

Strategy for medical assistance in disaster situations

by Dr. Pierre Perrin

Disasters create specific problems shaped by both the type of event (earthquake, volcanic eruption, war) and its consequences (sudden or gradual impact on the victims).

The process that unleashes a disaster is often more complex than appears at first glance. For example, drought is obviously caused by poor climatic conditions, but it may also be precipitated by human behaviour detrimental to the environment.

While internal conflicts do not always have a direct and major impact on civilians beyond the casualties they claim, the breakdown of local services,¹ particularly medical care and food supply, may have dire effects on health and nutrition, so that the entire civilian population falls victim to the situation.

The consequences are no less complex. Disaster was long defined as the result of a sudden disruption in living conditions preventing the population from meeting its basic needs.

On the basis of this definition, outside assistance was considered the only adequate solution and little attention was paid to local mechanisms of adaptation and response.

Today greater emphasis is placed on the predominant role that local institutions and communities can play in coping with disasters, while outside aid is viewed as a means of supporting local efforts rather than substituting for them.

This approach² has proved its merit in the case of natural disasters.³ Indeed, several studies carried out in the aftermath of earthquakes

¹ Local services tend to break down in conflict situations owing to the fact that human and financial resources are diverted to the military sector, which takes priority.

² The new approach has in fact long been advocated by "responsible" disaster relief agencies.

³ The word "natural" is used here in opposition to "conflict-related", and not to define the cause of the disaster.

have shown that assistance provided by the local community is more effective than relief airlifted from abroad.

In conflict situations, however, this approach is hampered by political constraints, which often slow down or limit the local response. In such situations, outside assistance⁴ is important primarily for its protective value and only secondarily in providing technical expertise to cope with the material effects of the conflict.

In this paper we shall examine only the problem of organizing humanitarian aid for civilians in conflict situations. Assistance to other categories of victims, such as prisoners of war and civilian internees, will be dealt with elsewhere.

Various aspects of the subject are discussed below in the following logical order:

- Survey of the situation
- Defining priorities and aims
- Providing assistance
- Complementarity
- Evaluation of results.

SURVEY OF THE SITUATION

A. "Snapshot"

The aim of a preliminary survey is to identify problems that require ICRC intervention. The type of activities undertaken by the institution will depend on the urgency of the problems, their seriousness and the constraints inherent in each situation.

The key words "problems, activities, constraints" must first be defined.

Problems arise when local systems can no longer meet the basic needs of victims for reasons that are either material (lack of resources and personnel) or political (no access to health services and food supplies). Two parameters are useful in assessing these problems:

— seriousness: in the medical field, morbidity and mortality rates;

⁴ Provided, in conflict situations, by the ICRC.

— proportions: obviously, the greater the number of victims, the greater the risk that local services will be overwhelmed.

Activities should be understood in the broadest sense, that is, as including all efforts to meet the victims' basic needs. Direct assistance is only one activity among many, such as guaranteeing access to local health services for people who would otherwise be cut off from any medical care.

Constraints are of many kinds, for example political (poor conditions, reasons of State, lack of access to victims), technical (absence of appropriate situations for a given problem), logistic (limited means of transport) and financial.

This broad definition of a preliminary survey has the advantage of taking into account not only the victims' state of health, but also the capacity of local facilities and the constraints under which they are operating. Such information is of great value in determining whether and in what way the ICRC should take action.

The results of surveys carried out in the midst of conflicts, unlike those taken in normal conditions, tend to be of ephemeral value owing to the instability of the situation, which is characterized, for example, by:

- considerable fluctuations in the number of victims
- changes in the geographical distribution of the victims.

A preliminary survey should therefore be seen as a sort of "snapshot" of the situation at a given moment if the results are to be interpreted correctly. This must then be placed in its proper context, hence the need to determine the causes of the situation and its possible evolution.

