**Mading Nhial Wal**

**Assignments 4**

**In emergencies situation humanitarian actors are being deployed in the situation of concerned where people are hungry and are in need of help. Humanitarian coordination is important in the regards of people who are suffering during emergencies situation. Intervention is needed in the situation of violent.**

1. Discuss the role of humanitarian coordination in the emergencies

* Coordination is key to an international global response to humanitarian emergencies. The lack of coordination causes delays and hinders the coverage of needs.
* The cluster approach is designed to strengthen humanitarian response by defining and reinforcing partnerships and accountability in key sectors. The cluster approach is not designed to undermine national authorities or supplant them .
* **National authorities are ultimately responsible to provide humanitarian relief.** They must be involved in discussions about activating the cluster approach and decide what commitments they are ready to make within the cluster.
* Depending on the commitment they wish to make, three partnership options are available:
* As a rule, the more the cluster’s structure is able to reflect and reinforce the national authorities' coordinating mechanisms, the less likely programmes will be duplicated. This interoperating approach also works in favour of transferring the coordinating function to the national authorities when the emergency phase has ended.
* OCHA's mission is to coordinate the global emergency response to save lives and protect people in humanitarian crises. OCHA advocates for effective and principled humanitarian action by all, for all.
* OCHA coordinates humanitarian response to expand the reach of humanitarian action, improve prioritization and reduce duplication, ensuring that assistance and protection reach the people who need it most. Through critical situational and gender-responsive analysis, OCHA provides a comprehensive picture of overall needs and helps a diverse set of actors achieve a common understanding of the humanitarian context and a collective plan for the response. By doing so, OCHA influences timely decision-making to support more effective humanitarian response and emergency preparedness. OCHA’s key role in other functional areas, such as humanitarian financing, helps to enhance its coordination role.
* OCHA plays a key role in operational coordination in crisis situations. This includes assessing situations and needs; agreeing common priorities; developing common strategies to address issues such as negotiating access, mobilizing funding and other resources; clarifying consistent public messaging; and monitoring progress.
* OCHA's role is to support the leadership of the Humanitarian Coordinator and to ensure effective coordination, including strengthening the cluster approach, data and information management, and reporting.

By ensuring that the right structures, partnerships and leaders are supported, OCHA and its humanitarian partners can better prepare for and more effectively coordinate humanitarian situations.

* The key to effective response is the state of preparedness in advance of a crisis. OCHA promotes the value of preparedness in lessening the impact of disasters on vulnerable communities, especially in disaster-prone countries. OCHA works with national governments, regional bodies and other agencies on implementing and testing measures that help save lives in an emergency. OCHA also provides tools such as contingency planning, hazard mapping and early warning reports.
* Working through its regional and country offices, OCHA deploys staff at short notice to emergencies. It also supports several surge-capacity mechanisms and networks that enable the broader humanitarian community to respond rapidly to disasters and conflicts.

1. Differentiate between monitoring and evaluation.

* Is the systematic assessment of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institution’s performance. Evaluation focuses on expected and achieved accomplishments, examining the results chain ([inputs, activities, outputs, outcomes and impacts](http://www.oecd.org/dataoecd/29/21/2754804.pdf)), processes, contextual factors and causality, in order to understand achievements or the lack of achievements. Evaluation aims at determining the relevance, impact, effectiveness, efficiency and sustainability of interventions and the contributions of the intervention to the results achieved.
* An evaluation should provide evidence-based information that is credible, reliable and useful.  The findings, recommendations and lessons of an evaluation should be used to inform the future decision-making processes regarding the programme.
* Monitoring and evaluation of initiatives on violence against women and girls take place on a number of different levels, depending on the [goals and objectives](http://www.oecd.org/dataoecd/29/21/2754804.pdf) of the programme and the scope of activities and strategies being designed or implemented.For example, monitoring and evaluation would look different for a school-based prevention programme
* a training programme on the systematic use of screening protocols throughout the health sector the implementation of domestic violence legislation an awareness-raising campaign aimed at engaging men the institutionalization of a coordinated community response

