

# Compilation of National Progress Reports on the implementation of the Hyogo Framework for Action (2009-2011)

## **HFA Priority 5, core indicator 5.1:**

*Strong policy, technical and institutional capacities and mechanisms for disaster risk management, with a disaster risk reduction perspective are in place.*

## Know the Risks and Take Action

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Reporting period: 2009-2011  
Country information as of 18 Aug 2011 (for internal use only)

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This report compiles inputs by Hyogo Framework for Action (HFA) priority for action 5.1 from 86 countries' final national HFA progress reports in order to better facilitate analysis and provide examples by priority and region. Inputs are provided in their original reporting language.

Note that these extracts are provided for convenience only and that national HFA progress reports should be considered in their entirety. To view them, visit:

<http://www.preventionweb.net/english/hyogo/framework/progress/>

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An HFA Monitor update published by PreventionWeb

# Africa

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## Algeria (in French)

### Level of Progress achieved:

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

No

### Means of Verification:

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

### Description:

Un système national de gestion des catastrophes existe à travers une planification des secours et des interventions ainsi que des mesures structurelles pour la prise en charge des catastrophes.

Des plans d'urgence et de préparation aux catastrophes sont en place au niveau local.

Les Régions Militaires établissent également à leurs niveaux des plans d'intervention à mettre en œuvre en cas de catastrophe.

Parmi les mesures structurelles entrant dans le cadre du système national de gestion des catastrophes, on peut citer la création, par décret exécutif 03-332 du 08 /10/ 2003 d'un « Centre National d'aide à la décision (CNAD) » qui est chargé « de gérer un système de veille permanente concernant les différents risques majeurs; ainsi que la constitution de stock stratégiques dont le premier élément est la réalisation de 4000 chalets en kit.

### Context & Constraints:

Les défis essentiels à relever dans les prochaines étapes résident dans le parachèvement du système national de gestion des catastrophes dans ses différents volets tels que prévus dans la loi 04-20.

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## Botswana (in English)

### Level of Progress achieved:

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

No

### Means of Verification:

\* No: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

The National Disaster Management Office has developed a National Disaster Risk Management Plan (NDRMP) which provides framework to the various stakeholders to develop and implement their own disaster management plans with the vision and concepts of DRR. The Ministry of Health has used the NDRMP to develop their Health Related Emergency Management Plan.

**Context & Constraints:**

DRR plans has to be developed key stakeholders at various ministries and institutions functioning in the country.

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**Burundi** (in French)**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

- Mise en place de la Plate Forme Nationale et ses structures décentralisées jusqu'au niveau des Provinces;
- Création d'un comité inter-ministériel de la RRC coordonné par le Ministre de la Sécurité Publique;
- Mise en place de la Direction Générale de la Protection Civile et ses démembrements provinciaux;

Création de l' Ecole Nationale de la Protection Civile (Non encore fonctionnelle)

**Context & Constraints:**

Adoption par l'Assemblée Nationale de la Loi sur la RRC

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**Cape Verde** (in Spanish)**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Em Cabo Verde o mecanismo de coordenação operacional a nível nacional, das operações de emergência de protecção civil, ligados aos acidentes graves, catástrofes e calamidades, é o SNPC. A protecção civil Cabo-verdiana encontra-se dividida em dois níveis: nível nacional, da responsabilidade do Primeiro-ministro, e nível a municipal da responsabilidade dos presidentes de câmara, e com esta divisão de responsabilidade que se tem levado a cabo as actividades de protecção civil a nível nacional.

Tem havido, a todos os níveis, um forte envolvimento político nas questões relacionadas com a protecção civil, e prova disso é o programa do Governo para a legislatura 2006/2011, a criação de Centros Operacionais de Protecção Civil de 17 municípios, criação de novos corpos de bombeiros voluntários, etc.

Para uma melhor gestão do risco, a nível nacional, já existem 17 planos municipais de emergência de protecção civil (âmbito municipal e carácter geral), 3 planos especiais (âmbito local e carácter específico) e um Plano Nacional de Contingência para a RRD (âmbito nacional e carácter geral).

**Context & Constraints:**

Este capítulo continua a merecer particular atenção por parte do SNPC e do Governo, com a criação de novas leis para estes sector, fortalecimento da capacidade técnica e institucional para a gestão nacional e local das situações de emergência, incluindo a formação e recursos humanos e materiais.

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## Comoros (in French)

**Level of Progress achieved:**

1 - Minor progress with few signs of forward action in plans or policy

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

No

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

La Gestion des risques de catastrophe est un enjeu trop récent dans le contexte comorien. Les politiques et mécanismes nécessaires ne sont pas encore en place et sont en cours de développement.

**Context & Constraints:**

Un projet de textes législatifs est en cours d'élaboration avec le projet PNUD du COSEP.

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## Cote d'Ivoire (in French)

### Level of Progress achieved:

2 - Some progress, but without systematic policy and/ or institutional commitment

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

No

### Means of Verification:

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

### Description:

Des structures et des capacités institutionnelles pour la gestion des catastrophes existent. On peut citer notamment l'Office Nationale de la Protection Civile, l'Institut Nationale de l'Hygiène Publique, le Comité National de Défense et de Lutte contre les Feux de Brousse, le Centre Ivoirien Antipollution, l'Agence Nationale de l'Environnement, l'Agence Nationale pour le Développement Rural.

Des politiques ou des programmes nationaux pour rendre les écoles et les dispensaires de santé sûrs en cas d'urgence n'existent pas encore.

### Context & Constraints:

Une des contraintes majeures est le manque de culture de la réduction du risque de l'ensemble des acteurs qui n'incorpore pas cette dimension dans les projets de développement (écoles, dispensaires et autres établissements humains).

La mise en place effective de la plateforme nationale RRC permettra, dans une synergie d'action, de disposer de solides politiques, des mécanismes et des capacités institutionnelles pour la gestion du risque, dans une perspective de réduction du risque

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## Ghana (in English)

### Level of Progress achieved:

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* No: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

A national DM policy is being prepared. However there are some individual organizations such as the Ministry of Health, Tema Oil Refinery that have their own policy guidelines on disaster management and especially on emergency response.

NADMO has prepared a national disaster management plan for disaster management in general. They have also prepared a contingency plan and SOPs for emergency response.

Institutional and technical capacities and mechanisms for disaster management, with disaster risk reduction perspective are in place. All the relevant institutions are part of the Disaster Management Technical Advisory Committees of NADMO.

