

# Guyana

**FLOODS**

2005

**FEBRUARY**



**FLASH  
APPEAL**

**Consolidated Appeals Process (CAP)**





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## 1. EXECUTIVE SUMMARY

In January 2005, torrential rains caused serious flooding along the coastal region, which is the most densely populated area of Guyana. As a result, the Government declared Regions 3 (Essequibo Islands/West Demerara), Region 4 (Demerara/Mahaica) and Region 5 (Mahaica/Berbice) disaster areas. The coastal stretch between the capital Georgetown and Mahaica on the east bank of the Demerara River was particularly hit. The flooding affected around 290,000 people (39% of Guyana's population); over half of them are women and almost one third are children under nine years. This is the largest disaster to hit Guyana in the last century.

Overnight, thousands were forced to flee their homes in the capital and coastal villages and close to 5,000 people have had to stay in temporary shelters. Meanwhile, a large proportion of the affected families became trapped in their homes, depending on daily delivery of food and water and highly exposed to disease and environmental health problems.

Three weeks after the peak of the emergency, an estimated 92,000 people still have water in their homes. Many areas remain accessible only by boat and the water level is reportedly still as high as 1.2-1.5 metres in some villages, while rivers have swollen alarmingly.

The risk of disease remains a major threat to the well being of the population in the affected areas. In effect, poor sanitation, waste management systems and vector proliferation have rendered the waters highly infectious.

The intensity of the crisis has had a serious impact on the normal coping mechanisms of families and communities, as many of the worst affected areas are also among the poorest.

Because of the current vulnerabilities, the new rainy season due in three months could generate new floods of catastrophic consequences in the affected areas.

Since the onset of the emergency, the United Nations system in Guyana has been working closely with the Government and other humanitarian partners to provide relief and assistance to those most affected by the floods. United Nations Agencies have been able to use immediately available resources as well as initial funding provided by the donor community.

This appeal covers the emergency and transitional response of the United Nations to the flood disaster in Guyana for a period of six months. The activities will address the humanitarian and community recovery needs identified in close collaboration with the Government and aid partners in Guyana, and particularly the following:

### **Immediate relief needs:**

- Access to safe water and adequate sanitation;
- Intensified disease surveillance and access to medical care;
- Disposal of solid waste and sanitation;
- Access to food for the affected populations, especially the most vulnerable groups.

### **Humanitarian transitional needs:**

- Cleaning of homes and public buildings such as schools, health centres;
- Re-establishment of health and educational services in the affected communities;
- Re-establishment of the livelihoods of families as soon as they are able to return home.

The United Nations Flash Appeal for Guyana seeks **US\$ 2,975,000** to meet these needs.

**Consolidated Appeal for  
Guyana Flash Appeal 2005**  
Summary of Requirements - By Appealing Organisation  
as of 07 February 2005  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Appealing Organisation	Original Requirements
PAHO/WHO	690,000
UNDP	700,000
UNFPA	60,000
UNICEF	725,000
WFP	800,000
<b>Grand Total</b>	<b>2,975,000</b>

**Consolidated Appeal for  
Guyana Flash Appeal 2005**  
Summary of Requirements - by Sector  
as of 7 February 2005  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Sector Name	Original Requirements
AGRICULTURE	250,000
COORDINATION AND SUPPORT SERVICES	300,000
ECONOMIC RECOVERY AND INFRASTRUCTURE	150,000
EDUCATION	350,000
FOOD	800,000
HEALTH	800,000
WATER AND SANITATION	325,000
<b>Grand Total</b>	<b>2,975,000</b>



## 2. CONTEXT AND HUMANITARIAN CONSEQUENCES

### 2.1 CONTEXT

In January 2005, torrential rains caused serious flooding along the coastal region, which is the most densely populated area of Guyana. As a result, the Government declared Regions 3 (Essequibo Islands/West Demerara), Region 4 (Demerara/Mahaica), and Region 5 (Mahaica/Berbice) disaster areas. The coastal stretch between the capital Georgetown and Mahaica on the east bank of the Demerara River was particularly hit. The flooding affected around 290,000 people (39% of Guyana's population); over half of them are women and almost one third are children under nine years.

