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PEOPLES UNIVERSITY
Disaster Management and Emergency Planning Module

EMERGENCY RESPONSE IN RESOURCE POOR SETTINGS

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Summary

- The following slides briefly introduces students to
  - Emergency Response Priorities
  - The SPHERE Project and Humanitarian Accountability Partnership

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Emergency Response

- Once a hazard has occurred, where community vulnerability is high and the hazard ś effects are severe, a disaster situation is likely to arise where there is loss of human and animal life, as well as property damage and destruction.
- It is at this stage that an emergency response is required.
- Although disaster types may differ, immediate needs are often similar.

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Emergency Response Priorities

- Various frameworks for identifying immediate priorities exist.
- One example is that used by Medecins Sans Frontieres in their *Refugee Health* handbook.
- This can be accessed online at:

  http://www.refbooks.msf.org/msf_docs/en/Refugee_Health/RH1.pdf

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The 10 Emergency Priorities

Source: Refugee Health, Medecins Sans Frontieres

1. Initial assessment
2. Measles immunisation
3. Water and sanitation
4. Food and nutrition
5. Shelter and site planning
6. Emergency health care
7. Control of communicable diseases
8. Public Health surveillance
9. Human resources & training
10. Coordination

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1. Initial Assessment

Objectives:

- Is an intervention required?
- Is it feasible?
- Define priorities
- Plan the implementation of these priorities
- Relay info to stakeholders, donors, states, etc.

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1. Initial Assessment - *continued*

- Rapid initial assessment
  - Within 72 hours
  - To intervene or not, type and size of intervention needed
- Comprehensive follow-up assessment
  - Within 3 weeks
  - To guide programme planning

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1. Initial Assessment - *continued*

- Population profile
- Situational context
- Pre-disaster practices
- Current utilisation and control of resources
- Identify needs, priorities, constraints, vulnerable groups.

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1. Initial Assessment – *continued*

Potential Vulnerable Groups

- Women and female-headed households
- Children
- Elderly
- The disabled
- Ethnic, religious or political minority groups
- Displaced groups in unfamiliar situation

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1. Initial Assessment – *continued*

- Various survey and evaluation methods can be employed, e.g.:
  - Direct observation
  - Mapping
  - Quantitative methods
    - e.g. Surveys
    - *How many and How much questions*
      - *e.g. How many people were killed? How much damage was done?*
  - Qualitative methods
    - e.g. Key-Informant Interviews, group discussions)
    - *What and Why questions*
      - *e.g. What are people ś needs? Why are children falling sick?*

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2. Measles Immunisations

- Measles kills 1 in 10 children in developing countries
- In refugee camps, can account for up to 40% of childhood mortality
- Vaccine 85% effective
- Need vaccine coverage 90-100% for effective herd immunity

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Planning an Immunisation Programme

- Which children to target?
  - Target children age 6 months –15 years
- How soon is it needed?
  - Within the 1st week
- Is Vitamin A supplementation required as well?
  - If so, given with immunisation programme
- Consider the vaccine cold chain, logistics, staff needed

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Planning an Immunisation Programme - *continued*

- Are incentives required in order to get good vaccine uptake?
- How many vaccines are needed?
- Do we select certain groups for vaccination or is it non-selective?
- Evaluate vaccine efficacy

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3. Water and Sanitation

- Quantity and Quality
  - Minimum water requirement of 5L per person per day.
  - Aim for 15-20L per day
- Issues of source, storage, treatment and distribution
- Waste disposal –availability, accessibility, risks of contamination, acceptability
- Vector control

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4. Food and Nutrition

- Food availability and accessibility surveys
  - e.g. food basket monitoring
- Nutritional surveys
  - e.g. standard 30x30 cluster sampling
  - Measurements e.g. weight-for-height index, mid-upper arm circumference
- Feeding programmes required?
  - Supplementary vs Therapeutic

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5. Shelter and site planning

- Need for shelter, dangers of overcrowding
- Availability of materials/resources
- Local climate/situation considerations
- Security
- Site selection and organisation
- Infrastructure requirements
  - –e.g. health and nutrition centres, latrines, water points, cemeteries, etc.

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6. Health care

- Top 4 killers in low and middle income countries:
  - Acute respiratory illnesses
  - Diarrhoeal diseases
  - Malaria
  - Measles
- Types of health care provided
  - Basic or comprehensive primary care
  - Secondary care

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6. Health care - *continued*

Considerations

- Data reporting and collection:
  - vital statistics, morbidity and mortality, routine medical activities
- Health coordination
- Managing clinics
  - Issues of staffing, level of health services, essential drugs and materials needed, logistics involved, protocols, etc.
- Reimbursement system
  - Do users have to pay a fee for services? There are longer term issues of sustainability if fees are not charged, but at the same time user fees may deter people from using health services.

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7. Control of Communicable Diseases

- Sources:
  - Imported, e.g. refugees may bring diseases from their home areas to a new area
  - Endemic, i.e. certain diseases may have been present before the crisis in the area where the refugees are settling in
  - New, i.e. certain diseases may arise as a result of the crisis

    e.g. overcrowding increasing the risk of spread of communicable diseases such as diarrhoeal diseases or respiratory infections
- Need for surveillance, detection and rapid treatment, protocols
- There are many issues e.g. organisational issues, logistics, need for laboratory support/services for identifying pathogens.
- Mass vaccinations may occasionally be required.

