

health assessment; to (ii) rapid health assessment in epidemics; (iii) in meningitis outbreaks; (iv) in outbreaks of viral hemorrhagic fever, including yellow fever; (v) in outbreaks of acute diarrhoeal disease; (vi) in sudden impact natural disasters; (vii) in sudden population displacements; (viii) in suspected famine situations; and (ix) in chemical emergencies. These protocols are being finalized by the WHO Collaborating Centre for Emergency Preparedness and Response located at the Centers for Disease Control and Prevention (Atlanta, Georgia, USA), and should be ready for publication in late 1994.

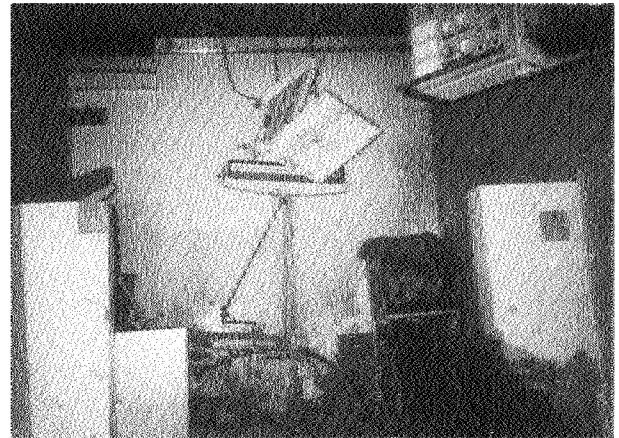
International Decade for Natural Disaster Reduction

In 1993 WHO focused its International Decade for Natural Reduction (IDNDR) activities on preparations for the United Nations World Conference on Natural Disaster Reduction, to be held in Yokohama, Japan from 23 to 27 May 1994. In the post-Cold War era, financial and human resources have been increasingly dedicated to emergency relief, yet the demand for humanitarian assistance continues to grow. The conference represents an unusual opportunity to focus on addressing the root causes of disasters, preventing natural hazards from causing major damage, preparing communities to cope with disasters, and ensuring that relief and recovery efforts lead to sustainable development.

In December 1993, the United Nations General Assembly endorsed the World Conference in resolution A/48/724. The resolution commended "those organizations which, in line with the open and participatory nature of the Decade, have assumed responsi-



The theme for IDNDR Day on 13 October 1993 was "Stop Disasters: Focus on schools and hospitals". The theme was not limited solely to building structures, but emphasized the physical security of students, teachers, patients, and hospital staff. (WHO/O. Elo)



Bosnia and Herzegovina, former Yugoslavia. An operating room at Kosevo Hospital in Sarajevo, following an artillery attack in March 1993. (WHO/M.S. Barton)

bility for the organization of technical committees at the Conference."

WHO has undertaken the following activities in support of the conference:

- organization of one of the three Main Committee sessions, "From disaster management to sustainable development: How the public and private sectors and voluntary organizations can work together" (EPP);
- organization of the two Main Committee sessions on regional reports (PAHO/WHO);
- preparation of the regional report on Africa (Pan-African Centre for EPR);
- promotion of the World Conference to ministries of health and WHO representatives (EPP with support from WHO regional offices);
- secondment of one short-term professional to the IDNDR secretariat (DHA-Geneva) on a half-time basis to develop public information materials and to liaise with WHO (EPP).

In addition, WHO participated in the observance of IDNDR Day in October 1993. WHO participated in a press briefing held by IDNDR and several UN agencies in Geneva, and issued a press release which provided information and guidelines focusing on emergency preparedness and prevention in hospitals.

Health and Development for Displaced Populations (Hedip)

Since the early 1990s, the United Nations has been seeking a new strategy to deliver humanitarian assistance in situations where armed conflict has provoked mass population displacement. As a contribution to

this, EPP established in 1991 the Health and Development for Displaced Populations (Hedip) programme, and it manages the programme. Hedip also initiated a newsletter in 1993 called *Hedip Forum*, the second issue of which was published in November 1993.

The Hedip belief is that humanitarian assistance can be delivered effectively in ways that lay the groundwork for medium- and long-term development. At the same time, Hedip promotes reconciliation between groups in conflict so as to facilitate the harmonious reintegration, or voluntary repatriation, of the displaced group. Hedip proposes that attempts at reconciliation at national level are sustainable only if contributions to the overall peace-making process are also being made at the points of delivery of humanitarian assistance, that is the communities hosting displaced persons.

In addition, Hedip tries to find solutions to some of the major constraints facing international assistance programmes. Its aims are: (i) to facilitate effective sectoral action through intersectoral coordination of specific issues; (ii) to promote effective coordination of international assistance; (iii) to integrate relief activities with national development; and (iv) to direct assistance to all groups, giving priority to those most vulnerable.