Overnight, thousands were forced to flee their homes in the capital and coastal villages and close to 5,000 people have had to stay in temporary shelters. Meanwhile, a large proportion of the affected families became trapped in their homes, depending on daily delivery of food and water and highly exposed to disease and environmental health problems.

Three weeks after the peak of the emergency, an estimated 92,000 people still have water in their homes. Many areas remain accessible only by boat and the water level is reportedly still as high as 1.2-1.5 metres in some villages, while rivers have swollen alarmingly.

The flooding has been compounded by the problem of drainage in the affected area, which is located between two dams – the sea wall and a dyked water conservancy with a catchment area of 500 km<sup>2</sup>. The conservancy dyke spilled over and the water level has since been dropping very slowly (4 cm a day) because of the limited pumping capacity and poor maintenance of the drain channels. Many of them are either overgrown with vegetation, filled in, or have culverts blocked by garbage.

An additional serious threat is the possibility of a collapse or breach of the conservancy dyke. This would mean an additional one meter of water, catastrophic in areas already under water.

The United Nations Country Team has supported the coordination of relief efforts working closely with the Government, the Civil Defence Committee (CDC) and the Joint Operations Centre (JOC), as well as with donors and Non-Governmental Organisations (NGOs). This included:

- At the request of the Government, the Office for the Coordination of Humanitarian Affairs (OCHA) mobilised the United Nations Disaster Assessment and Coordination (UNDAC) Team to Guyana. Under the authority of the United Nations Resident Coordinator, the team has worked in support of the JOC and the CDC in assessment and relief coordination. OCHA also released an emergency cash grant of US\$ 50,000 for the purchase of boats and related equipment in collaboration with United Nations Development Programme (UNDP).
- The Pan American Health Organisation/World Health Organization (PAHO/WHO) has provided support to the JOC in establishing and coordinating the Supply Management System (SUMA) to register and track incoming humanitarian relief goods for accountability and transparency purposes. A total of 10 officers of the Guyana Defence Force (GDF) were trained to assist in this operation.
- PAHO and United Nations Children's Fund (UNICEF) have provided support to the Health Task Force in an effort to prevent the outbreak of diseases. PAHO has been providing technical support and assistance to the medical mobile teams and the medical surveillance system, as well as in the area of sanitation and safe water. UNICEF has provided supplies such as Oral Rehydration Salts (ORS), water purification tablets and sanitary and hygiene supplies for the shelters. An epidemiologist provided through the United Nations Volunteers (UNV) programme is coordinating activities assigned by the Ministry of Health (MoH) and has participated in the work of the mobile medical teams. In addition, a national UNV is assisting the MoH in coordinating and assigning volunteers for medical teams.
- United Nations Population Fund (UNFPA) is coordinating the delivery of Dignity Kits (containing basic supplies) and Reproductive Health emergency kits to help restore the reproductive health capacities of the health sector.

- With the support of PAHO and UNICEF, public awareness and education campaigns have been launched on safe water, sanitation, personal hygiene, prevention of diarrhoea, oral rehydration salts, and post-floods cleanup.
- Both PAHO and UNICEF have been working closely with the Guyana Water Incorporated (GWI) and NGO partners such as OXFAM-UK and the Catholic Relief Services (CRS) to face the challenge of provision of adequate safe water to the affected populations as well as dealing with environmental issues such as disposal of excreta, solid waste management and finding temporary solutions for sanitation. UNICEF has provided 10-litre water containers for 15,000 households as well as static large water tanks used at distribution points.
- Access to food for families affected by the flood has been a major challenge. The Civil Defence Commission and the Food Task Force have been responsible for delivering thousands of hot meals on a daily basis as well as some dry rations in the affected communities and shelters. This effort is complemented by the work of many NGOs, faith-based organisations and associations. The World Food Programme (WFP) is now providing support to this sector. This amounts to some 8,740 15-day family packs distributed through the Red Cross, CDC, the Central Islamic Organisation of Guyana (CIOG), Guyana Citizens Initiative for Flood Relief (GCIFR) and CRS. In the first days of the disaster, UNICEF also provided 600 hampers for distribution through the Food Task Force.
- The JOC and the Shelter Task Force are responsible for supervising the 43 registered shelters. This figure includes shelters run by faith-based organisations and NGOs. UNICEF has been working alongside the JOC to ensure hygiene and sanitation supplies for the estimated 4,000 people living in the shelters. A network of volunteers has also been working with children in the shelters and has provided recreation and education support.
- UNDP responded immediately with an initial amount of US\$ 50,000 in emergency assistance. The UNDP emergency response also included deployment of experienced staff from its Bureau for Crisis Prevention and Recovery (BCPR) to assist Guyana with operational strategies and plans for a smooth transition from the immediate relief phase to intermediate recovery efforts.

