4. *Monitoring/controlling the relief supplies*

Monitoring and controlling are components that must be present at every single step of the relief supplying operation. The supplying, the transport, the storage and the final distribution need to have its own systematic process to watch over, not only to prevent losses or deviation but also to ensure that the assistance is well directed to the people that needs it.

But the control and monitoring need to be done on a way that does not delay or interfere with the nimbleness of the operation. So these processes should be naturally integrated on the flow of relief supplies.

The uses of methods like the SUMA system to manage the supplies facilitates the monitoring, control and follow up of the consignments arrived and distributed (see annexe 2).

It is important to follow what is the external perception of the operation, not only from public opinion but also from other agencies and organisations. As a part of the monitoring, following the media and getting to know others opinion is an interesting tool to poll the impact of our actions.

Reports, opinions and advice from other agencies and local or international organisation acting on the field can be also useful to review actions or focus on specific needs that have not detected previously.

4.1. Accountability and documentation recording

The whole operation needs to be provided with a system to record, control and follow up every movement. This system must allow checking at any stage of the operation, what and how much has been received, and where are presently those supplies. All the budgetary activity from payments and any kind of expenses need to be properly authorised, recorded and justified with its respective documentation.

4.2. Monitoring on the field

- The presence and the close supervision on the field at the different stages of the operation are required to take an optimal use of the humanitarian assistance.

- Choosing partners to execute or share our relief activities does not mean to leave them by their own. These partners require frequent follow up, supervision and feedback. They must submit clear reports about the use of the resources under their responsibility but it is the duty of our agency to provide the adequate forms for these reports and to ensure that the reporting is made.

- Another element of the monitoring is to ensure that the consignments that we have received correspond to what we have requested in terms of type, quantity and quality.

- The stock diminution or the flow of supplies released from the stockpiles at the storage's centres must reflect the distribution going on at the field. Therefore, this becomes an additional monitoring parameter.

4.3. Responsibility towards the donors

The donors that funds humanitarian relief activities need and want to be informed about the use of the resources that they provide. They would like to know that these resources are properly used and their contribution is being useful. The organisations acting on the humanitarian field need to have access to these funds to cope with the assistance's needs and to rely on external funding for future emergency interventions. Therefore, we must generate a trustworthy management system of funds and resources that clearly shows and explains how the assistance has been conducted. The final report to the donors is a must and keeping the donors up dated as much as possible is advisable.

4.4. Transparency

The WHO has a prestige to care about, not only in front of donors and other organisations or agencies, but also towards it self and the people that benefit from its intervention. In the framework of the humanitarian intervention we must be able to account for any decision and action, because they must be leaded by the best intention to assist the people on need. The transparency is a way to keep the trust from the different participants in the humanitarian activities and open access doors to the necessary resources to extend our actions.

5. *Evaluation of a relief supplying operation*

To know if the operation is, or has been successful is possible only if we have objectives and operational goals in order to measure the performance and the pertinence of our intervention. These objectives and goals will be the indicators to direct the evaluations that will hopefully reveal the impact of the operation. This evaluation could be conducted by internal or external functionaries, or in any case by people who do not take part of the operation to be evaluated. This is a decision to take accordingly with the particular circumstances.

5.1. On going evaluation

- The disaster scenarios are dynamic and changing which also means that our primal assumptions and/or planning could eventually need to be adjusted, or confirmed as such. So that is important to evaluate somewhere in the middle of the operation accordingly with the proposed objectives either to redirect or confirming efforts.

- The epidemiological survey is closely related to the decision of what type of supply is appropriate to be distributed, in terms that these supplies would be leaded to reduce morbidity and mortality among the affected population. This is another issue to look at during on going evaluations of a relief operation.

5.2. Final evaluation

Just like any other activity, the operation needs to be evaluated at the end in order to measure the impact, the achievement of targets, learning for future interventions and reporting to donors and public knowledge.

5.3. Visibility

The visibility is important in terms of institutional goals, search or maintain funds, public perception and recognition, which is also necessary. But always must be clear that the visibility is not the main goal when intervening in disaster relief activities where ethical considerations must lead our actions. The wellbeing of the victims should considered as the prime goal.