Hedip operates through a number of specific interventions (i.e., projects or activities) at the local level. During the reporting period (1993), Hedip had projects operating in Croatia, Mozambique and Sri Lanka.

Each Hedip project shares a common goal and strategy, but differs in local objectives and activities. The Hedip goal is to support integrated local development and reconciliation processes. Operational strategies designed to meet those goals include:

- selecting countries for Hedip projects on the basis of conflict and population displacement;
- employing only local staff on a long-term basis;
- identifying and meeting urgent needs while exploring long-term development needs;
- using activities in the health sector as an entry point to learning about the community;
- implementing projects that are of benefit to all persons residing in the project area;
- using participatory processes for determining needs, proposing solutions and managing project activities;
- involving national institutions, international agencies, community groups and the displaced population in decision-making;
- using Hedip funds for specific Hedip adminis-

trative requirements in the country and also for stimulating activities that are carried out with national and international agencies; and

- relating project activities to national and subnational development planning.

An interagency steering committee, which meets in Geneva each year and is composed of representatives of major international agencies, analyses the experiences of the different country projects and determines overall Hedip policy. A technical committee, made up of international experts in various fields, advises this interagency committee, while EPP staff responsible for management of the Hedip programme implement the decisions made by the committee.

In short, Hedip is an *action research* activity that operates for a limited period of time. At the conclusion of each Hedip project in the countries concerned, an analysis will be undertaken of experiences learned, and a final report, including recommendations by the interagency steering committee, will be disseminated to the international community. The expected outcome will be a new approach by governments and international agencies which will help to better meet the needs of refugees and other displaced people and their host countries while, at the same time, promoting national reconciliation, thus easing the transition from relief to development.

Hedip/Croatia

A mission was undertaken to Croatia in November 1993, the overall objective was to monitor the progress of Hedip in Split and in particular: (i) to review the composition and activities of the local inter-institutional committee; (ii) to verify the opinion of local authorities, community members and international organizations on the strategy and activities of Hedip; (iii) to verify the possibility of extending Hedip to include other partners with resources to invest in Split; and (iv) to evaluate the possible extension of Hedip to other republics in the former Yugoslavia.

The planning phase is now complete. A local inter-institutional committee was set up which includes representatives from the municipal level in the Ministry of Health (School Medicine, Mental Health), the Ministry of Education, Culture and Sport, the Split Office for Displaced Persons and Refugees, the Local Centre for Social Welfare, the municipal government and local NGOs. UNHCR, UNICEF and Italian Cooperation also have participated in committee meetings, although so far only Italian Cooperation has commit-

ted its own resources for the implementation of Hedip activities.

The mission felt it would be important to find ways to directly involve representatives of displaced and refugee groups living in Split and other community members such as representatives of unions, religious organizations and the economic sector. Attempts to directly include other organizations such as UNHCR and UNICEF, as well as other WHO programmes with their own resources, should continue and be re-enforced. Other activities to support the physically and mentally handicapped and the elderly should also be considered by the committee.

Hedip is assisting, through local NGOs composed of high school students, a number of cultural and recreational projects in two centres for refugees and displaced people. A series of workshops for health educators on health and social issues of relevance to young people are being implemented with Hedip support and UNHCR participation.

Based on meetings with members of the local committee and the responsible officers from the institutions that they represent, awareness of Hedip strategies and activities in Split was high and opinion generally positive. Numerous people reiterated that they appreciated an approach based on patient intersectoral planning carried out jointly with local authorities rather than through "pre-packaged" aid programmes. Respect for local priorities and the valuing of local technical capacity were also appreciated. Many people also mentioned that through the Hedip process they had improved their awareness of the activities of other institutions. This has also facilitated inter-institutional collaboration and coordination also for activities not directly supported by Hedip. During conversations with officers from UNHCR, UNICEF and Italian Cooperation, it emerged that their relations with local authorities had improved as a result of Hedip activities.

While support for Hedip in Split was positive, awareness within the same institutions in Zagreb was found to be uneven. Most people had some knowledge of the existence of Hedip activities in Split, but little information of specific activities or strategies implemented, nor of the institutions involved. Much interest, curiosity and support, in theory, was expressed however. The future possibility of initiating Hedip activities in other areas of Dalmatia, or in other areas of the country, will depend on national support for this approach, as well as more involvement of UN and other international agencies present in Zagreb.