## **2.2 HUMANITARIAN CONSEQUENCES**

The flood-affected area is home to close to one half of the country's population. Of this population, at least 50% are women, around one-third is between 0-9 years old and 6% are over 60 years old.

It can be considered that the total population of 290,000 persons (39% of the total population) in 113 villages were affected in some way by the flooding. An estimated 192,000 people experienced flooding in their homes. The national authorities have identified three levels of threat:

<b>Level</b>	<b>Status</b>	<b>Affected Population</b>
Level 1	Homes flooded with relatively easy access to high ground	20,000
Level 2	Homes under water with difficult access but family unwilling to leave	140,000
Level 3	Homes and surrounding areas under water with no access to relief supplies	32,000

The immediate concern of the Government and communities has been to ensure the well being of families and communities by providing assistance for adequate shelter, access to food and safe water, and to prevent the spread of disease.

Assessments are taking place daily by Governmental and United Nations teams, as well as civil society groups such as the GCIFR, the Guyana Red Cross and many community and faith-based organisations.

A number of health facilities became inaccessible and damaged because of the floods. It is estimated that 66% of the health centres were flooded, 33% are out of operation, and 8% have limited functional capacity. The MoH undertook the task of organising mobile health teams to ensure medical assistance to the flood victims and to prevent the outbreak of diseases such as diarrhoea. Access to safe water

has also been a key element in the relief effort. Public education campaigns have focused on the prevention of diseases, treatment of diarrhoea and safe water.

The school system has also been disrupted due to the floods, because many schools are used as shelters. Forty-three registered temporary shelters are being supported by the Guyana Defence Forces and NGOs to accommodate vulnerable families, especially from Level 3 threat. The shelters are being closed as waters recede, and a major concern will be to clean up the schools and ensure that they are safe for children to resume classes.

Although a full agricultural assessment is yet to be done, it is already evident that small farmers have lost much of their means of production, crops, livestock, and in some cases access to their farms.

As the water begins to recede in some areas, the challenge will be to support families as they begin the business of cleaning up and regaining their livelihoods. In particular, it is critical that children can return to school, not only to resume education but also to overcome the trauma of recent events.

Once waters recede, another major concern will be the cleanup and rehabilitation process in flood-affected communities, as well as the rehabilitation of environmental health. The lingering waters littered with waste from septic tanks and latrines, dead animal carcasses and other waste could have a devastating effect in the aftermath of the disaster.

### **3. RESPONSE PLANS**

The United Nations Country Team, in collaboration with the Government and civil society groups, has identified the following priority sectors:

- Health
- Education
- Water and sanitation
- Food
- Agriculture
- Economic recovery and infrastructure
- Coordination and support services

#### **3.1 HEALTH**

The floods have given rise to extensive health threats for the affected population, especially those most vulnerable, namely children, pregnant women and the elderly. In addition, resumption of services is severely hampered by damage to the health facilities.

##### **Objective 1**

The risk of diseases and outbreak of epidemics due to the impact of the floods and exposure to floodwater is reduced.