1. Discuss three factors that would make a program to collapse

* Common **factors** that may contribute to societal **collapse** are economic,
* environmental, social and cultural, and
* disruptions in one domain sometimes cascading into another.
* In **some** cases a natural disaster (e.g. tsunami, earthquake, massive fire or
* climate change) may precipitate a **collapse.**

1. Compare food aid and livelihood support in terms of approaches and sustainability.

**The Importance of Emergency Food Aid**

It is crucial to protect the nutritional status of vulnerable groups affected by emergencies. Individuals suffering from acute malnutrition are more likely to fall ill and die. Also, sick people are more likely to become malnourished. Emergencies impact a wide range of factors which can increase the risk of malnutrition, sickness (morbidity), and death (mortality).

The CRS Integrated Human Development (IHD) framework below illustrates the elements of sustainable livelihoods. A livelihood is sustainable when it can withstand and recover from a shock with the same or improved capabilities as before the shock, while maintaining the natural

* **Engagement**: Strategies that increase the influence of people and communities to advocate and claim rights and services.
* **Assets recovery**: Strategies that rebuild assets lost in a disaster.
* **Asset diversification**: Strategies that build resilience by increasing the types of assets that can be depended upon in a crisis, and reduce vulnerability to the loss of one or a few asset types.
* **Asset maximization**: Strategies that increase the quantity and quality of assets to improve the capacity of households to leave poverty and reduce vulnerability.

The IHD framework is the main reference for this guidance because its key purpose is to ‘help CRS and our partners become more effective in assisting the people we serve to improve their overall well‑being through improved livelihood outcomes’. The following sections offer practical ways of applying the concepts of IHD to design quality livelihoods programs in emergency and recovery contexts.

1. Describe the admission criteria for under five children in OTP

* **Outpatient therapeutic program (OTP):** Children with severe acute malnutrition (SAM) WITH appetite for Ready to Use Therapeutic Food (RUTF) and without complications are treated with ready to use therapeutic food (RUTF) and routine medications. Treatment is at home with regular visits to the health facility. The child comes to the health facility every week or two weeks for a medical check up and to receive RUTF. Children without appetite (defined as inability to eat RUTF) and/or with complications are transferred to inpatient care until stabilized. They then continue their treatment at home in OTP. On discharge from OTP, children should be referred to SFP. The majority of children (>85%) can be treated successfully at home without any need for inpatient care.
* Community-based management of acute malnutrition has both a community-based outpatient therapeutic feeding programme (OTP) for uncomplicated cases and a facility-based inpatient care for complicated cases. It also includes treatment of moderate acute malnutrition and community mobilization activities- The shift to managing uncomplicated SAM through OTPs was made possible through the development of ready-to-use therapeutic food (RUTF) that provides all the energy and nutrients required for rehabilitation of ...

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1. Discuss the uses of information in an emergency set up

* Provide information regarding the emergency inception to the Central Station. It can be performed by using a simple form (to collect the minimal formal information, such as the situation and its gravity) or in a more effective manner by providing a picture or a video describing the detected emergency conditions.
* Recover the position within the hospital and obtain the easiest, feasible, and updated path to exit from the area interested by the emergency. The best exit path may change over time according to the changing emergency conditions (eg, if a certain set of stairs to an emergency route is blocked), thus the medical personnel has to keep abreast of the situation and updates are needed according to the patients’ conditions and disabilities.
* Communicate the identified position to the Central Station to receive help and make easier for the Central Station to gather medical personnel for the evacuation.
* Get in contact with neighboring medical personnel to receive help in moving a patient or support to operate on a patient. The system should be able to identify the nearby colleagues and provide the means of contacting them.
* Recover information about the emergency collecting areas for patients who may share triage tags or other colored standard labeling. The paths to reach the collecting areas are also very relevant; in most cases, it is not enough to have one of the exits, but to have the correct one that may bring you to the specific collecting area where your patients have to be led to.
* Recover information about the emergency severity, status updates, and whether people in the area are in danger, to arrange for an evacuation. In most cases, the best solution to cope with the emergency is to wait for its close without abandoning the room where the emergency managing personnel recommended. When it becomes difficult to communicate the best possible solution for a specific emergency, the fastest and easiest way to communicate would be via direct mobile messaging using push notification.
* Recover the position of the emergency coordinator and the related team to cope with specific intervention fields, such as the transfer of a patient, the management of a collecting area, etc.
* Recover and/or get access to procedures to be followed such as: ACLS, BLS, and/or checklists, decision support, dosages to be applied, etc [[10](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3668604/#ref10)]. This information is typically available in the central room of the medical department and may not be accessible from the location of the medical personnel at the time, for example in a patient room, as they cannot abandon their position in emergency conditions.