Collaboration with UNHCR and UNICEF is being

developed in Split, and efforts to identify specific activities, in collaboration with the local committee in Split, should continue. This will also depend on receiving agreement from responsible officers in Zagreb. Italian Cooperation has agreed to utilize a part of its resources available for activities in Split (50 million lire) for the implementation of activities identified by the local committee according to its administrative procedures.

A technical exchange with the municipality of Modena, Italy took place in 1993, and future collaborative activities and exchanges with Split are planned, which Modena has agreed to finance directly (\$20 000).

The overall strategy for Hedip includes the prospect of stimulating processes such as the one being realized in Split in some other cities and towns in other republics of the former Yugoslavia. At the same time, links would be established with other European cities (such as the one between Split and Modena) and municipalities in other republics where Hedip is present. This strategy would permit encounters in third countries between responsible officials from the republics currently in conflict, promoting dialogue among them. It could also favour the involvement of communities from other European countries and provide a stimulus to other potential donors as partners in the Hedip process.

To meet this objective of facilitating dialogue among the groups in conflict, Hedip should be present in Serbia, Montenegro and Bosnia and Herzegovina. However, during the reporting period, the security situation in Bosnia made it difficult to start up a process similar to that in Split. An exploratory mission to Belgrade might take place in 1994 to identify two to four possible areas for Hedip activities in that area. The possibility of initiating a Hedip project in Macedonia should also be explored.

Hedip/Sri Lanka

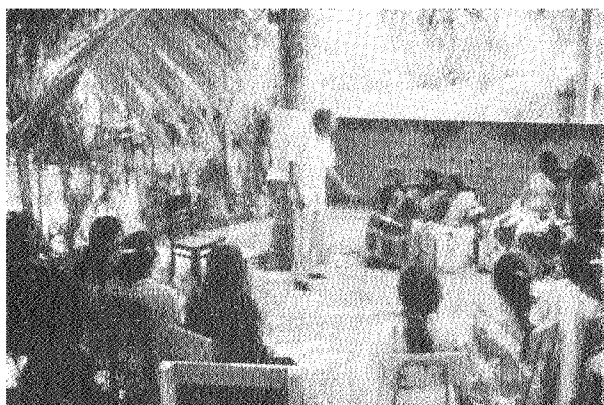
A mission visited Colombo, Sri Lanka in November 1993 to review the Hedip project in the municipality of Colombo, which has been in operation since July 1993, and to participate in the development of its 1994 plan of action.

The overall impression of project activities was positive. The mission felt that a good basis for future development had been established and that lessons had been learned that were of value and interest to the Hedip programme.

Since the start of the project in Colombo, the



Colombo, Sri Lanka. Among Hedip activities, a Buddhist monk, parents and students clearing the grounds to make a playground for the schoolchildren. (S. Rizzo)



Colombo, Sri Lanka. A Hedip training course for women in a refugee camp. (S. Rizzo)



Colombo, Sri Lanka. A public health midwife carrying out a survey in a Hedip project area. (S. Rizzo)

following have been identified as priority needs: (i) the problem of lack of access to services caused by lack of identification for the displaced groups and for the less literate members of the host community; (ii) the poor standard of sanitation in many parts of the project area caused by relocation to uninhabitable areas for development projects; and (iii) the high levels of substance abuse, which reflected the high levels of stress in the area due to concerns about personal security, etc.

Hedip plans to begin work in a new project area in Anuradhapura. Initial visits have been made and will be followed up soon. There already exist several mechanisms for coordinating government bodies in the area and for coordinating NGO programmes. The project manager will explore these mechanisms over the next few months and determine how they can be involved in Hedip activities.

The inter-institutional committee is functioning well, having developed a good working relationship, and the time is now right to expand the expertise of the committee. Possible candidates could include UNICEF, UNDP, UNHCR and CIDA (Canadian International Development Agency). Attention also needs to be given to developing a mechanism whereby representatives of the displaced people can have a voice on the committee. The mission recommended that EPP should continue to support Hedip in Sri Lanka in the medium term and should increase its support in the short term.

Hedip/Mozambique

The Hedip project in Zambezia province of Mozambique was established in June 1992 in collaboration with the Ministry of Health. The district of Milange is one of 17 administrative divisions of the province of Milange. The district was chosen for the Hedip project because a high proportion of its population have been displaced (120 000, UNHCR 1992) and because a large number of people have been displaced into the district (95 000: Government sources 1993). The proposed project was accepted by local, provincial and national authorities at the end of 1991 and began implementation in January 1992. But due to the fluid political situation in Mozambique and the logistic difficulties in Zambezia, the plan of action for the second phase was only approved by central, provincial and district authorities in January 1993.

The second phase envisaged organizing and promoting community participation, the small-scale district-level activities in the health sector, creation of a