Regular training drills and rehearsals are held to test and develop disaster response programmes.

**Context & Constraints:**

The lack of a national policy for disaster management is hindering the process of disaster management in the country.

Inability to establish strategically located stock pile depots of logistics throughout the country.

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## Guinea-Bissau (in French)

**Level of Progress achieved:**

1 - Minor progress with few signs of forward action in plans or policy

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

No

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

le cadre politique n'integre pas la gestion des risques de catastrophes

**Context & Constraints:**

Pays en voie de développement et membre des PIED, la Guinée Bissau fait partie du groupe moins avancés(PMA), avec un PIB par habitant estimé en 2008 à 590 \$USD et un taux de croissance réel du PIB de 3,2%. D'après le Rapport Mondial sur le Développement Humain Durable des Nations Unies (2009), le pays occupe le 173 eme rang sur un total 182 pays, avec un Indice de Développement Humain (IHD) de 0,396.

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## Kenya (in English)

**Level of Progress achieved:**

5 - Comprehensive achievement with sustained commitment and capacities at all levels

**Are there national programmes or policies to make schools and health facilities safe in**

**emergencies?**

Yes

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

The Draft National Disaster Management addresses an all inclusive multi-hazard and risk management, However sectors and institutions have their hazard specific programmes for example the Hospitals have their emergency plans in place and National hospitals like Kenyatta National Hospital, Nairobi Hospital and The Agakhan do carry out drills. Schools too have not been left out, as structural audits are continuously being carried out by school inspectors and awareness raising campaigns are being done.

**Context & Constraints:**

The major constraint is that DRR has not been mainstreamed into the school curriculum, all the same a lot of DRR issues are being taught and captured in a number of subjects especially in social sciences and environment.

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**Lesotho** (in English)**Level of Progress achieved:**

1 - Minor progress with few signs of forward action in plans or policy

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

No

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Lack of awareness in responsible ministries and lack of expertise.

**Context & Constraints:**

Lack of awareness and expertise.

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**Madagascar** (in French)**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Dans le cadre de la mise en œuvre des projets, des exercices de simulation ont été réalisés dans quelques districts au niveau des communautés de base et des écoles.

Le choix des sites, les constructions des écoles et des centres de santé publique suivent les normes para cycloniques.

Par ailleurs, une étude nationale sur les normes des bâtiments a été faite avec l'appui de la Banque Mondiale dans le cadre du Track II/GFDRR. De même, certaines ONGs comme MEDAIR ont développé des normes locales. Toutefois, les normes proposées ne concernent pas les infrastructures sociales (écoles, hôpitaux, etc.).

En partenariat avec l'UNICEF, l'UNESCO, l'UNISDR et l'OCHA, la préparation au niveau des écoles a été renforcée à travers l'élaboration d'un manuel scolaire sur la GRC, la formation des élèves en classe primaire et les enseignants. Toutes les 22 régions de Madagascar sont couvertes par cette formation et quelques régions ont bénéficié d'un exercice de simulation.

OCHA/BCR et OMS ont appuyé des exercices de simulation sur la pandémie au niveau des centres sanitaires : deux exercices ont été réalisés successivement en 2008 et en 2010.

**Context & Constraints:**

Au niveau de la communauté, la diversité des cultures et l'attachement à la valeur traditionnelle constituent souvent des contraintes majeures soit sur l'adoption de ces normes soit sur le changement des comportements. Au niveau des gouvernants, la priorité reste toujours le développement et la politique de la décentralisation est déconnectée de la RRC.

Recommandations : ces différents niveaux (Gouvernants, communauté) devraient contribuer à la révision de la Stratégie Nationale de Gestion des Risques et Catastrophes.

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**Malawi** (in English)

**Level of Progress achieved:**

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

The policy formulation is expected to be in draft by Decemebr 2010, at which time the review of the Disaster Preparedness and Relief Act 1991 will commence. Government has indicated strong commitment by engaging Disaster Management Desk Officers in 14 Districts.

**Context & Constraints:**

A DRR Framework, Operational Guidelines, Flood Risk Management Strategy have been developed to guide the policy formulation process. Links between central, district and local level are to be developed to ensure better two-way communication.

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## Mauritius (in English)

**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

-- Nothing reported within this timeframe. --

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

The Cyclone and Other Natural Disaster Committee based at the Prime Minister's Office and chaired by the Secretary to the Cabinet oversees all preparedness programmes. Whenever a disaster is likely to strike the island, the Special Mobile Force, the Mauritius Police Force and the Fire Services are mobilized as per their Emergency Operations Plan for tropical cyclone.

In the event of a likely tsunami, a tsunami crisis committee at the Prime Minister's Office become functional immediately, close monitoring and relevant actions when and where necessary will be effective.

Other hazard specific regional and local plans also exist, for example torrential rains or land slide. All plans are exercised and reviewed.

**Context & Constraints:**

There is a need to promulgate appropriate policies for each hazard. Even in the absence of specific policy, emergency operation procedures are in place at different level in most institution.

## Morocco (in French)

### Level of Progress achieved:

2 - Some progress, but without systematic policy and/ or institutional commitment

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* Yes: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

### Description:

Sur recommandation de la DGPC, le Ministère chargé de l'Education Nationale a mené un diagnostic sur les écoles exposées aux risques et des initiatives de mise à niveau des écoles réputées dangereuses ont été lancées en 2009.

En ce qui concerne les hôpitaux, le ministère de la Santé et la DGPC ont élaboré une stratégie nationale de gestion des urgences médicales et des risques sanitaires liés aux catastrophes qui intègre le volet de la sécurité globale des hôpitaux. Par ailleurs, des exercices d'évacuation sont parfois organisés avec les écoles et les hôpitaux qui sollicitent le concours des services de la Protection Civile.

Le Ministère de l'Education Nationale, dans le cadre du programme d'urgence 2009-2012 (projet E1P13 : renforcement de la santé scolaire et de la sécurité humaine) a prévu une mesure intitulée « Mise en place d'un dispositif de protection contre les risques naturels et technologiques » :

- Objectif stratégique : Protéger les établissements scolaires et les personnes contre les différents risques ;
- Objectifs opérationnels :
  - Doter tous les établissements scolaires d'un plan de prévention des risques et de mise en sécurité (PPMS) ;
  - Doter tous les établissements scolaires de moyens d'extinction.

