



**BOJANALA PLATINUM DISTRICT
MUNICIPALITY.
DISASTER MANAGEMENT
SERVICES.**

**DISASTER RELIEF
GUIDELINES –**

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1. INTRODUCTION: THE PURPOSE OF DISASTER RELIEF

Disaster relief is about meeting the immediate needs of communities and individuals affected by disasters or major incidents of varying degree. The intention of relief is to create a bridge for those affected to return to normal life as soon as possible.

The most common forms of relief are the provision of shelter , clothing, food, water, medication and security. Relief should be provided with dignity, sensitivity and respect for those affected. However, it should not be provided in a manner that will create dependency.

Everyone has the right to life with dignity - and respect for their human rights. The Municipality, humanitarian agencies and all other roleplayers have the responsibility to provide assistance in a manner that is consistent with human rights, including the right to participation, non-discrimination and the provision of information.

2. BASIC PRINCIPLES AND THE IMPORTANCE OF ESTABLISHING COMMON STANDARDS IN DISASTER RELIEF.

Programmes that meet the needs of disaster-affected populations must be based on a clear understanding of the local context. Initial assessments will analyse the nature of the disaster and its effect on a population.

The affected people's capacities and available resources should be identified at the same time as assessing their needs and vulnerabilities and any gaps in essential services. No single sector can be considered in isolation from the others, or in isolation from economic, religious and traditional beliefs, social practices, political and security factors, coping mechanisms or anticipated future developments.

Analysis of the causes and effects of the disaster is critical. If the problem is not correctly identified and understood then it will be difficult, if not impossible, to respond appropriately. Response depends on a number of factors, including an organisation's capacity, area(s) of expertise, budget constraints, familiarity with the region or situation and security risks for staff. The response standards detailed here are designed to clarify 'who does what and when'

Once an appropriate response has been determined, targeting mechanisms should be established that enable agencies to provide assistance impartially and without discrimination, according to need.

Monitoring systems should be established early in the process to continuously measure progress against objectives and to check on the continuing relevance of the programme within an evolving context. An evaluation, which may be carried out during or at the end of the response, determines the overall effectiveness of the programme and identifies lessons that may improve similar programmes in future. The quality of humanitarian assistance will depend on the skills, abilities, knowledge and commitment of staff and volunteers working in difficult and sometimes insecure conditions.

Sound management and supervision are key elements of an assistance programme and, along with capacity building, can help to ensure that minimum standards of humanitarian assistance are respected. Given the importance of gender and other cross-cutting issues, diversity in human resources should be taken into account when building a team.

The participation of disaster-affected people – including the vulnerable groups outlined below – in the assessment, development, implementation and monitoring of responses should be maximised to ensure the appropriateness and quality of any disaster response. Systematic sharing of knowledge and information among all those involved in the response is fundamental to achieving a common understanding of problems and effective coordination among agencies.

VULNERABILITIES AND CAPACITIES OF DISASTER-AFFECTED POPULATIONS

The following groups are identified as being mostly and frequently at risk in disasters or major incidents:

- 1) Women,
- 2) Children,
- 3) Older people,

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- 4) Disabled people and
- 5) People living with HIV/AIDS (PLWH/A).

In certain contexts, people may also become vulnerable by reason of ethnic origin, religious or political affiliation, or displacement.

The above list of vulnerable groups is not exhaustive. It only includes those most frequently identified. Specific vulnerabilities influence people's ability to cope and survive in a disaster, and those most at risk should be identified in each context.

3. LEGISLATIVE REQUIREMENTS IN DISASTER RISK MANAGEMENT

The following legislation and documents comprise the legal basis for the Disaster Risk Management and its activities IN South Africa:

- ▶ Disaster Management Act, 2002 (Act 57 of 2002)
- ▶ National Framework on Disaster Risk Management for South Africa.
- ▶ Draft regulations for disaster volunteers of 2005
- ▶ In addition, numerous other legislation has a bearing on the function of disaster management as in the case of the Local Government – Municipal Systems Act. 32 of 2000.

In terms of section 49 of the Disaster Management Act 2002, when a disastrous event occurs or is threatening to occur in Council's area, the Disaster Management Centre (Head of Centre) must determine whether the event should be regarded as a disaster in terms of the Act and must immediately:

- Initiate efforts to assess the magnitude and severity or potential magnitude and severity of the event
- Alert relevant disaster management role players in the municipal area
- Initiate the implementation of any contingency plans and emergency procedures that may be applicable in the circumstances

Furthermore, in terms of section 54 of the Act, irrespective of whether a local state of disaster has been declared in terms of section 55 of the Act, Council is primarily responsible for the ***coordination and management*** of local disaster that occur in its area.

The Act calls for an integrated and coordinated disaster management policy that focuses on rapid and effective response and recovery. Accordingly, this policy also aims to support Council by setting common parameters for response and recovery..

When a significant event or disaster occurs or is threatening to occur in Council's jurisdiction, there must be no uncertainty as to the procedures to be followed. Rapid and effective disaster response and fast tracking the delivery of relief to affected areas requires integrated and coordinated direction, control and command. This will not be achieved unless there is clear allocation of roles and responsibilities.

In this regard the National Disaster Management Framework, in recognising the importance of coordinated response and recovery, has called for the development and implementation of a National Incident Management System (NIMS).

The National Disaster Management Centre must initiate the development of regulations which must address :

- Responsibilities for the release of appeals for donations.
- Standards of relief (in keeping with international standards)
- Duration of relief efforts.

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- Acceptance of international assistance.
- South Africa's assistance to other countries.