##### **Activities**

1. Support the establishment of sentinel surveillance systems at selected locations, clinics in the affected areas and strengthen epidemiological surveillance capacity, including surveillance protocols and manuals, laboratory testing facilities and supplies, training of surveillance and laboratory personnel.
2. Support development, publication and broadcasting of public health education and awareness campaigns especially targeted at vulnerable groups such as children, adolescents, and pregnant women, to promote a healthy and safe environment.
3. Vector control programme to prevent dengue through the distribution of impregnated bed nets and public education activities.

##### **Objective 2**

Rapid recovery of health services in flood-affected communities and coping mechanisms of communities and families ensured.

##### **Activities**

1. Establish temporary facilities to provide basic health services and support disease surveillance activities.
2. Rehabilitate existing health facilities, including removal of debris, cleaning and sanitizing, repair of damage to physical structure, replacement of damaged and unusable equipment and furniture, water and electrical facilities, and restock drugs, medical and office supplies.
3. Re-establish mother and child health services and reproductive health care for women and adolescent girls.

##### **Expected impact**

1. 200,000 people have access to basic health services, of whom 90,000 children have access to curative and preventative health care.
2. Reduction of incidences of communicable and water-related diseases.

HEALTH			US\$
PAHO GUY-05/H01	Project Title: Disease Surveillance		320,000
	Objective: The risk of diseases and outbreak of epidemics is reduced		
	Beneficiaries: 100,000 people in the affected area	Partner: Ministry of Health	
PAHO GUY-05/H02A	Project Title: Rehabilitation of Health Services		PAHO 150,000
	Objective: Rapid recovery of health services in flood affected communities and coping mechanisms of community and family ensured		
	Beneficiaries: 100,000 people in affected area, especially women, children and adolescents.	Partner: Ministry of Health	
UNICEF GUY-05/H02B	UNICEF 100,000		
UNFPA GUY-05/H02C		UNFPA 60,000	

### Psycho-Social Support

The massive and prolonged flooding meant that affected families experienced the trauma of the floods as well as the disruption of their daily lives, the loss of personal belongings and damage to their homes. For children especially this can create a sense of insecurity and confusion. The trauma linked to the floods and the fact that many people now live in congested settings also is a source of stress and can possibly contribute to violence and abuse, especially against women and children.

### Objective

Reduce the negative psycho-social impact of the disaster on families, especially children, as well as on care-givers and aid workers.

### Activities

1. Provide training for teachers, health workers, community leaders and care givers in psycho-social skills.
2. Support the integration of psycho-social and mental health services in the primary health care system and schools in the flooded communities.
3. Strengthen the National Mental Health Care institutions to ensure supportive supervision of front-line workers and ensure effective referral systems.
4. Ensure the creation of child-friendly environments in the temporary shelters, schools and community spaces to ensure children recover rapidly from the trauma.

### Expected impact

40,000 women, children and their families affected by the flood have access to psycho-social support through the educational system and community services. Mental health care services integrated into 24 local health centres serving the affected population of about 200,000. Supervision and referral system in place.

HEALTH			US\$
UNICEF GUY-05/H03A	Project Title: Psycho-social response		UNICEF 150,000
	Objective: Development of people's awareness, capacity, skills and mechanisms to cope with their emotional, psychological and behavioral needs		
PAHO GUY-05/H03B	Beneficiaries: 200,000 persons	Partners: Ministries of Health, Human Services and Social Security	PAHO 20,000

### 3.2 EDUCATION

83,000 children and adolescents are unable to attend classes, due to unsafe and unhealthy school environments, and have had their lives and social contacts disrupted.

#### Objective

Rehabilitation and creation of safe and healthy learning environments for children and adolescents in flood affected areas.

#### Activities

1. Cleaning up and rehabilitation of nursery, primary and secondary schools in affected areas.
2. Development of a rehabilitation programme for sanitation and environmental health at schools in affected areas in collaboration with school authorities, Parent-Teacher Associations, Village Democratic Councils and NGOs.
3. Expansion of existing healthy schools programmes, including developing teaching materials and training of teachers, implementing education programmes on healthy practices for healthy children and communities, including the promotion of safe water, dental health, vision, deworming and food safety.
4. Through the healthy schools initiative and health and family life education, ensuring post-flood psycho-social support to children and their families.

