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Report

CONSULTANCY ON REGULATORY ISSUES IN INTERNATIONAL DISASTER RESPONSE OPERATIONS for the International Federation of Red Cross and Red Crescent Societies

Roma Tre University

Jean Monnet Module 'International and European Disaster Law'

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Introduction

As emphasized by the impressive data provided in the International Federation of Red Cross and Red Crescent Societies' (IFRC) World Disasters Report 2018, natural and technological disasters are a commonplace phenomenon, representing one of the most significant challenges for humanitarian actors and affected States. According to this report, in the last decade (2008–17) more than 3.700 natural hazards have been recorded, 2 billion individuals have been affected by such events, around 700.000 people have lost their lives as a result of disasters, and damages have been estimated at \$1.65 trillion. Such data do not include technological hazards, armed conflicts or conflict-related famine.

In the same decade the IFRC was advocating for the implementation of the “Guidelines for the domestic facilitation and regulation of international disaster relief and initial recovery assistance” (“[IDRL Guidelines](#)”) adopted at the 30th International Conference of the Red Cross and Red Crescent Movement held in November 2007. Indeed, domestic regulatory frameworks may facilitate or slow down international disaster relief operations, for example by exempting custom duties from applying to humanitarian relief goods, or, conversely, by creating a series of legal and regulatory obstacles for the efficient deployment of relief activities.

Against this background, the present report addresses recent case-studies of challenges and positive lesson learned experienced in the management of international assistance by states affected by disasters in the period 2013-2018. It aims to provide further data, anecdotes and elements for reflections in view of the 33rd International Conference of the Red Cross and Red Crescent Movement to be held in Geneva in December 2019.

Regardless of efforts done by affected states and advocacy activities promoted by the IFRC, elements of concerns could still be recognised: further attention should be paid by relevant stakeholders to these crucial issues in order to facilitate an efficient and prompt international response and an appropriate assistance to victims of disasters. Similarly, international assisting actors should pay deference to their responsibilities while providing assistance. At the same time, some positive elements could be recorded, permitting to emphasise a series of best practices and lessons learned.

The current report was managed by a team of LL.M. students of the Department of Law, Roma Tre University (Enrica Giunta, Luca Mattei, Irene Proietto) who attended the Jean Monnet Module ‘[International and European Disaster Law](#)’ supported by the EU Commission. The review process was carried out by Dr Tommaso Natoli (post-doc researcher at the same Department), under the supervision of associate professor Giulio Bartolini, responsible of the abovementioned Jean Monnet Module. The report was elaborated on a *pro bono* basis, without any financial support by the IFRC. The Italian Red Cross provided some assistance to students, in particular permitting them to take advantage of an internship for the period devoted to manage this research for the benefit of the IFRC and the Movement.

The report is organized by case studies dealing with major recent disasters each of which covering as follows:

(1) introduction section, providing a brief overview of the particular disaster, namely where and when it took place, and its humanitarian impact; (2) key regulatory areas of interest for the IDRL Guidelines, namely aspects regarding which the regulatory framework is of relevance for international disaster relief operations (for example initiation, responsibilities of the assisting actors, coordination, goods and equipment, personnel, quality, etc.); and (3) best practices and lessons learned, covering positive examples in the management of international relief operations or changes adopted in the domestic legal and regulatory framework in the aftermath of a disaster.

Research was based on the exam of open-access sources as reports of international and humanitarian organisations, media coverage of these events, normative frameworks. This might permit to have at disposal more reliable and verifiable data rather than through direct interviews with involved professionals.

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Philippines, Typhoon Haiyan [2013]

1.1 Brief description of the events and disaster impact

On 8 November 2013, Typhoon Haiyan (locally named Yolanda), hit central Philippines with sustained winds up to 280 km/h and gusts up to 315 km/h¹. Only a few days later, another typhoon (Zeida) struck the Country damaging the airport in Cebu that had been used to try to get aid into Haiyan-affected areas from Manila². On November the 11th, the government declared a state of national calamity and issued a request for international humanitarian assistance. Typhoon Haiyan was categorized by the UN Emergency Relief Coordinator a humanitarian system-wide Level 3 emergency, effectively activating a global mobilization able to accelerate delivery response and protection to people in need³.

Despite the Philippines' being considered a natural hazards-prone country, Typhoon Haiyan is reportedly the strongest typhoon to ever strike the country, having caused over 6.300 acknowledged fatalities with an additional 2.3 million people estimated to have fallen below the poverty line⁴. Moreover, the Typhoon was actually the third crisis to hit the Philippines in only two months, following conflict in Zamboanga and an earthquake in Bohol, the combined effect of which caused the displacement of 750.000 people. Therefore, national and international response were already stretched, with emergency services being delivered by both agencies and the Philippian army⁵.

1.2 Operative and regulatory issues

Coordination and other issues [IDRL 4.3 (c)]

Reportedly, a major issue in coordination was caused by the different approach in the early emergency response implemented by the government and the international assisting actors. While the latters operated within the UN Level 3 emergency parameters for the response, they also possessed a limited knowledge of the local context, including the nature, strengths and limitations of established Philippines institutions for disaster management and preferences for the engagement. Local authorities, on their side, struggled to effectively engage with both the central government and humanitarian partners, due to their limited capacities, knowledge and resources. As a result, international partners and the government pursued parallel strategies and goals.⁶

Another issue was caused by the lack of coordination among humanitarian partners. For instance, during the 2013 emergency response, the failure of many actors to finalize project agreements with

¹ IFRC, *Emergency appeal final report Philippines: Typhoon Haiyan*, (16 January 2014), p. 2, [link](#).

² ODI, *Ten months after Typhoon Haiyan: Lessons from the response and how to prepare for the future*, (12 September 2014), [link](#).

³ IFRC, *Emergency appeal final report Philippines: Typhoon Haiyan*, (16 January 2014), p. 2, [link](#).

⁴ The World Bank, *Philippines: Lessons Learned From Yolanda*, (2017), p. 1, [link](#).

⁵ Hall J. *Typhoon Haiyan: lessons from the response and how to prepare for the future*, HPN, (2015), [link](#).

⁶ Dy, P, Stephens T, *The Typhoon Haiyan Response: Strengthening Coordination among Philippine Government, Civil Society and International Organizations*, HKS PCL Discussion Paper Series, (2016), p. 52, [link](#).

UN agencies/donors in the nutrition cluster, slowed down implementation of nutrition in emergency interventions⁷.

Such lack of coordination led to certain communities being neglected after Haiyan. The main issue was certainly the presence of too many organizations working in the same locations while others barely received any aid.⁸

1.3 Best practices and Lessons Learned

Initiation [IDRL Guideline 10.1]

In the Philippines, the basis for the National regulatory framework in case of disasters can be found in the “Philippines Disaster Risk Reduction and Management Act of 2010”, (Republic Act No. 10121, May 27, 2010) which was integrated by its “Implementing rules and Regulations of Republic Act No. 10121⁹. Among the aims of the Republic act, there is “to adhere to and adopt the universal norms, principles and standards of humanitarian assistance”. Section 16 of the Act establishes that, under a state of calamity, “The President’s declaration may warrant international humanitarian assistance as deemed necessary”¹⁰. The mechanism for international humanitarian assistance is developed in its various forms in the “Implementing Rules and Regulations Of Republic Act No. 10121”. The document stresses the importance of state sovereignty during emergency coordination, expressly declaring that the Philippines “shall have the primary responsibility to respond to disasters occurring within its territory and external assistance and offers of assistance shall only be provided upon its request or consent.”

Specifically, the various forms of requests for humanitarian assistance are regulated in Rule 14, where it is stated that “as Party to the ASEAN¹¹ Agreement on Disaster Management and Emergency Response, the request for assistance may be sent directly to other ASEAN Member States or through the ASEAN Humanitarian Assistance Centre in Jakarta, Indonesia. It may also request assistance from other entities where appropriate.” Moreover, in order to facilitate the call for international assistance, the Department of Foreign Affairs is tasked with the coordination with the National Disaster Risk Reduction and Management Council “through the embassies or consulates of the Philippines.”

The request for international assistance may also be issued by the Local Disaster Risk Reduction and Management Fund in accordance with the Section 23 of the Local Government Code of 1991¹², stating that “local chief executives may, (...) negotiate and secure financial grants or donations in kind, in support of the basic services or facilities (...) from local and foreign assistance agencies without necessity of securing clearance or approval therefor from any department, agency, or office of the

⁷ WHO, *Philippines: Typhoon Haiyan Situation Report No. 22*, (10 December 2013), p. 6, [link](#).

⁸ Santos, L.A, *Lessons learned a year after Haiyan: The 5 C's*, (07 November 2014), [link](#).

⁹ Official Gazette Of The Republic Of The Philippines, Republic Act No. 10121, (May 27, 2010), p. 16, [link](#).

¹⁰ Ivi, p. 15, [link](#).

¹¹ Association of Southeast Asian Nations,

¹² Chan Robles, Philippine laws, Statutes and Codes, *Implementing Rules And Regulations Of Republic Act No. 10121*, (2010), [link](#).

national government or from any higher local government unit: Provided, That projects financed by such grants or assistance with national security implications shall be approved by the national agency concerned.”¹³

Initiation of Military Relief [IDRL Guideline 10.1]

During the first days after the disaster, until the airport was completely reopened, the responding actors had to rely heavily on military support and assets to reach the affected areas for their assessment missions and to provide the urgently required relief. Military air assets were deployed to support search and rescue operations and the transport of relief items, especially medicines. US Military forces offered transport by air by both airplanes and helicopters. The destinations were driven by demand. Organisations who wanted to use military assets for transport of their cargo had to complete a “Logistics Service Request”. However, since military and inter-agency services should be considered as last resort, once the humanitarian community was able to receive equipment (through the Logistics Cluster) from international donors and to start mobilizing, various foreign military assets retracted their resources, and operations were handed to the Armed Forces of the Philippines and to civilian partners¹⁴.

Responsibilities of the assisting actors [IDRL Guideline 4.3 (a) and (j)]

In any emergency response, assisting actors should be able to be responsive to the special needs for, among others, women and particularly vulnerable groups, including persons with disabilities. Specifically, in terms of protection, during the response phase in the aftermath of the Typhoon Haiyan it was reported the necessity to “address the specific concerns of single female headed households, given their greater level of vulnerability as the only provider for the family and increased security concerns in their areas of displacement”¹⁵. For instance, UNICEF implemented an emergency unconditional cash transfer programme in the most affected communities, selected through UNICEF’s vulnerability criteria, including households consisting of pregnant women, lactating mothers, female headed households, households hosting separated children and households with children under 5 at risk of malnutrition. The programme provided 10,000 vulnerable households with US\$100 cash per month for a six month period, expecting to cover a family’s most basic and immediate needs.¹⁶

Following the experience of the 2013 emergency response, the World Health Organization (WHO) developed new guidelines for maternal and new-born care, and increased the coordination of services for people with disability¹⁷.

Coordination [IDRL Guideline 4.3 (c)]

During the course of the emergency response to Typhoon Haiyan, the international community took advantage of the experience to reflect on the lessons learned during the relief phase. For example,

¹³ The Lawphil Project, Republic Act No. 7160, (October 10, 1991), [link](#).

¹⁴ Humanitarian Logistics-Asian Pacific, *Typhoon Yolanda Relief Response Report*, (2014), p. 17, [link](#).

¹⁵ WHO, *Philippines: Typhoon Haiyan Situation Report No. 22*, (10 December 2013), p. 6, [link](#).

¹⁶ UNICEF, *Philippines Humanitarian Situation Report*, (29 January 2014), p. 5, [link](#).

¹⁷ McPherson M, Counahan M., *Responding to Typhoon Haiyan in the Philippines*, (WHO), *Western Pacific Surveillance and Response Journal*, (2015), [link](#).

in November 2014, the Overseas Development Institute (ODI) hosted a panel discussion on the lessons learned from the humanitarian response to Typhoon Haiyan¹⁸. The importance of ensuring that national and international responders coordinated well with each other was particularly stressed, while it was underlined the importance of military coordination with civilian groups.

The effectiveness of the cluster system during the response was discussed and it was proved how the joint leadership of UN/NGOs and government agencies, such as the collaboration between the Department of Health and the WHO for the health cluster, was considered a success. The added value to such good relationships at field level was that it allowed local NGOs to be involved in the response, taking advantage of their local knowledge and expertise.

Goods and Equipment [IDRL Guideline 17.1 (a), (b)]

The Republic Act No. 10121 provides authorization for the entry of imported and donated relief goods, referring to “Section 105 of the Tariff and Customs Code of the Philippines and to the prevailing provisions of the General Appropriations Act covering national internal revenue taxes and import duties of national and local government agencies”. Accordingly, importations and donations, subject to the “Mechanism for international assistance [...] shall be considered as importation by and/or donation to the National Disaster Risk Reduction and Management Plan (NDRRM) subject to the approval of the Office of the President”¹⁹. Moreover, the regulations of the Act suggest that in case payment of duties and taxes over relief goods donated to national NDRRMC bodies are due, it should be subject to a deferred payment scheme. It also refers to the International Disaster Response Law as further reference to inform foreign donations and importations for disaster relief.²⁰ The “Implementing Rules And Regulations Of Republic Act No. 10121” appoint the National Council as the body responsible for providing the guidelines on the inventory and disposition and utilization and monitoring of all relief goods, including donations, within a reasonable period, in order to ensure the proper disposition and use.²¹

The “Guidelines And Procedures On Customs Clearance Of International Donations Availing Of Duty And/Or Tax Exemption During Calamities” indicate the conditions that must be fulfilled for the donated imported goods to be dutyfree or both duty- and tax-free. The procedures that must be followed depend on which category the Consignee falls into and are identified by the Bill of Lading or Airway Bill of any import transaction, which indicate who is the Consignee on the shipment. In the case of Foreign Embassies, International Organizations and Specialized Agencies,²² The

¹⁸ ODI, *Ten months after Typhoon Haiyan: Lessons from the response and how to prepare for the future*, (12 September 2014), [link](#).

¹⁹ Official Gazette (n. 6), p. 16, [link](#).

²⁰ National Disaster Coordinating Council, *Implementing Rules and Regulations of Republic Act No. 10121*, p. 23, [link](#).

²¹ Chan Robles, Philippine laws, Statutes and Codes, *Implementing Rules And Regulations Of Republic Act No. 10121*, (2010), [link](#).

²²In particular, the international organizations and specialized agencies qualified for duty and/or tax exemption on imported goods for donation are: the International Labor Organization (ILO), the Food and Agriculture Organization (FAO), the United Nations Educational, Scientific, and Cultural Organization (UNESCO), the International Monetary Fund (IMF), the International Bank for Reconstruction and Development (IBRD), the World Health Organization (WHO), the World Food Programme (WFP), the United Nations Population Fund (UNPF), the United Nations Development Programme (UNDP), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children’s Fund (UNICEF), the

Guidelines allow donated imported goods to be duty- and/or tax-exempt provided that humanitarian partners coordinate with the Department of Foreign Affairs or the Philippine Embassy/Consular Office in the country of origin for implementation of the procedures.

The donated imported goods must not be prohibited imports in the Philippines and are defined by the Tariff and Customs Code of the Philippines, Section 101, other laws, and other regulations issued by different government agencies.

Examples of goods whose importation into the Philippines is prohibited include adulterated or misbranded food, drugs, used clothing, medicines without English translations in their immediate labels, medicines that are not listed in the Philippine National Formulary or registered in a Department of Foreign Affairs-counterpart agency in the country of origin and medicines with expiry date less than six months upon arrival.

