



BE A BETTER DONOR: PRACTICAL RECOMMENDATIONS FOR HUMANITARIAN AID



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HUMANITARIAN
AID**



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5

Acknowledgements

7

Introduction



13

1. General recommendations

17

2. Recommendations for recipient authorities



23

3. Recommendations for donors

27

4. Recommendations for communications media



33

5. Sectoral recommendations

47

6. Myths and realities concerning humanitarian donations

49

7. Annexes



55

8. Bibliographical references

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Donations, how to donate, how to seek donations ?

The arrival of large quantities of donations in a country affected by a disaster or emergency results in a major challenge as regards their organization and management by humanitarian actors, and can result in relevant and very valuable aid or in an additional burden which is difficult to manage and administrate. The technical and logistical challenges which this task involves are compounded by an additional difficulty in that often many of the donations are inappropriate, sent in haste and little in line with the real needs of the affected population or populations. Following the earthquakes in El Salvador which took place in 2001, approximately 37% of the medicines received as donations proved to be inappropriate in spite of a list of needs provided by the Salvadoran government.¹

There are various reasons for these problems. The scenarios where they occur are also varied, but it is possible to identify a number of general causes.

- ■ ■ Myths persist such as "any assistance received is useful whatever it is" or "it is better to have more than needed than less", when the reality is that not all aid received is useful and misguided donations can cause chaos: significant quantities of support require a great deal of time and money to sort them, pack them and transport them. The cost-effectiveness of these donations is very low given the effort it takes to ensure they reach the affected communities.

1 Source: Farmacéuticos del Mundo; <http://www.farmaceuticosmundi.org/farmamundi/main.php?opcion=noticias¬icia=305>.

- ■ ■ Existing mechanisms for receipt and management of donations are not always respected in countries which receive aid, or there is a lack of knowledge of the channels or technical and administrative procedures which have already been set up in many countries in Latin America and the Caribbean.
- ■ ■ On the part of countries which receive aid, the damage and needs assessment as well as the request for external assistance must be processes which contribute to improving decision-making and practice in receipt of donations. As a result, it is necessary to have clear mechanisms in place which are useful to orient offers of assistance appropriately in relation to the needs of those affected, and it is not therefore only an issue of “knowing how to donate”, but also of knowing “how to ask”.
- ■ ■ On many occasions, authorities do not plan well the requests which they will make to the media and to donors, and should be guided by common sense and the needs they see around them.
- ■ ■ The communications media – national or international – today have a great deal of influence to trigger or to justify humanitarian operations. Nevertheless, they often encourage spontaneous and indiscriminate donations without real, founded knowledge of the assessments of needs at times when altruism is very prominent and donor populations are very open to collaboration and solidarity.
- ■ ■ Agencies and donor governments feel pressure from the communications media and public opinion to send assistance as soon as possible, often without waiting to plan and negotiate these donations in relation to the real needs.



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Journeying along the road as we go: international experiences and good practices

Significant initiatives have been carried out by the international community (donors, international cooperation agencies and NGOs) to agree on, establish and disseminate principles and technical guidance which orientate humanitarian assistance and donations, in the same way as good or bad practice and experiences have been documented.

To prepare the recommendations included in this guide experiences, agreements or projects which have established norms and principles of action for the international community with regard to the provision of humanitarian aid have been reviewed and taken into account, such as those which follow:

- ■ ■ The Code of Conduct of the Red Cross and NGOs for disaster relief (approved in 1995) was a first step to define and clarify a number of ethical principles in humanitarian work.
- ■ ■ The SPHERE project which is another of the first solid inter-agency efforts towards collaboration in the definition of norms to improve efficiency in humanitarian response, as well as in coordination and work in favour of those receiving assistance.
- ■ ■ The European Consensus on Humanitarian Aid² was signed on 18 December 2007 by the Presidents of the European Commission, the European Parliament and the Council of the European Union (EU) on behalf of its 27 member States. The Consensus defines a common vision for the EU and a practical rapprochement to provide humanitarian aid the world over. Its objective is to increase coordination and promote good practices with regard to donations. It also clearly defines the different roles of the bodies responsible for providing aid.

2 The full text of the Consensus can be downloaded from the internet site of the European Commission Humanitarian Aid Office (ECHO) http://ec.europa.eu/echo/files/policies/consensus/consensus_en.pdf.



- ■ ■ The list of Principles and Good Practices for Humanitarian Donations approved in 2003 by the countries which are members of the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD), United Nations agencies and international non-governmental entities (<http://www.goodhumanitariandonorship.org/>).
- ■ ■ In the area of health, the recommendations issued in 1986 by Latin American and Caribbean countries on a regional policy to improve coordination of humanitarian assistance in the health sector; the guide published by PAHO/WHO: "Humanitarian Assistance in Disaster Situations, a Guide for Effective Aid", or the important effort carried out by the WHO in collaboration with the majority of major humanitarian agencies with the publication and dissemination of the "Guidelines for Drug Donations", or the consortium of NGOs which work to promote good practice in the donation of medicines (www.drugdonations.org/).
- ■ ■ The Humanitarian Accountability Partnership (HAP-International) is another recent international initiative which aims to promote standards and norms to measure accountability and transparency in humanitarian action, always seeking the greatest benefit of humanitarian assistance for those affected (www.hapinternational.org/).

These and other actions show that in recent decades substantial progress has been made with regard to how to improve humanitarian assistance in times of disaster. Currently the process of the United Nations humanitarian reform³ involves an additional effort to improve international coordination and make assistance for affected populations more efficient.

Information and Communication: Essential tools to promote efficient donations

This document is being drawn up within the framework of a pilot initiative to disseminate information and social communication actions which have as their objective to contribute to appropriately orienting planning, practice and management of humanitarian donations which affects as much the responsibility of the donor countries and organizations as the recipients of this aid.

3 More information on the scope of this process can be found at: <http://www.humanitarianreform.org>.

It has the support and collaboration of several of the largest humanitarian agencies in Latin America and the Caribbean, but it is designed as an open and dynamic initiative with communication and information resources which can be adapted, replicated and used by different countries and actors which are interested in the issue.

Its aim is the promotion and dissemination of practical recommendations based on the harmonization of information and on the lessons drawn from existing experiences in the matter of humanitarian donations. The guide is addressed to three priority publics:

- 1) The donor community made up of all those actors which provide humanitarian aid to an affected country. They may be bilateral and multilateral donors as well as governments, their Embassies and Consulates, humanitarian aid organizations, the private sector, Mayors' offices, municipalities and governmental institutions within the affected country and organized communities etc. which provide funds, logistical resources, supplies, goods and services, specialized personnel and so on.
- 2) Authorities of recipient countries, mainly the Ministry of Foreign Affairs, national prevention and disaster response bodies and Ministries which have responsibilities for coordination and management of aid with donors, humanitarian agencies and private entities.
- 3) The communications media which fulfil an active role in drawing national and international attention to the emergency can contribute to giving visibility to the major problems and the real needs of the population as well as safeguarding the



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rights of those affected who are never passive recipients of aid. The management of information requires a strong, conscious component of social responsibility rather than a purely news focus.

This document seeks to provide practical guidance towards improved decision-making; it does not aim to be an exhaustive instrument and does not seek to set new regulations or norms on donations; neither does it substitute the national and international mechanisms and protocols already in place, or which could be issued should a disaster situation occur.

