Concerns & Criticism in Humanitarian Support in Disasters
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1. Introduction:

First of all I shall like to thank Prof. Francesco della Corte for having invited me to speak to you today. I am a doctor from India working for a humanitarian organization based in Bologna (Italy) and I am primarily concerned with development issues rather than emergency humanitarian aid. How ever, this is a subject about which I feel very concerned as I had the opportunity to observe the effects of humanitarian aid in different emergency situations, mainly in refugee camps.

Over the last couple of years, I have been collaborating with Rehabilitation and Disability unit of WHO (WHO/DAR) for provision of community based services for disabled persons living in some specific vulnerable situations. This has given to me the chance to visit some refugee camps together with Social services and community support unit of UNHCR, which form the basis of this presentation.

2. Humanitarian support in emergencies as a mere technical intervention

Humanitarian support is seen as a technical intervention, often divorced from the social and cultural context of the affected populations. Thus there seems to be a tendency of making broad classifications of different emergencies with elaboration of standard modules about strategies for responding to such emergencies, independently of the life styles and cultural aspects of people. Such humanitarian support may leave little room for flexibility and with little concern for the long term impact of the interventions. Perhaps this is just my impression but in different occasions, this is how I perceived it.

While I do feel that adequate planning and some degree of standardization is necessary for all interventions, including those in emergencies, I also feel that a little more understanding of the development approaches can increase the long term impact of these interventions.

The humanitarian support provided through shipping of unused or surplus food and other materials, without keeping account of local habits and costumes can create unpleasant situations.

For example, once in a refugee camp in Tanzania near the border with Rwanda refugee women were asked to get together for a meeting. They were told that a high official from European Union was coming to speak to them. After the women waited for about 2 hours, this officer arrived in a helicopter. He was obviously in a hurry and he said that he had very little time, as he was supposed to go and visit other refugee camps. So he started speaking in French. A worker from International Red Cross tried to interrupt him, saying that the refugees didn't understand French and that she could have translated his speech in to the local language. The person said that he didn't have time for the translation and that they can translate the speech after he had finished speaking. His speech was terrible, saying that the women were not taking care of their children properly and if their children were dying because of lack of food, it was only their fault. That the food given by European Union had been given to the refugees and he had heard that the refugee women refused to use this food.

I think that it was fortunate that his speech was not translated. This gave the Red Cross worker the time to make suitable changes in the speech when she talked to the refugee women later. It is true that EU had sent corn for the refugees but the corn arrived from Europe was of yellow variety while the persons from Rwanda were used to eating white colored corn. Thus the women were afraid that their children will get sick by eating the strange yellow colored corn. A better knowledge about the problem, more sensitivity and willingness to listen could have avoided this unpleasant incident.

3. The increasing role of Media

Over the last decade, the increasing presence of media in highlighting the human issues in emergencies, brings these tragedies in the living rooms of persons in developed countries. This has helped in mobilization of public support and concern about affected persons, forcing the governments and non-governmental organizations (NGOs) to provide relief measures. Thus it is relatively easy to find public funds for emergency relief support.

How ever the increased media exposure is often short-lived and after a few days the public attention, shifts to other disasters and emergencies. Therefore, even the public support can risk to be for limited periods and the humanitarian agencies are forced to stopped their activities after the acute phase.

4. Role of expatriate and specialist personnel in Emergencies

Looking specifically at the needs for emergency medical services after disasters, surely expatriate and specialist personnel play a very important role in saving lives. In the developing countries and under-developed countries, rarely there are any plans for dealing with emergencies. Emergencies created by internal wars and plans of ethnic cleansing may mean that there are persons whose rights are systematically violated and who have no access to any kind of services. In such conditions, expatriate emergency teams can and do play an important role.

How ever the limited duration of emergency action does present some complications, in situations where no other medical services are available. For example, some years ago I visited a Rwandan refugee camp in south-east of Uganda. The camp had been there for more than a year. There I was shown two beautiful buildings – one for the hospital and one for the school. Unfortunately, both without any proper personnel. The school was being used as a store-house while in the hospital there were about 20 patients and they were being “looked after” – without any medicines - by a Ugandan nursing assistant, who had not been paid for last 5 months. This person told me the story. The hospital building was prefabricated and brought there by plane. An emergency team of doctors had come from France including one surgeon. However their mandate for staying there was only for six months and then they had to leave.