Since various laws and other regulations issued by different government agencies define certain goods whose importation into the Philippines are restricted or regulated, when the donated goods are regulated imports, the Consignee must obtain an import permit or clearance from the relevant Philippine government agency which regulates importation of these goods. For instance, in order to obtain an import permit or clearance for medicines, medical devices and equipment as regulated goods imported humanitarian partners shall refer to the Philippines' Food and Drug Administration and to its contact details indicated in the Guidelines.²³

Specifically, during the 2013 Haiyan typhoon a "One Stop Shop" (OSS) practice was implemented, in order to facilitate the necessary clearance of international relief consignments. The OSS was activated, with the National Disaster Risk Reduction and Management Council as the lead agency, upon the declaration of the President of the Philippines of a national state of calamity.

Representatives of key ministries were gathered in Cebu, where the airport was appointed the main entry point for international relief assistance. Humanitarian agencies bringing goods into the Philippines would fill the necessary forms before their cargo arrived in the country and directly submit to the relevant ministry, which would process the request on the spot

The first step of the process involved writing a Letter of Request for parking or landing to the Mactan Cebu International Airport addressed to the General Manager of the Airport. Before the arrival of any shipment, humanitarian agencies would secure a Notarized Deed of Donation to the Department of Social Welfare and Development, a Letter of Acceptance from such Department, an Itemized Packing List, the Air Waybill and a Letter of Request for Release addressed to the Officer-in-Charge for Passenger Service. The documents provided would then be submitted to the Customs, Immigration and Quarantine Section. Reportedly, the mechanism made the processing and custom clearance smooth for the registered organisations, which included United Nation Agencies,

International Committee of the Red Cross (ICRC), the Philippine Red Cross and other agencies related to the United Nations.

GOVPH, *Guidelines And Procedures On Customs Clearance Of International Donations Availing Of Duty And/Or Tax Exemption During Calamities*, p. 10, [link](#).

²³ GOVPH, *Guidelines And Procedures On Customs Clearance Of International Donations Availing Of Duty And/Or Tax Exemption During Calamities*, pp. 1.-2, [link](#).

International Red Cross Societies and other international NGOs. Organisations that were not yet registered in the country were able to partner with a local organisation or register easily and overall the process of bringing relief into the country rarely took longer than a day.²⁴

International partners were informed of the fact that a Blanket Tax Exemption was not granted, but organisations could request one bilaterally through their line ministry as per normal procedures²⁵.

²⁴ Humanitarian Logistics-Asian Pacific, *Typhoon Yolanda Relief Response Report*, (2014), p. 16, [link](#).

²⁵ Logistics Cluster, *Philippines: Typhoon Yolanda One-Stop-Shop (Customs)*, (2013), [link](#).

Solomon Islands, Floods [2014]

1.1 Brief description of the events and disaster impact

In April 2014, Solomon Islands experienced heavy rains from a tropical depression, which later became Cyclone Ita, causing one of the worst flash floods in the country's history¹. It resulted in 22 people dying and up to 52.000 people being affected across the country². Particularly hit by the floods were the capital Honiara and the Guadalcanal province³. On the 3rd of April, the Mataniko River burst its banks, resulting in houses being washed away and infrastructure damaged, and causing the displacement of families, with an estimated 12.000 people affected⁴. In the following days, the main concerns were the lack of food and water supplies as well as the reactivation of basic infrastructures⁵.

On April 3, the Government declared the State of Emergency, while on April 5, a request for international assistance was issued by the Solomon Islands Government (SIG). Specifically, the Government asked for support from the Pacific Humanitarian Team (PHT), which is led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA)⁶. Due to infrastructural issues, the Honiara Airport was closed for 72 hours, delaying the arrival of relief items from Australia and New Zealand⁷. Finally, on April 6th, the International Airport was reopened, allowing international assistance to enter the country.⁸

During the initial emergency response, first emerging concerns were health issues and the protection of vulnerable people since some evacuation centres were over-crowded and water supplies contaminate⁹. The state of emergency was officially lifted by National Disaster Management Office (NDMO) on 28 July 2014¹⁰.

1.2 Regulatory and Operational Issues

Coordination [IDRL 4.1; 4.3 (c), (e) and (g)]

Following the request of international assistance issued by the Solomon Islands Government, many international actors responded by sending their personnel, which led to coordination issues within

¹ WHO, *Solomon Islands Flash Floods*, April 2014, [link](#).

² OCHA, *Solomon Islands: Worst Flooding In History*, 30 April 2014, [link](#).

³ WHO, *Solomon Islands Flash Floods*, April 2014, [link](#).

⁴ OCHA, *Solomon Islands: Flash Floods Situation Report No. 7*, (15 May 2014), p. 6, [link](#).

⁵ BBC, *Dozens missing in Solomon Islands flash floods*, (5 April 2014), [link](#).

⁶ GFDRR, *Rapid Assessment of the Macro and Sectoral Impacts of Flash Floods in the Solomon Islands, April 2014*, p. 5, [link](#).

⁷ CERF, *Resident/Humanitarian Coordinator Report On The Use Of Cerf Funds Solomon Islands Rapid Response Floods*, p. 3, [link](#).

⁸ OCHA, *Solomon Islands: Flash Floods Situation Report No. 7*, (15 May 2014), p. 6, [link](#).

⁹ OCHA, *Solomon Islands: Flash Floods Situation Report No. 1*, (7 April 2014), p. 1, [link](#).

¹⁰ IFRC, *Emergency Appeal Final Report Solomon Islands / Pacific: Flash Floods*, (9 July 2015), p. 6, [link](#).

the country. The PHT for example, despite helping in linking humanitarian partners, faced several difficulties in working within national coordination structures and vice versa¹¹.

Specifically, coordination arrangements for the assessment processes, beneficiary selections, verifying distributions, and shelter proved to be particularly challenging¹².

The extensive coverage reached by the intervention of the relief team met several challenges, among which the lack of data availability immediately after the floods. The unavailability of information about evacuation centres' populations and locations affected the planning of operations and quantification of interventions and therefore the entire coordination of emergency services¹³.

When available, information was not transmitted properly. During the response, it was underlined a lack of communication both with the communities as well as the organizations, who mainly focused on their own response activities and limited the flow of accurate information¹⁴. Specifically, the assisting actors failed to coordinate their reporting activities related to donors, clusters, multi-agency meetings and provincial and national emergency operations centres¹⁵.

The concept of humanitarian protection in the Pacific is still new and "despite several workshops with government and NGOs, capacity building and on-the-ground technical support for coordination is needed"¹⁶. During the Solomon floods emergency response, the role of protection coordination was undertaken by the government Internally Displaced Persons (IDP) Welfare cluster, led by the Ministry of Women. Despite some technical support available through UNFPA, UNICEF and the international NGO Oxfam (funded by the Australian Government), protection coordination (a proposal prepared by the protection cluster) was considered to be weak, not supported by CERF and not fully implemented by the government and clusters¹⁷.

Similarly, it was reported a need for improved cooperation on GBV rates data and on the needs of children in affected areas of the Guadalcanal Province¹⁸.

Quality and accountability [IDRL Guidelines, 3.3, 4.3 (a), (c), and (f)]

During the relief phase, an insufficiency of trained assisting personnel was reported. Many agencies were forced to use personnel without experience in humanitarian operations, causing delays and gaps in the assistance. A major issue caused by the lack of sufficient trained staff was the delay in the release of CERF funds. In fact, on the islands there was not sufficient OCHA staff able to guide the drafting of the proposals, lacking knowledge on the CERF process. Therefore, the drafting was delayed and the proposals were released only two months after the floods¹⁹.

¹¹ PHT, *Meeting Report 7Th Pacific Humanitarian Team Regional Meeting*, (2014), p. 9, [link](#)

¹² IFRC, *Emergency Appeal Final Report Solomon Islands / Pacific: Flash Floods*, (9 July 2015), p. 7, [link](#).

¹³ Shortus M., Musto J., Bugoro H., Butafa C., Sio A. and Joshua C. *Vector-control response in a post-flood disaster setting, Honiara, Solomon Islands, 2014*, NCBI, (2016), [link](#).

¹⁴ PHT, *Meeting Report 7Th Pacific Humanitarian Team Regional Meeting*, (2014), p. 20, [link](#).

¹⁵ OCHA, *Solomon Islands: Flash Floods Situation Report No. 1*, (7 April 2014), p. 5, [link](#)

¹⁶ CERF, *Resident/Humanitarian Coordinator Report On The Use Of Cerf Funds Solomon Islands Rapid Response Floods*, p. 11, [link](#).

¹⁷ *Ivi*.

¹⁸ OCHA, *Solomon Islands: Flash Floods Situation Report No.10*, (12 June 2014), p. 5, [link](#).

¹⁹ *Ibid*, pp. 10, 12.

Short deployments and high turnover of staff reportedly caused uncertainty about the role of agencies, such as the PHT²⁰, the Co-chair of which stressed the importance “to engage at the technical level within national disaster management offices and key ministries, but also at the top levels of Government to make clear how PHT support can be activated.”²¹

In terms of humanitarian response, the Solomon Islands Government led efforts supported by various international humanitarian partners. The OCHA Situation Reports covered a period of ten weeks after the start of the floods. The reports provided a situation overview, week after week, describing the needs of the population affected by the emergency, pinpointing the response undertaken by the assisting actors and highlighting the main gaps and issues to solve. Among the issues identified by the reports many were related to the necessity to improve the ability of the agencies to support the special needs of the survivors²². As it was requested for mental health to be better support²³, it was underlined the necessity for a better targeted assistance and psychological support for all vulnerable groups, with a special focus on persons with disabilities and pregnant/lactating women²⁴. Even the nutritional quality of the food distributed was analysed, resulting unfit for children under-five and pregnant/lactating women. In response to the lack of nutritional food for vulnerable displaced people in Evacuation Centres (ECs) “OCHA has released a US\$100,000 emergency cash grant to provide hot meals to children in nine flood-affected primary schools (..) including the sick, elderly, children under five and pregnant and lactating women”²⁵.

The issue of protection was also discussed, specifically referring to Gender Based Violence (GBV) and Child Protection (CP). Both cases presented gaps in protection presence. It was reported the necessity to implement centred medical support for GBV victims through resupply of clinics and referral networks²⁶. Inter-agency CP/GBV case management was also considered to be inadequate, with insufficient information available²⁷. It was noted that “Protection principles need to be integrated, including genuine community engagement or consultation related to return and relocation”²⁸.

A leading example of protection coordination issue was the fact that agencies, such as PHT and CERF applicants were given gender advice, in order to allow a better ability to be responsive to the special needs of affected vulnerable categories. However, the advice was not followed by all the assisting actors²⁹.

Lack of information was also an issue, due to the non-existent or insufficient information sharing or collection, particularly on sex and age disaggregated data and vulnerable population³⁰, such as “landless” people. The gaps in information and consultation with affected communities led to

²⁰ PHT, *Meeting Report 7Th Pacific Humanitarian Team Regional Meeting*, (2014), p. 11, [link](#).

²¹ OCHA, Interview: “Even small disasters can overwhelm small-island economies”, 13 May 2014, [link](#).

²² OCHA, *Solomon Islands: Flash Floods Situation Report No. 8*, (22 May 2014), p. 5, [link](#).

²³ OCHA, *Solomon Islands: Flash Floods Situation Report No. 5*, (25 April 2014), p. 4, [link](#).

²⁴ OCHA, *Solomon Islands: Flash Floods Situation Report No. 10*, (12 June 2014), p. 4, [link](#).

²⁵ OCHA, *Solomon Islands: Flash Floods Situation Report No. 5*, (25 April 2014), pp. 2-4, [link](#).

²⁶ OCHA, *Solomon Islands: Flash Floods Situation Report No. 7*, (15 May 2014), p. 5, [link](#).

²⁷ OCHA, *Solomon Islands: Flash Floods Situation Report No. 8*, (22 May 2014), p. 5, [link](#).

²⁸ OCHA, *Solomon Islands: Flash Floods Situation Report No. 6*, (8 May 2014), p. 6, [link](#).

²⁹ CERF, *Resident/Humanitarian Coordinator Report On The Use Of Cerf Funds Solomon Islands Rapid Response Floods*, p. 12, [link](#).

³⁰ OCHA, *Solomon Islands: Flash Floods Situation Report No. 6*, (8 May 2014), p. 6, [link](#).

inadequate contingency planning e.g. eviction of informal communities, separation of families, and rising tensions within communities³¹.

In order to better manage issues of data assessment and distribution planning, it was underlined the need to increase the number of personnel in order to manage data entry and maintenance of the items' tracking system.³² The mapping of the recovery activities of various actors was also recommended in order to facilitate coordination and coverage.³³

In order to prevent the outbreak of diseases in the days following the floods, World Vision partnered with the Solomon Islands government and the Red Cross to install a water purification system, allowing affected communities in evacuation centres to receive clean water³⁴. As the quality of the water was not disputed, the beneficiaries surveys, carried out on the 29 and 30 July 2014, indicated that some recipient families felt that water was insufficient to meet their needs³⁵.

- The SIG created a three-month Humanitarian Action Plan (HAP), with the support of humanitarian and development partners, which focused on the areas of health, WASH, protection, shelter and food security and was used as a guiding document for the response areas. The overall budget of the plan was of USD13.6 million of which USD11.6 million remained unmet.

Only after the HAP was developed and both discussions about priority interventions among principal assisting actors and the analysis of funding resources took place, the PHT decided to ask for the Common Emergency Response Funds (CERF) funding.³⁶

Goods and equipment [IDRL Guideline 17.3]

International aid distribution was hampered by the lack of information on standardized assessment formats. Relief items packages were not standardized and different formats and methodologies were used at different stages of the response. Such a lack of communication between the government and UN agencies resulted in delays of the distribution and duplication at times³⁷.

1.3 Best practices and lesson learned

The 2014 Solomon Floods constituted an important turning point for the international community in terms of lesson learned and preparedness plans. Stakeholders were able to identify the main issues and failures in their intervention and create new standard procedures for the future, identified as best practice.

³¹ OCHA, *Solomon Islands: Flash Floods Situation Report No. 10*, (12 June 2014), p. 5, [link](#).

³² OCHA, *Solomon Islands: Flash Floods Situation Report No. 4*, (18 April 2014), p. 2, [link](#).

³³ OCHA, *Solomon Islands: Flash Floods Situation Report No. 5*, (25 April 2014), p. 4, [link](#).

³⁴ World Vision International, *World Vision provides water as disease spreads in flood-affected Solomon Islands*, (11 April 2014), [link](#).

³⁵ IFRC, *Emergency Appeal Final Report Solomon Islands / Pacific: Flash Floods*, (9 July 2015), p. 7, [link](#).

³⁶ CERF, *Resident/Humanitarian Coordinator Report On The Use Of Cerf Funds Solomon Islands Rapid Response Floods*, p. 4, [link](#).

³⁷ *Ibid*, p. 11.

For instance, the Pacific Humanitarian Partnership (PHP), organized by UN OCHA Office for the Pacific and attended by over 100 partners each year, held regularly yearly meetings, whose aim was to reflect on general necessities and response plans in the event of disasters occurring in the region.