It is accompanied by other tools, resources and materials on good practices for humanitarian donations which are constantly being updated and can be found on the web site www.saberdonor.info (in Spanish).

1. GENERAL RECOMMENDATIONS

We now put forward a number of useful general recommendations for donors, recipient authorities and communications media which deal with key issues with regard to donations and humanitarian assistance to be taken into account before, during or after any emergency situation.

■ ■ ■ HUMANITARIAN AID SHOULD RESPECT THE RIGHTS OF AFFECTED COMMUNITIES AND THE FUNDAMENTAL HUMANITARIAN PRINCIPLES⁴

- *"The objectives of humanitarian action are: to save lives, alleviate suffering and to maintain human dignity during and in the aftermath of a crisis".*
- *"Humanitarian action should be guided by impartiality which means the implementation of humanitarian actions solely on the basis of people's needs, without discrimination between or within affected populations".*

Extracts from "The 23 principles of good humanitarian donorship"

The haste to provide emergency humanitarian assistance should not override the need to pay attention to the rights of the people affected by disasters. It is essential that donations contribute to safeguarding people's dignity during a crisis.



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4 The Universal Declaration of Human Rights as well as the Humanitarian Chapter of the SPHERE Project which is a general declaration of fundamental humanitarian principles and the 23 principles of good humanitarian donorship can be found at <http://www.un.org/en/documents/udhr> and <http://www.sphereproject.org> respectively.



Donors, authorities and communications media should pay special attention to vulnerable communities and groups and to those who are victims of discrimination (such as boys and girls, women, indigenous people, elderly people or people with HIV) because they require more help to access donations, as well as to ensure that the process of providing assistance does not reinforce their vulnerability. It is of vital importance that the special needs of these groups are taken into account from the outset in the assessment of damage and needs, the main tool to plan assistance.

DONATIONS SHOULD BE BASED ON THE ASSESSMENT OF DAMAGE AND THE ANALYSIS OF NEEDS (DANA)

The request for donations from the affected country must be based on the initial results of the DANA⁵ and it is important that donors and communications media consult the national authorities or humanitarian agencies present in the field to be aware of what is needed and what is not necessary.

The preliminary DANA should be rapid and credible, and should be periodically updated; above all, it is not a paralyzing process since the most urgent assistance actions need to be provided simultaneously. It should be remembered that the most important aspects to consider in these types of assessments are that damage and needs of the affected populations are reflected, emphasizing those sectors which could be particularly vulnerable (children, women, the elderly, the handicapped etc.) in order to orientate humanitarian aid as specifically as possible.

5 It could be the case that the capacities of the authorities to carry out a DANA are surpassed. If this is the case, there are international mechanisms in existence and autonomous teams which are specialized in the United Nations System, as well as the International Federation of Red Cross and Red Crescent Societies, OXFAM (and other organizations) which can be called on by the affected country as soon as possible to carry out immediate analyses of the priority relief needs and to coordinate national and international assistance in the field.

■ ■ ■ ■ DOES NOT CONTRIBUTE TO PROMOTE AND/OR REPRODUCE MYTHS WHICH TEND TO CIRCULATE DURING A DISASTER SITUATION

Extract from the article "Disaster myths that just won't die" by Donna Eberwine⁶

The earthquake and tsunamis which occurred in December 2004 took the lives of over 280,000 people. These were the largest disasters which can be recalled in South Asia. However, in the days following the disaster, reports from the communications media were warning of a second calamity which was approaching: these referred to epidemics of dangerous diseases which could occur as a result of the decomposition of thousands of bodies.

"International organizations urged that the thousands of bloated corpses littering beaches, streets and make-shift morgues be disposed of quickly to stem the threat of disease," (AFP) "Unburied corpses could spread diseases including cholera, typhoid, hepatitis A and dysentery" (CBS/AP) ... "Worried that rotting corpses could take more lives by spreading disease, health officials ordered them collected in city trucks and dumped in mass graves. Many were buried before they could be identified." (Los Angeles Times).

It was all based on myth. Dead bodies do not pose an urgent health threat in the aftermath of a disaster. This is one of several enduring myths about disasters that experts from PAHO/WHO have been trying to counter for nearly two decades... (and) in spite of scientific evidence which proves the contrary, the belief that dead bodies spread disease continues to make alarming news which hinders efforts to mitigate the consequences of disasters.

The haste to dispose of bodies requires valuable resources – such as vehicles, fuel and human effort -, when the priority should be finding and helping the survivors. For example, after the earthquake in 2001 in India which took the lives of 100,000 people, the quantity of wood used to incinerate bodies was such that the survivors had difficulty to obtain fuel that they needed for cooking and for warmth.

6 Perspectives in Health – a magazine of the Pan American Health Organization. Volume 10, Number 1, 2005.

This myth exemplifies how the communications media can provide erroneous information about the priorities during an emergency and distract the attention of the national and international community away from the real needs. In the dramatic moments of an emergency, myths can influence the practice of carrying out donations. Take into account that this kind of information can be an influence towards inappropriate decisions which result in poor use of human, logistical or financial resources.

In this document there is a full, updated section on the most common myths related to humanitarian assistance. Get to know them beforehand. The only way of dealing with this serious problem is by managing and conveying technical information.

PROMOTE DONATIONS IN CASH AS MUCH AS POSSIBLE

The main characteristic of a cash donation is its flexibility. Promote its use to carry out immediate actions as well as for recovery processes, since in the relief phase it ensures that what is most needed can be obtained nearby and in countries bordering on that affected; in later phases, money is used to facilitate programs and projects which seek to rebuild populations' livelihoods.

AID PROVIDED TO THE AFFECTED COUNTRY MUST COMPLEMENT AND NOT DUPLICATE EFFORTS

When a disaster occurs, many countries and organizations worldwide hastily seek to cover the needs which arise immediately after the event without knowledge of actions which are being carried out in-country and the resources being sought to implement them. Donors must be aware of actions on the part of the affected country before giving donations. In this way, aid is organized and efforts covering the same needs over and over again are avoided. It is also important to know which aid is being provided by other donors and to whom. There are efficient tools which can be consulted on internet to facilitate and become familiar with this kind of information.⁷

7 The Financial Tracking System (FTS) is a global, real-time data base which registers all international humanitarian aid reported by donors. It includes information from NGOs, the Red Cross and Red Crescent Movement, bilateral aid, in-kind aid and private donations. The FTS is managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). The LSS/SUMA system promoted by PAHO/WHO is also a tool which facilitates the organization and classification of donations. You can find out more about SUMA on www.lssweb.net.

2. RECOMMENDATIONS FOR RECIPIENT AUTHORITIES

 **FACILITATE DAMAGE ASSESSMENT AND ANALYSIS OF NEEDS (DANA) AND SHARE THIS INFORMATION QUICKY AND OPPORTUNELY TO ORIENT ACTIONS OF SOLIDARITY AND DONATIONS**

Knowing the damage and the real needs will make it possible to determine in greater detail the kind of assistance that is being requested. Although the process of carrying out the DANA can take several days, it is important that in just a few hours preliminary estimates are presented of the needs for assistance before donors begin to commit their emergency funds.

