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1. DISASTERS MYTHS AND REALITIES

Myth is a false belief, an exaggeration, a simplistic overstatement about some type of phenomena. Much of what is perceived about human behaviours in disasters is inaccurate and exaggerated. Most behaviour lies somewhere between fact and fiction. This document aims to clarify and demystify general myths about disasters.

1.1 COORDINATION AND COMMUNICATION

1.1.1 Coordination Vs strategic Leadership:

Myth: Centralized decision-making and response is always appropriate. Disaster response is solely the responsibility of government agencies. Centralized, insular decision-making and authority structures among trained professionals guarantee the least harm to people and property. Ordinary civilians and everyday institutions are inadequate to deal with crises.

Reality: Complex disasters necessitate decentralized decision-making structures and networks. Communication, coordination and strategic leadership are better than command and control. Disaster response often involves extensive public engagement which includes a full range of individuals, groups, agencies, and businesses. Shared problem-solving across sectors and social groups, rather than imposing authority from outside, is a more effective tool for handling extreme and/or unanticipated events. Multi-organization response is often required because no single organization has the resources nor people to ensure that all affected populations receive what they need.

Shared problem-solving models, rather than ones of command-and-control, provide opportunities for flexibility and innovation, and a higher likelihood of enhanced preparedness, response, and recovery. The outcomes of a disaster (whether so-called natural, technological or terrorist-driven) are not set in stone or predetermined. That said, interventions must take into consideration complex interactions among citizens and government, as well as physical, natural, and built environments.

In Bangladesh after the Sydr Cyclone, since field-based staff and officials within national NGOs and institutions were rarely empowered to make programmatic and policy decisions (for example regarding the number of households that the agency should target or the types of items that should be part of a standard distribution package) large parts of the response remained resource-driven and top-down rather than needs based.
1.1.2 **Cluster:**

Risks of a long-standing confusion at the global level regarding the applicability of international coordination systems like the cluster approach in a country where the government is in a position to provide strong leadership during a humanitarian crisis\(^1\).

1.1.3 **Communication gaps between donor countries and government:**

**Myth:** Things are back to normal within a few weeks.

**Reality:** The effects of a disaster last a long time. Disaster-affected countries deplete much of their financial and material resources in the immediate post-impact phase. Successful relief operations take account of the fact that donor interest tends to wane as needs and shortages grow more pressing.\(^2\)

Many multilateral and bilateral donors give generously during the first phase of the response but often struggle to coordinate assistance, both with each other and with the government.

1.1.4 **Information of beneficiaries:**

**Myth:** It is better to restrict information concerning the magnitude of the tragedy.

**Reality:** Restrictions on information promote distrust in the population, resulting in inappropriate behaviours and even violence.

Disaster affected people need information as much as water, food, medicine or shelter: accurate, timely information can save lives.

The right information helps aid organizations to understand better the needs of affected communities and ways to meet those needs. Today’s information technology presents new possibilities, but has not been fully exploited by humanitarian organizations. A multitude of data is available on websites, but this is often inaccessible to vulnerable communities. Aid agencies are poor at sharing information with people in need. It is vital that aid organizations consult with disaster affected communities in a transparent way. This is a key principle governing relations between aid agencies and survivors.

1.2 **DISASTER IMPACT**

1.2.1 **Disaster and discrimination:**

\(^1\) OXFAM 2008 After the ciclone Sydr lessons learnt

\(^2\) [http://amro.who.int/English/DD/PIN/persp21_box02.htm](http://amro.who.int/English/DD/PIN/persp21_box02.htm)
**Myth:** A disaster is simply a result of physical events and leaves everyone in its path equally vulnerable. Disasters are equal opportunity events; they happen in random and quirky, but essentially democratic ways. Hurricanes, outbreaks, heat waves, earthquakes, and chemical spills kill indiscriminately. They do not care “who” the victim is. Natural disasters cause deaths at random. Disasters are random killers.

**Reality:** In fact, disasters are social events that leave some groups more vulnerable to impacts than others. People are more or less vulnerable to the effects of disasters; social class, ethnicity and race, gender, and social connectedness are factors that often determine the extent of harm. These traits also play an important role in resilience to, and speedier recovery from crisis. Disasters cause more damage to vulnerable geographic areas, which are more likely to be inhabited by poor people. Especially in developing countries, disasters take a greater toll on the poor.  

