sovereignty of a nation, it is also most important to intervene when human suffering is excessive.
- While carrying out a landmine survey is a national responsibility, UNHCR, through its presence in the country of origin and interviews with refugees, may contribute additional information.<sup>16</sup>

If the above steps are not taken, host authorities will force displaced persons to return to their former places where they will still depend on the humanitarian community for the same basic needs (food, water, etc.), but require far much greater protection.

The following table lists key advantages and disadvantages to long-term solutions for displaced persons:

*Table 1-9: Advantages and Disadvantages of Various Solutions for Displaced Populations*

SOLUTION	PERCEIVED ADVANTAGES	DISADVANTAGES
<b>Camp Settlement</b>	<ul style="list-style-type: none"> <li>• Allows more efficient service delivery</li> <li>• Better accounting of relief distribution</li> <li>• Easier to identify beneficiaries</li> <li>• Greater control of population activities</li> <li>• Increases physical access to services</li> <li>• Enhanced security</li> <li>• Cost effectiveness of relief</li> <li>• Monitoring of program</li> </ul>	<ul style="list-style-type: none"> <li>• Puts displaced people's lives "on hold"</li> <li>• Overcrowding and increased ill-health*</li> <li>• Duplicates rather than strengthens local capacity and infrastructure</li> <li>• Least accessible and poor quality land</li> <li>• Environmental degradation</li> <li>• Breakdown of social structure/norms and development of new "less protective" roles</li> <li>• Idleness and restriction of activities can increase security threat</li> <li>• May create "dependency syndrome" which is very destructive and difficult to handle</li> </ul>
<b>Repatriation</b>	<ul style="list-style-type: none"> <li>• Restores country's economic stability</li> <li>• People regain control over their lives</li> <li>• Fewer social problems or conflicts</li> <li>• <i>Voluntary</i> repatriation is the best solution for refugees, host country and donors</li> </ul>	<ul style="list-style-type: none"> <li>• May lack access to original homes or land</li> <li>• Root causes of displacement may persist</li> <li>• Forceful adjustment from total dependency to relative self-sufficiency</li> <li>• Limited external aid for economic rehabilitation and reconstruction</li> </ul>
<b>Local Integration</b>	<ul style="list-style-type: none"> <li>• Integrates assistance to refugees and locals</li> <li>• Promotes self-sufficiency and minimises dependency on aid</li> <li>• Builds morale and self-pride</li> </ul>	<ul style="list-style-type: none"> <li>• Reduces control of population activities</li> <li>• Too complicated to support, leading to possible exclusion from aid</li> <li>• Conflicts over resources with locals</li> <li>• Encourages permanent settlement</li> </ul>
<b>Resettlement or Temporary Asylum</b>	<ul style="list-style-type: none"> <li>• Provides protection to selected people facing real threat to personal safety (protection is temporary until safe return to place of origin is possible).</li> <li>• May be only option when second country is un-welcoming</li> <li>• Puts strong emphasis on preparation for return</li> </ul>	<ul style="list-style-type: none"> <li>• Many asylum restrictions to reduce magnet effect</li> <li>• May detain asylum seekers for duration of application or as protection</li> <li>• Restricted access to work and other benefits until asylum is granted</li> <li>• "Voluntary repatriation" when safe return is possible may be difficult</li> </ul>

\* **Note:** Many refugees may have better access to health care and basic needs than local population

## PART II

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### POLITICAL, SOCIAL, AND OTHER FACTORS SURROUNDING CHE

#### Characteristics of Complex Humanitarian Emergencies (CHE)

Complex humanitarian emergencies (CHE) are often the result of weakening political and governmental processes that foster peaceful coexistence between different communities. The cause of political instability is usually poor leadership combined with natural disasters such as famine and disease epidemics. This may lead to the following complex emergency situation:

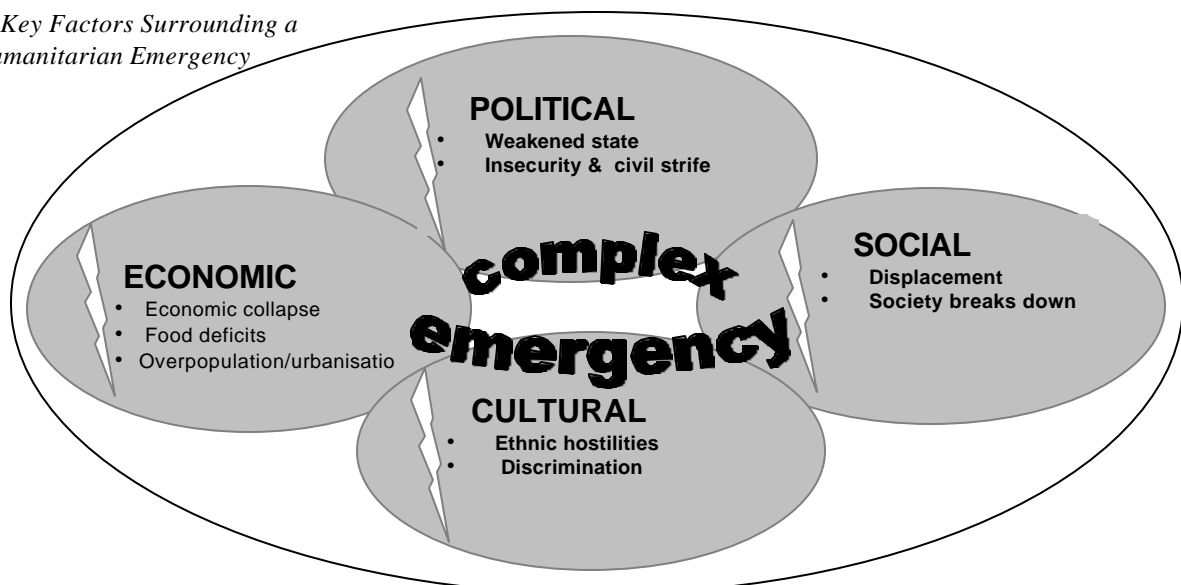
- Politically driven resource wars
- Widespread human rights abuses and civil unrest
- Cultural and ethnic minority groups at risk of extinction
- Territorial buffer zones between different communities erased
- Disruption of essential services and supplies
- Poverty and economic collapse
- Forced migration of large populations from their homes
- Catastrophic environmental and public health events
- Acute human suffering with significant excess mortality

Once political instability sets in, underlying conflict may intensify as communities struggle to regain historical power and to control resources. Certain services, such as health care, education, or social welfare programs may be the first to stop functioning. Increasing insecurity and poor access to food may force large populations to migrate to places without adequate food, water, and other basic necessities. Ineffective political and humanitarian actions may lead to great human misery in the form of malnutrition, disease outbreaks, and violence. Social welfare, justice systems, and cultural norms collapse for as long as the affected populations are forced to spend most of their time and energy searching for their basic human needs.

