

Disaster Management Structures in the Caribbean

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Introduction

This chapter provides a brief overview of the structures and mechanisms in place for disaster management, risk reduction and response in the Caribbean.

There is no one-size-fits-all approach to disaster management among Caribbean countries, and indeed, the same is true for regional and international agencies and mechanisms. Often a disaster-affected country will become highly sensitized to the need to improve its management capacity. However, maintaining this momentum over long periods of time remains a challenge. The number of actors participating in response operations has also changed considerably over the last decades, presenting a further challenge, and civil society groups have significantly increased their presence in these operations. This text will focus on the main structures linked to the nation states in the Caribbean.

This chapter begins by presenting an overview of national disaster response structures in Caribbean countries and territories, followed by regional/Caribbean organizations, and ending with the international mechanisms. It is important to recognize that the first response is always at the local/national level and that any response must support, rather than compete with the national response.

National disaster response structures

In general, Caribbean countries have similar structures. That is, the Head of Government has ultimate responsibility for disaster management. To support this mandate, he/she relies on both operational and policy structures.

The operational structures are the national disaster management offices. In Saint Kitts and Nevis, for example, this office is called the National Emergency Management Agency (NEMA); in the British Virgin Islands, it is the Department of Disaster Management (DDM); in Jamaica, the Office of Disaster Preparedness and Emergency Management, (ODPEM), etc. Although the structures are similar among the countries, the size and scope of national offices vary widely.

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The functions of the disaster management offices include, but are not limited to:

- ◆ Implementing government policy and programs aimed at lessening the impact of disasters;
- ◆ Providing training in disaster management;
- ◆ Issuing early warning of hazards to institutions and the general population;
- ◆ Calling for activation and/or deactivation of the National Emergency Response Plan;
- ◆ Leading disaster response efforts and coordinating with other sectors and with regional and international structures.

The mechanisms that set policy are the National Disaster Committee or Council, typically a multi-agency, multi-sectoral body, which includes the private sector and non-governmental and voluntary organizations. Using the National Disaster Committee of Barbados as an example, some of its members are: the Director of Emergency Services, Director of Statistical Services, Commission of Police, Chief Medical Officer, Chief Welfare Officer, Airport Manager, Barbados Red Cross, and others.

Although the responsibilities of the National Disaster Committees vary from country to country, they serve primarily as a forum for identification of hazards and definition of policy strategies to prevent and mitigate damages and to make preparedness, response, and rehabilitation determinations.

The health disaster coordinator or the representative of the health sector in the National Disaster Committee is the bridge between the national body and a health sector sub-committee. This health-specific forum is where health sector coordination takes place. Often the main players include health services or hospitals and primary health care facilities, epidemiology departments or units, environmental health officers, and others. Four of the functions of a health sub-committee are essential for an efficient disaster response. They are to:

- ◆ Develop a health sector disaster preparedness and response plan;
- ◆ Train health sector personnel about the plan;
- ◆ Develop simulation exercises that constantly rehearse and test the plan;
- ◆ Estimate and attend to the health needs in disaster response situations.

In the health sector, in addition to the national health disaster preparedness and response plans, there are specific contingency plans for different threats or areas, e.g., SARS response plan, pandemic influenza response plan, health services response plan, etc. It is in this context where mental health and psychosocial concerns and potential needs must be addressed.

Disaster response structures at the regional level in the Caribbean

External assistance is needed in cases in which the event overwhelms the national capacity such as the floods in Guyana (2005) and Suriname (2006) or occasions where the event has international proportions (for example, Hurricane Ivan in Grenada in 2004 and the Haiti earthquake in 2010, which affected the entire country).

In 1991, Caribbean countries jointly created the Caribbean Disaster and Emergency Response Agency (CDERA) through an Agreement of the Conference of Heads of Government of CARICOM as a regional agency for disaster response, CDERA's mandate evolved to other aspects of disaster management. To reflect this change, it was renamed the Caribbean Disaster Emergency Management Agency (CDEMA) (1) in 2010. Presently there are 18 Participating States within CDEMA's membership (1).

CDEMA uses the following guidelines to implement its response mandate:

- ◆ Carry out immediate and coordinated response to disasters in Participating States;
- ◆ Mobilize and coordinate disaster relief from governmental and nongovernmental organizations for the affected Participating States;
- ◆ Promote the establishment, enhancement, and maintenance of disaster response capabilities among Participating States.

