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When the hospital is two tents, a table and a chair

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There's a field hospital on a lawn in Jalalabad. The hospital was a table and a chair. "That was all, because there was no furniture left here," says one of the survivors of the earthquake which has left scarcely anything standing in this valley about 150 kilometres from Islamabad. Towards the end of the week, the army brought tents. "Now we have a proper functioning hospital." Two tents, a table and a chair.

Only the men and those too ill to leave have not been evacuated. "About 2000 to 3000 are left, living in tents." The valley is a graveyard, he adds.

He is the brother of a consultant paediatrician in Islamabad, Dr Sajid Saraf, who left the city instantly, bringing what medicines he could muster to treat people suffering from broken bones, head injuries, fever and trauma.

Against all the odds, Dr Sajid Saraf has access to a phone in his brother's home that still works. In front of his brother's house is a field hospital and a food distribution centre. Thus, they are able to be the hub of an aid axis, co-ordinating relief and networking with a group of 90 doctors in Pakistan who have offered to help. Some of these doctors have been able to reach Jalalabad swiftly.

The brothers say: "We are working for the people – we belong to the people." When those trying to help reach their limit, they are organising replacements from Islamabad.

These doctors have already been trained by a British child and maternal health charity. They have become experts on emergency: it happens every day in Pakistan – 2000 children die there each day, and 11,000 mothers die every year. These are daily disasters but, of course, they disappear from "disaster relief" because they are only the emergencies of everyday life.

Lest we forget, the Asia earthquake area happens to be in a war zone. Pakistan spends 80% of its GDP on debt and defence. Britain's aerospace industry is selling advanced Hawk training jets worth $1.7bn to its enemy, India, and Britain sells arms to both sides in the Kashmir conflict. Britain profits from the war that consumes their income. Pakistan is a nuclear power, but it spends less than 1% of GDP on health.

The doctors who, like Sajid Saraf, dispatched themselves immediately to the disaster zone, are providing an infrastructure without which basic medical help might not reach many areas, particularly places now cut off by rains and freezing cold.

However, their experience exposes a dilemma at the heart of the amazing response to this earthquake. These doctors have been empowered by a small, specialist charity in Britain, Child Advocacy International. Its Pakistan headquarters are in Islamabad, and so, by serendipity, are close to the landscape devastated by the earthquake. They have received specialist training to set up modest and sustainable services to address the crisis of child and maternal mortality in their country.

The charity's expertise extends from war to disasters and deserts, empowering local health workers to create appropriate services.

If we were talking capitalism, we'd be talking about niche marketing rather than mass marketing. The doctors are trained to train others, to educate patients and professionals, and to tailor useful services to specific needs; they're local, speak the language, know the terrain and – vital in a national catastrophe – they are instantly available. But when disaster strikes, the charities that support them are often marginalised.

In Britain, the aid effort for the Asia earthquake is co-ordinated by the Disasters Emergency Committee (DEC), a body that brings together the dozen biggest aid charities. The big charities sit on the committee because they're big. But that doesn't mean that their people are on the spot, on the precarious ledge of a hillside village, at the other end of a devastated valley, able to drop everything to make their way through the mangled landscape into the disaster zone.

Dr Sajid Saraf made his way to Jalalabad with all speed because he could: he was near, he knew how to get there, he used his own resources and some money Child Advocacy International dispatched immediately to muster all the medicines he could. But the charity with which he works is not part of the big charity conglomerate. It can't access the many millions of pounds being raised as we speak – because it isn't big enough. It doesn't have the £1m annual turnover needed to qualify.

Brendan Gormley, of the DEC, counters that it is up to such charities to "create the alliances that can maximise this work". The DEC, he adds, has a duty to make sure that money is spent well, and that it is accounted for. And he is "confident that our members have the capacity to forge relationships". What the DEC asks the little charities to do is persuade a biggie to be a partner. By twinning, they could access the disaster funds.

But there is a problem: which organisation, in a disaster, wants to trundle through that process? After all, they're in the middle of a catastrophe, a moment when both time and money are of the essence.

A health charity working in Sri Lanka found itself bidding for partnership with a big DEC beneficiary after the tsunami, only to learn that the beneficiary was too busy. Charities doing development work are thus denied resources collected for disasters. But the work they perform in some of the most desperate places on the planet is done because under-development constitutes a disaster; where everday life is a state of emotional and economic starvation.

In the absence of resourced global institutions and universal ethics, catastrophes could be consolidating mass organisations at the expense of niche organisations, the small and specialist; clustering all the funds for the big disasters, but not necessarily enhancing our awareness or investment in the development issues that compound the disasters.

By now veterans of war zones and floods are saying what should be obvious: we need somebody – maybe the DEC – to map the charity activism throughout the zones at risk, to create the database that, when disaster strikes, can constitute the capillaries through which the aid can reach the people already there.

Our collective consciousness is transformed by 24-hour television news and our goodwill is translated into mighty generosity. Ordinary people have an amazing capacity for solidarity. People's giving is organised through the Disasters Emergency Committee. We don't choose who does it, whether an NGO, the state or the UN: we just want it done. We have to trust the DEC to do that well. And we should be able to trust that the DEC and the biggies operate, truly, as a coalition, not a cartel.