

## 7. 各団体の連絡・調整

### (1) 目的

海外における緊急災害医療援助は、大規模な災害に対して行われる場合が多いため、一つの海外援助機関のみが活動することはまれで、通常、複数の援助機関が同一の被災地域で活動することが多い。この場合の各機関の連絡・調整が必要になる。その理由は、特に開発途上国において大規模な災害が発生した場合は、現地政府等の対応能力が必ずしも高くないため、自国の救援活動の調整が精一杯で、外国からの援助活動の調整（活動場所の紹介、通訳の斡旋、食糧や宿舎の手配等）を行う余裕がない。仮にあっても多くの援助機関が同様の要求をしてきた場合は対応が困難である。そこで、外国の援助機関には、ロジスティクス面で現地政府に迷惑を掛けないため、さらには、効率的・効果的援助を行うため、援助機関同士の連携や調整が必要となってくる。

### (2) 連絡・調整のフレーム及び各国の現状

援助機関同士の連絡・調整は、下図に示すとおり、災害時、平時、現場、本国という時間的、地理的フレームによって以下のとおり整理される。

地理的フレーム 時間的フレーム	被災国	本国
	○	○
災害時	○	○
平時	—	◎

[凡例：◎=最も重要    ○=重要]

まず、災害時の被災国での連携であるが、これには、被災情報等の共有、活動場所の調整、医薬品や医療資機材等の相互融通などが考えられる。これらは、実際には現場の責任者の判断で臨機応変に対応する機会が多いが、現場での連携をスムーズに行うためには、資機材の仕様を各援助機関の間で標準化しておく（特に日本の場合は少なくとも英文の取扱説明書をつけておく）、通信機器の場合は周波数等を合わせておく等の平時における準備と心構えが必要になってくる。全米に25あるDMATと呼ばれる緊急災害医療チーム（USAID-OFDAの要請により海外にも派遣される）は、年1回会議を開き、装備、訓練、業務方法書（PROTOCOL）に関して、最新情報を持ち寄り、統一を図っている。これにも増して重要なのは、平時から各援助機関の責任者同士が「顔見知り」になっておくことである。英国では、DFIDが主催し

て緊急援助を行うOXFAM、CARE等のNGOとの間で定期的な連絡会議を行っている。この会議は、日常の情報交換のみならず、緊急時にも本国（英国）においてもインターネット等により調整を行っている。

各援助機関同士の連絡・調整は、被災国政府を混乱させず、被災地における活動を円滑に効果的に行う観点から必要となるが、一方、各機関独自の手法や考え方もあり、連携協力にあたっては、平時における情報交換を通じて、お互いに相手の存在や活動能力を知り合うことが肝要である。これにより相手の立場を尊重した形で、緊急時の協力をスムーズに行うことができる。

もっとも複数の同一規模の援助機関が被災地で活動する場合、どの機関がリーダーシップをとるかということが問題になることがあるが、カナダの場合はCIDAが同一災害では複数のNGOに補助金を支出しないこととしており、この方法により少なくともカナダからの援助団体の代表格を決めている。国籍の異なる援助機関の場合は、どこかの機関にリーダーシップをとらせることは、実際は困難なため、互いに相手の力量や能力を尊重しあった形での連携・協力が妥当であろう。

### (3) 提 言

欧米先進ドナーや国際機関に比べ、我が国の人道援助・緊急援助の歴史は短く、ドナー間の援助調整は、これから本格的な取り組みがなされようとしている段階である。したがって、今後我が国の緊急災害医療援助の実施にあたっては、まず今回の調査研究をきっかけとして国内の援助機関同士の平時の連絡を密にし、さらに、海外の災害現場に出動した場合は、まず日本の援助機関同士が連携し、海外からの援助機関と調整を行うことが望ましい。そのためには、日本の各援助機関が積極的に国際機関や国際NGO等の主催するセミナーやワークショップに積極的に参加し、国際人道・緊急援助コミュニティーの一員としてもプレゼンスを示し、お互いに情報交換を進めることも必要である。

## IV ま と め

オペレーション・ソフトの標準化は災害医療援助の国際協力において、医療の均一性、公平性及び対価効果性の面で欠かせない要素である。この標準化の基になる集団傷者管理システム (Mass Casualty Management System) は救難連鎖によって、救急処置、傷者安定、後送、収療という、医療チームのステージを構成する。またそのプロセスにおいて各トリアージが傷者の救命率の鍵となることは過去の災害緊急医療援助の経験が示している。

国際的な災害援助活動の現場では、医療チームはそれぞれ異なった指揮系統を有する援助団体や機関 (GO や IO 或いは NGO) に属することが多い。このため、集団傷者管理システムについては医療チーム相互の理解と共通の認識が不可欠である。

集団傷者管理システムの技術的用語の定義及び解釈並びに関連ソフトウェアを、各国内組織や団体で統一することは容易でない。欧米の団体でも統一しているわけではない。歴史的或いは社会的背景から組織や団体でそれぞれ独自性があり、その独自性が国際社会の位置づけになっている場合が多い。ソフトウェアは言語であり、相互の意思疎通がはかれる整合性 (Commonalty) が組織間の相互理解につながり、組織間の協力体制 (Cooperation)、協同作業性 (Cooperatively)、更に進んで相互運用性 (Interoperability) の構築になる。この過程が進んでいる欧米に比べ、我が国では作業が遅れていることは否めない。

我が国でも各支援組織間で整合性をもった関係資料の整備が必要である。国内の災害医療組織や団体はそれぞれ、所属する組織や機関が独自性を保持しつつ、国際災害医療援助の場で、協力体制 (Cooperation)、協同作業性 (Cooperatively) と相互運用 (Interoperability) を構築する必要がある。

このためには、国内の各団体が協力して組織間の“対訳資料”の作成を進め、整合性を確立する必要がある。

衛生資材の標準化は集団傷者管理システム (Mass Casualty Management System) の構築に重要なテーマである。限られた予算の枠の中で最大の効果を期待する医療は、国際的に既に評価されている衛生資材 (医薬品及び医療機器) に限らざるを得ない。各国とも、WHOの「Essential drug」による基準をベースに、自らの経験に裏打ちされた資材をプラスし、団体間協議の場でリストを発表し、整合性 (効率化と互換性) に向けた資料作成が必要である。

今後はソフト面の開発に力を入れ、調達、輸送、配布、互換性の効率化に力を入れる必要があり、そのためには共通性のあるソフトウェアの開発が望ましい。

情報ネットワークの構築は、資金や情報との関連から政府機関で検討されるべき課題であろう。現在、防災テレコミュニケーション・システムの最も進んでいる米国を参考として、日本として

とりうるモデルの検討がされるべきである。

教育訓練方針については、緊急災害医療援助に関する国際的な研究が進み、単なる人道主義的援助から、援助の質、費用対効果が重視されるようになってきた。すなわち、援助地域の拡大が進み、限られた予算で経済的でより良い援助を行わなければならなくなっている。このため、災害準備 (Disaster Preparedness) における教育訓練、研究に国際的な連携と内容の高度化が進んでいる。また、援助組織の能力評価が問われるようになり、スタッフの教育練度、技術的資格が評価対象に含まれるようになった。欧米の各組織とも、高度な専門性を備えたスタッフの養成に力を入れている。

更に、災害医療支援も災害初期の“Emergency Program”から、災害以後の中長期への対応“Development Program”が重要視されてきた。これは、我が国の支援組織においても、各組織はスタッフの養成については、ICRC/IFCRを規範とするPrimary Courseに止まらず、ICRCのH.E.I.PやUNDACのAdvanced Training Courseにおける研修、更にはCDC ConferenceやCOE Symposiumに参加して国際的スタッフの育成に努めなければならない。

また、欧米組織に適用されてきた“Assessing Disaster Preparedness”の「医療・衛生支援組織の評価基準」を積極的に採用していく必要がある。

ハワイの国際機関COE (ハワイ州政府、ハワイ大学、及び米国政府が拠出して設立した国際組織) は、CSCやICRCなどと協力し、NMATなど援助団体に対する災害準備 (Disaster Preparedness) の教育・訓練を環太平洋レベルで行う国際プロジェクトを進めている。

官民連携の目的は、「官」の組織、「国」がいかにか「民」すなわち“非政府組織”であるNGO或いはPVOとうまく連携し、国際的な災害・人道的支援を行っていくかであろう。特に、「国際緊急援助に係わる国連決議 (1991)」以降、政府の直接の組織にとって代わってNGOやPVOによる災害・人道支援が行われるケースが増えたきた。国内外の関係で「民」の力が歴史的に強く発揮される欧米諸国と違い、官が中心的位置を占めている日本において、次世紀の国際的な災害・人道支援をどう進めるか、我が国の国際災害医療支援にも最も重要な課題である。

ハワイでのCOEは、災害・人道支援にかかわる教育訓練、研究を「官」と「民」の連携によって効果的に進めるための1994年に設立させたもので、国際機関として登録をしており、CDC等の政府機関やICRCなどの国際機関、及びNGOとの協力を得て、全米のCivil Defenseが組織するDMATなどの災害医療支援団体に対する教育・研究の機会を与えている。JICAもJMTDRを中核にしたCOEのような“国際的組織”を育成し、大学、防衛、NGO等との協力の下に、アジア地域の災害に関する情報交換、教育・訓練、研究プログラムを一元的に進めていく施策が待たれる。

USAID/OFDAは、その拠出の8割をこれらの団体の活動に向けられている。CIDA/IHAはNGOの2割弱ではあるものの、UNやRed Crossへの拠出も実質的には高度な専門家集団に向け

られている。ただし、欧米諸国のこれら非政府組織や団体には、活動能力に対する厳しい審査基準をクリアーにしなければならない努力も課せられている。

欧米のような市民社会の合意形成が難しく、「官」及び「民」の垣根が厳しい現状の我が国は、21世紀の国際的災害医療を、欧米の水準にまで引き上げるために、政府の“金を出すが出さない”とともに“支援組織や団体の適格性 (Eligibility) の評価”によって、厳しいが自主性を重んじる Disaster Preparednessの体制の確立が参考となるのではないだろうか。

一方、我が国も AMDA を初め、NGO 組織や団体に対し、ODA 技術援助枠の拡大による資金拠出を増やす必要がある。先の国会で承認された NPO 法案は、欧米並みの NGO 活動を保証するには程遠く、5年後の法案見直しにむけ、関係者の努力が待たれる。これには、我が国の NGO も欧米諸国並みの“Eligibility”の獲得に向けた自主努力が迫られている。

団体間の連絡調整は、国際的な災害医療援助活動では、単一組織や単一の規範で活動できる機会は殆ど無く、政府や国際調停機関の介在のもとに、複数の医療支援団体が同一の被災地域で活動することが多いため、最も重要なテーマである。

災害対応 (Disaster Response) を組織に固有な“しきたり”を超え、“規律間協力 (Interdisciplinary Cooperation)”による、組織間の独自性を尊重した相互理解を進めるには、カナダのように、まず第1に国内協議の場で、組織間の調整を図り、次いで、国際的な協議の場で、我が国の Discipline に対するコンセンサスを得る努力が必要であると思う。この Strategy は、我が国の「緊急災害医療の実施体制・手法」を世界にアピールする上で不可欠と思える。

国際的な災害医療支援は、民族の宗教、しきたり、社会思想、紛争などの障害を超えた人道的な活動である。尊重すべきは被援助国及び国民の尊厳である。援助国の支援組織及び団体は、相手の尊厳を重んじ、自らの適格性に向けた「災害医療体制及び手法の確立」を世界にアピールしなければならない時代にきている。

## V む す び

ここ数年、エル・ニーニョやラ・ニーニャの関連があるのか、地球規模での風水害が多発している。日本においても例外ではなく、昨年各地で風害や水害の被害が多かった。この種の災害の報を見聞きするにつけ、地球規模の変化に即応した具体的なアプローチが課題ではないかと考えるのは私だけではあるまい。

風水害のみならず、地震災害や大事故もまた我々の日常生活に脅威を与えている。一人でも多くの負傷者を救命するためには、我が国のプレ・ホスピタルケアの充実が重要である。病院での医療が開始されるまでの数分～数十分が傷病者の生命を左右するのは当然であり、欧米と日本の災害時や救急時における救命率の違いはどうもここにあるのではと考えている。米国のパラメディックを中心としたプレ・ホスピタルケアの方式やドクターを中心としたフランスのSAMUなどから日本はまだ学ぶところが多い。また阪神・淡路大震災の際に問題とされたヘリコプター搬送の問題も、プレ・ホスピタルケアの遅れの一因になっているであろう。

日本における災害業務は、都道府県と市町村の行政区割りでしっかり区別されている。通常の業務ではこの運営形態は能率的であるが、大規模な災害や事故は行政区とは無関係に発生するため、ひとたび大災害が発生すると、単一の行政単位では対応が不可能な場合も起こりうる。この場合、行政区の枠を越えて疾病者を短期間に把握できないという問題が生じる。災害時の救急活動に関して行政区を越えた協力体制が存在していないのが日本の現状である。

一方、災害医療の先進国である欧米では州レベルにおいて治療に必要な州を越えて患者を搬送できるような協定が平常時からなされている。市や郡のレベルでも救急患者は行政の区割りを越えた専門病院への搬送が日常的に行われ、病院もそれに応えるべく整備されている。日本では、災害現場での応急処置や搬送の担い手である消防組織は全国で920本部存在しているが、それぞれが自治体消防として独立しているのである。

国際緊急援助の舞台における我が国の実施体制についてもまた、欧米の体制から二歩も三歩も立ち遅れているのが実状である。その意味で欧米の国際災害医療援助の実施機関から我々が学ぶべきことは多く、今回の調査研究を通じて、オペレーションの方法、資機材の備蓄体制、関連機関との連携体制、情報のネットワークング、訓練の方法等、様々な切り口から情報を収集し、比較検討を試みてきた。

過去長きにわたって、人類は災害の被害を回避し、あるいは減少させるべく努力を積み重ねてきた。しかしながら昨今、災害は減少するどころか増加する傾向すら見受けられる。我々国際緊

急援助に携わるものとしては、このような現状を真摯に受け止め、我々の持てる力を結集し、より効率的・効果的に災害援助を行っていく必要がある。これは、国内の災害対応機関、海外の災害援助機関を問わず、ともに取り組まなければならない我々共通の課題である。

今後、本書でとりまとめた緊急災害医療援助の実施体制・手法についての情報を、より多くの関係者が議論の俎上に載せ、かつ採用できるところは採用し、各機関のさらなる機能向上と効率的・効果的な国際緊急援助の実施に役立てていただければ、この調査研究にかかわったものとして幸いである。

## VI 執筆者分担表

(分担者：敬称略)

序文	JICA
略語一覧表	坂根*
I 調査研究の概要	
1. 目的	坂根
2. 委員の構成	坂根
3. 調査研究の経過	坂根
II 我が国の緊急災害医療援助実施体制	
1. JICA	坂根
2. 防衛庁	畑田
3. AMDA	鎌田
4. 日本赤十字社	槇島
III 欧米諸国の緊急災害医療援助実施体制	
1. オペレーション/ソフトの標準化	國本
2. 備蓄資機材/ハードの標準化	畑田
3. 官民連携	鎌田
4. 情報ネットワーク	槇島
5. 教育・訓練におけるトリアージ、後方搬送	石原
6. 教育・訓練における方針の標準化	二宮
7. 各団体の連絡・調整	山本（愛）
IV まとめ	大岩
V むすび	山本（保）
附属資料1. 調査団派遣	
(1) 団員構成	坂根
(2) 日程	坂根
(3) 面談概要	山本（愛）／小野

\*坂根：JICA 国際緊急援助隊事務局職員



## 附 属 資 料

### 附属資料1. 調査団派遣

- (1) 団員構成
- (2) 日 程
- (3) 面談概要

### 附属資料2. 質問票

### 附属資料3. 各機関関連資料

- (1) CARE
- (2) CDC
- (3) CIDA
- (4) デンマーク赤十字
- (5) FEMA
- (6) ICRC
- (7) IFRC
- (8) MDM
- (9) MSF 組織図
- (10) PAHO
- (11) SAMU
- (12) USAID/OFDA
- (13) WHO 組織図

### 附属資料4. その他参考資料

- (1) トリアージ基準
- (2) 赤十字診断書
- (3) UNICEF 医薬品リスト
- (4) WHO Essential Drug リスト
- (5) CDC 隊員用ガイドブック (洪水用)
- (6) AMDA 活動概要
- (7) JICA 医療チーム関連記事

### 附属資料5. 写 真



## 附属資料1. 調査団派遣

### (1) 団員構成

#### ・北米班

日本大学客員教授・鎌倉女子大学教授	大岩 弘典 (団長)
東京労災病院脳神経外科 (日本脳神経外科学会専門医)	國本 健太
日本医科大学附属病院高度救急救命センター医院助手	三宮 宣文
日本赤十字社医療センター第4外科部長	槇島 敏治
国際協力事業団国際緊急援助隊事務局業務課長	山本 愛一郎

#### ・欧州班

日本医科大学救急医学講座主任教授	山本 保博 (団長)*
全日本病院協会常任理事 (東京都病院協会常任理事)	石原 哲
AMDA ロジスティックス委員長	鎌田 裕十朗
防衛庁海上幕僚監部衛生企画室医務衛生官	畑田 淳一
国際協力事業団総務部広報課長代理	小野 修司

\*山本保博団長は急な公務のため参团できなくなったため、佐々木豊 国際協力事業団国際緊急援助隊事務局長が代行した。

## (2) 日 程

## ア. 北米班

月日 (曜日)	調査行程 (便名)	訪問先機関
12月1日 (月)	成田ーホノルル(JL74)	Center of Excellence in Disaster Management and Humanitarian Assistance
12月2日 (火)	ホノルルーマウイ(AQ266)	Disaster Medical Assistance Team (DMAT) Center in Maui
		Maui High Performance Computing Center
	マウイーホノルル(AQ215)	
	ホノルルー(DL54)	
12月3日 (水)	ーアトランタ	Center for Disease Control and Prevention (CDC)
		CARE USA
12月4日 (木)	アトランターワシントンDC (DL690)	Federal Emergency Management Agency (FEMA)
		JICA緊急援助物資備蓄倉庫
12月5日 (金)		Pan American Health Organization (PAHO)
		Office of Foreign Disaster Assistance (OFDA), USAID
12月6日 (土)		資料整理
12月7日 (日)	ワシントンDCーオタワ (UA3029)	
12月8日 (月)		Canadian International Development Agency (CIDA)
	オタワーハリファックス (CP1488)	
12月9日 (火)		Canadian International Peacekeeping Training Center
	ハリファックスートロント (AC639)	
12月10日 (水)	トロントーシカゴ(UA103)	
	シカゴー(JL9)	
12月11日 (木)	ー成田	

イ. 欧州班

月日 (曜日)	調査行程 (便名)	訪問先機関
12月2日 (火)	成田ーパリ(JL405)	
12月3日 (水)		Medecines du Monde(MDM)
		SAMU de Paris
		Medecins sans Frontieres (MSF)
12月4日 (木)		日本大使館・JICA打ち合わせ
	パリーボルドー(AF7626)	
12月5日 (金)		MSF Logistique
12月6日 (土)		資料整理
12月7日 (日)	ボルドーージュネーブ(LX723)	
12月8日 (月)		IFRC
		WHO
		ICRC
12月9日 (火)	ジュネーブーコペンハーゲン(LX300)	UNICEF
12月10日 (水)		デンマーク赤十字
		日本大使館打ち合わせ
	コペンハーゲンー(SK983)	
12月11日 (木)	ー成田	

(3) 面談概要

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（北米班）	
訪問日時	平成9年12月1日（月）午前
機関名	CENTER OF EXCELLENCE IN DISASTER MANAGEMENT AND HUMANITARIAN ASSISTANCE
所在地	米国ハワイ州オアフ島
面談者氏名	FREDERICK M. BURKLE, JR., DIRECTOR DENNIS I. WRIGHT, REAR ADMIRAL, MEDICAL CORPS, U. S. NAVY ROY PRICE, ADMINISTRATOR, HAWAI STATE CIVIL DEFENCE
組織概要	<p>湾岸戦争、アフリカ及びバルカン半島の危機を契機として、1994年10月に設立された災害管理センターで、主として世界の災害や人道援助に関する研究と人材育成を行っている。運営は、米軍、米政府、ハワイ州立大学等が共同で行っており、70人の教官と85人のスタッフがいる。年間予算は500万ドルである。研修コースは、主として災害時における軍と民間との協力を念頭に置いており、毎年5日から3週間の国際研修コースを実施している。1998年はグアム及びシンガポールにおいて実施する予定。モットーは、軍民共同の強みを生かして、個々の機関で達成することの困難な「卓越」した仕事を行うことである。</p>
調査結果（質問事項に対する回答等）	<ul style="list-style-type: none"><li>・医薬品は、国際的整合性を保つため、WHOの基準を採用している。</li><li>・災害時に警察・消防・医療を統合するためICSを幅広く活用している。</li><li>・備蓄倉庫はもたず、必要な物資は、業者との平時の協定により即時調達する。</li><li>・トリアージは、開発途上国での災害時においては、限られた資材の有効利用という観点から EXCLUSION CRITERIA と認識している。</li><li>・研修は、医療だけではなく、ロジスティックスやプランニングを重視している。</li><li>・軍の災害救援訓練にNGOを派遣することもある。内容は、熱帯医学、テロ・暴動対策等である。</li><li>・災害時の軍の派遣に関する指揮権は、軍ではなく大統領にあり、海外派遣の場合は USAID-OFDA が資金を提供することもある。</li></ul>

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（北米班）

訪 問 日 時	平成9年12月2日（火）午前
機 関 名	DISASTER MEDICAL ASSISTANCE TEAM, MAUI
所 在 地	米国ハワイ州マウイ島
面 談 者 氏 名	DR. CHARLES T. MITCHELL, M. D. SELBERIO MENOR, ADMINISTRATOR, MAUI COUNTY CIVIL DEFENCE AGENCY
組 織 概 要	<p>全米に25ある緊急災害医療チームの一つで、マウイに本拠地を置く。医師、看護婦等25人でスタートしたが、現在は、医療及び非医療スタッフ合わせて140名が待機している。このうち12人がレベルⅠで発災後2時間に出動、さらに36人がレベルⅡで、12時間以内に出動する。基本的にはハワイ州内での対応であるが、FEMAからの要請があれば全米に、USAID-OFDAからの要請があれば、海外にも出動できる。（ただしOFDAとの派遣協定は未締結。）</p>
調 査 結 果（質問事項に対する回答等）	<ul style="list-style-type: none"> <li>・医薬品は、国際的整合性を保つため、WHOの基準を採用している。</li> <li>・災害時に備え、医師一人が2名の患者に対応できるリュックサック入りの医療資材及び医薬品のキットを所持する。</li> <li>・テント、医薬品、食料、インマルサット等は空港近くの自前の備蓄倉庫に保管している。</li> <li>・トリアージ、応急処置、搬送が基本で、手術は行わない方針。</li> <li>・訓練は軍と共同で実施している。</li> <li>・出動時は軍が輸送を受け持つ。</li> <li>・全米のDMATが年1回会議をもち、装備、訓練、方法書等に関して協議し、統一を図っている。</li> <li>・派遣時はチームのなかに精神科医がいて毎日スタッフのカウンセリングを行う。</li> <li>・派遣時の医師・看護婦への給料は、連邦政府から支出されるが、人事管理の面からはJICAのような直営方式のほうがよいと認識。</li> </ul>

