

LESSONS LEARNED – THE ROLE OF THE NON-PROFIT SECTOR IN EMERGENCY PLANNING IN CANADA

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(Manitoba Health)**

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Context

The Manitoba Non-Profit Sector consists of over 8,000 organizations in 11 sub-sectors throughout the province. It is thought that a small percentage of these organizations, which are governed by a volunteer board of directors are actively involved in emergency service delivery and therefore may not see themselves at this point in time of having an emergency management role in the pandemic planning process. Also, these organizations may not have a range of capacities specifically oriented to emergencies. However, based on their missions and their commitments to serving a range of vulnerable populations (youth, seniors, to immigrants and refugees) it is believed they will continue to provide services during emergencies. The important question this paper is trying to answer is how do we better equip these organizations, their boards and staff to become an asset to the pandemic planning process, province-wide?

The Equity and Ethics committee of Manitoba Health has identified that the current pandemic planning process would be enhanced if those community-based services and their assets to diverse vulnerable populations in the Manitoba's non-profit sector would become involved in a more direct way, taking into account some of the best practices that this paper has identified..

In order to better understand the Manitoba non-profit sector's role in emergencies, and the opportunities to bring the sector into Manitoba's pandemic planning process, this short summary on "best practices" from the Canadian and American perspective was prepared. Also, a list of important questions are provided to have us think about what other elements in planning in the future we must take into account.

The intent of this paper was to provide an understanding of ways in which to integrate the sector services into the planning process in the short and long-term.

Canadian Literature on the “Best Practices” of the Non-Profit Sector in Emergency Planning and Management

Role of the non-profit sector in emergenciesⁱ

- **Critical foundational lessons:**
 - The non-profit sector are important players in emergency management; they are often at the scene of a disaster very quickly
 - they know specific communities and how to engage community leaders
 - they can mobilize large number of trained volunteers quickly and manage them effectively
 - they have access to suppliers and are trusted mechanisms through which people donate money and goods
 - prior to an emergency, they are working in their communities to mitigate hazards and address many community issues in building resilient communities and supporting vulnerable populations (this is a complex process requiring many players – it does not see emergency planning as a linear process (beginning with mitigation and ending with recovery; it is a continuous cycle)
 - These community organizations are not substitutes for governments and cannot act alone and are partners with governments in mitigation, planning, relief and recovery in emergency management
- **Social Capital, engaged citizens and a strong non-profit sector**
 - An important community asset in mitigation, and effective responses to disasters is a strong non-profit sector and a “good stock” of social capital of trusted networks and relationships that are created in community and reinforced through the voluntary action of the sector organizations
 - Engaged citizens are more likely to take responsibility for themselves and others in hazard mitigation and recovery (they are involved in building community resilience)
- **Sector required capacity building and supports**
 - The sector capacity is related to the per capita investment of governments
 - There is a need to enhance sector service delivery organizational capacity
 - There is a need to enhance the capacity of sector infrastructure organizations; they are able to communicate across broad diversity of organizations, bridge different sets of community actors; they are networks that are central to the concept of “resilient communities”; they support the idea of an empowered community, that are well networked

- **Networking and coordinating**

- The strength of the sector is its diversity and pluralism
- This requires coordination systems and networks that are pre-planned; this has been the exception rather than the norm
- If this is not planned organizations tend to work in their traditional autonomous manner
- The creation of broadly based networks before disasters occur enables sector organizations and governments to recognize and communicate these capacities, and vulnerabilities; learn about each other's skills and capacities; they need to be inclusive; they have distinctive knowledge or connections; this includes small and large community organizations; limit the top down command and control approaches, which are ineffective
- The sector has both horizontal and vertical structures through coalitions, federations, and other shared structures that facilitate communication and coordination within and across sub-sectors
- The creation of cross-sectoral emergency management committee may provide useful means of connecting the sector with local and provincial governments

Provision of Services

- **Shifting paradigms:**

- Previous thinking was the emphasis on organizations that were mandated with explicit emergency responsibilities (i.e. Red Cross, St. John Ambulance, etc.) to a wide range of sector organizations that provide a continuity of services, particularly if focused on vulnerable populations and are engaged in building more resilient communities
 - Governments are actively involved in supporting the enhancement of skills and collective capacities in sector emergency management and mitigation.
- The complex inter-sections between causes and effects of emergencies have caused emergency planning organizations to realize that it is hard to "neatly" define these as pure health emergencies; they impact a broad range of community services and use of physical infrastructure
 - A significant challenge in bringing the assets of these community organizations to the emergency planning process is that these organizations are mostly invisible (never identified and usually underplayed within emergency management activity)
 - The involvement of community organizations in emergency frameworks are better documented in the US than in Canada

