

“দুর্যোগে নিরাপদ হাসপাতাল ও স্বাস্থ্য সেবা নিশ্চিত করি” (Hospitals Safe from Disasters)



গণপ্রজাতন্ত্রী বাংলাদেশ সরকার

আন্তর্জাতিক দুর্যোগ প্রশমন দিবস-২০০৮

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International Day for Disaster Reduction (IDDR)-2008

দুর্যোগ ব্যবস্থাপনা ব্যুরো

খাদ্য ও দুর্যোগ ব্যবস্থাপনা মন্ত্রণালয়



দুর্যোগ ব্যবস্থাপনা ব্যুরো
খাদ্য ও দুর্যোগ ব্যবস্থাপনা মন্ত্রণালয়



উপদেষ্টা

স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

এবং

খাদ্য ও দুর্যোগ ব্যবস্থাপনা মন্ত্রণালয়

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার

বাণী

বিশ্বের অন্যান্য দেশের মত বাংলাদেশেও যথার্থ শুরুত্বের সাথে আন্তর্জাতিক দুর্যোগ প্রশমন দিবস পালিত হচ্ছে। এ বছর দিবসের প্রতিপাদ্য নির্বাচন করা হয়েছে "Hospitals Safe from Disasters"। বাংলাদেশে দুর্যোগ প্রবণতা ও দেশের স্বাস্থ্য স্থাপনাসমূহের বিবেচনায় নির্বাচিত প্রতিপাদ্যটি অত্যন্ত তাৎপর্যপূর্ণ বলে আমি মনে করি।

ভূমিকম্পের ঝুঁকির দিক থেকে বাংলাদেশ শীর্ষে অবস্থান করছে। দেশের জনসংখ্যার তুলনায় হাসপাতালসমূহে শয্যা সংখ্যা সীমিত। ভূমিকম্পের কারণে বা যে কোন প্রাকৃতিক দুর্যোগে আহত অধিক সংখ্যক মানুষকে স্বাস্থ্যসেবা প্রদান করা অত্যন্ত দুর্কর। ভূমিকম্পের কারণে কোন এলাকায় হাসপাতাল ক্ষতিগ্রস্ত হলে সে ক্ষেত্রে মানবিক বিপর্যয় দেখা দেবার আশংকা রয়েছে। এ বিষয়টিকে বিবেচনায় রেখে স্বাস্থ্য অধিদপ্তর ও দুর্যোগ ব্যবস্থাপনা ব্যুরোকে সমন্বিতভাবে কাজ করতে হবে। দুর্যোগের ঝুঁকি বিবেচনায় সরকারি উদ্যোগের পাশাপাশি স্বাস্থ্যসেবা নিশ্চিত করতে বেসরকারি উদ্যোক্তাদেরও এগিয়ে আসতে হবে বলে আমি মনে করি।

আমি আন্তর্জাতিক দুর্যোগ প্রশমন দিবসের সর্বস্বীন সফলতা কামনা করছি

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Hospitals Safe from Disasters

K H Masood Siddiqui

Director General, Disaster management Bureau

Bangladesh is vulnerable to disasters like cyclone, drought, earthquake, flood, and landslide. Population growth, urbanization and industrialization are mainly responsible to some extent in increasing the impact of natural disasters. While vulnerability varies from region to region, causing immense loss of life and property and disruption in the economic growth of Bangladesh. During the last 150 years, seven major earthquakes have affected Bangladesh. Out of the seven earthquakes, two (viz. 1885 and 1918) had their epicenters within Bangladesh. There is, therefore, an urgent need for educating the public and sensitizing the policy-makers and decision-makers about the threat posed by earthquakes in the country.

Particularly, health institutions are some times vulnerable to disaster. Therefore authority has to resolve to take steps to place the mechanism for mitigation and management of disaster on a sound footing with a view to reducing the vulnerability of their premises. The major steps should be taken to train and equip special teams in Hospitals to provide specialized help for search and rescue in complex situation, to give focused attention to safety, to ensure coordinated and rapid response to a disaster when it strikes, to mitigate the impact of earthquake in hospital building and to create awareness among staff so that they may constructively contribute in rescues and relief as first responders.

As we know that this year Global disaster reduction campaign by UNISDR is "Hospital safe from Disasters". The campaign has two main objectives: to promote disaster reduction in health services, and to improve hospital safety by encouraging the application of construction standards that can withstand any kind of natural hazard. The importance of hospitals and health structures goes far beyond the direct life saving and they are also powerful symbol of social progress and prerequisite for social stability and economic development. Protecting these critical structures and services from the avoidable consequences of disasters is critical to meet the Millennium Development Goals. The expert said that, if we consider safety of hospitals during construction of them, it may pose less than 2% of the whole construction budgets, but considering safety of hospitals after building them can pose more than 10% of the whole construction budget and concluded that, we have bring safety consideration in the time of construction of hospitals.