Determine what is needed and be categorical about what is not needed. When supplies are requested, avoid generic lists. For example, if you request "food", you could specify quantities, type, local customs etc. Be precise since such requirements bring more concrete and effective aid. Is it generally more costly to manage or do away with inappropriate donations which were never sought. On the other hand, it is recommended to mention clearly the level of priority of what is requested which will depend on the needs identified. These indications should be circulated to as many possible suppliers of assistance and diplomatic and consular representatives abroad.

 **STRENGTHEN THE RELATIONSHIP AND INTER-SECTORAL COORDINATION BETWEEN NATIONAL EMERGENCY AUTHORITIES**

The national disaster prevention and response body is usually responsible for the coordination of humanitarian assistance, in collaboration with the Ministry of Foreign Affairs. National Ministries take part in emergency actions and it is recommended that they establish coordination mechanisms by priority sectors as well as on an inter-sectoral basis. The Ministry of Foreign Affairs and the international cooperation entity are responsible for the request for international aid and the receipt and dissemination of information.⁸

8 Many countries in Latin America have developed Ministries of Foreign Affairs' Manuals for the coordination of humanitarian assistance in which they detail the main procedures and the role which these bodies carry out in the channelling of international aid. It is important to mention "The Regional Manual on Procedures for Ministries of Foreign Affairs in Disaster Situations for Central America, Belize and the Dominican Republic" as well as the "Operational Guide for Mutual Assistance in Disasters in the Andean Countries". You can find these manuals in www.saberdonar.info (in Spanish).



Diplomatic missions and Consulates which represent the affected country abroad play a fundamental role in the management, coordination and in the seeking of aid from the international community. In so far as these national institutions carry out their work in a coordinated manner and do not set up parallel management systems, they can set up improved channels of communication and coordination with donors.

■ ■ ■ SET UP AND PROMOTE THE USE OF EFFICIENT MECHANISMS TO RECEIVE DONATIONS

Cases where the sending of humanitarian aid has been stopped or delayed make up numerous anecdotal stories on the part of civil servants working in aid. If a protocol of procedures for the entry of humanitarian aid to the affected country does not exist, the Ministry of Foreign Affairs must ensure that this mechanism is created and conveyed promptly together with the request for international aid.

It is also necessary to facilitate simplified customs procedures. You can consult the Model Agreement in Customs Facilitation in Humanitarian Assistance between the United Nations and a State/government drawn up by OCHA in 1996 in order to establish measures to accelerate the import, export and shipment of relief aid and articles belonging to relief personnel in disaster and emergency situations.⁹

⁹ This document can be found at www.saberdonar.info (in Spanish).



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FACILITATE MECHANISMS FOR INFORMATION EXCHANGE WITH ACTORS INVOLVED IN THE EMERGENCY

In emergency situations, information must circulate freely and be scrutinized to ensure that the management of supplies is taking place in a responsible manner. Reports should be provided on the status of goods sent and the distribution of supplies.

On the other hand, in many cases, efforts to compile data concerning the population's needs can be fragmented and as such, have little scope. Each country in Latin America and the Caribbean has institutions which are responsible for coordination and in some cases these have coordination centres for humanitarian aid.

It is recommended to get to know these mechanisms and do not create new ad-hoc ones at the time of the crisis in order to establish a link between the donor community, national authorities, the United Nations system, customs authorities and other institutions responsible for giving, receiving, sorting and distributing aid, with the aim of consolidating an essential channel to request and manage donations.

On the other hand, the cluster system promoted by the United Nations humanitarian reform, if activated, provides the mechanisms for strategic response to the emergency, based on thematic and inter-sectoral coordination.

ESTABLISH AND PROMOTE THE USE OF MECHANISMS AND/OR TOOLS TO IDENTIFY, ORGANIZE AND DISTRIBUTE DONATIONS WHICH ARE BEING RECEIVED

It may happen that aid begins to arrive very quickly and the affected country still has not set up an appropriate register of supplies, and is therefore losing valuable information to improve the administration of relief. It is a priority to register and organize data about what is entering the country, where it will go and who is donating it. Systems such as LSS/SUMA¹⁰ (System for the Management of Humanitarian Supplies) – facilitate the management and organization of donations and promote transparency and responsibility.

On the other hand, cash donations, contributions which enter through multilateral mechanisms and specialized NGOs should also be registered to avoid duplication of efforts or of resources. The organizations themselves monitor the aid they are providing and access to this information will allow you to set up improved organization of the assistance received in-country.



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10 SUMA was developed in 1992 by the Pan American Health Organization as a technical cooperation project. Following a number of updated versions, today it is a flexible electronic tool which sorts donations rapidly, defines priorities in relation to supplies in accordance with the needs of the population affected by disaster, maintains an inventory in the warehouses and provides follow-up to the distribution of emergency supplies from the central warehouses or distribution centres to the local level. For more information see www.lssweb.net.



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■ ■ ■ PLAN AND MAINTAIN COMMUNICATION AND COORDINATION WITH DONORS

Get to know the donors' assistance mechanisms; do not wait for an emergency to make contact with them. In many cases, donor countries have defined procedures, ways of working, support mechanisms and implementation times for emergency situations which enable them to plan support before a disaster occurs.

On the other hand, donors which support humanitarian activities need to be informed. Set up and comply with a periodical time-frame for presenting information. In addition to reports, electronic communications resources such as web pages or e-mail lists facilitate straightforward and rapid feedback with the donors.

■ ■ ■ MAINTAIN FLUID CHANNELS OF INFORMATION AND COMMUNICATION WITH THE COMMUNICATIONS MEDIA

In a disaster, the communications media demand official information. It is true that the press tends to point out failures in the system more than the achievements made, but this should not be a reason for distancing yourself from the communications media and not providing information. Do not wait for a disaster to occur to establish relations, try to select official spokespersons in advance in order to train them. In addition, you need to assess which is the most appropriate way to present information (press releases, press conferences, interviews). Contact and responsible exchange with the media are also a symbol of transparency and technical and political responsibility.



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“Knowing the damage and the real needs will make it possible to determine in greater detail the kind of assistance that is being requested. Although the process of carrying out the DANA can take several days, it is important that in just a few hours preliminary estimates are presented of the needs for assistance”.



3. RECOMMENDATIONS FOR DONORS

■ ■ ■ RESPECT AND STRENGTHEN COMMUNICATIONS PROCEDURES AND RECEIPT AND DISTRIBUTION CHANNELS FOR DONATIONS FOR THE AFFECTED COUNTRY

It is particularly recommended to notify and channel your donations through the authorities responsible for the emergency, usually the national body for disaster prevention and response in the affected country. In order not to weaken the national logistics system, ensure distributions are classified and carry out registration and monitoring of donations and ensure beneficiary lists for aid received in the communities. If the capacities of the national body are exceeded it is important that you always seek to channel your donations through organizations which have capacity, mechanisms and experience in the distribution of humanitarian aid.

You should follow the procedures for communication, coordination and supervision which are set by the authorities of the countries affected by the disaster. This is most easily achieved through regular meetings as part of the process of disaster planning between national authorities and representatives of the donor organizations, NGOs and other organizations which take part in humanitarian assistance.



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PROMOTE AND FACILITATE THE PROMPT AND TIMELY CARRYING OUT OF THE DANA. FOLLOW ITS CONCLUSIONS TO PLAN YOUR DONATIONS

Support and promote with the national authorities and humanitarian agencies the carrying out of the DANA within the first hours and days of the emergency and plan your donations in accordance with its results.