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（北米班）

訪問日時	平成9年12月2日（火）午後
機関名	MAUI HIGH PERFORMANCE COMPUTING CENTER
所在地	米国ハワイ州マウイ島
面談者氏名	EUGENE BAL III, DIRECTOR CANDACE A. SHIRLEY, MARKETING ACCOUNT MANAGER
組織概要	<p>1993年9月に2,100万ドルの予算（米国防省が半分を支出）で米海軍、ニューメキシコ大学等が共同で設立した高度コンピューター処理センター。米軍、企業、大学等へ有料でのパッチの提供や情報処理を請け負っている。43メガビットのIBMコンピューターを2系統所有しており、全米で1,500のユーザーが利用している。</p> <p>最近の日玉事業としては、森林火災の延焼に関するシミュレーションによる予測、海上に浮かしたブイからの情報による津波の予測、各機関が過去に蓄積したデータから類似性やパターンを抽出するデータマイニング、ガン治療のための放射線の照射角度を分析し病院等に伝えるリモート・ラジエーションセラピー等を行っている。</p> <p>元は軍の需要に応えるために設立されたセンターであるが現在では、学校、病院、企業等幅広いユーザーのニーズに応えている。</p>
調査結果（質問事項に対する回答等）	<p>特になし。</p>



緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（北米班）	
訪問日時	平成9年12月3日（水）午前
機関名	CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
所在地	米国ジョージア州アトランタ市
面談者氏名	RONALD C. BURGER, EMERGENCY RESPONSE COORDINATOR MICHAEL A. MCGEEHIN, CHIEF, HEALTH STUDIES BRANCH, ENVIRON-MENTAL HAZARDS AND HEALTH EFFECTS JOSEPHINE MALILAY, DISASTER ASSESSMENT AND EPIDEMIOLOGY SECTION, NATIONAL CENTER FOR ENVIRONMENTAL HEALTH MELINDA MOORE, DIRECTOR, ENVIRONMENTAL HEALTH
組織概要	<p>エイズ等の感染症を中心とした調査研究、研修、防疫活動を行う米保健省の機関。職員は約6,000人で、年間予算は20億ドル。コカコーラ社が土地を提供したためアトランタに設置された。現在6,000人のスタッフのうち1,000人がエイズ関係に従事している。また、職員は75%の時間を米国内のために割いており、また予算の98%は米国のために使っており、残りの2%が海外分で、そのうち10%をポリオ対策にあてている。</p> <p>海外での研修プログラムは、タイ、インドネシア、サウディ・アラビア、エジプト、フランス、イタリア、ドイツ、オーストラリア等17か国で実施している。また、公衆衛生の職員をコンサルタントとして、FEMA、OFDA、WHO、UNICEF、UNHCR等に派遣している。そのための緊急要員として15名がアトランタに待機している。派遣時の給与はCDCから支給、派遣費用は要請元の機関が負担する。</p>
調査結果（質問事項に対する回答等）	<ul style="list-style-type: none"> <li>・活動方針として、臨床医療は行わない。</li> <li>・各種情報は、ホームページ（<a href="http://www://cdc.gov">www://cdc.gov</a>）により世界に発信し共有している。</li> <li>・緊急災害の際には、被災家庭を訪問調査し、疫学的データを収集し、災害対応機関に提供する。</li> </ul>

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（北米班）

訪 問 日 時	平成9年12月3日（水）午後
機 関 名	CARE USA
所 在 地	米国ジョージア州アトランタ市
面 談 者 氏 名	PAUL J. GIANNONE, DIRECTOR, EMERGENCY PREPAREDNESS, MITIGATION AND PLANNING BARBARA MONAHAN, PROJECT ASSOCIATE, REPRODUCTIVE HEALTH FOR REFUGEE INITIATIVE, HEALTH AND POPULATION UNIT
組 織 概 要	<p>1946年に設立されたCARE INTERNATIONALのなかの最大組織。職員は国内250人、海外ローカルスタッフ1,000人で、年間予算は3億6,700万ドル（6割が米政府の補助金）。うち20%を緊急援助、40%を保健・栄養・家族計画にあてている。活動国は世界約60か国。緊急援助は、難民救済が中心で、活動にあたってはコーディネーションの重要性を認識している。</p> <p>災害援助に携わるスタッフ（他のNGOも含む）のためのシミュレーションと専門知識に関する座学を盛り込んだ1週間の研修を自前で実施している。（30人×4回/年）</p>
調 査 結 果（質問事項に対する回答等）	<ul style="list-style-type: none"> <li>・ バングラデシュのNGOと共同オペレーションを行ったことがあるが、給与水準の違いなどから問題が生じた。</li> <li>・ 医療チームの派遣は行っていないが、通常の緊急援助チームはロジ、通信、食料等の担当者14名で構成される。</li> <li>・ 被災者への防疫活動として、ステーションを設けワクチンの接種を行う。</li> <li>・ 難民援助では5歳以下の子供も健康に注意する。</li> <li>・ 保健衛生のためのキット（コンドーム、分娩用手袋等）を英国でまとめて調達し、難民に配布している。</li> <li>・ 医薬品については現地政府が受け入れられるものを考慮。</li> <li>・ 技術移転については、地元住民の参加を重視する。</li> <li>・ 要請の取り付けについては、国連の下で活動するほか、CAREの現地駐在員があらかじめ協定を結んでから入る。押しかけはしない。</li> <li>・ 現地協定により通関の問題はない。</li> <li>・ 物資、人員の輸送は国連にしてもらう。米国防省にも頼めるが、手続きが複雑なのでやらない。</li> <li>・ 現地での調整は、各団体の利点を生かす形で調整している。</li> <li>・ 活動中はインマルサットなどでアトランタの本部と決まった様式による定時交信を行う。</li> <li>・ 平時の情報交換については、年1回全米のNGOが集まる会議があるほか、インターネットなどで常時情報交換を行っている。ワシントンのINTERACTIONという団体が全米のNGOの取りまとめを行っている。</li> </ul>

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（北米班）

訪問日時	平成9年12月4日（木）午後
機関名	FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA)
所在地	米国ワシントンD.C.
面談者氏名	LEO V. BOSNER, EMERGENCY MANAGEMENT SPECIALIST, RESPONSE AND RECOVERY DIRECTORATE
組織概要	<p>米国における防災体制の強化、災害時の対応、災害復興支援、及び減災対策を行うため、1979年に設立された。常勤スタッフは2,600人で、災害時には4,000人の待機要員が加わる。年間予算は8億ドルで、うち3億7,000万ドルが運営費で、4億3,000万ドルが災害対策費である。FEMAは設立当初は、権限の小さい機関であったが、クリントン政権になって、大統領地元の災害対策官であったウィット氏が長官に就任して以来大統領とのパイプが太くなり、現在では強力な機関となった。</p> <p>米国では、災害対応は、基本的には州レベルで行うが、州での対応が困難な大規模災害の場合は、大統領の承認を得て、米国赤十字と関係28連邦省庁が関与する「連邦災害対応計画」(FEDERAL RESPONSE PLAN)が発動され、この中核を担うのがFEMAである。同計画が発動された場合、予算の配分はFEMAが集中的に行う。</p> <p>災害対応にあたっては、FEMAが地元関係機関や連邦政府のスタッフから構成される100人規模の「災害対応チーム」(EMERGENCY RESPONSE TEAM)が被災地に派遣され、アドミ、ロジ、オペレーション上の支援を行う。その他必要に応じ、支援チームやアセスメントチームも派遣され、現地での災害対応にあたる。要すればFEMAは、大統領権限により、全米のあらゆるリソースを必要なだけ必要な時期に被災地に向ける機能と権限をもっている。</p> <p>このほかFEMAは、メリーランドに訓練センターをもっており、連邦政府、州政府NGO、民間企業の関係者年間1万人を受け入れ、災害管理手法などの研修を実施しており、FEMAは「災害管理の伝道師」とも呼ばれている。</p>
調査結果（質問事項に対する回答等）	<ul style="list-style-type: none"> <li>・ 指揮系統は明確で、FEMAが大統領に連邦対応を申請してから2時間以内に決定が出る。</li> <li>・ FEMAの職員が州政府に出向しており、FEMAと州政府との連携は円滑。 ICSの使用を特に現場レベルで推薦している。</li> <li>・ オペレーションにあたっては、人的ネットワークを重視している。</li> </ul>

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（北米班）

訪 問 日 時	平成9年12月5日（金）午前
機 関 名	PAN AMERICAN HEALTH ORGANIZATION (PAHO)
所 在 地	米国ワシントンD.C.
面 談 者 氏 名	HUGO PRADO, M. D., EMERGENCY PREPAREDNESS AND DISASTER RELIEF COORDINATION PROGRAM
組 織 概 要	<p>WHOのアメリカ地域事務局として機能しているが、設立1902年でWHOより古く、世界最古の国際保健機構。35の中南米・カリブ諸国と欧州3か国が加盟しており、職員は1,200名（半分以上が加盟国に駐在）、年間予算2億2,000万ドル。</p> <p>事業内容は、加盟国の保健分野の防災と災害対応準備のためのガイドラインづくり、研修訓練・公共教育・啓発及び災害発生時の加盟国間の援助調整等である。援助物資受入れの際の調整を行うためのSUMAと呼ばれるソフトウェアを開発しているほか、最近では病院の防災対策や緊急時の対応に関するガイドラインづくりを行っている。</p> <p>基本方針として、災害発生時には外国からの医療チームの派遣は特殊なケースを除いて必要ではないとし、あくまで現地の対応力を高めるための国際協力を重視している。</p>
調 査 結 果（質問事項に対する回答等）	<ul style="list-style-type: none"> <li>・災害発生後の人口の大量移動は避けるべきであり、そのため防疫体制も含めた地域の対応能力を高めるための協力を行うべき。</li> <li>・オペレーションの整合性を保つための研修を20年以上実施している。</li> <li>・すべての災害について疫学的なサーベイランスが必要。</li> <li>・医薬品のガイドラインは、WHOとして作成しており、また修正もしている。また一般物資の管理については、独自にSUMAを開発した。</li> <li>・医薬品の現地への供与についてはガイドラインを作成済み。</li> <li>・技術移転は緊急援助実施後、別途行う。</li> <li>・資機材の通関はPAHOの現地駐在員が行うが、国際機関なので問題はない。</li> <li>・輸送は民間の手段を使う。</li> <li>・PAHOは各援助団体がもてる能力を最大限に発揮し、かつ被災者の利益になるよう調整を行う。</li> <li>・インターネットホームページ（www.paho.org.）により情報公開を行っている。</li> </ul>

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（北米班）

訪問日時	平成9年12月5日（金）午後
機関名	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) BUREAU FOR HUMANITARIAN RESPONSE (BHR) OFFICE OF FOREIGN DISASTER ASSISTANCE (OFDA)
所在地	米国ワシントンD.C.
面談者氏名	KENNETH SECORD, INTERNATIONAL EMERGENCY HEALTH OFFICER KATHLEEN DOWNS, EMERGENCY PUBLIC HEALTH OFFICER
組織概要	<p>OFDAは、アメリカの海外援助機関であるUSAIDの一部局の人道援助局のなかにある食糧援助以外の人道援助（災害及び難民）を行う部署で、職員は国内外合わせて約100名で、USAID全体4,000人の2.5%にあたる。年間予算は1億500万ドルで、9割が難民等の紛争起因による災害援助であり、7割がアフリカ向けである。OFDAは、DARTというアセスメントチームを派遣するほかは、直接援助は行わず、NGO、国連等への補助金により援助を行う。近年は、費用対効果の観点から、緊急対応よりも、災害に対する現地の対応能力を高めるための制度づくりや教育に視点を移したいいわゆる「開発指向の緊急援助」（DEVELOPMENTAL RESPONSE）に重点を置いている。</p> <p>OFDAの特徴は、USAIDの他の部署に比べて、大統領や議会との関係が強く戦略的な災害援助を行う傾向にあることである。例えば、今のイラクで大災害が発生してもOFDAは援助を実施しないと明言している。米国の災害援助のもう一つの特徴は、援助を行う要件として、被災国政府の要請ではなく、当該国のアメリカ大使の要請で行われるということである。ちなみに、2万5,000ドル以内の援助であれば、大使の権限で即実行される。この点から見ても、米国の立場に立った援助の実施形態であるといえる。</p>
調査結果（質問事項に対する回答等）	<ul style="list-style-type: none"> <li>・米大使の災害援助を行うかどうかの判断基準は、①当該国では対応が困難、②被災国政府からの要請があるが援助を拒否しない場合、③米国にとって政治的利害があるかの三つである。</li> <li>・緊急援助はアフリカが中心で、中南米は防災協力に移行。</li> <li>・OFDAは自前の医療チームはもたず、必要に応じて全米20のDMATに資金提供して派遣する。したがって医薬品等も備蓄していない。</li> <li>・疫学的な人材が必要な場合はCDCに派遣してもらう。</li> <li>・救助チームについては、フロリダとジョージアの消防隊に資機材や訓練費用を補助することによって、海外派遣協定を締結している。</li> <li>・災害派遣時の通信手段や方法を統一するため年1回関係機関との会議を行う。</li> <li>・輸送については、民間業者を幅広く入札で決めている。</li> <li>・プラスチックシート以外の備蓄物資は特に仕様を定めず、できるだけ多くの業者から入札している。発電機は備蓄しない。</li> <li>・被災地での物資の分配は行わず、NGOか国連に任せる。</li> <li>・アセスメント、通信、安全管理に関する独自の研修を実施している。</li> </ul>

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（北米班）

訪問日時	平成9年12月8日（月）午後
機関名	CANADIAN INTERNATIONAL DEVELOPMENT AGENCY (CIDA) INTERNATIONAL HUMANITARIAN ASSISTANCE (IHA)
所在地	カナダ国オタワ市
面談者氏名	GINA WATSON, SENIOR PROGRAM OFFICER
組織概要	<p>IHAは、カナダの海外援助機関であるCIDAの一部局で、食糧援助以外の人道援助（災害及び難民）を行う部署で、職員は10名で、CIDA全体1,200人の0.8%である。年間予算は7,400万ドルで、9割以上が難民等の紛争起因による災害援助であり、5割がアフリカ向けである。IHAは、直接援助は行わず、補助金により援助を行う。補助の対象は、UNHCR等の国際機関、CARE CANADA OXFAM、MSF CANADA、WORLD VISION等の主要NGO及び赤十字であり、補助にあたっては、被災国政府の要請は不要で、当該補助対象機関からの要請で足りる。ただし、補助対象プロジェクトに対するモニタリングや会計監査は厳しく実施している。</p> <p>CIDA-IHAの特徴は、USAIDよりさらに補助金事業が中心で自前の活動を行っていないことで、政治的な動機はなく、1996年のキューバのハリケーンにも赤十字を通じた援助を行っている。</p>
調査結果（質問事項に対する回答等）	<ul style="list-style-type: none"> <li>・カナダ国防省と協定を締結しており、輸送手段を軍に提供してもらうこともある。ルワンダ支援では、軍用機による輸送を行った。</li> <li>・現地でのコーディネーションはNGOに任せるが、重複を避けるため、1案件に対し複数のNGOには補助しない。また補助金を出す際、他のNGOなどとの協調を条件とする。</li> <li>・OFDAのような独自のアセスメントチームはなく、DHAレポートを参考にしている。</li> </ul>

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（北米班）

訪問日時	平成9年12月9日（火）午後
機関名	CANADIAN INTERNATIONAL PEACEKEEPING TRAINING CENTRE
所在地	カナダ国ノヴァスコシア州
面談者氏名	ROBERT HAMILTON, VICE-PRESIDENT LANA KAMENNOF-SINE, LIBRARIAN KEN EYRE, DIRECTOR OF RESEARCH AND DEVELOPMENT MICHAEL BRIAN MORRISON, FACULTY
組織概要	<p>PKO要員の育成のためカナダ政府が1994年にカナダ外務省及び国防省の予算により設立された独立法人で、職員は70名（うち6人が軍人）。常勤教官は6名であるが、必要に応じ世界各国から客員教官を招聘している。研修コースは、PKO活動の基本や理念に関するものが中心で、年間16のコース（10日から5週間）、セミナー、最新の話題に関するラウンドテーブルを実施している。コース参加者の1/3はカナダ軍人、1/3は外国の軍人、1/3は民間人（CARE、OXFAM、MSF、UNHCR、CIDA、USAID等）であり、参加者は必ずしもPKO要員で派遣されることは前提としていない。開発途上国からの参加者にかかる費用はカナダ政府が負担することもある。</p> <p>最近の関心事は、無政府状態においていかにPKO活動を実施するかであり、武力の使用に関する議論を行っている。また、研修のポイントは軍と民間人がいかに協力するかであり、研修中は軍人の制服着用は禁止されている。</p>
調査結果（質問事項に対する回答等）	<p>特になし。</p>

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（欧州班）

日 時	平成9年12月3日（水）9：00～10：30
場 所	MÉDECINS DU MONDE（世界の医療団）・フランス／パリ本部
先方出席者	Dr M.BRUGIERE (Directeur General)、P.LEVEQUE (Director of Development)、Dr C.WANDSCHEER (Referent Medical)、E. Fereent (Responsable Logistique)、Gael Austin (日本代表)、長塚修代（開発・メセナ部）
組 織 概 要	<p>組織 1980年のヴェトナム・ボートピープル対応が始まり。約3,000人の専門家ボランティア約200人の専従スタッフ。半数がパリ、残りは国内32の活動拠点に配置。</p> <p>フランス以外にはスペイン、アメリカ、ギリシャ、イタリア、キプロス、スイス、スウェーデンに代表団体。日本、カナダ、ベルギー、オランダに海外事務局。</p> <p>予算 民間からの寄付55%以上。国連、EUからの補助金は全体の45%以下。1996年度は約50億円。</p> <p>実績 1995年に53か国に救援チームを派遣。海外事業の42%が緊急援助に56%が長期開発プロジェクト。</p> <p>仏国家会計監査役協会よりクリスタル賞受賞。</p>
調査結果（質問事項に対する回答等）	<ul style="list-style-type: none"> <li>・ 現行の活動について先方より概要説明。イラン地震の例をあげ医療チームの構成につき確認。</li> <li>・ 他団体との連携状態。</li> <li>・ 自然災害と紛争の境目のときにはどうするのか（戦争に伴う飢餓等）。</li> <li>・ エコとの資金の関係（独自の自立性を民間からの寄付による資金基盤を確保することにより確立している）。</li> <li>・ 災害援助の内容。</li> <li>・ ロジの展開の仕方（通信、運搬の調達方法）。</li> <li>・ 医療スタッフの確保は公衆衛生分野を重視。</li> <li>・ PTSDを諸外国の医師がやることの適切性。</li> <li>・ トリアージ・タッグはNATOと同じ。</li> <li>・ 国内災害時の対応。</li> <li>・ 北朝鮮での対応状況。</li> <li>・ ビル内を見学、個人から寄せられる寄付金をボランティアの婦人が開封している場を訪問。</li> </ul>



緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（欧州班）

日 時	平成9年12月3日（水）11：00～12：15
場 所	SAMU DE PARIS・フランス／パリ
先方出席者	Dr Daniel Janiere
組 織 概 要	<p>組織 国内緊急医療について県単位で編成。パリ市のみを管轄。  SAMUは病院以外で緊急医療を実施しており、警察、消防、外国人対策と並び電話番号15が認知されている。  基本原則は4つ。  緊急援助関係機関の調整、モバイル・インテンシブ・ケアユニット（国内350病院）の有効利用、救急サービスの派遣、病院との連携。  実績 電話対応件数は35万件／年、救急車出動件数は1万5,000件。</p>
調 査 結 果（質問事項に対する回答等）	<ul style="list-style-type: none"> <li>・国内緊急医療活動について先方より概要説明。</li> <li>・15番にかかってきた電話はすべて医師が受け取り、5段階に振り分けて処理する。 <ol style="list-style-type: none"> <li>1) 電話による医師の助言のみ。</li> <li>2) 軽度の医療処置が必要な場合は、消防署員を派遣。</li> <li>3) 一般の救急車の派遣。</li> <li>4) 医師の派遣。医師の訪問診療の意味あいも強い。</li> <li>5) 救命処置のできる救急車の派遣。</li> </ol> </li> <li>・パリ市民700万人に対し、消防士7,000人、救命救急車70台、病院従事者7万人。</li> <li>・救急電話を受けてからのシステムの説明。</li> <li>・緊急医療関係者に対するトレーニングについての説明。  消防士には20～40時間、救急車乗員には400時間の研修実施。  救急車添乗医師は、医学生時代に講義に組み込まれており10～13年の経験医師。</li> <li>・国内での緊急事態が発生した場合は、県、警察、消防、SAMUが協力して対処する体制が整えられている。</li> </ul>

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（欧州班）

日 時	平成9年12月3日（水）15：00～16：15
場 所	MÉDECINS SANS FRONTIERES・フランス/パリ
先方出席者	Bernard PECOUL (Director) Brigitte VASSETTE (Directeur des Operations) ほか1名
組 織 概 要	<p>組織 1971年 ピアフラの赤十字で活動した医療関係者が既存の国際緊急援助の医療部門の脆弱性を課題とし非政府組織として発足。 7か国に支部をもち、各国内スタッフは1,500人。国際スタッフは約2,500人、フィールドに約1,100人（1996）。 予算 2億5,200万ドル（1996）。49%は個人、法人等からの寄付金。残りはECHO、オランダ、EC諸国、UNHCR、アメリカ、ベルギー等からの補助金。 実績 1972年のニカラグアの地震援助に始まり、多数の緊急援助を実施。詳細はACTIVITY PEPORT参照のこと。</p>
調査結果（質問事項に対する回答等）	<ul style="list-style-type: none"> <li>・他のNGOも含めた緊急援助団体との連携。</li> <li>・資金的な独立性はエコーより20%、私企業・個人の寄付が60%。</li> <li>・通関、通信網の確保は常に問題となる。国連が被援助国と暫定的な援助包括協定を結ぶ場合、それを利用する場合もあるが、それが常態とは限らない。</li> <li>・医師資格も例えば、グアテマラは外国人医師が活動禁止であるとか、エチオピアは2か月前の医師資格申請が必要であったり、医療行為が不可能な場合は現地の人を活用することを考えてきた。</li> <li>・トレーニングは医師（1週間）、ロジスティック（2週間）等年間延べ40週間は何らかのトレーニングを行っている。</li> <li>・トリアージはしない。フランス国内では大都市災害がなく、例えば自然災害についてもトリアージをする場合は少し時間が経過してから。</li> <li>・健康システムの樹立にPRIORITYを置いている。</li> <li>・緊急援助の評価はコンサルを雇用する場合もあるが、年に2回パリよりスタッフを派遣し、会計の監査も実施している。</li> <li>・ベルギー、フランス、オランダが大きいそれぞれ独立している。緊急時には協調し、器材の50～60%はボルドー倉庫より持って行く。状況によってUNIPACのコレラキットなど使用している。技術協力はケースバイケースで実施。</li> <li>・参加者の現地滞在期間は25%が6か月、25%が1年間。人道援助の場合のみ長期滞在。活動中のメンタルヘルスは、チームを組んで集団で活動することによりある程度保てる。ボランティアの帰国後のフォローアップは義務ではない。</li> <li>・派遣決定は、MSF本部（パリ）委員会で合議、休日でも決定する。まずはアセスメントチームからの報告で現地の意思決定をある程度尊重する。災害、紛争が発生した場合には全世界70拠点のMSFより現場へ行きアセス。</li> <li>・活動をやっている原動力は好奇心である。そして困っている人がいて、自分の医療技術が役に立つなら、乞われたときは拒絶できない。人間同士の連帯である。</li> <li>・治安の悪い場所で軍に保護を頼むのが良いかは状況次第。</li> </ul>