### Context & Constraints:

- Contraintes financières
  - Déficits en matière de sensibilisation notamment des responsables des écoles
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## Mozambique (in English)

### Level of Progress achieved:

2 - Some progress, but without systematic policy and/ or institutional commitment

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* Yes: Policies and programmes for school and hospital safety

> Politica de Aguas (2007) [http://www.preventionweb.net/files/16411\\_polticadeguasfinalabril20071.pdf](http://www.preventionweb.net/files/16411_polticadeguasfinalabril20071.pdf) [PDF ]

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### **Description:**

This is the second area where little progress has been made to prepare all schools and health facilities to be safer and more resilient to disasters. The current efforts are still limited to a few initiatives regarding to technical aspects related to spatial planning and building codes that should be observed by all developers. For example:

- i) In urban planning- the urban expansion guide was issued in 2009 by the Ministry of Public Works and Housing, to ensure to fostering all the municipalities and small towns to undertake risk assessment as part of their land use plans for new settlements and key infrastructures
- ii) The construction guide for the cyclone prone areas was issued in 2007 by the UN Habitat/INGC, aiming at reducing damages sustained by infrastructures, including schools and health facilities due to cyclones
- iii) The infrastructure planning component for flood and drought prone areas, within the National Policy for waters, seeking at reducing the impact of floods on infrastructures through an enhanced and coordinated infrastructures planning, communication and institutions arrangements within the areas at risk.

In this regard, flood risk mapping has been conducted by ARA-Sul on the Limpopo, Incomati, Maputo and Umbeluzi river basins showing the impacts of several flood levels on infrastructure (schools and hospitals) and human settlements.

Training for teachers, including drill exercises for students have been conducted within schools during the national, regional and local simulations that annually take place across the country aiming at enhancing the preparedness of local communities to hazards.

Some teachers are members of the Local Committees for Risk Management. Additionally, River Basin committees are in place on the Limpopo, Incomati, Umbeluzi, Save and Maputo (South), Buzi, Pungue and Zambezi (Center) and under creation on the Rovuma Basin, as part of flood risk management.

### **Context & Constraints:**

The current limitations are associated with the scope of the National Policy for Waters and the guides mentioned above. For instance, while the waters policy is too general and does not specify any priorities, the existing guides are still not officially adopted as regulations for compulsory application by all developers and institutions, including those in charge for land use management.

Therefore these guides remain technical documents without any bindings to local authorities and developers intervening in areas subject to multi-hazards risks.

Furthermore, although there is national and local commitment to involve schools in drill exercises, the real vulnerability of those schools and health facilities to multi-hazards and the underlying risk factors remain not fully assessed, updated and disseminated to allow all stakeholders, including local authorities to implement specific measures that will guarantee full protection and safety for schools and health facilities during any emergency regardless the magnitude.

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## **Nigeria** (in English)

### **Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

What we have in place is the development of Curriculum for Primary and Secondary schools to mainstream disaster risk reduction into the educational system.

In addition, Education in Emergencies programme is being pursued vigorously.

Six Centres of Disaster Risk Management and Development Studies were established in six Universities in Nigeria. The Centres are to train people in disaster risk management and conduct research in disaster risk reduction.

**Context & Constraints:**

The process of mainstreaming disaster risk reduction into curriculum is cumbersome financially demanding.

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**Senegal** (in French)

**Level of Progress achieved:**

5 - Comprehensive achievement with sustained commitment and capacities at all levels

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Des initiatives importantes marquées par l'adoption d'un arsenal juridique ont été prises.

Mise en place de la Commission supérieure de Protection civile, du Comité national de sécurité civile, de la haute autorité chargée de la Coordination de la Sécurité maritime, de PlanS de continge national et régional

**Context & Constraints:**

Inexistence d'une unité de recherche sur les risques majeurs naturels,  
Inexistence d'un système d'alerte précoce national pour prendre en compte les recommandations du CAH

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## Sierra Leone (in English)

### Level of Progress achieved:

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### Description:

In order to consolidate our efforts on DRR, vulnerability and capacity assessments have been updated and training of community based volunteers at local levels etc.

In the Western Area (capital city Freetown), 300 volunteers have been trained between April & October 2010. It is hoped that these would not only provide first hand response during local emergencies but also help to promote & encourage the implementation of DRR activities within their respective communities.

### Context & Constraints:

Resources Availability for the conduct and sustainability of such programmes remain a challenge. The mainstreaming of DRR into development programmes and everyday life is also fraught with challenges. Increased political commitment and subsequent commitment of government ministries, departments and agencies is also beginning to grow but there is still need political & institutional commitment at all levels.

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## Tanzania, United Rep of (in English)

### Level of Progress achieved:

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

-- Nothing reported within this timeframe. --

### Means of Verification:

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

There are Disaster Management Committee at all administrative levels that are responsible for any kind of disaster through the guidance of National Disaster Management Policy and Operation Guidelines. The country has policies, programmes and initiatives that are sustainable in achieving the DRR objectives through strong policy, legislations, technical and institutional capacities. Mechanisms for DRR include establishment of Multi-sectoral Technical Groups for Epidemics, Geophysical hazards, Food Security and the National Environmental Management Council (NEMC) which is responsible for conducting Environment Impact Assessment (EIA) before any proposed project is initiated.

**Context & Constraints:**

The key contextual challenges which continue to face the country are inadequate capacity building, in timely response to disasters, lack of Early Warning System and contingency plans for DRR. However, there are initiatives to review the National Disaster Management Policy and the Disaster Relief Act No 9 of 1990 to pave way for establishment of an Emergency Operation Centre (EOC), strengthening an Early Warning System and preparation of National Emergency Preparedness Plan and Disaster Communication Strategy and later dissemination of the same at Region, District, Ward and Village levels.

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**Zambia** (in English)

**Level of Progress achieved:**

5 - Comprehensive achievement with sustained commitment and capacities at all levels

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

The country has a disaster management policy and an operations manual in place. These stipulate the roles and responsibilities of the key stakeholders in disaster management. Focal point persons charged with the responsibility of mainstreaming DRR into the key sectors' programmes have also been appointed.

The country has further developed fora for sharing information, decision making and for tackling the required assessments.

**Context & Constraints:**

Technical and Institutional capacities are in place but need to be strengthened and require adequate resources for them to implement DRR activities.