The October 2017 meeting in Fiji involved over 100 representatives from national authorities and humanitarian actors across the region to promote a definition of a humanitarian preparedness and response agenda and to discuss the outcomes of the previous 2016 PHP meeting, as well as of the World Humanitarian Summit meeting and other regional consultations, and implementing the Framework for Resilient Development in the Pacific³⁸.

Responsibilities of Assisting Actors - Coordination [IDRL 4.1, 4.3 (c)]

Specifically, the issues emerged during the Solomon Floods were discussed during the course of the 7th Pacific Humanitarian Team Regional Meeting (2014), where lessons learned were shared for future improvements. They included logistics cluster necessities such as a better engagement of NGOs and Red Cross and an effective coordination between actors. In order to support the response system, it was suggested the creation of a funded regional logistics position, the strengthening of the system to track and distribute relief items, as well as the simplification of assessment forms into rapid assessment forms.

Since informal and voluntary assessment does not respond to the need for standard procedures, the drafting of Memorandum of Understandings with key national and international partners, including goods and service providers was preferred³⁹. In addition, ways to reduce gaps and duplications in the distribution of non-food items were recognized in the future review of the quality and specification of some non-food items and the potentiality to use vouchers and cash instead of non-food items⁴⁰.

On the contrary, the implementation of the HAP, which involved all national, regional and international assisting actors providing input and sharing information in coordination, while the UNOCHA team in Suva shared regular update (weekly or bi-weekly) was considered a best practice. Solomon Islands Red Cross (SIRCS) worked closely with the government and other humanitarian actors including the NDMO, Save the Children and Oxfam across all phases of the response intervention. It was reported, within the August 2014 Review, that the SIRCS, continued to improve its relationships with government and key partners throughout the response.

A leading example of collaboration among humanitarian partners was the work of the International Federation of the Red Cross and Red Crescent Societies (IFRC), which designated a shelter coordinator for seven weeks until the end of May. At the end of emergency shelter activities, an emergency shelter response review was drafted, supported by several actors such as the Ministry of Lands Housing and Survey with the support of IFRC, the United Nations Development Program and the European Commission's Humanitarian Aid and Civil Protection department. The title of the report was 'Review of the Emergency Shelter Response to the April 2014 Flooding in Solomon Islands' and it underlined the necessity for the emergency shelter response to also address long term-underlying

³⁸ PHT, *The Pacific Humanitarian Partnership 2017 "Localization in Preparedness and Response"*, (2017), p. 3, [link](#).

³⁹ PHT, *Meeting Report 7Th Pacific Humanitarian Team Regional Meeting*, (2014), p. 19, [link](#).

⁴⁰ IFRC, *Emergency Appeal Final Report Solomon Islands / Pacific: Flash Floods*, (9 July 2015), pp. 20-21, [link](#).

vulnerabilities. The results of the review suggest to develop shelter disaster risk reduction and allow communities to build back in a safer way⁴¹.

Quality and accountability [IDRL Guidelines, 4.3 (a), (e)]

As highlighted in section 1.2, humanitarian intervention during the relief operations was characterized by gaps in the response to the needs of the most vulnerable individuals affected by the emergency. This led to the consideration that response focus must be targeted to the most vulnerable as resulting from data assessments and activities better coordinated with other humanitarian actors. In the case at stake, the term “most vulnerable” comprised “single headed households, elderly and those that have been unequivocally affected, including diarrhoea cases, pregnant lactating women and children under 5”, as intended by the “IFRC’s commitment to take into account gender and diversity”⁴².

Regarding the quantity of the distribution of water supplies, since it was considered to be insufficient by some beneficiaries, a lesson learned was to clearly communicate to affected communities that the distribution of water for was for drinking purposes only. It was not clear if people thought the water was also to be used for washing and other usage or just for drinking⁴³.

⁴¹ IFRC, *Emergency Appeal Final Report Solomon Islands / Pacific: Flash Floods*, (9 July 2015), pp. 8-9, [link](#).

⁴² IFRC, *Emergency Plan of Action, Solomon Islands: Earthquake*, (24 December 2016), pp. 4-5, [link](#).

⁴³ IFRC, *Emergency Appeal Final Report Solomon Islands / Pacific: Flash Floods*, (9 July 2015), p. 7, [link](#).

Serbia and Bosnia-Herzegovina, Floods [2014]

1.1 Brief description of the events and disaster impact

In May 2014, the violent cyclone Yvette (locally known as Tamara), stroke upon the Balkans causing landslides and flooding in the region. Serbia and Bosnia and Herzegovina suffered most of the damages, as the rainfall in these two countries was particularly severe: in only 48 hours, the rainfall was equivalent to three entire months precipitations, with peak conditions near the zone of Belgrade¹. No wonder this calamitous event has been recorded by the media as “the heaviest in the past 120 years” in the region².

The situation worsened when the Sava and the Great Morava rivers overflowed their embankments, leading to more widespread flooding until the 20th of May. In certain affected zones, the flood water did not recede until the end of June³.

The Government reported a total of 51 flood-related deaths, 24 of which due to drowning; about 32.000 people were displaced, some of whom moved to stay with relatives or friends while others were given shelter in nearby unaffected facilities such as hotels or army barracks. It was estimated that about 1.600.000 men, women, boys and girls living in 38 municipalities/cities mostly located in central and western Serbia were affected⁴. In the Republic of Bosnia and Herzegovina the situation was similar, but less critical than Serbia⁵.

The flooding and the landslides had also a critical impact on the economy of the region: the European Bank for Reconstruction and Development (EBRD) estimated, overall, 4.5 billions of Euro of damages⁶, while some Bosnian officials went even further stating that the damages could be more severe than that of the Bosnian War of 1992⁷.

The 15th of May, on the request of the National Emergency Situations Headquarters⁸, the Government of Republic of Serbia issued a national state of emergency that lasted until 23 of the same month, while in some municipalities the emergency remained active longer⁹. Also the authorities of Bosnia and Herzegovina declared a state of emergency, but the particular and complex political setting deriving from the Dayton Agreements of 1995 led to the emersion of some issues during the disaster response, as it will be explained later.

¹ Zurich, IFRC and Partners Report, May 2015, p. 1, [link](#).

² Reuters, “Bosnia, Serbia hit by worst flooding in 120 years; three die”, 15th of May 2014, [link](#).

³ Zurich, (n. 1), p. 1.

⁴ WHO Situation Report N.2, 3th of June 2014, [link](#).

⁵ The Guardian, “Serbia and Bosnia flooding forces thousands to flee homes”, 18th of May 2014, [link](#); CNN, “Thousands evacuated due to severe flooding in Balkans”, 18th of May 2014, [link](#); IFRC Appeal, Bosnia and Herzegovina, p. 2, [link](#).

⁶ SBS, “Balkans floods: damage estimated to cost \$4.5 billion”, 19th of May 2014, [link](#).

⁷ Aljazeera, “Balkan flood devastation exceed war damage”, 22th of May 2014, [link](#).

⁸ B92, “State of emergency declared due to flooding”, 15th of May 2014, [link](#).

⁹ UNICEF, “Serbia Humanitarian Situation Report”, 30th of May 2014, [link](#), p. 2.

1.2 Regulatory and Operational Issues

Early warning [IDRL Guidelines 7]

Before and during the crisis, the early warning system in the Balkans accounted as ineffective, because, overall, the meteorological mechanism was “old, out of date and, in many cases, [was] not even functioning”¹⁰. Even when the systems worked properly, the meteorological and hydrological services provided only facts, without any advice, leaving the population completely “caught off guard”. “A big problem in fighting the floods was the inability to monitor the rainfall and the water levels of all rivers in real time. The data displayed online were delayed by several hours, which prevented local emergency teams from responding efficiently, especially in flash flood situations”¹¹.

Bosnia and Herzegovina and Serbia also lacked an effective sharing of information between the various flood-affected States, leading to more difficulties in responding to the flooding of trans-national rivers like Sava and Danube. Therefore, the lack of a regional early warning system hampered the efficacy of the post-disaster response, since “flood hazard is a regional one, with many rivers running through several countries”¹².

Legal, Policy and Institutional Frameworks [IDRL Guidelines 8]

As previously mentioned, the coordination and the request of humanitarian aid in Bosnia and Herzegovina was troublesome due to the particular institutional landscape inherited by the Dayton Agreements. Bosnia and Herzegovina worked during the crisis as a decentralized country, with two major political institution: the Federation of Bosnia Herzegovina and the Republika Srpska. This led to various operational overlap and duplications: for instance, “paying duplicate visits to people who were affected by the floods, having to answer the same questions several times, etc.”¹³.

Medications and medical equipment [IDRL Guidelines 18.3]

Despite the wide involvement of the international community in the post-disaster response efforts, the political, administrative and legislative framework of Serbia and Bosnia and Herzegovina posed a threat to the international humanitarian assistance.

As outlined by the World Health Organization (WHO) in two lessons-learned workshops held with the Ministries of Health of Bosnia and Herzegovina, Croatia and Serbia, the political division previously mentioned of Bosnia and Herzegovina “posed a challenge for the procurement of essential medicines and supplies”¹⁴, while the Republic of Serbia “lacked a special legislation to allow the importation of non-registered drugs even during an emergency”¹⁵.

¹⁰ Zurich, (n. 1), p. 3.

¹¹ Ibid.

¹² Ibid, p. 6.

¹³ Ibid, p. 5.

¹⁴ WHO, Journal of the WHO Regional Office for Europe, p. 114, [link](#).

¹⁵ Ibid.

This has been an issue for the importation from abroad of drugs and medicine in the areas stricken by the floods, as much as the Custom Administration declared that “donors [should] avoid sending medicines [...] due to long procedure of obtaining approval by relevant institutions”¹⁶.

1.3 Best practices and lessons learned

Initiation and Needs Assessment [IDRL Guidelines, 10.1]

The same day of the declaration of national emergency and of the call for international assistance, the Serbian Government promptly “wrote [...] letters to the Government of the Russian Federation, the European Commission and the Government of the Republic of Slovenia, requesting them to provide relief and technical assistance to Serbia in order to alleviate flood consequences”¹⁷.

The Government of the Republic of Serbia has conducted a post-disaster needs assessment after the floods and landslides that occurred at the end of May 2014. The European Union, the United Nations and the World Bank – on the basis of an inter-agency agreement subscribed in 2008 – provided financial and expert support to conduct the assessment¹⁸.

Coordination [IDRL Guidelines 3.3, 4.3 c]

The European Commission coordinated the international assistance coming from the European Union, co-financing transportation costs¹⁹.

“12 EU civil protection experts are on the ground - eight in Serbia and four in Bosnia and Herzegovina - coordinating the incoming European assistance and supporting local authorities. An EU humanitarian aid expert has also been deployed to Serbia to support the assessment of humanitarian needs on the ground [...] In total, close to 400 relief workers from the Member States deployed through the EU Civil Protection Mechanism are operating in Serbia and in Bosnia and Herzegovina. Among other things, they are helping ensure the continuity of key power stations in Serbia.”²⁰

The two countries requested assistance through the EU Civil Protection Mechanism. Serbia asked for high capacity water pumps and teams operating them, boats and rescue helicopters, while Bosnia and Herzegovina requested helicopters and motor boats to evacuate people and to transport water, medicines and food. Additionally, Bosnia and Herzegovina sent a request for pumps, generators, tents, humidity dryers, water purification sets, gas heaters for tents, and sanitation items²¹.

The Commission's Emergency Response Coordination Centre (ERCC) has been coordinating the provision of European assistance offered by 19 Member States. Bulgaria, Germany, Slovenia, Austria, the Czech Republic, France, Croatia, Slovakia, Denmark, Italy, Romania and Poland have offered rescue boats, high capacity pumps and operational teams to Serbia. Austria, Slovenia, Luxembourg, the UK, Belgium, Germany, Slovakia, the Czech Republic, Bulgaria, Lithuania, Latvia, Estonia, Hungary,

¹⁶ Republic of Serbia Ministry of Finance, Customs Administration, [link](#).

¹⁷ Republic of Serbia Ministry of Foreign Affairs, “Serbia Declare state of emergency”, 15th of May 2014, [link](#).

¹⁸ UN, EU, World Bank, *Serbia Floods 2014*, pp. 4 ff, [link](#).

¹⁹ Parlaientaire Monitor, “EU steps up assistance ...”, Press Release, 20th of May 2014, [link](#).

²⁰ Ibid.

²¹ Ibid.

Romania and Poland responded to the request of Bosnia & Herzegovina for rescue and evacuation helicopters, motor boats, generators, sandbags, tents, blankets and humanitarian aid kits²².

Additional Responsibilities of All States [IDRL Guidelines 5.2]

The Republic of Serbia used the diplomatic channels: the diplomatic foreign mission in Serbia and the Serbian diplomatic missions abroad, for interacting directly with the international partners, improving the coordination of what “the Serbian bodies most urgently need in order to provide for the flood-stricken population and to alleviate the consequences of flooding”²³.

Specifically, the Ministry of Foreign Affairs encouraged financial aid as “is priority for foreign donations, since the dealing with the aftermath of heavy floods is a long term process, and goods and material needs are changing on a daily basis”²⁴.

Legal, Policy and Institutional Framework [IDRL Guidelines 8]

During the emergency, the auxiliary role of the Red Cross of Serbia has been taken in account and the government itself recognized its importance. For instance, it has been recommended that: “unless goods are sent to a recipient specified in advance, the sender denote the recipient is Red Cross Of Serbia”²⁵.

More clearly, its importance has been restated by the IFRC itself:

“The Red Cross of Serbia has a clear and defined role in the national emergency response, and specially trained teams – as well as thousands of staff and volunteers – are assisting with continued evacuations as well as providing relief items”²⁶.

Initiation of Military Relief [IDRL Guidelines 11]

The 16th of May, Bosnia and Herzegovina Presidency explicitly authorized and asked for a massive military support to civil authorities²⁷. Following the request, Euro-Atlantic Disaster Response Coordination Centre (EADRCC), a civil mechanism of the NATO Alliance, and over 20 NATO and partner countries have offered assistance for ongoing relief efforts. The NATO Secretary General Anders Fogh Rasmussen stated: “many allies and partners have already responded to this crisis. They are sending helicopters, boats, emergency response teams, much needed drinking water, food, shelter and funds. [...]”²⁸.

²² Ibid.

²³ Republic of Serbia Ministry of Foreign Affairs, “Serbian MFA establishes the emergency staff for collection of humanitarian aid and donations from abroad”, 16th of May 2014, [link](#).

²⁴ Republic of Serbia Ministry of Foreign Affairs, The Office of Cooperation with the diaspora and the Serbs in the region, 29th of May 2014, [link](#).

²⁵ Republic of Serbia Ministry of Finance, Customs Administration, [link](#).

²⁶ IFRC, “The Balkans: worst flood in century continue to cause havoc”, 18 May 2014, [link](#).

²⁷ NATO, EADRCC, 22 July 2014, Situation Report N. 10, [link](#).

²⁸ NATO, “NATO allies and partners assist Bosnia and Herzegovina in flood disaster relief”, 20th of May 2014, [link](#).

Even the NATO's battalion, stationed in Bosnia and Herzegovina, ALTHEA, "in the wake of the flooding-induced damages in 2014, the local military engineering battalion constructed eight bridges across the country with the support of the operation's specialist instructors".²⁹

From Slovenia, 120 soldier "were deployed to Bosnia-Herzegovina to help in the relief efforts [...]. The government decided that a motorized unit, which is a part of the EUFOR's regional reserve forces, be integrated into EUFOR forces' flood relief efforts in Bosnia"³⁰.