B. Causes

To determine the causes of a disaster is more than a purely intellectual exercise, since they will have a considerable influence on the ICRC's choice of activities to be undertaken.

It would be hazardous, for example, to plan a food distribution on the basis of a "snapshot" of the nutritional state of victims at the time

of the survey without taking into account the social context,⁵ the season,⁶ and various political factors.⁷

The causes also have a bearing on the medium-term planning of relief activities. For example, where food shortages are due to lack of seed, the appropriate response is to distribute food, but this should rapidly be followed by the provision of seed to enable the victims to regain a measure of self-sufficiency.

C. Possible evolution

A “snapshot” of the situation and preliminary assessment of its causes may be considered fairly objective since they are based on information which, albeit not always totally reliable, paints at least a relatively realistic picture.

Any assessment of the possible evolution of the situation, on the other hand, is a matter of guesswork since future events are determined mainly by political factors. It is frequently impossible to predict the duration of a conflict or its intensity even one or two weeks in advance.

Yet it is essential to take future developments into account in deciding on the type of action to be taken.

For example, wherever a conflict is likely to change course at short notice and local surgical facilities appear unable to cope with a sudden influx of wounded, an independent surgical unit should be set up. In many instances experience and common sense must take the place of factual information.

Various problems may arise:

- numerous wounded and poor surgical facilities
- severe malnutrition and disrupted access to food
- widespread diarrhoeal diseases and contaminated water

⁵ These findings must be compared with the normal situation in the country.

⁶ In the case of rural populations in developing countries, seasonal fluctuations in malnutrition rates must be taken into account. These correspond to normal variations in the availability of food at the family level.

⁷ Malnutrition may stem from a situation in which access to food supplies has been disrupted for political reasons. In such cases ICRC efforts focus on restoring the food supply rather than distributing substitute rations.

- overpopulation and epidemics in camps for displaced people
- numerous unaccompanied minors and disintegration of social structures.

It remains to be established which problems will take priority, depending on their seriousness and proportions and on the constraints that determine what can be done in a given situation.

DEFINING PRIORITIES AND AIMS

In practical terms, three major aims should be given priority in emergencies, namely:

- ensuring access to food supplies;
- providing a healthy environment;
- guaranteeing access to health services.

All possible courses of action must be weighed in relation to these overall aims, and the most effective and feasible chosen.

1. Ensuring access to food supplies

The ICRC's activities are dictated by its mandate to protect victims, conferred on it by the Geneva Conventions.

Guaranteeing access to food therefore involves not only direct distributions to conflict victims, but also protecting their own food resources, ensuring access to the means of food production and reminding the parties involved of the ban on the use of famine as a method of warfare.⁸

Accordingly, the ICRC's operational objectives may be to:

- Negotiate with the authorities concerned free access by the population to the means of agricultural production;⁹

⁸ Article 14 of Protocol II additional to the Geneva Conventions, which pertains to the protection of objects indispensable to the survival of the civilian population, provides that: "Starvation of civilians as a method of combat is prohibited. It is therefore prohibited to attack, destroy, remove or render useless, for that purpose, objects indispensable to the survival of the civilian population, such as foodstuffs, agricultural areas for the production of foodstuffs, crops, livestock, drinking water installations and supplies and irrigation works".

⁹ On the Angolan Planalto, the reduction of the area available for cultivation owing to dangerous conditions and the fact that farmers were prohibited from going beyond certain boundaries has deprived people of part of their normal food supply.

- Distribute food when it cannot be obtained locally, but only as a last resort;¹⁰
- Meet the special requirements of the malnourished;
- Provide the means to resume agricultural production.

Thus to achieve a single overall aim entails numerous activities ranging from negotiating permission to carry out food distributions to setting up nutritional and agricultural rehabilitation programmes.

2. Providing a healthy environment

The objective of providing a healthy environment may also be subdivided into various areas of concern:

- water
- habitat
- waste.