# Americas

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## Anguilla (in English)

### Level of Progress achieved:

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### Description:

Some progress has been made but additional capacity required. Presently schools are working towards drafting emergency procedures but as there is no mandate to do so, it is being done on an adhoc basis. Two seismic and hurricane building assessments have been carried out by Tony Gibbs. Participated in PAHO safe hospital assessment. Secondary assessment of education and shelter buildings done by DDM.

### Context & Constraints:

additional staffing needed to enhance this area

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## Antigua and Barbuda (in English)

### Level of Progress achieved:

1 - Minor progress with few signs of forward action in plans or policy

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

No

### Means of Verification:

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

### Description:

There is no policy in place. However, isolated work has been done by different agencies. When work has been completed on the national disaster management policy, this priority will be addressed.

### Context & Constraints:

Lack of resources. Implementation of this section has direct bearing on updated legislation and national disaster management policy.

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## Argentina (in Spanish)

### Level of Progress achieved:

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

-- Nothing reported within this timeframe. --

### Means of Verification:

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

### Description:

Argentina cuenta en general con recursos suficientes y de calidad para llevar adelante una eficaz gestión del riesgo de desastres. Aspectos como la coordinación, vacíos jurídicos y normativos, trabas interjurisdiccionales, etc (ya expresados en la contextualización de Indicadores Básicos precedentes) que obstaculizan el fortalecimiento en la RRD, están siendo trabajados.

Tanto el Gobierno (en particular la Comisión Cascos Blancos y la Subsecretaría de Asuntos Provinciales/Dirección Nacional de Protección Civil) como las organizaciones de la sociedad civil (como la Cruz Roja, Caritas, ADRA, etc.) hacen esfuerzos notorios para resolver estas cuestiones, e interactúan permanentemente al respecto.

Sin embargo, la diversidad de planes, mecanismos, herramientas e instrumentos de respuesta a desastres deben ser trabajados de manera conjunta para estar armonizados, revisados, compartidos y consensuados.

Se han incrementado los programas de seguridad escolar y hospitalaria, reconociéndose dispar aceptación.

### Context & Constraints:

El fortalecimiento de la Plataforma Nacional para la RRD, superando sus limitaciones de mucha concurrencia pero en oportunidades poca participación, debería servir para alcanzar el objetivo.

También será necesario considerar evaluaciones sistemáticas de las diferentes intervenciones y compartir sus "lecciones aprendidas" ya que puede aumentar las buenas prácticas en situaciones de emergencia y desastre.

Asimismo, se puede difundir (y promover su adopción) estándares internacionales para la respuesta a desastres (por ejemplo, Proyecto Esfera).

Del mismo modo, la participación de la comunidad educativa y la del sector salud, debe incrementar su propio involucramiento empoderándose de las temáticas que los favorecen.

Ese son los retos.

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## Barbados (in English)

**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

-- Nothing reported within this timeframe. --

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

The National Emergency Management System in Barbados has been developed more than 50 years ago and has been the model for the establishment of national organizations in the Caribbean region under the Pan Caribbean Disaster Preparedness and Prevention, CDERA and now CDEMA.

There is a National Disaster Plan as required by the Emergency Management Act, 2006 Cap 20 which lays out the guidelines for responding to multi-hazards. The Plan has several hazard specific national, departmental and sectoral plans. The list of Plans includes:

- The National Mass Casualty Plan
- The National Mass Crowd Plan
- The National Search and Rescue Plan
- The National Oil Spill Plan
- The National Hazardous Material Plan

These all have appropriate sub-plans that include all of the Emergency Response Functions, ERFs, like evacuation, shelter, medical, etc.

Action has been initiated to develop community-based plans but these have not yet been fully developed.

A national Evacuation Plan is in draft awaiting the scientific data to highlight the likely inundation lines to inform the coastal evacuation process

National capacity exists for the assessment of national readiness to face adverse events and this is done at the start of the annual Hurricane Season.

**Context & Constraints:**

None noted.

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**Bolivia** (in Spanish)**Level of Progress achieved:**

1 - Minor progress with few signs of forward action in plans or policy

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

No

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Esta aun en proceso de aprobacion la estrategia de Hospitales Seguros

**Context & Constraints:**

No se identifican perspectivas para su pronta implementación

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**Brazil** (in English)**Level of Progress achieved:**

5 - Comprehensive achievement with sustained commitment and capacities at all levels

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Em novembro de 2009 ocorreu na cidade de São Paulo o V Seminário Internacional de Defesa Civil sobre o tema Hospitais Seguros frente aos desastres. Destacaram-se os esforços para

1) Proteger a vida dos pacientes e dos profissionais de saúde reforçando a firmeza estrutural das instalações de saúde;

2) Zelar para que as instalações e os serviços de saúde possam continuar funcionando depois de uma situação de emergência ou desastre, que é quando são mais necessárias; e

3) Melhorar a capacidade dos trabalhadores e das instituições de saúde para reduzir riscos, o que inclui a gestão de emergências.

**Context & Constraints:**

Os estabelecimentos de saúde são instalações essenciais destinadas a proporcionar atenção de saúde com garantia de eficiência, eficácia e qualidade. A obrigatoriedade de prestar adequadamente a atenção aos enfermos tem conotações técnicas, administrativas, éticas e penais, exigências que se mantêm em todos os momentos e circunstâncias, inclusive durante desastres de toda ordem.

Além disso, os estabelecimentos hospitalares concentram investimentos econômicos em equipamentos de diagnóstico e tratamento, laboratórios de alta tecnologia, bancos de sangue e desenvolvimento de investigações para a proteção da saúde, ou seja, os hospitais têm um grande valor social, econômico e político.

De acordo com a Comissão Econômica para a América Latina (CEPAL), somente nos últimos 25 anos, a perda direta por danos em estabelecimentos de saúde, por desastres de origem natural, foi de 4.000 milhões de dólares.

Neste sentido, o Simpósio Nacional "Hospitais Seguros Frente aos Desastres" está sendo concebido a partir das diretrizes da Estratégia Internacional das Nações Unidas para a Redução de Desastres (ONU/EIRD) e da Organização Mundial da Saúde (OMS), as quais veem nos últimos anos desenvolvendo um Programa de Preparativos para Desastres, razão pela qual diversas outras iniciativas têm sido desenvolvidas no sentido de garantir níveis de segurança adequados aos hospitais e estabelecimentos de saúde em todo mundo.

O Simpósio Nacional "Hospitais Seguros Frente aos Desastres" é uma das atividades do V DEFENCIL - Seminário Internacional de Defesa Civil, em consonância com as propostas do evento de articular os diversos saberes e práticas para o enfrentamento às situações de desastres.