#### Underlying Factors

Complex humanitarian emergencies are surrounded by many factors that evolve and affect the displaced population. These factors may be political, economic, social, or cultural. Figure 1-1 below summarises the key political, economic, social, and cultural factors that usually surround a CHE. Each factor is discussed in detail in the following sections.

*Figure 1-1: Key Factors Surrounding a Complex Humanitarian Emergency*



## Political Factors

It is important to understand the past and current political and constitutional factors e.g., corruption, criminalisation, suspension of laws, etc. These factors can help predict the potential for an ongoing crisis as well as dictate what political solution is appropriate.

- As weakened states collapse, historical, religious, political, and ethnic forces that are deeply ingrained in populations resurface. This may drive civilian groups to fight for independence and nationhood. For example, even after many years of relative stability during the communist years of Yugoslavia, tensions that existed between ethnic groups during previous generations resurfaced and caused tremendous turmoil.
- Different groups (the military or paramilitary, rebels, warlords, organised gangs, etc.) may initiate conflict. External forces may increase instability by supporting the rebels.
- Once chaos appears, political groups that were previously unimportant may gain importance if they have control over some basic human needs.
- Who is persecuted or stigmatised depends on who controls the state. Human rights abuses against certain people may intensify if they belong to an ethnic minority group.
- The relief response to a crisis may create serious political consequences. Political factions may successfully exploit relief efforts for political gain. As a result, provision of water, food, shelter, and medical care may become instruments of political control.
- Fear of intimidation and violence is a concern of many displaced populations. An imbalance of power may have contributed to displacing these people in the first place. Providing aid to one group may shift the balance of power and create another emergency situation.

## Economic Factors

- Overpopulation can increase pressure on land and environmental degradation. Competition for valuable resources (e.g., water, food, arable land, territory, fishing rights) is a major contributor to the global increase in conflicts and complex emergencies.
- Emergence of inter-dependent world economies has led to loss of national governmental influence. The value of many currencies depends upon the public level of confidence in the political regime. Thus, alternative means for exchanging goods and services such as bartering and more stable foreign currency become more important as governments falter.
- The increasing disparity between the rich and the poor has led to urbanisation, with the isolation of the poor, exposing them to more hazards. This can increase ethnic and communal tensions.
- Economic hardship and serious food deficits may result from adverse climatic events or disruption of farming, transport and marketing. Lack of transportation can reduce people's access to resources and prevent them from relocating or evacuating.
- Poverty may interact with other factors and bring about displacement.
- Extended food handouts may create dependency among beneficiaries. This may delay economic recovery and discourage local production.
- The result of a normal political process is a functioning government that not only provides security, but much of the infrastructure that sustains a society. Thus transportation, education, justice systems, public service utilities, sanitation, medical care, and other systems break down when a government falls; and they often cannot be restored without some external assistance.

## Social Factors

- Children, adolescents, women, and elderly persons represent a significant portion of a displaced population. As the forces that hold a society fail, these subgroups invariably suffer. As crisis situations worsen, they suffer even more, due to increasing domestic violence.
- Displaced people spend more and more of their time looking for food, water, shelter, and security. As food shortage becomes severe, families break up and prolonged separations prevent them from forming long-term relationships that help to hold a group together. As a result, the social fabric of communities disintegrates.
- Most people respond to disasters as a community, in terms of helping others, abiding by rules, and maintaining respect for person or property. These social patterns of behaviour and conduct may become eroded as an “each for himself” mentality sets in.
- Long-term views and goals, which often guide how people act and interact, fade away as hope for the future diminishes and each person tries only to survive day-by-day.

## Cultural Factors

- Some factions still cling to the idea of a homogeneous population (single race, ethnic group, language, religion, etc.).
- Even though a nation may have multiple ethnic groups, those not represented in the central government may be seen as obstacles to nation building.
- Displaced populations are often more concerned with securing their basic needs than spending time and energy restoring their cultural practices.
- Cultural and religious norms may become obstacles to the relief effort. For example, certain groups of the population may be denied access to essential services, or certain relief foods may be considered a cultural or religious taboo and therefore, will not be eaten.
- Cultural and ethnic differences are often a basis for warfare. Therefore, settling displaced people from different ethnic groups and cultures together in one camp may lead to unrest.
- As the emergency situation becomes severe or prolonged, cultural aspects such as language, art, and music may begin to be lost or changed forever.

## Analysis of the Complex Emergency Situation

Since 1991, complex humanitarian emergencies have become more frequent and widespread. Complex emergencies are usually predictable, following a sequence of events that often begins with a weakening government, civil unrest and severe food deficits. This gradually leads to forced migration of civilian populations. Excessive mortality may result from war or civil strife, population displacement, starvation, or environmental factors.

Humanitarian assistance becomes necessary when large numbers of people are affected and the local capacity is unable to cope with the consequences of the disaster. Humanitarian interventions, however, should be based on a clear understanding of the political and economic processes that led to the emergency situation. For example, physiological vulnerability may be more effectively reversed through political advocacy or promoting social and cultural practices that can help rebuild societies within the displaced population, rather than by only addressing the immediate causes of physiologic vulnerability (lack of food, water, shelter, and medical care).