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（欧州班）

日 時	平成9年12月8日（水）10：00～11：00
場 所	IFRC・スイス／ジュネーブ
先方出席者	Dr Joachim V. Kreysler (Relief Health Officer)
組 織 概 要	
<p>組織 1919年に各国赤十字の平和時の活動を推進するために設立された。国際的な人道土災害援助を調整する。</p>	
調査結果（質問事項に対する回答等）	
<ul style="list-style-type: none"> <li>・ OHPにより緊急援助部門の特にERU (Emergency Response Units) の内容につき詳細にわたり説明。</li> <li>・ アフリカのGREAT TREKなどを見ても分かるように緊急援助については、緊急援助が必要な際に、約15万人ほどを対象人口としてERUのような緊急対応の医療システムをどれくらい早く効率的に立ち上げられるかが重要になる。</li> <li>・ いろいろな援助団体が、その昔カンボディア難民援助のとき、現場に詰めかけ、各団体の行動規範の統一がとれないことがあった。ERUについてはハンドブックを作成し、どのERU（各国よりの参加）でも現場での対応状態の基準ができるようにしている。</li> <li>・ スコットランド、アメリカの大学で緊急援助の医療（PHCも含む）知識を習得するコースもある。</li> <li>・ 自分自身も以前WHOの所属であった。緊急災害援助時の基本携行薬剤についてはWHO、MSF、UNHCRなどの機関と不定期ではあるが内容を見直している。ただし、高度な機材の供与は考慮すべきで、過去に地震があり透析機材が医師が不足のために使用できなかった例もある。</li> <li>・ 災害現場で携行した薬剤の先方への供与は、WHOのGudelins for Drug Donations (WHO/DAP/96.2) に従っている。</li> <li>・ ルワンダ難民援助時のビデオ</li> </ul>	

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（欧州班）

日 時	平成9年12月5日（金）9：00～12：15
場 所	MÉDECINS SANS FRONTIÈRES LOGISTIQUE・フランス／ボルドー
先方出席者	Dr Frederique MARODON (Director General) Eric BERTIN-MAGHIT (DIRECTEUR Adjoint) ほか2名
組 織 概 要	<p>組織 1986年設立。非利益・非政府組織で自然災害及び人災に対し、医療等の緊急機材を供給する。供給対象先はMSFだけでなく、OXFAM、UNHCRなどにも提供している。 7部門がある。組織図添付。</p>
調査結果（質問事項に対する回答等）	<ul style="list-style-type: none"> <li>・ 資金的な独立性はエコーより20%、私企業・個人の寄付が60%。</li> <li>・ 通関、通信網の確保は常に問題となる。国連が被援助国と暫定的な援助包括協定を結ぶ場合、それを利用する場合もあるが、それが常態とは限らない。</li> <li>・ 医師資格も例えば、グアテマラは外国人医師が活動禁止であるとか、エチオピアは2か月前の医師資格申請が必要であったり医療行為が不可能な場合は現地の人を活用することを考えてきた。</li> <li>・ トレーニングは医師（1週間）、ロジスティック（2週間）等年間延べ40週間は何らかのトレーニングを行っている。</li> <li>・ トリアージはしない。フランス国内では大都市災害がなく、例えば自然災害についてもトリアージをする場合は少し時間が経過してから。</li> <li>・ 健康システムの樹立にPRIORITYを置いている。</li> <li>・ 緊急援助の評価はコンサルを雇用する場合もあるが、年に2回パリよりスタッフを派遣し、会計の監査も実施している。</li> <li>・ ベルギー、フランス、オランダが大きいそれぞれ独立している。緊急時には協調し、器材の50～60%はボルドー倉庫より持って行く。状況によってUNIPACのコレラキットなど使用している。技術協力はケースバイケースで実施。</li> <li>・ 参加者の現地滞在期間は25%が6か月、25%が1年間。人道援助の場合のみ長期滞在。活動中のメンタルヘルスは、チームを組んで集団で活動することによりある程度保てる。ボランティアの帰国後のフォローアップは義務ではない。</li> <li>・ 派遣決定は、MSF本部（パリ）委員会で合議、休日でも決定する。まずはアセスメントチームからの報告で現地の意思決定をある程度尊重する。災害、紛争が発生した場合には全世界70拠点のMSFより現場へ行きアセス。</li> <li>・ 活動をやっている原動力は好奇心である。そして困っている人がいて、自分の医療技術が役に立つなら、乞われたときは拒絶できない。人間同士の連帯である。</li> <li>・ 治安の悪い場所で軍に保護を頼むのが良いかは状況次第。あまり軍に近いと反対勢力に狙われることもある。</li> </ul>

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（欧州班）

日 時	平成9年12月8日（水）13：45～14：40
場 所	WHO EMERGENCY AND HUMANITARIAN ACTION (EHA)
先方出席者	喜多悦子（緊急援助部課長、Chief, Field Support and Logistics, Division of Emergency and Humanitarian Aid）、安川隆子（Medical Officer, Inter-agency cooperation）
組織概要	<p>組織 1946年ニューヨークの国際保健会議にて設置が決定。本部はジュネーブで職員数は4,000人。当セクションはWHOの100ある部署のうちの一つ。スタッフ数は30名。（1988年に設立）</p> <p>予算 1996年予算は250万ドル。ただし、各国よりの拠出、物資協力の金額が2,500万ドル。上位国はイタリア、スウェーデン、英国等。裨益地域上位は、ボスニア・ヘルツェゴヴィナ、ユーゴスラヴィア緊急援助、イラク。</p> <p>機能 各国政府の保健サービスへの協力、目的はすべての人々が可能な限り高位の保健サービスを楽しむこと。</p>
調査結果（質問事項に対する回答等）	<ul style="list-style-type: none"> <li>・国連の名の下、緊急災害援助時に軍とどのように連携するかは、MCDCの会議でヨーロッパ諸国は数年前よりNATO軍の有効利用もあり、全体で議論を進めてきている。Complex Disasterは地の利を得ていないと有効な活動はできない。ただし、Natural Disasterの場合、国の機構が破壊されても軍は有効である。Complex Disasterへ医師を派遣するのは時代遅れの考え方。どのようなチーム構成で出すのか。自分（喜多）がアフガン難民をやったときは、医療だけでもプロジェクト運営できない医師は意味をもたなかった。</li> <li>・今後外科医主体のJMTDRは変えていくべき。水供給とロジスティックの時代ではないか。</li> <li>・ルワンダ難民の際は、日本のNGOの質が問われた。まずおみやげ（機材）がない、語学力、Public Healthができる人が少ない、新人が多い。</li> <li>・医師が派遣される機会が少ないということであればWHOとの連携で感染症の医師を出すことを考えたかどうか。亡くなった今川先生のような人材が必要。国全体でそのような人材を育成することが重要。</li> <li>・緊急援助の分野では通信、薬剤の標準化が課題で、過去エボラ出血熱対策のときは効果を上げた。</li> <li>・人道援助においては、地域が限定的（1国内）か、国境にまたがっているかで対応が変わる。</li> <li>・国連人道問題援助局も国連改革により組織改編の対象になり、災害情報（Relief Wave）の発出も継続が危ぶまれているらしい。</li> <li>・難民の出自はヨーロッパのユダヤ難民に求めることができ、ヨーロッパでは難民に対し援助する基本姿勢ができていないのではないか。</li> </ul>

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（欧州班）

日 時	平成9年12月8日（水）16：00～17：20
場 所	ICRC（赤十字国際委員会）
先方出席者	Dr. ベラン（医療部）、Ms. C. Dominice（External Ressources Dept.）
組 織 概 要	<p>組織 1859年の北イタリア・ソルフェーノの戦いでスイス人アンリ・デュナンが医療サービスの欠如による悲惨な光景を目撃。その問題意識を受けて1863年にジュネーブにて16か国の政府代表及び慈善4団体が「戦傷者の救済に関する国際会議」で集結した。1864年にはジュネーブ議定書が締結。非政府組織であるが国際的な法的人格を認められ外交特権も有する。</p> <p>1990年には国連のオブザーバー資格を、ICRCは1989年のIFRCとの協議の結果、武力紛争にて中立的な役割を担い、IFRCは大規模災害の救援援助を調整することとなった。</p> <p>本部をジュネーブに置き、執行部は25のスイス人により構成される。</p>
調査結果（質問事項に対する回答等）	<ul style="list-style-type: none"> <li>・先方より組織の概要について説明あり。</li> <li>・ICRCはIFRCと違い人道援助が援助対象に入っている。</li> <li>・医療協力ももちろんだが、人権問題、武力紛争による難民を対象とするため政治的中立性を保つことが重要。</li> <li>・活動先での機材の通関等は赤十字は外交特権を有しており問題となったことはない。ただし、通信については、使用周波数の問題もあり、常に相手国政府との交渉が必要、問題となる事例はあるがそれは当然のこと。</li> <li>・ヨーロッパの航空会社、航空輸送会社と通常より緊急機材の輸送で契約しており、ケースバイケースで使用会社を決定している。アフリカ地域での緊急援助時などは、現地（例えばルワンダだったら、ケニア・ナイロビのチャーター会社）のパイロットが飛行先の治安状況も含み考慮し、機材を届けるかどうか決定する状況もある。</li> <li>・（JICAは紛争対応の緊急援助に対しどのようなことができるのかとの質問が先方よりあり）佐々木局長より、基本的に国際緊急援助隊は現在、自然災害のみの対応であり、将来的に国際機関、NGOとの連携も含め、新たな分野に活動領域を拡大できるかを検討中。今回の訪問もその一環。</li> </ul>

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（欧州班）

日 時	平成9年12月8日（水）13：30～16：30
場 所	UNICEF（ユニパック・ユニセフ物資調達部）・デンマーク／コペンハーゲン
先方出席者	S. W. Jarrett (Deputy Director Supply, Supply Division)、O. Boye (Shipping Officer & Emergency coordinator)、S. Monsted (Chief, Warehouse & Logistic Center)
組 織 概 要	<p>組織 1972年にデンマーク政府より土地、建物が無償でUNICEFに貸与。UNICEF用物資の専用管理倉庫とし事業を開始。1975年に大倉庫をニューヨークとジュネーブの資材調達部を統合しコペンハーゲンのFREE PORT地域に設置した。各国政府、国際機関、NGOより発注を受け緊急の場合は24時間以内に40tの機材、薬品等を目的地まで送る運営体制にある。機能としては各種機材薬品の調達、購入、備蓄、輸送。</p> <p>JICAは平成2年より緊急援助隊、その後医療関係事業部が物品の購送を依頼している。事務部門173名、倉庫部門36名。国連の財政削減の影響でリストラ中。</p> <p>実績 1996年度の取扱高は2万9,900万ドル。取り扱い注文件数約2万7,000件（調達、輸送含む）。</p>
調査結果（質問事項に対する回答等）	<ul style="list-style-type: none"> <li>・ UNIPACの備蓄倉庫を視察、倉庫責任者より機材、薬品の備蓄、パッキング、調達体制につき説明があった。</li> <li>・（UNICEFが一元的に緊急援助用の機材、医薬品を供給する体制が望ましいのではないかとこの当方の質問に関し）それぞれの援助団体が、緊急援助用のキットを開発していることは活動の独自性を確保するため重要。ただし、WHOのEssential Drugが代表的なものであるが、他の団体のキット内容も類似の内容になってきているのは緊急援助に必要な薬剤について暗黙の合意が形成されているようで興味深い。</li> </ul> <p>UNIPAC側は、特にすべての機材を独占的に供与することを目標にはしていない。今後は、情報を一元化して、緊急援助の際は、どのような機材、薬品がどのようなメーカーからどのようなコストと時間で調達し、現地へ輸送できるかという情報を管理することを目標にしていきたい。物資より情報を備蓄したい。</p> <ul style="list-style-type: none"> <li>・ 緊急輸送には現在の場所に不都合は感じていない。東南アジアに別拠点を設けるより現在の倉庫の体制を強化することが重要。将来的には、可能な限り備蓄在庫を減らし、費用の面で、節約するためには特に薬剤などは現地調達が望ましい。インドなどで既に実施している。</li> <li>・ 年間に廃棄薬剤は、2,000万USドル。</li> <li>・ 北欧が人道援助に熱心なのは、歴史的に植民地をもっておらず、小国であったため周囲の国と協調をしなければ国家として生き残りができなかった点がある。</li> <li>・ JICAに対しては良い協力関係にあると認識している。</li> </ul>

緊急災害医療援助の実施体制・手法に係る調査研究 海外調査記録（欧州班）

日 時	平成9年12月9日（火）10：00～11：00
場 所	DANISH RED CROSS・デンマーク／コペンハーゲン
先方出席者	S. Melchior-Tellier (Head of International Section)
組 織 概 要	
調査結果（質問事項に対する回答等）	<ul style="list-style-type: none"> <li>・二国間と多国間援助をやっている。分野は保健医療で公衆衛生分野が80％。</li> <li>・緊急援助と開発プログラムが主体で、災害援助のCapacity Buildingと援助の際の業務レベルの平準化。</li> <li>・1996年の実績は40か国で150チームが活動。援助実績額1億5,000万クローネ（約30億円）。援助物資（毛布、テント）の供与も行っている。</li> <li>・紛争の場合はICRC、その他はIFRCよりの要請に応じ対応。ERU（Emergency Response Units）機能をもっている国は現在11か国。IFRCの調整下でデンマーク人のリーダーでチームを派遣する。他国と現場で協調する場合の問題点は、医療の技術面よりは文化面。デンマーク語が国際的に話されていないことやデンマーク人の国民性（上意下達になじまない階級を嫌う）。</li> <li>・医療チーム研修は基礎的な5日コース。デンマークとして特色があるのは、PTSDを扱うコースを設けている点。</li> <li>・子供のころから人道援助の必要性のキャンペーンも赤十字で展開している。ただし詳細不明。</li> <li>・過去に国内の緊急時対応を想定し、運転免許の取得の際、赤十字の提案で救護プログラムを入れてもらったことがある。</li> <li>・北朝鮮において他の機関と連携援助した。</li> </ul>



## QUESTIONNAIRE

\*OUTLINED BELOW IS THE CONCRETE SUBJECTS OF OUR QUESTIONNAIRE TO BE COVERED IN THE MEETING WITH YOU. YOU ARE FREE TO RESPOND TO ONLY WHERE APPLICABLE.

### (INTERNATIONAL DISASTER RESPONSE AND PREPAREDNESS)

Q1 PLEASE DESCRIBE AN INSTANCE, IF ANY, WHERE YOUR ORGANIZATION EXPERIENCED A JOINT OPERATION IN OVEASEAS MEDICAL RELIEF WITH OTHER AID ORNANIZATION. TELL US IF YOU FACED ANY OPERATIONAL PROBLEMS. WHAT IS YOUR POLICY AND PLANS IN COORDINATING RELEIF ACTIVITIES WITH OTHER MEDICAL AID TEAMS?

Q2 WHAT IS A TYPICAL FORMATION OF A MEDICAL RELIEF TEAM?(IN THE CASE OF THE JAPAN DISASTER RELIEF TEAM, A TEAM OF THREE DOCTORS, SIX NURSES AND THREE LOGISTICIAN IS ORGANIZED TO COPEWITH A MINIMUM SCALE OF A DISASTER.) HOW DO YOU PREPARE AND MANAGE RELIEF OPERATIONS IN TERMS OF RECRUITMENT OF PERSONNEL AND PROCUREMENT OF DRUGS, MEDICAL SUPPLIES AND OTHER EQUIPMENT?

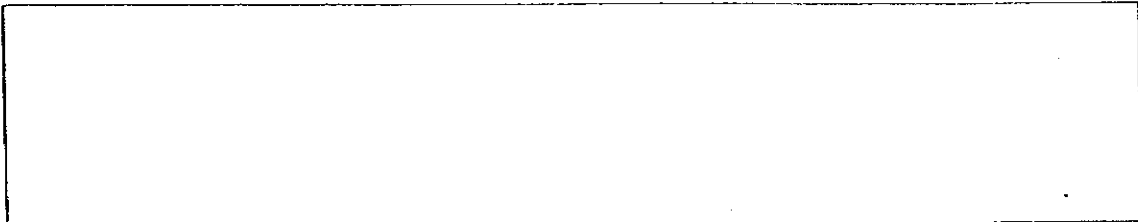
Q3 WHAT IS YOUR STRATEGY IN COPING WITH MASS MIGRATION AND INFECTIONS OF DISASTER-AFFECTED PEOPLE?

(STANDARDIZATION OF MEDICAL AND OPERATIONAL METHODOLOGIES)

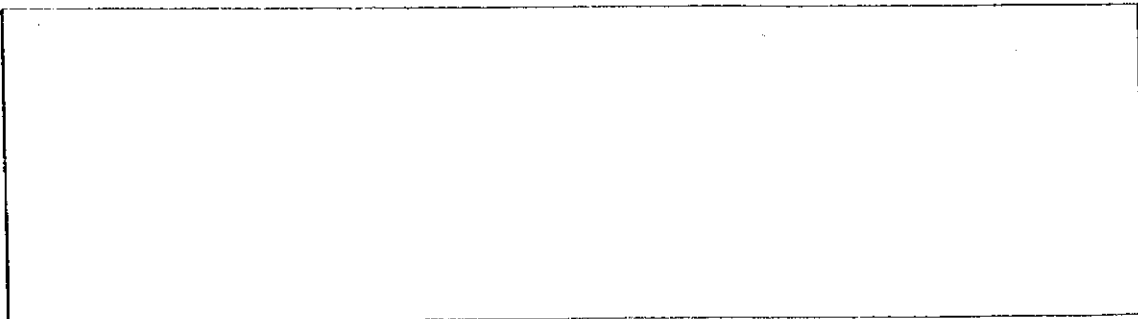
Q4 PLEASE EXPLAIN THE SITUATION AND YOUR EFFORTS IN STANDARDIZING OPERATIONAL METHODOLOGIES IN TERMS OF RELIEF POLICIES, TRIAGE, FIRST AID AND LIFE SUPPORT, EVACUATION, HOSPITALIZATION AND STABILIZATION?



Q5 WHAT IS YOUR POLICY IN MAINTAINING COMMONALITY AND INTEROPERABILITY WITH OVERSEAS MEDICAL SERVICES?



Q6 IN YOUR OVERSEAS MEDICAL RELIEF OPERATIONS HOW DO YOU INCORPORATE EPIDEMIOLOGICAL ASPECTS OF A DISASTER? HOW DO YOU TRY TO PROVIDE PUBLIC HEALTH SERVICES IN THE LOCAL CONTEXT? HOW DO YOU EVALUATE THE HEALTH CONDITIONS OF A POPULATION AFFECTED BY A DISASTER? HOW DO YOU COLLECT STATISTIC AND NUMERICAL DATA TO ASSESS HEALTH SITUATIONS AFTER A DISASTER INCIDENT?



(STANDARDIZATION OF MEDICAL SUPPLIES AND EQUIPMENT)

07 PLEASE EXPLAIN THE SITUATION AND YOUR EFFORTS IN STANDARDIZING MEDICAL AND OTHER OPERATIONAL EQUIPMENT IN TERMS OF SPECIFICATIOIS, STOCKPILING AND REPLENISHMENT/PROCUREMENT. DO YOU HAVE STANDARDIZED MODULES IN EQUIPMENT? DO YOU RE-USE CASING AND PACKAGIG MATERIALS FOR ORERATIONAL PURPOSES?

08 REGARDING MEDICAL DRUGS AND SUPPLIES, DO YOU CONSIDER CONFORMITY WITH OTHER AID ORGANIZATIONS AND HOW DO YOU CONSIDER LOCAL LEVELS OF MEDICAL CARE IN SELECTING ITEMS OF DRUGS AND SUPPLIES. DO YOU NORMALLY DONATE UNUSED DRUGS AND SUPPLIES TO THE LOCAL HOSPITALS?

09 DO YOU CONSIDER TRANSFERRING TECHNIQUES FROM YOUR MEDICAL STAFF TO LOCAL STAFF DURING RELIEF OPERATIONS IN THE DEVELOPING COUNTRIES? IF SO, HOW DO YOU DO IT?

(OPERATIONAL PROCEDURES AND COORDINATION)

Q10 HOW DO YOU OBTAIN PERMISSION TO ENTER INTO THE DISASTER-HIT COUNTRY AND TO CARRY OUT AID ACTIVITIES OR NOT?

Q11 HOW DO YOU MANAGE CUSTOMS PROCEDURES IN TRANSPORTING VEHICLES AND EQUIPMENT TO THE DISASTER-HIT COUNTRY? DID YOU FACE ANY TROUBLES SO FAR?

Q12 HOW DO YOU MANAGE AIR TRANSPORTATION OF YOUR AID PERSONNEL AND EQUIPMENT?

Q13 IN COORDINATING AID ACTIVITIES WITH OTHER DONORS OR LOCAL AID AGENCIES, DO YOU CONSIDER DEMARCATIONS IN THE SCOPE OF ACTIVITIES, SHARE MEDICAL DRUGS SUCH AS ANTI-MALARIA DRUGS, JOINTLY OPERATE QUARANTINE SERVICES, OR JOINTLY TRANSPORT INJURED PEOPLE?

**(INFORMATION NETWORK)**

Q14 PLEASE EXPLAIN HOW YOU CO-ORDINATE ACTIVITIES BOTH AT HOME AND ABROAD BETWEEN GOVERNMENTAL AND NON-GOVERNMENTAL AGENCIES. PLEASE PROVIDE, IF ANY, A LIST OF EMERGENCY AID ORGANIZATIONS YOU KEEP IN TOUCH WITH.

Q15 HOW DO YOU ESTABLISH AND MAINTAIN COMMUNICATION NETWORKS WITH OTHER DONOR AGENCIES AND LOCAL AID AGENCIES BOTH AT THE TIME OF EMERGENCY AND NON-EMERGENCY? WHAT IS THE MEANS, FREQUENCIES AND FORMAT OF COMMUNICATIONS BETWEEN THE HOME OFFICE AND AID PERSONNEL DISPATCHED TO THE DISASTER AREA? DO YOU HAVE AN INFORMATION CENTER TO GATHER AND SHARE INFORMATION WITH OTHER DISASTER RELIEF AGENCIES?

**(TRAINING AND EDUCATION OF RELIEF PERSONNEL)**

Q16 PLEASE DESCRIBE YOUR TRAINING PROGRAMS FOR MEDICAL AID PERSONNEL IN TERMS OF TRAIGE, TRANSPORTATION, POLICIES OF MEDICAL TREATMENT AND CHAIN OF COMMAND? WHAT ARE YOUR TEACHING TOOLS?

(OTHER CONCERNS)

Q17 HOW DO YOU EVALUATE YOUR AID PERFORMANCE? PLEASE PROVIDE, IF ANY, FORMAT OF EVALUATION. DO YOU STANDARDIZE SUCH FORMAT WITH THAT OF OTHER AID AGENCY'S?

Q18 DOES YOUR ORGANIZATION CONFORM TO THE CODE OF CONDUCT SET FORTH BY IFRC?

YES  NO (REASON:

Q19 HAVE YOU EVER INTRODUCED "INCIDENT COMMAND SYSTEM" IN JOINT OPERATIONS WITH OTHER AID AGENCIES? IF SO, DID IT WORK? OR HAVE YOU HAD ANY PROBLEMS?

THANK YOU VERY MUCH FOR YOUR COOPERATION. PLEASE PROVIDE US WITH THE FOLLOWING MATERIALS, IF POSSIBLE, FOR OUR REFERENCE.