Tal iniciativa exige a participação de todos, motivo pelo qual estamos convidando-o para participar deste importante evento, no sentido de torná-lo uma oportunidade para ampliar o debate e melhor analisar como situações emergenciais podem afetar ou comprometer a continuidade operacional dos serviços de saúde e colocar em risco a segurança das instalações, dos profissionais de saúde e dos próprios pacientes.

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## British Virgin Islands (in English)

### Level of Progress achieved:

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### Description:

The VI's CDM policy is linked to the Pan American Health Organization's Health Disaster Management Programme. The following measures and initiatives have been developed and undertaken with regard to improving disaster preparedness in and the resiliency of the health sector: National Health Sector Emergency Management Plan revised and tested, Mass Fatality Plan completed, Mass Gathering Plan revised, Enhancing the capacity of Health sector personnel to respond to mass casualties, Mitigation Measures integrated into planning and construction of new hospitals and integrated into health facilities. Additionally, plans for disease outbreaks like influenza, have been developed and tested. The Health sector has a Health Disaster Management (HDM) Programme that is supported by a HDM Policy and Strategy linked to National Plans.

The education sector has several systems in place but they have not been formalized, in addition a proposal has been put forth for the development of a School Safety Criteria that will be used to evaluate

the level of readiness of schools– public and private.

DDM, in partnership with the Ministry of Education assisted in the development of contingency plans for all schools and day care facilities, and it is expected by 2013 that schools will have developed and practiced their respective contingency plans. This project is an expansion of previous efforts to ensure that schools are equipped with basic first aid and fire suppression devices.

A consultant was contracted to provide guidance to twelve schools in the development, testing and implementation of their individual Disaster Plans. These Plans will include procedures for all hazards as well as other emergency situations and will serve as a guide for administrators in the event of an actual disaster/emergency. The DDM intends to expand this project to develop School Disaster Management Policy in conjunction with the Ministry and Department of Education.

**Context & Constraints:**

No constraints identified.

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**Canada** (in English)

**Level of Progress achieved:**

5 - Comprehensive achievement with sustained commitment and capacities at all levels

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

-- Nothing reported within this timeframe. --

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

CANUTEC is the Canadian Transport Emergency Centre operated by Transport Canada. CANUTEC is a national advisory service that assists emergency response personnel in handling dangerous goods emergencies on a 24/7 basis. The emergency centre is staffed by bilingual scientists specializing in chemistry or a related field and trained in emergency response. The emergency response advisors are experienced in interpreting technical information from various scientific sources including Material Safety Data Sheets (MSDS) in order to provide pertinent and timely advice.

CANUTEC has developed the Emergency Response Guidebook (ERG) for provision of advice during the first stages of a dangerous goods transportation incident and this has further resulted in an International collaborative effort between Canada, the United States, Mexico and Argentina. It also improves communication during hazardous incidents between the four countries by harmonizing emergency response recommendations for transportation incidents.

Announced in 2011, the Communications Interoperability Strategy for Canada and its supporting Action Plan sets goals and identifies key national priorities to enhance governance, planning, technology, training and exercises which promote interoperable voice and data communications for emergency responders, both day-to-day and during national emergencies.

**Context & Constraints:**

N/A

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## Cayman Islands (in English)

**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Extensive sensitizing and drills conducted in Public and Private schools

**Context & Constraints:**

Not part of the National Curriculum

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## Chile (in Spanish)

**Level of Progress achieved:**

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

No

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Existen mecanismos acotados para la reducción del riesgo. (Se han generado políticas y planes pero sin fuerza legal. Tanto el Ministerio de Educación como el Ministerio de Salud están desarrollando políticas nuevas de seguridad escolar y hospitalaria que incorporan indicadores específicos asociados a RRD. ONEMI está en un proceso intenso de reformulación de su institucionalidad con posterioridad al terremoto. Las primeras medidas adoptadas han buscado mejorar el monitoreo nacional y la respuesta frente a

desastres. Por ejemplo:

- Se busca mejorar la cadena de mando a utilizar durante la emergencia.
- Convenios de colaboración con organismos internacionales (JICA, FEMA, Cal-EMA, EIRD, etc.)
- Convenios de información para telecomunicaciones (Red Satelital, HF, Radioperadores, Radios municipales, sistema SMS, Cruz Roja, Ejército, ARCHI, etc.) que permiten una mejor llegada a las comunidades.
- Se han fortalecido las oficinas regionales con aumento de su dotación de personal, para funcionamiento 24 horas, los 7 días de la semana.
- Instalación de las oficinas regionales en zonas seguras.
- Se ha reforzado, a través de cambios estructurales y de simulacros, el funcionamiento de los Comités Operativos de Emergencia. Se ha empoderado a los Intendentes en su rol de mando de autoridad.
- Se ha fortalecido y clarificado el rol de las fuerzas armadas en respuesta y también en prevención y reconstrucción. Por ejemplo, el Estado Mayor conjunto ha firmado un protocolo de traslado de autoridades en caso de emergencia.
- La Subdere y Onemi han desarrollado diversas iniciativas para fortalecer la RRD de desastres en los Programas Regionales de Ordenamiento Territorial y además, para fortalecer la capacitación a autoridades en RRD.
- Se está trabajando un protocolo con la Asociación Chilena de Municipalidades para fortalecer el trabajo de Reducción del riesgo de desastres a nivel comunitario.

En temas de mitigación y reconstrucción se han generado distintas medidas para desarrollar cada una de las fases del ciclo del manejo del riesgo. Se han implementado campañas de sensibilización masiva y se han realizado alianzas y protocolos con el mundo privado y de organizaciones no gubernamentales.

#### **Context & Constraints:**

El fortalecimiento estructural y el desarrollo de capacidades del Sistema Nacional de Protección Civil se modificará de acuerdo a la nueva estructura que se generará con el nuevo marco normativo y que está contemplado en los antecedentes y contenidos del nuevo proyecto de ley que crea la Agencia y fortalece el Sistema Nacional de Protección Civil.

De este marco legal deberán desprenderse todas las modificaciones futuras asociadas a:

- Desarrollo de una Plataforma Nacional de Reducción del Riesgo de Desastres.
- Cadena de Mando.
- Capacitación y Formación.
- Fomento del Análisis Científico Técnico.
- Estructura del Sistema Nacional de Protección Civil.
- Rol nueva Agencia y rol de sectores, organismos no gubernamentales y mundo civil.
- Nuevo Plan Nacional de Protección Civil.
- Nuevos planes operativos de emergencia y protocolos de alerta, alarma y respuesta.