### Additional requirements of the emergency management via central station.

* Receive the emergency calls from mobile phones and other devices with the minimal but correct information. Such calls have to be collected on the basis of the local emergency manual or guidelines. Emergency conditions are coded according to their severity, measured in terms of the number of patient and/or people involved, their autonomy in moving, etc.
* Aggregate the emergency calls coming from the same area and regarding the same emergency. This allows for a better evaluation of the severity of the emergency.
* Keep track of the emergency status and its evolution, from its inception to its solution, and thus keeping the involved personnel informed on such changes. A trace record should be kept for the emergency event, from its inception, its confirmed status, and up to the final solution. The record should also contain information about the personnel involved, the performed actions, the involved rooms and departments, the temporal evolution, the involved patients, and other relevant details.
* Identify medical personnel needing support in the emergency, support them in creating collaborative teams/groups and defining their coordinator, and/or reaching the collecting areas via escape doors.
* Control the conditions of the medical personnel being potentially involved. In some cases, the Central Station of the hospital does not know precisely who is in the area under emergency. Personnel who are supposed to be in one area may not actually be in that area at the exact time of the emergency. To this end, a verification could be very useful to see if there are some missing people or unclear situations.
* Identify medical personnel who could be involved in solving the emergency, since they are near the emergency location or are supposed to be in that area. In this case, the system should be able to alert them in order to communicate their condition and position to the Central Station.
* Identify medical personnel who could be recalled to support other colleagues in managing problems and patients in the collecting areas. In this case, the system should be able to alert them while providing all the needed information, such as where to go and the contact point to be in touch with when they arrive. The selection of personnel to be recalled can be performed on a general basis or according to their position and/or competence profile.
* Inform the personnel if patient evacuation is needed or if new incoming patients are arriving in the collecting areas.
* Inform other hospitals and other institutions about the occurrence of the emergency, for example the fire department, the police, the Engineer Corps, and the military authorities.
* Accept alarms that are coming only from qualified personnel. Therefore, the qualification cannot be limited to mobile devices, since it may be in the hands of unqualified people. On such grounds, authenticated access to emergency services is needed. Non-authenticated emergency calls and alarms can be accepted as well, but should be treated in a different manner.

1. Differentiate between rapid nutrition assessment and a survey

* **Rapid nutrition evaluations** are most relevant concerning rapid-onset disasters when little is known about the initial situation, or concerning slow-onset disasters when access is difficult (open only a few days).
* In fact, in the case of rapid-onset disasters, the In order for the rapid nutrition nutritional situation does not deteriorate significantly assessments to retain relevance and within the space of a few days. On the contrary, it takes a interest, the results should be couple of weeks.
* If the nutritional situation of the zone known very quickly. The report or the affected population is already known when the should be finalized and disaster takes place, this evaluation is not required. If, disseminated within 3 days of the however, the situation is not known, a rapid nutrition end of the data collection.

evaluation must be conducted.

* In the case of slow-onset disasters, it is more relevant to plan for a bona fide nutrition survey to obtain more precise data. Rapid nutrition evaluations prove to be more suitable in cases where access to the zone or the population is complicated (unpredictable and/or short-term) because they provide a better understanding of the situation.
* **SMART nutrition surveys** provide a very clear idea in an instant of the situation of the selected zone. These surveys provide the most precise and reliable information, but they require more resources (time, financial support and technical expertise).