INFORM YOURSELF AND GET TO KNOW THE CUSTOMS PROCEDURES BEFORE MAKING INTERNATIONAL SHIPMENTS

To send donations without knowing the customs procedures can delay or paralyze the arrival of assistance in the emergency zone. Consult the Ministry of Foreign Affairs of the affected country regarding the documentation which should accompany the donation and the procedures to follow so that your donations rapidly leave the entry port and arrive at the place struck by disaster.¹¹

PLAN YOUR DONATIONS AND ASSESS WHAT KIND OF DONATION IS MOST RELEVANT

There are various ways of helping affected populations. Cash grants can be provided, supplies can be donated, technical assistance given, food provided, funding for projects allocated etc. However, remember that donors should not compete between themselves to satisfy the most visible needs of the affected country. The quality and appropriateness of the assistance are more important than its size, its monetary value or the rapidity with which it arrives.

11 Chapters seven and eight of PAHO/WHO's book entitled "Humanitarian Supply Management and Logistics in the Health Sector" 2001, gives details of several important aspects of the process of forwarding and receipt of international shipments. You can find this guide on the PAHO/WHO web page on health and disasters at <http://www.paho.org/English/PED/HumanitarianSupply-part1.pdf>.

DO NOT OVER-REACT AS A RESULT OF COMMUNICATIONS MEDIA REPORTS WHICH SEEK URGENT ASSISTANCE

Despite the tragic images which the media may show, it is necessary to form an overall view of the situation, waiting for the country's requests for aid, maintaining contact with the organizations in the field and relying on relevant, technical information are ways of becoming aware of the real needs of the population.

RECOGNIZE AND INTRODUCE CRITERIA OF FLEXIBILITY, TAKING INTO ACCOUNT THAT ACTIVITIES IN THE FIELD MAY CHANGE IN THE CONTEXT OF THE EMERGENCY

"Recognizing the necessity of dynamic and flexible response to the changing needs in humanitarian crises, (donors) should strive to ensure predictability and flexibility in funding exploring the possibility of reducing, or enhancing the flexibility of, earmarking and of introducing longer-term funding arrangements".

Extract from the "23 principles of Good Humanitarian Donorship"

On many occasions donations are contributions which are earmarked by the donor for very specific activities or aspects; however, as far as it is possible it is important to ensure flexible criteria which allow the authorities or humanitarian agencies in the



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area to have the financial capacity to deal with new priorities and meet the changing needs of the population.

PROMOTE AND STRENGTHEN NATIONAL AND LOCAL DISASTER PREPAREDNESS AND NOT EXTERNAL DEPENDENCY

International assistance may run the risk of becoming a negative incentive for the development of local capacities if it creates a custom of dependence on aid received as well as undermining national preparedness efforts and the creation of autonomous response capacity. Humanitarian aid should complement national efforts and ensure that it is in line with the objectives of preparedness and strengthening of in-country capacities.

PARTICIPATE IN ACCOUNTABILITY AND LEARNING TO IMPROVE THE QUALITY AND EFFECTIVENESS OF HUMANITARIAN DONATIONS

Each disaster or emergency during which humanitarian aid is mobilized is an opportunity to assess processes and extract new learning from the experience. Promote lessons-learned exercises to avoid making the same mistakes, to stimulate good practice and promote learning. Include in your interventions appropriate accountability criteria and systematize your actions to produce lessons-learned.¹²

12 The ALNAP network (Active Learning Network for Accountability and Performance in Humanitarian Action –www.alnap.org) works to promote the culture of learning in the humanitarian context and HAP-I: Humanitarian Accountability Partnership-International (www.hapinternational.org) is creating a system for voluntary self-regulation and is developing self-evaluation and inter-institutional evaluation techniques.

4. RECOMMENDATIONS FOR COMMUNICATIONS MEDIA

MANAGE INFORMATION DURING AN EMERGENCY WITH SOCIAL RESPONSIBILITY

The way in which news is presented, the treatment and focus given to information, the dramatization of its content, the selection of sources, the questions and assertions and the time invested providing information on the disaster have repercussions on the mobilization of national and international assistance.

The recommendations which are now put forward promote the exercise of journalistic social responsibility during emergency situations, an essential input for providing information on the real needs of the population and contributing in such a way that humanitarian aid is adjusted to the existing priorities.

COMPARE VARIOUS SOURCES OF INFORMATION BEFORE PROMOTING A CALL FOR ASSISTANCE

During disasters, communications media can influence the process of humanitarian aid or they can themselves make appeals for spontaneous donations taking into account testimonies from those affected, local authorities, (on many occasions also



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affected by the disaster) or as a result of the problems that they themselves are experiencing.

As a result, it is important to compare and to verify as quickly as possible the information collected spontaneously through sources that can analyze it and ensure technical information on the existing needs.

COLLABORATE SO THAT SPONTANEOUS DONATIONS ARE MADE TAKING INTO ACCOUNT THE NEEDS AND THE CRITERIA STIPULATED BY THE AUTHORITIES AND HUMANITARIAN AID BODIES

Media companies attract large quantities of donations and, in many cases, since they do not have the right information, they resort to improvising parallel systems to receive and manage aid. Seek to form alliances so that specialized bodies, responsible for responding to the emergency, may better orientate those who wish to help.



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■ ■ ■ PROVIDE INFORMATION AND REMAIN ALERT TO THE DEVELOPMENTS OF THE EMERGENCY AND DO NOT ONLY PROVIDE COVERAGE DURING THE FIRST HOURS AND DAYS OF THE COVERAGE OF THE CRISIS

In the majority of emergencies, the needs of those affected go much beyond initial assistance in health, shelter or food, they continue and in many cases, they increase precisely at the time when the interest of the media and the public in general in the development of the situation is decreasing. The media need to contribute to keep making visible these needs for assistance and for cooperating with the affected populations.

Furthermore, in few cases do the media pay attention to the root causes of emergencies; they deal with the events and not so much with the processes which condition the running of response operations. They have an enormous potential to influence these processes positively. Given this capacity for social influence, it is important that the media remain involved once the relief phase is completed, "overseeing" the rehabilitation and reconstruction processes, when the news tends to disappear and the invisible needs to be made visible.



"It is cheaper, more appropriate and hygienic to buy clothes and shoes than to send these used articles to the communities. It is preferable to offer this kind of assistance to charity institutions or local specialized bodies".

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DEVELOP KNOWLEDGE AND CONTACTS TO OBTAIN TECHNICAL INFORMATION ABOUT EMERGENCIES

Many national and international journalists may arrive at the scene of a disaster who have not had experience in covering emergencies, as a result of which they can waste valuable time collecting information regarding the needs. Develop knowledge, get to know donors and specialized institutions and the roles taken on by the authorities beforehand, in order to know who to come to in the different support sectors during an emergency and get to know the tools which can be useful to you to orientate yourself quickly. There are many sources of information on Internet which are very helpful in order to be better "prepared" at the time of covering a disaster.¹³

IN GENERAL, COLLABORATE IN NOT PROMOTING INDISCRIMINATE SHIPMENTS OF:¹⁴

- Used clothing (clothes, footwear etc). It is cheaper, more appropriate and hygienic to buy these articles locally than to send used items. It is preferable to offer this kind of assistance to charity institutions or local voluntary bodies.
- Home-made food: The same applies to food products. It is unlikely that a disaster should create a food shortage in Latin America and the Caribbean, although international communications media may highlight local distribution problems. If food is requested, this should be non-perishable, be clearly labelled and be appropriate for local culture.
- Medicines of all kinds: These items are inappropriate both from a medical and a legal point of view. Pharmaceutical products take up space which is needed for other purposes and distract the attention of medical staff from other more urgent tasks, since they have to be sorted, classified and labelled¹⁵.