ANNEXE 1

WHO Emergency Health Kits stored at the OCHA Pisa warehouse

Technical details

- **N.E.H.K (New Emergency Health Kits).** Destined to 10.000 people for 3 months. Are settled on 2 pallets: 1st pallet contains 10 Basic Kits. It dimension is 1.20x1.00x1.90m. The 2nd pallet contains the Supplementary kits on 14 carton boxes and its dimensions are 1.20x1.00x1.70m. The total gross weight of the N.E.H.K amount to 892 Kg per kit and a volume of 4.3. cubic meters. A supplementary kit of anti-malaria drugs is also available with this Kit.

- **Kit A,** contains only drugs destined for the treatment of 100 people affected by trauma diseases. This kit is settled on 2 pallets: 1st pallet contains 46 carton boxes. It dimension is 1.20x1.00x1.60m. The 2nd pallet contains 42 carton boxes and it dimension is 1.20x1.00x1.85m. The total gross weight of this kit is 1.265 Kg and has a volume of 4.14 cubic meters.

- **Kit B,** contains medical supplies, it has to be considered as a support of above Kit A. The Kit B is settled on 3 pallets: 1st and 2nd pallet contains 16 carton boxes each, and each pallet is 1.25x0.87x1.97m. The 3rd. is 1.25x0.85x0.83m. The total gross weight of this kit is 600 Kg with a volume of 5.16 cubic meters.

- **Kit D,** contains only drugs destined to 100 people affected by Diarrhoea diseases, Cholera included. This Kit is settled on 2 pallets: 1st pallet contains 70 carton boxes it dimensions are 1.20x1.00x1.80m. The 2nd contains 50 carton boxes and it dimension is 1.20x1.00x1.60m. The total gross weight of this kit is 1.700 Kg with a volume of 4.08 cubic meters.

- **Kit F,** contains medical supplies, it has to be considered as a support of above Kit D. This Kit is settled on one carton box mounted on one pallet. It dimension is 1.20x0.84x1.14m. The total gross weight of this kit is 165 Kg with a volume of 1.15 cubic meters.

ANNEXE 2

SUMA System

The Humanitarian Supply Management System (SUMA) is a collective effort of Latin American and Caribbean countries, with the technical support of the Pan American Health Organisation, to improve the management of relief supplies, whether they come from provinces or cities in the disaster-affected county or from the international community.

The objective of SUMA is to provide a systematic approach to supply management problems by: training personnel who, using a variety of materials and an easy-to-use and flexible electronic tool (software), ensure that the supplies are classified, inventoried, and prioritised at their point of entry. The following aspects of SUMA aid in solving the basic problems:

- Trained health personnel sort and classify supplies
- Labels are attached to the boxes and/or packages with the following information:
    * Distribution priority
    * Whether the shipment contains health items and/or medicines
    * Whether items need refrigeration
- Inventory is made of valuable items, based on technical and operational criteria
- Donations are registered at the point of entry using a computerised system
- Daily reports for national authorities detail donors, addressees, type of supplies, etc.
- Showing efficiency by using advanced technology
- Giving a first favourable impression about the management of the emergency
- Donors receive immediate proof of delivery (via e-mail, Fax, etc.) when the addressee receives the shipment.

To attain this objective, all donations, regardless of their origin or addressee, should be processed by SUMA at their points of entry, before they are delivered to the addressee. This implies the adoption of operation policies and strategies by those organisations and institutions involved in relief management, whether governmental or non-governmental, **before** a disaster occurs.

As countries gain experience in operating SUMA, they use it to satisfy certain requirements, which perhaps were not foreseen in the original SUMA philosophy, as in the case of local donors, or using a reception site both for receiving donations and administering distributions of the donations. Whatever the case may be, it should be emphasised that SUMA is not used only for large-scale emergencies that require international support, but also can be used locally when there is a need to receive or mobilise supplies.

1. Components of the System

The system is composed of three levels that are, SUMA Central, SUMA Field Unit and Warehouse Management.

