

Disasters

Preparedness and Mitigation in the Americas



Issue 104

News and Information for the International Community

July 2006

The Cluster Approach: Factors for Success

This editorial continues the discussion on the UN Cluster Leadership Approach that began in the April issue of this Newsletter. With the trend toward the "internationalization" of disaster response becoming more commonplace, what can Latin American and Caribbean countries expect when the next major emergency strikes? The UN cluster approach, part of a wider UN reform process, aims to improve the effectiveness of humanitarian response. The degree to which this occurs will depend on a number of factors.*

It is well recognized that Latin American and Caribbean countries have accumulated several decades of health disaster management experience. Yet despite this know-how, there is still room for the cluster leadership approach to help improve disaster response and, in the process, ultimately strengthen the national institutions responsible for disaster coordination. The UN cluster approach is a relatively new mechanism for coordinating all actors working in a certain field such as health, following a large-scale disaster. Clusters are headed by UN agencies, members of the Inter-Agency Standing Committee. The success of the cluster approach will depend on several

key factors, including: accountability, reducing conflicts of interest and promoting inclusiveness of all major actors.

Clear accountability to national authorities. Most everyone would agree that accountability to the victims of disasters is a top priority and long overdue. The disagreement, however, lies in who represents the affected population. Humanitarian organizations often see themselves as directly accountable to their beneficiaries—the affected population. Under the pretense of impartiality, some may even go so far as to reject any role for the national coordinating body in guiding their efforts.

In practice, many humanitarian agencies are more accountable to their donors than to their national counterparts. Therefore, if the cluster approach is to genuinely serve and strengthen national institutions, the accountability of the lead agency cannot be exclusively or primarily to the UN humanitarian coordinator, but rather must include the corresponding national agency, as is the case in the Americas, where PAHO/WHO is accountable to the Ministries of Health.

(continued on page 7)



PAHO/WHO, R. Maza

* See www.paho.org/disasters (click on the tab "Newsletter") to read the first part of this debate in Issue 103, April 2006.

The Price of Ignoring Mental Health?



PAHO/WHO, R. Maza

Requirements for food, clothing, shelter and medical assistance are well documented aspects of the first response to a disaster. In addition to these basic services, relief organizations should anticipate and prepare for a wide variety of mental health needs. As a site manager for the American Red Cross in Moss Point, Mississippi following Hurricane Katrina, I experienced a desperate need for more trained counselors to intervene in what was a mental health crisis. This epidemic was comprised of two subsets – those with preexisting mental disorders who were no longer managing their illness, and otherwise normal individuals who became overwhelmed with post-traumatic stress. Of the 400-500 people that began lining up every morning at 4 a.m. to receive social services, only one mental

(continued on page 7)



**Pan American
Health
Organization**

Regional Office of the
World Health Organization

Contents:

News from PAHO/WHO	2
Other Organizations	3
Member Countries.....	4
Publications and Multimedia	6
What's new at CRID	8

English-Language LEADERS Course Slated for November

Deadline for Applications is 30 September!

The English-language LEADERS Course is back by popular demand. The Pan American Health Organization, in close partnership with the Regional Center for Disaster Risk Reduction of the University of the West Indies and the Caribbean Disaster and Emergency Response Agency (CDERA) is offering this skill-enhancement course for stakeholders working in the field of disaster risk reduction. Already in its twelfth Spanish edition, this is the second time the course will be offered in English.

The LEADERS course has been developed to meet the needs of Small Island Developing States and aims to enhance the

participants' capacity to design and manage disaster risk reduction programs, with special emphasis on the health sector. The two-week intensive course will run from 20 November-1 December 2006, during which the participants will study the concepts, tools and methodologies related to many important disaster issues.

Applications must be received by 30 September 2006 through the LEADERS website: www.disaster-info.net/LIDERES/english/jamaica2006/. Learn about the course curriculum, selection criteria, fees and more at this site. For more information contact Monica Zaccarelli Davoli at zaccarem@paho.org.

