

# Disasters

## Preparedness and Mitigation in the Americas

Issue 105

News and Information for the International Community

October 2006



### Post-Disaster Needs Assessments: The Critical First Step



PAHO/WHO: R. Maza

*Frequently, disaster-affected countries start receiving unsolicited aid even before they have had time to conduct an assessment of real needs.*

There are a variety of reasons to carry out post-disaster assessments: determining the immediate, short-term emergency needs of the survivors (the topic of this editorial); inventorying damage to housing, hospitals and other public or private infrastructure; or assessing the economic impact by putting a dollar figure on the direct and indirect losses attributable to the disaster.

Emergency needs assessments are an important first step before an intervention. Most agencies invest significant time and effort to carry them out; universities and other training institutions include the topic in the curriculum of virtually every course. Yet despite this institutional emphasis on rapid assessments, most decision makers—particularly at the international level—are not receiving the information they need to make quick and useful relief decisions. Too often, funds are allocated based on assumptions of what the victims ought to need or on domestic considerations fueled by the mass media. This has been the case not only in major disasters in the Americas but also in other regions of the world. An evaluation carried by the Tsunami Evaluation Coalition (TEC) of the effectiveness of the needs assessment is particularly explicit on this point (see [www.tsunami-evaluation.org/](http://www.tsunami-evaluation.org/) and follow the links under TEC Thematic Evaluations).

Ultimately, needs assessments have many end users, including the authorities and the public in a disaster-stricken country; the mass media looking for impressive statistics; as well as donors and external humanitarian organizations who are anxious to know how to contribute effectively. This article will focus on the

*(continued on page 7)*

### Methanol Poisoning Emergency in Nicaragua



*The fourth floor of the HEODRA hospital in Leon, Nicaragua was set up exclusively to treat the victims of the recent methanol poisoning.*

Forty-eight persons died and 15 were blinded by the toxic effects of methanol in an incident of mass poisoning in Nicaragua. Between 2-20 September, 801 people were treated for methanol poisoning following the ingestion of home-brewed local alcohol known as “guaro,” which had been adulterated by methanol. Most cases occurred in the departments of León and Chinandega.

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**Pan American  
Health  
Organization**

Regional Office of the  
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## Survey Results on Preparedness in PAHO/WHO Member States

One year ago, the ministries of health of the Western Hemisphere asked PAHO/WHO to report on the status of disaster preparedness and risk reduction activities in the Americas. A survey conducted in the first half of this year illustrated that today, nearly all countries have adopted formal measures within the ministries of health to continually improve their level of preparedness and risk reduction. Although there were limitations to the survey, the resulting report represents a first step toward an objective description of the present reality across the Region. One of the main results of the survey is that nearly all countries have some form of a disaster office or program. Other key findings point out the vulnerability of Member States to natural hazards, as well as the percentage of the population living in at-risk areas. The report also examines the national disaster program's position within the ministry of health, as well as the level of staffing, the budget allocation for preparedness and response activities, and the main functions of the disaster office. Lastly, the report takes a look at progress toward the Safe Hospitals Initiative in the Americas. Read the entire report, which was presented to PAHO's Directing Council in late September 2006, at [www.paho.org/english/gov/cd/CD47-inf4-e.pdf](http://www.paho.org/english/gov/cd/CD47-inf4-e.pdf).



## New Tool Being Developed to Measure Hospital Safety

PAHO/WHO's commitment to Safe Hospitals emphasizes the importance of: a) building new hospitals with a level of protection so they remain functional in disaster situations; and b) applying appropriate mitigation measures to reduce risk to existing facilities.

In keeping with this commitment, PAHO/WHO and regional health and structural engineering experts are working on an easy-to-use computer model to measure and rank a health facility's level of safety in the context of its geographical location and exposure to natural disasters (risk and vulnerability). As not all hospitals face the same risks, nor are they built using the same methods, the model incorporates a wide range of elements that gauge safety. The level of safety relates to three major areas: structural, non-structural and functional. One critical aspect of this model is that it gives different weight to different factors, thus permitting a more realistic appraisal of the hospital's level of safety. The program automates and standardizes the assessment and evaluation phase, reducing bias and lessening the chance of mathematical error. It is being developed in Spanish and English and will be field tested in Cuba, Mexico, St. Lucia and St. Vincent and the Grenadines.