Overall, although it's true that Bosnia and Herzegovina received massive military aid from abroad, a part of these battalions were already stationed in the country and the local Civil Protection and Armed Forces [were] not able to cope with their own resources"³¹. Therefore, the principle of "Last Resort" contained in Part. 5 of the OCHA Oslo Guidelines it has been respected during the emergency³².

It might also be hinted that the principle on "avoiding reliance on military resources", traceable in the Part. 34 of the Oslo Guidelines³³, has been respected since battalions like ALTHEA or EUFOR were already in the country, supporting the peace and the stability of the region.

Goods and Equipment [IDRL Guidelines 17.2]

On the 19th of May, in accordance to the article 9 and 10 of the Addendum to the Law on Customs Policy of Bosnia and Herzegovina, the Council of Ministers held an extraordinary session and adopted several resolutions aiming at the Flood-Affected Areas Rehabilitation: giving to the inspection authorities the duty to "step-up customs procedures and process the inspection control of humanitarian aid as a priority"³⁴.

Transport [IDRL Guideline 19]

MFA Emergency Staff Zoran Djuricic stated that a letter "had been sent to the neighbouring countries with a request to facilitate the humanitarian aid transport over their borders, and that positive response had already come from Slovenia, Croatia and Hungary"³⁵.

[Donors] were given a uniform certificate form confirming the humanitarian nature of aid from abroad, as well as a form for expressing gratitude to donors. In this way, the Ministry of Foreign Affairs has significantly facilitated the procedure at border crossings, as the customs and police authorities of Serbia allowed humanitarian convoys with these certificates to cross the border quickly³⁶ and also waiving the "applicable fees" and customs³⁷.

Taxation [IDRL Guidelines 21]

²⁹ Finnish Defence Forces, "Finland discontinues its participation in the EUFOR ALTHEA operation", 27th of March 2018, [link](#).

³⁰ The Slovenia Times, "Troops deployed to Bosnia to help in flood relief efforts", 31th of May 2014, [link](#).

³¹ ACAPS, 19 May 2014, [link](#).

³² OCHA, Oslo Guidelines on the use of military and civil defence assets in disaster relief, ["foreign military and civil defence assets should be requested only where there is no comparable civilian alternative and only the use of military or civil defence assets can meet a critical humanitarian need"], §5, 2008, [link](#).

³³ Ibid.

³⁴ Council of Ministers of Bosnia and Herzegovina, Extraordinary session of 15th of May 2019, [link](#).

³⁵ Ibid.

³⁶ Republic of Serbia Ministry of Foreign Affairs, 2014 Yearbook, p. 8, [link](#); [Uniform format](#), [link](#).

³⁷ Republic of Serbia Ministry of Finance, Customs Administration, [link](#).

The Council of Ministers of Bosnia and Herzegovina, at an extraordinary session held on the 19th of May in Sarajevo, granted a release from import duties and other indirect taxes on international aid to the Country, sent after the floods of May 2014³⁸.

Donations [IDRL Guideline 23]

During the crisis, every Serbian consular and diplomatic mission in the world opened special bank accounts, capable of canalizing the international donations³⁹, while in Bruxelles a special global account has been opened, capable of receiving donations from 193 countries⁴⁰. Over the weekend, this special account was kept open, countering the weekly closing of the banks⁴¹.

A similar decision has been taken in Bosnia Herzegovina, as the Council of Ministers, upon a proposal of the Ministry of Finance and Treasury, decided to open “special purpose accounts (both KM and foreign currency accounts) for collecting humanitarian assistance”⁴².

³⁸ Ibid.

³⁹ Republic of Serbia Ministry of Foreign Affairs, The Office of Cooperation with the diaspora and the Serbs in the region, 29th of May 2014, [link](#).

⁴⁰ Republic of Serbia Ministry of Foreign Affairs, 2014 Yearbook, p. 7, [link](#).

⁴¹ Republic of Serbia Ministry of Foreign Affairs, “Fund-raising account opened in Bruxelles”, 19th of May 2014, [link](#).

⁴² Ibid.

West Africa, Ebola Outbreak [2014-2016]

1.1 Brief description of the events and disaster impact

The Ebola virus outbreak started in March 2014 and was firstly declared by the Guinean Ministry of health, in the following weeks the virus spread in the neighboring states of Liberia and Sierra Leone. By August, the entity of the epidemic led the World Health Organization to declare the outbreak to be a 'Public Health Emergency of International Concern'¹. The outbreak ended in March 2016 causing approximately 11.310 deaths and affecting a total of 28.616 people². The infection led the UN Security Council to issue the Resolution 2117³ on the basis of which, addressing an epidemic event for the second time in its history, it called on states to provide for more resources and for travel bans to be lifted, as the cutting off of direct flights hampered an adequate international response⁴. Therefore, the Security Council catalysed the response and for the first time a UN mission for a public health emergency was established: the UN Mission for Ebola Emergency Response (UNMEER) was created to act at regional level by coordinating all the UN agencies⁵.

1.2 Regulatory and Operational Issues

Initiation [IDRL 10]

The first phase of the Ebola response was characterized by an inadequate international intervention, flaws in the needs-assessment, and lack of staff and of personnel due to the high risk of infection. International assistance on the field was limited and additionally many States imposed restrictions through air travel that did not allow international assistors to easily access the affected areas⁶. In September 2014, the President of Liberia wrote a letter to the leaders of Australia, Brazil, China, Germany, India, Japan, Cuba, Russia, South Africa, and the USA. The President of the United States responded by announcing the mobilization of 3.000 soldiers, China and Germany contributed in the construction of treatment centers in Monrovia⁷. As an example of the problems related to the absence of effective resources in Liberia, the United States constructed 17 Ebola Treatment Centers: nevertheless, the facilities were not fully employed due to the lack health-care workers available⁸. The lack of capacity from international assistors was later addressed by the UNSC Res. 2117 through which States were called on to provide for more staff and supplies in the affected areas⁹.

¹ Ippolito G., Di Caro A., Capobianchi M.R., *The Chronology of the International Response to Ebola in Western Africa: Lights and Shadows in a Frame of Conflicting Position and Figures*, Infect Dis Rep. 2015 Apr 15; 7(2): 5957, [link](#).

² WHO, Situation Report (2016), p.1, [link](#).

³ Security Council Resolution 2117 (2014), [link](#).

⁴ BBC News, *Ebola 'threat to world security'- UN Security Council*, 19 September 2014, [link](#).

⁵ Global Ebola Response, UN Mission for Ebola Emergency Response (UNMEER), [link](#).

⁶ MSF, *The failures of the international outbreak response*, 29 August 2014, [link](#).

⁷ S. Kekulé A., *Learning from Ebola Virus: How to Prevent Future Epidemics*, Viruses 2015, 7(7), 3789-3797, 2015, [link](#).

⁸ Southall H.G., DeYoung S.E., Harris C.A., *Lack of Cultural Competency in International Aid Responses: The Ebola Outbreak in Liberia*, Front. Public Health, 31 January 2017, [link](#).

⁹ Security Council Resolution 2117.

Coordination [IDRL 3.3 and 4.3 c]

The first phase of the response (taking place before August 2014) was characterized by a weak leadership from WHO and an ineffective presence of international actors¹⁰. In Sierra Leone, the first task force created to address the epidemic was reformed in July 2014 and replaced by the Ebola Operations Centre, a mechanism established by the Ministry of Health created to convey several actors present in the country¹¹. In September, a leading role in the international assistance was assumed by the UK, which increased the presence of military engineers in the territory and started a main response deployment through operation GRITROCK¹². In October 2014, a new structure – National Ebola Response Center (NERC) - led by the president of Sierra Leone, was created to implement coordination between relevant international partners and the national responders¹³. NGOs participated to some of the NERC meetings, but they maintained a higher level of independence in their actions, mainly coordinated through the Ebola Response Consortium¹⁴. In Liberia, the first phase of the response was characterized by lack of coordination between national offices and other actors, giving rise to issues related to information sharing (i.e. messaging to the citizens on specific behavior to follow) that was essential in fighting the virus¹⁵.

Quality [IDRL 4.3 'e' and 'h']

In Liberia, the absence of a community - based approach in dealing with the disease by national and international responders amplified mistrust from the population about international assisting actors. Moreover, the absence of information about how to deal in their daily lives with the epidemic, and the complete isolation of patients, contributed in the propagation of the disease: the inability to provide supportive care to families of the victims due to the congestion of Ebola Treatment Centers resulted in an avoidance of aid groups by the locals and hiding of ill family members¹⁶.

Goods and equipment [IDRL 17.1 a, b, c]

In September 2014, at Lungi Airport in Sierra Leone, some issues concerning cargo congestion were reported and handling fees were not waived¹⁷: according to witnesses, shipping containers of medical supplies were held in the port of Freetown “in some cases allegedly for failure to pay bribes”¹⁸. In Liberia, custom clearance regarding relief items and supplies was slowed down by uncertainty

¹⁰ Ross E., Honwana Welch G., Angelides P., Centre on Global Health Security, *Sierra Leone's Response to the Ebola Outbreak Management Strategies and Key Responder Experiences*, March 2017, pp. 9-19, [link](#).

¹¹ Ibid, p. 3.

¹² Ivi.

¹³ Ibid. p. 5.

¹⁴ Ibid. p. 22.

¹⁵ Schreibe L., *Chasing an epidemic: Coordinating Liberia's response to Ebola 2014–2015*, Princeton University (2017), p.5 [link](#).

¹⁶ Southall H.G. (n. 8).

¹⁷ Logistics cluster, *Ebola Outbreak: Logistics Cluster Situation Update 03 October 2014*, p. 4 [Link](#)

¹⁸ Foreign Policy, *Sierra Leone's Ebola Epidemic is Spiraling Out of Control*, 10 December 2014, [link](#).

regarding the procedures, as some clearing agents failed to sign the right forms¹⁹. In Monrovia access to cargo at the airport and in the port was delayed due to lack of clarity about the procedures and entry requirements²⁰.

Port fees constituted an obstacle in distributing medical supplies and goods effectively: while in Liberia a team from the governmental *Incident Management System* (a mechanism through which national authorities could coordinate with NGOs and other relevant actors) met with the President Ellen Johnson Sirleaf and the problem was quickly resolved²¹, in Sierra Leone the authorities failed to facilitate the import of essential goods and shipment of supplies got stuck on the docks of the Capital. In October 2014, a shipping container packed with protective suits and other essential supplies coming from the United States was held in Freetown²², despite hospitals and treatment centers were running out of supplies such as medicines and protecting clothing²³. Occasionally, goods and medical supplies from foreign countries were not appropriately classified: an employee of UNICEF reported that “when shipments of supplies arrived, it was like Christmas because no one knew what the boxes would contain”²⁴. During the operations the importation of relief consignments was considered problematic mainly for logistical gaps related to inadequate spaces for inventory capability and chaotic organization of containers filled with not specified items or indicated in foreign languages²⁵.

With regard to special goods in Liberia, the labelling of medications was often confusing for those in charge of classifying supplies: the reception of medicines labelled in foreign languages contributed in worsening bottlenecks due to limited inventory capabilities. John Harris, the director of the Ministry of Health and Social Welfare’s supply chain unit declared: “We speak only English in Liberia. Therefore, medicine descriptions written in foreign languages pose a challenge for us”²⁶.

Security [IDRL 22.1]

The level of protection of international assistance was often endangered during the operations. The high risk of infection constituted a serious threat for the lives of international assistants and against an unprecedented number of doctors and nurses infected, many governments were reluctant in sending their nationals into affected countries²⁷. In July 2014, two doctors from Samaritan’s Purse contracted the virus and the operations were suspended in the two Ebola management centers in Monrovia and Foya²⁸.

In Guinea, safety of personnel and goods was often jeopardized by violent attacks related to general mistrust among the population towards assisting actors, as they were often considered to be one of

¹⁹IFRC, *The impact of regulatory problems and the gains from legal preparedness in recent response operations*, 10 March 2015, p. 10, [link](#).

²⁰ IFRC and WHO, *The Regulation and Management of International Emergency Medical Teams June 2017*, p. 28, [link](#).

²¹ Paterson D., Widner J., *Offering a lifeline: delivering critical supplies to Ebola – Affected Communities in Liberia, 2014 – 2015*, p.12, [link](#).

²² New York Times, *Ebola Help for Sierra Leone is Nearby, but Delayed on the Docks*, 5 October 2014, [link](#).

²³ The Guardian, *Ebola: Sierra Leone hospitals running out of basic supplies, say doctors*, 3 October 2014, [link](#).

²⁴ Paterson et al. (n. 21) p.3.

²⁵ WCO News, *WCO C-RED Project: unprecedented cooperation between Customs administrations and humanitarian organizations to develop a more effective response to epidemics* [Link](#)

²⁶ Ivi.

²⁷ WHO, *Key events in the WHO response to the Ebola outbreak - one year into the Ebola epidemic*, January 2015, [Link](#).

²⁸ MSF, *Pushed to the Limit and Beyond A year into the largest ever Ebola outbreak*, March 2015 p.9, [Link](#).

the reasons for the spread of the virus: as reported by the IFRC, physical and verbal attacks reached the level of ten a month at the start of 2015²⁹. In December 2014, personnel from MSF was evacuated after a protest against a new Ebola treatment center in Conakry³⁰.

1.3 Best practices and lessons learned

Coordination [IDRL 4.3 c]

In August, the Government of Liberia adopted an ‘Incident Management System’, setting out standardized roles and procedures for the management of facilities, personnel, equipment and communication in order to address issues of coordination among relevant actors³¹. During the same month, to address the lack of leadership and coordination, WHO launched a “Roadmap” setting out strategies and time-bound objectives to address the epidemic³²: in August and September the organization started to have a bigger impact on the response to the virus following a rearrangement of staff and resources³³.

After the adoption of the Security Council Resolution 2177, the UN response was concentrated in the ‘United Nation Ebola Emergency Response’ mechanism (UNMEER), a new exceptional organizational structure operating at regional level³⁴. A wider mechanism called ‘Global Ebola Response Coalition’ was established to coordinate the UN organizations with Governments, NGOs and other relevant assisting parties³⁵. The UNMEER started to have an effective role in coordinating the response in Sierra Leone from March 2015³⁶. In 2015, the WHO commissioned a panel to address the lack of coordination and of leadership in the first phase of the Ebola response³⁷. The panel’s final report highlighted the main aspects that led to an inadequate response such as lack of funding and a delayed assessment of the entity of the epidemic. In addition, the panel set up a strategy to improve WHO preparedness during future emergencies³⁸.

Quality [IDRL 4.3 d]

During the operations, the IFRC started a closer cooperation with communities to avoid further contamination and developed a strategy with WHO and faith-based organizations to provide an alternative to traditional burials, which were conducted through rites requiring touching or washing the contagious body³⁹. The ‘Safe and Dignified Burial Protocol’ was developed by getting feedback from religious leaders and communities of the affected countries and became essential in fighting further expansion of the virus⁴⁰. At the same time, safe dignified burials granted a respectful and

²⁹ IFRC, *Enhanced community engagement helps reduce attacks on Red Cross volunteers in Guinea*, 14 April 2015, [link](#).

³⁰ Insecurity Insight, *The Aid Security Monthly News Brief*, December 2014, [link](#).

³¹ Schreibe L., (n. 15), p.6.

³² Ippolito G., (n. 1).

³³ Ross E., (n. 10), p. 10.