Disasters do not cause discrimination: they exacerbate it. Discrimination in an emergency setting can be life threatening. The most marginalized and vulnerable risk not surviving the crisis or, if they do, they are then overlooked in plans to recover and regain their livelihoods.

Disasters have the most profound effects for the already vulnerable members of society. **Disasters are not equal opportunity events.**

1.2.2 **Shocks:**

**Myth:** Disaster-hit people are too dazed and shocked to take responsibility for helping themselves and others

**Reality:** Most victims are not helpless. Most victims will take actions to help those around them

- Reporters and photographers often portray survivors of a sudden disaster as helpless victims, unable to save themselves or each other.
- According to the 2004 World Disasters Report, published by the International Federation of Red cross and Red Crescent Societies, in-depth reports from sudden disasters ranging from the Pakistan earthquake to the collapse of New York’s twin towers show survivors rushing to save people from under the rubble - with their bare hands if necessary. Thousands volunteer to rescue strangers and sift through rubble after earthquakes from Mexico City, California, and Turkey.
- Cross-cultural dedication to common good is most common response to natural disasters.

1.2.3 **Role abandonment:**

3 Source: WHO/PAHO Myths and Realities in the Management of Dead Bodies.
Myth: We can expect widespread role abandonment by emergency responders

Reality: Research shows that emergency responders do not generally abandon their responsibilities, particularly after assurances that their families are safe

- It is false to believe that official abandon their posts due to fear or role conflict
- Officials usually do their jobs and rarely abandon their post
- Moreover, responders may be forced to rest or take a break

1.2.4 Panic:

Myth: We can expect widespread panic during disasters. People act irrationally, frantically flee the area, masses evacuate. When life and limb are threatened on a mass scale, people panic. They revert to their savage nature, and social norms readily break down.

Reality: Panic (as anti-social irrational behavior, not feelings of anxiety) is rare in disasters. People remain rational, calmly evacuate, some remain.

- It is often more difficult to get people to leave an area than deal with people fleeing from it.
- People do not panic unless their avenue of escape is very rapidly closing (possible on some of the floors in the Twin Towers where fires were most intense) and even then conduct is orderly until last moments
- Fear and running away from imminent danger is not illogical. It is rational behavior to steer clear from danger.
- According to extensive social research, people rarely fall apart and put themselves first. This finding contradicts what people tend to say on surveys that ask them how they think they will behave when disaster hits. In reality, people may feel fearful, anxious and capable of doing just about anything to protect their loved ones. They may be irritable with politicians and safety professionals and ignore their advice when it is irrelevant to their situation. But, contrary to the scary stories authorities tell each other, in conditions of grave danger, creative coping is the norm and panic the exception.
- Life circumstances - such as economic means, educational levels, and states of social isolation or connection - are more frequently the contributors to people’s failure to heed reasonable official instructions, NOT individual traits of obstinacy or willfulness.

1.2.5 Looting and violence:

Myth: We can expect widespread looting, price gouging, and other anti-social behavior. People resort to violence to protect their property.

Reality: While anti-social behavior does sometimes occur, it is not as widespread as
is often portrayed. People, in fact, exhibit pro-social behavior in disasters.

- Appropriating behavior (people taking necessary items for survival or for the response) is sometimes mistaken as looting
- Crime rates actually go down in the immediate impact period following disasters. Looting is rare.
- Many people act to help their fellow citizens during a disaster and instead offer to others what little resources they may have.
- Price gouging is rare, but supply/demand economics do exist.
- Hollywood and the media give inaccurate views of human behavior in disasters. Research reveals that most people are altruistic and not antisocial after disasters.

1.2.6 Gender:

| Myth: | Disasters hit “people” not men and women. Women are not especially vulnerable in disasters and/or women are always highly vulnerable in disasters. |
| Reality: | Disasters happen to women and men. They unfold in highly gendered conditions. Yes, women are often at increased risk, but both women and men have critical strengths and resources in disasters. Disaster management, too, is gendered. |

Research conducted around the world from a gender perspective does suggest that women are likely to be especially vulnerable to disasters simply because gender inequality is so widespread.