In the interim this guideline will serve to fill this gap for relief operations within Council's jurisdiction. Once the National Incident Management System has been developed and adopted then this plan must be reviewed and aligned with it.

4. REPORTING OF SIGNIFICANT EVENTS AND/OR DISASTERS

Inevitably when a disaster occurs extraordinary measures are required which includes the mobilisation of scarce resources. This requires prudent judgment and strategic decision making particularly from the point of view of prioritization. Disasters can occur suddenly without any warning. On the other hand a situation may arise where multiple significant events occur simultaneously in different areas within Council's jurisdiction. Whilst each of these events may not in themselves necessarily constitute a disaster but the sheer sum of which may require extraordinary measures and may need to draw on scarce resources. Obviously in the absence of central reporting holistic assessments and strategic prioritisation would be impossible. Clearly this type of situation leads to confusion and ultimately slows down responses and delivery of relief to affected areas which in turn will lead to unnecessary losses and hardships. The routine monitoring and tracking of significant events by disaster management centres is in any event a requirement of the NDMF as it can serve to provide early warnings.

In this regard it is therefore essential to identify and implement protocols to ensure that no misunderstanding occurs in recognising the escalation from what constitutes a routine incident normally dealt with within the line function of the emergency or essential services to that of a significant event or a disaster

The following protocols have been prepared in terms of the legislative and policy requirements to ensure integration and coordination in the activation and mobilisation of resources for the purposes of *strategic* disaster response and recovery operations. They serve to allocate clear roles and responsibilities in this regard to the relevant key personnel and must therefore be applied with diligence and dedication.

4.1. REPORTING PROTOCOL.

This reporting protocol should be read in conjunction with the contingency plan of the district municipality. In the event of any significant event - whether of natural, technological or environmental origin, the following protocols shall apply:

1. Affected communities must not wait for events to overtake them. They should be alert to their environment. Those who become aware of a threatening situation which may affect their community must be proactive and alert their ward Clr, CDW and their local municipality disaster management officials. In the absence of the above people, there are other community leaders who may be contacted to relay messages; as in the case of traditional leaders, teachers, social workers, religious leaders e.t.c.
2. Disaster Management officials of local municipalities should respond immediately to calls for assistance from communities. They must investigate, assess and provide relief. In the event that the incident or disaster type situation is bigger than the capacity they have; they should then contact the District Disaster Management Centre for assistance.
3. The District will come and assist on request and advice from the local municipality disaster management officers. The support from the district will be done in collaboration with the disaster management officers of local municipalities.
4. Immediately upon arrival at the site of a major incident, the disaster officers of the local municipality must allocate the responsibility to the lead agency which has been allocated primary responsibility for events which occur as a result of a specific hazard. The local municipality must establish a Joint Operations Centre (JOC) for the *tactical management* of disaster response operations. The JOC must be established in accordance with the Standard Operating Protocol for the establishment of a JOC (DiMSOP 8)
5. The Central Communications Centre (CCC) at the BPDM Disaster Management Centre (DMC) must immediately be notified and provided with an initial assessment of the magnitude and severity or potential magnitude and severity of the event/disaster. The assessment must be conveyed in the prescribed format
6. The CCC will immediately notify the Head of the Centre (HoC)
7. The HoC will, if deemed necessary, immediately proceed to the scene to assess the significance of the event in order to determine whether it should be regarded as a disaster or has the potential to escalate into a disaster. If the situation warrants it or if there is an indication of a potentially deteriorating situation, the HoC will delegate the disaster management officer responsible for operations to report to the JOC for further action.
8. The HoC will ensure that the Executive Mayor and Municipal Manager are fully informed of the proportions and progress of the incident

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9. Immediately the proportions of the incident have the potential magnitude and severity *or are* of such magnitude and severity that the event should be regarded as a local disaster in terms of the Section 23 of the Act, the HoC will classify the event as a local disaster through liaison with the Municipal Manager and the Executive Mayor and will implement the appropriate alert protocols from the Standard Alert Procedures DiMSOP 7)
10. The HOC will instruct the CCC at the BPDM DMC to activate key personnel according to the Standard Alert Procedure (DiMSOP 1) for the **strategic management** of the disaster response and recovery efforts

5. FOOD AND NUTRITIONAL GUIDELINES

5.1 The importance of food security, nutrition and food aid in disaster relief.

Access to food and the maintenance of adequate nutritional status are critical determinants of people’s survival in a disaster. The resilience of livelihoods and people’s subsequent food security determine their health and nutrition in the short term and their future survival and well-being.

Food aid can be important in protecting and providing for food security and nutrition, as part of a combination of measures. However; it should be emphasised that in any major disaster situation, the priority relief measure which should be at the top of the list is the provision of clean drinking water.

- Water is critical for the maintenance of normal bodily function. Human beings can live without food fordays, but may not live for the same number of days without water. Having an ample supply of clean water is a top priority in an emergency. A normally active person needs to drink at least two quarts of water each day. Hot environments can double that amount. Children, nursing mothers and ill people will need even more. You will also need water for food preparation and hygiene. Store a total of at least one gallon per person, per day.. Disasters often pose significant health threats. One of the most serious concerns after a disaster, especially a natural disaster, is sanitation. Disruptions in water supplies and sewage systems can pose serious health risks to victims because they decrease the amount and quality of available drinking water and create difficulties in waste disposal. Drinking water can be contaminated by breaks in sewage lines or the presence of animal cadavers in water sources. These factors can facilitate the spread of disease after a disaster. Providing **potable** drinking water to victims and adopting alternative methods of sanitation must be a priority after a disaster. Experts recommend a minimum amount of 15 litres of water per day per person to maintain health. Ideally there should be at least one water source for every 250 people. Will the present supplies be able to provide this?