LEADERS 2006
International Course on Development and Disasters with a special focus on health
Kingston, Jamaica
November 20 - December 1, 2006

Information

Organizers:
 Pan American Health Organization
 CDERA
 THE UNIVERSITY OF THE WEST INDIES AT MONA, JAMAICA

+ Introduction + Objectives + Curriculum + Registration + Fees + Schedule

INTRODUCTION

The LEADERS course has been developed, organized and promoted by the Pan American Health Organization, the regional office for the Americas of the World Health Organization.

This is the twelfth edition of the course and the second offered in English and it will be carried out in close partnership with the Regional Center for Disaster Risk Reduction of the University of West Indies and with the Caribbean Disaster and Emergency Response Agency (CDERA).

The objective of this PAHO-developed course aims to enhance participants' capacity to design and implement disaster risk reduction programs, with special emphasis on the health sector.

Target Participants: Public sector managers who deal with risk reduction issues, Health Disaster Coordinators, National Disaster Coordinators, other counterparts in disaster risk reduction and management, and related capacity building actors. Originally designed for Small Island Developing States, the course expects to attract participants primarily from the Caribbean, but also from professionals in the field of disaster risk reduction from other parts of the world.

Geared toward participants who are stakeholders in disaster risk reduction issues, primarily in the health sector, the course will provide participants with practical tools which will enhance their effectiveness in implementing risk reduction programs. In order to achieve this goal, participants are expected to play an active role in implementing the agreements reached during the Second World Conference on Disaster Reduction in Kobe, Hyogo, Japan 2005.

Duration: Two-week intensive course from 20 November to 1 December 2006 in Kingston, Jamaica. During the training, participants will be expected to share their experiences and actively participate in all sessions.

OBJECTIVES

1. To examine risk reduction, disaster prevention, mitigation and preparedness and response through management models, approaches and tools applicable to the health sector.
2. To upgrade and advance technical knowledge about the causes and consequences of hazards to communities and institutions.
3. To increase strategic management, leadership and analytical skills of all participants.
4. To strengthen coordination among development and disaster management organizations (governmental and non-governmental) in order to maximize the benefits for the public health sector.
5. To promote networking by sharing experiences related to risks and emergencies.

PAHO's Disaster Staff on the Move

Several PAHO/WHO disaster experts have rotated duty stations among the Organization's subregional disaster offices in the Americas.

Response Operations
 Dana Van Alphen
vanalphe@paho.org
 Panama *New*

Subregional Office for the Caribbean
 Monica Zaccarelli Davoli
zaccarem@cpc.paho.org
 Barbados *New*

Publications and Multimedia
 Ricardo Perez
rperez@paho.org
 Panama *New*

Subregional Office for Central America
 Alejandro Santander
santanda@paho.org
 Panama

Subregional Office for South America
 Carlos Roberto Garzon
cgarzon@paho.org
 Ecuador

Learn how to contact all of PAHO/WHO's disaster offices and programs throughout Latin America and the Caribbean by visiting www.paho.org/disasters. Click on "Contact Us."

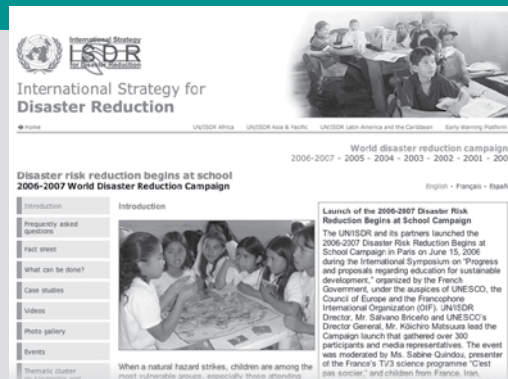
WHO Moves from Lessons to Action Following the Tsunami