Complex emergencies usually last for years because they are influenced by a combination of political, economic, social, and cultural factors that are almost impossible to control. Simply carrying out food and nutrition measures in the absence of a social and economic solution will only increase dependency. Relief aid has to be provided for a longer period of time to enable the very poor or displaced populations to recover and resume normal function. Long-term assistance should create opportunities for people to become self-sufficient by supporting self-help projects, re-establishing schools, etc.

Humanitarian response to complex emergencies now demands that new partnerships be formed between people who traditionally have never worked together. The military and humanitarian relief workers may find themselves working together where humanitarian assistance is impossible due to ongoing conflicts, banditry, or diversion of supplies by warlords. The military usually exit when security is sustainable for others to create an adequate political, economic, social, and cultural structure for the future of displaced people. The United Nations has an important role during the entire response, including the entry and exit strategy.

**Note:** *See the Incident Management System (IMS) chapter for more details on civilian-military co-ordination.*

## PART III

### PREVENTION, MITIGATION, AND PREPAREDNESS: THE FUTURE OF HUMANITARIAN ASSISTANCE

Prevention, Mitigation, and Preparedness (PMP) measures aim to manage risks before an emergency happens. They include those measures that need to be carried out during the crisis. Because implementing these measures takes time, they should be initiated before the emergency occurs in order to be most effective.

Table 1-10: Terms and Definitions

<b>Capacity</b>	The resources people possess, mobilise, have access to that allow them to have more control over shaping their own futures. Resources may be physical assets (land, money, etc.), skills (literacy, technical), social (community organisation), personal (will to survive), or beliefs (religion).
<b>Community</b>	A group of people living in the same environment and sharing resources. They have common problems, concerns, hopes, and ways of behaviour that give them a sense of belonging to each other. The group also has leaders, ways of communicating ideas and activities, rules and ways of dividing work and participating in functions that are vital to its members.
<b>Development</b>	A dynamic process that enables communities and individuals to grow stronger, enjoy fuller and more productive lives, and become less vulnerable to disasters. The development process emphasises equitable sharing of resources, participation by all members of the community, improving the quality of life, and conserving the environment.
<b>Development Relief</b>	The process of reducing vulnerability and increasing self-reliance, based on the community's identification of needs and priorities. The goal is to strengthen the community's capabilities leading to self-reliance.
<b>Disaster</b>	An extreme, but not necessarily abnormal, state of everyday life in which the continuity of community structures and processes temporarily fails. It occurs where vulnerable people are overwhelmed by a hazard. Basically, it is a socio-economic event since the economic and social structures may be critically disrupted which undermines a community's ability to cope.
<b>Mitigation</b>	Recognising that disasters will occur, attempts are made to reduce the harmful effects of a disaster; and to limit their impact on human suffering and economic assets.
<b>Participation</b>	Involving the community in the decision-making process, aiming to empower them to take responsibility for their lives.
<b>Preparedness</b>	The readiness to predict, prevent, mitigate, respond to and cope with the effects of a disaster.
<b>Prevention</b>	Activities taken to prevent a natural phenomenon or potential hazard from having harmful effects on either people or economic assets.
<b>Risk</b>	The probability of being affected by the unwanted consequences of a hazard. It combines the level of a hazard and degree of vulnerability.
<b>Risk Maps</b>	Maps drawn showing the areas with risks that a community is most concerned about.
<b>Vulnerability Maps</b>	Locally drawn maps showing where vulnerable people who will need special attention during an emergency are located. These maps also show the community resources, e.g., shelters, local services, response groups, etc.

Time and time again, many governmental bodies and humanitarian organisations have committed more and more resources into emergency response operations (the immediate actions needed following a disaster), while ignoring prevention, mitigation and preparedness options. Resources have been invested into training rescuers (law enforcement, emergency medical service, and fire service members and organisations) to deal with the consequences of a disaster. This training usually covered emergency *response*, *re-building*, and *recovery*

activities. These activities are critical for quickly restoring essential services and a sense of normalcy within the community.

From a political and economic sense, the humanitarian system has led to an inefficient response where relief organisations strictly react to disasters. Focusing solely on the post-disaster response does not reduce the vulnerability of the majority of the population in the long term, nor control the increasing disaster losses<sup>17</sup>. Other measures need to be taken before a disaster strikes in order to reduce its consequences. These measures include disaster *prevention, mitigation, and preparedness*. Disaster preparedness and response planners should not neglect women and other minority groups which suffer most at every phase of the disaster.

## Prevention

Prevention can be defined as those actions that are taken to prevent a natural phenomenon or potential hazard from having harmful effects either on people or on economic assets. Delayed action drains the economy and the resources for emergency response within a region. For developing nations, prevention is perhaps the most critical component in managing disasters. However, it is clearly one of the most difficult to promote. Prevention planning is based on two issues: **hazard identification** (identifying the actual threats facing a community) and **vulnerability assessment** (evaluating the risk and capacity of a community to handle the consequences of the disaster). Once these issues have been put in order of priority, emergency managers can determine the appropriate prevention strategies.

## Hazard Identification

Significant efforts are needed to protect people and the environments from the risks posed by natural hazard events. Hazard identification is a critical first step in controlling hazards and improving health and safety of a community. It involves reviewing the frequency and type of past disasters and identifying the communities at greatest risk from the hazard. However, it must take place on a scale that is meaningful to those who must act. Building long-term partnerships between the local authorities, the community and other interested organisations is the most effective means of implementing measures to reduce the impacts of natural hazards. Concerned members from all parties can be trained to perform the following:

- Carry out inspections to identify all known hazards and risks associated with those hazards for hazard-prone communities.
- Make an inventory of existing structures in identified hazard areas to provide a basis for mitigation plans and priorities.
- Estimate the types and extent of economic losses and the loss of natural and cultural resources that may result from natural hazard events.
- Transform the natural hazards information into maps and share them with all concerned parties.

