

# EMERGENCY PREPAREDNESS AND RESPONSE

Natural calamities are common in Bangladesh due to geographical location and topographical feature. Every year disasters, like cyclone, floods, and tornadoes, occur in the country. Bangladesh is also vulnerable to earthquake. On the other hand, due to increased population and their frequent movement, road-rail-river traffic accidents are very common. As a result, disaster-related diseases, disability, and deaths are more or less frequent in the country. Skilled manpower, uninterrupted supply of logistics, and availability of guidelines for the best public-health practices at adequate level can reduce the adverse health impact of disasters to a great extent.

Emergency Preparedness and Response (EPR) Program is an active unit of Directorate General of Health Services in terms of developing disaster preparedness activities for adequate response to emergencies. The regular activities of the program are functioning smoothly for capacity-building of the health managers and raising awareness of people in the community. The program activities operate round-the-clock—24 hours all seven days a week during emergencies. All these activities of the program are supported by Emergency Humanitarian Action (EHA) program of WHO, with BAN-EHA providing technical and logistic support to the EPR Program for strengthening disease surveillance, supplying emergency drugs for replenishing buffer stock, medical supplies, laboratory reagents, and other supplies for proper investigation and better case management. Activities on disaster management are intensified through regular capacity-building, training, and simulation exercises to avert deaths and disabilities in a large scale across the country. A strong coordination among the Directorate General of Health Services, armed forces, UN agencies, development partners, and selected NGOs is prevailing that facilitates response to emergencies.

## Goal

The primary goal of the EPR Program is to reduce avoidable morbidity, disability, and deaths during emergencies.

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## Objective

Strengthening the overall capacity of the health sector to prevent and mitigate the adverse health consequences of emergencies and disasters is the broad objective of the EPR program in Bangladesh.

## EPR Activities of the Health Sector in Normal Time (Preparedness)

### Normative Work

- Develop plan, policy, and guidelines
- Develop IEC materials (leaflet, poster, etc.)
- Prepare and use video clips

### Institutional Capacity-building through Trained Manpower and Supplies

- Conducting training of trainers (TOT)/workshop/mock drills/simulation exercises on search, rescue, evacuation, first-aid, psychosocial support, risk communication and mass casualty management for health professionals/workers.
- Providing emergency supplies (first-aid kit, rain-coat, umbrella, solar lamp, safety rubber boots, jacket, cap, whistle, etc.) for the first-level health responders.

- Providing emergency drugs (maintaining buffer stock) and medical equipment/supplies

## Strategic Priority Functions in Crisis

### Assessment and Monitoring

An assessment team is formed and sent immediately to the affected areas as and when an emergency situation arises after cyclones, floods, etc. The team measures the health status of the victims and promptly makes an assessment of their needs, identifying priority actions to address the health problems and avert deaths.

### Critical Gap-filling

The EPR Program ensures that critical gaps in health responses are rapidly identified and filled based on the needs assessment report and available resources.

### Coordination through Cluster Approach

The emergency situations are assessed by conducting cluster meetings participated by invited humanitarian actors for joint planning, joint response, and actions. The participants with multidisciplinary knowledge and experience share the observations and identify the under-served or over-served areas. All participants are made aware about "who does what and where" to ensure a holistic effort.

### Capacity-building during Emergency

The DGHS, on an urgent basis, conducts some sessions of capacity-building training for the health managers on "how to manage and overcome ongoing devastating situation." Providing training to staff and the local people in the community is helpful in identifying a sustainable strategy to be adopted in future emergencies both for public-health interventions and related areas, e.g. water quality surveillance, mental health counseling and so on.

Table 10.1. Recent capacity-building activities at a glance (January 2011-December 2011)

Activity	Activity	Training/workshop			No. of persons trained
		Target (No.)	Physical	Financial	
TOT on Emergency Preparedness	HPNSP & HPNSDP/WHO	0/01	100%	100%	32
Vulnerability and Capacity Assessment	HPNSP & HPNSDP/WHO	13/0	100%	100%	613
Preparedness and Response in Emergency	HPNSP & HPNSDP/WHO	13/0	100%	100%	613
Emergency Healthcare in Emergency	WHO	02	100%	100%	138
Mass-casualty Management	HPNSP & HPNSDP/WHO	0/02	100%	100%	70
Psychosocial Support	WHO	01	100%	100%	68
Risk Communication in Emergency	WHO	01	100%	100%	34
Simulation Exercise on Disaster Management and Lessons Learnt from Activities for Senior Health Professionals	WHO	02	100%	100%	70
Training on Comprehensive Health-sector Emergency Preparedness and Response for Health Professionals	WHO	02	100%	100%	76
Training on Acute Burn Case Management	WHO	04	100%	100%	140
Consultative meeting on health sector emergency preparedness and response activities for media personnel and selective health managers	WHO	03	100%	100%	107
Training on seasonal communicable disease outbreak investigation and control during emergency	WHO	02	100%	100%	62

Table 10.1 Continued

Activity	Activity	Training/workshop			No. of person trained
		Target (No.)	Physical	Financial	
Assessment of Health Facilities	WHO	04	100%	100%	
Development and Printing of Desk and Wall Calendar for 2012	WHO	-	100%	100%	
Development of 4 Guidelines on (1) Handbook on Health Sector Disaster Management (Bengali Version) (2) Guideline on Medical Care for specialized population in emergencies (Bengali Version) (3) Guideline on Hospital Safety (4) Guideline on Field Hospital Management in Emergency	WHO	04	100%	100%	
Printing of Hospital Emergency Preparedness and Response Plan	WHO	1000 copies	100%	100%	
Printing of Contingency Plan for Earthquake Preparedness and Response	WHO	1000 copies	100%	100%	
Procurement of Emergency Medicines	HPNSP & HPNSDP	Tk. 569.50 (in lakh)	100%	100%	
Procurement of Emergency Medicines and Medical Supplies (Emergency Medicines for Burn Management, Anti-rabies Vaccine-Inj Rabipur and Verorub, ICU Ventilator, Plasma and Blood Bank Refrigerator for Burn Management)	WHO	Tk. 166.50 (in lakh)	100%	100%	

Table 10.2. Financial allocation and progress at a glance (Taka in Lakh) (January/2011–December/2011)

Source	Training/workshop and Supplies and Equipment			Achievement (%)
	Allocation	Released	Expenditure	
HPNSP&HPNSDP	571.50	571.50	569.50	54
WHO	205.00	205.00	205.00	100

**Challenges**

- Replenishment of buffer stock at regular interval
- Full functioning of Emergency Medical Services (EMS)
- Achieve 12 SEARO EHA Benchmarks
- Adequate coordination among other agencies

**Future plan of action**

- Prepare comprehensive health-sector national disaster management plan
- Operationalize National Health-sector Disaster Management Institute
- Establish National Crisis Management Center and Control Room.