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As women usually assume overall responsibility for food in the household and because they are the major recipients of food aid, it is important to encourage their participation in the design and implementation of food relief programmes wherever possible.

5.2. Indicators on general nutrition support in disaster relief for all groups.

- There is access to a range of foods – staple (cereal or tuber), pulses (or animal products) and fat sources – that meet nutritional requirements

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- There is access to vitamin A-, C- and iron-rich or fortified foods or appropriate supplements
- There is access to iodised salt for the majority (>90%) of households
- There is access to additional sources of niacin (e.g. pulses, nuts, dried fish) if the staple is maize or sorghum
- There is access to additional sources of thiamine (e.g. pulses, nuts, eggs) if the staple is polished rice

5.3. Indicators on general nutrition support for groups at risk.

- Infants under six months are exclusively breastfed or, in exceptional cases, have access to an adequate amount of an appropriate breast milk substitute
- Children aged 6-24 months have access to nutritious, energy-dense complementary foods
- Pregnant and breastfeeding women have access to additional nutrients and support
- Specific attention is paid to the protection, promotion and support of the care and nutrition of adolescent girls
- Appropriate nutritional information, education and training is given to relevant professionals, caregivers and organisations on infant and child-feeding practices
- Older people's access to appropriate nutritious foods and nutritional support is protected, promoted and supported
- Families with chronically ill members, including people living with HIV/AIDS, and members with specific disabilities have access to appropriate nutritious food and adequate nutritional
- Community-based systems are in place to ensure appropriate care of vulnerable individuals

5.4. Indicators for food aid planning, appropriateness and acceptability.

- People are consulted during assessment or programme design on the acceptability, familiarity and appropriateness of food items, and results are factored into programme decisions on the choice of commodities
- When an unfamiliar food is distributed, instructions on its preparation in a locally palatable manner, with minimum nutrient loss, are provided to women and other people who prepare food, preferably in the local language
- People's ability to access cooking fuel and water, and the duration of cooking times and requirements for soaking, are considered when selecting commodities for distribution
- When a whole grain cereal is distributed, recipients either have the means to mill or process it in a traditional home-based manner or have access to adequate milling/processing facilities reasonably close to their dwellings
- People have access to culturally important items, including condiments.

5.5. Indicators or food aid planning, quality and safety.

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- Food commodities conform to national and other internationally accepted standards
- All imported packaged food has a minimum six-month shelf life on arrival in the country and is distributed before the expiry date or well within the 'best before' period
- There are no verifiable complaints about the quality of food
- Food packaging is sturdy, convenient for handling, storage and distribution, and is not a hazard for the environment
- Food packages are labelled in an appropriate language with, for packaged foods, the date of production, the 'best before' date and details of the nutrient content.
- Storage conditions are adequate and appropriate, stores are properly managed and routine checks on food quality are carried out in all locations

5.6. Indicators on food aid management or food handling.

- There are no adverse health effects resulting from inappropriate food handling or preparation at any distribution site
- Recipients of food aid are informed about and understand the importance of food hygiene
- There are no complaints concerning difficulties in storing, preparing, cooking or consuming the food distributed
- Every household has access to appropriate cooking utensils; fuel and hygiene materials
- Individuals who cannot prepare food or cannot feed themselves have access to a carer who prepares appropriate food in a timely manner and administers feeding where necessary
- Where food is distributed in cooked form, people have received training in the hygienic preparation and handling of food.

5.7. Indicators for supply chain management of food aid

- Food aid resources reach the intended beneficiaries.

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- An assessment is made of local supply chain management (SCM) capabilities and logistics infrastructure and a co-ordinated, efficient SCM system is established, using local capacity where this is feasible
- The assessment considers the availability of locally sourced food commodities
- The award of contracts for SCM services is transparent, fair and open
- Staff at all levels of the SCM system are adequately trained and observe procedures relating to food quality and safety
- Appropriate inventory accounting, reporting and financial systems are in place to ensure accountability at all levels of the SCM system
- Care is taken to minimise losses, including through theft, and all losses are accounted for
- The food pipeline is monitored and maintained in such a way that any interruption to distribution is avoided
- Information on the performance of the supply chain is provided to all stakeholders on a regular basis

5.8. Indicators on distribution of food aid management

- Recipients of food aid are identified and targeted on the basis of need, by means of an assessment carried out through consultation with stakeholders, including community groups
- Efficient and equitable distribution methods are designed in consultation with local groups and partner organisations, and involve the various recipient groups

- The point of distribution is as close as possible to recipients' homes to ensure easy access and safety
- Recipients are informed well in advance of the quality and quantity of the food ration and the distribution plan
- The performance and effectiveness of the food aid programme are properly monitored and evaluated

5.9. Sample of standard disaster food aid pack

QUANTITY	ITEM
	BREAD (CONDITIONAL)
1 X 1KG	SUGAR
	TEA OR COFFEE
	BREAD FLOUR (CONDITIONAL)
1 X 2.5KG	MAIZE MEAL AND / OR MABELE
1 X 500G	TABLE SALT

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1 X 1KG	RICE
2 X 500G	SAMP & BEANS
1 X 250G	INSTANT COFFEE
1 X 100'S	TEA BAGS
1 X 410G	BAKED BEANS
2 X 425G	PILCHARD IN TOMATO
1 X 410G	CANNED MIXED FRUIT JAM
1 X 410G	CANNED MIXED VEGETABLES / OR FRESH PRODUCE.
1 X 410G	PEANUT BUTTER
2 X 100G	SOYA MINCE
1 X 750ML	COOKING OIL
1 X 1L	POWDERED MILK

- **N.B** The provision of fish and peanut butter should be done with consideration given to people with allergies to them. Where appropriate alternatives should be identified.
- The food pack suggested above is suitable for a family of 4 for approximately 3 to 4 days.
- The food pack should be adjustable to suit religious and cultural needs.
- The food pack is issued through or in collaboration with the department of Social Development.
- The distribution of food packs can be done in partnership with various organisations and relief partners with credible credentials and established processes which are transparent. Relief efforts must be closely monitored by both the local and the district municipality. .