³⁴ World Peace Foundation, *United Nations Ebola Emergency Response (UNMEER)*, p. 2 [Link](#).

³⁵ Global Ebola Response (2019) *Global Ebola Response Coalition* [Link](#)

³⁶ Ross E. (n. 10), p. 15.

³⁷ Time, *WHO Politics Interfered With Ebola Response, Panel Says*, 7 July 2015, [link](#).

³⁸ WHO, *Report of the Ebola Interim Assessment Panel*, p. 5 – 8, [link](#).

³⁹ IFRC, *Heroic Red Cross volunteers prevented thousands of Ebola cases – study*, 22 June 2017, [link](#).

⁴⁰ WHO, *New WHO safe and dignified burial protocol - key to reducing Ebola transmission*, 7 December 2014, [link](#).

culturally appropriate management of the crisis by taking into account the necessities of families of the victims⁴¹.

Personnel [IDRL 16]

From the 19th of November 2014, the Government of Liberia allowed medical personnel to operate in the country through a bilateral agreement with the USA, by issuing visas expeditiously and on a cost-free basis. USA physicians, nurses and other medical and public health care personnel, were granted the same privileges and immunity accorded to diplomatic agents under the Vienna Convention on Diplomatic Relations⁴².

Goods and equipment [IDRL 17]

Following the end of the epidemic, in December 2016 the World Custom Organization held a Regional Workshop in Freetown gathering Liberia, Sierra Leone, Guinea, Senegal, Nigeria and Mali. During its sessions, participants addressed the issue of lack of facilitation measures and coordination with government agencies hampering a prompt clearance of relief goods: by the end of the Workshop the countries developed an action plan concerning measures to be taken on a national level to enhance clearance of relief goods during humanitarian operations⁴³.

Special goods and equipment [IDRL 18]

The Government of Liberia accepted to facilitate transit and import of or drugs, medical devices, medical equipment, medical supplies, specimens and other goods imported or exported from the USA. Both the USA and Liberia waived any claim for compensation for loss or damages⁴⁴.

⁴¹ WHO, *How to conduct safe and dignified burial of a patient who has died from suspected or confirmed Ebola or Marburg virus disease*, 2017 [Link](#).

⁴² The United States of America and Liberia (2014), *Scientific and technological cooperation response to Ebola - Agreement between the United States of America and Liberia* [Link](#).

⁴³ WCO (2016) *Countries in West Africa that were affected by the Ebola virus disease (EVD) discuss customs facilitation procedures for the clearance and release of humanitarian relief goods* [Link](#).

⁴⁴ The United States of America and Liberia (2014), *Scientific and technological cooperation response to Ebola - Agreement between the United States of America and Liberia* [Link](#).

Nepal, Earthquake in Gorkha [2015]

1.1 Brief description of the events and disaster impact

On the 25th of April 2015, Nepal was struck by a 7.8 magnitude earthquake with its epicenter in Lamjung District¹. The earthquake caused a number of landslides and avalanches and very strong aftershocks occurred in the following days². Approximately 9.000 people were killed, more than 16.000 remained injured and hundreds of thousands of houses across the country were destroyed³. 34 States and many other international assistors stepped in to support the Government of Nepal in the response to the disaster⁴: the first State that intervened was India that carried out the largest relief mission ever undertaken by the State outside national borders⁵, Bangladesh sent 10 tonnes of relief items and humanitarian personnel through the Bangladesh Airforce⁶ and China contributed both financially and through the China International Search and Rescue Team (CISAR) by sending 62 members of rescue personnel, six sniffer dogs and emergency relief equipment⁷.

1.2 Regulatory and Operational Issues

Initiation [IDRL 10]

The Government of Nepal issued an official request of international assistance within the first hours following the earthquake and immediately activated the Cluster mechanism⁸: as a result, 34 States contributed with 76 Urban Search and Rescue (USAR) teams, comprising 2242 assistors and 135 dogs, 141 Foreign Medical Teams (FMTs) composed by 1858 medical professionals and 18 foreign military teams⁹. However, the Nepalese authorities scarcely cope with the organisations of an effective response due to the overwhelming amount of the personnel and donations¹⁰.

Responsibilities of Assisting Actors [IDRL 4.1]

During the response to the earthquake, a major issue in the operation of assistance was represented by an unfair distribution of money, foods and tents¹¹. Many problems were reported about the presence of some FMTs that did not comply with international standards about the quality of assistance. While in some cases the personnel did not intervene promptly despite the presence of

¹ ECHO (2015) *Nepal, India, China - Earthquakes - ECHO Daily Map | 27/4/2015*, [link](#).

² OCHA (2015) *Nepal Flash Appeal for the Response to the Nepal Earthquake April - July 2015*, [link](#).

³ Internal Displacement Monitoring Centre (2018) *Lost production due to internal displacement: The 2015 earthquake in Nepal* p.2, [link](#).

⁴ Centre for Non Traditional Security Studies (NTS), *International Response to 2015 Nepal Earthquake Lessons and Observations*, p.3, [link](#).

⁵ Pandalai R., *India's Humanitarian Assistance and Disaster Relief Effort in Nepal*, IDSA, [link](#).

⁶ UNB, *BD Air Force aircraft reaches Nepal with relief materials*, 26 April 2015, [link](#).

⁷ CGTN, *Chinese team sent to Kathmandu for rescue operations after quake*, 4 May 2015, [link](#).

⁸ Government of Nepal, *Review of Effectiveness of the Foreign Medical Team Deployment in Nepal Earthquake*, 2015, p.1, [link](#).

⁹ Centre for Non Traditional Security Studies (NTS), (n. 4), p. 5, [link](#).

¹⁰ Ivi.

¹¹ Government of Nepal, (n. 8), 2015, p. 20.

serious cases, other problems were related to the absence of follow-up activities, the delivery of expired medicines, language barriers, and the inadequacy of equipment. Additionally some teams showed a major focus on publicity rather than on humanitarian intervention¹².

Coordination [IDRL 4.1]

After the earthquake, the Government of Nepal struggled in coordinating the high number of international actors present in the Country: many humanitarian organisations did not coordinate with national authorities and other assisting parties, thus posing a challenge in terms of effectiveness of the international response¹³. On one hand, FMTs were often unaware of national and international standards and did not cooperate easily with the authorities and other assisting actors¹⁴: as an example, only 54% of FMTs submitted the mandatory daily reports to the Foreign Medical Team Coordination Cell (FMTCC)¹⁵. On the other hand, before the arrival of the WHO Global Coordinator and the establishment of the FMTCC there was no systematic registration process of FMTs with the Nepalese authorities¹⁶.

In fact, a registration mechanism was established and started to be used by the 29th of April¹⁷. However, the deployment of FMTs was still falling short of the necessities of the affected population: some Teams were deployed on a first-come-first basis instead of using a systematic approach and by matching the needs of affected areas to the right teams¹⁸. Moreover, almost every hospital and health facility reported that they did not get any prior information about the arrival of FMTs, while some hospitals acted independently in the search for international assistance provided by FMTs¹⁹. The cooperation between FMTs and national health workers was not always smooth: some Teams considered orientation to the local context a long and ineffective process, hence they attempted to impose their own working style, also language barriers were reported to be the most common problem in conducting the operations²⁰.

Several aid agencies distributed relief items and supplies by going directly on the field through accessible roads without relying on the Government channels for relief coordination: the result was an uncoordinated and often disproportionate response²¹.

Being rural areas hardly reachable by the Government, private donors coming from neighbouring Countries took action by bringing help through helicopters and trucks, but these interventions took place with no coordination with the Nepalese authorities and were stopped at the border²².

¹² Ivi.

¹³ ACAPS, *Lessons Learned –Nepal earthquake 27 April 2015*, 2015, p. 2, [link](#).

¹⁴ Government of Nepal, (n. 8), 2015, p. 2.

¹⁵ Ibid., p. 19.

¹⁶ Ibid., p. 9.

¹⁷ Ivi.

¹⁸ Ibid., p. 13.

¹⁹ Ivi.

²⁰ Ibid., p. 21-22.

²¹ Centre for Non Traditional Security Studies (NTS), (n. 4), p. 15.

²² The Guardian, *Nepal government criticised for blocking earthquake aid to remote areas*, 3 May 2015, [link](#).

Goods and equipment [IDRL 17.2,4]

During the response phase, the Nepalese authorities failed to reduce inspection requirements for goods coming from foreign countries and the UN humanitarian chief Valerie Amos called for a speed up of the clearance process, as it was holding up essential goods and relief items²³. Some local medias reported that hundreds of tonnes of supplies were stopped at the Indian border as goods were not immediately waived from taxes. However, the Nepali finance secretary rejected the charges of not lifting fees²⁴. Despite the presence of several ad hoc provisions taken by the Government on the wave of fees and custom duties, the absence of a fast clearance procedure on import of goods and equipment was identified as an issue during the management of the response²⁵. Furthermore, there was no reference to re-export of relief materials in the decisions taken by the Government²⁶.

Additionally, the Government of Nepal found that some goods coming from abroad were not adequate to the necessities of the affected population: as the Finance Minister Ram Sharan Mahat declared, they “have received things like tuna fish and mayonnaise. What good are those things for us? We need grains, salt and sugar”²⁷.

1.3 Best practices and lessons learned

Coordination [IDRL 4.1]

In order to establish an effective coordination mechanism between national and international actors, on the 27th of April the Nepalese Ministry of Health formed seven teams to cope with different aspects of the response: the one established for the coordination and management of FMTs was the Foreign Medical Team Coordination Cell (FMTCC). The mechanism, having the power to arrange meetings, organizing the response and taking decision on the deployment of teams in the affected districts, was led by the Global Coordinator from WHO and the National FMTs Coordinator²⁸. After the registration process, the teams could be deployed by receiving a letter provided by the Nepalese authorities on the basis of the necessities of the affected districts, in coordination with the public health offices of the areas²⁹.

Furthermore, the Government established a ‘Working Level Team’, comprising representatives of relevant National authorities, to manage the arrival of international teams and relief supplies at the entry point in the Tribhuvan International Airport: the team had decisional power in relation to pre-approvals of international personnel and relief consignments³⁰.

²³ BBC, *Nepal quake: Airport customs holding up aid relief – UN*, 3 May 2015, [link](#).

²⁴ The Guardian, (n. 22), 3 May 2015, [link](#).

²⁵ Government of Nepal - Ministry of Finance: department of Customs (2015), *Study report on Facilitating Customs Clearance For Relief Consignment*, p. 28, [link](#).

²⁶ *Ivi*.

²⁷ BBC, (n. 23), 3 May 2015.

²⁸ Government of Nepal, (n. 8), 2015, p. 16.

²⁹ *Ibid.*, p. 12.

³⁰ *Ivi*.

Responsibilities of assisting actors [IDRL 4.3 (a)]

During the earthquake in Nepal, women were the highest adversely affected group due to pre-existing gender disparities and the division of labour between women and men. As an example, emigration of men from the country determined a high number of women involved in agriculture and the productive sectors that were highly affected by the disaster³¹. Additionally women and girls are more likely to be exposed to violence and human trafficking after the disasters³². In order to address the specific needs of women during the earthquake UN Women worked in partnership with the Government and the other UN agencies to establish five multi-purpose women's centres and three information centres with the task of providing specific services such as psychosocial counselling, sharing of information and referral services to support women and girls who had been victims of gender-based violence³³.

Personnel [IDRL 16.1 (c)]

In the aftermath of the event, in order to establish an expedited procedure for the recognition of professional qualifications of FMTs, it was decided by the FMTCC that the team members would have been allowed to work if they first submitted their medical license, a copy of their passport and a cover letter to the Ministry of Health³⁴.

Goods and Equipment [IDRL 17]

On the 26th of April, one day following the earthquake, the Ministry of Finance issued instructions to exempt the import of rescue and relief materials coming from other countries from customs duties and fees³⁵. The Custom Office of Tribhuvan Airport was required to clear all the rescue materials, equipment and foodstuffs coming from international actors and donors, while for goods coming in other airports it was established a 'Relief Materials Recommendation Committee' with the task of clearing all essential goods and equipment from fees and duties³⁶.

On the 14th of May, to address the problem of unnecessary goods coming from foreign countries, the Government of Nepal issued a list of priority items including all essential goods and medical supplies required during relief operations, which was available to all diplomatic missions, the United Nations and its specialized agencies and other international organizations³⁷.

³¹ Government of Nepal National planning commission (2015) *Nepal earthquake 2015 - Post Disaster Needs Assessment Vol. B: sector reports*, p. 230, [link](#).

³² Ibid., p. 231.

³³ UN Women, *Nepal: A year after the earthquakes*, 2016, [link](#).

³⁴ Government of Nepal (n. 8), 2015, p. 10.

³⁵ Government of Nepal (n. 25), 2015, p. 23.

³⁶ Ivi.

³⁷ Ministry of Foreign Affairs (2015) *Post-Earthquake Relief, Rehabilitation and Reconstruction Measures Government of Nepal*, 2015, [link](#).

Malawi and Mozambique, Floods [2015]

1.1 Brief description of the events and disaster impact

In December 2014, a violent rainfall stroke upon several central African nations¹. Malawi was heavily affected by these meteorological events: rains amounted to 400% more than the usual, and this led to flooding in 15 of its 28 district. Therefore, the President of the Republic declared the state of disaster on the 13th of January and appealed for international assistance².

Several assessments were conducted by different relevant organizations, including an a joint assessment by the Malawi Red Cross Society (MRCS) and the Department of Disaster Management Affairs (DoDMA) of Malawi, as well as a report conducted by the United Nations Disaster Assessments and Coordination (UNDAC).

Despite some variations in the numbers stated by the different assessments, it was roughly estimated that 230.000 people were displaced and 63.000 hectares of farmlands were destroyed. As declared by the vice-president of the Republic of Malawi, Saulos Chima, the floods killed more than 176 people and displaced more than 200.000 people³. In that context, against the lack of governmental assets and resources⁴, the international aid has soon became a vital asset for relief operations, as also reported by the World Food Programme (WFP)⁵.

While Malawi was “caught off guard”⁶, the situation in the neighboring Mozambique was slightly different, because the Government had previously announced a new national food programme and “set aside up to \$32m of the national budget to cover disaster response efforts”. Despite that, the Country was heavily damaged by the floods. Many rivers soon overflowed killing, according to the media, at least 86 people, destroying at least 11.000 house and “displacing tens of thousands of people”, especially in the district of Zambezia⁷.

The government of Mozambique declared the state of disaster in the center and the north of the country and called for international assistance on the 12th of January⁸. According to the ‘Response and Recovery Proposal’ issued by the government to the Humanitarian Country Team (HCT) the number of the victims soon have risen to 158⁹.

Finally, a transboundary issue also arose during the emergency: a cholera outbreak begun in Mozambique, and soon spread towards Malawi¹⁰, eliciting the reaction of Unicef and other partners

¹ ReliefWeb, *Southern Africa: Floods and Cyclones Update*, 16 January 2015, [link](#).

² IFRC, *Emergency Appeal Operations Update*, 22 January 2015, [link](#).

³ The Guardian, *Malawi floods kills 176 people*, 17 January 2015, [link](#).

⁴ VOA News, *Malawi receives flood aid after government appeal*, January 27 2015, [link](#).

⁵ WFP, *World Food Programme scales up assistance ...*, 4 February 2015, [link](#).

⁶ The Guardian (n. 3).

⁷ Earth Observatory, *Flooding in Mozambique*, 17 January 2015, [link](#).