13 In Annex 1 you can find these information resources and contacts.

14 These recommendations are from the publication by PAHO/WHO entitled "Humanitarian Assistance in Disaster Situations, a Guide for Effective Aid", Washington 1999.

15 For more information about technical recommendations for the donation of medicines, see the corresponding section on page 37 of this guide.



- ■ ■ Blood and blood products: To give blood internationally is a practice which, in the great majority of cases, is unnecessary. In the disasters which have occurred in recent years in Latin America, blood donors available in the affected country have covered the needs of the victims.
- ■ ■ Relief, medical or health staff: If the country, once an assessment has been carried out, believes that it has sufficient capacity with local and national staff to attend to the affected persons, international staff should not be sought.

5. SECTORAL RECOMMENDATIONS

We will now provide a series of specific recommendations for some work sectors which attract large quantities of donations.

PUBLIC HEALTH

■ ■ ■ CONCERNING DONATIONS AND THE DAMAGE ASSESSMENT AND ANALYSIS OF HEALTH NEEDS

For Donors:

- ■ ■ It is helpful and more efficient to wait to know the results of a DANA in the health sector and to consult the authorities of the affected country as to which kind of donations have the most priority. This avoids sending spontaneous donations which do not correspond to the real needs.

For the Authorities:

- ■ ■ Maintain fluid communication with the donors to provide information on the health needs put forward in the country's request for assistance. In order to do so, you may count on the support of the national body for disaster prevention and response, PAHO/WHO and NGOs involved. Currently, the functioning of the health cluster¹⁶, when this is activated, results in an opportunity to improve general coordination through the Ministry of Health and with the support of PAHO/WHO.



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16 More information on the cluster approach of the United Nations Humanitarian Reform can be found in <http://www.humanitarianreform.org/>.

CONCERNING THE DISPATCH OF SPECIALIZED INTERNATIONAL STAFF

In general, the national health services are capable of meeting the needs for urgent medical attention of disaster victims. In fact, the majority of countries in Latin America and the Caribbean have a relatively high proportion of doctors per number of inhabitants. If international aid is needed, neighbouring countries are in the best position to help during the phase immediately following the disaster. The exceptions are for highly trained specialists who may be expressly requested by the Ministry of Health. It is important to insist that foreign medical personnel who do not know the language or are not familiar with the local conditions to stay at home.

For donors:

- Before sending support personnel, you should verify with the Ministry of Health if they are indeed required and follow the technical advice of specialized organizations regarding the need for them. Teams of various specializations arriving too late to rescue victims or tend to the immediate potentially fatal medical consequences of the disaster can result in chaos, and the budget, time and resources to transport these teams to the disaster area can be used for other vital activities.

For the Authorities:

- Before requesting international, specialized personnel make sure that this is really necessary. If it should be the case, try to coordinate, manage and accept teams from neighbouring countries or from the sub region which are in a better position to provide help during the first 24 hours. In addition, it is vital to check with the donor that the international personnel are self-sufficient as regards their main needs, that they know the criteria and the policies to be followed with respect to registration, civil responsibility, their coverage and supervision, and



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that they have available resources for transportation, food and lodging; that they speak the local language and will be constantly coordinating with the designated authorities.

■ ■ ■ CONCERNING FIELD HOSPITALS¹⁷

- ■ ■ Many donor countries which have mobile hospitals for humanitarian purposes believe that the shipping of field hospitals is an ideal way of demonstrating their solidarity with countries affected by disasters. However, experience has shown that in these situations, field hospitals have on many occasions not met the expectations either of the donors or of the beneficiaries.
- ■ ■ As a result, before requesting or providing field hospitals, it is necessary to make an assessment and take into account technical criteria and recommendations made by specialized agencies, such as the following:
- ■ ■ During the first 48 hours, the local health services usually attend to the great majority of victims who are hurt or wounded and field hospitals (equipped to provide emergency surgical care for traumatism) are useful in the event that: they have been requested or specifically accepted by the health authorities; they are available and functioning within the first 24 hours and that they are completely self-sufficient without requiring anything of the affected locality.
- ■ ■ For the first two weeks the field hospital could be useful if these fundamental conditions are complied with: it has been requested by the health authorities, it can be set up and working to full operational capacity within 3 to 5 days after the disaster; it requires minimum support from the local communities; it has available basic knowledge of the health situation, the local language and respects the local culture; there are specific specialists available and has the appropriate technology.
- ■ ■ On other occasions, affected countries request or donors offer field hospitals so that they can function as temporary hospitals whilst the health infrastructure is repaired or reconstructed. In these cases, it is sent as a donation and does not include personnel. It is recommended that donors show flexibility and consider

17 Recommendations based on PAHO/WHO Guidelines for the Use of Foreign Field Hospitals in the Aftermath of Sudden-Impact Disasters, PAHO/WHO 2003 www.paho.org/disasters.

longer-lasting and efficient financial solutions in relation to costs; if this is the option which is selected, take full responsibility for setting up, maintenance and functioning of the hospital for a year on a renewable basis.

For donors:

- ■ ■ Send hospitals only if the country requests this. It is not good practice to prepare to send these before having this confirmation. To transport and set up field hospitals needs time and is very costly. It often happens that they are sent even when the infrastructure of the locality has the capacity to continue functioning or when the country itself can provide the care needs.

For the authorities:

- ■ ■ Assess carefully if it is appropriate to request and accept hospitals taking into account that they need to be functioning during the initial hours after the disaster with services which are in line with local needs and with the appropriate technology to be managed by national personnel. Even if the costs of air transport of these hospitals are included in the collaboration offered by the donor country, remember that the maintenance of a temporary installation which is little used is very high and will be the responsibility of the affected country.
- ■ ■ On the other hand, carry out as soon as possible an analysis of the hospitals' security and of their capacity to cope with patients to determine if they are in a position to care for disaster victims.

■ ■ ■ CONCERNING THE RECOVERY AND REHABILITATION OF HEALTH SERVICES

For donors and the authorities:

- ■ ■ In an emergency it is recommended to consider from the outset the donation of resources for medium and long-term programs. These initiatives contribute to the earliest possible recovery of the locality's health facilities and to ensure that they are not built on new vulnerabilities for which the "safe hospital"¹⁸ criteria should be taken into account.

18 For more information see <http://www.safehospitals.info>.

MEDICINES¹⁹

CONCERNING THE SHIPMENT, REQUEST FOR AND QUALITY OF DONATED MEDICINES

For donors:

- Remember that the best way to adapt to national practices and policies is by buying medicines locally; if it is necessary for them to be sent from abroad, take into account the technical criteria which are set out below. Do not send donations of medicines without prior notification. Give information in advance about donations of this kind in order for the recipient to be able to put the necessary plans in place to receive them and coordinate additional shipments of medicines with other supply sources.

For the communications media:

- In general, it is not recommended that the media issue requests for medicines, but if this does occur, you should consider the technical criteria which are set out below to avoid donations of expired medicines, unsorted, open or partially used medicines.