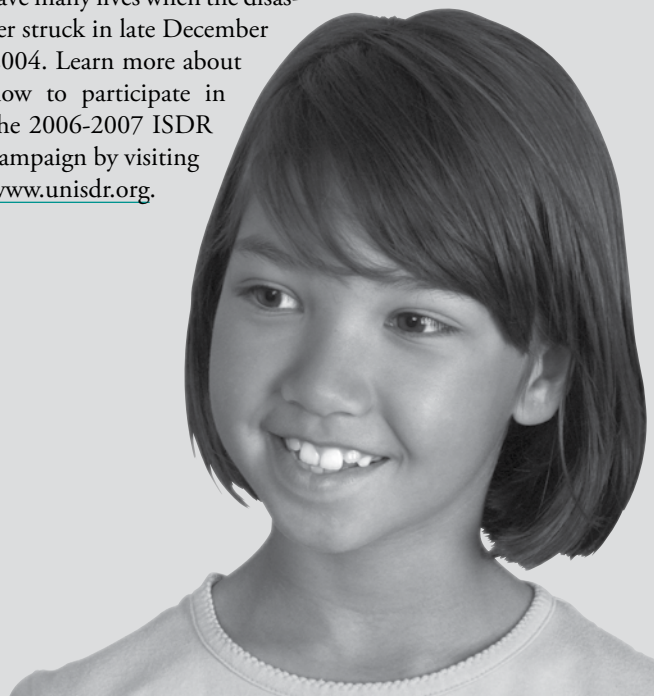
Most of the countries affected by the December 2004 tsunami are located in the geographical area managed by WHO's South-East Asia Regional Office (SEARO), which hosted a meeting in Bali, Indonesia to review progress toward achieving benchmarks for emergency preparedness and response and to transform these into a framework for intensifying country/community capacities.

Emergency managers from several tsunami-impacted countries shared their experiences. For example, India discussed events that led to forming a National Disaster Management Authority; Thailand shared factors that helped to identify the core components of a community preparedness program. Other presentations looked at how lessons learned are being applied. Indonesian authorities presented a review of the response to the Yogyakarta earthquake, which occurred just one month before this meeting, claiming more than 5,700 lives and displacing some 2 million people. A SEARO communicable disease expert showed how a surveillance and reporting system established following the tsunami was transferred to Yogyakarta, together with experienced staff from tsunami-affected regions of Indonesia. The system is also partially responsible for preventing outbreaks and epidemics. To learn more about the SEARO benchmarks for progress, a copy of the Bali Declaration or for a copy of the meeting report write to Dr. Roderico Ofrin at ofrin@searo.who.int.

ISDR Campaign Focuses on Schools



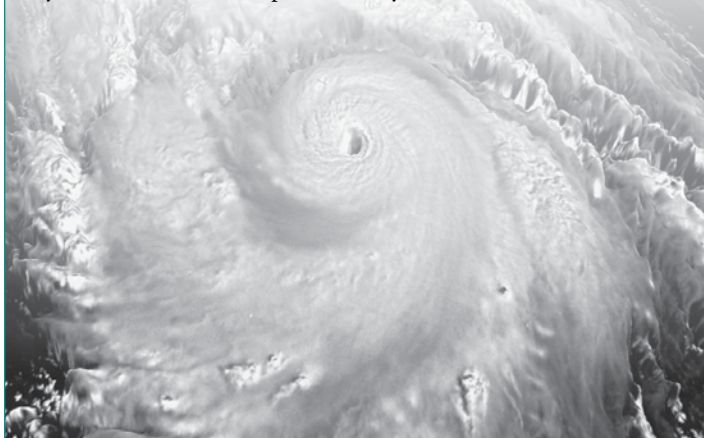
The UN International Strategy for Disaster Reduction (ISDR) and its partners have launched the 2006-07 global campaign "Disaster Risk Reduction Begins at School." The campaign will promote the inclusion of risk reduction in the school curriculum of at-risk countries and will help to improve school safety by encouraging the use of construction standards to design or retrofit schools to withstand any kind of natural hazard. Why schools? The vulnerability of children in natural disasters was confirmed once again in the earthquakes that struck Pakistan in October 2005 and, more recently, in Yogyakarta, Indonesia, where thousands of children perished in their schools. Children can also be agents of change, as a young girl in Banda Aceh demonstrated by using what she had learned in a geography lesson about tsunamis to save many lives when the disaster struck in late December 2004. Learn more about how to participate in the 2006-2007 ISDR campaign by visiting www.unisdr.org.



Member Countries

Hurricane Season is Here!