Management of Episodic Volunteersⁱⁱ

- Episodic volunteers are retained when the organization applies management practices, investments in volunteer resources, the value identified that brings value to the organization and being in a positive climate
- Unaffiliated volunteers
 - Must be referred from an agency and be fully screened and not rely on prior screening; referred volunteers can be fast tracked if prior experience demonstrates transferable skills
 - Recruitment will probably occur passively or through mass media
 - They should be assigned tasks which require minimum level of screening (not with vulnerable populations at all) and require minimal amounts of training
 - They should not be placed alone or without supervision and support in sensitive or confidential areas (no access to confidential information, secure locations, and high degree of risk situations
 - They should go through an orientation to the organization and expectations
- Interim volunteers
 - Will come on their own free will. This can be passive or active recruitment
 - May have previous experience, screened or will need to be screened
 - Should be re-oriented by the organization before placement
 - They may already have been trained, but may need further training
 - If previously screened, now placement is at the discretion of the staff from the new organization
- Affiliated volunteers
 - May be recruited actively to help with the influx of unaffiliated or with mitigation or prevention possibilities
 - Should be prescreened and can help with the screening of the unaffiliated and interim volunteers
 - If not active they will need to be re-screened
 - Can provide orientation to newer volunteers
 - They can be placed where they fit best (screeners or intake, if this is one of their skill sets

SELECTED LESSONS LEARNED FROM AMERICAN DISASTERSⁱⁱⁱ

- Expectations of the charitable sector:
 - Can the sector meet donor's expectations, specifically that many donors do not understand that the sector cannot function, let alone raise funds without incurring overhead expenses
 - That the sector is understood to function most effectively as an adjunct to a strong state
 - The media becomes more keenly interested in how charities respond to disasters; reporters need to become much better versed in the operations of complex, far flung organizations
 - Often publics and media hold unrealistic expectations because they have little understanding of charities "basic nature and what they do"
 - Public's understanding of the sector was partly undermined by five factors:
 - Perceived alignment with government's response (generally viewed as inadequate – heightened expectations, often beyond reason)
 - The effect of around-the-clock reporting on the perceived importance of philanthropy providing relief (perceived as unrelenting negative media stories)
 - Criticisms from other charities, partly caused by competition
 - Real Capacity of the Sector
 - Non-profit organizations can call more resources from the private sector (money and time)
 - Respond flexibly to gaps resulting from public sector constraints
 - They have clear limits – resource restraints
 - They have potential conflicts between fulfilling their missions and accommodating donor intent

ISSUES IN PLANNING

- The following questions need to be responded to in the pre-planning, dialogue and coordination in disaster preparation:
 - Essential services
 - What would happen if certain service providers suspended services for awhile as they did not want to bear the risk associated with their services during a disaster?
 - What would happen if they “self-selected” to identify themselves as non-essential?
 - Do organizations in the sector have policies or agreements to set out “duty to care” provisions which determine what kinds of services will continue to provide services during a disaster?
 - Business continuity planning
 - Do organizations that are not actively involved in emergency planning have these documents – policies and procedures in place before, during and after a disaster?
 - Are these plans explicit on the ethical considerations of prioritizing services to clients, members or users of their services and who will not be served?
 - Coordination of databases
 - How will organizational databases on clients and the services provided be shared and taking into account what will hamper this sharing due to privacy constraints (useful to the idea of a shared service model during an emergency)?
 - Good governance and legal liability
 - How have the boards of directors and their governance processes established policies that provide direction related to risk management, liability, privacy and business and service contingencies?
 - What processes do they have in place to address succession plans that designate officials and decision makers when they are not able to delegate their own authority? (they will come under more intense scrutiny in their involvement in emergencies)
 - Grantmaking
 - How will the sector and its grant making organizations make it easy to give, disperse money effectively and be transparent during a health emergency?
 - Will the community at-large support and provide financial support to community organizations delivering services during a health emergency or see this as a government responsibility?

References

i Working Paper Series: From Response to Resilience, 1. Understanding Voluntary Organizations in health Emergency Management, prepared for The Office of the Voluntary Sector, Centre for Health promotion, Public Health Agency of Canada, Susan Phillips, Ph.D. and Christopher Stoney, Ph.D.

ii Maintaining the Passion Sustaining the Emergency Response Episodic Volunteer, A collaboration project of voluntary sector agencies with financial support from the Public Health Agency of Canada

iii Charities' Response to Disasters, Expectations and Realities, Marion Fremont-Smith, Elizabeth T. Boris, and C. Eugene Steuerle