However, we have 4 safety elements in safe hospitals, including structural, non structural, functional and people. The main priorities of safe hospital campaign are:

- * To initiate health system risk assessment and risk analysis.
- * To promote a multi hazard approach
- * To foster collaboration between public and corporate sectors.

In Safe Hospital we do not look forward for strengthening the building of hospitals only, but the whole thing that help hospitals to better react to disasters. Safe hospitals are important not only to prepare safe place for patients and injured but, as a factor of power of government and nation.

The vulnerability of a hospital is more than a medical issue. Other factors must be taken into account: public health, socio-political significance, and the economic aspects. It is possible to reduce the vulnerability of a hospital by raising the levels of life, investment and operational protection not only in existing facilities, but in the plans for new installations as well. It has been proved time and again that disaster mitigation measures pay off when health facilities are able to withstand the effects of devastating disasters and continue to offer their services. Although the financial investment can be high (and it is not always possible to protect an installation against all kinds of disasters), the cost of ignoring the risks can be much higher, not only in terms of money, but more importantly on the loss of human life.

Protecting critical health facilities, particularly hospitals, from the avoidable consequences of disasters, is not only essential for meeting the Millennium Development Goals set by the United Nations, but also a social and political necessity in its own right. This is the message that Safe Hospitals-A Collective Responsibility, A Global Measure of Disaster Reduction, prepared by PAHO/WHO for the UN World Conference on Disaster Reduction. The importance of hospitals goes far beyond the role they play in saving lives after disasters. They are powerful symbols of social progress and a prerequisite for economic development, and as such, special attention must be given for reducing their physical vulnerability.

K H Masood Siddiqui

Director General, Disaster management Bureau



উপদেষ্টা

খাদ্য ও দুর্যোগ ব্যবস্থাপনা মন্ত্রণালয়

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার

বাংলাদেশ সচিবালয়

ঢাকা।

বাণী

আন্তর্জাতিক দুর্যোগ প্রশমন দিবস-২০০৮ উপলক্ষে দুর্যোগ ব্যবস্থাপনা ব্যুরো এবং দুর্যোগ ব্যবস্থাপনায় সম্পৃক্ত এনজিওসমূহ ব্যাপক কর্মসূচি গ্রহণ করেছে যেনে আমি অত্যন্ত আনন্দিত। এ জন্য সংশ্লিষ্ট সকলকে জানাই আন্তরিক অভিনন্দন।

একটি কার্যকর দুর্যোগ ব্যবস্থাপনা গড়ে তুলতে ব্যাপক জনসচেতনতার বিকল্প নেই। এ বছর দিবসের প্রতিপাদ্য 'দুর্যোগে নিরাপদ হাসপাতাল ও স্বাস্থ্যসেবা নিশ্চিত করি'। বাংলাদেশের প্রেক্ষাপটে নির্বাচিত প্রতিপাদ্যটি অত্যন্ত তাৎপর্যপূর্ণ বলে আমি মনে করি। ভবিষ্যতে যেকোন বড় ধরনের দুর্যোগে আহত ব্যক্তিদের জরুরি স্বাস্থ্যসেবাদানের লক্ষ্যে হাসপাতালসমূহের অবকাঠামোগত বিদ্যাপনুতা নিরূপণ ও এর প্রতিকার এবং জরুরি স্বাস্থ্যসেবার পরিকল্পনা গ্রহণ করা প্রয়োজন। আমি আশা করি এ বছর আন্তর্জাতিক দুর্যোগ প্রশমন দিবস পালনের মাধ্যমে দুর্যোগ ব্যবস্থাপনায় দেশে নতুন মাত্রা যোগ হবে।

আমি আন্তর্জাতিক দুর্যোগ প্রশমন দিবস উপলক্ষে গৃহীত কর্মসূচির সর্বস্বীন সফলতা কামনা করছি।

মোহাম্মদ হুসাইন
সচিব

COMMUNITY-BASED APPROACH TO DISASTER RISK REDUCTION

Bangladesh is a disaster-prone country. Bangladesh's geographical vulnerability lies in the fact that it is an exceedingly flat, low-lying, alluvial plain covered by over 230 rivers and rivulets with approximately 580 kilometers of exposed coastline along the Bay of Bengal. In addition, there are three geological faults running underneath the capital of Dhaka. As a result of its geography, Bangladesh frequently suffers from devastating floods, cyclones and storm surges, tornadoes, riverbank erosion, and drought as well as constituting a very high-risk location for devastating seismic activity.

