SEKA/ Division fo Humanitarian Assistance
and Conflict Management
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Guidelines for humanitarian assistance in the health sector

Background

Sida's Humanitarian Assistance Division has the task of working with humanitarian crises that arise in connection with natural disasters and/or conflicts. These crises often have far-reaching consequences for people's health. Health interventions comprise a considerable proportion (more than 30%) of all Swedish humanitarian assistance. In connection with disasters involving refugees or internally displaced persons, which have increased considerably in recent years, health-related interventions often predominate. Women and children are particularly vulnerable groups.

One of the future challenges to humanitarian assistance in the health sector is that vulnerable countries tend to be increasingly marginalised. We are seeing new patterns of disease emerge and increases are anticipated in, for example, technological and environmental disasters. HIV/AIDS is, and will be in the future, of considerable significance, particularly in regions in Southern and Eastern Africa, South Asia and Eastern Europe.

In order to have the best possible effect, long-term health interventions often require stable environments. Conditions of this type are seldom or never to be found in complex emergencies. At the same time it can be seen that groups of people (including refugees and internally displaced persons) involved in complex emergencies are often surprisingly stationary. This is a favourable factor for the planning of long-term interventions.

It is possible to find common patterns in complex man-made disasters and natural disasters. Nevertheless each disaster should be treated as a unique event. The most common causes of death among refugees and other vulnerable groups in complex emergencies can be broken down into four categories: acute respiratory diseases, diarrhoea, malaria and malnutrition. In the 1990s the question of HIV/AIDS has increasingly come to the fore (particularly in connection with displacement). Most deaths

occur among children under five years of age. The lack of clean and safe water and poor sanitary conditions are often the most important reasons for the high mortality rates in connection with complex man-made and natural disasters. These problems are particularly obvious in refugee situations.

Sexual violence against women and children is particularly common in connection with conflicts and displacement. This also increases the risk of the spread of sexually transmitted diseases (for example HIV/AIDS) and of involuntary pregnancies.

Experience of the health situation in connection with complex man-made disasters and/or natural disasters indicates that public health contributions are of great importance. In addition to primary health care, the public health concept covers areas such as nutrition, water and sanitation etc. Advanced, curative health care systems (for example war surgery etc) are often inadequate to counteract central health problems. All interventions should be planned carefully and be based on baseline-studies and needs assessment, in order to have the maximum impact. It should also be possible to follow up these contributions in an acceptable way.

Characteristics of a successful humanitarian health intervention is that it mobilises national resources and strengthens local structures. This is the most effective form of preventing health problems, particularly in areas with recurrent disasters. It is important to coordinate health contributions with the authorities and with national NGO’s and international donors.

Guidelines

- Humanitarian health interventions in natural disasters and complex man-made disasters shall give special priority to *public health*. In addition to primary health care, these contributions can include, water, sanitation, nutrition, food and personal security etc. Describe and motivate the approach selected.

- Proposals for contributions where *needs assessments* and *baseline-studies* have been made shall be given special priority. *Health indicators* should be present and be analysed, for example analyses of morbidity and mortality among the people/target group.

- Needs assessments and baseline-studies shall describe both the immediate and the long-term needs, and *priorities* among these needs should be ranked. A needs assessment/baseline-study should clearly describe and motivate any *delimitation* to the intervention.

- To strengthen the sustainability of the contribution it should be implemented as far as possible through local structures and make use of *local resources in all its phases* (for example national health care personnel). However, it should ensure that other health care structures are not depleted as a result. Describe and motivate the approach selected.

- The contribution should be *coordinated,* as far as possible, with other donor agencies and national health authorities and/or other coordinating bodies for the health sector. Describe and motivate the sector and the approach.

- In acute crises support should be considered for the maintenance of national *health information systems*. The objective here is, among other things, to improve knowledge of, and thereby reduce the spread of, infectious diseases (for example cholera, tuberculosis, dysentery, malaria, sexually transmitted diseases etc).

- In most cases w*omen and children* are the main target group for health interventions. Their needs should be the subject of special analysis and assessment. The target group's possible role (or lack of participation) in the preparation of the intervention shall be described and motivated.

- In, for example, acute refugee situations, risks of sexual violence should be analysed and assessed. In addition, attention should be given to the spread *of sexually transmitted diseases* and to unwanted pregnancies.

- The *HIV/AIDS* situation shall be described and analysed prior to every planned contribution.

- Interventions in the *health system sector* (hospitals, clinics etc) shall be coordinated with national health care authorities. Where these do not exist, or are weak, contributions shall be coordinated with other parties relevant to the sector (for example other donor organisations, UN-OCHA, WHO, civil society etc). The approach selected shall be analysed and motivated.

- The contribution should describe and motivate any selection of *distribution systems* for medicines, food etc (describe relationships with any national/regional systems).

- Where *support for medicines* is concerned, Sida's special guidelines shall be followed.

- *Phasing out strategies* (handing over to other parties involved etc) shall always be included in the terms of reference and analysed and motivated.

Sources

1. Health Contributions in Humanitarian Assistance – A Forward Looking Study, Sida 2000.

2. Health Contributions in Humanitarian Assistance 1997-1999, Sida 2000.

3. The Sphere Project – Humanitarian Charter and Minimum Standards in Disaster Response, Oxfam 2000.

4. Humanitarian Assistance in Disaster Situations – A Guide for Effective Aid, PAHO 1999.

5. Natural Disasters – Protecting the Public's Health, PAHO No. 575, 2000.

6. Community Emergency Preparedness – A Manual for Managers and Policy Makers, WHO 1999.

7. Rapid Health Assessment Protocols for Emergencies, WHO 1999.

8. Reproductive Health In Refugee Situations – An Inter Agency Field Manual, UNFPA, 1999.