6. WATER, SANITATION AND HYGIENE PROMOTION **GUIDELINES**

6.1 The importance of water supply, sanitation and hygiene promotion in emergencies.

Water and sanitation are critical determinants for survival in the initial stages of a disaster, and must therefore be treated as priority. People affected by disasters are generally much more susceptible to illness and death from disease, which are related to a large extent to inadequate sanitation, inadequate water supplies and poor hygiene. The main objective of water supply and sanitation programmes in disasters is to reduce the transmission of diseases and exposure to disease-bearing vectors through the promotion of good hygiene practices, the provision of safe drinking water and the

reduction of environmental health risks and by establishing the conditions that allow people to live with good health, dignity, comfort and security.

6.2. Indicators on hygiene promotion.

- Key hygiene risks of public health importance are identified (
- Programmes include an effective mechanism for representative and participatory input from all users, including in the initial design of facilities
- All groups within the population have equitable access to the resources or facilities needed to continue or achieve the hygiene practices that are promoted
- Hygiene promotion messages and activities address key behaviours and misconceptions and are targeted for all user groups. Representatives from these groups participate in planning, training, implementation, monitoring and evaluation
- Users take responsibility for the management and maintenance of facilities as appropriate, and different groups contribute equitably

6.3. Indicators on access to and water quality.

- Average water use for drinking, cooking and personal hygiene in any household is at least 15 litres per person per day
- The maximum distance from any household to the nearest water point is 500 metres
- Queuing time at a water source is no more than 15 minutes It takes no more than three minutes to fill a 20-litre container
- Water sources and systems are maintained such that appropriate quantities of water are available consistently or on a regular basis A sanitary survey indicates a low risk of faecal contamination
- There are no faecal coliforms per 100ml at the point of delivery People drink water from a protected or treated source in preference to other readily available water sources targets must be used with caution, as reaching them does not necessarily guarantee a minimum quantity of water or equitable access.
- Steps are taken to minimise post-delivery contamination
- For piped water supplies, or for all water supplies at times of risk or presence of diarrhoea epidemic, water is treated with a disinfectant so that there is a free chlorine residual at the tap of 0.5mg per litre and turbidity is below 5 NTU
- No negative health effect is detected due to short-term use of water contaminated by chemical (including carry-over of treatment chemicals) or radiological sources, and assessment shows no significant probability of such an effect

6.4. Indicators on water use facilities and goods.

- Each household has at least two clean water collecting containers of 10-20 litres, plus enough clean water storage containers to ensure there is always water in the

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- Water collection and storage containers have narrow necks and/or covers, or other safe means of storage, drawing and handling, and are demonstrably used
- There is at least 250g of soap available for personal hygiene per person per month.
- Where communal bathing facilities are necessary, there are sufficient bathing cubicles available, with separate cubicles for males and females, and they are used appropriately and
- Where communal laundry facilities are necessary, there is at least one washing basin per 100 people, and private laundering areas are available for women to wash and dry undergarments and sanitary cloths.
- The participation of all vulnerable groups is actively encouraged in the sitting and construction of bathing facilities and/or the

6.5. Indicators on access to and numbers of toilets.

- A maximum of 20 people use each toilet
- Use of toilets is arranged by household(s) and/or segregated by sex
- Separate toilets for women and men are available in public places (markets, distribution centres, health centres, etc.)
- Shared or public toilets are cleaned and maintained in such a way that they are used by all intended users
- Toilets are no more than 50 metres from dwellings
- Toilets are used in the most hygienic way and children's faeces are disposed of immediately and
- Users (especially women) have been consulted and approve of the sitting and design of the toilet
- **Toilets are designed, built and located to have the following features:**
 - they are designed in such a way that they can be used by all sections of the population, including children, older people, pregnant women and physically and mentally disabled people
 - they are sited in such a way as to minimise threats to users, especially women and girls, throughout the day and night
 - they are sufficiently easy to keep clean to invite use and do not present a health hazard;
 - they provide a degree of privacy in line with the norms of the users;
 - they allow for the disposal of women's sanitary protection, or provide women with the necessary privacy for washing and drying sanitary protection cloths
 - they minimise fly and mosquito breeding
 - All toilets constructed that use water for flushing and/or a hygienic seal have an adequate and regular supply of water
 - Pit latrines and soakaways (for most soils) are at least 30 metres from any groundwater source and the bottom of any latrine is at least 1.5 metres above the water table. Drainage or spillage from defecation systems must not run towards any surface water source or shallow groundwater source
 - People wash their hands after defecation and before eating and food preparation

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- People are provided with tools and materials for constructing, maintaining and cleaning their own toilets if appropriate

6.6. Indicators on solid waste management and drainage works.

- People from the affected population are involved in the design and implementation of the solid waste programme.
- Household waste is put in containers daily for regular collection, burnt or buried in a specified refuse pit.
- All households have access to a refuse container and/or are no more than 100 metres from a communal refuse pit.
- At least one 100-litre refuse container is available per 10 families, where domestic refuse is not buried on-site.