- TEXTBOOKS AND MANUALS FOR TRAINING
- SAMPLES OF TRIAGE TAGS IN USE
- OPERATION MANUALS
- LIST OF PARTNER ORGANIZATIONS
- PUBLICISED REPORTS AND BROCHURES
- FORMAT FOR AID PERFORMANCE EVALUATION

PLEASE DESCRIBE THE PROFILE OF YOUR ORGANIZATION. ( YOU CAN SUBSTITUTE PUBLICIZED MATERIALS SUCH AS BROCHURES AND REPORTS FOR THE ANSWERS. )

NAME OF ORGAIZATION			
ADDRESS			
TYPE		<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> NON-GOVERNMENTAL <input type="checkbox"/> OTHERS	
CONTACT PERSON	NAME		
	TITLE/POSISTION		
	TEL/FAX/E-MAIL		
MISSION STATEMENT			
NUMBER OF STAFF		PERMANENT    NON-PERMANENT    VOLUNTARY	
	ADMINISTRATIVE		
	MEDICAL		
	LOGISTICS		
	TOTAL		
BUDGET FOR THE LATEST YEAR ( MONTH/YEAR~ MONTH/YEAR)		GOVERNMENT    NON-GOVERNMENT    OTHERS	
	ADMINISTRATIVE		
	ORERATIONAL		
	TRAINING		
	TOTAL		
PEFORMANCE IN RECENT YEARS	MONTH/YEAR	COUNTRY	NAME OF DISASTER

(1) CARE

## CARE USA

### GENERAL INFORMATION

#### 1) Background/History

Originally established in 1946 for the limited purpose of remitting CARE packages to World War II survivors, CARE (aka the Cooperative for Assistance and Relief Everywhere) is now one of the world's foremost providers of relief and development services.

CARE USA is the largest and original member of CARE International, a confederation of ten member organizations in Europe, Japan, Australia and North America. Our mission is to affirm the dignity and worth of individuals and families in some of the poorest communities of the world. We seek to relieve human suffering, provide economic opportunity, build sustained capacity for self-help and affirm the ties of human beings everywhere.

CARE USA's annual support and revenue is approximately \$400 million. A significant portion of our work consists of the shipment and distribution of food surpluses to food-insecure regions in the developing world. CARE also implements programs in health, family planning and nutrition; agriculture and natural resources; small business promotion; and girls' education (*see attached "1996 Facts" Summary briefly describing CARE's programs*). We are active across the spectrum of humanitarian assistance — from relief in crises to rehabilitation/recovery to household/community-level development. Working with local partner organizations, often community-based, CARE supports processes that create competence and become self-sustaining over time.

CARE employs about 250 people in the United States and about 10,000 worldwide. In the United States, CARE's headquarters are in Atlanta. We operate fundraising offices in twelve locations around the United States and missions in over 60 countries throughout Africa, Latin America and Asia/Europe.

#### 2) Major Areas of Activity (Fiscal Year 1996)

Emergency Response	20%*
Health/Nutrition/Family Planning	40%
Agriculture/Natural Resources	25-30%
Small Economic Activity Development	5-10%
Girls' Education	<5%

\* These percentages, particularly the emergency response figure, fluctuate from year to year. Resources dedicated to emergency response vary — generally anywhere from 20-40% — depending on the number and duration of natural disasters and man-made conflicts around the world.



3) Selected Financing Mechanisms (FY96)

	<u>Income</u> \$	<u>Expense</u> \$
Government Contract/Grant Applications or Proposals *	139,657,000	
Direct Mail**	20,433,000	8,450,606
Special Events	4,159,000	1,344,000
Foundation Grant Proposals***	1,075,000	
Consumer/Cause-Related Marketing	270,000	97,000
Telemarketing	267,000	105,394

\* This is CARE's most significant funding mechanism. As the majority of these funds are raised by our country offices overseas, it's hard to estimate associated costs.

\*\* This includes both periodic solicitations as part of the normal course of business and special appeal mailings when emergencies arise.

\*\*\* We do not have information on costs associated with money raised from private grant-making bodies.

4a) Total Budget (FY96)

<u>Actual Expenditures</u>	<u>% of Expenditures</u>	
	HQ	Program
\$367,166,000	9%	91%

4b) Areas of Expenditure (FY96)

Program	91% (of which 80 % development and 20% emergency)
Marketing	4%
Management and General	4%
Public Information	1%

4c) Sources of Funding (FY96) \*

	% of Total
U.S. Government	59
Private Individual	13
Other Bilateral Government	10
Host Government	8
Multilateral Government	5
Corporate	2
Foundation	< 1

\* Figures are approximate, as these categories of sources do not match the categories by which CARE normally breaks down its funding. In addition, these figures include the value of agricultural commodities delivered by CARE (and mainly supplied by the US Government). If one were to examine cash/cash contracts only, the breakdown would be significantly different, with roughly 35-40% US Government, 20% Private Individual, 15% Other Bilateral Government, 10-15% Host Government, 5-10% Multilateral Government, 3% Corporate, and 1% Foundation.

5) Funding Trends

	FY96	FY95	FY94	FY93	FY92
	Actual	Actual	Actual	Actual	Actual
Total Revenue	\$372 mil.	\$458 mil.	\$400 mil.	\$451 mil.	\$432 mil.

The decrease in FY96 funding reflects, as explained in the answer to #2 above, a decline in emergency resources. This component of CARE's budget will fluctuate significantly from year to year. In terms of general trends, we have not had any major swings in our sources of support over the past few years. Apart from agricultural commodities, US government funding has remained fairly stable (if not increased) in recent years - although we are preparing for a possibly significant decline in the near term. On the private side, we anticipate and are beginning to see evidence of growth in corporate donations, foundation giving and private individual support worldwide.

## VIEWS ON SPECIFIC ISSUES

### **1) Are current funding levels sufficient to meet current humanitarian needs? Are existing funding mechanisms likely to provide adequate resources for future needs?**

Generally, when humanitarian crises erupt and media attention soars, short-term funding is sufficient to meet emergency needs. The importance of making the headlines cannot be overstated. Many devastating natural disasters, for example, receive scant attention and thus minimal assistance from external donors. In addition, funding levels often vary depending on the self-interest of donor countries. The United States' response to the crisis in Haiti, with the threat of a massive influx of refugees, is a case in point. Even where there is media coverage and sufficient self-interest on the part of donors, financial assistance is almost always short-lived.

In answering this question, one must consider the different phases of humanitarian crises. Problems arise when time passes and the story is no longer newsworthy or, alternatively, when a crisis looms but has not yet fully materialized. Often, when a region or country is moving from an emergency situation to a rehabilitation phase, media attention and support from the international community wanes. The same can be said for the mitigation phase, or the period leading up to a crisis, when all signs are pointing to an impending disaster but the outside world pays little attention. The international community rarely has the foresight to invest heavily in a region or country to prevent or mitigate catastrophes. CARE is deeply concerned about this trend and would like to see more resources devoted to meeting humanitarian needs in the mitigation and rehabilitation phases.

### **2) How do current funding patterns affect the capacity of humanitarian assistance providers to meet humanitarian needs effectively and efficiently?**

The tendency of donors to invest heavily only once a crisis has peaked and, then, only for the short term is problematic. As indicated above, the most effective and efficient humanitarian assistance is provided well in advance of and well after humanitarian disasters are in the spotlight. Donors need to examine the impact per dollar spent of their money. If they are only moved to extend funds in peak emergency periods, this ratio will be low. Driven by media focus/public awareness, vast amounts of money pour into refugee camps in order to preserve life; one can only imagine what such funds might accomplish if invested, with foresight, into building local capacity for self-help. The largest potential return on investment comes from strategic and substantial funding of countries that are in danger of slipping into crisis or for those that are struggling to emerge from crisis. It is widely accepted that community-based development and the growth of civil society in these periods is absolutely critical. Yet it is precisely at these moments that the well tends to be dry and humanitarian assistance organizations like CARE are forced to limit the size and scope of our programs.

The US Agency for International Development, for example, is now allocating more money to emergencies and less to development. This is worrisome if the donor community continues to define "emergency" in the narrow sense and fails to invest in potentially high-return mitigation

and rehabilitation. The emphasis should be on the prevention of full-blown emergencies, wherever possible.

**3) What are the most promising ideas for ensuring predictable and adequate sources of funding?**

Education -- both of government agencies and the general public -- on the distinction between emergency assistance, on the one hand, and support for mitigation and rehabilitation, on the other, is vitally important. Governments have a tendency to gear up only when crises reach a certain magnitude; and the fundraising arms of humanitarian organizations often raise significant (if only short-term) funds by preying on the donor public with graphic images of suffering and desperate need. People need to understand better the importance of looking at the larger context/the longer-term issues. In this vein, CARE and its peer organizations should make a concerted effort to circulate/publish stories on how strategic mitigation or rehabilitation programs have paid off and compare them to situations where we were unable to secure funding and things deteriorated. People need to expand their understanding of what constitutes an "emergency." Once a country is in significant danger of deteriorating without additional support, the time is right for emergency special appeals. We have to state the best case possible -- with government counterparts and the general public -- for preventive action.

An idea for government donors -- both at the bilateral and multilateral levels -- would be the creation of special reserve funds designated exclusively for strategic mitigation and rehabilitation efforts in developing countries. Fund managers should be constantly on the lookout for investments that will help, in vulnerable regions, to stave off emergencies and promote long-term development. This idea needs greater attention and financial backing among foreign assistance agencies. The US Agency for International Development has an Office of Transitional Funding (within the Office of Foreign Disaster Assistance), but it is not a primary focus. Similarly, a promising idea for private organizations like CARE is the raising of endowment funds specifically dedicated to mitigation and rehabilitation.

**4) What elements of a resource infrastructure (e.g., security force, mobile headquarters, reserve personnel) would best contribute to improved planning and preparedness capabilities?**

For CARE, the key elements that contribute to improved planning and preparedness capabilities are our emergency roster of qualified, well-trained staff, a range of essential materials and equipment to deploy on call, and sufficient financial resources at our immediate disposal. On the last element, CARE is building an emergency response fund. The goal is to have at least \$750,000 annually to draw upon, as needed, in times of emergency. Replenishment comes primarily through contract money and special appeals. With respect to a security force, CARE has satisfactory arrangements with private firms, when their assistance is needed, and we are currently working with peer organizations to develop security guidelines for emergency operations. As regards mobile headquarters, CARE already possesses a network of over 60

country offices overseas (and, taken together, hundreds of field offices within those countries). This local presence is invaluable for the effective delivery of our emergency assistance.

**5) What other issues would you find it useful to address in the background paper and subsequent meeting?**

Issues that need to be addressed include:

- *The Moral Dilemma*: The compelling desire to meet the immediate, basic needs of (particularly) women, children, and the elderly, tempered by a growing awareness of and discomfort about how NGOs and the emergency assistance they provide can prop up combatants and fuel ongoing conflict. When should refugee camps be closed? When should NGOs refuse to work in such camps? How long should the NGO community stay?
- *Coordination and Collaboration Among NGOs*. Where are there problems? What can be done to promote complementary, coordinated efforts?
- *Coordination and Collaboration Among the Different UN Agencies in the Developing Parts of the World (DHA, UNHCR, etc.)*. What are the different roles/mandates? Are they clear and complementary? Are they supportive of developmental goals?
- *Collaboration Between the Various UN Agencies and NGOs*. Where are there shortcomings? What can be done to improve the situation?

# **SUMMARY 1996 FACTS**

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☞ CARE touched the lives of 25,042,464 people -- 19,689,535 direct beneficiaries and 5,352,929 indirect beneficiaries. Indirect beneficiaries are individuals -- often family members -- who benefit from a CARE project but are not directly involved in its activities.

☞ In 1996, CARE worked in a total of 63 countries.

☞ **HEALTH, WATER AND SANITATION AND POPULATION:** In 128 health-related projects in 40 countries, 4,872,906 people were beneficiaries of CARE's activities in water and sanitation, primary health care, maternal and child health care and AIDS. In addition, 66,191 local community health workers were trained in family planning counseling, operation and maintenance of water and sanitation systems and children's health and nutrition.

☞ **EMERGENCY:** In 55 projects in 25 countries, 3,878,378 people were directly assisted with food, water, sanitation services, health care, shelter and other basic supplies. An additional 2,168,110 people indirectly benefited from CARE's emergency relief efforts.

☞ **FOOD:** In 18 projects in 8 countries, 10,047,921 direct beneficiaries received food through programs in school feeding, food-for-work and community kitchens. An additional 3,144,668 people indirectly benefited from CARE's feeding projects.

☞ **AGRICULTURE AND NATURAL RESOURCES:** In 70 projects in 25 countries, 704,922 farmers participated in agriculture and natural resource activities, including agroforestry, improved crop techniques, integrated pest management, soil conservation, irrigation and livestock raising.

☞ **SMALL ECONOMIC ACTIVITY DEVELOPMENT:** In 52 projects in 23 countries, 107,235 people participated in CARE's projects in credit, savings and income-generating activities.

☞ **EDUCATION:** In 15 projects in 10 countries, 11,982 people were directly assisted and an additional 40,151 were indirectly assisted.



# **CARE International UK**

**START-UP AND EMERGENCY KITS CATALOGUE**

**CARE International UK  
36-38 Southampton Street  
London  
WC2E 7AF**

**Tel. ++ 44 171 379 5247  
Fax. ++ 44 171 379 0543  
Email [eames@uk.care.org](mailto:eames@uk.care.org)**

## KIT ORDER FORM

Kit Group											Notes
<b>Accommodation</b>	Food		Survival Kit		Bedding		Kitchen			Furnishing	Survival kit is for 2 persons, all other kits would be needed for a team of four
Number of kits required											
<b>Computer &amp; Printer</b>	Laptop Computer		Printer		Cables						All items will normally be required
Number of kits required											
<b>Digital &amp; Video Camera</b>	Camera kit		Video Camera								Order as required
Number of kits required											
<b>Office Equipment</b>	MIN	BAS	VIS	COP	CON	CAM					See guidelines before ordering
Number of kits required											
<b>Power &amp; lighting</b>	LTS	GEN	LAS	LTM	REG	CUT					See guidelines before ordering
Number of kits required											
<b>Landrover</b>	Basic	Snow Chains	Fuel Heater	Sand/mud Ladder	Spare pack "B"	Spare pack "C"	Mechanics tool kit	Michelin XCL	Michelin XS		Specify if Vehicle is to be used in tropical or arctic type conditions
Number of kits required											
<b>VHF Radio</b>	BAS		MOB		HAN						Short range communications
Number of kits required											
<b>HF Radio</b>	BASE		MOBI								Long range communications
Number of kits required											
<b>Warehouse &amp; Distribution</b>	BAS		SCA		TNT		PRO				See guidelines before ordering
Number of kits required											
<b>Water Supply</b>	OXR10		OXDIST		OXPMIP2						Water storage, pumping & distribution
Number of kits required											
Name and Title of Authorising Person:-						Signature					
Fax or "E" Mail completed Order Form to:-						Funding Account No.					
Jeff Eames			eames@uk.care.org			Consignee Address:-					
CARE International UK											
36-38 Southampton Street			fax 0171 379 0543								
London WC2E 7AF											



Brief description of kit contents and guide to ordering

**Accommodation Kits**

stock item

**Food**

Food kits are based on units of 10 person/day. i.e. 5per/2days, 1per/10days etc.

**Survival kit**

This kit is designed for a team of two living independently for several days.

**Bedding Kit**

This kit will equip a team of four with all their essential bedding requirements.

**Kitchen Kit**

This kit will provide sufficient cooking equipment for a team of four.

**Furnishing Kit**

There is sufficient furnishings in this kit to cater for a start up of a team of four..

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**Computer & Printer Kit**

stock item

**Laptop Computer**

486/50; 8Mb RAM; 300MB hard disk; 3 1/2" HD internal drive; color. All CARE software loaded

**Printer**

A4 paper capacity, monochrome, battery/mains operation

**Cables**

Set of cables to connect laptop to printer.

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**Digital & Video Camera**

ordered on request

**Camera Kit**

Contains all equipment, leads and software for camera to laptop connection

**Video Camera**

Contains all equipment, spare battery & charger, spare tapes & cables.

---

**Office Equipment**

stock item

**BAS**

Will provide sufficient basic equipment to set up a country office

**MIN**

Will provide sufficient basic equipment to set up and run a sub office

**CON**

Will provide sufficient consumable for the above offices

**VIS**

Will provide I.D. cards and badges

**COP**

Photo copier and associated equipment

**CAM**

Polaroid camera and film for ID cards etc.

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**Power & Lighting**

stock item

**LTS**

2x8W+2x13W fluorescent lights, roof frame for module, controller, 3 x 4 way distribution boxes, 50mx2mm2 cable, complete fixtures, operators handbook

**GEN**

For continuous running; manual start, state if electric start is required. Auto control of output voltage & frequency - 220VAC +/- 5% 50Hz, four stroke, min. 4 socket outlets, hour counter.

**LAS**

Individual self charging Solar light

**CUT**  
**LTM**

Protection against surges, brownouts & spikes, advisable to used on unreliable power supply  
Fluorescent, & Halogen 220V internal and external lights

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**Landrover, 130, 2.5Tdi**

stock item

**Basic**

This comes with all bull bars, sump guards & winch fitted. HF & VHF radio will also be installed.

**Options**

The options will be required if the vehicle is to be used in Arctic or sandy conditions

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**VHF Radio Kits**

stock item

**BAS**

All the equipment required for a VHF base station

**MOB**

All the equipment required to fit a VHF radio into a vehicle

**HAN**

A complete set of four walkie talkies with all auxiliary equipment

**HF Radio Kits**

**Base**

All the equipment required for a HF base station

stock item

**Mobi**

All the equipment required to fit a HF radio into a vehicle

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**Warehouse & Distribution Kits**

stock item

**BAS**

Basic distribution equipment including recording and tally tools

**INI**

500 cubic meter storage tent with rope and repair kit

**PRO**

Protective clothing for upto 10 workers

**SCA**

Platform scales 250kg.

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**Water Supply & Distribution Kits**

stock item

**OXR10**

Water storage kit 10m3. Boxed ready for assembly on site.

**QXPMP2**

Water pump, diesel engine driven, pipe connections and instructions

**QXDISI**

Water distribution stand with six self closing valves and support frame

## Accommodation Kit

Based on four Person Units

	Item	Food	Survival Kit	Bedding	Kitchen	Furnishing		Item	Food	Survival Kit	Bedding	Kitchen	Furnishing
1	Food rations, persons/day						38	Kitchen roll		1		2	
2	Battery size "D"		20				39	Lamp, fluorescent & spare tube		1			2
3	Bottle Opener				1		40	Matches		2		6	
4	Bowl 0.3ltr		2		4		41	Mattress		2	4		
5	Bowl 10ltr.				2		42	Mosquito net		2	4		
6	Broom				1		43	Overalls		2			
7	Bucket 7ltr.		1		1		44	Padlock		1			2
8	Camp bed			4			45	Plastic box set				1	
9	Chairs					6	46	Plastic rubbish bags		12		50	
10	Coffe Machine 220 volts				1		47	Plates, plastic		2		4	
11	Coffe Machine Filters				80		48	Poncho		2			
12	Compass		1				49	Rubber mallet		1			
13	Cooking pot 2ltr.				1		50	Scourer sponge		2		1	
14	Cooking pot 5ltr.				1		51	Sheet			8		
15	Corkscrew				1		52	Shelves					1
16	Crockery set				1		53	Sleeping bags		2	4		
17	Dish cloth				2		54	Soap		2	4		
18	Electric stove					1	55	Soap flakes		1			
19	Floor cloth				2		56	Stew pan 10ltr.				1	
20	Gloves		2				57	Sticker "CARE"		6			20
21	Ground mat		1				58	Stove & methyate fuel		1			
22	Hurricane lamp, kerosene					2	59	Sun protection cream		1			
23	Hygienic pads				25		60	Survival blanket		2	8		
24	Ice box 24ltr.				1		61	Swiss knife		1		1	
25	Isothermal bottle 1ltr.		1		2		62	Tables					13
26	Isothermal bottle 2ltr.				1		63	Tablets, methyated		20			
27	isothermal box 2ltr.		1				64	Tent & pegs		1			
28	Jerry can 20ltr.				1		65	Tent, (office/acoom.)					
29	Kerosene stove					1	66	Tin opener		1		1	
30	Kettle 2.5ltr.				1		67	Toilet paper		2	6		
31	Kitchen knife				1		68	Torch & spare bulbs		1	2		
32	Kitchen towel				2		69	Water container 20ltr.		1		2	
33	Knives, Forks & Spoons, plastic		2		6		70	Water disinfectant tablets x 100		1			
34	Ladle 10cm.				1		71	Water filter 10ltr.		1			
35	Ladle 250cl.				1		72	Wet wipes		1			
36	Ladle 500ml.				1		73						
37	Lighter, disposable		1		2		74						

### Computer and Printer Kits

	Item	Laptop Computer				Item	Laptop Computer		
		L	P	C			L	P	C
1	Computer, laptop	1			27	Printer, portable, ink-jet		1	
2	Computer, laptop, battery	1			28	Printer, switches		1	1
3	Computer, laptop, battery charger	1			29	Printer, switches			
4	Computer, laptop, carrying case	1			30	Software, anti-virus	1		
5	Computer, laptop, mouse	1			31	Software, back-up	1		
6	Computer, disks x pkt 10	2			32	Software, comms, fax	1		
7	Computer, kit, cleaning	1			33	Software, comms, on-line	1		
8	Computer, laplink multi-cable	1			34	Software, comms, remote access	1		
9	Computer, wrist support	1			35	Software, emergency DOS boot-up disk	1		
10	Computer/printer, dust cover, large			1	36	Software, emergency re-install disk	1		
11	Computer/printer, dust cover, small	1	1		37	Software, finances	1		
12	Elec., 13amp fuses x pkt 4	1	1		38	Software, manual	1		
13	Elec., automatic voltage switch	1	1	1	39	Software, office suite, Windows	1		
14	Elec., mains block, 4 sockets	1	1		40	Software, operating system, DOS	1		
15	Elec., plug adaptor		2	1	41	Software, operating system, Windows	1		
16	File, databinder x box 10			2	42	Software, organisational charts	1		
17	Paper, A4, listing, 80gm x 2000sheets			4	43	Software, spreadsheet, DOS	1		
18	Paper, ICL std, listing, 60gm x 2000 sheets			4	45	Software, timeline	1		
19	Printer, cable		2	2	46	Software, word-processing, DOS	1		
20	Printer, desktop				47	Toolkit, computer	1		
21	Printer, desktop, cartridges			2	48	x Documentation, evaluation	1	1	
22	Printer, portable, battery		2		49	x Documentation, Internet directory	1		
23	Printer, portable, battery charger		1		50	x Documentation, kit guide	1	1	
24	Printer, portable, carrying case		1		51	x Documentation, packing list	1	1	
25	Printer, portable, cartridges		2		52				
26	Printer, portable, cut sheet feeder		1						

### Digital and Video Camera Kit

	Item	Camera kit			Item	Video recorder	
		C	V			V	R
1	Digital camera	1		1	Video camera	1	
2	Digital camera software	1		2	Video camera, battery	2	
3	Digital camera case	1		3	Video camera, battery charger	1	
4	x Documentation, evaluation	1		4	Video camera, case	1	
5	x Documentation, kit guide	1		5	Video camera, cables	1	
6	x Documentation, packing list	1		6	Video camera, recording tapes	20	
				7	x Documentation, evaluation	1	
				8	x Documentation, kit guide	1	
				9	x Documentation, packing list	1	