## Measuring the Socioeconomic Impact of Health Crises

The Economic Commission for Latin America and the Caribbean (ECLAC) and PAHO/WHO have a great deal of collective experience in assessing the economic and health impact (respectively) of natural disasters. Now, in collaboration with the Inter-American Development Bank, a new methodology is being developed to mea-

sure the socioeconomic impact of a potential influenza pandemic. This new methodology and a set of tools will be field tested in two countries in the coming months. After making any necessary adjustments, this methodology will be made available, free of charge, to governments and institutions in the Americas.

With this tool, countries, national disaster systems as well as the health and other sectors can measure the socioeconomic impact of losses to the workforce, decreased production, changes in supply and demand, and other factors associated not only with an influenza pandemic, but also with other epidemics and health emergencies that affect

## When Every Minute Counts: Earmarked Funds Save Time in Emergencies

Without immediate access to funding, response operations can be delayed in humanitarian emergencies. Unfortunately, the normal grant proposal process is not conducive to the urgency of these situations. To address this shortcoming, the United Nations (UN) has revamped the Central Emergency Response Fund (CERF), a funding mechanism (either a loan or a grant) to expedite funding in crisis situations and facilitate a rapid humanitarian response.

Like a reserve account available for emergencies, the CERF enables agencies to rapidly respond to disasters or persistent humanitarian crises or to address critical needs for underfunded crises. In Haiti, CERF funds made it possible to speed up critical, time-sensitive projects to safeguard health and save lives prior to hurricane season, when flooding is commonplace. CERF funds were used to protect at-risk populations in two vulnerable areas by constructing 13,000 linear meters of dry rock walls on flood-prone ravines. Completed just in time, these new rock walls staved off the usual flooding that has so often devastated these communities during the rainy season.

The emergency funds also were used to reduce health risks to the population in Cité Soleil by cleaning a major drainage canal that crosses through the city and providing drinking water. Some 70,000 residents living along the canal benefited from this project, which helped contain the spread of disease caused by stagnant water and the proliferation of vectors. When time is of the essence, pre-designated funds help to ensure that response operations happen when they are needed most – immediately. To read more about the CERF fund, visit <http://ochaonline.un.org> and click on the link to CERF.



## Disaster Myths Still a Popular Topic



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For 30 years, the Natural Hazards Center at the University of Colorado (U.S.) has served as a national and international clearinghouse of knowledge concerning the social science and policy aspects of disasters. The Center's popular publication, the *Natural Hazards Observer*, has a long history of publishing excellent articles of interest to the international disaster community. Beginning with the current issue, the *Observer* revisits a time-tested topic: the myths surrounding natural disasters. To foster awareness, discussion and action on the issue of disaster myths, the next six issues of the *Observer* will each feature an article related to disaster mythology. The first in the series introduces the topic and the implications of accepting these myths as truth. Future articles will address: panic, dead bodies, disease, and looting. A concluding article will focus on how disaster myths are created and what can be done to dispel them or avoid perpetuation altogether. Read the introductory article on line at [www.colorado.edu/hazards](http://www.colorado.edu/hazards), click on "Publications" and follow the links.

health and wellbeing. This socioeconomic analysis should aid decision making when it comes to preventing or limiting damage and direct and indirect losses due to health crises.

*An influenza pandemic would have devastating effects across various sectors. With guidelines in place, countries would be better able to reduce the socioeconomic damage.*





# Member Countries

## Guatemala Reopens Health Facilities Devastated by Hurricane Stan

**A**lthough Hurricane Stan was never more than a category one storm, the heavy rainfall (as opposed to hurricane-strength winds) in the mountainous regions of Guatemala caused devastating landslides and along the coast, and the torrential rains caused rivers to overflow, producing widespread flooding. Because the hardest hit areas were rural, it was health centers and health posts that were most severely damaged. With many health centers already in a precarious state due to lack of maintenance, the rains destroyed or damaged the roofs, causing leaking that damaged electrical systems and equipment. In some health centers, standing water reached a height of one meter.