If organic solid waste is not disposed of, major risks are incurred of fly and rat breeding. Uncollected and accumulating solid waste and the debris left after a natural disaster or conflict may also create a depressing and ugly environment, discouraging efforts to improve other aspects of environmental health. Solid waste often blocks drainage channels and leads to environmental health problems associated with stagnant and polluted surface water.

- Medical wastes are separated and disposed of separately and there is a correctly designed, constructed and operated pit, or incinerator with a deep ash pit, within the boundaries of each health facility
- There are no contaminated or dangerous medical wastes (needles, glass, dressings, drugs, etc.) at any time in living areas or public spaces
- There are clearly marked and appropriately fenced refuse pits, bins or specified areas at public places, such as markets and slaughtering areas, with a regular collection system in place
- Final disposal of solid waste is carried out in such a place and in such a way as to avoid creating health and environmental problems for the local and affected populations
- Areas around dwellings and water points are kept free of standing wastewater and storm water drains are kept clear
- Shelters, paths, water, and sanitation facilities are not flooded or eroded by water
- Water point drainage is well planned, built and maintained. This includes drainage from washing and bathing areas as well as water collection points. Drainage waters do not pollute existing surface or groundwater sources or cause erosion
- Sufficient numbers of appropriate tools are provided for small drainage works and maintenance where necessary

7. SHELTER/ SETTLEMENTS AND NON-FOOD GUIDELINES

7.1. The importance of shelter, settlement and non food items in disasters.

Shelter is a critical determinant for survival in the initial stages of a disaster. Beyond survival, shelter is necessary to provide security and personal safety, protection from the climate and enhanced resistance to ill health and disease. It is also important for human dignity and to sustain family and community life as far as possible in difficult circumstances. Shelter and associated settlement and non-food item responses should support communal coping strategies, incorporating as much self-sufficiency and self-management into the process as possible. Any such responses should also minimise

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the long-term adverse impact on the environment, whilst maximising opportunities for the affected communities to maintain or establish livelihood support activities.

The most individual level of response to the need for shelter and the maintenance of health, privacy and dignity is the provision of clothing, blankets and bedding. People also require basic goods and supplies to meet their personal hygiene needs, to prepare and eat food, and to provide necessary levels of thermal comfort. Disaster-affected households and those displaced from their dwellings often possess only what they can salvage or carry, and the provision of appropriate non-food items may be required to meet essential needs.

The type of response required to meet the needs of people and households affected by a disaster is determined by key factors including the nature and scale of the disaster and the resulting loss of shelter, the climatic conditions and the local environment, the political and security situation, the context (rural or urban) and the ability of the community to cope. Consideration must also be given to the rights and needs of those who are secondarily affected by the disaster, such as any host community. Any response should be informed by the steps taken by the affected households in the initial aftermath of the disaster, using their own skills and material resources to provide temporary shelter or to begin the construction of new, longer-term dwellings.

Shelter responses should enable affected households to incrementally upgrade from emergency to durable shelter solutions within a reasonably short time and with regard to the constraints on acquiring the additional resources required. Involving women in shelter and settlement programmes can help ensure that they and all members of the population affected by the disaster have equitable and safe access to shelter, clothing, construction materials, food production equipment and other essential supplies.

Women should be consulted about a range of issues such as security and privacy, sources and means of collecting fuel for cooking and heating, and how to ensure that there is equitable access to housing and supplies. Particular attention will be needed to prevent and respond to gender based violence and sexual exploitation. It is therefore important to encourage women's participation in the design and implementation of shelter and settlement programmes wherever possible.

7.2. Indicators on shelter and settlement

- Affected households return to the site of their original dwellings where possible
- Affected households who cannot return to the site of their original dwellings settle independently within a host community or with host families where possible
- Shelter assistance is provided to individual households for the repair or construction of dwellings or the settlement of displaced households within existing accommodation or communities.

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- When such dispersed settlement is not possible, shelter is provided collectively in suitable large public buildings or structures, e.g. warehouses, halls, barracks, etc. or in temporary planned or self-settled camps.
- Individual household shelter solutions can be short- or long-term, subject to the level of assistance provided, land use rights or ownership, the availability of essential services and social infrastructure, and the opportunities for upgrading and expanding the dwellings.

7.3. Indicators on shelter and settlement– covered living space.

- The initial covered floor area per person is at least 3.5m²
- The covered area enables safe separation and privacy between the sexes, between different age groups and between separate families within a given household as required
- Essential household activities can be carried out within the shelter
- Key livelihood support activities are accommodated where possible

7.4. Indicators on the design shelter and settlement.

- The design of the shelter and the materials used are familiar where possible and culturally and socially acceptable
- The repair of existing damaged shelters or the upgrading of initial shelter solutions constructed by the disaster-affected population is prioritised
- Alternative materials required to provide temporary shelter are durable, practical and acceptable to the affected population).
- The type of construction, materials used and the sizing and positioning of openings provides optimal thermal comfort and ventilation
- Access to water supply sources and sanitation facilities, and the appropriate provision of rainwater harvesting, water storage, drainage and solid waste management, complement the construction of shelters measures are incorporated into the design and materials are selected to minimise health hazards

7.5. Indicators on the construction of shelter and settlements

- Locally sourced materials and labour are used without adversely affecting the local economy or environment
- Locally derived standards of workmanship and materials are achieved
- Construction and material specifications mitigate against future natural disasters
- The type of construction and materials used enable the maintenance and upgrading of individual household shelters using locally available tools and resources

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- The procurement of materials and labour and the supervision of the construction process are transparent, accountable and in accordance with internationally accepted bidding, purchasing and construction administration practices