### Office Equipment

	Item	MIN	BAS	VIS	COP	CON	CAM		Item	MIN	BAS	VIS	COP	CON	CAM
1	Band, elastic x 1/4lb box	1	1						70	ID, sticker, "CARE", large	5		10		
2	Battery, Size "AA"		3						71	ID, sticker, "CARE", medium	5		100		
3	Battery, Size "D"	2	30						72	ID, sticker, "CARE", small	5		100		
4	Board, white		1						73	ID, t-shirt, "CARE", XL	2		60		
5	Book, business card	1	1						74	ID, tape, "CARE"	1		20		
6	Book, hard back	1				15			75	Key box		1			
7	Book, telephone/address	1	1						76	Lighter, cigarette	1	2			
8	Book, telephone/address, CARE I	1	1						77	Map	1	5			
9	Book, typist x 12	1				4			78	Medical kit, office		1			
10	Calculator, desktop		1						79	Morale, basketball, hoop, professional		1			
11	Calculator, pocket	1	15						80	Morale, basketball, professional size		1			
12	Calculator, printing		1						81	Morale, darts x 3		5			
13	Calculator, printing, mains lead		1						82	Morale, darts board		1			
14	Calculator, printing, roll, paper x 20		1						83	Morale, football, professional model		1			
15	Calculator, printing, roller, ink		2						84	Morale, games compendium		1			
16	Calendar		4						85	Morale, inflating kit for balls		1			
17	Camera, Polaroid						1		86	Morale, playing cards		2			
18	Camera, Polaroid, film						10		87	Morale, volleyball, net, professional		1			
19	Clipboard	1	15						88	Morale, volleyball, professional		1			
20	Clock, wall		2						89	Padlock, 20mm		10			
21	Contract, empl, consultant	2							90	Padlock, 40mm		10			
22	Contract, empl, int. staff, local hire	2							91	Padlock, 60mm		10			
23	Contract, empl, nat. staff, casual	2							92	Padlock, chain		10			
24	Contract, empl, nat. staff, full time	2							93	Paper, A3, 80gm x ream			2	1	
25	Contract, empl, nat. staff, temporary	2							94	Paper, A4, 50gm x ream			40	1	
26	Contract, rental, goods vehicle	2							95	Paper, A4, 80gm x ream	2			20	
27	Contract, rental, house/office	2							96	Paper, A4, CARE letterhead				1	
28	Contract, rental, light vehicle	2							97	Paper, carbon, handcopy x 100				1	
29	Contract, rental, water tanker	2							98	Paper, carbon, machine x 100		1			
30	Contract, services	2							99	Paper, clip x 10pkts x 100				1	
31	Diary					15			100	Paper, flipchart x 5				3	
32	Disk, format, ECHO								101	Paper, pad x 10	2			5	
33	Disk, format, OFDA								102	Paper, punch, heavy duty		1			
34	Disk, forms, admin								103	Paper, punch, light duty					
35	Disk, forms, finance								104	Pen, ballpoint, black x 20				11	
36	Disk, forms, stock								105	Pen, ballpoint, red x 20				11	
37	Elec, automatic voltage switch	1	1		1				106	Pen, eraser, rubber, for pencil x 20				1	
38	Elec, plug adaptor		1						107	Pen, highlighter, yellow x 10				3	
39	Elec, voltage regulator				1				108	Pen, marker, permanent x 10				4	
40	Envelope, C4 x 250				2				109	Pen, marker, whiteboard x 10				4	
41	Envelope, C5 x 250				2				110	Pen, pencil, lead HB x 12				15	
42	Envelope, DL, "CARE" x 500								111	Pen, pencil, sharpener		15			
43	Envelope, DL, "CARE", airmail x 500	1				1			112	Photocopier				1	
44	File, basket		30						113	Photocopier, cabinet				1	
45	File, basket, spacers x 2		15						114	Photocopier, toner/cartridge			3		
46	File, divider, cardboard x 5 part set					60			115	Pin, drawing x 150				5	
47	File, folder x 25					10			116	Post-its x 12 x 100				4	
48	File, lever arch, green x 10					10			117	Ruler				15	
49	File, lever arch, orange x 10					10			118	Scissor, 17cm		5			
50	File, lever arch, red x 10					10			119	Stamp, endorsing ink		12			
51	Form, admin, compliment slip, "CARE"					500			120	Stamp, pad		12			
52	Form, admin, various	1							121	Stamp, rubber, "CARE Emergency Team"		1			
53	Form, finance, voucher, payment x 100	1							122	Stamp, rubber, "CARE"		5			
54	Form, finance, voucher, receipt x 100	1							123	Stapler, medium duty		5			
55	Glue, stick, large					15			124	Stapler, mini					
56	Guidelines, ECHO funding	1							125	Stapler, staples				5	
57	Guidelines, ODA funding	1							126	Stapler, unstapler		5			
58	Guidelines, OFDA funding	1							127	String x 6				5	
59	ID, armband, "CARE"			100					128	Tape, adhesive x 6		1			8
60	ID, badge, "CARE" x 50	1		1					129	Tape, dispenser		5			
61	ID, badge, name card holder x 50	1	1						130	Tape, packing x 6		1			8
62	ID, cap, "CARE"	2		50					131	Torch		1	15		
63	ID, card, Business, "CARE" x 100	1	1						132	Typewriter, correction fluid			3		
64	ID, flag, "CARE", large			5					133	Typewriter, correction paper x 10			3		
65	ID, flag, "CARE", medium			10					134	Typewriter, mechanical, portable		1			
66	ID, ID card, "CARE"	10	100						135	Typewriter, ribbon		2			
67	ID, introductory leaflet, CARE I	1		50					136	x Documentation, evaluation		1	1	1	1
68	ID, report, annual, CARE	2		10					137	x Documentation, kit guide		1	1	1	1
69	ID, report, annual, CARE International	2		10					138	x Documentation, packing list		1	1	1	1

## Power and Lighting

Item	LTS	GEN	LAS	LTM	REG	CUT	Item	LTS	GEN	LAS	LTM	REG	CUT
1 Battery, 100Ah, 12VDC	11						15 Elec, plug adaptor				4		
2 Battery, terminal, cable x mtr.	5						16 Elec, voltage regulator					1	
3 Battery, terminal, grease	1						17 Form, log, generator/pump		1				
4 Battery, terminal, negative connector	2						18 Funnel, metal, 120mm dia		1				
5 Battery, terminal, positive connector	2						19 Jerry can, metal, 20l		1				
6 Elec, 13amp fuses x 4		8		1			20 Light, solar			1			
7 Elec, automatic voltage switch					1	1	21 Lighting, inspection, 8W complete				6		
8 Elec, extension cord		4		4			22 Lighting, solar, kit, BP Solar LK4	1					
9 Elec, generator, earthing cable + rod		1					23 Lighting, spotlight, 300W complete				2		
10 Elec, generator, filters etc		2					24 Lighting, spotlight, 300W, bulb				4		
11 Elec, generator, manual		1					25 Panel, solar, 70W	1					
12 Elec, generator, oil x ltr.		5					26 Toolkit, generator		1				
13 Elec, generator, portable, diesel, 3-5kVA		1					27 x Documentation, evaluation	1	1	1	1	1	1
14 Elec, mains block, 4 sockets		4		4			28 x Documentation, kit guide	1	1	1	1	1	1
							29 x Documentation, packing list	1	1	1	1	1	1

## Landrover 130, 2.5Tdi

Item	Basic	Options	Item	Basic	Options
1 Land Rover, 130, 2.5Tdi	1		21 Spares pack A	1	
2 Additional fuel tank, under seat, 10gal	1		22 Stickers to front door panels, CARE	2	
3 Bull bar/aerial Mnt/lit guards/flag pole	1		23 Tinted windscreen	1	
4 County seats	6		24 Toolkit, driver	1	
5 Electric winch	1		25 Tools	1	
6 Engine disarming switch	1		26 Tow hitch	1	
7 Fire extinguisher	1		27 Tow rope	1	
8 Flag pole + two CARE flags	1		28 Tropical specification	1	
9 Front axle and sump guard	1		29 Underbody axle guard	1	
10 High lift jack + bracket	1		30 Warning triangle	1	
11 Locking wheel nuts/padiocks	6		31 x Documentation, evaluation	1	
12 First aid kit	1		32 x Documentation, kit guide	1	
13 Raised air intake	1		33 x Documentation, packing list	1	
14 Rear lamp guards	1		34 O, chains, snow		1
15 Seat belts, inertia reel	4		35 O, in-line fuel heater		1
16 Seat belts, lap	2		36 O, sand/mud ladders		1
17 Secure lockable under seat locker	1		37 Spares pack B		1
18 Spare wheel assembly	1		38 Spares pack C		1
19 Spare wheel, Mnt, lockable, P/U bed	2		39 Toolkit, mechanic		1
20 Michelin XZY	6		40 Michelin XCL		6
			41 Michelin XS		6

### VHF Radio Kits

	Item	BAS	MOB	HAN		Item	BAS	MOB	HAN
1	Radio, VHF, base	1			11	Radio, VHF, walkie talkie, battery			4
2	Radio, VHF, base, antenna	1			12	Radio, VHF, walkie talkie, battery charger			2
3	Radio, VHF, base, cable set	1			13	Radio, VHF, walkie talkie, car antenna etc.			1
4	Radio, VHF, base, consumables	1			14	Radio, VHF, walkie talkie, case + belt loop			2
5	Radio, VHF, base, power supply	1			15	Radio, VHF, walkie talkie, exc battery			2
6	Radio, VHF, base, tool set	1			16	Radio, VHF, walkie talkie, programming kit			1
7	Radio, VHF, mobile		1		17	x Documentation, evaluation	1	1	1
8	Radio, VHF, mobile, antenna		1		18	x Documentation, Kit guide	1	1	1
9	Radio, VHF, mobile, consumables		1		19	x Documentation, packing list	1	1	1
10	Radio, VHF, mobile, tool set		1						

### HF Radio Kits

	Item	BASE	MOBI			Item	BASE	MOBI	
1	Radio, HF, base				14	Radio, HF, mobile, antenna, spring		1	
2	Radio, HF, base, antenna, cable				15	Radio, HF, mobile, coaxial cable		1	
3	Radio, HF, base, antenna, exc towers				16	Radio, HF, mobile, control head		1	
4	Radio, HF, base, floating charge cable				17	Radio, HF, mobile, fuse		1	
5	Radio, HF, base, mounting clamp	1			18	Radio, HF, mobile, fuse holder		1	
6	Radio, HF, base, Option DM	1			19	Radio, HF, mobile, V/F control cable		1	
7	Radio, HF, base, Option F	1			20	Radio, HF, mobile, tool kit		1	
8	Radio, HF, base, Option PS	1			21	Radio, HF, mobile, veh. inst. kit		1	
9	Radio, HF, base, Option TXE	1			22	Radio, HF, mobile, veh. int. supp. kit		1	
10	Radio, HF, base, power supply	1			23	Radio, HF, mobile, veh. mount. cradle		1	
11	Radio, HF, base, tool kit				24	x Documentation, evaluation	1	1	
12	Radio, HF, mobile		1		25	x Documentation, kit guide	1	1	
13	Radio, HF, mobile, antenna		1		26	x Documentation, packing list	1	1	

### Warehouse & Distribution Kits

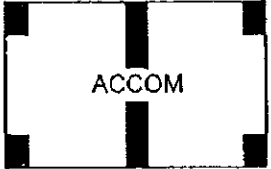





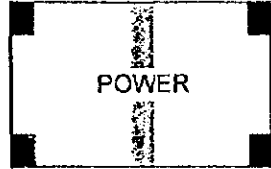





	Item	BAS	TNT	SCA	PRO		Item	BAS	TNT	SCA	PRO
1	Bag, sample, 125x200mm x 10	10				31	Pen, eraser, rubber, for pencil x 20	1			
2	Basin, 100l	10				32	Pen, pencil, lead HB x 12	2			
3	Battery, size "C"	48				33	Pen, pencil, sharpener	2			
4	Battery, Size "D"	20				34	Rope, 8mm x mtr.	200	200		
5	Calculator, pocket	5				35	Sack, 50kg	200			
6	Clipboard	5				36	Sack, sewing, needle	10			
7	Clothing, protective, boot, rubber				10	37	Sack, sewing, twine x 200mtr.	10			
8	Clothing, protective, glove, working				10	38	Sampler, spike	2			
9	Clothing, protective, mask, face x 100				100	39	Scale, hanging, 100kg	2			
10	Clothing, protective, overalls				10	40	Scale, platform, 250kg?			1	
11	Clothing, protective, rain				10	41	Scoop	5			
12	Counter, hand tally	10				42	Sheeting, plastic, repair tape	1	5		
13	Distribution card, Punch	10				43	Sheeting, plastic, roll @ 4'53.5m	1	5		
14	Cup, drinking, plastic	25				44	Sheeting, plastic, toggle	100	500		
15	File, folder x 25	2				45	Stapler, medium duty	2			
16	File, lever arch, red x 10	10				46	Stapler, mini	2			
17	Funnel, plastic, 200mm dia	5				47	Stapler, staples x 5000	2			
18	Jerry can, plastic, 20l	50				48	Stapler, unstapler	2			
19	Knife, craft	5				49	Tent, warehouse, 500mt		1		
20	Medical kit, warehouse	1				50	Tool, brush, hand	5			
21	Padlock, 20mm	10				51	Tool, brush, yard	5			
22	Padlock, 40mm	10				52	Tool, dustpan	5			
23	Padlock, 60mm	10				53	Torch	5			
24	Padlock, chain	10				54	Trap, mouse	10			
25	Paper, carbon, handcopy x 100	1				55	Trap, rat	10			
26	Paper, pad	1				56					
27	Paper, punch, heavy duty	2				57					
28	Paper, punch, light duty	2				58	x Documentation, evaluation	1	1	1	1
29	Pen, ball-point, black x 20	2				59	x Documentation, kit guide	1	1	1	1
30	Pen, ball-point, red x 20	2				60	x Documentation, packing list	1	1	1	1

### Water Supply Kits

	Item	OXR10	OXMP2	OXDIST		Item	OXR10	OXMP2	OXDIST
1	Water, storage, 10m3, 2/3, rubber liner	1			8	Water, distribution, collection point kit			6
2	Water, storage, 10m3, 3/3, roof	1			9	Water, distribution, fittings kit			1
3	Water, storage, 10m3, 1/3, steel walls	1			10	Water, distribution, main kit			1
4	Water, pumping, 2" pump		1		11	Water, distribution, tool kit			1
5	Water, pumping, 2" pump, fittings kit		1		12	x Documentation, evaluation	1	1	1
6	Water, pumping, 2" pump, oil kit		1		13	x Documentation, kit guide	1	1	1
7	Water, pumping, 2" pump, tool kit		1		14	x Documentation, packing list	1	1	1

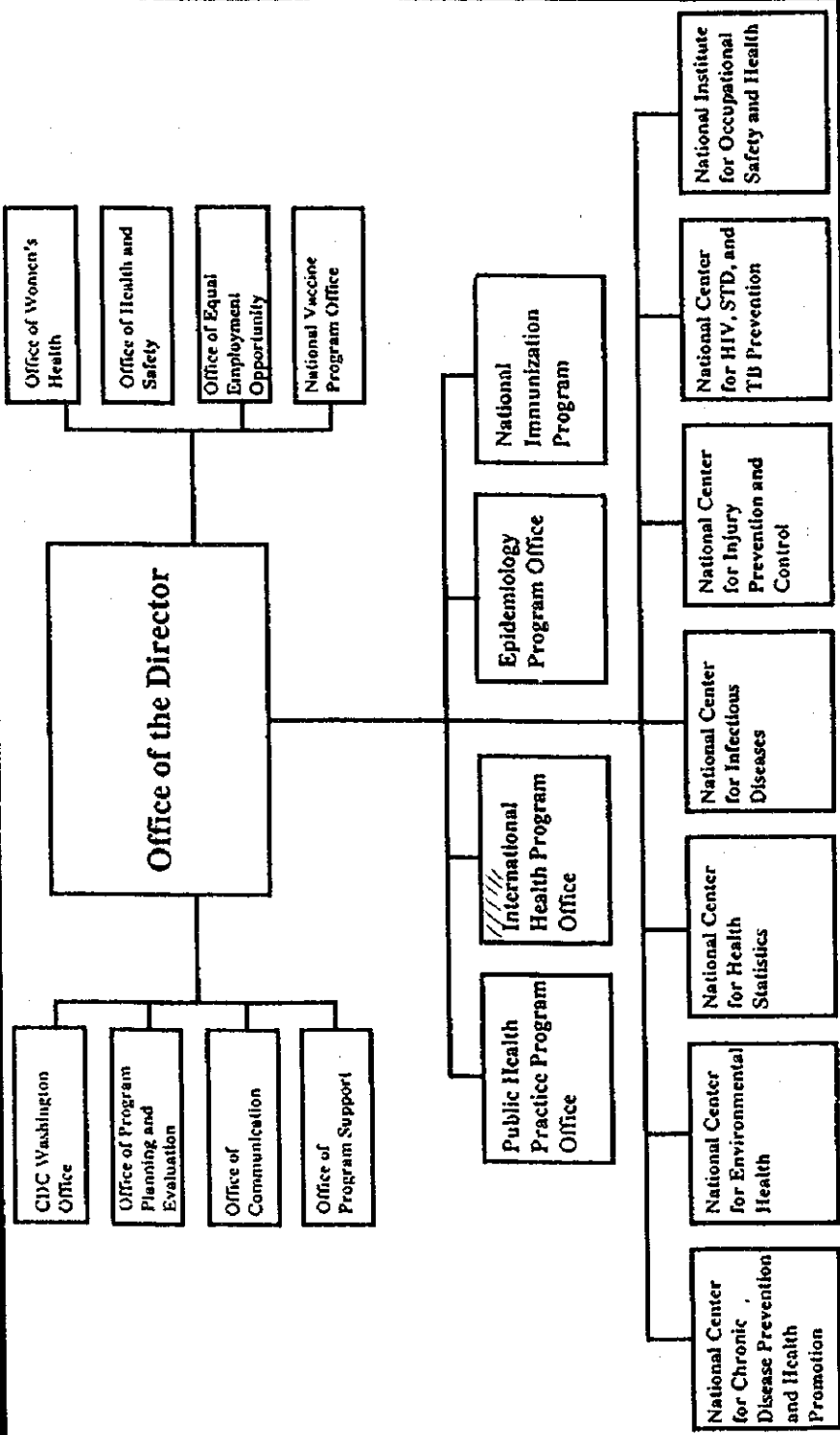


## Recommended Color Code for Kit Packaging

Box Layout	Kit Contents	Corner Colors
 <p style="text-align: center;">ACCOM</p>	FOOD SURVIVAL BEDDING KITCHEN FURNISHING	 <p style="text-align: right;"> <i>black</i>  <i>green</i>  <i>blue</i>  <i>yellow</i>  <i>white</i> </p>
 <p style="text-align: center;">OFFICE</p>	MIN BAS VIS COP CON CAM	 <p style="text-align: right;"> <i>red</i>  <i>black</i>  <i>green</i>  <i>blue</i>  <i>yellow</i>  <i>white</i> </p>
 <p style="text-align: center;">WATER</p>	OXR10 OXDIST OXPMP2	 <p style="text-align: right;"> <i>red</i>  <i>black</i>  <i>green</i> </p>
 <p style="text-align: center;">POWER</p>	LTS GEN LAS LTM REG CUT	 <p style="text-align: right;"> <i>red</i>  <i>black</i>  <i>green</i>  <i>blue</i>  <i>yellow</i>  <i>white</i> </p>
 <p style="text-align: center;">WAREHOUSE</p>	BAS SCA TNT PRO	 <p style="text-align: right;"> <i>black</i>  <i>green</i>  <i>blue</i>  <i>yellow</i> </p>
 <p style="text-align: center;">AUXILIARY</p>	Computer & Printer Dig. Camera Video Camera VHF Radio HF Radio	 <p style="text-align: right;"> <i>red</i>  <i>black</i>  <i>green</i>  <i>blue</i>  <i>yellow</i>  <i>white</i> </p>

The band around the box will indicate the kit group.

**Department of Health and Human Services**  
**Public Health Service**  
**Centers for Disease Control and Prevention (CDC)**



(3) CIDA

## INTERNATIONAL HUMANITARIAN ASSISTANCE PROGRAM

### MANDATE - MECHANISMS - CRITERIA

#### MANDATE

The mandate of the INTERNATIONAL HUMANITARIAN ASSISTANCE PROGRAM (IHA) is to help ease human suffering resulting from conflicts and natural disasters in developing countries by providing an appropriate, timely, and effective on-site response. Funding is provided for:

- care, maintenance, and repatriation of refugees, returnees and displaced persons;
- natural disaster response - non-food aspects such as health, water, sanitation, shelter;
- natural disaster preparedness activities which strengthen the capacities of disaster-prone developing countries to deal with emergency situations;
- institutional support for multilateral agencies with specialized emergency relief capacity.

IHA is the Canadian government's principal conduit for non-food emergency humanitarian assistance to developing countries. Other programs which may also respond to emergency situations include CIDA's Food Aid Centre as well as Canadian Embassies and High Commissions overseas. In limited cases, the Department of National Defense and the Department of Foreign Affairs and International Trade contribute to relief efforts in developing countries.

Assistance to central and eastern European countries is the responsibility of the Central and Eastern Europe Branch at CIDA.

#### MECHANISMS

IHA's main priority is to respond to emergency appeals in a way that is timely, coordinated and appropriate. IHA works closely with organizations and agencies of the United Nations, the Red Cross Movement, and Canadian NGOs with proven capacity in emergency assistance.

IHA answers appeals from organizations as quickly as possible. Response to natural disasters can be made within hours through established channels coordinated by the Red Cross Movement, the UN and NGOs that are present on-site. For complex emergencies involving on-going humanitarian assistance, more extensive appraisal is both necessary and desirable.

Appeals are assessed in consultation with the concerned Canadian mission overseas, with relevant programs in CIDA, and with the Department of Foreign Affairs and International Trade. Information is continually received and compiled from diverse sources including non-governmental organizations and information networks established by the UN and the Red Cross.

## CRITERIA

### A) Eligible Organizations

Organizations eligible to receive funding from the IHA program have proven on-site emergency response capacity. These organizations generally have an existing field structure with their local partners in the disaster affected area, as well as an established track record in delivering timely and effective emergency relief. Preferring to fund NGOs with direct involvement in emergency projects, IHA gives a lower priority to NGOs acting as funding intermediaries.

Canadian NGO recipients must be registered with CIDA, and in particular, satisfy the following criteria:

- Be a Canadian organization, legally incorporated in Canada, which has existed for at least three years
- Be a registered non-governmental, non-profit organization in Canada.
- Be managed effectively and efficiently, and be in a sound financial position.
- Be capable of ensuring the successful completion of the project or program for which funds are sought.
- Demonstrate ability to raise funds from the Canadian public for humanitarian assistance.

### B) Appeals and Proposals

IHA responds to appeals for emergency assistance and to proposals for disaster preparedness programs. Acceptance depends on a convincing needs assessment, organizational capacity and available funding. Contributions of other donors and relief agencies are taken into consideration (burden sharing).

Funding to NGOs is not provided on a matching grant basis, but the financial participation and commitment of the NGO is taken into account as part of the appeal assessment.

IHA is not able to respond to all the appeals and proposals which it receives. A selection is made based on the following considerations:

- ♦ assessment of the humanitarian need
- ♦ capacity of the organization and its direct involvement in the project
- ♦ other donors' response
- ♦ feasibility and security
- ♦ administrative considerations such as overhead costs
- ♦ funds available

IHA neither favours nor discriminates against recipient organizations on the basis of race, religion or creed.