Why are women most vulnerable?
- Less access to resources - social networks and decision-making
- Informal and agricultural sectors are usually the most impacted by disasters, thus women become over represented among the unemployed.
- Primarily responsible for domestic duties and thus do not have the liberty of migrating to look for work.
- Low visibility in society and attention to their needs is woefully inadequate.
- Have less freedom and mobility to look for alternative sources of income.
- Majority of shelter residents remain women and thus leads to increase in levels of domestic and sexual violence
- Reproductive and sexual health care are mostly avoided

Why is Disaster Management Important for Women?
- Women are more at risk of dying than men
- During the Bangladesh cyclone of 1991, mortality levels amongst females over the age of ten were three times higher than those of males (Twigg 2004).

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4 Gender and disaster, 2008, Nusrat Nasab, Deputy Executive Officer (FOCUS Pakistan)
DISASTER MYTHS AND REALITIES

- In the Latur, Maharashtra (India) earthquake of 1993, women accounted for 48% of the affected population, but accounted for 55% of those who died (Twigg 2004).
- In the Asian tsunamis, five times as many women as men are believed to have died (Chew and Ramdass 2005).
- Disproportionate numbers of women were killed in the earthquake that devastated large areas of Kashmir and NWFP (Pakistan in 2005) (Chew and Ramdas, 2005).
- Women are most effective at mobilizing the community to respond to disasters.

Seeing Disaster Risk through Women’s Eyes:
- Women have unique perspectives on community danger and safety. There is no uniform or universal "women’s view" on risk and disaster. Being a woman means different things in different cultures, and these cultural differences matter in a crisis.
- Until all studies of hazard and disaster are gender sensitive, we won't have the knowledge we need about the world as it is. And until we look at disasters through women’s eyes, we won't know enough about half the world's population in disaster situations.

<table>
<thead>
<tr>
<th>Issues facing women after disasters</th>
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<tbody>
<tr>
<td>Housing</td>
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<td>Transportation</td>
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<td>Income and employment</td>
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<td>Dependent care</td>
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<td>Physical and mental health</td>
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<td>Violence</td>
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<td>Access to relief resources</td>
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<td>Full participation in disaster decision-making</td>
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<tr>
<th>Challenges for Women in Disasters (Immediate)</th>
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<tr>
<td>Loss of family members</td>
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<tr>
<td>Issues of protection (adoption, trafficking)</td>
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<tr>
<td>Loss of home - living in camps</td>
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<tr>
<td>Cultural values may even hinder women’s rescue as males may not be allowed to touch women and rescue them.</td>
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<tr>
<td>Access to relief</td>
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<tr>
<td>Access to health (men may not allow women to see male doctors)</td>
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<tr>
<td>Access to information</td>
</tr>
<tr>
<td>Cultural and religious obligations (e.g. limitations of a Muslim widow who is not allowed to see namahram) which can create hindered in terms to access to both information, relief.</td>
</tr>
</tbody>
</table>
### Challenges for Women in Disasters (Medium to Long Term)

- Changing role of women - from care giver to head of household
- Lack of safety nets
- Coping with loss
- Coping with disabilities
- Limited understanding of women’s needs in post disaster situation (i.e. reproductive health)
- In case of IDPs, protection issues such as the location of washrooms, lightening etc.
- Physical and sexual harassment
- Access to compensation
- Having the right documentation (ID cards, property deeds)
- Illiteracy can be big hurdle in women’s access to resources
- Denial of girl child’s right - nutrition, education, health etc.

1.2.7 **Diseases:**

**Myth:** Epidemics and plagues are inevitable after every disaster.

**Reality:** Epidemics do not spontaneously occur after a disaster and dead bodies will not lead to catastrophic outbreaks of exotic diseases. The key to preventing disease is to improve sanitary conditions and educate the public.