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## **Colombia** (in Spanish)

#### **Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

#### **Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

#### **Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Si con respecto al desarrollo de instrumentos como políticas, directivas, leyes etc., se ha avanzado de manera importante, pero se requiere mayor hincapié en los procesos de implementación y evaluación de estas políticas, considerando que el número de herramientas, procesos y actividades de enseñanza a los actores claves, acompañamiento en el proceso y evaluación de los impactos de la implementación, son aspecto a los cuales aun no se ha logrado llegar, ocasionando que muchas instituciones aún conociendo las normas, no las apropien, adapten y las pongas en marcha dentro de sus planes de acción y actividades cotidianas.

Al respecto, se requiere mayor capacidad técnica de quienes lo deben implementar y de los encargados de la supervisión, así mismo de generar herramientas que permitan un mayor control e incluso sanción de quienes no acaten las normas relacionadas y continúan exponiendo a la población escolar. Para el caso de los servicios de salud, igualmente se considera que aunque existe una mayor implementación e incluso capacidad técnica frente al desarrollo de la temática, es aún incipiente el control y la evaluación de su preparación para la atención de eventos tanto externos como internos, se requiere así mismo mayor conectividad con los servicios de atención pre hospitalaria.

**Context & Constraints:**

Considerando los cambios que ha venido teniendo el Sistema Nacional para la Prevención y Atención de Desastres -SNPAD- y la Dirección de Gestión del Riesgo –DGR-, con respecto al enfoque y líneas de intervención, se identifica un claro interés y voluntad por cambiar el enfoque de asistencia y respuesta a una mirada más integral, dando cabida también a procesos de reducción del riesgo, cambio climático, rehabilitación y reconstrucción, lo cual es sumamente importante teniendo en cuenta la agenda global y la necesidad de identificar las comunidades, como actores de su desarrollo y con capacidades para reducir, adaptarse y transformar sus vulnerabilidades.

Este cambio es un proceso de mediano e incluso largo plazo, que para su implementación requiere de cambios estructurales y estrategias de avance que le permita impactar positivamente en todos los sectores involucrados, logrando activar los canales de coordinación y comunicación, necesarios para el desarrollo de actividades integradas e integradoras.

Se requiere trabajar más en aterrizar a lo práctico la gestión del riesgo, de manera que se baje del discurso a su desarrollo en el sector escolar, comunitario e institucional, aún la inversión es principalmente en la repuesta a emergencias, por lo que este sirve de indicador, de avance en el proceso, el cual se espera en el futuro, exista un mayor balance hacia también acciones de reducción del riesgo y preparación para desastres, obviamente no se espera desaparezca la inversión en respuesta, mucho más cuando se conoce del aumento de la recurrencia e impacto de los eventos y la vulnerabilidad de las comunidades y el desarrollo y migración de la población a grandes centros urbanos expuestos a riesgos.

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**Costa Rica** (in Spanish)

**Level of Progress achieved:**

5 - Comprehensive achievement with sustained commitment and capacities at all levels

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Procesos de capacitación durante muchos años en escuelas, para estudiantes y maestros. Un programa de preparativos para emergencias en los hospitales.

**Context & Constraints:**

Los procesos de avance no se han documentado, aunque las estadísticas se han elaborado.

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**Cuba** (in Spanish)**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

En todas las instituciones educacionales y de salud existen los planes de reducción de desastres con las medidas acordes a los diferentes peligros que pueden afectarlas. Los colectivos de estas instituciones conocen tanto los trabajadores, profesores y alumnos cómo actuar antes durante y después de un determinado peligro de desastres, existiendo los planes de evacuación para los recursos y la protección de las personas. Estas tareas previstas desde tiempos normales se ejercitan durante el curso. En muchas escuelas existen los mapas de riesgo elaborados por los propios alumnos reflejando los lugares vulnerables y las vías más seguras en caso de evacuación.

Las instalaciones de salud cuentan con grupos electrógenos de emergencia y reservas suficientes de agua, alimentos, medicamentos e insumos médicos que garantizan el trabajo en condiciones de emergencia y desastres por varios días

**Context & Constraints:**

Las condiciones creadas por la Revolución Cubana, desde 1959, garantiza la preservación de valores tales como acceso universal a la cultura; salud pública, educación y seguridad social para todas las cubanas y cubanos. Las limitaciones que se presentan están localizadas en la escasez de financiamiento para el desarrollo integral y sostenible del país, como consecuencia del injusto bloqueo a que nos tiene sometido el gobierno de EEUU

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## Dominican Republic (in Spanish)

### Level of Progress achieved:

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* No: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### Description:

- Existe un proyecto en el Ministerio de Educacion para la formulacion de los planes escolares de gestion de riesgos y la creacion de los Comites Escolares de Emergencias.

- En algunos planteles escolares, tanto publicos como privados, se han establecido las ruta de evacuacion y se han realizado simulacros con el personal docente y los estudiantes.

- Se estan evaluando tanto las escuelas como los hospitales, en sismo-resistencia

### Context & Constraints:

- Las construcciones de los nuevos hospitales y escuelas sean mas seguras

- Hacer una seleccionar los albergues adecuados, y estructurarlos de manera segura en todas sus areas.

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## Ecuador (in Spanish)

### Level of Progress achieved:

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

La Secretaria Nacional de Gestión de Riesgos, elaboró y socializó el Manual del Comité de Operaciones de Emergencia ( COE) primera versión; a todos los actores a nivel nacional desde marzo de 2010, el mismo que tiene como fin, emitir directrices de conformación y actuación para los preparativos y mejorar la respuesta en todos el nivel nacional, provincial, cantonal.

El COE es la instancia donde se toman decisiones político / administrativas en el marco de los planes de respuesta respecto de los eventos en curso y se monitorean los insumos financieros utilizados para la emergencia dentro del marco normativo vigente.

**Context & Constraints:**

COES, estructurados e implementados de acuerdo a sus funciones y con sus amenazas, vulnerabilidades y riesgo en cada localidad identificados; y que cuenten con un plan de contingencias que incluya ejercicios de simulación y simulacros, asi como los recursos necesarios para enfrentar una emergencia y/o desastre.