The Ministry of Health, with support from PAHO/WHO, took many measures to reduce post-disaster threats to health, including rehabilitating water and sanitation systems and stepping up epidemiological surveillance and disease control programs. One of the most important tasks involved an assessment of damage—structural, non-structural and functional—to

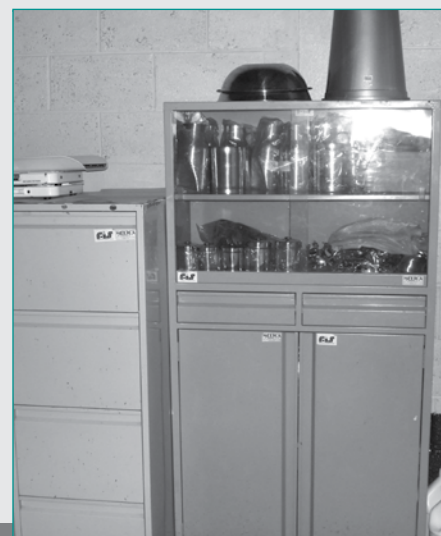


40 health centers in the seven hardest hit departments.

The retrofitting of these health facilities took into consideration the importance of reducing its future vulnerability by paying special attention, for example, to where the health center was located. Care was also taken to ensure that the modest repairs would help the health facility to withstand the next hurricane or flood. New roofs were properly secured; downspouts

and drainage canals were added; electrical systems were repaired and tested; and in facilities that were not affected, water and sanitation systems were checked to make sure they would not be affected in the next disaster.

*Left: PAHO/WHO Director, Dr. Mirta Roses, with the mayor of La Gomera and other authorities from Escuintla, Guatemala at the inauguration of a health facility. Below: New equipment at one of the facilities.*



## Methanol Poisoning Emergency in Nicaragua

(from page 1)

The Network of Toxicology of Latin America and the Caribbean (RETOXLAC) played a critical role by providing information to Nicaragua's Toxicology Reference Center on case management, identifying a new antidote and making a network member available for on-site technical assistance. A U.S. drug company, Jazz Pharmaceuticals, donated the antidote medicine—1,200 vials were delivered to Nicaragua and put to immediate use.

PAHO/WHO's role included identifying experts to review protocols for poisoned patients; coordinating the health response and implementing contingency plans. It also organized epidemiological surveillance at the local and national level, and supported the Ministry of Health in active case detection at the grass roots level by helping to train 533 Nicaraguan health staff. PAHO/WHO also assisted in the coordination and management of the donation and importation of the antidote (Fomepizole) and the local purchase of other essential drugs and supplies.

### ● What is methanol?

Methanol is a clear, colorless liquid with a faint odor like alcohol, making it impossible to detect when mixed in alcohol.

### ● How much is too much?

Less than a teaspoon of methanol can cause blindness and more than 4 teaspoons can be fatal.

### ● What are the effects of methanol?

Drinking methanol causes the same effects as excessive drinking, with the addition of pronounced vision problems. However, after the effects disappear, they reappear six to 30 hours later with much greater severity. The most seriously poisoned lose consciousness and die of respiratory or heart failure. Others may linger in a coma for as long as a week and may be left blinded.

## Tobago Broadens Scope of its Disaster Office

Trinidad and Tobago's national emergency management agency has broadened its scope of work and has become the Office of Disaster Preparedness and Management, ODPM. This expanded focus is already apparent in Tobago, where more than 30 members of the Community Emergency Response Team—CERT—have received disaster response training in a variety of fields including search and rescue, mass casualty management and incident command systems. For more on Tobago's disaster management activities visit [www.nematobago.com](http://www.nematobago.com).