Hurricane season began in June and already Tropical Storms Alberto, Beryl and Chris have brought heavy rains and flooding to the Leeward Islands of the Caribbean and the southern U.S. Predictions point to another busy season, with experts calling for at least three category 5 storms. In addition to the three storms that have already passed, the names chosen for this year's storms include Debby, Ernesto, Florence, Gordon, Helene, Isaac, Joyce, Kirk, Leslie, Michael, Nadine, Oscar, Patty, Rafael, Sandy, Tony, Valerie, and William. Let's hope we stay clear of the Greek alphabet this year!



Mass Casualty Planning in Full Gear in the Caribbean

Nine Caribbean countries are hosting the Cricket World Cup next March (see January 2006 issue of this Newsletter). In preparation for this event, which will draw huge crowds, and at the request of some Member States, PAHO's sub-regional disaster office in Barbados has stepped up training programs in mass casualty management (MCM), incident command systems (ICS) and Emergency Care and Treatment (ECAT).

The host countries (Antigua and Barbuda, Barbados, Grenada, Guyana, Jamaica, St. Kitts and Nevis, St. Lucia, Trinidad and Tobago and St. Vincent and the Grenadines) have begun training their emergency response personnel in disaster and mass casualty management. By June, some 325 people had been trained in ECAT, 227 in MCM and 85 in ICS. Training is ongoing and will culminate with simulation exercises in several countries. The training will not only help during the Cricket World Cup, but also to prepare for hurricane season and other emergency situations. The result should be a cadre of well-trained emergency response personnel capable of developing effective mass casualty plans. For more information contact Hugo Martinez at martineh@paho.org.



Flood Recovery Underway in Suriname

Severe flooding in early May 2006 affected up to 20,000 people in Suriname and left large areas of the country submerged. The country's interior, which is populated by small villages of indigenous and Maroon peoples (descendants of West African slaves), was most affected by the torrential rains. At its peak, flooding affected as much as 30,000 square km, including 157 villages. Thousands were forced to abandon their homes and their livelihoods.

Suriname's National Coordination Center for Disaster Response coordinated the relief efforts, providing technical assistance in communications, information technology, logistical support and finance and administration. A crisis center was set up and experts were mobilized to assist in health needs assessment and resource mobilization. The center also helped local health authorities take action to reduce and control flood-associated health risks, including malaria and diarrhea. An



international expert in sanitary engineering carried out an initial assessment and made recommendations for improvements. Water tanks and water purification tablets were delivered to assure an adequate supply of clean drinking water in the affected areas and

vaccines and cold chain supplies were procured to prevent outbreaks of typhoid and hepatitis. At the request of Surinamese authorities, the LSS/SUMA (a computerized humanitarian supply management system) was deployed and a team of SUMA experts trained local staff to use the system.

Suriname's response to the floods was largely successful, thanks to prior preparedness efforts, including the formulation of a National Disaster Plan. Also helpful were the involvement of a large network of non-governmental organizations, many of them active in the country's interior, and the coordination between national and international groups.

The complete version of this article appeared in the August 2006 issue of PAHO Today, the newsletter of the Pan American Health Organization.

Around the Region

• Andean Countries Set Strategies for Technological Disasters



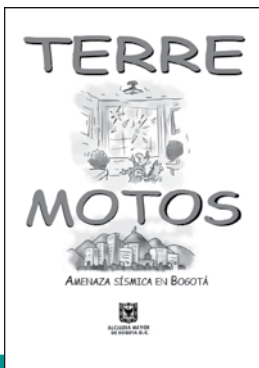
Five Andean Region countries sent representatives with wide ranging expertise—health, environment, management, response and civil defense—to Quito, Ecuador to develop the strategy for a regional emergency prevention and response plan for chemical and radiological accidents. The meeting’s discussions emphasized the importance of preserving sustainable development and sharing responsibility between the public and private sector as the strategy evolves. More information in a future issue of this newsletter.