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## El Salvador (in Spanish)

**Level of Progress achieved:**

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

En el 2005 el proyecto “Fortalecimiento del sistema de coordinación del sector para la primera respuesta en situaciones de emergencia y desastres en la República de El Salvador”, dio la oportunidad al Ministerio de Salud de regular la actuación del sector salud ante las emergencias tomando como base la zona central y paracentral del país, que habían sido impactadas por los terremotos de 2001 y, además, son zonas vulnerables a deslizamientos.

En el marco de este programa, se elaboraron tres documentos: la Guía Técnica para Intervenciones de Salud en Emergencias y Desastres, que establece el marco conceptual en el que se desarrollan y complementan la Guía para Elaborar Planes Hospitalarios en Preparativos e Intervención de Emergencias y Desastres (PHD), y la Guía para la Elaboración de Planes de Emergencia Sanitario Local (PESL).

Así mismo se realizan periódicamente entrenamientos y simulacros tanto en centros escolares como en hospitales para fortalecer preparación ante los desastres.

**Context & Constraints:**

El país tiene avances muy importante en relación a la existencias de programas y/o políticas nacionales para garantizar que escuelas y hospitales sean seguros en casos de emergencia, pero también hay una serie de limitantes, entre las principales están la financiera, la idiosincrasia, la coordinación interinstitucional, etc.

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## Guatemala (in Spanish)

### Level of Progress achieved:

2 - Some progress, but without systematic policy and/ or institutional commitment

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* No: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### Description:

La pauta con la que se inicia el proceso metodológico que Guatemala impulsa para gestionar el riesgo, comienza con crear capacidades y condiciones en las instituciones del gobierno central y local, organizaciones de la sociedad civil y sector privado a partir de mejorar los preparativos para la respuesta.

Los preparativos para la emergencia implican transferencia de conocimientos, mecanismos, instrumentos y prácticas que permitan organizar y facilitar a las autoridades y comunidades acciones compensatorias al riesgo ya existente. En Guatemala se trabaja principalmente en términos de:

- \* Conformación y capacitación de Comités de Gestión Escolar.
- \* Elaboración de planes operativos con padres de familia, maestros, supervisores y técnicos escolares.
- \* Capacitación de equipos nacionales en apoyo psico-emocional y manejo de albergues temporales
- \* Formación de equipos comunitarios de respuesta –ECORED-
- \* Evaluación de infraestructura hospitalaria
- \* Realización de algunas de las inversiones recomendadas en la evaluación de seguridad hospitalaria.
- \* Divulgación del Manual de Criterios Normativos para el Diseño Arquitectónico de Centros Educativos Oficiales a estudiantes de arquitectura y Direcciones de Planificación Municipal
- \* Capacitación y sensibilización a personal del área de salud, en seguridad hospitalaria.
- \* Formación de técnicos en el uso del índice de seguridad hospitalaria
- \* Planificación y realización de simulaciones y simulacros ante sismos y pandemias de influenza aviar con personal del área de salud
- \* Planificación y organización del simulacro nacional ante sismos, suspendido ante el impacto de la tormenta Agatha y la erupción del volcán Pacaya (mayo 2010)

Con lo que se espera garantizar la gestión de emergencias y fortalecer las acciones que para la reducción de riesgos futuros se realiza en términos de inversiones seguras, reducción de vulnerabilidades y degradación ambiental.

### Context & Constraints:

Los limitados recursos con los que cuenta las áreas de salud y educación, repercuten en que aproximadamente el 70% del presupuesto de dichas carteras sea invertido en el pago del capital humano que presta dichos servicios. Situación que la inversión en temas como mantenimiento, o equipamiento, sea menor a los requerimientos.

Principal causa determinada en las acciones realizadas y que determinan que las condiciones estructurales y funcionales en que estos servicios deben ser prestados, contrasta las capacidades

generadas en su personal y las optimas condiciones que permitan establecer instituciones seguras ante desastres.

No se pretende eliminar el riesgo ya existente de forma total, pero sí es llegar a un estado en que este se considera aceptable, pero lo cual es necesario que a las acciones que desde el gobierno central se realizan, sean complementadas por municipalidades, empresas, comunidades u otros actores sociales que generan o sufren las consecuencias de un riesgo mal manejado.

Se espera entonces, promover:

- \* La formación y certificación de funcionarios públicos en temas de gestión para la reducción de riesgos de desastres a distintos perfiles.
  - \* Promoción de la organización y formación de gestores locales de riesgos.
  - \* Ampliación e incorporación y de los conceptos asociados a la reducción de riesgos de desastres en el currículo educativo base.
  - \* Adopción de un Protocolo y formación de capacidades para la atención psicoemocional en situaciones de crisis.
  - \* Promover la adopción y fiscalización del cumplimiento de normas y reglamentaciones constructivas.
- 

## Honduras (in Spanish)

### Level of Progress achieved:

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

No

### Means of Verification:

- \* No: Policies and programmes for school and hospital safety
- \* Yes: Training and mock drills in school and hospitals for emergency preparedness

### Description:

Aun falta esta info

### Context & Constraints:

Aun falta esta info

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## Jamaica (in English)

### Level of Progress achieved:

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### Are there national programmes or policies to make schools and health facilities safe in

**emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

A National Disaster Plan exists and is functioning, this plan is comprised of various sub-plans:

National Earthquake Response Plan

National Fire management Plan

National Flood Plan

National Hurricane Plan

National Oil Spill Plan

HazMat Plan

National Civil Unrest Plan

National Pandemic Plan

**Context & Constraints:**

Parish Disaster Coordinators are employed to Parish Councils and as such are not obligated in any way to report to the National Disaster Office.

The Local Authorities lack the adequate capacity to administer its Disaster Management Responsibility.

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**Mexico** (in Spanish)**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

En cumplimiento del acuerdo que firmó el Gobierno de México, representado por las Secretarías de Gobernación, Salud y Relaciones Exteriores, derivado de la Conferencia Mundial para la Reducción de los Desastres celebrado en el mes de enero del 2005 en Kobe, Japón, en conjunto con 168 países para adoptar medidas entre las que se incluye el Programa Hospital Seguro para el periodo 2005-2015, diseñado por la OMS/OPS, el Sistema Nacional de Protección Civil, se constituyó en noviembre del 2006 el Comité Nacional para el Diagnóstico y Certificación del Hospital Seguro, conformado por un grupo

interinstitucional y multidisciplinario preparado para desastres, quienes aplicaron la cédula de evaluación para establecer el diagnóstico inicial de los hospitales ubicados en zonas de alto riesgo y clasificados de alto nivel resolutivo.