1.1. SUMA CENTRAL:

Is designed to operate at the site where national authorities are managing a disaster or emergency.

At this level, the principal tasks are to:

- Establish parameters to be used by the Field Units, such as reception sites, shipment directories, define the main user, etc.
- Create Field Units.
- Consolidate information sent by Field Units.
- Facilitate consultations and prepare reports, which support the decision-making process and promote inter-institutional co-ordination.
- Maintain the system tables (lists)

1.2. The **FIELD UNIT:**

Is a module designed to work at the points of entry (e.g. borders, harbours) and large collection centres where supplies arrive during emergencies (such as airports, collection sites, etc.).

The main tasks at this level are to:

- Sort supplies and identify them using labels in the categories of: URGENT - IMMEDIATE DISTRIBUTION, NON-URGENT DISTRIBUTION and NON-PRIORITY ARTICLES
- Classify supplies by categories, subcategories and items
- Conduct consultations on selected items
- Prepare various reports on the contents of the shipment registered at that field unit
- Provide proof of delivery receipts for the addressees
- Consolidate data on diskettes which are sent to SUMA CENTRAL

The SUMA Field Unit team also uses paper forms in case the computers fail, or if data collection requires its use.

1.3. The **WAREHOUSE MANAGEMENT**

Is a module to registers the arrival and departure of supplies from storage centres or warehouses. In this way the addressee can manage and control distribution within its own organisation, or the assignment of supplies to other institutions working on the emergency (in the case, for example, of a shipment of medicines belonging to the Red Cross being assigned to the Ministry of Health). The main tasks carried out at this level are:

- Balancing the local inventory
- Preparing reports on existing supplies and deliveries, using a variety of parameters
- Receiving data from field units that operate at points of entry for supplies
- Registry of supplies

2. *Activities in the work area*

Before delivering supplies to the addressees, there are three general phases of work:

- Sorting
- Classification
- Taking inventory

2.1. Sorting supplies

Supply management and distribution priorities are assigned in accordance with the supply requirements given by the Emergency Management Administration or by the Team Co-ordinator in the SUMA work area. These priorities depend on the type of disaster and the national needs at that moment. For example, in case of an earthquake, medical supplies for the treatment of wounds and fractures would be priority, while in the case of floods the priority items would be food and water.

All the boxes and packages will be labelled, showing clearly their priority level. Additionally, health supplies will have green labels. The SUMA priority levels and colours are:

Priority 1: **URGENT -IMMEDIATE DISTRIBUTION:** These items require immediate distribution at the site of the emergency. Label colour: **Red.**

Priority 2: **NON-URGENT DISTRIBUTION**: These items are not of immediate use in the emergency phase, but they may be of use later during reconstruction or development. Label colour: **Blue.**

Priority 3: **NON-PRIORITY ARTICLES**: Some supplies may be expired, damaged, useless or unidentifiable. They may arrive in combination with needed articles, making it difficult to classify them in the area of operations. The addressee should do classification of non-priority items after the emergency phase when time permits. Label colour: **Black**.

The types of articles arriving in a shipment make up "items," the basic identification unit of supplies. Wheat, canned soup, aspirin, and lidocaine are examples of items. A series of characteristics identify an item, such as commercial or brand name, presentation unit and packaging (tablets, Kilograms, boxes, or bags), total quantity received, etc.

Each item pertains to a category and subcategory. For example, an ambulance would be classified in the "Health" category and subcategory of "Patient Transport".

2.2. Taking Inventory

The inventory stage allows reports to be made daily to the national or local authorities on supplies received, specifying the consignee, the addressee, classification categories, quantities, etc. This allows the addressee to make appropriate emergency management decisions, and to confirm the receipt of the donations directly with the donors.

To get further information about the system and how to obtain the software and training, contact Dr. Reinaldo Flores at the WHO Emergency Preparedness Program in Geneva. Tel. (41-22) 791-2997 direct / (41-22) 791-29111 direct/ fax (41-22) 791-4844. E-mail: floresr@who.ch

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