In the mid-1990s, a study of the expected evolution of mortality over time suggested 4–6 months as the time taken for mortality to return to normal after an effective humanitarian response.⁵

In absolute terms, the major causes of mortality during emergencies are essentially the same as in developing countries: diarrhoeal diseases, acute respiratory infection, neonatal causes, and malaria.⁶

### 1.3 DISASTER PREPAREDNESS

1.3.1 **Disaster plan:**

**Myth:** Having a solid disaster plan ensures an effective response

**Reality:** Planning is crucial, but so is a flexible organization that recognizes that some form of improvisation may be necessary. Planning should be seen as a process, not as an activity that creates a document that will never need to be revisited. The

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Disaster response and contingency planning leads to organizational readiness in anticipation of an emergency. This includes management of human and financial resources, availability of emergency supplies, trained human resources and communications/coordination procedures. Such planning can help mitigate the destructive effects of a disaster by ensuring timely and effective provision of humanitarian aid to those most in need.

Time spent in disaster response planning equals time saved when a disaster occurs. Delays in providing services can result in needless suffering for individuals and families affected by a disaster, and create additional burdens for those responding. Effective disaster response planning leads to timely and effective disaster relief operations. It also helps in building realistic expectations.

Nothing replaces well trained, competent and motivated people! Nothing!

People are the most important asset

1.3.2 Contingency planning:

Contingency planning should be practical. In other words, it should be based on realistic parameters and should not be a bureaucratic exercise undertaken for its own sake. This starts with a scenario that is detailed enough to allow equally detailed planning and preparedness - but not overly detailed. It also requires enough flexibility to adapt plans in the likely event that real life differs from the assumptions made in the scenario.

Contingency planning should be simple and easy to do. Contingency planning should not be a complex task undertaken only by specialists; rather, all staff - and indeed community members - should be able to participate.

Contingency plans should be realistic enough that they can be implemented when needed. Plans which are not grounded in reality run the risk of failure and may create a false sense of security.

Contingency plans should allow for efficient, effective and equitable use of resources to appropriately meet humanitarian needs.

Contingency planning should be process-driven. Although written plans are important, without a good process contingency planning can be ineffective, resulting in plans being left on the shelf or in the filing cabinet.

Contingency planning should be participatory, in order to maximise the benefits of the planning process.

Contingency planning exercises should be followed up. Preparedness actions that are identified as a result of contingency planning should, where possible, be taken up, and further planning should be done if necessary.

Contingency planning processes should be regularly tested through exercises, such as table-top exercises. This helps improve planning and increases staff members familiarity with the plan.

Contingency planning processes should include regular updates
1.4 DISASTER RESPONSE

1.4.1 Rescue teams:

**Myth:** Any kind of international assistance is needed, and right away. The best international response is to send in rescue teams immediately.

**Reality:** A hasty response that is not based on a needs evaluation can contribute to the chaos. It is better to wait until genuine needs have been assessed. Un-requested goods are inappropriate, burdensome, divert scarce resources, and more often burned than separated and inventoried.

**Myth:** Foreign medical volunteers with any kind of medical background are needed following a disaster.

**Reality:** The local population almost always covers immediate life-saving needs. Only skills that are not available in the affected country are usually needed. Few survivors owe their lives to outside teams.

Ibrahim Oxman, the director of the policy and relations division at the International Federation of Red Cross and Red Crescent Societies, says: "The knowledge and resilience of people at risk contributes far more to reducing the toll of disasters than many of us in the developed world may expect." Other experts say local teams are better placed to perform emergency relief operations in the first few hours after a disaster.

During Iran's 2003 Bam earthquake, which destroyed 85 per cent of the city, local Iranian Red Crescent rescue teams were deployed within minutes, despite losing four team members and their headquarters in the earthquake. They saved 157 lives with just 10 dogs.

In contrast, international search and rescue teams from 27 countries took up to two days to arrive. Although they were armed with sniffer dogs and remote sensing equipment, they saved just 22 lives.

Most survivors owe their lives to neighbours and local authorities. When foreign medical teams arrive, most of the physically accessible injured have already received some medical attention.

Western medical teams are not necessarily most appropriate to the local conditions.

Aid agencies are usually under huge pressure to be seen to respond quickly. But there can be serious pitfalls associated with rushing in too fast.