Added to this is the potential effect of climate change which may be leading to an increase in the frequency of hazards such as floods and cyclones. A major part of the coastal belt of Bangladesh is likely to go under water in the near future due to a rise in the sea bed caused. Another most alarming concern is the possible impending danger of massive earthquakes in our country. It is anticipated that if an earthquake occurs, colossal losses of lives and damage of property will occur.

Even a decade ago, there was no comprehensive disaster risk management approach for addressing the above disasters. Disasters were viewed as one-off events and responded to by government and other relief agencies without considering the social and economic implications and causes of such events. Gradually this attitude has shifted from emergency response to an emphasis on Disaster Risk Reduction (DRR). This greater emphasis has partly come about from Bangladesh signing the Hyogo Framework of Action-2005. In this declaration GOB has aims to a substantial reduction of disaster losses, in lives and in the social, economic and environmental assets of communities and countries.

DRR is a term used for a large and growing body of work, bridging amongst many others the humanitarian relief, development aid sectors, risk management, climate change, emergency preparedness and vulnerabilities.

DRR is used as holistic technique focusing on preventing or minimising the effects of disasters. The term has been adopted by the United Nations, which has developed an international strategy on promoting DRR as it has been shown to be very cost effective.

Former Secretary General of the UN Kofi Annan's observation is relevant in this context. "More effective prevention strategies would

save not only tens of billions of dollars, but save tens of thousands of lives. Funds currently spent on

intervention and relief could be devoted to enhancing equitable and sustainable development instead, which would further reduce the risk for war and disaster. Building a culture of prevention is not easy. While the cost of prevention has to be paid in the present, its benefits lie in the distant future. Moreover, the benefits are not tangible; they are the disasters that did NOT happen"

Under the Hyogo declaration the key areas of DRR focus on (1) Response (2) Recovery (3) Development, (4) Prevention (5) Mitigation and (6) Preparedness. The paradigm shifts from relief and response to Disaster Risk Management is a significant change from earlier attitude. Accordingly, Ministry of Food and Disaster Management (MFD) of Bangladesh Government has undertaken tremendous initiatives for addressing disaster related risks. New disaster management practice has evolved from a largely top-down relief and response approach to a more inter-sectoral risk management approach. In current risk management approaches, there is more room than ever for addressing the issues of risk reduction for the vulnerable community.

ECHO provides rapid and effective support to the victims of disasters. On average, approximately 16 percent of its humanitarian relief is a response to sudden-onset natural disasters. The European Commission's General Directorate for Humanitarian Aid Department-ECHO launched a specific programme aimed at supporting governments and other stakeholders to prepare for disasters. The Forth DIPECHO Action Plan for South Asia programme covers in Bangladesh six disaster-prone regions as a strategy for contribution towards Hyogo Framework of Action. It targets highly vulnerable communities living in some of the most disaster-prone regions of the world. Since its launching, ECHO has invested more than EUR 120 million in disaster preparedness.

As Part of the programme in South Asia, Forth DIPECHO Action Plan is engaged in implementing its disaster preparedness activities in Bangladesh through its implementing partners; Action Aid Bangladesh, Concern Universal, Concern Worldwide, Islamic Relief and Plan Bangladesh. These organizations are coordinating their efforts with the GOB by

working directly with community members ("community based approach"). Forty-one disaster-prone districts are covered under the programme. The combined approach is aimed at reducing disaster related risks by increasing awareness, resilience and response capacities of multiple stakeholders (focus on most vulnerable) to potential future disasters.

As many as 110,000 people are direct beneficiaries of the program across the country. Vulnerable communities and households; children; students and teachers; local government institutions like Union Parishad (UP), Upazila; CLC, CBOs and garment workers are involved in the programme. They are not only beneficiaries but key active players of the initiatives.

Small-scale mitigation works have been undertaken to reduce physical vulnerability of beneficiaries thereby complementing preparedness components of the programme strategy. By capacitating those affected by disaster can lead to improved disaster response plus reduced impacts of disaster. Therefore emphasis is being given to household preparedness, homestead raising, awareness creation and trainings in emergency response.

Trainings are also imparted to members and volunteers of Union Disaster Management Committee (UDMC), Community Volunteers, Community Learning Centers (CLC) - Disaster Management Committee, Community Trainer, Radio Spot Manager, School Teachers, Children and health workers (hospitals)

The program emphasizes the importance of effective early warning plus the strengthening of indigenous coping practices early warning measures like flood forecasting and

dissemination of early warning messages through radio and TV community groups. Mock drills in flood, earthquake and cyclones put what they have learnt into practice. Close coordination among institutions working on disaster preparedness, prevention and response are being maintained with Disaster Management Bureau (DMB) and the Comprehensive Disaster Management Program (CDMP). Efforts are also on going to create a 'culture of prevention' within the formal education system pursuing a change in attitudes and practices.