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7. Control of Communicable Diseases - *continued*

Investigating epidemics

- Confirm the existence of an epidemic
  - Definition of an epidemic : excessive number of cases of a given disease compared to normal incidence in the community
- Confirmation of diagnosis
  - E.g. laboratory confirmation
- Develop a case definition to aid identification of cases
- Data collection and analyses
- Identify high risk groups

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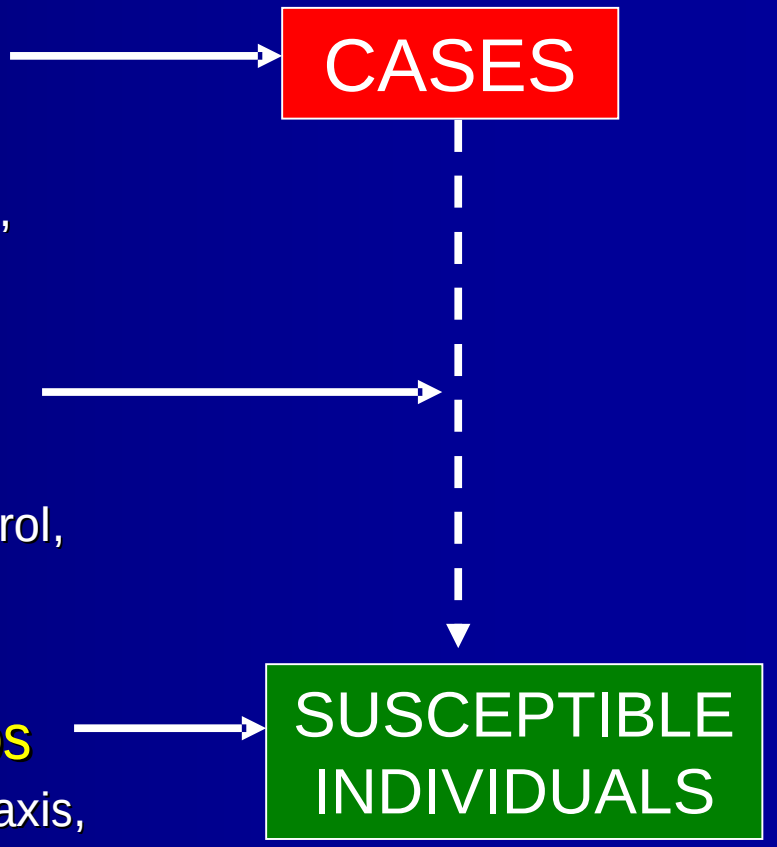
7. Control of Communicable Diseases - *continued*

<u>Outbreak control strategies</u>

- Attack the source
  - E.g. diagnose and treat cases, isolate cases, control animal reservoirs
- Interrupt transmission
  - Health education, vector control, disinfection, etc.
- Protect susceptible groups
  - Immunisation, chemoprophylaxis, nutrition, etc.



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7. Control of Communicable Diseases - *continued*

Key points:

- Every outbreak requires a specific response
- Preventive measures are most effective
- Prepare contingency plans
- Early management of cases is essential

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8. Public Health Surveillance

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8. Public Health Surveillance - *continued*

- Categories of data collected
  - Demography
  - Mortality
    - e.g. CMR, U5MR, cause-specific mortality rate, proportional mortality
  - Morbidity
    - e.g. incidence rate per 1000 per week (proportional morbidity, or attack rate)
  - Basic Needs
  - Programme activities
    - E.g. immunisations, number of consultations, etc.

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8. Public Health Surveillance - *continued*

- Exercise: Surveillance considerations:
  - Who reports to whom?
  - What to report?
  - What is the background rate?
  - What will you do with the information?

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8. Public Health Surveillance - *continued*

Benchmarks	Crude mortality rate (n/10,000/day)	Under 5 mortality rate (n/10,000/day)
Normal rate for developing country	0.5	1.0
Relief programme under control	<1.0	<2.0
Very serious situation	>1.0	>2.0
Emergency (out of control)	>2.0	>4.0
Major catastrophe	>5.0	>10.0

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9. Human resources and training

- ? Exercise: Can you identify what the human resource and training needs are likely to be required? Some guiding questions are listed below:
  - What personnel are needed?
  - What skills and labour are available locally?
  - Who do you need to recruit and where will you recruit them from?
  - What training is required?

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10. Coordination

- Need clear leadership
- Coordination body
- Define common objectives
- Clarify roles and responsibilities
- Establish good communication channels
- Standardize policies
- *Engage the community!*

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Recent Trends & Issues

- Finding the balance between 'relief' and 'development'
- Identifying 'good' practice in humanitarian situations
- Tension between NGOs 'Competing' vs. 'Co-operating' with one another
- Shifting NGO accountability downwards from Central Government to Local Communities
- Aid workers - Amateurs or Professionals
- Making programmes accountable to beneficiaries
- Issue of making interventions 'value for money'
- Neutrality of aid agencies vs. politicisation of aid

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The SPHERE Project

- Sets out a "Humanitarian Charter"
  - Aid agencies state their commitment to SPHERE's guiding principles (Humanitarian Principles) and standards
  - Defined standards in the provision of humanitarian assistance
  - SPHERE guidance can be downloaded from their website:
    - *http://www.sphereproject.org/*

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Humanitarian Accountability Partnership (HAP International)

- The humanitarian system's first self-regulatory mechanism
- Places accountability on agencies that sign up to it
- Accountability to populations affected as well as other stakeholders
- Accountability is sought through mechanisms of monitoring, reporting, response, standards, complaints-handling etc.
- More information available at their website:
  - http://www.hapinternational.org

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? Accountability exercise

- Can you think of all the possible effects of humanitarian aid, both beneficial and harmful?
- Can you then identify how aid agencies can minimize the harmful effects of aid?
- Finally, how can aid agencies make themselves more accountable to their beneficiaries?