

Evaluation on Disaster Preparedness



Bastaman Basuki

Department of Community Medicine
Faculty of Medicine, Universitas Indonesia
Jakarta

bbasuki@bit.net.id

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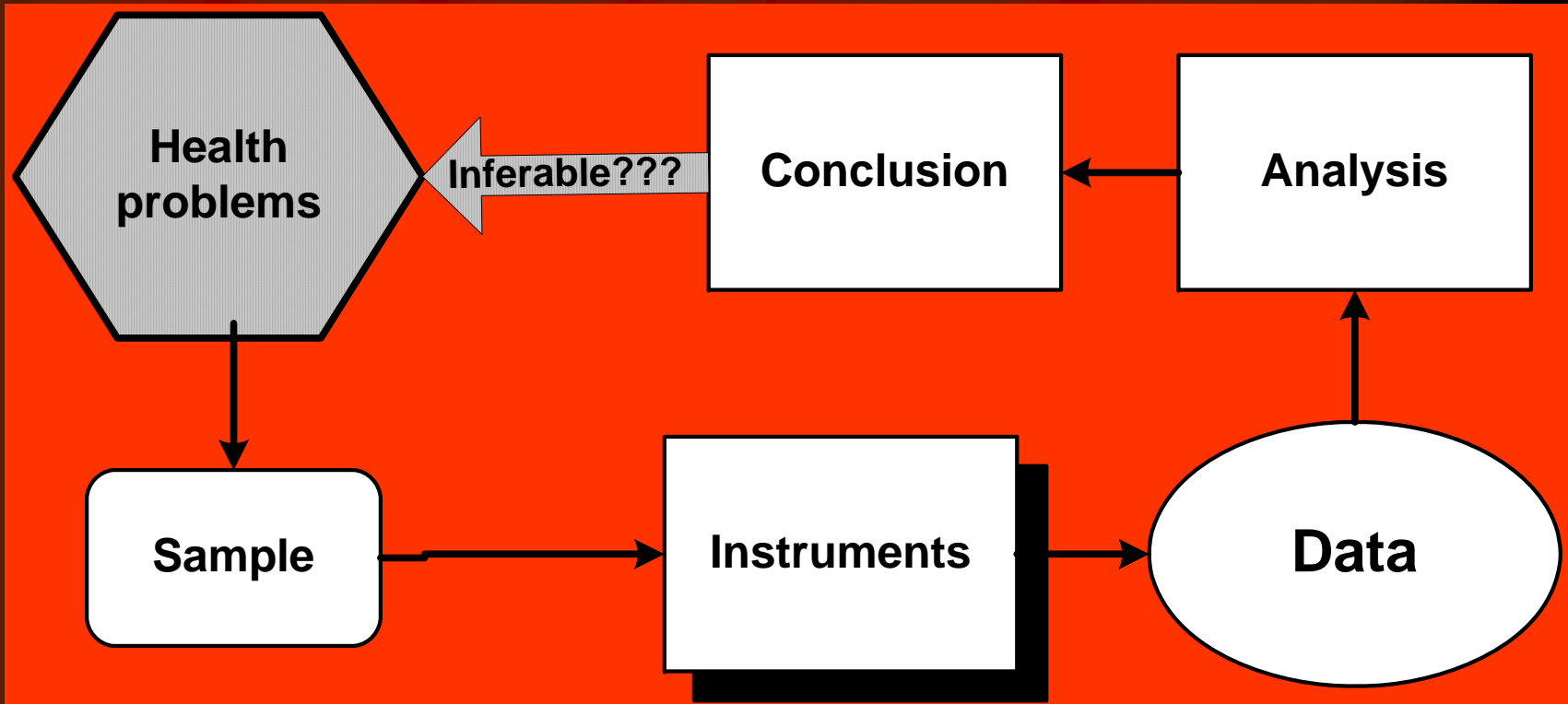
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Think about ...

“A state of emergency preparedness exists when communities are ready and able to cope effectively with the impact and the consequences of most hazards with little or no external assistance.”