⁸ Humanitarian Country Team, *Response and Recovery proposal*, 5 February 2015, [link](#).

⁹ Ibid.

¹⁰ Medecins Sans Frontieres, *Cholera in Mozambique: a worrying situation*, 27 February 2015, [link](#).

which activated a vaccination campaigns¹¹. The spreading of the disease in Mozambique begun on the 25th of December 2014, but was officially declared only a month later, on the 27th of January 2015¹². On the 5th of March, 5.118 cases of Cholera and 43 deaths were confirmed in the region¹³. The first confirmed case of Cholera in Malawi occurred on the 13th of February, near the national border with Mozambique. Later on, on the 5th of March, further 60 cases were confirmed and two death accounted¹⁴.

1.2 Regulatory and Operational Issues

Legal, Policy and Institutional Frameworks [IDRL Guidelines 8]

In the aftermath of the disaster, part of international relief was immediately delivered being channeled through “prepositioned relief supplies”¹⁵, already located in the region for other purposes. In fact, “The UN was able to launch its humanitarian response to the floods almost immediately after the floods started in the affected districts, thanks to additional contributions and reprogramming existing resources [...]”¹⁶.

Nonetheless, this practice was not sufficient because the “stocks” dried out their resources¹⁷. As affirmed by World Vision, Malawi seems to be dependent by international aid¹⁸, so it is of the utter importance to build a comprehensive and systematic framework on the humanitarian aid during emergencies, a framework that Malawi in the 2015 was lacking.

Goods and Equipment [IDRL Guidelines 17]

Malawi national legislation on the importation of goods was adopted in 1991¹⁹ and lacked of specific provisions dealing with calamitous events, only permitting “[...] any goods to be entered, and the report of clearance of any conveyance to be made, in such form and manner, and by such person, as he may either generally or in any particular case direct”²⁰. While this flexibility may seem positive, it allegedly favored corruption, as indirectly affirmed by President of Malawi Peter Munthali, who appealed towards the corrupted officials to do not mislead the international aid²¹.

Therefore, the importation of goods during the emergency was regulated through a procedure “that requires humanitarian actors to make requests for entry through the DoDMA, which is the government body that formally submits an application to the Treasury Department in the Ministry of Finance. The Ministry of Finance in turn submits the application to the Malawi Revenue Authority

¹¹ UNICEF, Cholera outbreak in Malawi raises concern ... , 27 February 2015, [link](#).

¹² IFRC, (n.2).

¹³ OCHA, *Cholera Situation*, 5 March 2015, [link](#).

¹⁴ Ibid.

¹⁵ World Vision, *Southern African Floods ...* , 23 January 2015, [link](#); World Food Programme, ... Malawi response possible, 26 March 2015, [link](#).

¹⁶ UN, *100 Days of Response to Malawi Floods*, 27 May 2015, [link](#).

¹⁷ IFRC, *Malawi: Floods, Emergency Appeal Operations, 12 Months Summary Update*, [link](#), p.2.

¹⁸ The Nation, *Enough of helping ... says World Vision International*, 11 October 2015, [link](#).

¹⁹ Malawi Department of Disaster Management Affairs (DoDMA), [link](#).

²⁰ IFRC, *International Disaster Response Law (IDRL) in Malawi, A study on legal preparedness for regulatory issues in international disaster response*, [link](#), p. 45 e ss.

²¹ The Nation, Peter Munthali Speech, 16 January 2015, [link](#).

(MRA) to clear the relief items”. This procedure was deemed as slow and complex by relevant agencies, but also by the DoDMA itself. In one reported case, a boat wasn’t utilized for seven months because of bureaucracy, hampering the effectiveness of the international aid²², while World Vision International recalled, during a consultation, “a situation in which a consignment of clothes had been sitting at the Malawi Revenue Authority for more than six months awaiting special clearance through DoDMA by the Ministry of Finance”²³.

The Malawi Revenue Authority during the emergency facilitated the importation of goods through the emission of a note. Nonetheless this was a practice “ad hoc”, therefore it did not have solved the structural problem²⁴.

Medications and medical equipment [IDRL Guidelines 18.3]

Despite the fact that some relevant actors in the region were prepared when the cholera virus scattered among the poor population of the Mozambique’s region of Beira²⁵, due to the ambiguous prescriptions on the packages, the campaign encountered some issues towards the specific situation of pregnant women, a category of individuals with high risk of infection. The World Health Organization tried to clarify the issue, confronting the local media and declaring that the vaccination wasn’t of any prejudice to women and their unborn children, however pregnant women have largely been excluded from clinical trials of oral cholera vaccine (OCV) due to limited data on its safety during pregnancy²⁶.

1.3 Best practices and lessons learned

Initiation of Military Relief [IDRL Guidelines 11]

After the request of the government of Mozambique, the South African National Defence Force (SANDF) was deployed to assist in the flood stricken area of Mocuba, in Zambezia. The air delivery of the goods played a very important role during the emergency, since the roads and infrastructures were almost all heavily damaged²⁷.

As reported by Virgillio Hilario Luiz Gongaza, district administrator of Maganja da Costa, in the province of Zambezia, “At least things are getting better since the Airforce (SANDF) is here – they have been trying to get people from all the areas where they can’t get help or support. Since the choppers have been here, they have been trying to move everyone to the centres (rescue centres) where they will get food and medication”²⁸.

SANDF’s spokesman Lieutenant General Xolani Mabanga said the team was expected to spend from 7 to 14 days Mozambique: “Their stay will depend on the situation in that country”. Senior SANDF

²² IFRC (n. 20), p. 31.

²³ Ibid.

²⁴ Ibid.

²⁵ The Washington Post, *Mozambique cholera cases ...*, 29 March 2015, [link](#).

²⁶ Stop Cholera, *Malawi: Vaccinations in response to flooding*, 12 September 2016, [link](#).

²⁷ FloodList, *South Africa aids flood stricken Mozambique*, 15 January 2015, [link](#).

²⁸ ENCA, *Floods ravages Mozambique ...*, 21 January 2015, [link](#).

members were sent to Mozambique on 20 January to assess needs. SANDF soldiers deployed in Mozambique include members of the South African Air Force, Navy divers and medical personnel. Contrariwise, no SANDF members had been deployed in Malawi²⁹.

Personnel [IDRL Guidelines 16.3]

WFP used the boats of local fishermen for delivering the relief aid across the Shire River. The income they earned helped the boatmen to support their families and send their children to school, thereby alleviating the impact on local economic activities³⁰. The WFP Logistics Cluster supported the nationally-led response in Makhanga until the end of June, when other access routes were reopened.

Transport [IDRL Guideline 19]

WFP provided food assistance to more than 40.000 people living in accommodation centers and resettlement areas in 5 districts (Mocuba, Mopeia, Morrumbala, Namacurra, Nicoadala) with 320 metric tons of assorted commodities. WFP faced difficulties in providing assistance to about 10.600 people living in accommodation centers in the hard-to-reach district of Maganja da Costa.

The WFP swiftly provided for three helicopters and one air cargo, as stated before, very important means of transport during the emergency, since the ordinary infrastructures were out of order³¹.

Taxation [IDRL Guidelines 21]

A note emitted by the Malawi Revenue Authority leaved to the Ministry of Finance of Malawi Ministry of Finance of Malawi the possibility to exempt international aid from taxes during emergency. This aspect was, however, criticized because this possibility was just discretional and not really affirmed on legal basis³².

²⁹ Brand South Africa, *South African help flood-stricken nations*, 20 January 2015, [link](#).

³⁰ World Food Programme, *Going the Distance to Deliver in Malawi*, 3 June 2015, [link](#).

³¹ Ibid.

³² IFRC (n. 20), p. 49.

Vanuatu, Cyclone Pam [2015]

1.1 Brief description of the events and disaster impact

On the evening of 13 March 2015, Cyclone Pam struck Vanuatu, an archipelago of more than 80 islands in the South Pacific. The category 5 Cyclone, with winds estimated to have reached 250 kmph and gusts peaking at 320 kmph, passed close to Port Vila, the country's capital, located on Efate Island. On March 14, a request of international assistance was issued by the Government of Vanuatu. On March 21, a state of emergency was officially declared. The eye of the storm hit all six provinces and affected about 166,000 people, making it one of the worst disasters to ever hit the Pacific region.¹

1.2 Regulatory and Operational Issues

Initiation and termination [IDRL Guidelines 4.1; 10.1, 10.2 and 10.3]

The days following the event, despite the lack of a formal request for international assistance, the Vanuatu Government accepted the offer from the UN Office for the Coordination of Humanitarian Affairs (OCHA) to support the coordination of the disaster response through the intervention of its own staff².

When a general appeal for international assistance was finally issued, the response from the international community was overwhelming. The entrance of international organizations, international NGOs and bilateral partners - including foreign militaries - into the country caused several coordination challenges among the humanitarian partners and with national authorities. Many humanitarian organizations flew into Vanuatu with minimal knowledge of national actors, institutions and established ways of working³.

Unapproved activities were also undertaken by uninvited, uncertified and non-aligned individuals who took advantage of the emergency situation and international response effort to enter Vanuatu illegally⁴.

Vanuatu's National Disaster Plan states that international agencies wishing to provide assistance should contact the Ministry of Foreign Affairs, which would then either accept or reject the offer based on needs assessment. It is also competence of the Ministry the definition of the process of coordination and accountability for the aforementioned international actor. While such provisions are considered to be good practice by international standards⁵, this process was unknown to many

¹ CERF, *Resident / Humanitarian Coordinator Report On The Use Of Cerf Funds Vanuatu Rapid Response Cyclone 2015*, p.4, [link](#).

² UN News, *UN responding to 'devastating' impact of Tropical Cyclone Pam in Vanuatu, Pacific region*, 14 March 2015, [link](#).

³ IFRC, *From law to action: Saving lives through International Disaster Response Law The cases of Vanuatu, Ecuador and South Sudan*, (2017), p. 6, [link](#).

⁴ Pacific Community, *Tropical Cyclone Pam: lessons learned workshop, report June 2015, 2016*, p.29, [link](#).

⁵ Barber R., *One Size Doesn't Fit All, Tailoring the International Response to the National Need Following Vanuatu's Cyclone Pam*, 2015, p. 16, [link](#).

international responders and therefore they were unable to implement it. As a result, many agencies did not respond to the government requirements and acted without authorization⁶. The same issue occurred with the Disaster Management/Emergency Preparedness Plan of Vanuatu's Ministry of Health (MoH). However, the document did not include plans for a large-scale disaster and the plan was not widely known by intervening humanitarian actors⁷.

Responsibilities of the assisting actors [IDRL Guideline 3.3; 4.1; 4.3 (a), (f) and (j)]

- Within the first few days after Cyclone Pam struck, the international community responded in an extensive and unprecedented way with over 100 international organisations and five national militaries intervening. The huge influx of international agencies led the Vanuatu government to express on the need for better coordination with its national systems. The humanitarian response risked to lose its effectiveness, with reports indicating tensions between some officials and aid agencies about alleged lack of coordination and stalling of emergency aid⁸.

One issue stood out above all else. Assisting actors were not able to coordinate with sovereign authorities, and to complement pre-existing system in disaster relief and recovery assistance provided by national actors.

A leading example was the deployment of the UN's Disaster Assessment and Coordination (UNDAC) team together with the OCHA personnel from the Pacific regional office⁹. Despite the fact that teams were briefed upon arrival on existing national coordination structures, very few individuals understood the roles and responsibilities that had been quickly agreed between the NDMO, UNDAC and the Vanuatu Humanitarian Team (VHT). As a result, many overlapping coordination structures were undertaken, which were illustrated by daily meetings, sometimes occupying up to the first four hours of every morning, a significant obligation in the immediate aftermath of a disaster.¹⁰

Moreover, the emergency response was characterized by the dominant role of the assisting international organizations, which often overstepped the National Government. As stated by the Director of the Department of Strategic Policy Planning and Aid Coordination (Prime Minister's Office) "The issue is not one of good will and good intent – it was that people came in and forgot we are an effective sovereign government with systems in place and that response partners need to complement those systems. Coordination is the critical issue in all areas, including: philanthropic; private sector; faith-based; regional; bilateral; international; and our traditional donor partners. Vanuatu organisations and individuals need to participate in leading roles in the NEOC as this appeared at times to be overrun by international organisations."¹¹

⁶ IFRC, *World Disasters Report Focus on local actors, the key to humanitarian effectiveness*, 2015, p. 73, [link](#).

⁷ CERF, (n. 1), p.19, [link](#).

⁸ IFRC (n. 6), p. 72, [link](#).

⁹ In support of the Government of Vanuatu, the deployment included United Nations Disaster Assessment & Coordination Team (UNDAC) members, OCHA staff from OCHA Regional Offices for Pacific, (ROP), and for Asia and Pacific (ROAP), OCHA Office in the Philippines, OCHA Stand-by Partners (SBPP) as well as UNDAC Support Staff including MapAction, Télécom Sans Frontières (TSF), International Humanitarian Partnership (IHP).

¹⁰ Barber (n. 5), p. 16, [link](#).

¹¹ Pacific Community, (2016), *Tropical Cyclone Pam: lessons learned workshop, report June 2015*, p. 44, [link](#).

Oftentimes, international staff imposed its own position over the top of senior government authorities and pushed aside national staff and international staff with rich experience with Ni-Vanuatu culture.¹²

While many organizations operated on the ground at a rapid pace, several challenges in distribution and communication were reported as some families received aid while their neighbours were overlooked, or multiple agencies undertook assessments in the same community. In order to establish better cooperation and communication, the Vanuatu Government temporarily suspended all aid distributions.¹³

According to the deputy chair of Vanuatu's national disaster committee, the choice of many groups and NGOs to "refuse to conform to government directives", forced the Government to "spend the first three days trying to get some form of coordination in place" and therefore to delay first assessments. On the other side, Transparency Vanuatu blamed the government for its disaster response, saying officials were "still identifying where aid and medical supplies ought to be delivered"¹⁴.

The initial challenges in the collaboration between donors, regional and international actors was due both to lack of knowledge of the existing national coordination system¹⁵ and to the consequent difficulty in tracking international assistance¹⁶.

The intervention of international personnel, though positive, was characterized by "short term deployments, frequent rotations and frequent hand-overs between surge waves in key positions", which unsettled coordination and both the NDMO and the Cluster system.¹⁷

In order to maintain "in-country knowledge retention" it would be ideal for intervening teams to comprise within its staff both international and national staff. In the case of Vanuatu, it was noted that the personnel of the shelter cluster lacked "Ni-Vanuatu input and participation", thus hampering the "two-way" knowledge transfer.¹⁸

In order to allow the Vanuatu Government to plan and coordinate all relief operations, in light of the lack of information coming from the humanitarian community, the UNDAC drafted the 3W document. While the 3W format was known by the international community, it was not familiar to national counterparts. In order to make it clearer, graphic formats were designed, but still it did not provide the information the government required, showing the necessity to further data preparedness¹⁹.

¹² Barber (n. 5), p. 19, [link](#).

¹³ IFRC, *How Cyclone Pam led Vanuatu to rethink its disaster laws*, 2 August 2016, [link](#).

¹⁴ ABC News, *Tropical Cyclone Pam: Vanuatu's government criticises aid groups over poor coordination of disaster relief*, 19 Mar 2015, [link](#).

¹⁵ Pacific Community, *Tropical Cyclone Pam: lessons learned workshop, report June 2015*, 2016, p.26, [link](#).