#### C) Activities and Items

IHA can fund emergency response activities and items in the area of: health, therapeutic feeding and nutrition, water and sanitation, household and shelter needs (temporary housing), repatriation, reintegration, demobilization and mine-related activities. Associated personnel, logistics, monitoring and administration costs may also be eligible for funding. There is no requirement to purchase relief items in Canada, and indeed it may often be more timely and cost efficient to purchase abroad.

In the area of disaster preparedness, the types of activities funded include: disaster management training, disaster information management, development of disaster plans (including related training and testing), technical workshops, simulation exercises, and community based activities to enhance preparedness. A disaster preparedness strategy has been prepared after broad-based consultations, outlining policy and programming initiatives and criteria.

#### D) Exclusions

With the exception of disaster preparedness activities, IHA does not fund multi-year projects. Projects involving rehabilitation, reconstruction, and long-term development are not eligible. However, immediate integration projects associated with refugees and internally displaced persons may be funded.

Other activities not funded by IHA include: food aid, unearmarked "core" funding for NGOs, research or surveys, search and rescue teams, unattached experts from Canada or elsewhere, and transportation costs for unsolicited new or used goods.

**If you have any questions, please contact IHA in Multilateral Programmes Branch:**

200 Promenade du Portage  
Hull, Québec  
Canada K1A 0G4

Tel: (819) 994-3948  
Fax: (819) 997-2637  
E-mail: [info@acdi-cida.gc.ca](mailto:info@acdi-cida.gc.ca)  
Internet: <http://www.acdi-cida.gc.ca>

## INTERNATIONAL HUMANITARIAN ASSISTANCE

### NGO ELIGIBILITY CRITERIA

#### A. Institutional

- ✓ Be a Canadian organization, legally incorporated in Canada, which has existed for at least 3 years.
- ✓ Be a registered non-governmental and non-profit organization in Canada.
- ✓ Have organizational by-laws which clearly state: conditions of membership and the organization's relationship to the larger Canadian society; who receives remuneration for work with the organization; what happens to the property (and debts) or the organization in the event of dissolution.
- ✓ Possess satisfactory financial management skills, accounting and reporting systems, and viability.
- ✓ Demonstrate ability to raise funds from the Canadian public for humanitarian assistance.

#### B. Program

- ✓ Possess experience expertise and proven delivery capacity in the areas of humanitarian assistance and/or disaster preparedness, including:
  - one or more of the principal activities of the organization falls within the MHA mandate.
  - in-house skills in at least one of these principal activities.
  - 3 years of significant experience in the delivery of humanitarian assistance and/or disaster preparedness.
  - experience in the delivery of humanitarian assistance and/or disaster preparedness in at least three different countries.
- ✓ Possess strong networking, partnership and coordination skills as evidenced by: existing relationships with local NGOs in developing countries and experience of cooperation with UN organizations and local government.
- ✓ Demonstrate satisfactory performance with CIDA in respect of project implementation and reporting.

**INTERNATIONAL HUMANITARIAN ASSISTANCE  
PROJECT SUBMISSION FORMAT**

**1 Overview (1 page)**

**1.1 Background**

- describes the emergency situation

**1.2 Rationale**

- explains why the NGO is undertaking the project now

**1.3 Capacity**

- outlines relevant emergency experience in the region/country and with the type of action proposed, and local language capabilities

**2 Objectives/Identification of Target Groups and Risks (3-5 pages)**

**2.1 Objectives & Results**

- describes the objectives of the project and the results to be achieved and explains what will happen after project finishes

**2.2 Activities**

- specifies priority activities, goods and services to be provided

**2.3 Participants and Beneficiaries**

- describes who they are and how they will be reached

**2.4 Duration**

- provides time-frame for (a) MHA funding and (b) organization's involvement

**2.5 Methodology**

- describes human and material resources necessary; sources of resources; method of action and involvement of beneficiaries.

**2.6 Risks**

- identify and assess the major risk factors for this project.

**3 Delivery Capacity and Coordination (1 page)**

**3.1 Local Delivery Capacity**

- describes local capacity of the Canadian NGO and its local partner if applicable

**3.2 Coordination**

- with governments, U.N., international and local organizations; outlines/append any relevant agreements

**4 Monitoring, Evaluation and Reporting (1/2 page)**

**4.1 Plans for monitoring and evaluating activities**

**4.2 Reporting responsibilities and frequencies**

**5 Budget (2-3 pages)**

**5.1 Costing of major activities/inputs**

**5.2 Sources of income (MHA, Fund-raising, Other)**

**5.3 Project administration /overhead (amount and rationale)**

**5.4 If applicable, sources and amount of income for post-project activities**

## **INTERNATIONAL HUMANITARIAN ASSISTANCE PROJECT REPORTING FORMAT**

### **I. Overview**

Briefly re-state the nature of the emergency, its evolution during the project and the present situation.

### **II. The Project**

- a. **Participants and Beneficiaries:** indicate if different from planned; how and why.
- b. **Duration:** describe planned and actual.
- c. **Methodology:** describe planned and actual methodology used; reasons for changes if any, assess adequacy of methodology and lessons learned.

### **III. Results**

#### **Objectives Achievement**

What progress was made toward the achievement of relief objectives expressed as results.

- a. **Objective:** list the relief objective as per Project Appeal (if the objective was modified list the revised objective as well).
- b. **Actual result:** describe the actual results achieved in support of this objective and rate the project in terms of achieving this relief objective (inputs/outputs & outcomes).
- c. **Variances:** explain any variances between actual and expected results.

### **IV. Identification of Target Groups and Risks**

- a. **Reach, Target Groups:** please indicate which groups in the recipient country or region directly benefited from the project results.
- b. **Risks:** please identify the major risk factors for this project and how they influenced the final results.

### **V. Relief Performance Factors**

Please comment on how the following relief performance factors influenced results achievement.

- a. **Timeliness:** were project activities initiated without undue delay?
- b. **Relevance:** did the project respond to the relief needs of the recipient country / region and the main beneficiary groups?
- c. **Appropriateness:** given the local context were project resources, capacities, and selected strategies sensible and sufficient to achieve intended result?
- d. **Cost-Effectiveness:** was the project run in a reasonably efficient and effective manner (provide evidence)?
- e. **Stabilization:** did project activities assist in the stabilization of affected groups (how and to what effect)?
- f. **Co-ordination:** did the project co-ordinate activities with work of other groups in the area (with which groups and in what capacity - e.g. relationship to local NGO partners, UN and other international organizations and to government and other agencies)?
- g. **Participation:** were beneficiaries involved in decision making, design, delivery and/or monitoring of the project (specify type of participation)?



## PROJECT REPORTING FORMAT (cont'd)

### VI. Management Performance Factors

Please comment on how the following management performance factors influenced results achievement.

- a. Communications: were measures taken to inform the Canadian public of project activities?
- b. Innovation & Creativity: did project management explore and implement new or innovative ideas or approaches to achieve its objective(s)?
- c. Informed and Timely Action: were there any constraints/challenges or changes in the project's operating context? (Did project management anticipate and respond to constraints or changes?)
- d. Appropriate Human Resource Utilization: were suitable human resources involved and used well?
- e. Risk: did the project have in place strategies for managing or minimizing exposure to risks (identify and explain)?
- f. Monitoring: was the project monitored (identify composition of monitoring team: beneficiaries, implementing partner, CIDA; external local monitor)?

### VII. Lessons Learned

- a. List lessons learned (e.g. results achievement, performance factors such as project design, implementation, innovative partnerships, etc.). Lessons should identify those aspects of the project which should be replicated and those which did not work as expected.
- b. What changes in relief operations would you like to see based on these lessons.
- c. What changes would you like to see in your relationship to MHA based on this experience.

### VIII. Financial Reporting

- a. Statement of Income and Expenditures according to original budget categories (include separate line item for administrative/overhead costs and note degree of disbursement of MHA funding).
- b. Explanation of any variance.
- c. Comment on adequacy of original budget estimate.
- d. Comment on local fund-raising (where applicable).

## INTERNATIONAL HUMANITARIAN ASSISTANCE

### NGO PROJECT ASSESSMENT CRITERIA

#### A. Institutional Assessment

- ✓ See MHA document "NGO ELIGIBILITY CRITERIA"
- ✓ If applicable, CIDA partnership Branch, NGO institutional assessment.

#### B. Project Assessment

- Relief experience in geographic region of the proposal
- Relief experience in sector of proposal
- Priority of proposed activities re: needs and location
- Consistency between objectives and operational plan
- Identification of results to be achieved
- Consistency between operational plan and budget; overall cost-effectiveness
- Local delivery capacity and local language capabilities
- Coordination with UN agencies (agreements) and with other NGOs and actors
- Partnership relationships with local organizations

#### C. Observations

- Other fund-raising for project
- Broader impact/implications of the proposal
- Funding source for post-project activities
- Relationship between present and past funding requests
- Direct involvement of NGO in project operations

## **ACTIVITIES AND ITEMS FUNDED BY THE INTERNATIONAL HUMANITARIAN ASSISTANCE (IHA)**

For all the activities noted below, IHA provides appropriate support for associated personnel, logistics, monitoring and administration costs. The list is suggestive, not exhaustive.

**HEALTH**

.

**NUTRITION**

.

**HOUSEHOLD**

.

**SHELTER NEEDS**

.

**WATER / SANITATION**

.

**REPATRIATION SUPPORT**

.

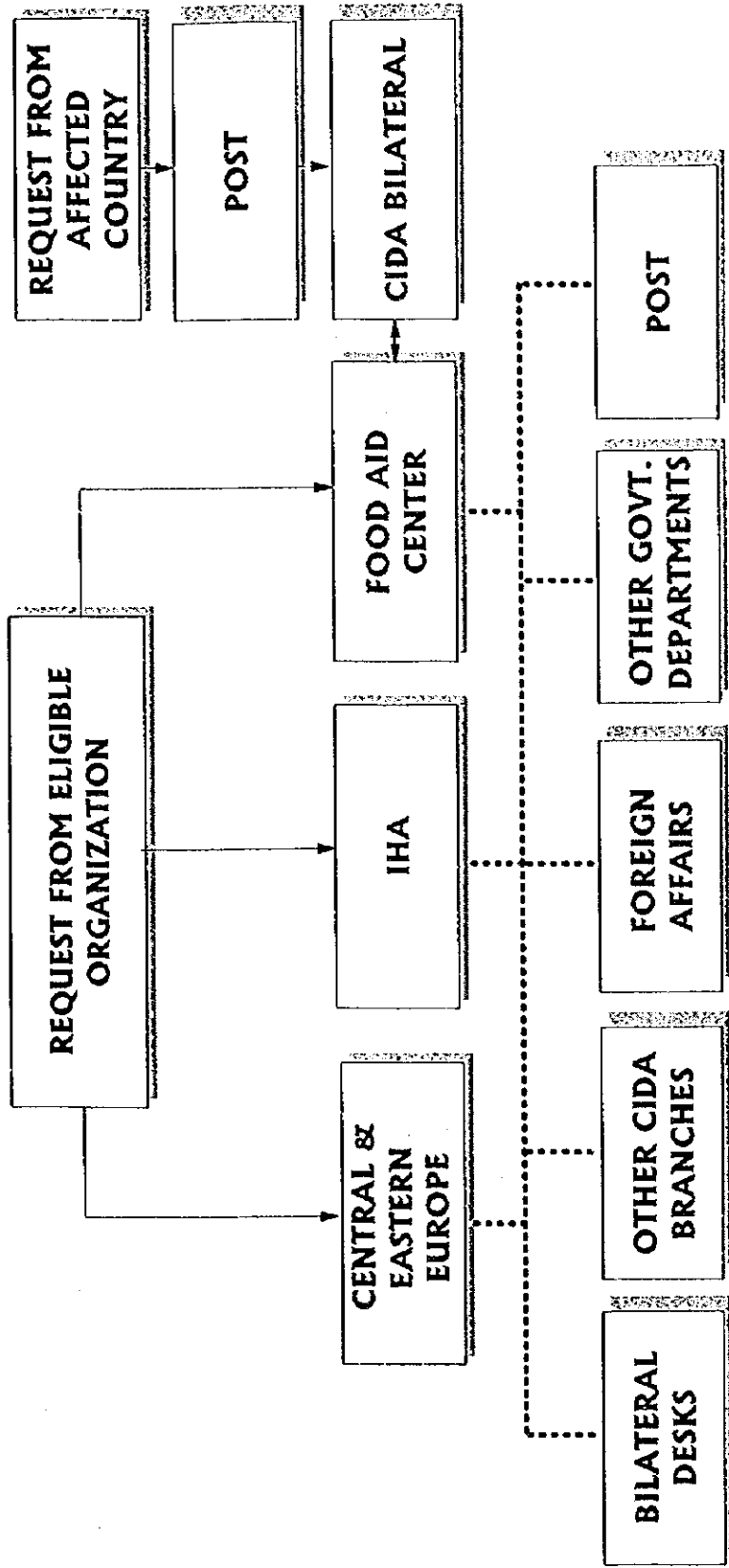
## **IHA DOES NOT FUND:**

- SEARCH AND RESCUE TEAMS
- UNATTACHED "EXPERTS"
- "UNLISTED" AGENCIES
- RECONSTRUCTION ACTIVITIES
- INSTITUTIONAL SUPPORT FOR NGOs
- FOOD AID

### NOR

Unsolicited contribution of new/use clothes, medicine, shoes, toys, canned goods, etc, etc, etc,.....

# CIDA - IHA APPEAL SYSTEM



"APPEAL" ———  
CONSULTATION - - - - -

# International Humanitarian Assistance

## Basic Information

### MANDATE

- To assist victims of conflicts (refugees and displaced persons) and of natural disasters

### WHERE

- In developing countries in Africa, Asia, Latin America and the Caribbean

### HOW

- By responding to appeals from the UN, the Red Cross movement and Canadian NGOs for all needs except food
- Budget: 90-91 to 92-93: over \$110M; 93-94: \$90M, 94-95: \$105M, 95-96 and 96-97: \$73M

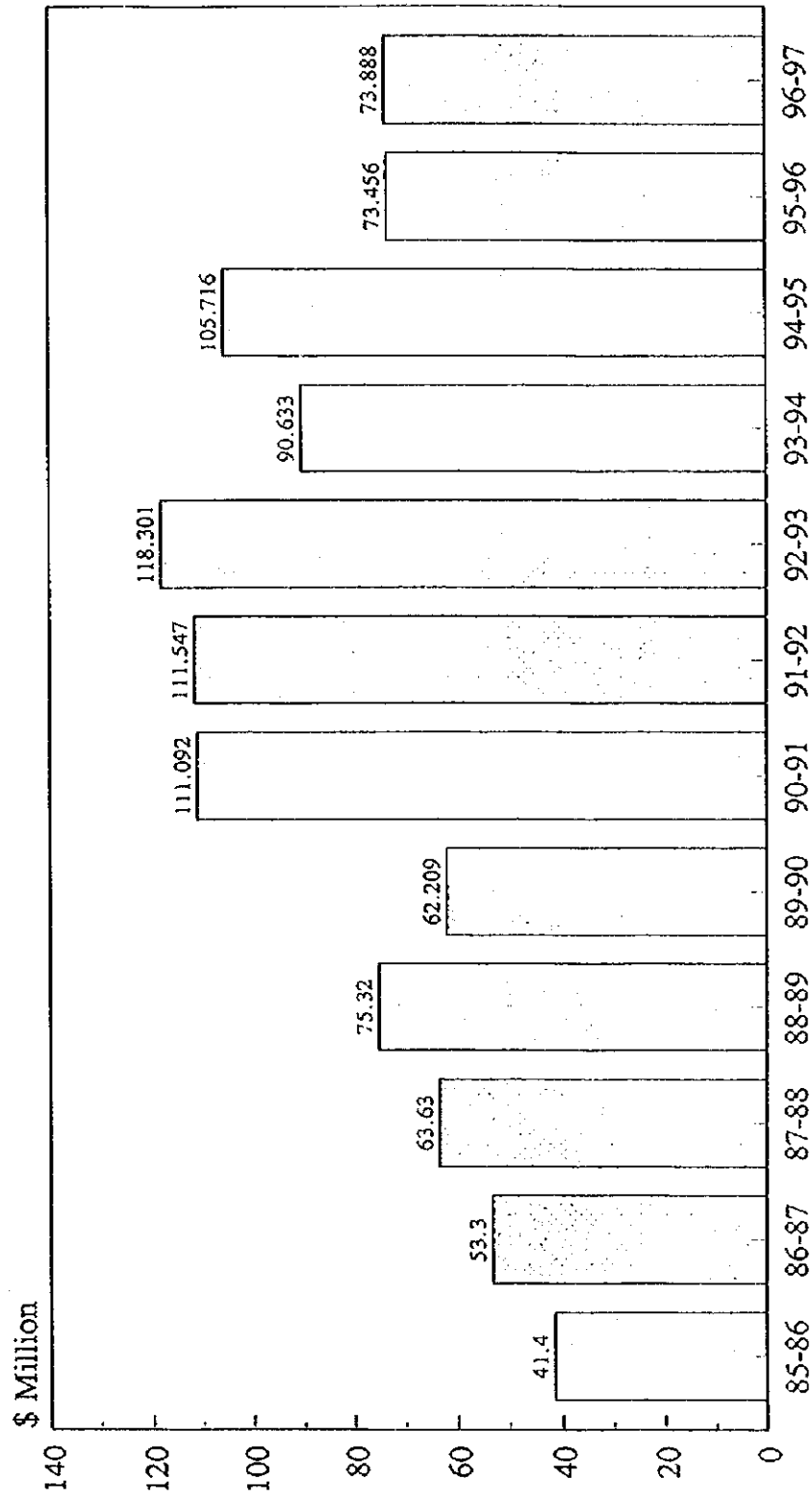
### WHY

- Humanitarian objectives
- Foreign policy
- Public opinion/political pressure
- Domestic concerns

March 31, 1996

# INTERNATIONAL HUMANITARIAN ASSISTANCE

## TOTAL BUDGET \* FISCAL YEARS 1985-86 TO 1996-97



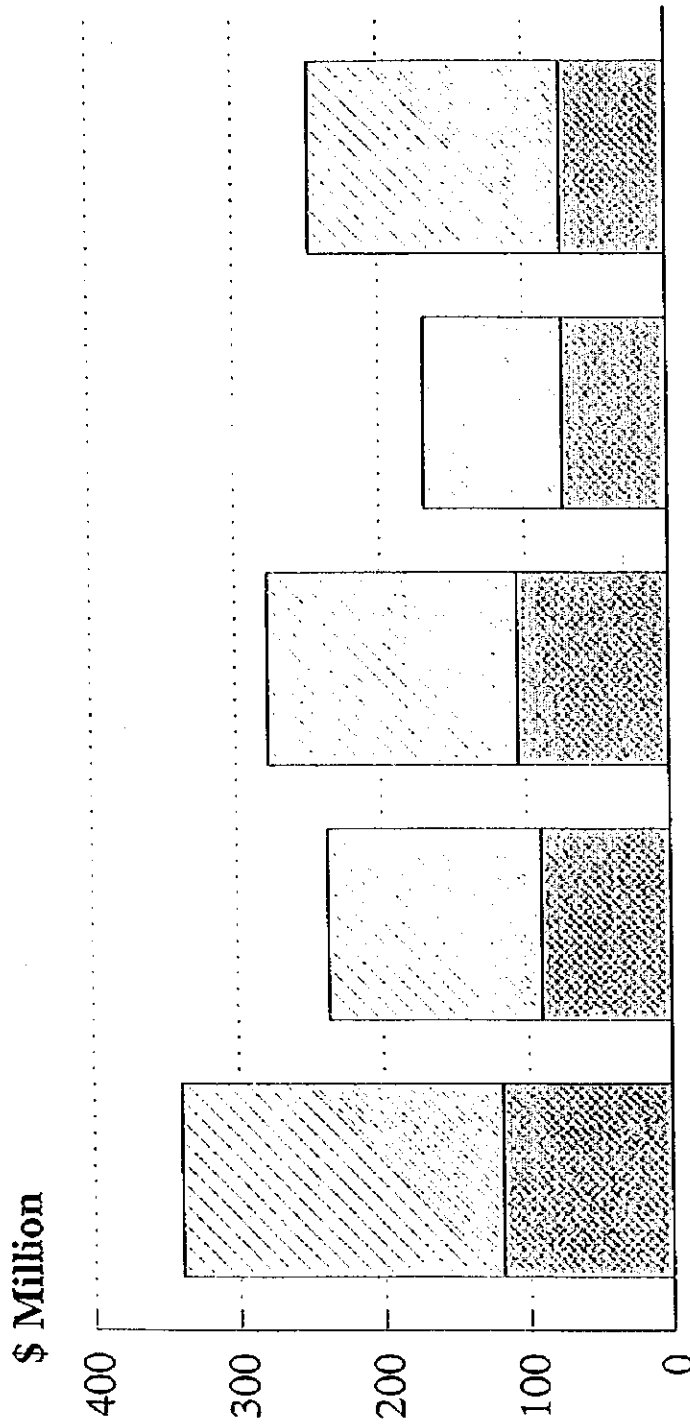
\* Excluding Emergency Assistance provided by the Central & Eastern Europe Branch

March 31, 1997

# HUMANITARIAN ASSISTANCE & EMERGENCY FOOD AID

## Expenditures for fiscal years

1992/93 to 1996/97



	1992-93	1993-94	1994-95	1995-96	1996-97
MHA	118.301	90.633	105.716	73.456	73.888
MFA	220.381	146.270	172.030	95.480	173.330
Total	338.682	236.903	277.746	168.936	247.218

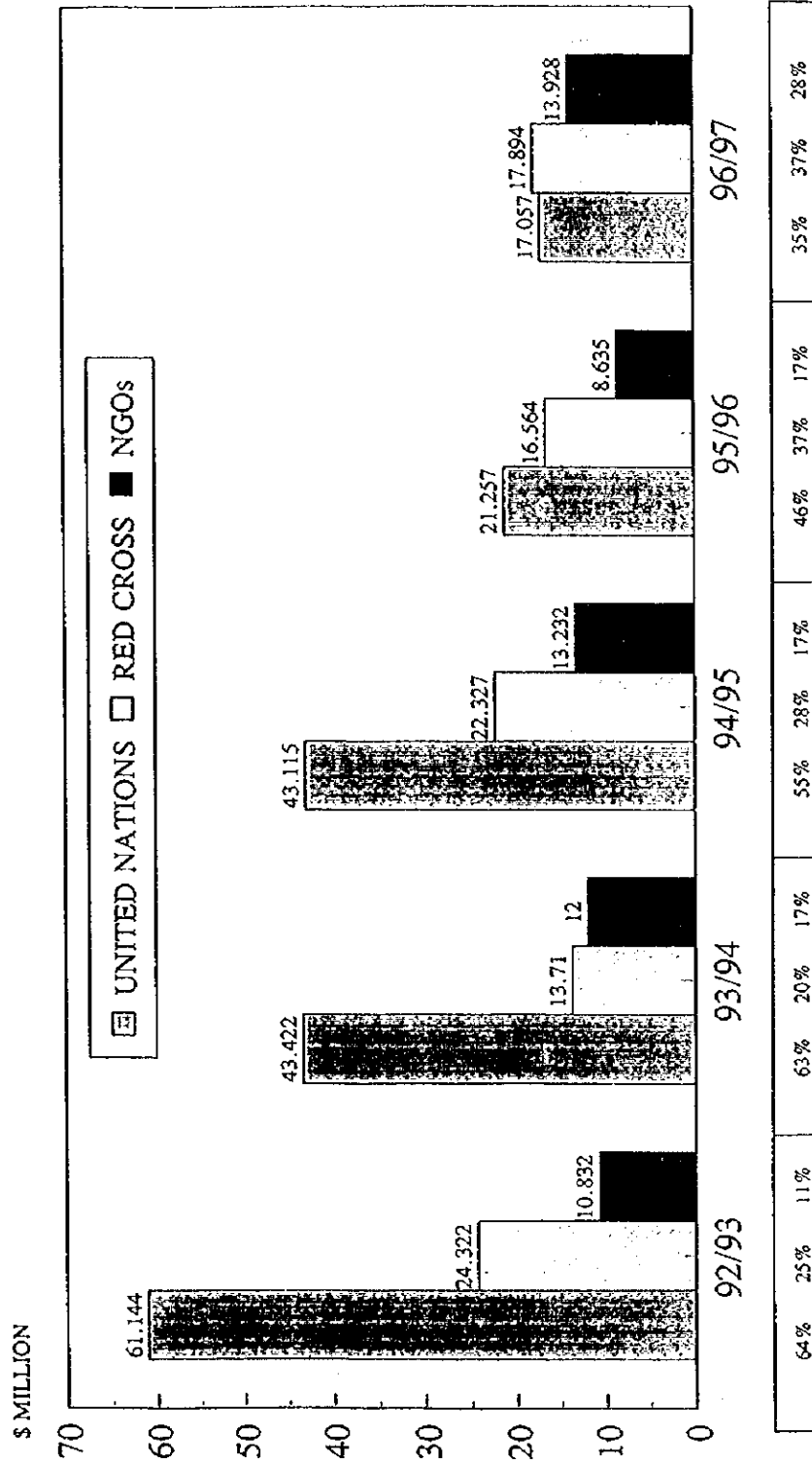
MFA - Multilateral Food Aid Centre  
MHA - Multilateral Humanitarian Assistance