Ternate 2002



The methods for disaster evaluation is the same methods with general research proposal

Research proposal

Title

1. Background
2. Objective
 - General objective
 - Specific objectives
 - (Hypothesis)
3. (Benefit}
4. (Conceptual framework}
5. (Most similar studies)

6. Methods

- Dummy tables
- Analysis planning
- Design
- Population and time
- Sample (inclusion and exclusion criteria), sample size, sample selection
- Variables
- Data collection methods
- Data collection instrument
- Operational definition
- Ethics

7. Annex

- Time table
- Budget

A research starts with
a general research question

Example

- **How about disaster preparedness in Indonesia?**

1. Background
2. **Objective**

General objectives:

Specific objectives:

- 1)
- 2)
- 3)
- 4)

The specific objectives of the evaluation are to provide:

- 1) To evaluate of situation or programme achievements in relation to the planned programme objectives, including capacity building in local communities, reduction of vulnerability among target groups, effectiveness (including cost-effectiveness) and sustainability.**
- 2) To assess general capacity building at the programme.**
- 3) To assess general replicability of the programme concept to other areas.**
- 4) To assess the degree of coordination and cooperation with relevant central and local Government Units, local leaders, and with relevant NGO's.**



World Health Organization
(WHO)



Office for the Coordination of
Humanitarian Affairs (OCHA)

Assessment on Emergency Preparedness (AEP) in Disaster Situations

Integrated Approach on Nationwide Preparedness
Republic of Indonesia

A.E.P. Team:

Dr. Jose M. Echevarria (W.H.O.)

Mr. Pierre Bessuges (O.C.H.A.)

Prof. Dr. Bastaman Basuki (W.H.O.)

BACKGROUND

1. Background

2. Objective

- Indonesia has a history of recurrent natural disasters. Areas of Indonesia are at risk for earthquakes, tsunamis, volcanic eruptions, forest fires, floods and landslides, civil disturbances, communal violence. Separatists guerilla warfare have resulted in a high number of internally displaced persons (1,3m IDPs in the country in Nov. 2001).
- The Government of the Republic of Indonesia established a coordinating body for response to both natural and man made disasters.
- In the health sector, the Ministry of Health established the Health Affairs Crisis Center (PPMK), which has the role of coordinating preparedness for and response to disasters.
- The implementation of the laws on decentralization (as of 2001) has made the process of management of resources, both human and financial, between the central and provincial levels much more complex. The roles and responsibilities need to be further clarified, and regulations for disaster management, in particular, need to be established and implemented.
- The Ministry of Health has received technical assistance
.....



General objective:




To assess the state of disaster management, integrated pictures of preparedness and readiness in the country (Indonesia)

Specific objective:

- 1) To identify how well the system has worked or could work**
- 2) To identify potential and real challenges exist**
- 3) To identify improvements or support could be made or provide**

Methods

• Data Collection Methods

- Documents review 
- Semi-structured interviews at all levels (panels)
- Initial workshop 
- Field visits / Provinces visited 
- People met

• Information Analysis Tool

- AEP Framework: 6 entry-points with findings, gaps and conclusions 

Team and resources = 3 AEP team members, supported by National/Local Health Offices or WHO/UNRC on site

Initial workshop in Jakarta





Assessment Entry-points

Emergency Disaster Management Structure and Official Coordination Mechanisms

Spontaneous Coordination Mechanisms

Financial Mechanisms related to emergencies

Logistics, Communication and Access

Health Sector

Information and Human Resource Training



A.E.P. Framework

Disaster-related Characteristics (*hazards and risks in the area, vulnerability and exposure factors, existing infrastructure (roads, dams, seaports, watershed management facilities, shelters, etc.), most recent disaster occurred, response given, others*)

Field Visit Location:

Date:

Team Members:

Resources on-site:

Main Disasters:

- Description of the areas / justification of site visit

Assessment Entry-points

Findings (+/-)

Gaps

Conclusions (+/-)

1. Emergency Disaster Management Structure and Official Coordination Mechanisms

EP&R Structure in charge, Emergency task force / team, Sectors / Actors involved, Organisation chart / distribution of roles, Existing official mechanisms (official documents, decrees and legal texts, routine coordination, ad hoc coordination, standard operational procedures, contingency plans, MoUs and Agreements with other actors, including Police and TNI), emergency trigger, decision-making process, chain of command, others

2. Spontaneous Coordination Mechanisms

Traditional Solidarity habits, coping strategies, ad hoc cooperation with the Police and TNI, religious leaderships, volunteering, others