¹⁶ *Ibid* p.36.

¹⁷ *Ibid* p.29.

¹⁸ IFRC, (2015), *Vanuatu Shelter Cluster Tropical Cyclone Pam Response Lessons Learned, June 2015*, p.6, [link](#).

¹⁹ UN Office for the Coordination of Humanitarian Affairs, *End of Mission Report United Nations Disaster Assessment & Coordination Team (UNDAC) Tropical Cyclone Pam Vanuatu*, 04 Apr 2015, p. 10, [link](#).

One of the main issues reported involving lack of communication between key stakeholders was the communication gap on the use of the Central Emergency Response Funds (CERF) fund implemented by the United Nations for government-led relief operations. Both the Vanuatu Government and national and international partners were not aware of the destination of the funds²⁰.

- During relief operations, it is very important that stakeholders are able to provide aid adequate to the special needs of women and particularly vulnerable affected groups. In the case of Vanuatu, it was originally planned that thirty-five thousand women and adolescent girls would be the recipient of sexual and reproductive health services and GBV awareness and services over a three-month period. In reality, though, the targeted response was limited due to insufficient personnel on the ground, especially local NGOs, since international actors demanded support from their personnel for implementation.²¹

The pace of the response was slowed down by the lack of sufficient trained staff in the region with experience in humanitarian operations. Many agencies therefore used their development staff, who also had other roles, to fill the gaps.²²

Personnel [IDRL Guideline 16(a)]

During the initial response of the Vanuatu emergency, unauthorized personnel was able to enter the country and operate on the ground. There was a lack of a certification or accreditation process and registration of emergency workers by international agencies in order to enable identification of those authorised to engage in emergency response²³.

Goods and Equipment [IDRL Guideline 17]

During the initial operations of humanitarian relief, the Government of Vanuatu accepted all offers of aid and donations due to the extensive humanitarian need. A large number of unsolicited donations started to arrive. The National Disaster Management Office of Vanuatu (NDMO) served “as the consignee of donated items and to have the overall responsibility for unsolicited goods”, an operation which “proved to be costly, time consuming and inefficient”²⁴. Among the unsolicited donations, inappropriate items, expired food, drugs; useless items; quality not in-line with standards, i.e. tarps and tents, were delivered. The hoarding of inappropriate goods involved additional staff to evaluate and sort them slowing down the relief process.²⁵

Additional requests of relief items were issued via social media, remedy that shone a light on the necessity of a government policy in order to prevent or manage the arrival of unsolicited goods from abroad²⁶. In this instance, the Vanuatu government issued a policy letter on unsolicited goods requesting that the key partners either communicate with the competent authorities or send money. The various clusters also published detailed aid necessities on the internet, outlining qualities,

²⁰ CERF, (n. 1), p.18, [link](#).

²¹ Ibid, p. 49.

²² Ibid, p. 19.

²³ Pacific Community, (2016), *Tropical Cyclone Pam: lessons learned workshop, report June 2015*, p.5, [link](#).

²⁴ IFRC, *Unsolicited donations after disaster: generosity gone awry*, 1 April 2016, [link](#).

²⁵ Pacific Community, (2016), *Tropical Cyclone Pam: lessons learned workshop, report June 2015*, p.36, [link](#).

²⁶ OCHA, (16 March 2015), *Vanuatu: Severe Tropical Cyclone Pam Situation Report No. 2*, p.2, [link](#).

standards and accepted types of relief. However, it did not prevent the entry of a large quantity of unsolicited or unusable goods.²⁷

1.3 Best practices and lessons learned

Responsibilities of Assisting Actors and Coordination [IDRL Guidelines, 3.3, 4.1, 4.3 c]

The major issue encountered during the Vanuatu emergency response was the integration of international assistance. Communication between government (national and provincial), donors, UN agencies and NGOs needed to be strengthened in order to enable better coordination of the emergency response.²⁸

In particular, it emerged a need to strengthen the emergency response protocol linkages, as well as International Disaster Response Law to ensure sovereignty and national ownership is respected and that international teams are aware of the local context and coordination mechanisms²⁹.

For the future, it was suggested that for international teams coming into a community to conduct assessment or work through the provincial system, a system be established, in order to be introduced to relevant authorities. For instance, “regional and international linkages could be formalised through Memorandums of Understanding (MOUs) to provide clear legal policy and operational frameworks”³⁰.

- Another coordination issue was the delivery of the so-called “unsolicited donations” by humanitarian partners. In order to avoid a burden on the emergency response, a possible solution was identified in the creation and the sharing of a list of useful necessary items by governmental authorities³¹.

A leading example of governmental requests attended by humanitarian partners, was the decision of the World Food Program (WFP) to align with the Government’s approach not to have inequality in the package provided to the population. Moreover, the Government requested the international community to import food to the extent possible, rather than increasing pressure on food stocks in the country. WFP therefore procured small quantities locally and principally used regional markets such as Fiji for its food purchases³².

On the contrary, since standardized assessment forms for the Education sector were not ready before the emergency; the relevant cluster had to quickly put together both a standardized assessment form as well as the methodology to be applied. For the future, as noted, it would be ideal for UN agencies and cluster leads to agree at PHT level and with governments on standard assessment formats and standard assistance³³.

²⁷ IFRC, (n. 6), p. 76, [link](#).

²⁸ CERF, (n. 1), p.19, [link](#)

²⁹ Pacific Community, (2016), *Tropical Cyclone Pam: lessons learned workshop, report June 2015*, p.4, [link](#).

³⁰ Ibid. p.5

³¹ Ibid. pp. 8-9.

³² CERF, (n. 1), p.60, [link](#)

³³ CERF, (n. 1), pp. 18/19, [link](#).

- The UN is encouraged to engage systematically with the Government of Vanuatu prior to disasters in order to enhance awareness and understanding of international funding mechanisms and operational processes, such as the activation of UN CERF, Flash Appeal and Joint Humanitarian Action Plan. Both UN coordination and funding mechanisms should be more transparent with clearly identified mechanisms and be adapted to Vanuatu's operational context and support government-led coordination efforts³⁴.

The UNDAC conducted its own review investigation following its team intervention in the Cyclone Pam emergency response. Among the lessons learned were the necessity to strengthen its assessment methodology and to train for assessment both new and existing UNDAC members. In situations of first emergency response, a rapid assessment and response planning capacity is very much required.

- In terms of Civil-Military Coordination, the support provided by military forces from Vanuatu, Australia, New Zealand, France, Tonga, Solomon Islands and Fiji set a new 'global standard' for the level of coordinated military planning and support. The UNDAC' review highlighted the benefit of more detailed assessment of the Civil-Military Coordination in the Vanuatu response to lead into regular trainings and simulation exercises to ensure that this capacity is maintained in the Pacific region.³⁵

- Following the disaster, the Government of Vanuatu worked in order to identify the lessons learned to update the Disaster Act, drawing from both best regional practice and IDRL recommendations. In June 2016, the NDMO initiated the Legislative Review process, whose review team included a vast range of stakeholders including: the NDMO, Vanuatu Humanitarian Team, Red Cross, UN agencies and representatives of national, provincial and community-level government. In order to facilitate future humanitarian responses, several recommendations emerged from the Review process, among which the necessity to formalise Vanuatu's process for requesting and accepting international assistance based on national needs, a clear definition of the roles for the National Disaster Council and NDMO, registration of all relief agencies entering the country, the development of standard operating procedures at a government level and the formalisation of the Government led cluster system in Vanuatu's law³⁶.

Personnel [IDRL Guidelines 16.1 c]

Right at the beginning of the emergency response, the Ministry of Health set in motion its own 'Emergency Operations Centre' in Port Vila, while The Director of Vila Central Hospital was appointed as focal point for incoming Foreign Medical Teams (FMT)³⁷. The MOH was supported by the World Health Organization (WHO), whose new registration system, the 'Global Foreign Medical Teams

³⁴ Pacific Community, (2016), *Tropical Cyclone Pam: lessons learned workshop, report June 2015*, p.5, [link](#).

³⁵UNDAC, *End of Mission Report United Nations Disaster Assessment & Coordination Team (UNDAC) Tropical Cyclone Pam Vanuatu*, (20 April 2015), [link](#).

³⁶ IFRC, *How Cyclone Pam led Vanuatu to rethink its disaster laws*, 2 August 2016, [link](#).

³⁷ CERF, (n. 1), p. 31, [link](#).

Registry', "sets minimum standards for international health workers and allows teams to clearly outline their services and skills"³⁸.

As stated by Dr Ian Norton, the leader of the work on foreign medical teams at WHO at the time, the system guaranteed that "every foreign medical team that arrived in Vanuatu was registered in the system and had the right training and equipment. This meant that teams have been able to provide care quickly and effectively to the people most in need"³⁹. The FMT also guaranteed continuous team deployments and replacements where needed and a medical report was expected on a weekly basis. For example, among the 24 registered FMTs, out of 26 arrived in Vanuatu, the average interval between registration and initiation of activities was 4 days⁴⁰.

In order to strengthen internal coordination for the planning of humanitarian personnel shifts and an improved operational stability, it was suggested to "seek agreement for longer deployments (minimum of six months) of surge personnel in key positions for large-scale emergencies, limiting frequent staff turnovers."⁴¹

³⁸ UN News, *UN agency kicks off registry of vetted medical emergency teams, drawing lessons from past crises*, 8 April 2015, [link](#).

³⁹ *Ivi*.

⁴⁰ CERF, (n. 1), p.31, [link](#)

⁴¹ Pacific Community, (2016), *Tropical Cyclone Pam: lessons learned workshop, report June 2015*, p.5, [link](#).

Sierra Leone, Mudslides [2017]

1.1 Brief description of the events and disaster impact

On the 14th of August 2017, a massive landslide in the western rural area of the capital city of Sierra Leone, Freetown, slipped into the Babadorie River Valley and exacerbated existing flooding, affecting about 6.000 people. Following three days of intense rainfall, a mountain valley side slope in the Regent area below Sugar Loaf, the highest peak in the north of the Western Area Peninsula, collapsed and caused another major landslide¹.

Overall, after the calamity, 1.141 residents have been declared dead or missing and thousands resulted displaced or affected². The local corresponding journalist of the BBC, Umaru Fofana, compared the effects of the mudslides with the spreading of the Ebola disease and with the events of the Civil War of 1991³.

After a calamitous event, according to Sierra Leonean law, the national authorities can ask for international assistance if is declared a state of emergency “level three”, a declaration that was issued on the 15th August of 2017⁴.

Two days later, the 17th of August, an appeal was also issued by the International Federation of the Red Cross and Red Crescent Societies (IFRC), along with the Sierra Leone Red Cross (SLRC), seeking “a little over 4.6 million Swiss francs to help 4.600 people in the aftermath of the disaster and to support their long-term recovery needs”⁵. The SLRCS with support of the IFRC has started responding to the situation since the onset of the disaster with search and rescue, first aid, evacuation, medical care through deployment of trained volunteers⁶. “The appeal will allow us to scale-up and sustain our operations,” said Mr Sy, IFRC Secretary General. “The urgent needs are around shelter, safe water, food and re-establishing proper sanitation to avoid any risk of disease spreading”⁷.

As stated in a report by OCHA, at first, an inter-agency rapid assessment conducted on the 15th of August stated that around 1.100 households (around 4.000 people) were affected by flooding⁸. Later on, the government of Sierra Leone stated that the situation was way worse:

¹ World Bank Report, *Sierra Leone rapid damage and loss assessment of August 14th, 2017 landslides and floods in the western area*, 2017, Intro, [Link](#).

² Ibid.

³ BBC, “Reflections on Sierra Leone’s mudslides disaster”, 19th of August 2017, [Link](#).

⁴ IFRC, “Overview on Disaster Response Plan of Sierra Leone”, [Link](#), p.7; IFRC Emergency Appeal, “Mudslides”, 17th of August 2017, [Link](#), p. 1.; All Africa Journal, “Sierra Leone: National Security Coordinator briefs journalist”, 8th of September 2017, [Link](#).

⁵ IFRC News, “Sierra Leone: Red Cross appeals for global support”, 18th of August 2017, [Link](#); IFRC Emergency Appeal, “Mudslides”, 17th of August 2017, [Link](#), p. 1.

⁶ Red Cross Society of the Republic of China (Taiwan), “Sierra Leone Mudslides Causes More Than 300 Deaths”, 22th of August 2017, [Link](#); IFRC, Emergency Plan of Action (EPoA), “Mudslides”, 15th of August 2017, [Link](#).

⁷ Ibid

⁸ OCHA and UN Resident Coordinator Office in Sierra Leone Report, “Sierra Leone : Flash Update N.2”, 16th of August 2017, [Link](#).

“The total number of confirmed dead or missing people was 1.141. Substantiated numbers remain scarce since households’ numbers per destroyed building is uncertain. About 6.000 individuals are reported affected (~1,616 households)”⁹.

1.2 Regulatory and Operational Issues

Responsibilities Concerning Diversion and the Intended Use of Resources [IDRL Guideline 6]

Community leaders throughout the affected areas have reported difficulties in accessing donated supplies from foreign aid, claiming that a series of complicated protocols resulted in requests going unanswered and needs not being met¹⁰. Local chiefs and community organisers said they were required to give donated items to national security office teams each day, with officials then moving the supplies to government warehouses in the city and distributing them based on requests¹¹. Community organisers said that requesting supplies through the Office of National Security could take days, with requests often remaining unanswered. “People need access to these supplies, but nobody has it,” said Almammy Sessay, chief of one of the affected communities. “We’ve made requests, but they’ve only once gotten back to us. We requested some mattresses and they gave us tarps. Why? There’s no use for keeping mattresses indefinitely” [...] “This is a disaster that the whole world now knows about, and so it’s the foreign organisations that come to help us. The government needs to distribute what they have, not store it for themselves and expect the organisations to support us forever”¹².

1.3 Best Practices and Lessons Learned

Responsibilities of Assisting actors [IDRL 4.1, 4.3 (a), (c) and (e)]

- After the occurrence of the calamitous events, the government of Sierra Leone requested the assistance of the World Bank in realizing a comprehensive and rapid “Damage and Loss Assessment” (DaLA). This report has been conducted also with the support of other UN agencies: UN WOMEN, United Nations Development Programme (UNDP), UN Office for Project Services (UNOPS), UN Office of the High Commissioner for Refugees (UNHCR) and UN Population Fund (UNFPA)¹³, while other relevant agencies played a core role: World Health Organization (WHO), International Organization of Migration (IOM) and the U.K. Department for International Development (DFID)¹⁴. The DaLA was conducted from August 24 to September 8. The purpose of the assessment was the implementation

⁹ World Bank Report, (n. 1), p. 17.

¹⁰ SLURC/DPU, Action Learning Alliance, “Understanding urban risk[...]”, “Policy Brief NO.1: The Reality of Living Amidst Floods and Mudslides in Freetown – Sierra Leone”, [link](#), p.6.

¹¹ The Guardian, “The whole thing is a sham: plan to help Sierra Leone mudslide victim derided”, 1th of September 2017, [link](#).

¹² Ibid.

¹³ World Bank Report, “Sierra Leone – Rapid Damage and Loss Assessment”, [link](#), Abstract.

¹⁴ Ibid., *Acknowledgments*, VI.

of a better disaster response by those actors “making preliminary estimations for mobilizing funds and launching immediate recovery”¹⁵.