• Radio Soap Opera Replayed in Trinidad

Trinidad and Tobago kicked off hurricane season by rebroadcasting “The Rough Season,” a radio soap opera that aims to raise awareness of disaster risk among vulnerable communities in the English-speaking Caribbean. Throughout 10 episodes, each 15 minute long, the characters find themselves dealing with natural hazards such as floods, hurricanes, storms, landslides, and even a food security crisis. This radio soap opera is an inter-agency effort of PAHO/WHO, the ISDR, the International Federation of Red Cross and Red Crescent Societies and the Association of Caribbean States.



• Bogota Prepares its Citizens for Earthquakes



The elevated seismic risk that Bogota, Colombia lives with daily prompted the capital city’s disaster prevention and response office to produce a colorful, well-written booklet on what to do before, during and after an earthquake. Promoting the idea that the reader is the first line of defense for protecting life and property, the booklet allows the reader to evaluate and take responsibility for reducing personal vulnerability. An excellent example for other cities and municipalities wishing to produce similar material. View the booklet (Spanish only) at www.disaster-info.net/terremotosbogota.pdf.

Check out PAHO’s Redesigned Catalog of Disaster Publications



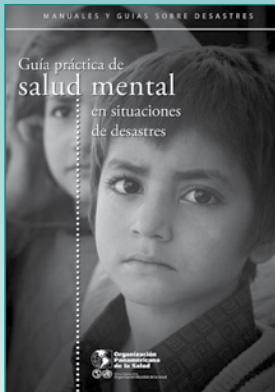
One of the most visited pages on PAHO’s disaster web site (www.paho.org/disasters) is the Publications Catalog. The Catalog has now undergone a complete overhaul. There are many different ways to locate exactly what users are looking for: search by category (there are 28!), by title or by media. The Catalog will feature special collections of material: currently the spotlight is on hurricane preparedness and response.

Send your feedback to disaster-newsletter@paho.org.





Mental Health Guidelines in Disaster Situations



Depending on the magnitude of a disaster and other factors, one-third to one-half of the affected population can manifest some type of psychosocial problem. Post-disaster mental health problems will require prolonged attention as the victims struggle to rebuild their lives.

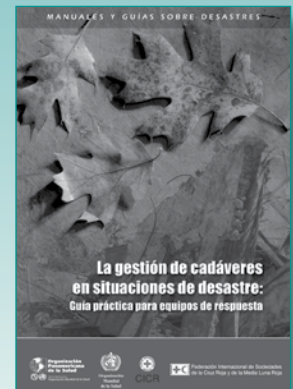
In 2002, PAHO/WHO published *Protecting Mental Health in Disaster Situations* (in Spanish only) as a planning guide for mental health issues in emergencies. This new publication, also in Spanish only, is a companion piece—a practical manual of procedures for identifying and managing psy-

chosocial manifestations common among disaster victims. This how-to guide for health workers in emergency situations looks at many interesting issues including: managing group dynamics in disaster situations; problems common in childhood and adolescence; psychological first aid and mental health issues among the displaced, whether the displacement is due to natural disasters or conflict situations. Download this new publication at www.paho.org/disasters (click on Publications Catalog). Use the Catalog to view all PAHO/WHO publications on mental health in emergencies.

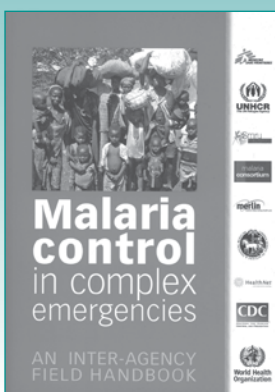
Field Version of Manual on Management Dead Bodies Now Available in Spanish

In the April 2006 issue of the newsletter we announced the publication of *Management of Dead Bodies after Disasters: A Field Manual for First Responders*. The Spanish version has now been published. This manual emphasizes the need to give the appropriate importance to the handling of dead bodies after disasters. The book contains several identification and information forms that can be adapted to the type of disasters and the country

or region where it strikes. Those interested in this practical field manual in either the Spanish or English version can download it in PDF format from PAHO's website. In addition, field practitioners can quickly download useful forms to identify dead bodies, record missing persons, and body inventory (explanations on how to use these forms are included in the field manual). Visit www.paho.org/disasters and click on the Publications Catalog.