Water being vital to life, a significant shortage represents an immediate threat. The operational objectives in this respect are based on criteria of quality¹¹ and the quantity required per person.¹²

Habitat is taken in the broad sense, including the choice of a re-settlement area for people who have been displaced by a conflict. That choice must be based on a thorough analysis of security and hygiene conditions, and proper arrangements must be made for waste disposal.

3. Guaranteeing access to health services

The ICRC endeavours to ensure that hospitals and dispensaries remain accessible at all times to anyone needing treatment. It may request neutral status for such facilities where necessary to guarantee the security they need to continue functioning.¹³

¹⁰ The ICRC has carried out many food distribution programmes. In 1985 it provided food for over 800,000 people in Ethiopia.

¹¹ At the very least, water must be free from enteric colibacilli.

¹² For example, the standard amount considered necessary in camps for the displaced is 20-25 litres per person per day.

¹³ The ICRC has obtained neutral status for many hospitals in conflict situations, most recently in Lebanon and Sri Lanka.

Recognition of the importance of public health has opened the way to preventive activities, broadening the scope of health services. Prevention is given particular importance by the ICRC, which works among people living in precarious conditions (such as camp dwellers and rural African populations), since it is the best way to maintain minimum health standards.

The overall aim is thus to ensure access to health services for:

- medical treatment;
- preventive health care.

PROVIDING ASSISTANCE

Definition of intermediary aims helps in setting operational objectives, which in turn point to practical activities.

The following examples are by no means exhaustive. They are intended merely to illustrate the breakdown of an overall goal into operational objectives.¹⁴

1. To meet the special needs of the malnourished means to:

- detect cases of malnutrition;
- open a nutritional rehabilitation centre;
- supply the food necessary for the centre;
- set public health standards for the centre.

2. To ensure an adequate water supply means to:

- choose a water source;
- mobilize the resources necessary to exploit it;
- set up a distribution network.

3. To prevent disease means to:

- vaccinate children against measles:
 - set up a cold chain;
 - train personnel to give vaccinations;
 - inform local authorities of the time and place of vaccinations;

¹⁴ This is only a broad outline which does not deal with quantitative aspects, such as the number of people to be reached, the target nutritional level and the time available.

- promote the use of rehydration salts;
- set up a community health education programme.

4. *To prepare for evacuating the wounded* means to:

- identify hospitals that can take in wounded;
- assess the human and material resources of those hospitals;
- draw up an emergency contingency plan to deal with any massive influx of victims.

We shall not go into further detail here about the specific tasks which each of the above activities entails, but this is the next step in determining the resources to be mobilized.

COMPLEMENTARITY

At the outset it should be emphasized that for assistance to be effective, the way that relief agencies perceive the victims' situation and needs must correspond to the victims' own perceptions and demands.

1. Complementarity between programmes

A nutritional rehabilitation programme for malnourished children must be accompanied by efforts to ensure that their families have access to basic food supplies, otherwise these children will inevitably relapse into a state of malnutrition.

Food and water supply programmes and vaccination campaigns contribute substantially to disease prevention and thus reduce pressure on medical services. Complementarity between preventive measures and treatment is of both ethical¹⁵ and financial importance.¹⁶

2. Complementarity between assistance and development activities

How often has emergency assistance been criticized for being unproductive, that is, for creating chronic dependence rather than promoting development?

¹⁵ Why wait until people fall ill when disease can be prevented?

¹⁶ A healthy person is less of a financial burden than a sick one.

Efforts have recently been made to resolve this dilemma, in particular by setting up many agricultural rehabilitation programmes involving the distribution of seed and tools.

Such programmes are examples of emergency assistance that restores a measure of self-sufficiency in food and thereby avoids the need for repeated food distributions, which are not only very expensive but also reduce the victims to a state of permanent dependence.

However, such programmes cannot be considered as contributing to development. This becomes clear when one analyses the causes of this type of disaster.