In the future Bangladesh will face many challenges resulting from natural hazards plus environmental changes resulting from global warming. Communities, especially the poor, children, women and those with disabilities will be most affected. However, they are far from helpless, with capacities and resources. They now require the support from others to realize their dreams of a safe Bangladesh. One approach is through Community Based Disaster Risk Reduction. It is not the solution to the problem but one that has been proven to reduce disaster related risks. Let's not wait for the next disaster or the rising sea levels. Let's work together now to address future risks.

Written by : 4th DIPECHO Action Plan Group in Bangladesh - Action Aid, Concern Universal, Concern Worldwide, Islamic Relief and Plan Bangladesh.

Muslim Aid Experience in Disaster Response in Bangladesh

In Bangladesh, there is always coordinated approach for emergency response for any disaster between Government of Bangladesh and NGOs. Muslim Aid, a UK-based relief and development agency established in 1985, working in over 75 countries, established its Bangladesh Field Office in 1991, immediately after the severe cyclone of 1991. The Office has been responding to natural disasters in Bangladesh, particularly cyclones and floods for over 20 years including the deadliest tropical cyclone on record which, in 1991, killed at least 138,000 people and left as many as 10 million homeless and caused \$1.5 billion dollars of damage.

Muslim Aid's emergency and rehabilitation operations have been coordinated with coordination bodies from NGOs, the Government as well as UN agencies. One of the important aspects of Muslim Aid's work is community involvement as Muslim Aid is very aware of its accountability to the beneficiaries to deliver all the interventions in a timely and orderly manner while maintaining the quality of deliverables. Information sharing with the beneficiaries was a priority so they were aware of the procedures, budget and quality of the different interventions. Muslim Aid's livelihood and shelter projects were implemented through the community participatory approach involving the beneficiaries in the process of planning, implementation and monitoring of Muslim Aid's work has been ensured. A systematic complaints handling mechanism was established enabled beneficiaries and other stakeholders to easily convey any concerns.

Aware of the need for communities to be prepared for natural disasters Muslim Aid has been working with communities for disaster preparedness and disaster risk reduction based on its successful programme in Indonesia which is also a disaster-prone country like Bangladesh. During Ramadan Muslim Aid distributes iftar to poor and marginalised communities combined with a short programme of CBDR. Muslim Aid plans to extend its programme of CBDR to its shelter and livelihood beneficiaries as well as its education programmes and in schools in disaster-prone areas. CBDR by involving

the community means that the programme is 'owned' by the community and relies more on their own resources which are the first line of support in reducing, preparing for and responding to a disaster situation.

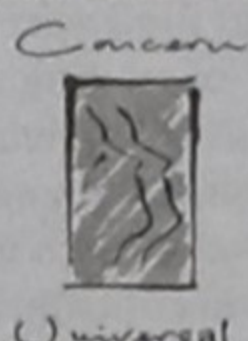
Within hours of Cyclone Sidr hitting Bangladesh in the early hours of November 15, 2007 Muslim Aid was providing humanitarian support including food and non-food items, health care and medicine, water, sanitation, hygiene, shelter, livelihood and other emergency support. Muslim Aid implemented schemes for 'clean up' and emergency health support in the Bagerhat, Patuakhali and Pirojpur districts, later concentrating on the Sharakhola and Mirzagonj upazilas. Later Muslim Aid extended its rehabilitation programme to the Morrengonj upazila of Bagerhat district and the Nazirpur upazila of Pirojpur district. As well as emergency aid Muslim Aid provided support to Sidr victims by providing permanent, transitional and semi-permanent shelters and various income-generation activities over 350,000 families. In partnership with the United Nations Food and Agriculture Organization (FAO) livelihood agriculture inputs like rice seeds and fertilizer were provided to around 60,000 farm families of Bagerhat and Patuakhali districts. With the support of ECHO Muslim Aid provided around 100,000 families with food, non food, drinking water, medicine, emergency latrine, around 10,000 Sidr victims with cash for work, livestock and agriculture inputs and 3900 shelters among the victims. In order to provide sustain its relief and rehabilitation efforts in collaboration with its 24 development partners, Muslim Aid opened seven offices in the Sidr-affected area coordinated by its Emergency Response Control Room in Dhaka.

[An article of Muslim Aid - Bangladesh Field Office]

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