



## Aid after disasters



- Local communities;  
Neighbours, schools, temples, churches...
- Aid movement at national level;  
Doctors, nurses, other volunteers...
- International aid.

## MSF in Sri Lanka



- One of the most quick and powerful mobilisation among international aid agencies

- December 26<sup>th</sup> Tsunami disaster
- December 27<sup>th</sup> Arrival at the Capital of the first team
- December 30<sup>th</sup> Teams present in the affected areas
- January 2<sup>nd</sup> > 50 international staffs  
> 150 tons of medical/non-food items  
Tons of emergency food

## MSF's aid activities

Kachevalai;

Rehabilitation of hospital and consultations, drinkable water supply, 500 tents.

Ampara;

3 sites of medical consultations, 13 mobile clinics, non-food items for 35,000 people.

Hambantotta;

Medical consultations, distribution of shelters.



## Summary of the exploration

- Drinking water and food were provided at an acceptable level.
- Sanitation was not satisfactory but it did not cause major problems.
- Need for medical aid was minimal.

In short, first emergency is over



## Further needs



- Transport/distribution of materials stocked in the Capital
- Surveillance of epidemics
- Psychological support
- Reconstruction

## MSF stopped emergency fundraising



> 40 million euros have been donated to MSF in the world until January 4<sup>th</sup> 2005.

Thank you so much, but no more donation to MSF for the "emergency" aid for tsunami.

The dimension and effectiveness of the aid not only depends on the scale of fund and activities of foreign aid-workers, but also on national capacity of the human resource, economy, infrastructure etc.

www.timesonline.co.uk  
**TIMES ONLINE**  
 The best of The Times and The Sunday Times, in real time

February 14, 2005  
 By Alexandra Freaan and Ben Hoyle

### Charities struggle to spend cash for tsunami

BRITISH charities admitted they would struggle to spend the vast sums of money donated to victims of the Asian tsunami. More than £365 million has been raised in individual donations to tsunami relief in the six weeks.

the British Red Cross may have difficulty responsibly spending the £60 million raised and is considering whether it can divert money to other causes.  
 Oxfam has suspended its tsunami appeal while Médecins Sans Frontières has offered donors their money back.

**BBC NEWS** WORLD EDITION

Friday, 25 February

### Sri Lanka re-directs tsunami aid

**Sri Lanka has so many tsunami relief supplies it is now distributing them to those unaffected by the disaster.**



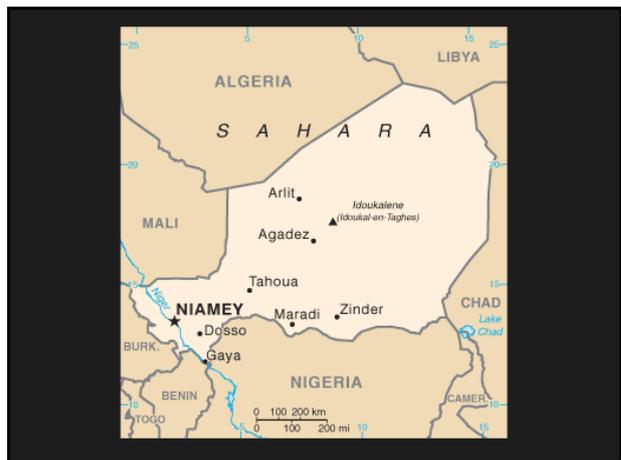
The country's social services minister said goods were being sent to homes for the elderly and institutions for children and the disabled. Supplies of milk powder, tinned food, bottled water and other goods have left warehouses bulging.

### Niger: Nutritional emergency

in a peaceful and democratic context



© Henk Braam



APRIL 18, 2005  
 Niger: Nutritional emergency

During February and March, the number of severely malnourished children who needed admissions to MSF nutrition centers has risen to 1,900, compared to the 750 admissions at the same time last year.

7 June 2005  
 Niger: the crisis has been finally recognised.

MSF has treated over 6000 children suffering from severe malnutrition since the beginning of the year.

The Prime Minister has started an appeal for emergency food aid, the United Nations refers to a serious crisis in their appeal for 16 million dollars.