Donna Eberwine, the editor of Perspectives in Health, says: "A hasty response that is not based on a needs assessment can contribute to the chaos. It is better to wait until genuine needs have been assessed. The local population almost always covers immediate life-saving needs."

According to the World Disasters Report 2004, it is essential for agencies to carry out in-depth interviews with affected people to find out their needs, even in situations where time is of the essence. If they don't, they run the risk of sending the wrong type of help.
Immediately after the Asian tsunami, for example, surgeons from all over the world poured into Banda Aceh in Indonesia. But they found that few survivors had been injured, and there was little for them to do.

Un-requested goods are inappropriate, burdensome, divert scarce resources, and more often burned than separated and inventoried.

In contrast many aid agencies overlooked women’s needs. There was a severe shortage of midwives and basics including sanitary protection, the contraceptive pill and headscarves for Muslim women were not provided.

### 1.4.2 Dead bodies:

<table>
<thead>
<tr>
<th>Myth</th>
<th>Reality</th>
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<tbody>
<tr>
<td>Dead bodies, left unburied, are a dangerous source of disease epidemics after disasters.</td>
<td>Disaster victims’ bodies pose little or no threat to public health. ⁷</td>
</tr>
<tr>
<td>Burying victims quickly in mass graves gives survivors a sense of relief.</td>
<td>Survivors have a strong need to identify lost loved ones and grieve for them in customary ways.</td>
</tr>
<tr>
<td>Identifying large numbers of casualties is all but impossible. Mass graves are sometimes the only solution</td>
<td>Even large numbers of bodies should be dealt with systematically, to facilitate their identification. Mass graves should always be avoided.</td>
</tr>
<tr>
<td>The fastest way to dispose of dead bodies and to avoid the spread of disease is to bury them in mass graves or cremate them, a process that will relieve the population.</td>
<td>The population will be reassured and can better bear the pain from the loss of loved ones when they follow their beliefs and carry out religious rituals, and know that there is a possibility of identifying and recovering the bodies.</td>
</tr>
<tr>
<td>It is impossible to identify large numbers of dead bodies after a tragedy.</td>
<td>There are always methods that allow the identification of bodies or body parts.</td>
</tr>
<tr>
<td>DNA technology for the identification of corpses is still not accessible for the majority of countries because of its high cost and the highly technical processes needed.</td>
<td>DNA profiling is rapidly becoming an identification tool that is accessible for all countries. Furthermore, in cases of major disasters, the majority of countries can provide support with economic and technological resources, among them, DNA technology.</td>
</tr>
</tbody>
</table>

⁷ PAH 2004 Management of dead bodies in disaster situation, Disaster manuals and guidelines Series Nº5
The World Health Organisation is one of several agencies trying to end confusion over this particular myth. Immediately after a disaster local authorities and aid workers sometimes panic and bury people before they have been identified, fearing the decomposing bodies will spread disease.

Arturo Pesigan, head of WHO’s Emergency and Humanitarian Action in the Western Pacific, says dead bodies actually pose little risk. "Survivors, not the dead, are more likely to be the source of disease outbreaks," he says, adding that "identification of the body and the normal process of grieving are essential" to help survivors recover from their personal losses.

John Tulloch, a coordinator in New Delhi with the South Asia regional delegation of the International Federation of Red Cross and Red Crescent Societies, said immediately after the Pakistan earthquake: "It's a disaster myth that dead bodies spread disease. Most bugs die within hours of the host, and it was one of the big tsunami myths. We saw especially in Aceh (in Indonesia) mass burials which caused enormous problems. It's dreadfully traumatic for relatives because their bodies end up being dug up again."

The notion that dead bodies pose an urgent health threat in the aftermath of a disaster is one of several enduring myths about disasters and relief efforts that the Pan American Health Organization (PAHO) and the World Health Organization (WHO) have been trying to counter for nearly two decades. In 1986, PAHO produced a video titled "Myths and Realities of Natural Disasters" that debunked some of the most common misconceptions and explained how they exacerbate problems following a disaster. The microorganisms that are involved in decomposition are not the kind that cause disease, Morgan's article explains. And most viruses and bacteria that do cause disease cannot survive more than a few hours in a dead body. An apparent exception is the human immunodeficiency virus, HIV, which has been shown to live up to 16 days in a corpse under refrigeration.