Hazard identification should be linked with preparedness and mitigation measures. Natural hazard public awareness campaigns can help the community recognise the natural hazards that may affect them. The emergency services organisations or local fire or emergency management departments can target these campaigns for specific groups (e.g. those most at risk of a particular hazard) or the general public. These campaigns will increase community's support for efforts that can effectively reduce the level of damage and injury from hazardous events and allow communities to recover from their impacts as quickly as possible. Individual families may also feel encouraged to take appropriate actions to protect their lives and property against the impacts of natural hazards.

## Vulnerability Assessment

Disasters impact on communities differently, according to the location of the community and the level of socio-economic development. Communities living in disaster-prone areas in developing countries usually suffer the most. It is important to assess a community's vulnerabilities in order to prioritise the external resources needed to help them cope after a disaster strikes. However, assessing the vulnerability of a community is difficult for the following reasons:

1. Vulnerability is caused by *lack of something* (no security or protection, lack of basic needs or political power, no family, etc.). Even translating questions about vulnerability into a local language is difficult and subject to multiple interpretations.
2. Each type of vulnerability needs to be assessed in context in order to determine the long term solution. For example, after finding evidence of physiological vulnerability (such as a high level of malnutrition), one should analyse the political, social, and economic factors.
3. There are no standards for evaluating the level of vulnerability. Therefore, declaring particular sub-groups as mildly, moderately, or highly vulnerable can be subjective and may divert assistance to wrong groups.
4. Vulnerability is an evolving process, where the causes of vulnerability and how people cope with disasters change over time. For example, not all the poor people will remain vulnerable to future disasters. Some may learn to cope better after experiencing drought by becoming more mobile, finding other sources of income, etc.

### Common Prevention Strategies

Various prevention methods and techniques can be used to protect a community from the effects of an identified threat or to reduce its impact, for example:

- Improving people's access to public health services (water, sanitation, etc.).
- It is important that all health facilities, schools, water supply systems, etc. are regularly assessed for weaknesses against climatic events such as floods, cyclones, or earthquakes. Strengthening them will help to ensure that all essential services can continue during and after the disaster. Schools are often turned into temporary shelters.
- Providing emergency medical and rescue training programs and essential equipment can greatly reduce the morbidity and mortality outcome of a population following a disaster. Emergency response teams should be encouraged to apply their new skills and equipment in their daily routines in order to become efficient, rather than only using them for emergency situations.
- To prevent hospitals from becoming overwhelmed with casualties during disasters, the emergency medical team and public safety sector should be trained in **Mass Casualty Incident Management**. (See the *Health Services* chapter for details.) In addition, adequate stocks of emergency supplies (food, medicines, etc.) should be maintained to ensure that local people can survive until outside help arrives.
- Identifying and strengthening appropriate and reliable local lines of communications will ensure good co-operation and co-ordination during a disaster response.
- Disease outbreaks do not occur in every disaster, but they may result when large populations are displaced and settle in camps that are overcrowded with poor hygienic conditions. Waiting for an outbreak to occur before taking measures to control the spread of a major viral or bacterial disease delays the recovery of a population. Promoting healthy behaviour and immunisations are affordable preventive health strategies that can effectively safeguard a vulnerable population against an outbreak of communicable diseases.
- Test the disaster preparedness systems.
- Establish reasonable back-up systems for telecommunication, transportation and health care.

### Other Strategies

With advancing knowledge and experience in emergency management, developed nations are able to share with developing nations their information, new skills, and technology in disaster prevention, for example:

- Allowing governments and NGOs access to weather or seismological data (see the *New Technologies in Emergencies* chapter for more details).
- Conducting educational seminars and training programs on various emergency management approaches such as the Incident Management System (see the *Incident Management System (IMS)* chapter for more details).

- Supporting the establishment of disaster early warning systems within the developing country's infrastructure. The USAID Famine Early Warning System (FEWS) is a good example of processes that can help developing nations in disaster prevention.

## Mitigation

Mitigation recognises that disasters will occur, and attempts to limit the impact on human suffering and economic assets. Mitigation strategies that can decrease the harmful effects of a disaster include the following:

- Identifying potential threats of hazards and selecting the appropriate defensive action is critical for planning all other emergency management phases and may be done by governmental and non-governmental organisations (NGOs).
- Forming and deploying specialised disaster response teams such as Urban Search and Rescue (USAR),<sup>18</sup> Disaster Medical Assistance Teams (DMAT), United Nations Disaster Assessment and Coordination (UNDAC), Disaster Action and Response Teams (DARTS), etc.

Even though there are various forms of mitigation measures, each should aim to limit the amount of damage that a hazard will cause. Mitigation measures may include:

- strengthening building and construction codes
- land use restrictions
- legislative mandates
- relocation of vulnerable populations, e.g., urban migrants living in informal settlements
- reinforcing critical services to ensure continued function during and after an emergency

A recent rule by the Federal Emergency Management Agency (FEMA) in the U.S. is to help people affected by disasters once. If people decide to rebuild in a flood prone area and they face a similar disaster again, the government will not provide any further assistance. Enforcing rules, building codes, and land use restrictions for mitigation purposes can help to reduce further loss of life or property in the future.

Mitigation within a community involves knowing the hazards and risks surrounding a community, and identifying the opportunities for defensive measures. It is important not to plan individual mitigation activities in isolation. This will allow the emergency management team to develop an objective overall picture rather than one that focuses on individual hazards in a disaster area. This will build the community's capacity to do the following:

1. Identify the key hazards that require mitigation.
2. Focus on the community's priorities in mitigation, especially in those areas where limits in funding will dictate which is the most appropriate mitigation activity.
3. Define future activities and find ways of sustaining a functioning mitigation program.

