Health Promotion role in disaster management

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GUNUNG API

BANJIR
Emergency and Disaster Hazard Mapping, Indonesia

(Emergency Supermarket)

Type of Emergency and Disaster

1. Volcano
2. Earthquake
3. Flood
4. Landslide
5. Hurricane
6. Conflict
7. Terrorism
8. Environment Pollution
9. Disease outbreak
10. atomic
11. Drought
12. Industrial accident
13. Tsunami
14. Transportation Accident

The Differences

(earthquake)

<table>
<thead>
<tr>
<th></th>
<th>Aceh</th>
<th>Yogy</th>
<th>Nias</th>
<th>Nabire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earth Quake Scale</td>
<td>8,9</td>
<td>5,7/6,1</td>
<td>7,6/8,2</td>
<td>6,9</td>
</tr>
<tr>
<td>Victims – death</td>
<td>120000</td>
<td>&gt; 5000</td>
<td>1350</td>
<td>38</td>
</tr>
<tr>
<td>- injured</td>
<td>4632</td>
<td>151225</td>
<td>??</td>
<td>6744</td>
</tr>
<tr>
<td>Affected area</td>
<td>Wide</td>
<td>Average</td>
<td>Average</td>
<td>average</td>
</tr>
<tr>
<td>Structural function</td>
<td>Mostly collapse</td>
<td>Not collapse</td>
<td>Not collapse</td>
<td>Not collapse</td>
</tr>
<tr>
<td>Functional</td>
<td>Mostly collapse</td>
<td>mildly collapse</td>
<td>mildly collapse</td>
<td>Collapse</td>
</tr>
<tr>
<td>IDP’s</td>
<td>18400</td>
<td>2111872</td>
<td>13139</td>
<td>??</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Difficult</td>
<td>Not difficult</td>
<td>Moderate</td>
<td>Difficult</td>
</tr>
<tr>
<td>Security problem</td>
<td>Insecure</td>
<td>Secure</td>
<td>Secure</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

Aceh: 1, 2, 3, 4, 5, 11, 12, 13, 14
Yogy: 1, 2, 3, 4, 5, 6, 7, 11, 12, 13, 14
Nias: 1, 2, 3, 4, 5, 6, 7, 11, 12, 13, 14
Nabire: 1, 2, 3, 4, 5, 6, 7, 11, 12, 13, 14

Earthquake Scale 1: Nabire, Nias, Aceh, Yogy
WELCOME TO THE DISASTER MALL
Does Health Promotion has a role in disaster management?

Health Promotion Mainframe

• “Health promotion is the process of enabling people to increase control over, and to improve, their health” (Ottawa Charter 1986).

• Five Key Action Areas:
  – Build Healthy Public Policy
  – Create Supportive Environments
  – Strengthen Community Actions
  – Develop Personal Skills
  – Reorient Health Services
The fundamental conditions and resources for health

- Peace,
- Shelter,
- Education,
- Food,
- Income,
- A stable eco-system,
- Sustainable resources,
- Social justice, and equity

Bangkok Charter

- Make health promotion a key focus of communities and civil society
  - Communities and civil society often lead in initiating, shaping and undertaking health promotion.
  - They need to have the rights, resources and opportunities to enable their contributions to be amplified and sustained
- Both normal – emergency / disaster situation
Importance of Health Promotion in Emergencies/Disasters

• Emphasizing the public health impact of the issue.
• In the context of emergency/disasters management,
  – HP involves working with people to prevent, prepare for, and respond to disasters to reduce risks, increase resilience and mitigate the impact of disaster on health.
• Community participation, therefore, is the basis of successful HP in such disaster situation
Community Participation in emergency/disaster situation

• **Emergency Prevention and Preparedness:**
  - Community participation in assessing risks & vulnerability;
  - Promoting awareness of environmental hazards and safety consciousness;
  - Strengthening community resilience and organization.
  - Awareness raising and training are the cornerstones.

• **Emergency response and recovery:**
  - Community participation in the response phase in the immediate aftermath of disaster;
  - Ensuring sustainable and incremental improvements in environmental health
### Summary of the Role of Health Promotion Professionals in various phases

<table>
<thead>
<tr>
<th>Preparedness</th>
<th>Response</th>
<th>Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organize community for making them health and safety conscious</td>
<td>Provide “how to” information, promote awareness</td>
<td>Gradual blending into more stable condition</td>
</tr>
<tr>
<td>Define pop at risk and their level of risk</td>
<td>Specify the consequences of the condition and recommended action</td>
<td>Assessment of individuals/groups who may require long term care</td>
</tr>
<tr>
<td>Tailor risk information based on an individual’s characteristics</td>
<td>Adjustments of health promotion activities to prevailing health conditions and scarcities</td>
<td>Ensuring that the rebuilding process is ‘health focused’</td>
</tr>
<tr>
<td>Help the individual develop her/his own perception of risk</td>
<td>Need to deal with psychosocial problems of the situation</td>
<td>Use of messages based on problems/practices associated with recovery phase</td>
</tr>
<tr>
<td>Adaptation of methodologies to actual and potential needs</td>
<td>Identification of specific messages &amp; communication methods appropriate to the situation</td>
<td>Psychological rehabilitation and long term support</td>
</tr>
<tr>
<td>Promoting good health practices in community development</td>
<td>Provide training and guidance in performing action</td>
<td>Focus on disaster preparedness and prevention</td>
</tr>
</tbody>
</table>

### Assessing and mitigating FAQ

- Which specific practices are placing health at risks?
- Which is the most vulnerable group of population?
- What could motivate the adoption of safe practices?
- Who should be targeted by the program?
- How can one communicate with these groups?
Coordination—the real challenge?