7 June 2005 (suite)



A response that is inadequate

A food security survey showed there are areas where the population cannot access food aid via the sale of government controlled low priced food. Half of the families simply do not have enough money to buy food, even at low prices.

2<sup>nd</sup> August 2005



Niger:

Between January and week 30 more than 14,000 severely malnourished children were admitted, and since the beginning of June the rate of admission has been 1,000 per week across the four programmes.

August 26, 2005



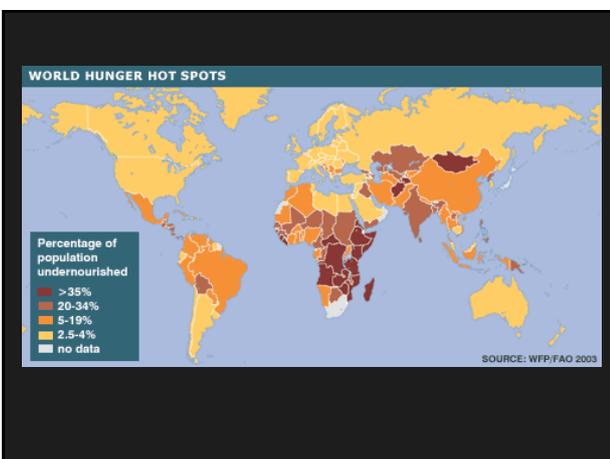
Niger: appeal heard?

Kofi Annan's visit to Niger allowed MSF to get its message heard loud and clear on the inadequacy of aid sent by UN agencies to Niger [not enough in the most affected areas, and no therapeutic flour].

Factors which may have worsened the situation so far



- Delayed recognition of the crisis
- Reluctant reaction from the international community and aid agencies
- Too late introduction of free of charge food distribution
- Inadequate distribution of food (based on the data of last year's harvest, not on the assessment of populations)



Lessons learned? (from 2 disasters)



Need for;

- Accurate assessment
- Quick and sound decision
- Sound communication and fund raising
- Free *emergency* aid for the poorest and most vulnerable people
- Adequate distribution of aid according to the assessment



## MSF after Kashmir earthquake



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## A week after the quake



### HUMAN RESOURCE

#### Pakistani side

Expats number 77: Coordinators; doctors (including surgeons); nurses; logisticians; mental health officers; water and sanitation logisticians; and communication officers

#### Indian side

Expats number 10: MD's; nurses; coordinator, mental health officers and logs

## A week after the quake



CARGO (in addition to the initial expedition)  
- 2 full-charter flights, 250 tons of material

Medical items: emergency medical kits, drugs, surgical material, dressings, plaster, etc.

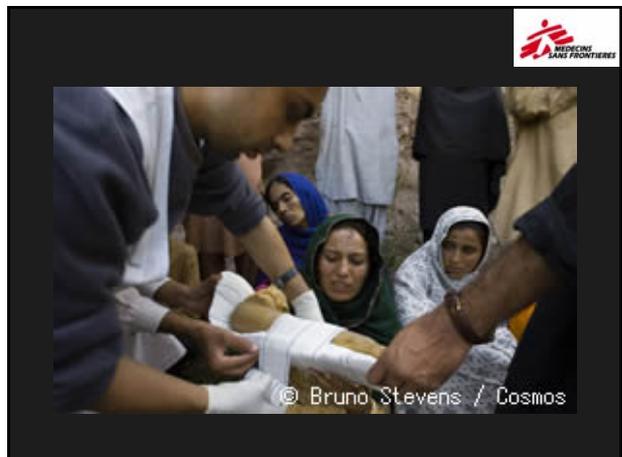
Logistical items: tanks, pumps and water treatment units; shelter (60.000 blankets, 10.000 sleeping mats and 1.200 winterized tents) etc.

## A week after the quake



OPERATIONS; in 6 locations in Pakistan and 3 in India. More isolated sites will be involved in coming days.

- Take in charge of infected wounds and fractures (treatment; referrals); mental health support
- Distribution of relief items (shelter; water & hygiene; blankets etc.)



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