The CDEMA Coordinating Unit executes the Regional Response Mechanism (RRM) (note that "regional" here refers to Caribbean and more precisely CDEMA Member Countries) on behalf of the CDEMA Participating States. The RRM is an arrangement for the coordination of disaster response among CDEMA Participating States, regional and international agencies. The RRM is:

- ◆ A number of plans, procedures and guidelines;
- ◆ A group of response units, agencies and organizations;
- ◆ A collection of agreements, memoranda of understanding and protocols.

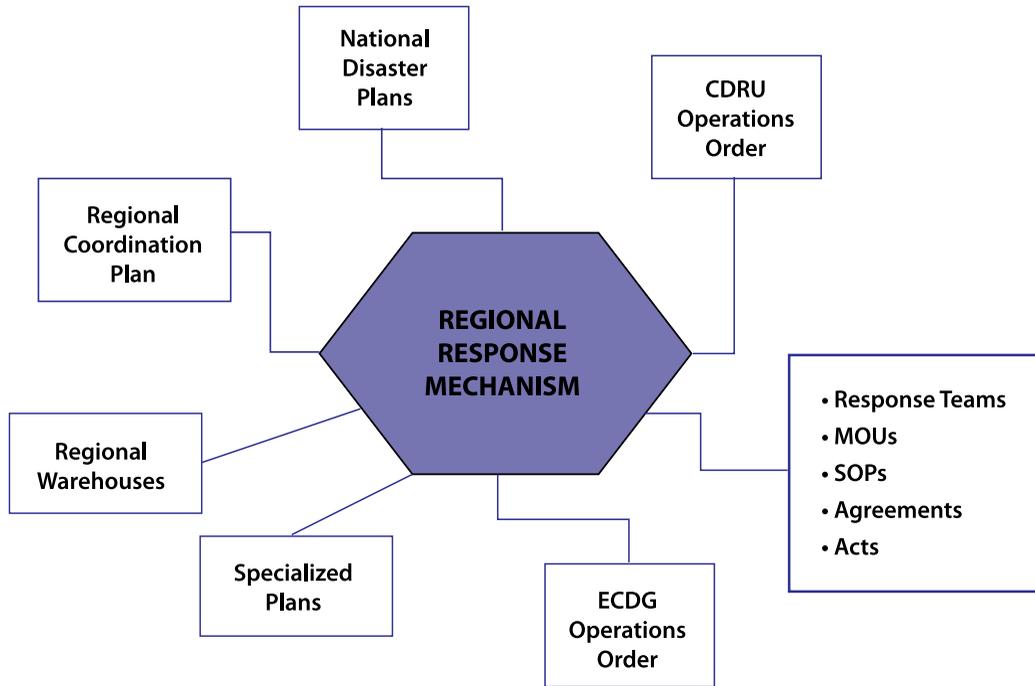
The Regional Response Mechanism is composed of a regional coordination plan, regional warehouses, memoranda of understanding, standard operating procedures, and other elements mentioned in Figure 2.1.

One of the key components of the RRM is the Caribbean Disaster Relief Unit (CDRU), a facility created to manage the use and secure the participation of regional forces in humanitarian situation. The Regional Security System/Central Liaison Office in Barbados manages the CDRU on behalf of CDEMA, as it is staffed by military and police personnel. The CDRU is available to any CDEMA Participating State to support response and relief operations following a disaster impact. The main tasks of the CDRU include management of relief supplies, emergency telecommunications support, and identifying appropriate personnel for repairing critical lifeline facilities. CDRU organizes training sessions (2) to support these activities.

Another key component is the Rapid Needs Assessment Team (3). Commonly referred to as RNAT, this team, comprised of experts in different aspects of disaster response, is deployed within the first two to three days after the impact of the hazard and is responsible for the initial damage report and assessment of humanitarian needs. PAHO/WHO participates in the team by providing an expert in the health sector.

A coordination mechanism is in place to facilitate coordination within the Eastern Caribbean countries and territories. The Eastern Caribbean Donor Group (ECDG) combines

Figure 2.1 Components of the Regional Response Mechanism



international and regional (Caribbean) institutions. The group is convened and chaired by the Resident Coordinator of the United Nations in Barbados with participation of CDEMA, the Regional Security System, different United Nations agencies involved in disaster response, embassy representatives and/or bilateral cooperation agencies (for example, United Kingdom Department for International Development [DFID], Canadian International Development Agency [CIDA], U.S. Agency for International Development [USAID], international development banks such as the Inter-American Development Bank and the Caribbean Development Bank). A similar mechanism is in place for the Western Caribbean functioning from Jamaica.

The Regional Response Mechanism is activated in full or specific components, according to the magnitude of the event. A request from the affected country is usually the requirement for its activation.