7.6. Indicators on the environmental impact of shelter and settlement

- The temporary or permanent settling of the affected population considers the extent of the natural resources available
- Natural resources are managed to meet the ongoing needs of the displaced and host populations
- The production and supply of construction material and the building process minimises the long-term depletion of natural resources
- Trees and other vegetation are retained where possible to increase water retention, minimise soil erosion and to provide shade
- The locations of mass shelters or temporary planned camps are returned to their original condition, unless agreed otherwise, once they are no longer needed for emergency shelter use

7.7. Indicators on the provision of clothing and bedding.

- Women, girls, men and boys have at least one full set of clothing in the correct size, appropriate to the culture, season and climate. Infants and children up to two years old also have a blanket of a minimum 100cmx70cm
 - People have access to a combination of blankets, bedding or sleeping mats to provide thermal comfort and to enable separate sleeping arrangements as required
 - Those individuals most at risk have additional clothing and bedding to meet their needs
 - Culturally appropriate burial cloth or materials are available when needed.
-
- Clothing, blankets and bedding materials meet the most personal human needs for shelter from the climate and the maintenance of health, privacy and dignity.
 - Basic goods and supplies are required to enable families to meet personal hygiene needs, prepare and eat food, provide thermal comfort and build, maintain or repair shelters.

7.8. Indicators on non food items.

- Each person has access to 250g of bathing soap per month
- Each person has access to 200g of laundry soap per month

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- Women and girls have sanitary materials for menstruation
- Infants and children up to two years old have 12 washable nappies or diapers where these are typically used.
- Additional items essential for ensuring personal hygiene, dignity and well-being can be accessed

7.9. Indicators on cooking and eating utensils.

- Each household has access to a large-sized cooking pot with handle and a pan to act as a lid; a medium-sized cooking pot with handle and lid; a basin for food preparation or serving; a kitchen knife; and two wooden serving spoons
- Each household has access to two 10- to 20-litre water collection vessels with a lid or cap (20-litre jerry can with a screw cap or 10- litre bucket with lid), plus additional water or food storage vessels
- Each person has access to a dished plate, a metal spoon and a mug or drinking vessel

7.10 Indicators on stoves, fuel and lighting.

- Where food is cooked on an individual household basis, each household has a stove and fuel to meet essential cooking and heating needs
- Environmentally and economically sustainable sources of fuel are identified and prioritised over fuel provided from external sources Fuel is obtained in a safe and secure manner, and there are no reports of incidents of harm to people in the routine collection of fuel
- Safe fuel storage space is available.
- Each household has access to sustainable means of providing artificial lighting, e.g. lanterns or candles.
- Each household has access to matches or a suitable alternative means of igniting fuel or candles, etc.

8. GUIDELINES ON MEDICAL AND HEALTH SERVICE PROVISION

Health care is a critical determinant for survival in the initial stages of a disaster. Disasters almost always have significant impacts on the public health and well-being of affected populations. The public health impacts may be described as direct (e.g. injury, psychological trauma) or indirect (e.g. increased rates of infectious diseases, malnutrition, complications of chronic diseases). These indirect health impacts are usually related to factors such as inadequate quantities and quality of water, breakdowns in sanitation, interruption in food supplies, disruption of health services, overcrowding and population displacements.

The primary goals of humanitarian health response to disasters are to:

- 1) prevent and reduce excess mortality and morbidity,
- 2) promote a return to normalcy.

Different types of disaster are associated with differing scales and patterns of mortality and morbidity, and the public health and medical needs of an affected community will therefore vary according to the type and extent of disaster.

Prioritisation of health services requires a clear understanding of the affected community's prior health status, needs, health risks, resources and capacities. In the early stages of a disaster, information may be incomplete and important public health decisions may have to be made without all of the relevant data being available and/or analysed.

Preventive and clinical services should aim primarily to control diseases of epidemic potential. A mass measles vaccination campaign will be a major priority for populations at risk of a measles outbreak, especially refugees and those affected by complex emergencies. In most disaster settings, referral services and hospital-based care, while important, have a smaller public health impact than primary health care interventions.

Participation of disaster-affected communities in the design, implementation, monitoring and evaluation of health services is essential. During this process there should be efforts to identify and build on existing capacities within the health sector.

Building local capacity together with affected populations is probably the most effective means of helping communities to recover from disasters and to prepare them for future disasters.

Refugees and internally displaced persons (IDPs) are likely to place additional strains on the health services of host populations. Humanitarian efforts should therefore aim to integrate with and support the health services of host populations as much as possible. In most disaster situations, women and children are the main users of health care services, and it is important to seek women's views as a means of ensuring that services are equitable, appropriate and accessible for the affected population as a whole. Women can contribute to an understanding of cultural factors and customs that affect health, as well as the specific needs of vulnerable people within the affected population. They should therefore actively participate in the planning and implementation of health care services from the outset.

8.1. Indicators on prioritising health services.

- The major causes of mortality and morbidity are identified, documented and monitored.
- Priority health services include the most appropriate and effective interventions to reduce excess morbidity and mortality

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- All members of the community, including vulnerable groups, have access to priority health interventions
- Local health authorities and community members participate in the design and implementation of priority health interventions.
- There is active collaboration with other sectors in the design and implementation of priority health interventions, including water and sanitation, food security, nutrition, shelter and protection.

9. THE ROLE OF VOLUNTEERS DURING DISASTER RISK MANAGEMENT AND RELIEF ACTIVITIES

This part of the policy incorporates sections from the national policy regulation on volunteers.