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19 These recommendations have been summarized from "Guidelines for Drug Donations" published by the WHO in coordination with humanitarian organizations. This can be found on www.who.int/medicinedocs/pdf/whozip54s.pdf. In the same way, information on this issue can be found at: http://www.drugdonations.org/eng/eng_gooddonationpractice.html.



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Consider the following technical aspects to plan and/or manage donations which are associated with medicines:

- All donations of medicines should be based on expressed needs and be in accordance with the morbidity of the recipient country. Medicines should not be sent without prior authorization from the recipient.
- All donated medicines or their generic equivalents must be approved in the recipient country for their use in clinics as well as appear on the national list of essential medicines, or if no national list exists, on the model list of essential medicines established by the WHO, unless the recipient has something else in place.
- The presentation, the potency and the formulation of donated medicines should be in so far as possible the same as those normally used in the recipient country.
- All donated medicines must come from a reliable source and be in line with the quality norms of both the donor country and the recipient country. It will be necessary to apply the WHO quality certification for pharmaceutical products which are traded internationally.
- Donations should not include medicines which have already been given to people who are ill and later returned (for example to a pharmacy), nor should they be free samples provided to health professionals.

- On entry into the recipient country, donated medicines should not expire for a minimum period of at least one year. Exceptions can be made for donations made directly to particular health facilities, if the recipient is informed of the expiry date and the quantity as well as the remaining shelf life so that appropriate administration is ensured before the expiry date. In any case, it is important to notify the recipient well in advance of the arrival date and of the expiry dates of medicines.
- All medicines should be labelled in a language which can be easily understood by the health professionals in the recipient country; on the label of each pack should be indicated the International Common Denomination (ICD), the number of the batch, the pharmaceutical formulation, the potency, the name of the manufacturer, the quantity contained in the pack, the storage conditions and the expiry date.
- As far as possible, donated medicines should be sent in packs of the largest available size, as well as in packs for hospital use.
- All donated medicines should be packaged in accordance with international regulations for the transport of merchandise and be accompanied by a detailed packing list, with the information recommended by the WHO. Each box should not weigh more than 50 kg. No other articles should be placed in the boxes of medicines.
- Those to receive the donations of medicines will be informed of the medicines anticipated for shipment, those which are being prepared or on their way.
- In the recipient country, the value of the donation of medicines will be based on the declared wholesale value of its generic equivalent at local level, or if this information is not available, on the wholesale price on the world market of its generic equivalent.
- The costs of international and local transport, warehousing and custody, customs dispatch and appropriate storage and handling will be taken on by the donor institution, unless another agreement is made in advance with the recipient country.

WATER AND SANITATION

CONCERNING THE AVAILABILITY OF SAFE WATER

For donors and the Authorities:

- The distribution of bottled water during the first hours of the occurrence of the emergency helps affected populations to survive; however, it is important to bear in mind that transport of this is very costly, above all if it is coming from outside. It is usually used only for drinking or cooking food and as a result, as the hours and days after the emergency pass, as the diversity of needs increases, bottled water is insufficient and results in a large quantity of waste (empty bottles). As a result, it is important that more sustainable alternatives than the donation of bottled water are assessed, such as rapid support for the transportation of water purification plants or water tankers, providing resources for collecting water from the nearest sources to the place where the disaster occurred and above all, to support the repair of local supply systems.
- In disaster situations, contamination of water puts the health of the population at risk if resources for treatment of water are not provided and information is not given as to how to ensure safe water. It is necessary to provide the population with utensils which are appropriate for the treatment and storage of water such as jerry cans, purifying filters and materials for disinfecting water at home. It is also necessary to include messages in the local language on how to use these tools to ensure safe water.

For the communications media:

- It is important for the media to be able to orient and transmit messages to ensure that national and international donors diversify their donations of water since, with the purpose of helping people who have suffered a disaster they often buy litres of bottled water to forward to those affected.



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CONCERNING HYGIENE KITS

For donors and the Authorities:

- ■ ■ It is recommended for the donation of hygiene kits to support the local/national purchase of their contents. The main reason for this is that the affected population will make better use of products which are familiar to them in accordance with their needs and culture, and secondly because it is much more economical than to send these products from abroad.
- ■ ■ A good way of achieving this is to work with counterparts in the field (NGOs, humanitarian agencies, the Civil Defence) which can provide information about cultural practices, carry out the purchases and distribute the materials. However, remember that it is not only a question of providing these products; in many cases it is necessary to include technical information for promotion and training activities.

Consider the following technical aspects to plan and manage donations which are associated with water and sanitation:

- Water purification plants, water tankers and the collection of water from sources nearest to where the disaster has occurred are more sustainable alternatives for the supply of water.
- The rapid repair of local supply systems helps affected people to recover their livelihoods as soon as possible.
- Products to disinfect water such as chlorine tablets or liquid chlorine can put health at risk if they are not accompanied by training or messages providing instruction in their use in the language of the affected population.
- In an emergency situation, it is vital that programs to dispose of excreta function appropriately. To ensure their success and impact, it is best to consider the participation of the population and





their cultural practices as well as following minimum standards which protect people's dignity and provide the community with tools and materials for hygiene in these areas.

- The major responsibility for hygienic practices during a disaster falls principally on the affected community. It is often necessary to support them with information and training as well as with products and facilities with which they can manage their personal hygiene and health, respecting their dignity and welfare.

In the management of the emergency, it is

- important to envisage resources and activities for the collection and/or disposal of organic and domestic waste, medical waste, as well waste from markets etc. which create environmental problems if appropriate ways for disposal are not available.

CHILDREN

CONCERNING CHILDREN'S NEEDS

For donors and the Authorities:

- Boys and girls make up one of the most vulnerable groups who must be provided with special attention in disaster situations. Children can be helped during a disaster by providing special supplies/or funding. Worldwide organizations such as UNICEF and specialized NGOs can orient donors as to how to contribute towards children to improve their conditions during a disaster.
- When carrying out the DANA, the authorities must include the requirements to assist boys and girls in the affected localities. These

recommendations which we outline below can help to get to know a number of essential points to be taken into consideration regarding children's needs in an emergency situation.

For the communications media:

- ■ ■ During a disaster situation, the communications media are in a position to attract attention to and advocate for the needs of boys and girls. Remind the population that at the time of donating they may also do so to cover special needs, respecting the technical aspects mentioned here:

■ ■ ■ CONCERNING CHILDREN'S FOOD

For donors and the Authorities:

- ■ ■ When you carry out or ask for donations of food, take into consideration the supply of special food for children which contains essential nutrients. Before the disaster, children may suffer from malnutrition as a result of which inappropriate food will worsen their condition.

■ ■ ■ CONCERNING MASS CHILD VACCINATION PROGRAMS

For donors and the Authorities:

- ■ ■ It is often believed that it is necessary to vaccinate children who are found in a disaster situation "against everything". In general, mass vaccinations are not recommended. PAHO/WHO recommends the early resumption of the basic system of routine vaccination, since the reduction in the coverage of vaccination could result in the re-emergence of illnesses.