I asked why they had not tried to take local personnel to continue the activities and I was told that it was a question of funds and continuity. The organizations dealing with emergencies are not the same as those dealing with development and “normal” projects. Thus if steps are not taken to identify organizations which can continue the activities or if no such organization is willing to take over that activity, all that remains of such emergency projects are empty shells of buildings and equipment.

In the same refugee camp, talking with refugees it came out that among them there were some nurses and para-medical workers. Some of them did try to speak to the expatriate medical team, proposing to work in the hospital but on questions of costs and sustainability, it was not possible to employ them. No other alternatives of making use of locally trained persons were tried.

5. An Over-dose of help?

Emergencies and the intense media focus on suffering of people can result in massive short-term help in food, drugs, blankets, etc. Affected persons may be provided funds for rebuilding of their houses. All this is done often without involving the affected communities in discussing ways which promote acknowledgement of their own active role in their rehabilitation. Contrary to this, affected communities are often seen as passive receivers of help, creating dependency and other unexpected problems.

A recent press release from WHO informed about the dangers of sending drugs without proper selection criteria about the kind of drugs and their expiry dates. Unwanted drugs also create problems for their proper disposal as developing countries often do not have adequate disposal systems for chemicals. Thus it was felt that for disposing the unwanted drugs to Bosnia, they need about 2 million dollars.

In another example, Mongolia received tons of dry milk powder after its expiry date when the country is one of the largest producer per capita of milk in the world and does not need to receive it from outside!

In yet another example, after an earthquake in India, the affected persons were provided funds for rebuilding of houses. In a study carried out two years after the earthquake, the impact of the emergency support given to people was evaluated. This study showed that the excess of support had created other problems in the community. People felt that it was their right to receive all the help and they didn't need to do anything. Thus even for small things, they expected outside help. Not only this, but excessive dependence on outside help exacerbated other problems like alcoholism in the youth.

6. Access to services for Specific vulnerable groups

Emergency situations may affect some vulnerable groups much more than others. At the same time such groups may not have sufficient access to the services provided. Such vulnerable groups include single mothers, old persons, children without parents, persons with disability, ethnic minority persons, etc.

According to WHO estimates, about 5-7% of the population may be disabled. In a study carried out in 4 different refugee camps it was found that the population of disabled persons among the refugees was much less, in some cases, less than 1%. It was felt that disabled persons had much lesser chances of survival in the first six months because of their relative lack of access to food and other services. The same could be true for other vulnerable groups, especially older persons.

7. Community building and participation in emergencies

Finding and promoting ways which give an active role to the affected communities in their own rehabilitation and services has shown to very effective in sustainability and continuity of services and equity in the distribution of available resources.

However, often the community involvement and participation is seen in terms of asking the communities to passively carrying out some activities decided by outside experts without first talking to and listening to the communities. In such instances when community members show little enthusiasm for activities decided by outsiders, they are called uncooperative or ignorant.

Organizational standardized procedures and urgent need to use the funds and show concrete results create other difficulties for effective community participation. Persons occupying decision making roles in the emergency situation are so used to taking care of others that the affected persons are treated as passive receivers or victims, incapable of deciding for themselves.

For example, in a refugee camp in north-west of Kenya with Sudanese refugees, the social services officer wanted to do promote economic self-sufficiency of refugees. A meeting was called of different experts to discuss how this could be done. However, no refugee representatives were invited in this meeting.

Involving refugee population groups and asking them to suggest solutions to their problems can lead to some unexpected benefits. In a refugee camp in north-east of Kenya with Somalis refugees, it was decided to use community based approach to promote simple rehabilitation techniques in the population for disabled persons. Community committees were formed, which identified some refugee volunteers for training about rehabilitation techniques by using the WHO manual on CBR. The community committees were also involved in deciding about other activities like vocation training courses, starting of Savings and Credit funds, etc. Two years after an evaluation showed that apart from helping the disabled persons, there was some positive impact on the whole community. The intervention strategy, strengthened the role of older refugees as traditional leaders and the refugees were much more willing to discuss common ways to respond to other issues.

8. Why should medical personnel know about all these issues?

Many of the issues and concerns, which I am raising here, are not related to provision of medical services. How ever, medical personnel is in a unique position to affect changes in strategies in emergency situations. In some situations, affected populations may be diffident about the outside experts who are there to help them. Usually medical personnel, because of their role, is seen much more positively and can become an entry point for starting a dialogue with suspecting communities. Their role also places them in positions of leadership of teams.

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