9.1. Establishment of a disaster management volunteer unit

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- (1) A metropolitan or district municipality that has decided on establishing a disaster management volunteer unit must ensure that the following has been considered:
- (a) That a needs analysis has been undertaken, involving identified role players, namely municipal departments, relevant non governmental organisations and relevant ward and community structures; in order to determine the size, categories and purpose of the unit, subject to regulation 4 of these regulations.
 - (b) That the needs analysis referred to in sub-regulation (a) be annually re-assessed. Should the re-assessment indicate a need to reduce the number of volunteers, such reductions will only take place when a volunteer requests a transfer in terms of regulation 17, or membership is terminated in terms of regulation 18 of these regulations.
- (2) The members of the unit shall be persons who have been appointed by the head of the centre of the metropolitan or district municipality after agreement has been reached with the relevant role players, referred to in sub-regulation 2 (1) (a), and who have complied with the requirements of regulation 3 of these regulations.

9.2. Training of volunteers

- (1) The head of the centre may as it deems fit, in writing direct a volunteer to undergo training in connection with the service for which the volunteer has been accepted.
- (2) Such training-
- (a) shall take place at the expense, if any, of the municipality;
 - (b) shall be given by the person or at an establishment and at the time and place determined by the head of the centre, providing that the service provider has been registered through a Sector Education and Training Authority;
 - (c) shall be in compliance with the requirements of the South African Qualifications Authority Act, No. 58 of 1995;
 - (d) shall further be in compliance with the guidelines as prescribed in the National Qualifications Framework; and
 - (e) shall be for a total period not exceeding 120 hours per year, unless the volunteer agrees to undergo training for a longer period.
- (3) If a municipality (hereafter named the first municipality) maintains or controls an institution which has been approved in terms of regulation 8 (1) of the regulations as an institution for training the first municipality may undertake the training of volunteers of another municipality (hereafter named the second municipality) on such conditions as may be mutually agreed by the first and second municipalities, and the second municipality shall pay any reasonable travel and subsistence allowances of members and such other costs as may directly arise from such training.
- (4) The head of the centre shall keep a record of all volunteers that have in terms of sub regulation (1), been directed to undergo training and who have actually undergone training. These records must reflect-
- (a) full name, surname and identity number of the volunteer;
 - (b) volunteer membership number;
 - (c) course name;

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- (d) course dates;
 - (e) training institution;
 - (f) certificate issued, date and number; and
 - (g) expiry date of certificate (if any).
- (5) A volunteer who, without adequate reason the burden of proof for which shall rest on the volunteer refuses, neglects or fails to report for training after having been directed to do so, in terms of sub regulation (1), may summarily forfeit volunteer membership, as prescribed in regulation 10 (4) and 18.

9.3. Rendering of service

- (1) A volunteer is under the authority and discipline of the allocated service or organisation as agreed to by the head of the centre.
- (2) A volunteer shall be obliged to report for service, perform the service to which the volunteer has been bound in terms of these regulations and to carry out all lawful commands which may be given in connection with such service when called upon to render service during a locally declared state of disaster or local disaster.
- (3) When a volunteer performs the service contemplated in sub-regulation (1) the volunteer shall:
- (a) wear any protective clothing issued in terms of regulation
 - (b) carry the identity card referred to in regulation 5 (2) on its person; and
 - (c) produce such identity card to any person requesting this.
- (4) The relevant service to which a volunteer has been allocated as delegated by the head of the centre shall keep a register, in the form deemed expedient, in which shall be recorded the names of all members called up in terms of sub-regulation (1) to perform service, the nature of such service and the duration thereof.
- (5) A volunteer who, without adequate reason refuses, neglects or fails to report for service after having been instructed to do so, in terms of sub-regulation (1), shall cease to be a volunteer.

9.4. Head of the centre may allow certain other persons to voluntarily render service

- (1) In the event of a declared local disaster or local disaster within the area of jurisdiction of a municipality the head of the centre may, notwithstanding anything to the contrary contained in these regulations, allow any person who:
- (a) is temporarily in the area of jurisdiction of the municipality; and
 - (b) is a member of another disaster management volunteer unit, to voluntarily render a service, and during that period, shall be deemed to be a member of the unit of the municipality concerned.

9.5. Protective clothing

- (1) Suitable protective clothing must be readily available for use by volunteers when-
- (a) attending training sessions; or
 - (b) when called upon to render a service.

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- (2) Protective clothing may be permanently issued to individual volunteers, at the discretion of the municipality..
- (3) Protective clothing must be replaced free of charge to the volunteer, if normal wear and tear makes issued items no longer serviceable.
- (4) Recommended protective clothing is listed in annexure D.
- (5) All protective clothing issued remains the property of the issuing authority.

9.6. Equipment issued to volunteers

- (1) Basic equipment may have to be issued to some volunteers when this is deemed necessary and such issues will remain the property of the issuing authority.
- (2) Issue of basic equipment may include the following-
 - (a) fire extinguishers;
 - (b) fire beaters;
 - (c) basic first aid equipment; or
 - (d) two way radio equipment.
- (3) Any equipment issued to volunteers should also be able to cater for groups or teams of volunteers who have been established in high risk or remote rural areas, where speedy response time by professional services is not possible due to distances, accessibility or terrain to be covered, or any combination of the three examples given.
- (4) Equipment issued must be checked by the issuing authority at least 6 monthly, for serviceability and possible replenishment.

9.7. Emblem to be worn by volunteers

- (1) The emblem to be worn by volunteers must be in compliance with regulation 6 on national corporate identity for disaster management in South Africa and volunteers.
- (2) The emblem must be reflected on the identity document referred to in annexure C of these regulations.
- (3) Any head gear or hard hat issued to a volunteer must also reflect the emblem in the middle of the front thereof.
- (4) An armband or hanging shoulder flash reflecting the emblem as described in the regulation 6 must be issued to each volunteer and must be worn when reporting for training or duty.