March 31, 1997



# INTERNATIONAL HUMANITARIAN ASSISTANCE EXPENDITURES BY CHANNEL

FISCAL YEARS 1992/93 TO 1996/97



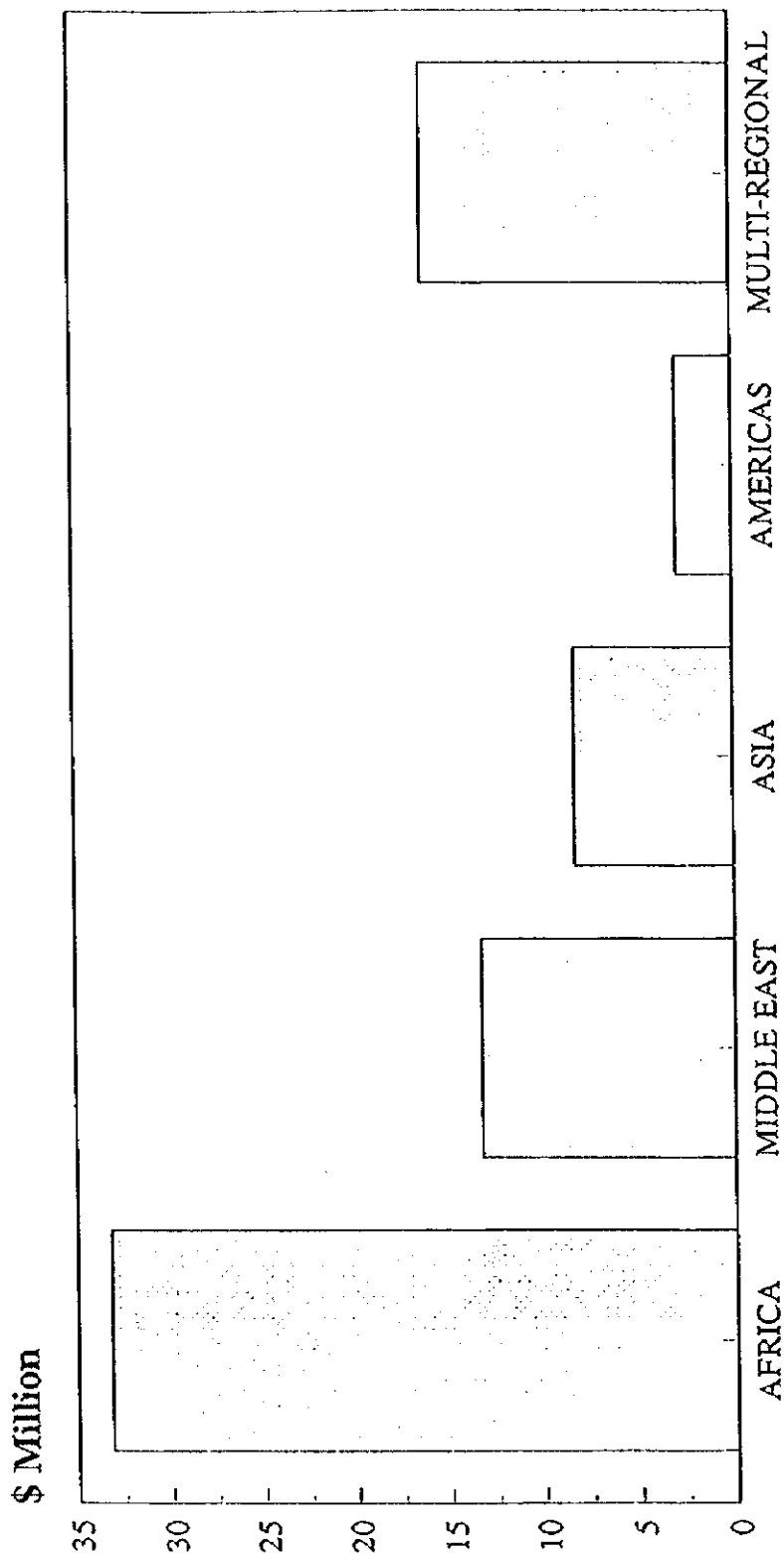
(excluding core funding & special programs project expenses)

March 31, 1997

# INTERNATIONAL HUMANITARIAN ASSISTANCE

## RESPONSE TO CONFLICT AND NATURAL DISASTERS - BY REGION

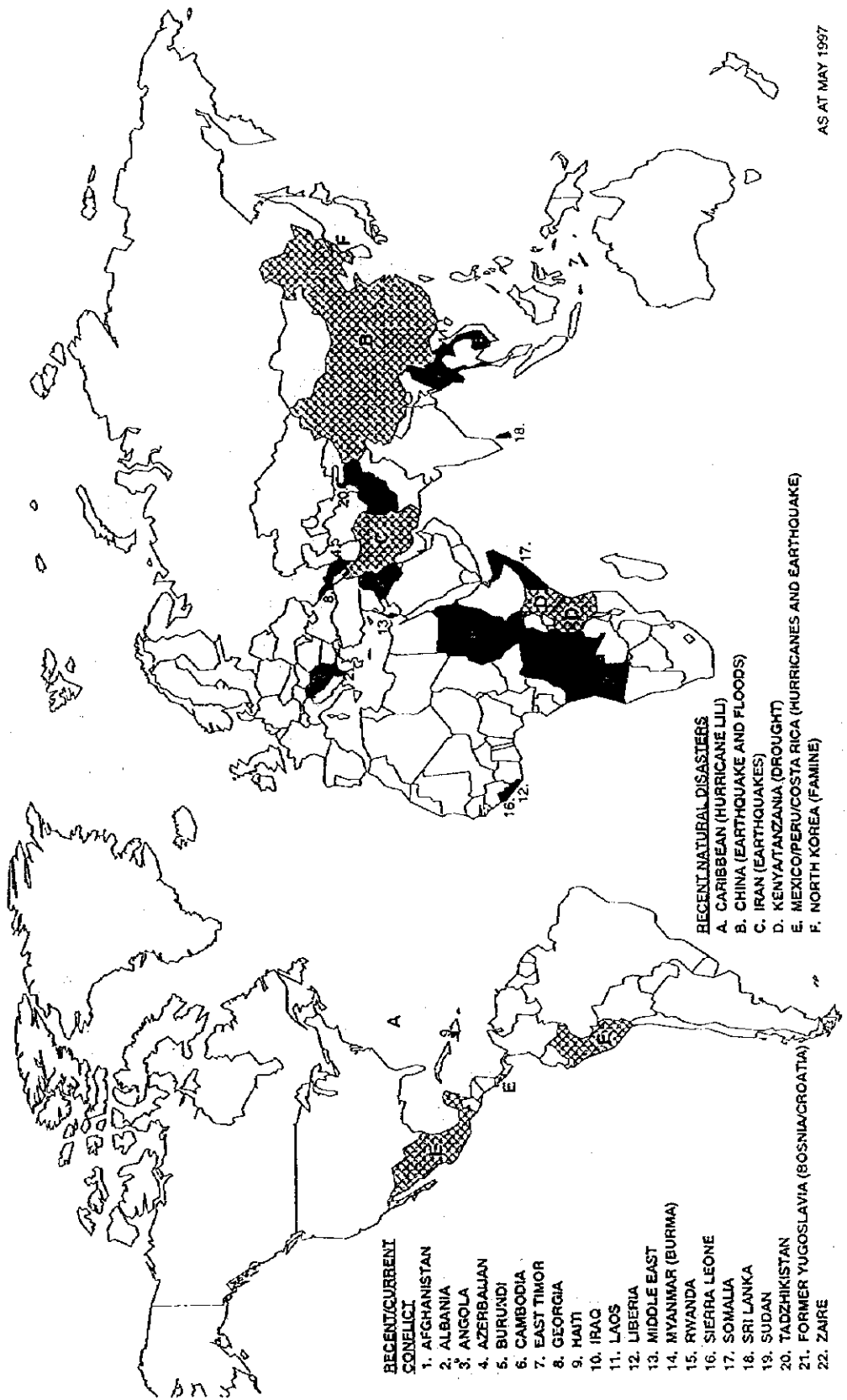
### FISCAL YEAR 1996/97



Total Budget: \$73,887,850

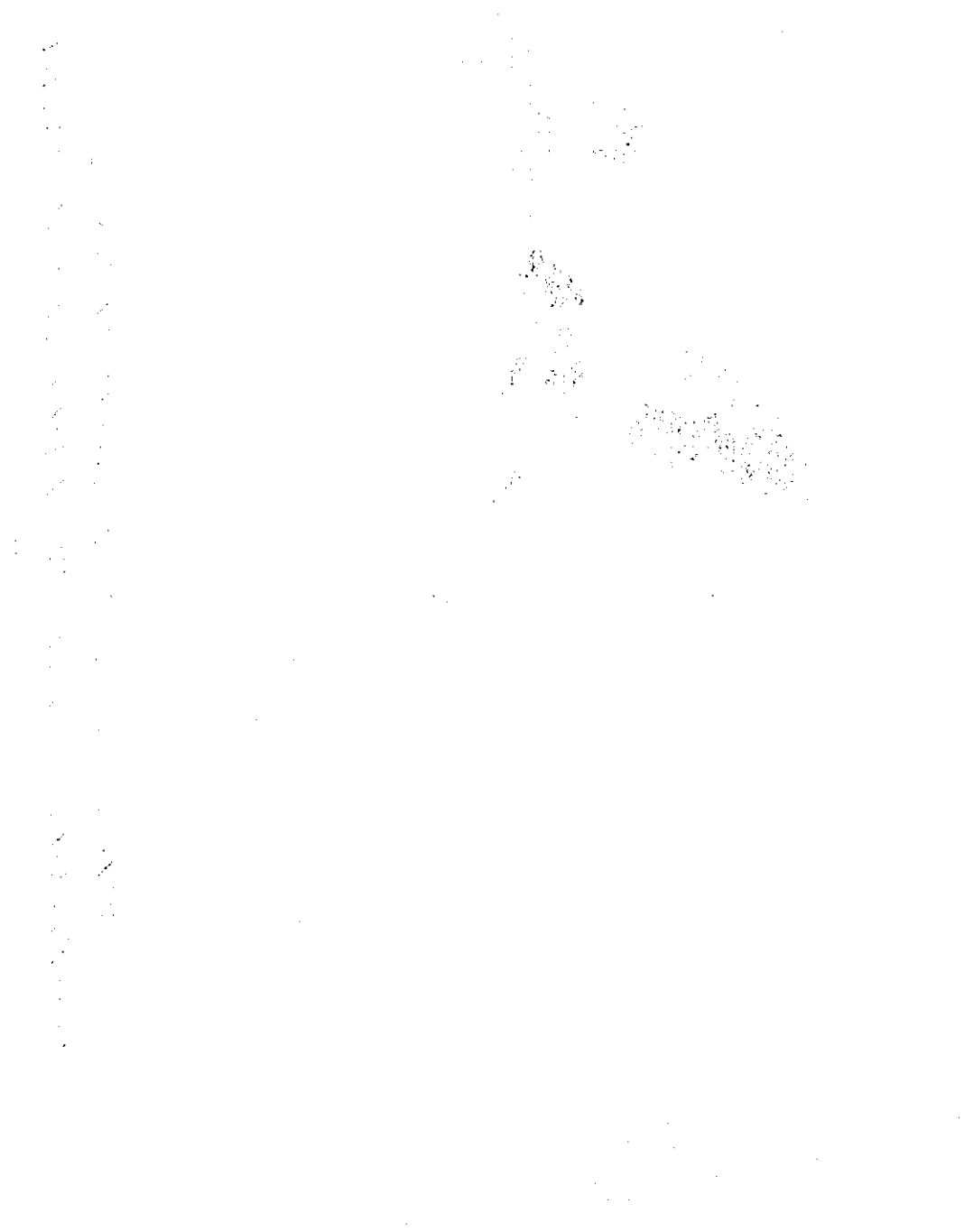
March 31, 1997

**C.I.D.A.  
INTERNATIONAL HUMANITARIAN ASSISTANCE PROGRAMME  
PRINCIPAL AREAS OF INTERVENTION (1996-97)**



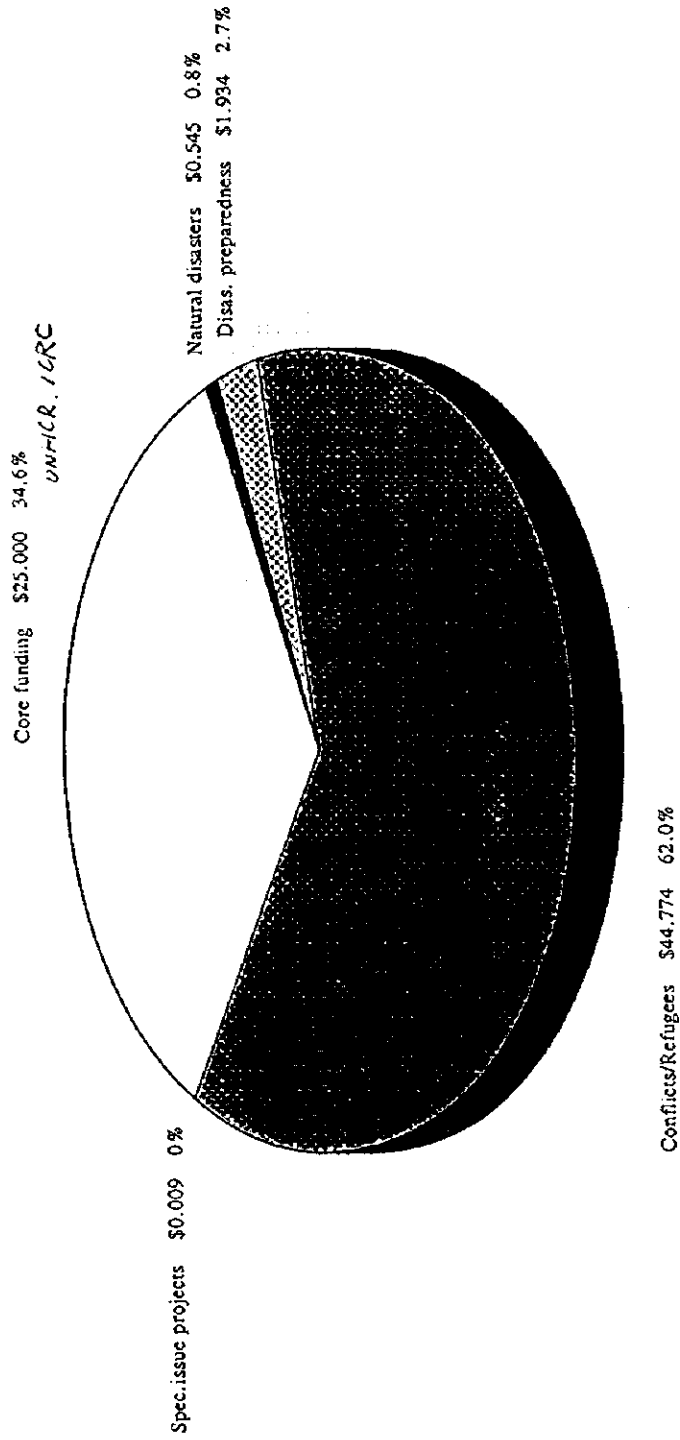
AS AT MAY 1997





# INTERNATIONAL HUMANITARIAN ASSISTANCE EXPENDITURES BY CATEGORY

FISCAL YEAR 1996/97



Total budget: \$73,887,850

March 31, 1997

# *Framework for a strategy*

*The following strategy falls within the general strategic planning and procedural instruments of the Red Cross Movement, and in particular the Principles and Rules for Disaster Relief and for Development assistance, and the Strategic Work Plan for the Nineties (SWP).*

## *Strategic challenge*

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The strategic challenge is:

*“Improving the situation of the most vulnerable”*

The most vulnerable are defined in the SWP as:

*those at greatest risk from situations that threaten their survival or their capacity to live with a minimum of social and economic security and human dignity.*

The definition of vulnerability should be seen in particular as taking its point of departure in vulnerability to disaster and conflicts.

DRC will work toward this challenge with two time perspectives, by ensuring,

- that support is alleviating the immediate suffering of vulnerable groups
- that support is given in such a manner that future vulnerability is reduced .

To achieve this, DRC will need to strengthen capacities at three levels, ensuring:

- that individuals, target groups and communities have a higher capacity for alleviating suffering and reducing future vulnerability
- that the RC Movement and the “emergency sector” enhances its ability to improve the situation of the most vulnerable
- that DRC continue to be recognized as a respected, dynamic and innovative partner in this endeavour.

DRC will continue to use two main modalities:

- emergency assistance, mainly in connection with disasters and conflicts (primarily multilaterally, that is, through the intermediary of ICRC or the Federation)
- disaster preparedness, rehabilitation and development projects to reduce target groups vulnerability to disasters (primarily bilaterally, that is, working directly with operating national societies in developing countries, in coordination with the Federation).

To meet the challenge, action will be concentrated on three goals, with a number of actions for each. Although the actions have been grouped according to goal, most of them (unashamedly) often contribute to more than one goal.



## *Overview of strategic goals and actions*

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### *GOAL 1: Improved delivery of assistance*

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- Action 1.1 Improve understanding and action related to the interlinkage between preparedness/emergency/rehabilitation/development.
- Action 1.2 Continue and improve emergency assistance in terms of economy, effectiveness and efficiency.
- Action 1.3 Continue to concentrate on high quality, long-term development activities in a limited number of countries.

### *GOAL 2: Enhanced empowerment of target group members and capacity building for sustained programme delivery*

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- Action 2.1 Improve focus on the vulnerabilities and roles of especially vulnerable groups, in particular women.
- Action 2.2 Continue, as part of the RC Movement, to build capacity of ONSs.
- Action 2.3 Continue improvement of assistance to ONS in areas where DRC has a comparative technical strength.
- Action 2.4 Increase the volume and quality of partnership projects.
- Action 2.5 Improve cooperation between popular and professional parts of DRC in international assistance.
- Action 2.6 Improve focus on furthering the Red Cross Principles in DRC activities.
- Action 2.7 Develop a proactive communications programme, with a heightened public understanding in Denmark of the RC Principles and role in furthering world peace, and support for DRC work.
- Action 2.8 Improve the way we work as a Movement.

### *GOAL 3: Improved DRC capacity and capability to assist partners in need of assistance*

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- Action 3.1 Continuously improve delegate preparedness.
- Action 3.2 Continuously improve operational aspects of relief, including used clothing.
- Action 3.3 Continue to improve flexibility and speed of administrative procedures.
- Action 3.4 Maintain an effective balance between level of resources and capacity, with resources more effectively managed and used, including diversification of funding.
- Action 3.5 Continue to build motivated, qualified and stable staff resources.

## Decision criteria

Given the fact that needs always outstrip resources, a certain selection is necessary. The following set of criteria has been developed to help selecting activities for support. These criteria hold for all assistance, no matter what type of activity, source and channel of funding. Complementarity and synergy of assistance will be emphasized, used as an overall criterion for assistance.

### Institution building

The intention is to support the local Red Cross societies so that they become efficient to identify their mandate and less dependent on external support. Such initiatives must be integrated as components of DRC supported activities.

### Strengthening of disaster preparedness

The initiative shall make it possible for the local RC society to be able to predict, control and overcome the effects of a crisis/disaster which is typical for the country or area in question.

### Sectors

DRC has chosen to concentrate its development activities within the health and environmental sectors, primarily in rural and slum areas. The main activities are information and training, and the projects shall comprise all parties involved.

### Countries

In principle, relief and disaster aid is world-wide. In the support to development projects DRC, however, concentrates its efforts on a limited number of countries. This concentration is assessed according to the following criteria:

- Degree of poverty
- Vulnerability to disasters/conflicts
- The existence of a "Framework for development cooperation"
- Merging of the priorities of the operating society and the comparative advantages of DRC.
- Potential capacity within the ONS

## Vulnerable groups

In the disaster and development efforts high priority is given to the groups of people who are experienced to be most vulnerable to the effects of armed conflicts, natural or man-made disasters.

### DRC capacity

Any new activity must take into consideration the personnel and financial resources of DRC. The necessary professional skills must also be available when taking up a new activity.

### Dissemination of the Red Cross Principles

As a part of the activity the relevant target groups must be informed about the Red Cross Principles as stated in the Geneva Conventions (Human Rights).

*Detailed  
strategic  
goals and  
actions*

*GOAL 1: Improved delivery of assistance*

**1.1 • Improve understanding and action related to the interlinkage between preparedness/ emergency/rehabilitation/development**

Experience: The RC Movement as yet has a weakness in defining and implementing this area – what is it and who does it? What happens when the ICRC withdraws from a zone of conflict, how does emergency assistance get undertaken with at least a minimum of attention to avoiding adverse long-term effects? There are a number of countries where the situation is ripe for rehabilitation of various types – Mozambique, Somalia, Eritrea, Ethiopia, Cambodia to mention a few. How does one go about it? Or has it in fact already been done, without our learning optimally from experience?

The RC Movement has a comparative advantage: with its varying components – ICRC, ONS, PNS, the Federation, and its relatively close and defined links to governments, it has the potential to work cohesively in several phases of an emergency – from the most acute emergency through rehabilitation and perhaps extending to a defined role in a national development programme where the government takes the lead role.

DRC has comparative advantages in certain technical fields, where its potential for contribution would be particularly great (also see Action 2.2).

Actions: RC will contribute actively to this process: undertaking a review to determine what experience is already available, and what might be helpful action in future, clarifying with donors such as DANIDA what its position would be (in general, as well as specific funding mechanisms), undertaking some closely monitored experiences in close coordination with others, if possible contributing to the evolution of policy. Close contact will be maintained with the Federation/ICRC.