3. Financial Mechanisms related to emergencies

Existing vertical resource mobilisation channels (from Central to District), Existing horizontal resource mobilisation channels (provinces / districts), Main allocations, others

4. Logistics, Communication and Access

Access, warehouses and storage for food, NFI, drugs, rescue equipment, transport, cold chain, communications (phone, fax, radio SSB, etc), others

5. Health Sector

Official guidelines, Health System, Health facilities and services available, Health staff, Facilities/Areas identified as temporary settlement for affected population in case of emergency, Water sources identified in case normal water sources breaking in the event of emergency / purifying and drinking water emergency kits stocks

6. Information and HR Training

Level of awareness of the population, public information campaign and sensitisation, available human resources training level in emergency preparedness and management

Additional Observations

Field Visit Map

INDONESIA Field Visits Itinerary



23 July 2008

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Results

Positive findings

Fact	Place
Disaster mapping is available at IDP, flood, typhoon, landslides, haze, and earthquake Satkorlak developed <u>guidance and SOP</u> on emergency	North Sumatra
<u>Fast spontaneous emergency response</u> from the local community and neighbourhood districts and other countries during Bengkulu earthquake on 4 June 2000	Bengkulu
Air pollution performed at 2-weeks interval Almost every villages had a <u>fire prevention clubs</u> , and worked together in case of fire	South Kalimantan
Province Health Office established its own health emergency task force PBP SATGAS for IDPs and disasters to identify the short comings and the needs of several sub-districts	North Maluku
<u>SSB radio</u> communication was available at hospitals, districts, and health centres Satlak developed SOP on emergency in 1996	North Maluku, NTT

Source: Echevarria JM, Besuges P, Basuki B. Assessment on Emergency Preparedness (AEP) in Disaster Situations. Jakarta. 23 July 2003. 1A.2002.

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Other Findings

- Good will and efforts in the Government and international donor community, but lack of sensitivity on preparedness, compared to response, at central and provincial levels.
- Meagre coordination mechanisms and communication flows among the public sectors at all levels, and the UN agencies.
- Yearly funds, allocated by the central government for emergency matters, are not sufficient.
- Limited amount of these funds are available to the sub-districts, district, and provincial levels.



Other Findings

- Most of these emergency funds are used for response rather than for preparedness
- Number of qualified staff are clearly insufficient.
- The communities and their leaders are rarely involved in emergency preparedness or management.
- Trainings on emergency preparedness do not have good and standard methodology, and training efforts are not coordinated.



Findings / Conclusions (1)

- Good will and efforts in the Government to reinforce the capability on emergency management.
- Lack of sensitivity on preparedness, compared to response, at central and provincial levels.
- Meagre coordination mechanisms and communication flows among the public sectors at all levels, and the UN agencies.



Findings / Conclusions (2)

- Yearly funds, allocated by the central government for emergency matters, are not sufficient.
- Limited amount of these funds are available to the sub-districts, district, and provincial levels.
- Most of these emergency funds are used for response rather than for preparedness.



Findings / Conclusions (3)

- The PPMK yearly budget as well as its number of qualified staff are clearly insufficient.
- The communities and their leaders are rarely involved in emergency preparedness or management.
- Trainings on emergency preparedness do not have good and standard methodology, and training efforts are not coordinated.



Recommendations (1)

- ✿ National and international institutions must coordinate emergency management activities at all levels.
- ✿ The organisation and the role of the Secretariat of BAKORNAS must be clarified and then, assumed effectively by all members of the Coordination Board.
- ✿ OCHA must reinforce its role as the leading trigger to facilitate and promote coordination and information sharing among government, UN agencies and NGOs.



Recommendations (2)

- ✿ The sustainability of financial and technical support must be assured.
- ✿ The GoI should allocate regular and sufficient funds specifically for emergency preparedness.
- ✿ The international donor community must contribute to the sustainability of emergency preparedness efforts by supporting more effective and long-term projects.



Recommendations (3)

- ✿ Emergency preparedness subject should be included in academic curricula.
- ✿ Sustainable and all-sector endorsed training programs should be conducted at decentralized levels.
- ✿ Socialisation campaigns on emergency preparedness should be undertaken for the population across the country.
- ✿ A comparative study on emergency management in Southeast Asian countries must be conducted.