**Note:** *A new approach for dealing with hazards is the Multiple Hazard Management. This is an integrated or co-ordinated approach that is useful for addressing the full range of hazards to which a community is prone. Multiple hazard mitigation is a component of multiple hazard management that is concerned with reducing the long-term adverse impacts of all the hazards within a district<sup>19, 20</sup>. This approach allows the emergency manager to weigh the impact that multiple hazards may have on a community, especially if more than one emergency occurs at the same time.*

## Preparedness

**Disaster preparedness** may be defined as a readiness to predict, prevent, mitigate, respond, and cope with the effects of a disaster. Disaster preparedness measures cover three main areas:

1. *Mitigation* — reducing the severe effects of a hazard as described above. In preparedness, it usually involves physical construction.
2. *Vulnerability Reduction* — increasing the **capacity** of potential victims to resist the stress caused by the hazard by warning them early about approaching hazards, while addressing the factors that make some people more vulnerable (e.g., socio-economic and political structures).

Knowing where the vulnerable communities are located as well as their resources can help determine what strengths reside within a community and the level of external assistance required. Simple technology (or GIS systems where feasible) can transform this information into **vulnerability maps**, which can be used to design more effective disaster preparedness measures.

3. *Disaster Response* — the capacity of the community to deal with the effects of the disaster can be improved by training volunteers in first aid, transporting the injured, setting up temporary shelters, etc. (See the next section on Community Participation in Disaster Preparedness for details.)

Integrating disaster preparedness within the public safety and emergency medical sector may not be difficult. The employees already understand the basics of emergency response and are usually eager to add disaster response to their skills. However, developing nations lack training programs that provide up-to-date information and skills for disaster response. In addition, trainees often lack the appropriate equipment or opportunities to practise any newly-acquired emergency response skills.

## Future Trends in Prevention, Mitigation, and Preparedness

### 1. More Urban Disasters

As more national economies become weaker, the number of homeless people can be expected to grow. The increasing rural-to-urban migration in Africa and other developing countries around the world will cause a substantial expansion of informal settlements or shantytowns on the margins of industrialised metropolitan areas. Communities in shanty towns usually receive little support from government or metropolitan authorities. They may lack access to education and live with no formal government. Because building codes and sanitation measures are not observed, the basic infrastructure of these shanty towns is very weak and the threat of epidemics is high. Shelters that are built of cardboard boxes are more likely to be destroyed by natural or man-made disasters.<sup>21</sup>

### 2. More Disasters Along Coastal or River Areas

The number of settlements around flood plains is increasing since most cities are located along coastal and river areas. These areas attract people because of ease of cultivation, water supply and transport. However, they expose people to increased risks from flooding, landslides and tidal waves. In addition, more outbreaks of diseases will occur where overcrowding and poor sanitation encourage the proliferation of communicable disease pathogens. As safety standards are ignored, more technological and transport disasters will occur.<sup>22</sup>

### 3. Improving the Capacity of Vulnerable Communities

Because the poor are likely to require extended public assistance, giving priority to them when planning Prevention, Mitigation, and Preparedness measures will be a more cost-effective way of addressing their needs. Just because they could not cope in the past does not mean that vulnerable communities are unwilling or unable to play an important part of the process of improving their safety and chances of survival. Since each community has unique vulnerabilities and capacities, national prevention, mitigation and preparedness strategies must be flexible. These strategies should be developed from the grassroots level and carried out using local resources. Otherwise, vulnerable communities may interpret a national strategy that seemed like a good idea as irrational, overbearing, and inappropriate.

### 4. Future of Humanitarian Aid

The burden of caring for the most vulnerable is increasingly being ignored by many developing nations. Governments expect this burden to be carried by various non-governmental organisations (NGOs) involved in humanitarian emergencies. Yet competition for donor funding sometimes drives humanitarian aid agencies away from their core values. In the future humanitarian assistance, may become private, not state-run, and states will be facilitators not power centres.<sup>23</sup> In addition, future emergencies may be so great that only military institutions may have the resources to manage them.

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## COMMUNITY PARTICIPATION IN DISASTER PREPAREDNESS AND RESPONSE

Disaster relief, prevention, mitigation, and preparedness to assist vulnerable communities have traditionally been carried out through national or regional authorities. Affected individuals and communities were often treated as dependent and passive recipients of externally imposed programs. Yet many problems of survival and health that result from a disaster may be handled more efficiently if a community is well organised.<sup>24</sup> Evidence shows that community participation *before, during, and after* a disaster can greatly reduce the overall mortality, as well as improve the use of resources in the following ways:

- If a community is in a state of preparedness before a disaster strikes, this may reduce the impact of the disaster with regard to the number of injuries and deaths, damage to infrastructure, loss of property or livelihood.
- Whatever the type of disaster, the greatest number of lives can be saved during the first few hours following a disaster. Before help from the outside arrives (which can take several hours or days). The local community must, therefore, be ready to assist since they may only have themselves to rely on.
- Most health and survival problems can be handled by the community. This is possible if the community is active and sufficiently organised to sustain itself until outside help arrives.

### Strategies for Community Participation

Disaster preparedness programs that are planned with the community are more likely to secure their long-term support and resources. To ensure the disaster preparedness program addresses the concerns of the community rather than only those of donors, the following approaches may be used:

#### A. Community Motivation

There may be a general lack of interest in disaster preparedness among political leaders and communities. This lethargy will make it difficult for the emergency manager to engage the community in disaster preparedness activities. The following reaction may be observed in communities frequently faced with catastrophic events:

People living in hazardous areas or who are frequently exposed to hazards are observed to have attitudes of marked indifference. They tend not to worry about the coming earthquake, flood, hurricane, or disease epidemic until it happens. Believing they have little control over such events, they tend to be fatalistic about the impact of any catastrophe.<sup>25</sup>

Depending on the resources available, at-risk communities may be motivated to participate in disaster preparedness through the following ways:

- Organise informal meetings and events to improve the relationship between citizens and their local, regional, and national public officials.
- Build the community's pride by broadcasting their achievements through the local media (newspapers, radio, and television reporters).
- Explore both traditional and modern techniques of reducing the risks posed by local hazards and how to cope with disasters.

- Involve vulnerable groups from disaster-prone areas (e.g., women and minority groups). They can help by monitoring changes in weather, water levels, food prices and availability, etc.
- Respond appropriately to disaster warnings from the community (e.g., investigate, take preventive measures, etc.)
- Offer to train volunteers and other members involved in rescue work, communications, transportation, construction of shelters and food supply.