## Andean Community to Develop Disaster Information Network

Member States in the Andean Region of South America recognize the importance of information management in the prevention and mitigation of natural disasters and of timely access to accurate information on emergencies and health. This reality has led the Andean Community (CAN) to join forces with PAHO/WHO and the Regional Disaster Information Center (CRID) to develop a disaster information network in the Andean Region.

This network will be made up of information centers in Bolivia, Colombia, Ecuador, Peru and Venezuela, and the focus of the project will be to increase their technical capacity to manage information. Each center will be responsible for promoting a national disaster information network, in direct coordination with national risk management authorities.

Through these activities, information centers in the target countries will develop the skills and knowledge necessary to collect, index, manage, store, and, most importantly, disseminate information related to disasters so that local and national agencies will be



better prepared to deal with these situations. Disaster documents and customized information kits will be available on the Internet through the web sites of these centers and the CRID.

## Member States Continue Preparing for Pandemic Influenza

There is broad agreement that a pandemic would not be solely a health issue, but rather a common challenge faced by many sectors and that high-level authorities must act to strengthen national capacity to respond to this type of health crisis. In the Americas, a series of workshops has brought together experts in communicable diseases, emergency preparedness and response, veterinary public health, communications, health services, and other fields. These experts have examined the threat of pandemic influenza, reviewed the status of national preparedness efforts and action plans, improved coordination across sectors to reduce risk and better respond when and if the need occurs. To date, four meetings have taken place in

the Americas. As a result, all countries have a national pandemic influenza plan—at least in draft form—and many are already organizing activities to address existing priorities and gaps. Next will be the adaptation of the methodology for creating plans to meet the needs of large cities, small towns and rural areas.

Related to regionwide preparedness efforts for pandemic influenza, PAHO/WHO and national epidemiologists met in Panama in October to create an integrated team that can respond quickly to a public health emergency of international concern (including, but not limited to, pandemic influenza). This team is a component of the PAHO/WHO Regional Health Emergency Response Team (see the April issue of this Newsletter).

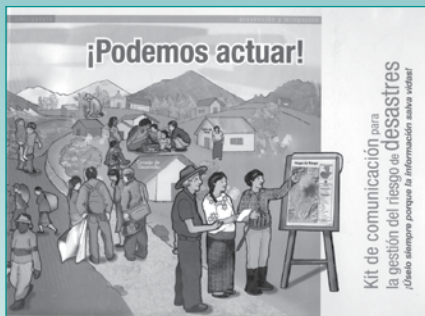
## New Website Collects Andean Experiences

In the April issue of the Newsletter we talked about a DIPECHO-funded project to collect risk management tools, models and methodologies in the Andean Region that can be used in other communities. Information about the activities related to this project is now available in a website (in Spanish only). Also included on the site are technical reports and photographs from the project. Visit [www.disaster-info.net/PED-Sudamerica/DIPECHO06-07.htm](http://www.disaster-info.net/PED-Sudamerica/DIPECHO06-07.htm).





## We Can Act! A Disaster Risk Management Communication Kit



disasters. The kit is designed to encourage community participation in risk management, focusing on childhood, adolescence, and gender. In addition to raising awareness of the importance of disaster prevention and mitigation measures, the material offers

National authorities in Guatemala, U.N. agencies and NGOs joined forces to produce this excellent communication tool for emergency preparedness and management before, during and following

basic information on how to prevent a disaster, avoid loss of life and property during an emergency, and start rehabilitation and reconstruction work.

Included in the kit are nine CDs and a User Guide to help in its use. The material is divided into classroom-type activities and dramatizations to help in the development of measures to prevent diseases, create local emergency committees, designate community leaders during disasters and others. Teachers, health services personnel, mass media, local leaders and other social actors will receive training in its use.

Although the kit is mainly in Spanish, four of the CDs have public information messages in several languages used by the native Guatemalan population, and the User Guide describes steps for translation into other languages. The kit can be downloaded from [www.conred.org](http://www.conred.org), or write to [contacto@noticiasriesgo.com](mailto:contacto@noticiasriesgo.com).