But there is a larger problem: mass burials and cremations can make identification of remains all but impossible, and they prevent survivors from burying loved ones according to local customs and beliefs. Even in the aftermath of a major catastrophe, says de Ville, these are important considerations. "Identifying victims is critical for legal, social and psychological reasons." Indeed, he insists, "it should be considered a basic human right." Often overlooked is the unintended social consequence of the precipitous and unceremonious disposal of corpses. It is just one more severe blow to the affected population, depriving them of their human right to honour the dead with a proper identification and burial. The legal and financial consequences of the lack of a death certificate will add to the suffering of the survivors for years to come. Moreover, focussing on the summary disposal, superficial ‘disinfection’ with lime, mass burial, or cremation of corpses requires important human and material
resources that should instead be allocated to those who survived and remain in critical condition.

Social and mental health problems will appear when the acute crisis has subsided and the victims feel (and often are) abandoned to their own means. Successful relief programmes gear their operations to the fact that international interest wanes as needs and shortages become more pressing.

PAHO’s experience in the aftermath of the earthquake in Mexico city showed that health authorities and the media can work together to inform the public, make possible the identification of the deceased and the return of their bodies to the families in a climate free of unfounded fears of epidemics.

1.4.3 Clothes:

**Myth:** Survivors have lost everything except the clothes they stand up in. The best response is to give them second-hand clothes.

**Reality:** Second hand clothes are not always accepted and do not always answer a real need. Additionally, transport costs are high and their distribution can divert humanitarian efforts for other important tasks. Unilateral contributions of unrequested goods are inappropriate, burdensome, and divert resources from what is needed most.

After the Asian tsunami, Indians sent a mountain of clothing to survivors in southern India. But the fisher families, for whom the clothes were intended, refused to accept them. Although they are usually depicted as the poorest of the poor, the 2005 World Disasters Report says they are a relatively prosperous and proud community. Even in such dire circumstances, they would not accept second-hand clothes.

The unwanted clothes were dumped on roadsides, and municipal workers had to be diverted from the relief effort to gather them up. They also proved a hazard to local livestock, which tried to eat them.

Ebrahim Mohamed, head of British relief agency Muslim Aid, said after the Pakistan earthquake in October 2005: “We’ve been getting all sorts of offers of used clothing, and food. We tell people very nicely that getting this there is very costly. Money is the best way of getting this across. And it helps local economies.”

1.4.4 Orphans:

**Myth:** The best way Westerners can help children who have been orphaned in a disaster is to adopt them.

**Reality:** In most cases, children’s extended families, friends and neighbours will take them in.
Unicef reported that almost all the 10,000 children orphaned in the Asian tsunami had been adopted locally within two months. By late February only 60 children were left without foster parents.

1.4.5 **Shelter:**

**Myth:** Locating disaster victims in temporary settlements is the best alternative.

**Reality:** It should be the last alternative. Funds may be better spent on building materials, tools, and other construction-related support in the affected country. Hosting family’s solution should be encouraged whenever possible.

Aid professionals say this should be avoided as much as possible. Donna Eberwine, the editor of Perspectives in Health, says: "It should be the last alternative. Funds may be better spent on building materials, tools and other construction-related support in the affected country."

The Asian tsunami showed how most survivors found shelter with host families, rather than being dependent on aid camps.⁹

1.4.6 **Food:**

**Myth:** Starving people can eat anything. It is widely held that people who are starving will be very hungry and eat any food that can be supplied.

**Reality:** Even if hungry initially, people often do not consume adequate quantities of unvaried and unfamiliar foods for long enough. More importantly, the starving people are often ill and may not have a good appetite.