#### Expected impact

82,000 children and adolescents in affected areas have access to safe, healthy and stimulating learning environments.

EDUCATION				US\$
UNICEF GUY-05/E01	Project Title: Recovery of Healthy Schools			350,000
	Objective: Rehabilitation and creation of safe and healthy learning environments for children and adolescents in flood-affected areas			
	Beneficiaries: 83,000 children and adolescents in flood-affected areas		Partners: Ministry of Education, Parent Teach Associations (PTAs), Regional Democratic Council (RDC), National Demobilisation Commissions (NDCs).	

### 3.3 WATER AND SANITATION

The floods have rendered four drinking water pumping stations out of operation and reduced the operating capacity of the GWI by 25%. Drinking water has to be distributed by trucks to temporary community water storage tanks. Most of the sanitary facilities, septic tanks and latrines have become inoperable, and indiscriminate disposal of human excreta adds to the health threats.

#### Objective

Children, families and communities in flood-affected areas have access to adequate amounts of safe drinking water and sanitary environment.

#### Activities

1. Rehabilitate disinfection unit at the water treatment plant and four water pumping station of GWI.
2. Improve temporary water storage/collection facilities in collaboration with GWI, i.e. deploy 400 US gallons water tanks on ramp with at least four tap points.
3. Train locally recruited water marshals with mandate to supervise the communal water storage and distribution facilities.
4. Campaign to clean up and disinfect water storage facilities at community level.
5. Promote and support the improvement and expansion of a sustainable water disinfection programme.
6. Strengthen capacity to monitor drinking water quality, chemical, physical and bacteriological parameters, in distribution system and at household level.
7. Construction of temporary sanitation solutions at the community level according to the different scenarios in the flooded areas and with adaptations for small children. Users will take responsibilities for the management and maintenance of the facilities in an equitable way.

8. Construction or rehabilitation of latrines, bathing and washing places and drainage on a self help basis with material and tools in collaboration with the Village Democratic Council, churches and NGOs.
9. Support a clean-up campaign to remove debris from affected areas after the floods recede, including distribution of cleaning tools and cleansing products to the most vulnerable families.
10. Develop and support a community awareness campaign on water quality, sanitation and hygiene practices, accompanied by distribution of family hygiene kits to vulnerable communities and families based on needs identified at the local level by the Village Democratic Councils, churches and community-based non governmental organisations.
11. Promote the adoption of minimum Water & Environmental Sanitation (WES) standards for all public owned property by local government entities and the collaborative monitoring and evaluation of these by Community Based Organisations (CBOs).

#### Expected impact

92,000 people have equitable access to sufficient quantity of safe water for drinking, cooking and personal and domestic hygiene.

WATER AND SANITATION		US\$
<b>PAHO</b> GUY-05/WS01A  <b>UNICEF</b> GUY-05/WS01B	<b>Project Title:</b> Access to safe drinking water and sanitary environment <b>Objective:</b> Children, families and communities in flood-affected areas have access to adequate amounts of safe drinking water and sanitary environment.	<b>PAHO</b> 200,000  <b>UNICEF</b> 125,000
	<b>Beneficiaries:</b> 92,000 people in affected area, half of whom women and half children. <b>Partners:</b> Ministries of Health, Local Government, GWI Environmental Protection Agency (EPA), OXFAM, City Council, Private Citizen Initiative	

### 3.4 FOOD

As result of the floods, access to food for affected families has been a major challenge and the nutritional situation of children, pregnant and lactating women has worsened. Poorer families have suffered more severe economic impact in terms of access to nutritionally adequate food. Market places have been damaged and hygiene has been compromised. Unsafe foods especially meat products are being sold. Small farmers in the affected areas have lost most of their crops, livestock and means to continue and/or restart production.

#### Objective 1

Provide safe and adequate nutritional feeding to children and pregnant and lactating mothers during the remaining period of the emergency and immediately afterwards.

#### Activity

Provide nutritionally complete feeding to children between the age of six months and five years old as well as for pregnant and lactating mothers.