Several members of the community may be interested in supporting disaster preparedness activities, including people from:

- emergency services and law enforcement
- public and private health services
- first-aid and volunteer groups, such as the Red Cross or from churches, mosques, etc.
- community and professional associations
- the business sector: trade, construction, etc.
- school teachers and school children
- women and youth groups

## B. Analysis of Past Experiences

The emergency services staff, local health personnel, and concerned members of the community should form a disaster committee and analyse the key problems that arose during past disasters. This will help determine the priorities for future disaster response. Thereafter, action plans can be drawn based on available resources and combining both modern and traditional methods. The following questions can be used to analyse a community's disaster experiences:

*Table 1-11: Analysing the Disaster Experience*

<b>Questions to Help Analyse a Community's Disaster Experiences</b>
1. What were the principal causes of damage to infrastructures, such as roads electricity, and water, as well as buildings and houses?
2. What were the main causes of illness and death in disaster victims?
3. What were the main difficulties in providing relief?
4. What problems arose soon after the disaster (by hours and days)?
5. Would it have been possible to predict the disaster before it occurred?
6. What preparedness measures could have limited the numbers of victims and the damage?
7. What errors were made that must never be repeated?
8. What actions did the most good?
9. What equipment and supplies were lacking?
10. What problems were encountered when transferring the injured to hospitals or clinics?
11. What were the difficulties of co-ordinating with the authorities and other community groups?
12. Would it have been possible to get better co-operation from volunteers?
13. How would it have been possible to obtain more effective outside assistance?
14. What health problems arose after the disaster and what were the difficulties of coping with them?

Adapted from WHO: Coping with Natural Disasters, 1989

## B. Risk Assessment

A detailed risk assessment should be carried out by the disaster committee led by a local official. This involves gathering information about the risks that a community is most concerned about (e.g., fires, collapse of buildings, floods, contamination of water sources, etc.) The committee should physically walk through the entire disaster location and help community groups, local organisations, industry workers, merchants,

teachers, and other knowledgeable individuals to identify potential risks. The emergency response services and public health workers can help concerned people recognise factors that make the risk more acute during a disaster (e.g., neglect of building codes, inadequate protection of water sources, etc.). The following questions should be answered during the risk assessment.

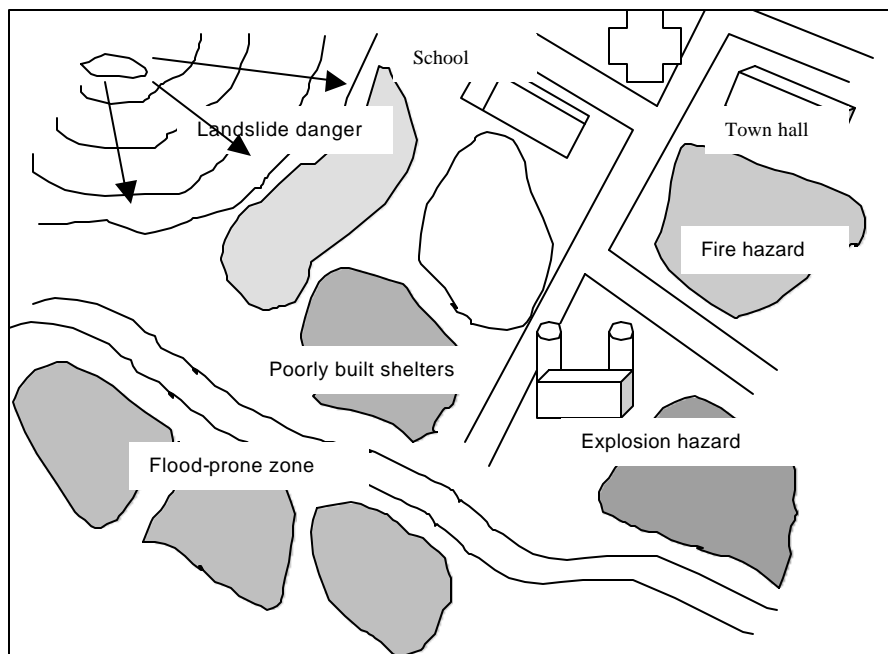
Table 1-12: Questions to Help Assess Risk

Questions to Help in Risk Assessment	
1.	What common hazards are likely to affect the area?
2.	What and who will be at the highest risk from these events?
3.	What are the key factors that make them more vulnerable to these hazards?
4.	Which subgroups of the local population are likely to suffer more from their vulnerabilities?
5.	What resources and capacities are available locally that can enable the community to respond effectively in times of disaster?

The following steps may be carried out to assess the risks and the resources needed to address them:

1. The committee meets and discusses the risks it wishes to concern itself with.
2. Conduct visits to those sites exposed to risk and carry out informational meetings.
3. Clearly identify risks in writing and locate them on a risk map, as shown in Figure 1-2 below.
4. Have risk maps reviewed by experts and committees made up of emergency service workers and the community.
5. List those resources available to the community in case of disaster.
6. Propose actions to reduce the risks.
7. Carry out efforts with the co-operation of the community to reduce the risks.