- Duplication and wastage of scarce resources.
- Often community needs are not assessed—they receive the support we perceive they need not what their real needs are.
- Non-synthesis of information
- Donors’ driven agenda?
- Government’s “over-reliance” on relief agencies.
### Some Critical Public Health Areas where health promotion professionals can play a critical role

- Generating data and information on the effectiveness of interventions
- Environmental Hygiene (water, sanitation, housing, etc)
- Mental health promotion
- Immunization-Maternal and Child Care
- Prevention of epidemics
- Care of patients with chronic illnesses
- Calculating trends
- Engaging media as an active partner

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**Summary of the Hyogo Framework for action 2005-2015**

**Building the resilience of nations and communities to disasters**

(3) **Expected outcome**

- The substantial reduction of disaster losses in live and in the social, economic and environmental assets of communities and countries

<table>
<thead>
<tr>
<th>Strategic to goal</th>
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<tbody>
<tr>
<td>The integration of disaster risk reduction into sustainable development policies and planning</td>
</tr>
<tr>
<td>Development and strengthening of institutional mechanisms and capacities to build resilience to hazards</td>
</tr>
<tr>
<td>The systematic incorporation of risk reduction approach into the implementation of emergency preparedness resources and recovery programmes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priorities of action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ensure that disaster risk reduction (DRR) is a national and a local priority with a strong institutional basis for implementation</td>
</tr>
<tr>
<td>2. Identify and assess disaster risks and enhance early warning</td>
</tr>
<tr>
<td>3. Use knowledge, innovation and education to build a culture of safety and resilience at all levels</td>
</tr>
<tr>
<td>4. Reduce the underlying risk factors</td>
</tr>
<tr>
<td>5. Strengthen disaster preparedness for effective response at all levels</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DRR institutional mechanisms (national platforms) and designated responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRR part of development policies and planning sector-wise and multisector</td>
</tr>
<tr>
<td>Legislation to support DRR</td>
</tr>
<tr>
<td>Decentralisation of responsibilities and resources</td>
</tr>
<tr>
<td>Assessment of human resources and capacities</td>
</tr>
<tr>
<td>Disaster preparedness and mitigation</td>
</tr>
<tr>
<td>Community participation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sustainable development policy, technical and institutional capacities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialogue and information exchange between disaster managers and development sectors</td>
</tr>
<tr>
<td>Regional approaches to disaster response with risk management focal points</td>
</tr>
<tr>
<td>Review and exercise preparedness and contingency plans</td>
</tr>
<tr>
<td>Emergency fund</td>
</tr>
<tr>
<td>Volunteerism and participation</td>
</tr>
</tbody>
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www.unisdr.org
The integration of disaster risk reduction into sustainable development policies and planning

Expected outcome
The substantial reduction of disaster losses in live and in the social, economic and environmental assets of communities and countries

Development and strengthening of institution mechanisms and capacities to build resilience to hazards

The systematic incorporation of risk reduction approach into the implementation of emergency preparedness resources and recovery programmes

Model Perencanaan Promkes

Risk & Emergency Preparedness

Need Assessment

Evaluation & Impact measurement

Monitoring

Planning & Objective Set

Implementation

Need Assessment Analysis

Event

Planning & Objective Set

Implementation

Normal
7 STEPS TO EFFECTIVE MEDIA COMMUNICATION DURING PUBLIC HEALTH EMERGENCIES

**STEP 1: Assess media needs, media constraints, and internal mediacapabilities**
1.1 Assess needs of the media
1.2 Assess constraints of the media
1.3 Assess internal media relations capabilities

**STEP 2: Develop goals, plans and strategies**
2.1 Develop a media communication plan
2.2 Develop an overall media communication plan
2.3 Develop a media communication plan
2.4 Develop a media communication plan

**STEP 3: Train communicators**
3.1 Train the media communication team
3.2 Train a public information officer
3.3 Train designated field public person

**STEP 4: Prepare messages**
4.1 Prepare lists of key messages and key themes
4.2 Prepare key and concise messages
4.3 Prepare targeted messages

**STEP 5: Identify media outlets and media activities**
5.1 Identify available media outlets
5.2 Identify the most effective media outlets
5.3 Identify media activities for the next 24-72 hours

**STEP 6: Deliver messages**
6.1 Deliver clear and concise messages
6.2 Deliver messages to maintain credibility
6.3 Deliver targeted messages

**STEP 7: Evaluate messages and performances**
7.1 Evaluate message delivery and media coverage
7.2 Evaluate and improve performance based on feedback
7.3 Evaluate public responses to messages

When talking with the media, questions often asked include:
- What is it about?
- Who is at fault?
- Who is responsible?
- What happened?
- Where is the truth?
- How long this happened?
- Where is the truth?
- Where will it happen?
- Why wasn’t it prevented?
- What happened again?