It is widely held that people who are starving will be very hungry and eat any food that can be supplied. This attitude is inhumane and incorrect. Even if hungry initially, people often do not consume adequate quantities of unvaried and unfamiliar foods for long enough. More importantly, the starving people are often ill and may not have a good appetite. They will therefore languish in an emaciated state or get even sicker. Even someone well-nourished would fail to thrive on the monotonous diets of three or so commodities (e.g. wheat, beans and oil) that is all that is available, month in, month out, to many refugees and displaced people. And this is aside from the micro-nutrient deficiencies that often develop. This misconception starts, in part, from a failure to agree on explicit objectives for food assistance, which should surely be to provide for health, welfare, and a reasonably decent existence and help in attaining an acceptable state of self-reliance and self-respect.¹⁰

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⁹ [http://www.alertnet.org/thefacts/reliefresources/112904062889.htm](http://www.alertnet.org/thefacts/reliefresources/112904062889.htm)

For the Tsunami response, food was sent from overseas. But the shipments included wheat and cooked foods from outside the region, neither of which were suitable to local tastes and which became a health hazard when they were dumped.

**Myth:** Children with diarrhoea should not be intensively fed

**Reality:** Any child with diarrhoea must be fed, if necessary with a liquid diet by nasogastric tube, at the same time as additional fluids are given. To begin feeding after rehydration will often be too late.

A view from many years ago, and from non-emergency situations, sometimes persists, namely, that children must be rehydrated (and diarrhoea prevented) before re-feeding. This policy is incorrect and, with severely malnourished children, it can be fatal. Any child with diarrhoea must be fed, if necessary with a liquid diet by nasogastric tube, at the same time as additional fluids are given. Even if the diarrhoea is profuse, some nutrients are absorbed and can start the recovery process. To begin feeding after rehydration will often be too late\(^\text{11}\).

**Myth:** Refugees can manage with less.

**Reality:** In fact they will often need more than their normal food requirement at first if they have become malnourished and sick before arrival at a camp and need rehabilitation; and may suffer exposure from inadequate shelter.

This misconception dehumanizes the refugee. It implies that, once uprooted, he or she no longer has the basic human rights to food, shelter and care - that these are now offered as charitable acts and that refugees can (or should) make do on much less than non-refugees. In fact they will often need more than their normal food requirement at first if they have become malnourished and sick before arrival at a camp and need rehabilitation, and may suffer exposure from inadequate shelter. If the only food source is provided by camp organizers, these rations have to be adequate in all nutrients. This requires a mixed food basket, including fruits and vegetables. If this cannot be ensured then trading may have to be encouraged if refugees are not to become undernourished and deficient in micro-nutrients. The fact that some foods may be traded, to add variety to the diet, is no grounds for reducing the ration\(^\text{12}\).

**Myth:** Trading foods indicates that people do not need all of the rations.

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**Reality:** If a mixed food basket, adequate in all nutrients and including fruits and vegetables cannot be ensured then trading may have to be encouraged if refugees are not to become undernourished and deficient in micro-nutrients.

If the only food source is provided by camp organizers, these rations have to be adequate in all nutrients. This requires a mixed food basket, including fruits and vegetables. If this cannot be ensured then trading may have to be encouraged if refugees are not to become undernourished and deficient in micro-nutrients. The fact that some foods may be traded, to add variety to the diet, is no grounds for reducing the ration.  

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**Myth:** A standard ration is suitable for all populations.

**Reality:** The recommended per caput calorie output for a refugee population should vary according to demographic composition, nutritional and health status of the population (allowing for an extra "catch-up" allowance where people are malnourished), the activity level the intake is intended to support, environmental temperature, and likely wastage in the chain from supply of food in a country to its consumption by individuals.

In other words there is a range of requirements for dietary energy, which will depend on the circumstances, and use of a single figure is likely to lead to either deficit or wastage. The figure of 1900 kcal (commonly assumed to be of general application) often underestimates what is needed. 2100 Kcal/p/d should be the minimum requirement.

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**Myth:** Energy adequacy means nutritional adequacy.

**Reality:** The diet needs to be adequate in both quantity and quality, meeting requirements for calories, protein, and micro-nutrients.

Where refugees are completely dependent on the ration provided (for example, in the early stages of an emergency or in closed camps, where trading for diversity cannot be ensured) the ration must be designed to meet the requirements of all nutrients in full. Often, a ration is designed to meet minimum energy requirements and micro-nutrients are left to look after themselves. How micro-nutrient needs are to be met must be made explicit, especially when the ration provided is calculated on the basis of fully meeting energy needs. Foods should be diverse and palatable, and the special needs of weaning children must be met.

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