Malaria Control in Complex Emergencies



The areas of the world whose populations are most affected by complex emergencies are often those with the greatest malaria burden. Consequently, malaria is a significant cause of death and illness in complex emergency situations. WHO has published this handbook in coordination with other agencies, including Medecins sans Frontieres, UNHCR, and the CDC. *Malaria Control in Complex Emergencies--An inter-agency field handbook* focuses on effective malaria control in complex emergencies, particularly during the acute

phase when reliance on international humanitarian assistance is greatest. It provides practical guidance on designing, implementing and monitoring measures to reduce malaria morbidity and mortality. Such measures address the needs of both the displaced and the host populations and accommodate the changing needs as an acute emergency evolves into a more stable situation. The price of the publication is US\$22.50, and US\$15.75 in developing countries. It can be ordered from bookorders@who.int or at www.who.int/bookorders.

The Cluster Leadership Approach

(from page 1)

Other coordination issues can widen the chasm between the cluster leaders and the national counterparts. For example, evaluations carried out in the aftermath of the tsunami in south Asia and the earthquake in Pakistan point to the existence of parallel coordination mechanisms: one at the national level (multisectoral or health) and another at the international level (multi-cluster or health) which has been superimposed on and independent from the former. The international mechanism often has financial and communications resources far superior to what is available to national authorities. In addition, language barriers often frustrate communication. English is de facto humanitarian language, and this puts many disaster managers in non-English-speaking countries at a disadvantage. Despite these issues, national authorities, who will be on the scene long after the international presence is gone, must be major stakeholders in any UN cluster initiative.

Avoiding conflicts of interest on the part of the lead agencies. Agencies that assume the role of cluster lead must be prepared to serve all actors in the cluster impartially, even though in other circumstances they may compete for funds and visibility. However, in many cases, the same representative of a UN agency has served as both the cluster leader and as an agency's representative, opening the door to criticism that the cluster has become a tool to promote an agency's own interests.

As a practical way of minimizing potential conflicts of interest, cluster lead agencies,



C. de Ville de Goyer

including WHO/PAHO in health, should consider assigning one representative to exclusively perform the cluster coordinating functions and designate another person to handle the agency's own operational functions. How agencies determine who will carry which role provides an indication as to where their priorities lie. For example, do they assign their most senior and experienced professionals to become cluster leads (a collective responsibility) or do they reserve their expertise to benefit their institutional interests? PAHO/WHO believes the collective responsibility should prevail.

Inclusiveness of the cluster approach. Many NGOs view the cluster approach as heavily dominated by the UN, and indeed their perceptions are understandable, as all cluster leads are UN or intergovernmental agencies. Yet, NGOs provide most of the direct external assistance to disaster victims and most, but not all, are professional and highly competent. They may accept the Ministry of Health's or Civil Protection systems' legal authority in an affected country, but are more reluctant to "subordinate" themselves to a UN agency. Therefore, the success of the cluster

leadership approach will depend on the value added it offers all partners. Does it make the work of NGOs and other non-UN agencies easier to carry out? Is the work of all actors in the cluster supported, both technically and operationally? Is the lead agency's influence leveraged to acquire resources for all actors or only for its own projects? PAHO/WHO will continue to assist the Ministries of Health in the Americas to develop an open and inclusive partnership with all national and international health NGOs that demonstrate commitment and capacity.

Time will tell whether the UN cluster approach actually improves the international response to disasters as well as the management capacity of a disaster-affected country in the Americas. National multisectoral disaster coordinators may well have the last word in this matter. Now—before disaster strikes—is the time for them to initiate a dialogue with UN representatives in their country on the respective roles of government leaders and UN agencies on convening, conducting and hosting the cluster coordination meetings.

In the health field, the cluster approach will provide PAHO/WHO with an opportunity, and hopefully the means, to ensure that the Ministry of Health can, "establish adequate coordination mechanisms ... as well as good strategic planning and operational response." These critical coordination functions, which are assigned to the cluster leaders by the Inter-agency Standing Committee (IASC), are fundamentally and primarily the responsibility of the national disaster coordinators.