DRC will also attempt to build on the interest of ICRC to collaborate with national societies in taking over rehabilitation work after they withdraw, building on earlier experience in Sudan – various types of project delegation – but especially seek to do so within fields of its technical expertise.

**1.2 • Continue and improve emergency assistance in terms of economy, effectiveness and efficiency**

Experience: Emergency assistance has for many years been one of the most important priorities of the international RC Movement and of DRC. Considerable experience has been accumulated and has led to a high degree of professionalism in the response pattern to disasters.

DRC has on numerous occasions proved that it is capable of reacting both quickly, massively and efficiently on international emergencies. It is among the societies which shows respect for the importance of coordinating the action with other components of the Movement, and usually refrains from unilateral initiatives which often prove to be counterproductive. The performance by DRC over the past two decades has earned it a favourable reputation in the Movement.

There has, however, been a tendency to regard a disaster situation as a separate issue from the whole development issue. It is only recently that DRC has started in a systematic way to analyze the relationship between emergency assistance and development. This long-term failure to recognize this relationship is not limited to the DRC, but has, in fact, been apparent in the RC Movement as a whole.

The changes in the international environment, as described in the introduction, makes it so much more important that DRC reexamines its role in emergency assistance with a view to introducing certain improvements. These improvements could have a positive impact on the emergency assistance given by the Movement as a whole.

Actions: Concepts usually applied in development cooperation should gradually be introduced into emergency assistance. All major relief operations should be subject to reviews or evaluations (in-house or external depending on the case). Various risk factors should be an integral part of relief appeals and emergency response.

A higher degree of “visibility” should be introduced in the emergency assistance. By this is meant that the reason for disaster response should be clear and transparent. It is a fact that the decision

criteria are less developed in the emergency assistance than in development.

Certain of these tasks can be initiated by DRC, others will require the active participation of the ICRC/Federation. DRC will therefore engage itself actively in the debate on issues pertaining to emergency assistance, sharing among other things the experience gained from visits in the field, etc.

**1.3. • Continue to concentrate on high quality, long-term development activities in a limited number of countries**

**Experience:** It is our experience that sustained, bilateral assistance can be an excellent modality for bringing longer term, technically sound development (as well as preparedness) assistance. As mentioned below (Action 2.1) it can also be an important component of institutional development. However, it is also clear that, in order to maintain this comparative advantage, the number of countries, and technical fields in which there is a bilateral involvement must be limited.

**Actions:** Maintain a total number of countries of 12-15 in Africa and Asia in accordance with the decision criteria above.

Continuously review the selection of countries and of the vulnerable groups within them to be assisted, in accordance to vulnerability tools and indicators of RC and others such as UNDP.

Ensure that various modalities of assistance are complementary – delegates, emergency assistance and multilateral development assistance.

***GOAL 2: Improve empowerment of target group members and capacity building for sustained programme delivery***

**2.1. • Improve focus on the vulnerabilities and roles of especially vulnerable groups, in particular women**

**Experience:** As mentioned above, "vulnerability" is a dynamic and flexible concept, and programmes do not always keep up with the changing situation. Women are generally both one of the most vulne-

erable and the most forgotten groups. The tools available to identify vulnerable groups, to measure progress in extending aid or particularly in measuring progress in building their capacity are inadequate – reality definitely lags behind rhetoric.

Another important group is the youth – both as a possible vulnerable group, and as a great potential strength. Administratively, there is a semi-autonomous youth organization within DRC. In international work it follows the overall policies of DRC, and refers to the International Department. One of its main comparative advantages lies in organizational work.

**Action:** DRC will in general, in all of its activities, try to live up to best practices in approaches designed to help women, and to build on their capacities. If the opportunity arises, we will support specific programmes at multilateral or bilateral level, which aim at improving these approaches, or give the opportunities for more experimental, small scale activities (e.g. education of women). We will contribute to the methodology on identifying vulnerable groups, developing approaches to working with them, and measuring progress in improving their situation, including capacity building.

The link with DRC Youth will be further strengthened, and action will build on its comparative strengths.

**2.2 • Continue, as part of the RC Movement, to build capacity of operating national societies**

**Experience:** As mentioned throughout this report, the capacity of ONSs to undertake action is of extreme importance. If strong, they can act faster, better and cheaper than can ever be done by international assistance.

The Federation is actively developing several tools and policies which will help build ONS capacity. The 1993 General Assembly requested an analysis of the characteristics of a strong Society (whether ONS or PNS), aiming to remedy external or internal factors which might make it difficult for member societies to carry out their mission. Guidelines for institutional development are being finalized. Funding tools such as the development

appeal are being improved. The Federation also offers several modalities of assistance in institutional development – e.g. through regional delegations.

The establishment of characteristics for what constitutes a strong society (and possible corrective action) is particularly significant. Discussions concerning political independence, willingness to cooperate with other organisations, decentralization of decision making, financial procedures, or adherence to plans could hereby have a new legitimacy, with agreed standards rather than being perceived as unavoidable cultural differences.

Furthermore, to ensure optimal effectiveness and sustainability of the priorities for action identified by the ONS, there is often a pronounced need to formulate and subsequently strengthen the society's future "sector role" in a country. That is, the national society must coordinate with community representatives, local authorities, government and/or other NGOs. Yet, the level of acceptance of this fact varies greatly within the Movement.

DRC donors, i.e. DANIDA and others, do not necessarily see support to institutional development as a priority for their own funding.

Action: DRC will continue to give priority to institutional development, both through its bilateral and multilateral work. Where DRC works bilaterally in a given technical specialisation such as PHC, the assistance will include support to institutional development of ONS and the sector as such, supporting the ONS to play an effective role in the national environment. Priority will be given to obtaining donor support for this area, and to arrive at a cohesive approach, where different types of resources (e.g. own funding/government) and modalities (multilateral, bilateral) supplement each other.

As mentioned also under Action 2.7, DRC will, as a matter of priority, clarify its position and try to clarify that of the Federation, on operational modalities.

### 2.3. • Continue improvement of assistance to ONS in areas where DRC has a comparative technical strength

Experience: One of the comparative advantages of the RC Movement is exactly its structure as a Movement. However, this is only fully used if one can build on each others special strengths – not only numbers. Furthermore, the very real problem of learning from experience can only be addressed by any one organization in selected fields. Finally, experience clearly shows that trying to spread too thin will result in poor quality work and low efficiency. ONS need increasingly high quality of assistance – much of the ground work is already there. Actions: Therefore, DRC has identified certain areas where it will continue to place special focus, make a particular effort to collect experiences, and contribute these to the Movement more widely. We emphasize that these are areas where we already feel we have good experience.

There are several levels of specialization:

At the first level, we note that any activity should be in accordance with "best practices", i.e. one should actively inform oneself about existing guidelines and experiences. This in itself is time consuming – one cannot expect to be completely up to date in all fields. DRC would seek to be at least at this level, and to meet that standard, the number of technical fields must be limited. The purpose would be to do high quality work.

A second level would be, if one discovers that an activity one is undertaking is developing novel approaches which are an improvement on the existing "best practices". In that case, we will make an extra effort to have these approaches documented and distributed. This would require limited and foreseeable resources. Thus, the purpose would be to contribute to our institutional memory as a Movement or sector.

A third level would be to become a recognized "lead agency" for the Movement, i.e. a clear reference point for other components. This is not within our own powers, and could be costly and unforeseeable. However, we would like to experiment with some areas. The purpose would be to

achieve a division of responsibility within the Movement.

Some of the areas where we feel we have particular strengths are mentioned below. Clearly, they are at different levels, and action will be at different levels.

Strategies for each area already exist or are under detailed preparation.

- **Primary Health Care.** This is clearly our main focus, and one where we have considerable experience in fields such as Essential Drugs and AIDS, at a level which could be of wider benefit. As is prescribed in international policies (e.g. Alma Ata), PHC does, and will continue, to include family planning. The PHC field is one where the interplay with other institutions, e.g. governmental structures, will be most important. We would like to strengthen our role in this field.
- **Environmental related aspects of health, and other aspects of environment** where Red Cross has a comparative strength. Here our experience is not as solid, although there are small scale positive examples. We would see our role as contributing to clarification of the RC role in the field.
- **Psychological first aid** (in various forms, including psychological briefing and first aid for delegates). DRC has been designated lead agency in this field. Building actively on the experience at national level, DRC will contribute internationally.
- **Participatory approaches** (including gender considerations), especially planning and management. Here we would build on experience and develop it further, if possible contributing practical tools for wider use.

Clearly, the above specialization will be done in a measured manner – for example our multilateral emergency assistance will be less specialized, to ensure wide coverage, and all bilateral assistance will continue to be undertaken with clear attention to the priority areas of each operating society.

#### 2.4. ● Increase the volume and quality of partnership projects

**Experience:** Many national societies have partnership projects, i.e. small-scale projects usually involving local departments in both ONS and PNS. Since the mid-1980s, DRC support to this type of projects has grown from a few to presently around 40, either as independent projects, or as part of larger projects financed by DANIDA.

In DRC local branches, there is high level of interest in partnership projects. In fact DRC willingness to contribute to such projects has far outstripped the capacity for identifying suitable projects in ONSs. The reason is basically that programming, implementation and evaluation cost a great deal of resources (sometimes as much as the funds available). In traditional assistance terms, it is not a "cost/effective" way of operating.

In ONSs, experience has been varied. Some are very interested in this type of projects, and have had good experiences, others are less interested. At times local departments in ONSs do not know of this programme, or their projects do not get transmitted to headquarters.

However, it remains clear that this is a unique way to reach three objectives: (1) creating links between ONSs and PNSs, (2) contributing to the institutional development of local branches in ONSs, as well as (3) providing services to the vulnerable.

**Actions:** DRC feels that partnership projects, despite the difficulties, are a highly appropriate way for DRC to work, and that all three objectives mentioned above are valid. A recent strategy paper therefore reaffirms these objectives, giving increased attention to the second objective: institutional development at local level, and perhaps a little less to the first one (creating links). It also clearly recognizes the high administrative costs of the projects. In recognition of the special commitment needed we will therefore reallocate the necessary staff time and financial resources for a trial period. Partnership projects will continue to be established only in some of the countries where there is bilateral DRC engagement.

This trial period will be used both to see whether we can get the programme working at an optimal level, and what it will cost. This trial period will also be used to streamline programming procedures, to identify particularly successful approaches, to collect experience from other national societies etc.

#### 2.5 • Improve cooperation between popular and professional parts of DRC in international assistance

**Experience:** The combination of a strong volunteer basis and qualified full-time staff is one of the comparative advantages of the RC Movement, but also is one which may not always be optimally used. In DRC, there has been very little involvement by members in international work – partnership projects and the collection of used clothing have been the major means used.

**Actions:** The new structure, particularly the International Consultative Council and the appointment of an international vice president, are a major opportunity to rectify this, and to move toward a stronger, more cohesive and strategic involvement.

Since it is not at all clear how this could be done, the first step should be to find realistic ways of doing it. They may include more involvement in strategic considerations, international groupings in certain local RC branches, involvement in advocacy or specialization work, proactive collection of materials for emergencies rather than a passive reception (and often denial) by the national offices, more information to local branches, closer contact with delegates locally, as well as all the usual fields (partnership projects etc.).

In all actions undertaken, time and funds must be budgeted carefully, since many are time consuming for all concerned.

#### 2.6. • Improve focus on furthering RC Principles in DRC activities

**Experience:** One selection criterion for DRC assistance is the dissemination of the Red Cross Principles. This should be seen not only in terms of projects, but also other activities.

We have a number of good experiences – e.g. the youth programme in one country, which is actually providing the ICRC with the cornerstone of a dissemination network. However, in other projects it is less clear.

**Actions:** We will therefore focus on assessing how far we have already come in this field, and to ensuring that in future it will be up to acceptable levels, not only in projects but in all international work.

#### 2.7 • Develop a proactive communications programme with a heightened public understanding in Denmark of the RC Principles and role in furthering world peace, and support for DRC work.

**Experience:** There are several aspects to this: advocacy in favour of the RC Principles, and creating public awareness and support for our work.

In the SWP, a major goal is advocacy in favour of the vulnerable. On the other hand, and as often mentioned within the RC Movement, the principle of neutrality is sometimes seen as a reason for not making the kind of highly publicised statements which might be considered a major part of advocacy.

DRC has not been prominent in the public debate in recent years. We are frequently asked to participate in public statements in collaboration with other Danish NGOs on diverse topics which seem outside the core areas of interest and expertise of DRC. On the other hand, there are many issues which seem pivotal to RC work – e.g. armed escort for humanitarian workers.

The recent structural changes within DRC seem to provide improved resources for entering public debate, if that were desirable.

With respect to public understanding of our work, the present communications approaches for DRC in Denmark are working well in terms of obtaining financial support and general respect. One might particularly mention the Africa Campaign in 1992, which brought in record levels of funding (63 million DKK). It had other positive aspects: it was a



joint campaign with two other NGOs (Danchurchaid and Save the Children), which was effective as well as being well received by our supporters. It heightened public awareness of the problems of Africa at a time when it had primarily been focused on Yugoslavia, and it made a small contribution to an awareness of the importance of preventive and rehabilitation work as well as pure emergency work.

Thus it went beyond one traditional view of communications, as being primarily a fund raising instrument.

However, we are still to a great extent vulnerable to being driven by what the public sees as our role, and what they see as the needs, rather than ourselves being in a position to define our role, and being able to respond to needs as expressed by ONSs rather than only by the Danish mass media.

**Actions:** The goal is to facilitate action by raising resources as well as broad support for using these resources in a manner which is most effective in reaching the strategic goals of the RC Movement. It is also to contribute to a public awareness of the RC Principles, the underlying human rights principles, and their role in attaining world peace.

Specifically, we will seek to generate:

- An understanding of the importance of quick and professional assistance, with emphasis on local needs rather than availability in Denmark (demand driven rather than supply driven)
- An understanding of the need for preventive and rehabilitation work – an awareness of the available success stories in this regard
- An understanding that DRC assistance is given to “the most vulnerable”, which may not be those which are currently most newsworthy
- An understanding of the RC Principles, their underlying Human Rights principles, and their importance in contributing to world peace.

This will be done through all available channels:

## 2.8 ● Improve the way we work as a Movement

**Experience:** Possibly, the strongest comparative advantage of the RC Movement is its structure, and yet this does not find full expression in reality. Some unresolved questions: seemingly differing approaches within the Federation regarding its role, both with regard to ONS and PNS, acceptance of different modalities and acceptance of “bilateralism”, a persistent reluctance in ICRC to share information and accept national societies as actors, a seemingly growing level of conflict between ONSs on the one hand and Federation/PNSs on the other, a lack of coordination between ICRC and the Federation. For DRC, which has not been represented in Executive Council level or above since the 1930s, this leads to a wish to be thus represented, in order to be able to influence policy.

**Actions:**

- Seek continuously representation in the governing bodies of the RC Movement, in order to be able to contribute actively to the future direction of the Movement.
- Seek to clarify as a matter of urgency a number of questions which relate to roles – and operational models – ONS/PNS/delegates/Federation – both in principle and in practical application, including institutional development.
- In particular, advocate a limitation of Federation work to coordination and policy, but not implementation, and then strengthen this role.
- Seek a model of collaboration with the Federation and ICRC which goes beyond cash contribution to active participation – in this respect, work toward a mapping of national society special capacities. Use SWP as a main tool for cooperation.
- Actively review possibilities for better reporting as one precondition for higher acceptability of multilateral funding.
- Strengthen links and joint approaches amongst Nordic societies.

*GOAL 3: Improved DRC capacity and capability to assist partners in need of assistance*

**3.1 • Continuously improve delegate preparedness**

**Experience:** The DRC contribution to the international delegate preparedness has increased over the years, and has grown from 40-50 ten years ago to a present level of 130-150 (one of the highest numbers from any national society).

We have consistent reports that our delegates are exceptionally well received, and attribute this in part to a careful selection, training and backstopping process.

We have in the past concentrated particularly on the fields of health and various aspects of logistics, and have the impression that such a concentration has been important in maintaining quality. However, the needs are changing. There is increasing demand for information, dissemination and tracing skills. There is also a shortage of chief delegates. Furthermore, the role of the delegate is seen in changing terms – going from a more “technical supervisory” role to a more “facilitating” role, and training has been adapted accordingly.

**Actions:** There is no goal in terms of quantity – the needs are clearly increasing, and DRC is one of the richest sources of delegates, so although we have no intention of major expansion (and certainly it could not be undertaken at the same level of quality without an increase in our staff), we should continuously review the needs to increase numbers.

- Continue to work toward common attitudes, procedures and contractual conditions with other societies, ICRC and the Federation.
- Expand collaboration with other donor societies in the area of training.
- Continue to work toward “career planning” for delegates.
- Identify and develop specialized training for Danish delegates who can take up positions in leadership roles.

- Examine possibilities of including the newer technical fields in our preparedness.

- Develop preparedness and training for psychological support for delegates in cases of traumatic experiences

- In relation to ICRC/the Federation, work toward better and more transparent planning and prioritization for delegates, especially in non-urgent cases, possibly including long-term contracts for “roving trouble shooters”; generally more transparent and open cooperation.

- Review the possibility of entrepreneurial projects, where the responsibility for recruitment lies with the donor societies.

- Better training for development delegates.

**3.2 • Continuously improve operational aspects of relief, including used clothing**

**Experience:** The provision of quick, well-coordinated, high quality supplies and logistical support is one of the DRC comparative advantages.

For example, few other societies have a general fund from which assistance can be drawn by the International Department – this greatly reduces response time.

It has been our experience that a very modest, carefully directed quality control (e.g. in terms of site visits) has resulted in major improvements in our operating procedures, e.g. in terms of type of goods sent, packing, marking coordination and distribution. It has also been our experience that this feedback has been welcomed by the Federation and ICRC staff, even when critical. We will therefore continue this gradual and continuous improvement process, also working toward a better coordination with the Federation and ICRC.

The quality and detailing of appeals, as well as our ability to assess the appeals has greatly improved over the last few years, and has led to a better ability to judge which appeals we will be able to

respond to in the most cost-effective way. It has also reduced our need to rely on outside expertise in assessments.

At present, this means that DRC responds to about 50% of appeals.

With respect to clothing, DRC collects used clothing through local branches (about 1,000 tonnes a year). It is sold in Denmark in Red Cross second hand stores, and provides a major source of revenue for the branches concerned. The surplus revenue generated in this manner is often channelled into partnership projects or to the central DRC emergency fund. However, about 10% has been sent out internationally, either as part of relief assistance (free of charge for the recipients), or as long-term assistance to a limited number of ONSs, which generally sell the clothing in their stores.

A limited number of other PNSs have similar arrangements (e.g. Germany and Sweden). Where clothing is sold, DRC practice is to require a careful monitoring system, (since one might consider this a type of cash assistance in clothing form) as well as an agreement by local authorities that this practice is not hurtful to local industry.

As an indicator of value, we mention that clothing by the time it is packed and shipped to Africa will cost about 10-15 DKK per kg, but may be sold anywhere at 2-5 times that amount.

Not surprisingly, ONSs are often very keen to get this type of assistance, which may be the only possibility for them to get non-project funding.

In addition, DRC local branches have a special knitting and sewing programme, with about 12 tonnes being produced every year for children 0-12 years of age. This is sent out purely on a gift basis, both in emergency and development contexts.

There have in the past been minor problems with coordination of the shipments, but this seems now to have been solved. The major issues relate to the sale of used clothing. The required monitoring systems are a major challenge to ONSs. There has been a great deal of media attention to the possible misuse of funds in similar programmes of other NGOs, although none yet for RC, and also attention

to the possible bad effects of such sale on the local market.

There has also been an issue in that some recipients do not find the quality of second hand clothing high enough – something which would not be easily accepted in Denmark, where people generally spend very little money on clothing, and where the wearing of second hand clothing is quite acceptable at all social levels.

**Action:** The assessment process will be continuously improved, to ensure most rational use of funds in agreement with the decision criteria as mentioned above, including transport costs. In principle assistance will continue to be provided world wide, but according to the DRC decision criteria. Emergency preparedness initiatives will be assessed, e.g. the possibility of warehousing and general contracts with certain suppliers.

**With respect to clothing:**

- Continue use of used clothing for emergency situations, as now clearly steered by need, not supply. Review possibilities of more efficient storage procedures.
- In the development context, select a few societies, where the safeguards of monitoring and authority agreement are fully filled, and provide the necessary shipping costs from general development funds
- Seek discussion of the principle question of adverse effects on local markets within the Red Cross Movement.

### 3.3 ● Continue to improve flexibility and speed of administrative procedures

**Experience:** The whole basis for RC action is emergencies, which by their definition require quick action. One of the comparative advantages of the RC Movement is therefore relative speed of implementation.

Clearly, there is a trade off between, on the one hand democratic process (including both at ONS,

PNS and international level) and well deliberated action which in effect is strategically correct, and on the other hand, speed.

Some national societies have precise goals for speed of action – for example Canadian Red Cross has a goal of reacting within three hours of the launch of any appeal.

With the many changes taking place within and outside DRC, this issue is particularly topical, since speed and flexibility depend on action both within the DRC administration, in the interface with steering bodies, and in relations with donors.

**Actions:**

- Keep particularly close track of our experience, to enable us to judge the tradeoffs in speed and quality.
- Continuously and consistently strive toward that speed and flexibility be improved.

**3.4 ● Maintain an effective balance between level of resources and capacity with resources more effectively managed and used, including diversification of funding**

**Experience:** The Programme of Action 1989-93 foresaw no growth in resources, and rather a better management of existing resources. In fact, of course, resources were considerably increased in the period concerned. However, although it is clear that needs are increasing, we also feel that our main aim should be quality in application and management of resources rather than major growth.

DRC receives funding from a great number and variety of sources – members, the general population, private funds and donations, EU, various departments of DANIDA. In 1992, the distribution was 80% Danida, 1% EU, and 19 in direct contributions from members, population etc. There is great variation in the procedures for obtaining funds, in the certainty that they will be granted, and in the flexibility of their use. Thus, it is a major challenge to manage funds well and consistently, to maintain the speed and flexibility without which RC loses all effectiveness – so as to assure that the extreme donor driven funding situation does not negatively

affect a recipient driven assistance. It is also a goal to continue to diversify this resource base – although it makes the situation increasingly complex that is necessary in order to continue increasing and maintaining independence and credibility.

**Actions:**

- It must be a priority to use the framework agreement funding from DANIDA fully and that the inclusion of funding from outside the agreement does not adversely affect the overall funding situation.
- Further discussions with DANIDA to further clarify common interests and flexibility, and in particular sources of funding for rehabilitation and institutional development work.
- Consistently use the more flexible funds for leverage: as backstopping whilst seeking the less flexible funding, as “money breeding” in terms of DRC contribution rather than full funding.
- Keep track of overhead costs to keep at a minimum.
- Use the new Management Information System (MIS) for better management of the activities through the project cycle.
- With respect to the EU, a satisfactory functioning of ECHO, as well as an opening up of the development assistance.
- Develop policy on entrepreneurial projects.

**3.5 ● Continue to build motivated, qualified and stable staff resources**

DRC has for some time had the goal of improving the technical capacity of its headquarters staff, improving the possibility of staff development, and overcoming some of the problems associated with family situations for international staff careers. Quite some progress has been made on all these fronts – for example possibilities for staff rotation have been improved and clarified, also with due consideration to family situation. This follows well some of the strategic goals of the SWP.

**Actions:**

- Further refinements and flexibility in rotation policy (including increased possibilities for staff from other parts of DRC to become delegates).
- Explore the possibility of further decentralisation to the field in the cases of DRC staff being outposted.
- Optimize efficiency.
- Support possibilities for further training.
- Facilitate development/emergency links.