Figure 1-2: Example of a Risk Map



The assessment team can then draw risk maps to summarise their findings and conclusions. Risk maps can serve as useful tools for educating the community on the risks of hazards and for identifying the appropriate preventive actions that can reduce the impact of particular disasters. Risk maps can also be used for monitoring the high-risk sites during a disaster, and for organising relief priorities more effectively. Possible results from risk maps include the following:

- strengthening scanty shelters
- identifying places that can provide temporary refuge against floods
- planning evacuation routes in the event of a fire

### **C. Community Action**

Past experiences with disasters show that most people who are struck by disasters react in a positive way. Most members of the community may volunteer in the following activities:

- warning people of danger
- searching and rescuing victims
- giving food and shelter to the homeless
- constructing dams or dikes to eliminate flooding
- safely disposing of hazardous materials<sup>26</sup>

Even in the absence of specific disaster preparedness activities, communities and emergency response services operate better if they have some basic knowledge and skills in certain areas. It is important to carry out drills and practice other basic disaster preparedness exercises in areas that can improve the victims' survival and health, such as:

- chlorinating water and distributing food
- setting up temporary shelter and sanitation
- performing first aid
- transporting the sick and injured to hospitals
- reporting critical information by telephone, radio, etc.
- dealing with stray or dead animals

When a population is threatened by a disaster such as flooding, cyclones, tidal waves, volcanic eruptions or open conflict, evacuation may be necessary. It is important that the community takes part in determining the evacuation routes and plans, the means of transportation, their next destination and how to access basic supplies. Every member of the community should be made familiar with these plans so that evacuating people can go as smoothly as possible.

### **Conclusions on Community Participation**

Communities that have been overpowered by a major disaster (earthquake, flood, wild fire, etc.) usually require long-term assistance from the national or international level in order to recover and resume their normal lives. Introducing the disaster-prone community to practical disaster preparedness activities (analysis of past experiences, risk assessment, and disaster preparedness) can build their capacity to cope with future disasters. In addition, a well-organised community can help to improve the quality of outside assistance and avoid common mistakes (such as inappropriate aid due to lack of information about the external resources needed).

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## FROM HUMANITARIAN RELIEF TO DEVELOPMENTAL RELIEF

*“Disasters hinder development by destroying the infrastructure and by using up the health services’ scanty resources for emergencies or rehabilitation. However, they also provide an opportunity to genuinely reform and improve the health system because they encourage such changes as better distribution of services or a shift from large hospitals to comprehensive and decentralised health services. Such measures were adopted in Mexico City during the reconstruction of the hospitals destroyed by the earthquake.”<sup>27</sup>*

The quote above shows that there is an important association between development and disasters:

- development can increase or decrease vulnerability to disasters
- disasters can set back or provide opportunities for development

### Humanitarian Relief

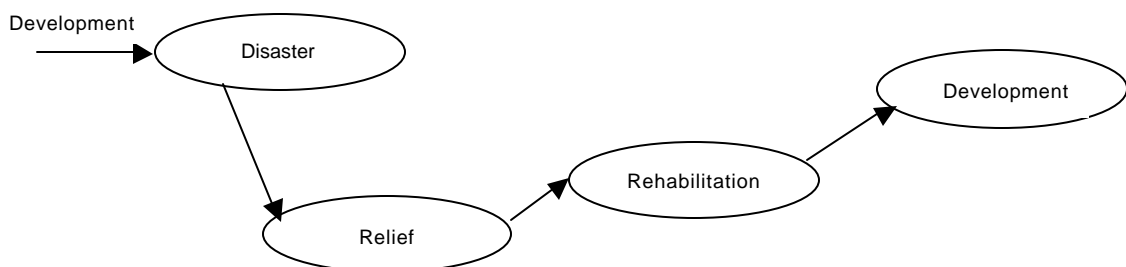
Humanitarian relief is about securing the survival of disaster victims by ensuring access to six essential things:

- sufficient drinking water
- sanitation
- sufficient food
- basic medical care
- protection from the elements (by providing shelter material, blankets, clothes, shoes)
- protection from violence and harassment

For humanitarian reasons, many basic relief operations are set up very fast, often based on little information. They were traditionally planned as short-term operations because most disasters were assumed to be a temporary but tragic phenomenon that did not really interfere with the long-term development of the survivors. It was assumed that once people survive the disaster, they would be able to return to normal development activities without much need for external assistance.

This approach to humanitarian relief is based on a linear model of natural disasters in which relief gives way to rehabilitation, which leads to development. The model assumes a typical response cycle of disaster preparedness, then a disaster event followed by relief, which gives way to rehabilitation. Once the crisis ends, rehabilitation activities are expected to gradually merge into normal development activities and life goes on. For example, after a flood, a relief agency may distribute free food for a short time, then provide food-for-work in order to reduce dependency and support the development process.

*Figure 1-3: Relief-Rehabilitation-Development Model*



The relief-rehabilitation-development model shown above divided the aid community into two camps: those traditionally concerned with development and those concerned with relief. Each camp may belong to different agencies, or operate under different management within the same aid agency. As a result, there are major

differences between humanitarian and development agencies, in terms of the organisational structure, system of working, access to resources (staff, skills, funding), etc. Donors may be partly blamed for this division. As a result, the development camp works outside disasters, and the relief camp simply patches things up for the disaster victims to get back on the road to development on their own. However, recovery is not a smooth line, and disasters may become chronic.

### Key Facts

- In Malawi, Mozambican refugees spent many years, some up to a decade, in relief camps before they were able to return to their native country in the early 1990s.
- By 1996, almost 750,000 people were still surviving in refugee camps outside Rwanda 2 years after they fled the country, while in Rwanda tens of thousands of people remained dependent upon humanitarian aid for survival.
- Large population displacements resulting from disasters may interfere with economic development programs and priorities of governments.<sup>28</sup> Over time, the effects of disasters can seriously impair a country’s potential for sustained growth and rehabilitation.