## New Bibliography on Tsunami

The U.N. International Strategy for Disaster Reduction has started a new bibliographic compilation series entitled *ISDR-BIBLIO*. Much like CRID's *Biblio-des* series (see page 8), each new edition will be dedicated to a specific hazard or aspect of disaster reduction. The first edition is devoted to tsunamis, in commemoration of the earthquake of December 2004 that triggered a devastating tsunami in the Indian Ocean, causing the death of almost 300,000 people and extensive damage in

many countries. Included in the catalogue are descriptions of major academic, technical and scientific publications on tsunamis, reports produced by U.N. agencies, as well as audiovisual material on the subject. Future editions of *ISDR-BIBLIO* will feature material related to the theme of the World Disaster Reduction Campaign or other specific requests. For additional information contact the UN/ISDR Library for Disaster Reduction at [darricau@un.org](mailto:darricau@un.org), or visit [www.unisdr.org/library](http://www.unisdr.org/library).



## Health Action in Crises Annual Report 2005



In 2005, disasters affected more than 150 million people worldwide. WHO's Health Action in Crisis Program has published its annual report of a year that started with the South East Asia tsunami and ended with the South Asia earthquake. However, it is pointed out that while major disasters are the ones that attract media and public attention, there are hundreds of "lesser" and complex emergencies that fade fast from the public eye, leaving countries with shortages in aid, sometimes severely hindering recovery efforts at the local level.

The report covers the areas to which WHO paid special attention during emergencies, including: communicable disease control; health performance; the humanitarian health cluster; cost recovery in complex emergencies; malnutrition; women's health; sexual and gender-based violence; mental health; and essential surgical care. The report also studies ways for WHO to strengthen its program on Health Action in Crises and for identifying sources of funding. The report can be downloaded in PDF format from WHO's website at: [www.who.int/disasters](http://www.who.int/disasters).



international users of information generated by humanitarian needs assessments, a constituency that is generally not satisfied with what they receive from national authorities.

### What information is the international community looking for?

Bilateral donors and other external agencies have little interest in a detailed breakdown by locality of the number of dead, injured or homeless. National authorities will use these statistics as the basis for administrative decisions; however, the data is of marginal value in identifying *how* to assist the country.

What donors *do* need to know quickly is what needs remain unmet. They do not need an exhaustive list of what the affected population may ideally require, but rather what is essential, in terms of ensuring survival and protecting health, that cannot or will not be provided locally. Many donors seek a niche area in which to orient their assistance. This could be in the medical care field or involve donations of medicines, vaccines, food or cooking utensils, or perhaps specialized skills or services. Donors also need to know what the country does not want to receive, such as medical volunteers, medicines close to their expiration date or old clothing. Avoiding inappropriate or duplicate contributions saves resources and embarrassment.

### Why is the national assessment not enough?

Getting timely post-disaster assessment information to the international community is not as simple and straightforward a task as it appears. Many international actors feel compelled to send their own fact finding mission or assessment team, sometimes competing with or overwhelming the national authorities. The teams most often present in the Americas are the UN Disaster Assessment and Coordination Team (UNDAC); its sister agency in the Red Cross Movement (the Field Assessment and Coordination Team – FACT); the US and Canadian Disaster Assistance Response Teams (DART); and the UK Operation Team (OT). There are many reasons why foreign actors dispatch their own assessment teams:

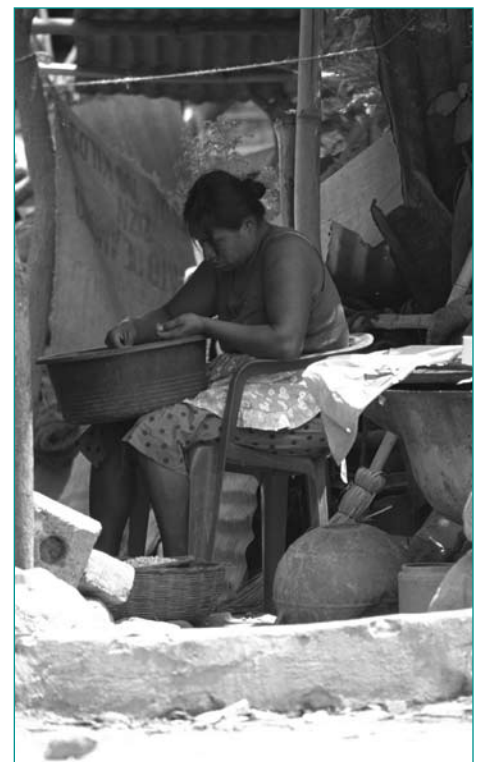
- **Timeliness of the information:** Some feel they cannot afford the delays incurred by national assessments. Donors make resource allocation decisions under tight deadlines, heavy pressure and public scrutiny. Consequently, emergency agencies that cannot state their priorities and submit a project within a short timeframe are unlikely to receive support. The perceived need for immediate action also explains why so many decisions are not evidence-based, but rather respond to public expectations and perceptions. Too often, national authorities are reluctant to issue a statement of needs without having completed their own assessment. Making an early educated guess is not always a strength of public institutions.
- **Lack of resources at the national level:** By definition, a major disaster exceeds the resources and capacity of the affected country. This is particularly true for the capacity to collect and analyze information. The issue is not only the number of local staff available to participate in an assessment, but also their prior experience in major disasters. Although the knowledge base and fresh perspective of external actors are important, the unintended consequence is a proliferation of assessment teams that further overtaxes the limited human resources of the National Emergency Committee or Civil Protection. The result is an abundance of partial surveys and assessments that make it harder to get a consolidated picture of where needs exist and what the priorities ought to be.

Two additional factors ensure that external data collection teams will remain a fact of life:

- **Agency specificity:** Each international actor has specific constraints, mandates and means; they cannot provide everything needed. The response to a disaster must match the needs of both the affected population and the responding agency's own requirements. Assessment information must take into account the latter, and often only an agency's own staff or contractors can do this.
- **Accountability:** Donors and other humanitarian actors are accountable both

financially and politically to their constituencies and some feel they cannot blindly trust the information they receive. There have been many examples of inflated losses or "shopping lists" that far exceed justifiable needs or, to the contrary, needs of minorities or remote, poor communities that have been overlooked in assessments. The mistrust of government information may run so deep that some donors expect their assessment to differ significantly!

Although Latin American and Caribbean countries have achieved considerable progress in carrying out objective needs assessments, external validation is still a plus. If national authorities manage this situation well, an external assessment can be turned into an asset for the affected population. This discussion will continue in the next issue of this Newsletter with a look at recommendations and best practices related to post-disaster needs assessments.



*The needs of minorities or remote populations can be overlooked when the assessments give incomplete or misleading information.*



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](mailto:crid@crid.or.cr)

## Disaster Reduction Begins at School

CRID is developing a specialized information resource on the subject of "Safe Schools" as a contribution to the 2006-2007 campaign of the U.N. International Strategy for Disaster Reduction and its partners. The campaign's motto is "Disaster Risk Reduction Begins at School" (see the July issue of this newsletter). We invite you to send related bibliographic and audiovisual material to include in our final product.



## Risk Management Training for Communities

CRID produces a inventory of bibliographic references on various subjects, entitled *Biblio-des*. The topic of the CRID's 31st edition of its *Biblio-des* series in Risk Management Training. This bibliography of available resources contains information on communitation organization, the preparation of emergency plans and the development and use of risk maps. A special section looks at risk management related to children and contains material for teachers and caregivers.



Download the bibliography from: [www.crid.or.cr/crid/CD\\_Bibliodes31/index.html](http://www.crid.or.cr/crid/CD_Bibliodes31/index.html), or request a print copy from [crid@crid.or.cr](mailto:crid@crid.or.cr).

**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](mailto:disaster-newsletter@paho.org)  
[www.paho.org/disasters/](http://www.paho.org/disasters/)

October 2006

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Permit Number G-61

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Pan American Health Organization  
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Washington, D.C. 20037-2895  
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Penalty for Private Use \$300