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Consider the following technical aspects to plan and manage donations associated with children:

- Maternal milk provides small children with the quantity of nutrients that they need, helps to protect babies from illnesses and provides an initial bond between the mother and her child. The indiscriminate or inappropriate use of substitutes for maternal milk during disasters suppresses lactation and promotes artificial feeding of children.
- The flow of maternal milk is affected by stress. This is a reason for which women in emergency situations may have potential risk of problems with breast feeding. Lactating women need special assistance during an emergency as well as spaces where they can interact and breast feed. The most effective aid for a mother who cannot breast feed can come from another woman who is also breast feeding.
- Feeding children with a bottle is not recommended in areas with low standards of hygiene, given the high risk of contaminated water, the difficulty for maintaining cleanliness and the high risk of mortality from diarrhoeal disease in lactating infants.
- During emergencies, children have a higher risk of illness, violence, exploitation through labour, abuse, ill treatment and sexual exploitation. They are often separated from their families and have difficulty in obtaining food and humanitarian aid. The emotional impact of this can be very serious. Given this situation, it is essential to ensure humanitarian activities which minimize these kinds of circumstances. It is vital for the authorities and specialized organizations in the field to determine the security conditions in which children are placed, that they promote the rapid identification of children who are lost as well as programs which help to avoid families being separated.



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- Educational programs provide security, structure, a certain sense of normality and hope for the future. For this reason, the continuation of the educational process even if it is given in informal areas is important. Field hospitals or schools made from pre-fabricated material can provide space for education during an emergency. To plan actions for the continuity of the educational process before a disaster occurs will greatly facilitate the arrival of donations for this sector.²⁰
- To support the reconstruction of schools involves providing assistance for the general system to help children, above all, for traumatized children and for those who do not have family since they restore a protective atmosphere and set normal routines in the communities. To help children of school age to return to school is one of the best ways to facilitate their psychological and emotional recovery after a traumatic experience, like a disaster. Remember that building a school does not just involve putting up the structure.

FOOD AID

For donors:

- In a disaster situation, the DANA enables donors to know the population's requirements as well as the capacities for supply and the local availability of food. Given this, modify food aid programs in line with the assessment of needs. In the majority of cases, going to local sources ensures the saving of time and resources.

²⁰ The lead role in an education cluster within the humanitarian reform process is allocated to UNICEF and the Save the Children Alliance. If it is activated, it is important to come to these organizations to request information on what is best to donate.

- ■ ■ Consider diversifying the ways in which food aid can be provided. Direct transfers of funding, the donations for food production, projects such as "food for work" or the "school tea" which provide food rations as an incentive for families to continue sending their children to school are very effective.
- ■ ■ Consider orienting donations to protect and restore communities' capacities to cope by themselves. Support primary production mechanisms and access to food produced locally which restore the chain of food management. It is important to avoid a large number of persons becoming dependent on aid.

For donors and the authorities:

- ■ ■ Humanitarian donations do not resolve chronic problems of malnutrition. However, it is important that you identify, and establish support, care and special actions for people suffering from chronic malnutrition. In general terms, food assistance must facilitate care of the vulnerable population with regard to nutrition, guarantee their access to specialized food products, following established international parameters on rations.²¹

For the Authorities:

- ■ ■ Situations with disorganization and a lack of coordination as well as failures in communication and transport impact on the possibility of certain more vulnerable communities such as elderly people, children, the handicapped etc. having difficulties in receiving food donations quickly and safely, as a result of which it is of vital importance to identify this kind of population and its specific nutritional needs.

For the communications media:

- ■ ■ Before making mass calls for food donations consult with the authorities or specialized agencies to be aware of the needs and priorities of the population and, in particular, vulnerable groups. Mass donation of food without prior planning can result in collapsed logistics systems and their administration. Also bear in mind the dietary and cultural customs of the affected population for this kind of donation.

21 For more information on food rations in disasters, you can consult the SPHERE Project Manual which can be found at: <http://www.sphereproject.org/content/view/27/84/lang.english/> and in <http://saberdonar.info>.

6. MYTHS AND REALITIES ABOUT HUMANITARIAN DONATIONS²²

Many false assumptions are associated with the impact of disasters on affected populations. The donor community, as well as disaster-prone countries, need to know the following myths which could interfere with the sending and management of donations:

Myth: All kinds of international assistance are needed and are needed now. "It is better for there to be too much than too little".

Reality: A hasty response which is not based on an assessment only adds to the chaos. It is essential to wait until the real needs have been assessed. Remember that the initial results of a damage and needs assessment of the affected population are made known a few hours after the event and this is therefore the appropriate tool to know what to donate.

Myth: All kinds of volunteer and professional foreign doctors with all types of specializations are needed immediately after a disaster has occurred.

Reality: Often countries hurriedly send search and rescue or medical personnel to help during the first days of the emergency, however, it is the case that the local professional population can usually satisfy the immediate needs related to saving lives. However, in later phases when personnel are tired or specialized personnel are required, volunteer teams have already left.



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22 Information is from the PAHO/WHO "Humanitarian Assistance in Disaster Situations, a Guide for Effective Aid", Washington 1999.

Myth: Mass vaccinations are necessary.

Reality: Mass vaccination campaigns during disaster situations are not necessary and, on the contrary, deflect resources, leaving more urgent needs unattended.

The Pan American Health Organization recommends resuming as soon as possible the basic, routine vaccination schedule, since reduction in the cover of vaccinations could cause the re-emergence of diseases in the mid-term.

Myth: Epidemics and plagues are inevitable after any disaster when there are large numbers of dead bodies.

Reality: Epidemics do not occur spontaneously and bodies do not lead to catastrophic outbreaks of exotic illnesses. This kind of stereotyped rumour attracts the attention of the international community which could direct its aid following these false myths. The key to prevent disease is in improving hygiene and in educating people.

Myth: Life returns to normal in a few weeks.

Reality: Life does not return to "normal" for a person affected by a disaster. It is necessary for the international community to donate resources and assistance to cover the different phases of the emergency with the aim that the population recovers its livelihood.

Myth: The affected population is too shocked and defenceless to take responsibility for its own survival.

Reality: Many support programs do not consider the creative force and the resilience of the population as a result of this myth. On the contrary, many people find new strength during an emergency. The affected population must not be seen as victims without management capacity and must be considered as an actor of their own well-being in addition to the organizations which are providing help. This is a factor which contributes to the success of support programs.

Myth: Disasters cause deaths haphazardly

Reality: Disasters affect most seriously the most vulnerable groups which live in situations of inequity and poverty: women, children, the handicapped and the elderly are amongst these groups which must be provided with special support. On many occasions these populations survive the impact of the disaster, but since they do not receive the necessary help they may suffer illness and death.

7. ANNEXES

Annex 1.