See WHO handbook for a full list of 27 frequently asked questions.

When wanting to return to key points or to direct the communication, examples of "bridging" statements include:
- And what's most important to know is...
- Remember what’s most important to look at is...
- Remember, the real issue here is...
- And what this all means is...
- And what’s most important to remember is...
- What will it mean if we take a look back...
- If we take a step back...
- If we look at the big picture...
- Let me spell this out in perspective...
- What will this information tell us...
- What will this information tell us...
- Let’s return to the previous.
- It’s an important point because...
- What will it all add up to...
- The bottom line is...

See WHO handbook for a full list of bridging statements.

Terimakasih
Need Assessment: Dili – East Timor

- Rencana survey
- Diadakan pelatihan surveyor 3 hr dan uji coba
- 1 minggu survey sanitasi di 180 rumah tangga Dili
- 1 - 2 minggu kompilasi dan analisis hasil
- Data tidak adekuat (reliabilitas dan validitas?)
- Setelah 3 minggu pasca konflik situasi telah berubah dengan cepat
- Hasil survey tidak lagi relevan

- Situasi berubah dengan sangat cepat
  - Need assessment perlu metode dan kerja yang cepat

Spontaneous organization by Salvadoran refugees

- El Salvador refugees, arriving Honduras (1981–1982), quickly set up camp committees responsible for ensuring that their concerns were represented before the United Nations and the nongovernmental organizations that became involved.
- Subcommittees were formed to deal with specific issues, such as public health, sanitation, hygiene and education.
- Refugees who had arrived as illiterate farmers soon acquired effective skills in management, administration and negotiation, and built up a sustainable social structure on which they would build on their return to El Salvador.

Recovery & development in Mexico City

• Post earthquake: 50,000 a house unit reconstruction programme
• In a way that directly involved neighbourhood associations, tenement groups and church organizations in decision-making.
• “Renovación Habitacional Popular” (RHP) Programme created, & fullfil 115,000 new construction jobs for locally workers.
• The reconstruction plans included space for workshops, commercial spaces & houses, & laid the foundation for sustainable livelihoods.
• RHP strengthened public & private sectors alliance (task force)
  – The public sector provided institutional support, a timely flow of information and funds, and shortcuts in bureaucratic procedures.
  – The private sector contributed practical experience in finance, design, construction and management.
• When complete: RHP was dissolved, preventing the institutionalization and bureaucratization of the recovery process.

Nias

• Bulan ke 3-4 (Mitigasi): Need assessment di Nias dan masyarakat Nias di Yogya Masalah kesehatan lingkungan
• Model promosi lomba Tari Maena, radio, dll
• Implementasi di Gunungsitoli dan sekitar
• Desain kerja oleh tokoh dan petugas setempat
• Desain pesan oleh tokoh setempat
• Peserta 5 desa (@30-40 org + official 10-20 org)
• Penonton krlbh 200-400 org
• Hasil perubahan pengetahuan tidak signifikan
  – Pelajaran kajian model promosi efektif dan validitas need assessment
Review : Posyandu Emergency

- Hari ke 4-10 : UGM rapid survey (pemetaan)
- Hari ke 12-17 : rapid survey (need assesment promosi)
  - Balita, bayi dan usila kelompok rentan
  - Kader / Masyarakat siap bangun posyandu
- Hari ke 21 : proposal posyandu emergency
- Hari ke 21- 30 : sosialisasi Proposal
- Minggu ke 5 : UGM, NGO dll implemen di Klaten&Bantul
- Minggu ke 8-10 : > 80% posy.emergency telah berjalan
- Bentuk Posyandu beragam sesuai funding masing-masing & kesulitan monitoring
  - Koordinasi, kerjasama dan kolaborasi kata antar agensi sangat kurang

Bencana Lendakan Pabrik kimia
PT. PETRO WIDADA GRESIK

- 15- 16.00 : Kebakaran dan ledakan, api membesar, asap menyebabkan langit gelap
- 17.15 : PMK& ambulance berdatangan, evakuasi korban
- 19.00 : Warga Gresik Kota Baru mengungsi keluar kota, sebagian ke RSU Bunder pengobatan darurat
- 3 meninggal, 84 luka, pengungsian jangka pendek
- Tangki vassel MA meledak karena tingginya tekanan dan temperatur karena terlalu lama dipakai
- Telah diupayakan upaya pencegahan dengan mengisi air dari 3 saluran yang ada, temperatur tidak turun
  - Upaya pembelajaran dan modifikasi faktor resiko bencana – komunikasi cepat