9.8. Command structure of volunteers and responsibilities

- (1) When a volunteer unit is established a command structure must be instituted to help with the implementation of control measures.
- (2) When a command structure for an established volunteer unit is implemented the following shall apply-
 - (a) For every component of volunteers established a leader must be appointed; and

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(b) Should a component's size be such that effective management becomes difficult, teams must be established within that component and team leaders must be appointed in each case.

(3) Various leader responsibilities must include the following minimum aspects, but may be extended upon, depending on circumstances and by mutual agreement between the volunteer leader and the relevant municipality-

(a) maintaining up to date contact details of volunteers;

(b) knowing when volunteers are not available due to illness, leave or for other extended periods in excess of 3 working days;

(c) follow up on queries raised by volunteers;

(d) monitoring of training levels and the need for additional training, where applicable;

(e) periodically checking on any protective clothing issued to volunteers, to determine serviceability;

(f) periodically checking on any equipment issued to volunteers, to determine serviceability and availability;

(g) monitoring of discipline and levels of participation by volunteers;

(h) acting as liaison officer between volunteers and the relevant service providers on matters needing attention, including measures on possible disciplinary actions;

(i) call out of volunteers during disaster situations, in conjunction with the relevant service

provider; and

(j) any other matter as agreed upon or requested.

9.9. Defraying of expenses incurred

(1) Any volunteer shall be entitled to claim for expenditure incurred to report for training and duty.

(2) The subsistence and travelling rate applicable to post level 12 in the public service or equivalent, as amended by the National Treasury, shall apply for such claims.

(3) Provision for refunding expenses must be provided for in the municipal budget of the municipality that has recruited volunteers, in compliance with section 44 (1) (g) of the Act, which places a compulsion on municipal disaster management centres to promote recruitment, training and participation of volunteers.

9.10. Insurance cover for volunteers and volunteer specialist equipment

(1) Each municipality must make provision for a basic personal insurance cover for volunteers recruited by that municipality.

(2) In the case of a local municipality, the district will have to provide the insurance cover referred to in sub-regulation (1) in consultation with the local municipalities within its area of jurisdiction.

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- (3) The basic personal insurance cover to be provided for, may not exceed the existing provisions as reflected in the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993) as amended and should provide for injuries, disablement and death, as reflected in that Act.
- (4) Municipalities who wish to provide additional insurance cover for their enlisted volunteers, should this be deemed necessary in the event of injury, disablement or death; must in the first instance obtain permission from the National Disaster Management Centre, before providing such additional cover.
- (5) Any claims must be lodged with the municipality where the volunteer was accepted, within the time frames specified in terms of the personal insurance cover taken out; after the injury, disablement, or death of the volunteer.
- (6) A volunteer claiming for injuries could be required to go for a medical examination at a time and place mentioned in a notice to the volunteer and the examination will be at the expense of the municipality issuing that notice.
- (7) Objections and appeals against decisions must be submitted to the municipality where the volunteer is registered, within time frames set by the municipality, after such a decision has been taken.
- (8) In the event that the accident is attributed to serious and wilful misconduct by the volunteer, the municipality need not proceed to process claims for compensation, unless:
- (a) the accident resulted in serious disablement; or
 - (b) the volunteer dies in consequence thereof leaving a dependant wholly financially dependant on the volunteer.
- (9) Any insurance cover taken out by a municipality must clearly specify the procedures to be followed in the event of a claim being submitted, in particular with regard to sub-regulations (5); (6); (7) and(8).
- (10) Each municipality that has an enlisted volunteers for the purpose of being able to call upon such volunteers' specialist personal equipment in the event of a disaster or authorised training exercise, must provide insurance cover for such equipment used in the event of damage or destruction, that is not attributed to negligence or negligent usage of such equipment.
- (11) Every insurance policy, must provide cover for volunteers and the use of volunteer authorised or requested specialist equipment, during planned exercises, training and when called upon to render a service in the event of a disaster.

9.11 Termination of membership

- (1) A volunteer shall cease to be a volunteer:
- (a) when the appointment is summarily terminated by the head of the centre on account of
 - i) inability to render a service satisfactorily; or
 - ii) conduct which, in terms of conditions of service applicable to employees, would be construed as misconduct and as such could not be ignored in the case of a volunteer;
 - (b) seven days from the date on which either the head of the centre or the volunteer gave written notice of the termination of such appointment to the volunteer or the head of the centre, as the case may be; or

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(c) from the date on which the volunteer ceased to reside in the area of jurisdiction of the municipality.

10. CONCLUSION.

Disasters are many and varied, categorized in two types - natural and Man – Made causing serious dislocation and suffering and making it obligatory on displaced persons to seek shelter and welfare assistance in most instances from Government and Non - Government Agencies. Therefore by having a disaster relief policy in place is to ensure a quick response during these times.

11. SOURCES OF INFORMATION IN DRAFTING THESE POLICY STANDARDS:

- ▶ NATIONAL DISASTER MANAGEMENT FRAMEWORK (2005)
- ▶ DISASTER MANAGEMENT ACT 57 OF 2002
- ▶ DRAFT REGULATION FOR DISASTER MANAGEMENT VOLUNTEERS (2005)
- ▶ SPHERE (INTERNATIONAL GUIDELINES)
- ▶ CITY OF CAPE TOWN DISASTER RISK MANAGEMENT CENTRE
- ▶ BPDM DISASTER MANAGEMENT PLAN

