**7th ITC – DRR, International Training on Emergency & Disaster Management - Volcanic Eruption**

The seventh training of ITC-DRR was held on 23 to 29th March 2015 in Medan, Indonesia with objectives: to share and learn on general management aspect of emergency and disasters; update knowledge, skills and practice in coordination; and familiarize with recent advances and other dimensions of emergency response with examples of emergencies due to volcanic eruption.

A total of 32 national and international participants participated from Ministries of Health, academic institutes, hospitals and national disaster management offices. The training was facilitated by experienced facilitators from Ministry of Health, Indonesia, WHO Indonesia, Gadjah Mada University and Brawijaya University.

The training was conducted based on adult learning principles with participatory approach. Training has highlighted importance of team work for emergencies and started with dedicated session on team building. Each session has group work, simulation exercise, cases studies or interactive questions & answers discussion reflecting real disaster/emergency situation in order to make sure that whatever they have learnt in didactic sessions are reflected in practices. Sessions have covered topics of disaster risk reduction and risk communication by MoH expert; field control command system; integrated emergency medical service management; and health cluster coordination by national experts;
IDP management by expert from Ministry of Social Affairs; health staff preparedness in disaster by expert from Adam Malik Hospital, Medan; management of clean water and sanitation in disaster by UNICEF; management of surveillance and communicable diseases in disaster by WHO; management of mental health problem by expert from North Sumatera University, Medan reproductive health in disaster by UNFPA; and pandemic preparedness by expert from BNPB.

Each of the training session was evaluated using various tools like forms, mood meter and interaction with participants by facilitators in a daily basis. Overall based on participants’ evaluation, the training has delivered its desired objectives and achieved its goals and highlighted receiving more benefits from post didactic exercise sessions.

A last day of the training, participants visited IDP camp of Mt Sinabung. The team met with IDPs in camp and discussed with District Secretary, Head of District Health Office, Head of District Social Office and staff of Hospital Kabanjahe.

**Jakarta Flooding Impact in January 2015**

Heavy rainfall, which started on 8 – 9th January 2015 inundated northern part of Jakarta. Local Jakarta Disaster Management Agency (BPBD) reported that flooding has affected 8,382 families or 27,167 persons in 103 urban villages across 34 sub districts.

Due to this flooding WHO EHA National consultant Mr Gde Yogadhipta, with 30 participants and staff of 118 Ambulance Headquarter in Sunter, North Jakarta were trapped in the building. They were participating training on basic life support course. Evacuation was coordinated and conducted with the support of local BPBD, 118 Ambulance team and UNDSS.

Due to continuous rainfall, the water level had reached 1.5 metres and no regular vehicle movements were possible in the flooded street. The water level had receded after two days.

**Team Building Exercise**

Discussion and visit have focused on disaster response due to eruption, IDP camp management and various challenges during response, mitigation and relocation.

**Workshop on development of National Health Cluster Guideline**

The follow up activity of development of National Health Cluster Strategy, which was conducted in 2014, Center for Health Crisis, Ministry of Health is now developing national health cluster guideline with the support from WHO and UN- OCHA.

The meetings were organized to finalize the terms of references of national health cluster, develop national health cluster work plan for 2015 and forming a working group of sub-cluster leads and co-leads and develop national health cluster guideline. Leads will be represented by relevant directorates of government and co-leads will be represented by various national and international organizations including UN agencies.

**Sub-Clusters:**

1. Nutrition
2. Mental Health
3. Disease Control
4. Environmental Health
5. Reproductive Health
6. Drugs and Medical Equipment
7. Medical Service/ Mobile Clinic
8. Dead Victim Identification

IASC Health Cluster guidelines (2009) was translated in Bahasa Indonesia with the support of WHO, which will be adopted according to national context and needs. First draft has been developed and shared with working groups. The workshop is planned on 18th May 2015, Cimacan, West Java to finalize the national guidelines.
Business Continuity Planning (BCP) for Emergencies: Discussion with National Disaster Management Agency (BNPB), Ministry of Marine Affairs and Fisheries and others

During emergencies, the government systems will be overwhelmed and challenged by various factors like staff absenteeism and other limited resources. It is noticed that more than half of the workforce in Liberia is out of work since the start of the Ebola outbreak. It is vital to continue essential services during emergencies.