Resources and Sources of Information on Internet

| Resources Online | Description | Web Page |
|-----------------------------|--|--|
| Reliefweb | Up to date information on emergencies that are occurring | www.reliefweb.int |
| RedHum | The Humanitarian Information Network for Latin America and the Caribbean | www.redhum.org |
| Alertnet | On-line training, emergency contact lists and other resources | www.alertnet.org |
| CRID | Regional Disaster Information Center Latin America and the Caribbean | www.crid.or.cr |
| DesInventar | Disaster Inventory System | www.desinventar.org |
| International Organizations | Description | Web Page |
| PAHO/WHO | Pan American Health Organization/ World Health Organization | www.paho.org/disasters |
| OCHA | United Nations Office for the Coordination of Humanitarian Affairs | www.ochaonline.un.org |
| WFP | World Food Programme | www.wfp.org |
| UNICEF | United Nations Children’s Fund | www.unicef.org |
| IFRC | International Federation of Red Cross and Red Crescent Societies | www.ifrc.org www.cruzroja.org |
| Intermón OXFAM | Member of Oxfam International | www.intermonoxfam.org |

| Inter-Governmental Bodies | Description | Web Page |
|------------------------------------|--|---|
| European Commission / ECHO | Department of Humanitarian Aid the European Commission | http://ec.europa.eu/echo/index_en.htm |
| DSD/OAS | Department of Sustainable Development of the Organization of American States | http://www.oas.org/dsd/Working%20Documents/Naturaldesasterandland.htm |
| CAPRADE | Andean Committee for Prevention of and Response to Disasters | www.caprade.org |
| CEPREDENAC | Coordinating Center for the Prevention of Natural Disasters in Central America | www.cepredenac.org |
| CDERA | Caribbean Disaster Emergency Response Agency | www.cdera.org |
| International Cooperation Agencies | Description | Web Page |
| AECID | Spanish Agency for International Cooperation for Development | www.aecid.es |
| USAID | United States Agency for International Development | http://www.usaid.gov/ |
| DFID | Department for International Development, UK | http://www.dfid.gov.uk/ |
| GTZ | German Technical Cooperation Agency | http://www.gtz.de/de/ |
| JICA | Japanese International Cooperation Agency | http://www.jica.go.jp/english/index.html |
| SIDA | Swedish International Development Cooperation Agency | http://www.sida.se/sida/jsp/sida.jsp?d=121&language=en_US |
| CIDA | Canadian International Development Agency | http://www.acdi-cida.gc.ca/index-e.htm |
| COSUDE | Swiss Agency for Development and Cooperation | http://www.sdc-gov.ch |

Annex 2.

Partners which took part in the drawing up of this Guide of Recommendations



PAHO/WHO

The Pan American Health Organization (PAHO) is an international public health agency with over 100 years of experience working to improve health and living standards of the people of the Americas. It enjoys international recognition as part of the United Nations system, serving as the Regional Office for the Americas of the World Health Organization. The Organization's essential mission is to facilitate technical cooperation with member governments and promote cooperation between them towards improved health of the people of Latin America and the Caribbean and the achievement of a healthy environment, progressing towards sustainable human development.

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



UNICEF

The United Nations Children's Fund was created by the United Nations General Assembly in 1950. It is a permanent body within the United Nations system, with the mission of assisting children and protecting their rights. It focuses mainly on five priorities: survival and child development, basic education and gender equality (including education for girls), protection against violence, exploitation and abuse, HIV and AIDS, and policies for monitoring of child rights.

www.unicef.org



OCHA

In December 1991, the General Assembly adopted Resolution 46/182 designed to strengthen the United Nation's response to both complex emergencies and natural disasters. The mission of the Office for the Coordination of Humanitarian Affairs is to improve the efficiency of its humanitarian operations in the field as well as to mobilize and coordinate effective humanitarian action in partnership with national and international actors in order to alleviate human suffering in disasters and emergencies; advocate for the rights of people in need; promote preparedness and prevention; and facilitate sustainable solutions.

www.ochaonline.un.org



WFP

Since its foundation in 1963, the United Nations World Food Programme has invested 30 billion dollars and has distributed over 47 million metric tonnes of food to fight hunger, promote economic and social development, and provide assistance during emergencies throughout the world. As an instrument of food aid, the WFP uses food to reduce needs in emergencies and support economic and social development. The agency also provides the logistical support required to bring food to the people who most need it. The WFP advocates for hunger to be a priority on the international agenda.

www.wfp.org

AECID

The Spanish Agency for International Development Cooperation was created in November 1988 as the body which manages the Spanish policy for international development cooperation. The AECID is a public law entity attached to the Ministry of Foreign Affairs and Cooperation through the Secretary of State for International Cooperation (SECI) and is responsible for the design, implementation and management of development cooperation projects and programs, either directly with its own resources or through collaboration with other national and international entities and non-governmental organizations.

www.aecid.es



Intermón Oxfam

OXFAM

Intermón Oxfam was born in 1956 and is the Spanish NGO belonging to the Oxfam International Confederation. It currently works actively to generate social transformation both in countries of the North as well as in the South. It cooperates in more than 500 development programs in 48 countries in Africa, America and Asia and works in areas of international development cooperation, humanitarian action and conflict management, fair trade and political impact and social mobilization, with programs and projects managed via models which guarantee self-sufficiency and independence, equity and community participation.

www.intermonoxfam.org

IFRC

The International Federation of Red Cross and Red Crescent Societies was founded in 1919 and is today made up of 186 Red Cross and Red Crescent Societies, a Secretariat in Geneva and over 60 strategically located representations to support the activities taking place worldwide. Its mission consists of improving the life of vulnerable people by mobilizing the power of humanity. Vulnerable people are those who are at most risk in situations which endanger their survival or capacity to live with an acceptable degree of social and economic security and human dignity. Often they are the victims of disasters, those hit by poverty caused by socio-economic crises, are refugees and the victims of health emergencies.

www.ifrc.org



CRID

The Regional Disaster Information Center is an initiative sponsored by six organizations which decided to bring efforts together to ensure the compilation and dissemination of information available on the issue of disasters in Latin America and the Caribbean. These organizations are as follows: the Pan American Health Organization – Regional Office of the World Health Organization (PAHO/WHO), United Nations, the Secretariat of the International Strategy for Disaster Reduction (UN/ISDR), the National Commission for Risk Prevention and Disaster Response in Costa Rica (CNE), the International Federation of Red Cross and Red Crescent Societies (IFRC), the Coordinating Centre for the Prevention of Natural Disasters in Central America (CEPRENAC), the Regional Emergency Office of Doctors without Borders (MSF).

www.crid.or.cr

GENERAL RECOMMENDATIONS AND FOR HUMANITARIAN ACTORS

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Each time a major disaster takes place, the humanitarian machinery is set in motion, mobilizing technical assistance and national and international donations. However, the arrival of large quantities of donations in the affected country is an enormous organizational and managerial challenge for the authorities and humanitarian actors which can result in relevant aid of great value, or in an additional burden which is difficult to manage and administrate. The technical and logistical problems which this task involves are often compounded by the fact that, in many cases, donations are frequently inappropriate, sent in haste and little in line with the needs of the affected population or populations. Experience has shown that the majority of these problems can be avoided with better planning, more refined coordination and more appropriate and efficient information exchange amongst the actors involved.

For the production of this guide, conclusions and recommendations arising from different international forums were reviewed and documents and guides from major international humanitarian agencies were taken as references in order to bring to the fore and to present in a practical and operational manner a summary of recommendations for three essential actors: donors, national disaster response and risk management organizations and the communications media. The guide promotes exchange, knowledge and mutual collaboration between these three agents, with the aim of adopting better practices and bringing to light behaviours and myths which hinder or harm the process of donations and the efficient use of these donations to alleviate the consequences of disaster. The document has an initial section with recommendations of a general nature, followed by three chapters dedicated to each one of these actors as well as brief sections of a sectoral nature dealing with the following issues: health, medicines, water and sanitation, children and food.

The guide is part of a series of materials which will be used in a public information, training and communications campaign organized with the support of several of the most important international humanitarian agencies present in Latin America and the Caribbean.

For more information, visit www.saberdonar.info (in Spanish)



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