Specifically in support to the health sector of disaster-affected countries, the Pan American Health Organization (4), the World Health Organization's office for the Americas, has maintained an Emergency Preparedness and Disaster Relief program for over three decades. PAHO/WHO works with countries to:

- ◆ Mobilize the Regional Health Disaster Response Team;
- ◆ Strengthen the channeling of health information for analysis and decision making, providing a coordination platform for humanitarian response actors, promoting communication, and generating up-to-the-minute reports;

- ◆ Lead the UN Health Cluster at the country level;
- ◆ Maintain health standards and ensure access to health services in complex emergencies;
- ◆ Coordinate international assistance and ensure that humanitarian supplies and donations are managed transparently and effectively.

PAHO/WHO's Regional Disaster Response (RRT) Team (5) comprises public health experts in health services, epidemiology, water and sanitation, mental health, information and communication, and other areas. Team members represent PAHO/WHO, ministries of health, and academic institutions. At the request of the ministry of health, the Team is available to provide support in authoritative diagnosis of health needs for external assistance, provide technical advice on post-disaster health issues, establish an emergency operations center, and work with national authorities to coordinate the overall health response. The mobilization is triggered by a request from ministries of health to PAHO/WHO. More information about the RRT Team, its deployment and tools can be found in the Field Manual on PAHO's website.

Mental health is one of the areas in which countries request support in a post-disaster setting. In response to that request, mental health professionals participate with the RRT team on specific tasks: assessing the impact of the disaster and population needs from the mental health and psychosocial perspective, and providing advice and working with national counterparts in developing the most appropriate interventions.

International disaster response structures

By “international structures” we mean the mechanisms countries have put into place under the scope of the United Nations to support nations that have been impacted by disasters. As mentioned in Chapter 1, the most recent humanitarian reform (6) aims to enhance humanitarian response capacity, predictability, accountability, and partnership. It is an effort by the international humanitarian community to reach more beneficiaries, with more comprehensive, needs-based relief and protection, in a more effective and timely manner.

The U.N. Cluster Mechanism has changed the way in which humanitarian assistance is coordinated and delivered. Assistance is now organized around nine clusters. Each Cluster is led or co-led by a UN agency, according to its respective areas of expertise and is responsible for all post-disaster activities related to the topic,



regardless of who is implementing – whether the government, an NGO or a UN agency. The Clusters encompass the following issues (7):

AREA OF RESPONSIBILITY	LEAD AGENCY (IES)
Agriculture	Food and Agriculture Organization (FAO)
Camp Coordination/Management	UN Refugee Agency (UNHCR)
Early Recovery	UN Development Program (UNDP)
Education	UNICEF, Save the Children
Emergency Shelter	IOM, UNHCR
Emergency Telecommunications	Office for the Coordination of Humanitarian Affairs (OCHA), World Food Program WFP)
Health	World Health Organization (in the Americas, Pan American Health Organization)
Logistics	WFP
Nutrition	UNICEF
Protection	UNHCR
Water, Sanitation, Hygiene	UNICEF

As cluster leads, agencies work with relevant humanitarian actors that have expertise and capacity in a specific area. In a country facing an emergency situation or a disaster, the clusters provide support to the Humanitarian Coordinator. They do not necessarily carry out all of the activities themselves, but are responsible for ensuring that they are implemented. In this sense, if all else fails, the lead agency must step in to do the job itself. The concept of ‘provider of last resort’ is the bottom line in accountability. However, the financial implications of this responsibility for cluster lead agencies require further examination and clarification. Read more about the concept of provider of last resort and how the Cluster approach is used to strengthen humanitarian response (8).

The Global Health Cluster, under the leadership of the World Health Organization, is made up of more than 30 international humanitarian health organizations that have been working together to build partnerships and mutual understanding and to develop common approaches to humanitarian health action. The Global Health Cluster is charged with the following:

- ◆ Producing widely endorsed products and services that will streamline emergency response and increase its predictability;
- ◆ Achieving greater coherence in health action among the many and varied stakeholders by building partnership and common understanding;
- ◆ Well managed health information, integrated into an overall information management system that will serve all stakeholders to ensure an evidence-based health response;

- ◆ Coordinating a system to rapidly deploy health cluster coordinators, other experts and medical supplies for a more effective and timely response
- ◆ Ensuring a greater focus on building national level capacity to strengthen the preparedness, response and resilience of affected countries.

Review the Global Health Cluster's strategic framework for 2009-2011. Read more considerations for countries in Latin America and the Caribbean (9).

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