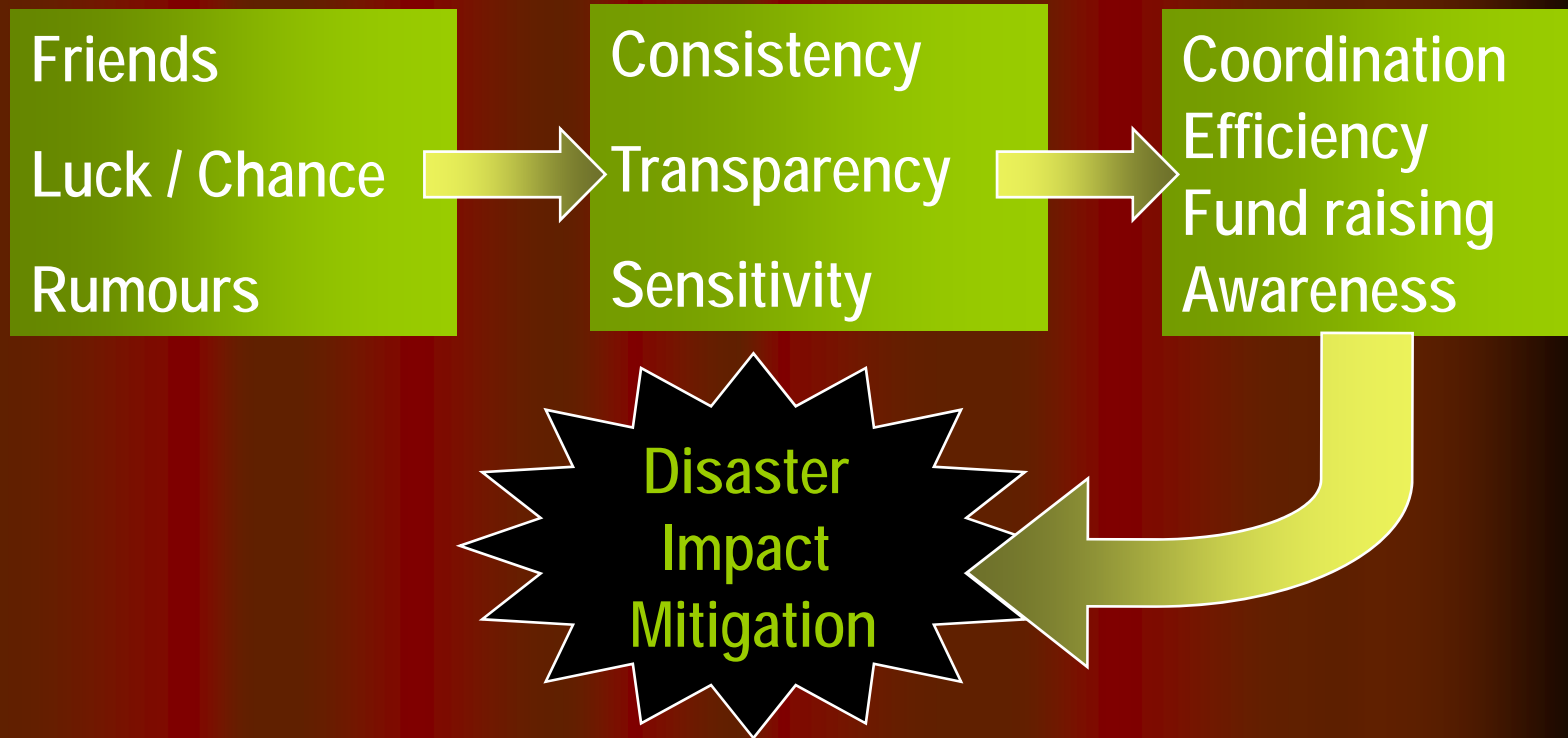


W.H.O. Suggested Action Point

- ☀ WHO must establish an emergency management post to support the PPMK, in order to strengthen the efficiency of the Health Institutions in emergency preparedness and to reach a higher level of effectiveness at decentralized levels.

Open Thoughts...

How to convert ... into... ... To obtain





Thanks for your attention ...