Having a business continuity plan (BCP) and involving various sectors during planning and implementing the plan during a crisis will assist in providing essential services to the public. A BCP in place will not only help on continuity of services, it also assists in maintain achievements of sustainable development. This applies to all sectors for instance; health, energy, communication, transportation, agriculture and fisheries, education, production etc. WHO Indonesia briefed a concept of BCP to National Disaster Management Agency (BNPB); Ministry of Marine Affairs and Fisheries and other agencies.

In BNPB Training Center in INO-DRTG Sentul area, EHA WHO INO team accompanied by Mr. Dodi Irianto from CHCM-MoH had discussion with Mr. Medi Herlianto, Director of Preparedness, Dr. Bagus Tjahyono, Head of Education and Training Center and Mr. Edi Purba, Head of Human Resource Preparedness sub-Directorate, of BNPB. In Ministry of Marine Affairs and Fisheries, EHA team was accompanied by Ms.Yuniati from CHCM-MOH and had a discussion with Mr. Hendra Yusran Siry, Head of Environmental Disaster Mitigation and Climate Change Impact sub-Directorate.

Discussions have focused on collaboration with WHO – CC, ITC-DRR of Center for Health Crisis, MoH and WHO Indonesia with these agencies on disaster risk reduction and on BCP trainings and planning.

Goal of Sendai Framework 2015 - 2030

"Prevent new and reduce existing disaster risk through the implementation of integrated and inclusive economic, structural, legal, social, health, cultural, educational, environmental, technological, political and institutional measures that prevent and reduce hazard exposure and vulnerability to disaster, increase preparedness for response and recovery, and thus strengthen resilience"

The seven global targets are:

1. Substantially reduce global disaster mortality by 2030, aiming to lower average per 100,000 global mortality between 2020-2030 compared to 2005-2015.
2. Substantially reduce the number of affected people globally by 2030, aiming to lower the average global figure per 100,000 between 2020-2030 compared to 2005-2015.
3. Reduce direct disaster economic loss in relation to global gross domestic product (GDP) by 2030.
4. Substantially reduce disaster damage to critical infrastructure and disruption of basic services, among them health and educational facilities, including through developing their resilience by 2030.

Continued…
EMERGENCY SITUATION HIGHLIGHTS

Landslide in Sukabumi – West Java

- On Saturday, 28 March 2015, 22.30 hrs landslide occurred at Kampung Cimerak, Tegal Panjang Village, Cireunghas Sub-District, Sukabumi District, West Java Province. This landslide was caused by a heavy rain since morning in the area, which is landslide prone due to land conversion.
- Casualties: 12 died, with IDPs of 290 persons in Tegal Panjang Elementary School (update from PPKK Kemenkes 30 March 2015).
- Rapid Health Teams were deployed from Sukabumi DHO and Cireungha Health Center. Evacuation was assisted by local Disaster Management Office (BPBD).
- West Java PHO, Regional Crisis Center Jakarta, Center for Health Crisis Management MoH and WHO Indonesia are in readiness and monitoring the situation.

(this news are available in: http://www.penanggulangankrisis.depkes.go.id/12-orang-tewas-akibat-tanah-longsur)

EHA/INO Contact

Program Assistant: Ms. Kania Safitri Seputro
seputroK@who.int

National Consultant: Mr. Gde Yulian Yogadhitana
yogadhitanya@who.int

Medical Officer: Dr. Nirmal Kandel
kandelN@who.int

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The seven global targets are:

5. Substantially increase the number of countries with national and local disaster risk reduction strategies by 2020.
6. Substantially enhance international cooperation to developing countries through adequate and sustainable support to complement their national actions for implementation of this framework by 2030.
7. Substantially increase the availability of and access to multi-hazard early warning systems and disaster risk information and assessments to the people by 2030.

Sendai conference also introduced four action priorities as followings:

- Understanding disaster risk;
- Strengthening disaster risk governance to manage disaster risk;
- Investing in disaster risk reduction for resilience;
- Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction.

In collaboration with Crisis Center, Ministry of Health Republic of Indonesia