Severe malnutrition in a rural population that has fled a conflict area is directly attributable to displacement, disruption of access to customary food supplies and a breakdown of social structures.

Nutritional rehabilitation provides a remedy for the ultimate consequence of the crisis, namely its physical effects on the most vulnerable members of the population.

Food distributions help families by providing them with enough food to survive.

The *distribution of seed and farming tools* encourages people to return to their places of origin. It has an impact not only on families (restoration of self-sufficiency in food), but also on communities (return of the group to its place of origin) and agriculture (resumed production), but does not bring about any fundamental change in lifestyle.

All these activities tend merely to restore the situation that prevailed before the crisis.

The root cause of the crisis may well have been the population's vulnerability in the first place to the dangers of political instability, climatic variations, or a combination of both.

In economically developed societies, only extreme political upheavals have any bearing on the general nutritional state.¹⁷ In developing countries, however, the rural population usually lives in such precarious conditions, barely at survival level, that any disruptive factor such as a conflict thrusts it into a downward spiral of reduced agricultural production, migration, malnutrition and, for the most vulnerable, death.

Development activities should address this basic vulnerability by giving the population the means to withstand the effects of crises such as war and drought. This does not only mean increasing agricultural

¹⁷ The most recent example in Europe was probably the Second World War.

production; traditional self-help mechanisms should also be strengthened.

However, it should not be forgotten that the development process may entail a reassessment of working conditions, social and cultural relations and the prevailing political system — a considerable challenge at any time, especially in the midst of a conflict.

3. Complementarity between agencies

It is by far preferable, in the interest of disaster victims, to speak of complementarity rather than competition among relief agencies. This complementarity may be based on a division of tasks according to geographical regions, categories of victims or stages in the crisis — certain agencies carrying out emergency activities and others taking over as soon as the situation permits in order to promote development.

The ICRC's obvious partners are the National Red Cross and Red Crescent Societies. While the institution usually plays a key role in the acute phase of a crisis, it should shift its focus as soon as possible to supporting the activities of National Societies on behalf of the most vulnerable groups.

EVALUATION OF RESULTS

The evaluation stage is often the weak link in emergency operations, not because it is difficult to trace what happened to the resources mobilized, but because it is never easy to show that a particular activity had the desired impact on the situation of the victims.

This shortcoming is due to the following factors:

- First of all, *the difficulty in obtaining reliable information*. Although there are many indicators of a population's state of health, these are accurate only insofar as they are carefully and regularly monitored, which is virtually out of the question in an emergency situation.
- Secondly, *lack of insistence on the part of the donors*. Indeed, donors are generally more concerned about the administrative implications of their contributions than on the actual effect they have on the state of the victims. As a result, relief agencies tend to be somewhat lax in analysing the true impact of their operations.

CONCLUSION

Most humanitarian organizations focus on one specific sphere of activity, for example nutritional assistance (SCF)¹⁸ or medical care (MSF),¹⁹ or one specific group of victims, such as women and children (UNICEF) or conflict victims (ICRC).

However, they usually try to integrate their activities within a global strategy taking into account all the basic needs of the victims. Where their personnel has been trained to adopt such an integrated approach, field work stands a far greater chance of being successfully coordinated.²⁰

Greater emphasis should in any event be placed on assessing the effect of humanitarian activities on the victims' situation, since this is the only reliable way of identifying the shortcomings of the strategy adopted and modifying it accordingly.

Dr. Pierre Perrin

Pierre Perrin is a medical doctor and holds a Master's degree in public health from Johns Hopkins University in Baltimore, USA. As an ICRC delegate, he has carried out numerous missions to Thailand, Ethiopia, Uganda, Sudan, El Salvador and a number of other countries. He is currently head of training at the ICRC's Medical Division.

¹⁸ Save the Children Fund.

¹⁹ *Médecins sans Frontières*.

²⁰ See "Training medical personnel: HELP and SOS courses", pp. 505-512.