The Price of Ignoring Mental Health

(from page 1)

health worker was deployed for an average of four hours per day. The consequences of not fully addressing this problem could often lead to catastrophic events, the most dramatic of which was a tripling of the suicide rate in devastated areas for the 10 months following Katrina. However, I witnessed an underreported facet of recovery which involved substance abuse, family disintegration and acts of violence. As first responders began leaving in mid-October these aspects of post-disaster life only intensified.

A few steps would go a long way in solving psychosocial problems following a disaster. First, relief organizations should expand their existing services by recruiting more social workers and clinical psychologists to meet the needs of victims on the ground. Second, long-term mental wellness centers should be established in all towns/cities/shelters affected by the disaster. These centers will serve as a base for individual counseling, group therapy and the training of a local contingent of mental health workers. Third, mental health

workers should take a proactive approach by using points of distribution for food, water and other government services as an opportunity to reach out and inform the public of the services they are providing. Finally, workers should train a new generation of counselors during relief efforts so that when they leave, a support network continues to function. Confronting this aspect of response will lessen the self-inflicted destruction following a disaster as well as provide an opportunity to build stronger communities.

Sam Vigersky spent the summer interning at PAHO and is now a graduate student at the University of Michigan School of Social Work (sviger@umich.edu).



The **Regional Disaster Information Center (CRID)**'s mission is to promote the development of a culture of prevention in Latin American and Caribbean countries through the compilation and dissemination of disaster-related information and the promotion of cooperative efforts to improve risk management in the Region.

Regional Disaster Information Center
 Apartado Postal 1455-1011 Y Griega
 Pavas, San Jose, Costa Rica
 Tel: (506) 296.3952 | Fax: (506) 231.5973
crid@crid.or.cr

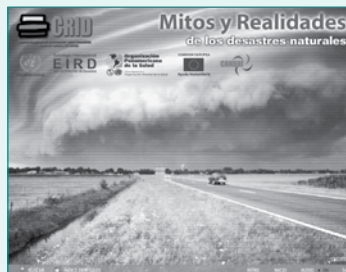
Myths and Realities of Disasters

Last year the CRID conducted a user survey to determine the most tenacious myths surrounding disasters. Among the 14 that made the list:

- Any kind of help is better than nothing.
- The best alternative is to place survivors in camps.
- Disasters are divine punishment.
- Disasters are not natural occurrences.
- Men and women are equally affected by disasters.

For each of these myths, CRID has prepared a fact sheet on the myth itself and a bibliography of reading material drawn from their collection of full-text articles on the topic. The purpose of providing these specialized reference sources is to allow users to read more about (and consequently demystify) the issue, based on information that is technically sound and readily available.

This collection is organized and available in a Spanish-language CD-ROM (although many of the full text articles related to the 14 myths are in English. Write to crid@crid.or.cr or check out the material at www.crid.or.cr/crid/CD_Mitos/index.html.



Disasters: Preparedness and Mitigation in the Americas is the Newsletter of the Area on Emergency Preparedness and Disaster Relief of the Pan American Health Organization, Regional Office for the Americas of the World Health Organization. The reported events, activities and programs do not imply endorsement by PAHO/WHO, nor do the statements made necessarily represent the policy of the Organization. The publication of this Newsletter has been made possible through the financial support of the Division of Humanitarian Assistance, Peace and Security of the Canadian International Development Agency (HAPS/CIDA), the Office of Foreign Disaster Assistance of the U.S. Agency for International Development (OFDA/AID), and the Department for International Development of the U.K. Correspondence and inquiries should be addressed to:

The Editor
 Disasters: Preparedness and Mitigation in the Americas
 Pan American Health Organization
 525 Twenty-third Street, N.W.
 Washington, D.C. 20037, U.S.A.
 Tel: 202-974-3527 • Fax: 202-775-4578
 E-mail: disaster-newsletter@paho.org
www.paho.org/disasters/

July 2006

Official Business
 Penalty for Private Use \$300

Disasters: Preparedness and Mitigation in the Americas
 Pan American Health Organization
 525 Twenty-third Street, N.W.
 Washington, D. C. 20037-2895

Postage and Fees Paid
 PAHO
 Permit Number G-61