#### Expected impact

Improved nutritional and health status of 2,000 women and 8,000 children.

#### Objective 2

Ensuring and expand food access and prevent assets depletion during recovery.

#### Activities

1. Provide complementary family rations to families economically affected by the floods (Food for Recovery).
2. Rehabilitate community assets and provide nutrition- and health-related training.

#### Expected impact

Income and basic service assets have been safeguarded. Improved capacity of local government and organisations to establish and manage safe food-assistance programmes

FOOD			US\$
WFP GUY-05/F01	Project Title: Access to safe and nutritious food		400,000
	Objective: Provide safe and adequate nutritional feeding to children and pregnant and lactating mothers during the remaining period of the emergency and immediately afterwards.		
	Beneficiaries: 2,000 women and 8,000 children	Partners: Ministry of Agriculture, Ministry of Health, Civil Defence Commission	
	Objective: Ensure access to nutritionally adequate food for targeted poor families and prevent their assets depletion during recovery		400,000
	Beneficiaries: 2,000 women and 8,000 children	Partners: Ministry of Agriculture, Ministry of Health Ministry of Public Services	

### 3.5 AGRICULTURE

#### Objective

Vulnerable sectors of society, including small farmers, provided with the appropriate technical support and inputs to recover their livelihoods.

#### Activities

1. Conduct a rapid assessment to estimate the magnitude and nature of losses to livelihoods, including crops and livestock farmers.
2. Develop an early recovery plan of action that will include: providing small grants to re-start activities in farming; providing tools and transferring appropriate technology to deal with land clearing and agricultural rehabilitation; providing enhanced veterinary and livestock husbandry services, equipment and materials; providing agricultural inputs such as seeds, fertilizers, chemicals, and replacement stock, feed, and cleaning kits for pens; developing and implementing a pest and disease surveillance programme.

#### Expected impact

These activities are expected to assist farmers – and by extension their families and communities – with the means to restart their livelihood activities, generate income and be less dependent on relief supplies.

AGRICULTURE			US\$
UNDP GUY-05/A01	Project Title: Agricultural recovery for small farmers		250,000
	Objective: To ensure that farmers have access to appropriate resources to recover and return to their livelihood activities.		
	Beneficiaries: 15,000 subsistence farmers	Partners: Government, Ministries, NGOs, community groups	

### 3.6 ECONOMIC RECOVERY AND INFRASTRUCTURE

Recent floods have showed the vulnerability of affected areas and have caused major damages in several sectors. There is a need to support the government to assess the damages and develop, within a transition to recovery framework, a sustainable recovery plan and programme which has at its core the reduction of future risks.

#### Objective

Support to government in the development of a socio-economical assessment and recovery plan.

#### Activities

1. Identification and fielding of sectoral experts for the socio-economic assessments and early recovery plan.
2. Provision of technical and logistical support during the assessments and planning activities.
3. Support to the Government to mobilise resources for the implementation of the early recovery plan.



4. Establishment of a platform for facilitation of broad-based community participation in the transitional recovery period.

#### Expected impact

A better understanding, appreciation and quantification of the magnitude of the flood damage and its effect on the national economy, which would allow for planning of recovery, reconstruction and future developments along the coast.

ECONOMIC RECOVERY AND INFRASTRUCTURE			US\$
UNDP GUY-05/ER/101	Project Title: Socio-economic impact assessment and recovery framework		150,000
	Objective: To generate the relevant information for economic, reconstruction and future development.		
	Beneficiaries: The entire population of Guyana	Partners: Government, Private Sector, United Nations Agencies, NGOs, international donors	

### 3.7 COORDINATION AND SUPPORT SERVICES

Lack of resources, weak infrastructure and the severity of the floods have stretched the national capacity to manage disasters and reduce risks. The new rainy season that will come in three months could generate new floods and could therefore exacerbate an already critical situation.

#### Objective

Building and enhancing institutional and human capacities in manage disasters and reduce risks in partnership with relevant actors.