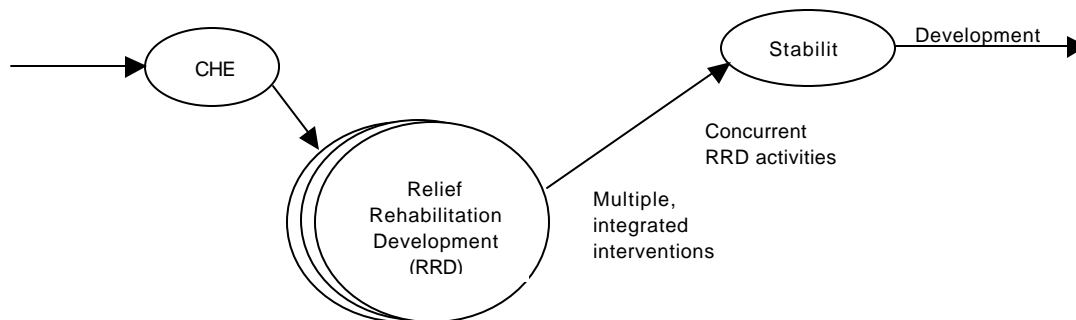
### Developmental Relief

It is necessary to find new ways of delivering relief since the relief-rehabilitation-development model rarely works in complex humanitarian emergencies (CHE). There are many reasons for this, for example:

- People’s livelihoods do not recover because the development framework has been destroyed — there is no economic system, no social structure or services, and no political system.
- New crises keep emerging and pushing recovery back from rehabilitation to the relief phase.
- The traditional coping mechanisms that help people survive natural disasters do not exist.
- There is often no fast return to the normal way of life, making relief the only means of survival.
- It is difficult to recognise when a particular phase ends.

Putting large displaced populations in camps should mean more than a convenient way of providing drinking water, food, sanitation, basic medical care, and shelter. Victims of complex emergencies cannot wait indefinitely for the relief phase to give way to rehabilitation and finally development. Rehabilitation and development activities need to be introduced as soon as possible. Figure 1-3 shows how relief, rehabilitation, and development activities may be better timed in complex humanitarian emergencies.

Figure 1-4: Complex Humanitarian Emergency (CHE) Interventions



Relief agencies are now realising that relief and development can no longer be carried out as separate programs. When development activities are carried out by relief agencies, the interventions are referred to as “developmental relief.” The aim of developmental relief is to reduce dependency, lessen vulnerability, and provide hope to populations whose lives have been shattered by conflict. Three key areas differentiate developmental relief strategies from those of basic relief, namely:

1. Communicating with beneficiaries.
2. Looking to sustain livelihoods, not just lives.
3. Building on local realities.

## Principles of Development

In order to ensure a smooth transition from relief to rehabilitation to development, humanitarian assistance should be coordinated and delivered in ways that support the recovery and long-term development of the displaced population. The following development principles were put together to ensure that relief is carried out in a more “developmental way.”<sup>29</sup>

1. **Promote community participation** — involve the survivors in decision-making, including assessment, identifying resources, etc.
2. **Accountability and transparency** — openly share information about planning, execution, and expected duration of the program with the program beneficiaries.
3. **Decentralised control** — move management decisions closer to the community.
4. **Demonstrate a concern for livelihoods** — establish what will follow the relief operation and how it will be carried out. Then ensure relief complements the normal means of livelihoods, rather than competing with it.
5. **Strategies based on the reality of disasters** — adapt the relief strategies to suit the local disaster situation rather than relying on standard ways of delivering relief based on one type of disaster.
6. **Identify the needs and capacities of diverse disaster survivors** — recognise different survivor populations and seek to address their needs and capacities.
7. **Build on local capacities** — seek and work with capacities, skills, resources and organisational structures of disaster survivors.
8. **Build on local institutions** — aim to work with local institutions and build their capacities to carry on humanitarian work after the need for relief has passed.
9. **Set sustainable standards for services** — provide health, education, water supply, etc. in a way that can be sustained after the relief program ends.

## Strategies for Developmental Relief

*Emergency measures should be seen as a step toward long-term development.*<sup>30</sup>

Relief programs can be organised to deal with the immediate impact of the disaster in a way that strives for long-term development. The following approaches may help extend relief toward rehabilitation and long-term development:

- Train relief workers in development principles and development workers in relief principles to enable them to respond to any phase or type of program.
- Ensure planning of developmental relief operations is flexible, since situations can change very rapidly.
- It is essential to set the criteria for shifting from the short-term emergency response to rehabilitation and sustainable development, based on the local disaster situation.
- A relief agency should not provide direct services indefinitely. After the acute emergency phase, it should strategically pull back and give way to the community, local authorities, indigenous non-governmental organisations (NGOs) and National Red Cross and Red Crescent Societies.
- Some host governments can help create sustainable means for survival for the displaced victims, such as providing access to markets, starting road construction, etc.

- Developmental relief requires collaboration with other local organisations and the private sector to ensure adequate local support after the relief agency exists from the program.
- Resources should be found to monitor and evaluate developmental relief activities. (This is very critical for future programming.)
- It is important to plan an exit strategy, which may be carried out once the affected community is capable of running the program or when the political and security situations do not allow further external support.
- Educate donors about the value of developmental relief activities, e.g., reducing the need for long-term relief, which is more costly. They should be willing to support relief activities that can achieve long-term development (e.g., education, vocational training, seeds and tools distribution) where the disaster environment seems right.
- Appeal to donors to continue supporting programs that relief agencies have handed over to the local community.

After repatriating displaced populations, various measures can be used to restore long-term stability and help them settle at their permanent residence, for example:

- Promoting political actions that address the root causes of displacement.
- Rehabilitating and restoring public health facilities to their former state.
- Technical and financial investment in the economic infrastructure that include developing markets, vocational training and expansion of industry, roads, and airports.
- Helping returnees to reclaim their property and distributing improved seeds and tools may help to speed up their recovery.
- Restoring social structures and services (particularly health care and education).
- Reviving local values and supporting traditional coping mechanisms.

Once the above measures have been initiated, disaster preparedness skills and technological assistance can be introduced to identify vulnerabilities such as flood plains, dangerous earthquake locations, and proper construction materials for a given environment, etc. (See previous section on Prevention, Mitigation, and Preparedness for more details.)

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<sup>6</sup> Ibid, 3

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<sup>10</sup> No Contracting State shall expel or return ('refouler') a refugee in any manner whatsoever to the frontiers of territories where his life or freedom would be threatened on account of his race, religion, nationality, membership of a particular social group or political opinion.

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<sup>12</sup> Ibid, 2.

<sup>13</sup> UNHCR Handbook for Emergencies, second edition, 2000.

<sup>14</sup> Ibid, 2

<sup>15</sup> Ibid, 1

<sup>16</sup> Ibid, 13.

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