- Since the beginning of the mudslides, UNICEF, with the financing support of USAID, used a “a free SMS and social media-based messaging tool for community participation, designed to address issues that people care about” called U-Report to inquire the event¹⁶. “Thousands of responses were analysed in real-time and highlighted people’s biggest concerns, such as fears over missing family members and how to access safe water”¹⁷. “This allowed UNICEF and partners to message U-Reporters warning against using contaminated water and subsequently to deliver clean water to communities in need”¹⁸.

- The FAO and the United Nations Office for Outer Space Affairs (UNOOSA), using a satellite photo shoot, drafted four maps of the affected territories, “depicting the type of landslide, the exact extend of mud flow, the number of buildings, roads and infrastructure affected, and the number of people that may have been impacted. The maps helped organizations plan their response” and these efforts have been appreciated, as stated by a coordinator of the IFRC¹⁹.

Meanwhile, UNOPS, with the help of a local company (TrackYourBuild Ltd.) used drones photo shooting for mapping the zones affected by the disaster²⁰. Nick Gardner, Head of UNOPS office in the country, stated: "At UNOPS, we're helping the response through coordinating drone mapping across the main mudslide and flooded areas [...] By providing accurate data on the affected areas, we can contribute to a better understanding of how to prioritize emergency relief operations over the coming days [...]”²¹. This has been a precious contribute to assess the post-disaster needs where traditional survey were not possible, because of social unrest, like in the areas of Culvert and Dwazark, or because of the low number of trained field survey volunteers available, like in the area of Regent”²². Once collected these data, a map of the disaster has been drafted and shared with other relevant authorities²³.

Emergency response operations are being coordinated by the Office of National Security (ONS) and the UN Country Team”²⁴.

- As for gender issues, Action Aid’s humanitarian director, Richard Miller, reported: “Our local aid workers in Sierra Leone are telling us that they are especially concerned for the welfare and safety of girls and women, who are the most vulnerable at this time”²⁵. This concern was addressed by UN WOMEN, involved in the National Interagency Rapid Assessment Team²⁶.

¹⁵ Ibid., p. 1.

¹⁶ Unicef Stories, “U-Report: A helping hand during tragedy in Sierra Leone”, 3 November 2017, [link](#).

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ FAO in Sierra Leone, “FAO takes action to deal with landslides and floods in Freetown”, 25th of August 2017, [link](#).

²⁰ World Bank Report, (n. 1), p. 93.

²¹ UNOPS, “Drone Mapping[...]”, 17th of August 2017, [link](#).

²² World Bank Report (n. 1), p. 96.

²³ FAO, (n. 19), [link](#).

²⁴ UNOPS, (n. 21), [link](#).

²⁵ ActionAid, “ActionAid preparing humanitarian response to mudslides in Sierra Leone”, 15th of August 2017, [link](#).

²⁶ UN WOMEN, “In Sierra Leone UN Women is building resilience [...]”, 24th of August 2017, [link](#).

UN WOMEN promptly provided “women with dignity kits, which contain basic health and hygiene products for displaced women and girls, such as soap, underwear and sanitary napkins” and ensuring that women’s voices and experiences were incorporated in planning recovery assistance, as women are often the first responders and caregivers in their households and communities, also providing economic opportunities for women in temporary shelters”²⁷.

“UN WOMEN is also working with the Government and other humanitarian partners, including the World Food Programme (WFP), UN Population Fund (UNFPA) and UNICEF, as well as local women’s organizations, to ensure that the gendered needs of women and girls are factored into the overall humanitarian response”. This was part of the broader programme Women’s Leadership, Empowerment, Access and Protection in Crisis Response (LEAP)²⁸.

Also UNFPA assessed the needs in the health facilities in the affected areas in order to determine the gaps in providing sexual and reproductive health services, including maternal and neonatal health, family planning, adolescent youth friendly spaces and sexual and gender based violence services²⁹.

UNWOMEN and UNAIDS were engaged in psychosocial support, under the lead of the Ministry of Social Welfare, Gender and Children's Affairs, and are supporting in the registration and sex disaggregation of data of affected persons³⁰.

Medications and medical equipment [IDRL Guidelines, 18.3; 4.3 c]

Following a report of the World Health Organization (WHO), Gavi Alliance, Unicef and other partners sent 1.036.300 doses of cholera vaccines. The purpose was to prevent the outbreak of this disease in the aftermath of the disaster, as usually happens in the aftermath of massive floods. Despite the ongoing emergency, the WHO, the Ministry of Health and the other partners succeeded in organizing the first big cholera-prevention campaign in the region³¹.

The operations were reported to be effective and efficient: in particular, the coordination between the national relevant authorities, the WHO and the Unicef guaranteed the swift importation of the doses.³² Gavi, Unicef and WHO, had also created a national plan with the Ministry of Health for the effectiveness and the cogency of the campaign³³.

The authorities had also to deal with the delicate matter of the burials of the corpses: ensuring the public health and “[to bury] the bodies in a timely fashion and in a dignified way” wasn’t an easy task³⁴. There were also precedents: two years before, during the Ebola epidemic, the population was shocked by the mass burials without proper rituals and tried to stop the functions³⁵. Therefore,

²⁷ UN WOMEN, “Sierra Leone mudslides: making sure humanitarian aid reaches women”, 22th of August 2017, [link](#).

²⁸ Ibid.

²⁹ OCHA Report, Flash Update N.2, 16th of August 2017, [link](#).

³⁰ Ibid.

³¹ Malaria Matters, *Oral cholera vaccination in emergencies: experiences from Freetown*, Republic of Sierra Leone, 8 of December 2017, [link](#).

³² Ibid.

³³ Gavi The Vaccine Alliance, *Sierra Leone to begin cholera vaccination drive in disaster-affected areas*, 5 September 2017, [link](#).

³⁴ NPR, *As rain keep falling, Sierra Leone scrambles to find mudslides survivors*, 17 August 2017, [link](#).

³⁵ Idem.

this time the authorities and the organizations paid more attention to the issue³⁶. For instance it was called a “public mourning” for the victims and various community leader were present during the functions³⁷.

In order to guarantee a “dignified” burial to the victims of the disaster, Unicef donated 1000 “bodybags” to the government of Sierra Leone³⁸, even though, due to the “lack of manpower” mass burial could not be avoided³⁹.

³⁶ VOA News, *Local leaders say 1000 dead from Sierra Leone mudslides*, 27 August 2017, [link](#).

³⁷ NPR, *As rain keep falling, Sierra Leone scrambles to find mudslides survivors*, 17 August 2017, [link](#).

³⁸ New York Times, *Sierra Leone buries over 300 mudslide victim in mass graves*, 16 August 2017, [link](#).

³⁹ Ibid.

Indonesia, Earthquake and Tsunami [2018]

1.1 Brief description of the events and disaster impact

On 28 September 2018, Indonesia was struck by consecutive strong earthquakes in the Central Sulawesi Province, which triggered a tsunami that hit the cities/villages of Palu and Donggala. The earthquakes and the tsunami caused soil liquefaction and landslides provoking serious damages to infrastructures and buildings. The disaster had a severe humanitarian impact: more than 2.100 died and around 133.630 people were displaced¹. On the 1st of October, the President of Indonesia authorized the acceptance of urgent foreign aid for humanitarian purposes in the affected province². The Government of Indonesia activated the request of international assistance through the National Disaster Management Agency (BNPB) and the Ministry of Foreign Affairs (MFAs), welcoming specific offers in line with identified needs on the ground³.

1.2 Regulatory and Operational Issues

Coordination and Preparedness [IDRL 3.1, 4.1, 4.3 c, 8.2]

The coordination between national authorities and international NGOs was reported to be challenging. Sometimes, gaps in communication caused delays in the distribution of aid and national regulations prevented foreign NGOs to get access to the affected areas: only a limited number of foreign personnel was allowed in the field⁴. A team of French rescuers from the group *Pompiers Humanitaires Francais* had access to the areas affected by the earthquake and tsunami, but experienced difficulties in obtaining entry permits and authorizations despite the previous coordination with the French Ministry of Foreign Affairs and the United Nations⁵. Some groups reported that there was confusion about the rules applicable to international assistance, which were settled on the 9th of October through social medias by the BNPB⁶.

Termination [IDRL 12]

Following the request of assistance on the 1st of October, many international NGOs stepped in: in few weeks 85 organizations were present in the country to support the operations⁷. On the 9th of October, to address issues of coordination occurred between international assisting actors and the national authorities, the Indonesian Government (through the BNPB) set the rules regarding foreign personnel already present in the country through a notice posted on Twitter⁸. The rules established restrictions concerning international personnel: foreign citizens working with international NGOs were no more

¹ Humanitarian Country Team (2018), *Central Sulawesi Earthquake & Tsunami Situation Report n. 10*, p.1, [link](#).

² Voice of America, *Indonesia to Accept Foreign Aid for Tsunami Rescue Efforts*, 2 October 2018, [link](#).

³ OCHA, *Asia and the Pacific: Weekly Regional Humanitarian Snapshot 25 September - 1 October 2018*, [link](#).

⁴ Televisa.NEWS, *Indonesia impone restricciones a la ayuda internacional tras el tsunami*, [link](#).

⁵ France bleu, *Les pompiers humanitaires français sont rentrés d'Indonésie*, 11 October 2018 [link](#).

⁶ The Telegraph, *Indonesia tells independent foreign aid workers to pull out of quake zone*, 9 October 2018 [Link](#).

⁷ AHA centre (2018), *Situation Update No.12*, p.3, [link](#).

⁸ Reuters, *Indonesians step up search for quake victims to beat deadline as toll exceeds 2.000*, 9 October 2018 [link](#).

allowed to conduct activities on the sites of the affected areas, and they were asked to immediately retrieve their personnel⁹. According to the Foreign Ministry spokesperson Arrmanatha Nasi, the new rules were not meant to exclude humanitarian personnel from entering Central Sulawesi but to make sure that they first coordinated with national agencies. BNPB spokesperson Sutopo Purwo Nugroho declared that “Letting foreigners enter disaster-hit areas without limitations and clear management would just give the country’s task force more work”¹⁰. The absence of a form of coordination in the termination of the activities depended on the Indonesian legislation over international assistance, provided in Guidelines 22|2010 and Regulation 21|2008, which did not provide for a previous consultation with international actors¹¹.

Personnel [IDRL 16.1 (a), (d)].

During the response to the disaster, the Government of Indonesia exempted visa requirements to citizens of 169 nationalities for only non-extendable 30 days visit according to the Presidential Decree No.21/2016, in contrast with the IDRL Guideline’s provision that calls on affected States to grant visas renewable within the territory as to allow personnel to carry out the necessary activities¹².

Problems of coordination with the national authorities prevented some assisting actors from operating in the country: as an example, the ‘Spaniards of United Firefighters without Borders’ (BUSF) arrived with two dogs to locate people alive under the rubble but were not able to move in the affected areas and returned to Spain after not having been authorized to assist¹³. The team was not able to move without transportation provided by the Hercules of the Indonesian Army, but at the same time there was no space for the transportation of their dogs and for their equipment¹⁴.

The necessity for international assisting actors to rely upon the guidance of the Indonesian authorities to carry out any activity or movement was later addressed by the rules settled by the 9th of October: foreign NGOs were not allowed to go directly in the affected areas and all activities were to be conducted in partnership with local actors, thus posing a bar in terms of freedom of access in the affected areas for international assistors¹⁵.

1.3 Best practices and lesson learned

Responsibilities of Affected States - Coordination [IDRL 3.3]

The Indonesian Government set up a Task Force to manage humanitarian assistance from the domestic and foreign country in order to avoid gaps in coordination among international actors and domestic authorities. The task force comprehended the Coordinating Ministry for Political, Law, and

⁹ AHA centre (n. 6), p.3.

¹⁰ The Jakarta Post, *Indonesia restricts foreign helpers in Central Sulawesi to 'avoid more work*, 11 October 2018, [link](#).

¹¹ IFRC (2014), *International Disaster Response Law (IDRL) in Indonesia*, p. 47, [link](#).

¹² Leading Edge Programme (2018), *Emergency: M 7.7 Earthquake in Indonesia Customs immigration and quarantine procedures (CIQP) N.1*, p. 3, [link](#).

¹³ Televisa.NEWS, *Indonesia impone restricciones a la ayuda internacional tras el tsunami*, 6 October 2018 [link](#).

¹⁴ ABC, *Los bomberos españoles, víctimas del caos indonesio*, 6 October 2018 [link](#).

¹⁵ AHA centre (2018), *Situation Update No.12* p. 3.

Security Affairs, the Ministry of Foreign Affairs and BNPB¹⁶. The only entry point for international personnel was the Balikpapan Airport where a 'Customs, Immigration and Quarantine' one-stop-shop center was established by BNPB, relevant government ministries and the ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre)¹⁷.

Goods and equipment [IDRL 17]

Many best practices were carried on to avoid bottlenecks at entry points for relief items while maintaining a good quality of relief goods during the response to the disaster. First of all, on the 3rd of October, the Indonesian Government listed in a letter sent to the AHA Centre those goods that were required from international donors in order to address the necessities of the affected population and avoiding receiving unnecessary goods¹⁸. The request included air transportations, tents and shelter kits, water treatment, electric generators and financial donations¹⁹. Those emergency relief consignments could have been cleared as a priority by customs officials at entry point established ad hoc for international donations in Balikpapan Airport, Sultan Aji Muhammad Sulaiman International Airport and East Kalimantan²⁰. In order to send relief items, the consignees had to be registered with the Government of Indonesia and the Government had to accept the offer of assistance²¹. According to the UNHC, as a requirement for a tax waiver the consignees had to write a letter to the Ministry of Finance in order to coordinate first with national authorities²². The establishment of entry points only for relief consignment coming from international donors and the presence of tax exemptions speed the process of importing essential goods.

Custom regulations based on the Finance Ministerial Decree 69/PMK.04/2012 foresaw that import duty would not be charged for disaster reliefs and donations from the phase of initial response to the reconstruction period²³. In order to canalize funds obtained through international donations financial contributions from foreign governments had to be addressed through BNPB while the ones coming from Red Cross societies and NGOs were to be addressed to the Palang Merah Indonesia (Indonesian Red Cross)²⁴. In addition, a bank account was opened to reunite international donations²⁵.

¹⁶ Leading Edge Programme (n. 11) p. 3.

¹⁷ Logistic Cluster (2018) *Indonesia Tsunami & Earthquake response Balikpapan Snapshot 10 October 2018*, p. 2, [link](#).

¹⁸ AHA centre (2018) *Situation Update No.10 - Letter D/01853/10/10/2018/16* p. 2, [link](#).

¹⁹ AHA Centre (2018), *Situation Update No. 10: M 7.4 Earthquake and Tsunami, Sulawesi, Indonesia - Wednesday, 10 October* p. 2, [link](#).

²⁰ Leading Edge Programme (2018), *Emergency: M 7.7 Earthquake in Indonesia Customs immigration and quarantine procedures (CIQP) N.2*, p. 2, [link](#).

²¹ Logistic Cluster (2018), *Situation Update, 8 October 2018* p. 1, [link](#).

²² Logistic Cluster (2018), *Sulawesi Earthquake and Tsunami Meeting Minutes 17 October 2018* p. 1 [link](#).

²³ Ivi

²⁴ Logistic Cluster (2018), *Situation Update 9 October 2018* p. 2, [link](#).

²⁵ AHA Centre (2018), *Situation Update No.7, 5 October 2018* p.2, [link](#).