#### Activities

1. Assess possible needs and strategies for strengthening the information management tools of disaster management agencies and sector ministries, including electronic databases such as GIS information, available response and information resources.
2. Build the capacity of disaster management agencies to prepare and disseminate information to the public and other national, regional and international stakeholders.
3. Assist in the establishment of a community-based monitoring system.
4. Develop the capacity to collect, assess and analyse data.
5. Provide equipment and materials to a fully responsive 24-hour coordination centre.
6. Build capacity to operate and manage the coordination centre.
7. Provide relevant communications equipment such as Ultra High Frequency (UHF), Very High Frequency (VHF) and single frequency radios and equipment to set up the base station.
8. Provide training in establishing and managing shelters.

#### Expected impact

Early warning and more accurate rapid assessment of impending emergencies and disasters, areas affected, humanitarian needs and responses required, thus reducing the threat to the livelihoods, health and safety of the population in the affected areas. Enhanced capacity to coordinate assessments, information gathering and dissemination both at national and community level.

COORDINATION AND SUPPORT SERVICES			US\$
UNDP GUY-05/CSS01	Project Title: Capacity Building for Emergency and Preparedness		300,000
	Objective: To strengthen the institutional and human capacity to prepare for and respond in a coordinated manner to emergencies and disasters		
	Beneficiaries: Populations in high-risk areas.	Partners: Government, United Nations Agencies NGOs and Community Groups	

#### **4. ROLES AND RESPONSIBILITIES**

In response to the floods, the President of Guyana immediately established a coordination committee with five Emergency Task Forces to address priority actions required. The Government also activated the JOC, which has supported the CDC in ensuring relief coordination and implementation. An appeal was also made for assistance to the international community, as well Guyanese organisations and the private sector.

Donors have already provided initial funding support to United Nations agencies, the Red Cross as well as directly to the Government.

The United Nations Disaster Management Team (UNDMT) was activated from the onset of the emergency and has met regularly under the leadership of the United Nations Resident Coordinator.

In addition, agencies such the Food and Agriculture Organization (FAO), the Economic Commission for Latin America (ECLAC) and the International Labour Organisation (ILO) will work in partnership in the relief effort, especially in transition activities and in the assessment of damage and rehabilitation needs.

The Guyana Red Cross Society has worked closely with other partners in providing relief assistance and working in the health, water and sanitation sectors. On 24 January, the Federation of Red Cross and Red Crescent Societies (IFRC) issued an appeal for US\$ 1.7 million to assist 30,000 beneficiaries for six months.

Bilateral actors and international non-governmental organisations (INGOs), including in particular the United Kingdom/Department for International Development (DFID), CRS and OXFAM, and national organisations, such as the Rotary and Lions Club, have been involved in the relief effort. The civil society-based organisation GCIFR was established early on in the emergency and has been instrumental in assessing affected villages and analysing resources available and needs.

**ANNEX I.****ACRONYMS AND ABBREVIATIONS**

BCPR	Bureau for Crisis Prevention and Recovery
CBOs	Community Based Organisations
CDC	Civil Defence Committee
CIOG	Central Islamic Organisation of Guyana
cm	centimetre
CRS	Catholic Relief Services
DFID	Department for International Development
ECLAC	Economic Commission for Latin America
EPA	Environmental Protection Agency
FAO	Food and Agriculture Organization
GCIFR	Guyana Citizens Initiative for Flood Relief
GDF	Guyana Defence Force
GWI	Guyana Water Incorporated
IFRC	Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organisation
INGO	International Non-Governmental Organisation
JOC	Joint Operations Centre
km	kilometre
NDCs	National Demobilisation Commissions
NGO	Non-Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OXFAM-UK	OXFAM-United Kingdom
PAHO	Pan American Health Organisation
PTAs	Parent Teach Associations
RDC	Regional Democratic Council
SUMA	Supply Management System
UHF	Ultra High Frequency
UN	United Nations
UNDAC	United Nations Disaster Assessment and Coordination
UNDMT	United Nations Disaster Management Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteers
VHF	Very High Frequency
WFP	World Food Programme
WES	Water & Environmental Sanitation
WHO	World Health Organization

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