El promedio general de seguridad en los hospitales se refleja como satisfactorio, por lo que México se convirtió en el primer país en el ámbito mundial en establecer el diagnóstico inicial dentro del Programa Hospital Seguro. Para continuar con este esfuerzo, se promueve el Programa Escuela Segura.

Asimismo, se cuenta con las 32 áreas en donde se opera el programa de urgencias epidemiológicas y desastres, los 32 Comités Estatales para la Seguridad en Salud y el Nacional, y se coordinan con los Consejos de Protección Civil.

El INIFED, para fomentar la cultura de prevención, implementa acciones correctivas y preventivas en la mejora continua de la calidad y seguridad de la infraestructura física educativa nacional.

**Context & Constraints:**

Asegurar que todos los Estados de la República Mexicana incorporen el tema de reducción de riesgo de desastre en sus Planes de Protección Civil, cubriendo otros rubros como el de la perspectiva de género.

Asimismo, en lo que hace al sector salud, se pretende mantener activos los Comités Nacional y Estatal para la Seguridad en Salud y tener una efectiva coordinación con todas las instancias involucradas en la preparación y respuesta en salud ante desastres. Como meta principal, se busca capacitar y actualizar permanentemente a los responsables de los programas implementados.

## Nicaragua (in Spanish)

**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Durante este período el SINAPRED ha elaborado y actualizado programas enfocados en los sectores de salud y educación a través de comités escolares, planes de seguridad escolar, guías para elaborar planes de emergencia sanitarios locales; Políticas institucionales: “Mejor educación” que establece los Planes de Seguridad integrados en la currícula escolar del MINED y fortalecimiento estructural de Escuela-Albergue a nivel comunitario apoyados algunos de estos programas por ONG como Save the children y GVC. En el sector salud se encuentra en proceso de desarrollo la aplicación de la estrategia de hospitales seguros, impulsados conjuntamente por organismos de cooperación como la OPS.-

El Plan Nacional de Respuesta actualizado en el 2010, ha contribuido como guías metodológicas para la planificación sectorial e institucional a todo nivel facilitando la elaboración de manuales y Guías que constituyen las herramientas técnicas para la coordinación y ejecución del SINAPRED.

Recientemente se creó como políticas de apoyo el decreto presidencial 27-2008 relacionado con la creación de los delegados del SINAPRED en todos los niveles territoriales lo que ha permitido una mayor vinculación de las comunidades en las políticas de gestión del riego a nivel local.

En Junio 2010, se firmo un convenio de entendimiento entre el Sistema Nacional para la Prevención, Mitigación y Atención de desastres y la Red Humanitaria de respuesta ante desastres, integrada por más de 35 organismos de asistencia humanitaria, constituyéndose un foro permanente de coordinación de políticas, estrategias y acciones de preparación y respuesta entre la cooperación internacional y las autoridades nacionales, fortaleciéndose la capacidad de respuesta del SINAPRED.-

**Context & Constraints:**

- 1.- Recursos limitados (humanos, técnico, económico-financieros) para desarrollar la estrategia de Hospitales Seguros.-
- 2.- Falta Mecanismos de asignación presupuestaria para el cumplimiento de actividades sectoriales en las emergencias y/o desastres.-
- 3.- Mecanismos limitados para el cumplimiento adecuado de medidas sectoriales e institucionales para preparativos y respuesta

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**Panama** (in Spanish)

**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Políticas and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Existen en las diferentes instituciones nacionales el marco jurídico para que dentro de sus responsabilidades puedan afrontar un desastre. Se atienden y se tienen normar en cuanto a desastres ambientales , marítimos y sus protocolos de atención.

Ejemplos de Planes y normar jurídicas

Resolución # 222, las leyes decretos y resoluciones que la enmarcan como cumplimiento a los artículos # 118 y 114 de la Constitución Nacional al igual que lo contemplado en el artículo # 18 de la ley # 6 del 11 de enero del 2007 que le otorga a la autoridad Marítima Nacional la Garantía del cumplimiento de las convenciones internacionales marítimas , además de reglamentar y revisar la gestión Integral de residuos

provenientes de los buques y del sistema portuario nacional incliyendo los derrames.

A través del Centro de Operaciones de Emergencia se desarrollan los planes Nacionales de Emergencia , y se norman procedimientos de atención interinstitucional .

Las instituciones cuentan con capacidad técnica, solo que se diseminan.

Hace falta elevar este tema a política nacional.

El Ministerio de Relaciones Exteriores evalúa al Manual de Procedimiento en caso de Desastre (Manual de Cancillería). Después del ejercicio a raíz de los terremotos de Haití y Chile, por lo que considera que el mismo debe ser mas operativo y proceder a la elaboración de una guía práctica, tanto como para los funcionarios en la sede del Organo Central, como para funcionarios del servicio exterior.

A pesar que dicho manual ha sido evaluado por personal técnico de la Dirección General de Organismos y Conferencias Internacionales de la Cancillería, que ha obtenido el reconocimiento de expertos en otros países por estar a la vanguardia en materia de prevención, se pretende ir a la vanguardia también en el tema de operativización de este tipo de manual.

Se activa un centro de llamadas y un puente de comunicación en la cancillería para localizar a los panameños que residen en un país afectado por un fenómeno natural donde se requiera ayuda humanitaria, en coordinación con la Embajada y Consulado de Panamá. La idea es poder localizarlos y dar cuenta de su estado a sus familiares, asistirlo en lo que necesiten y si fuera necesario traerlos de regreso al país en el caso de que así lo solicitaran.

El Ministerio de Relaciones Exteriores reconoce que existen compromisos para apoyar las acciones de asistencia humanitarias a nivel nacional e internacional. En este sentido a nivel institucional se ha incorporado la temática en la egenda de temas a tratar por esta institución, estableciendo una comisión de desastres.

Aprovechando la infraestructura logística con que cuenta Panamá, y que ha ofrecido una ventaja comparativa a las diferentes agencias de las naciones unidas y otras organizaciones de ayuda humanitaria no gubernamentales, instaladas en la ciudad del saber, como la oficina regional de Coordinación de Naciones Unidas para la Asistencia Humanitaria (OCHA), la Cruz roja Internacional, promueve un Centro Regional de Logística Humanitaria para el Continente Americano, como un mecanismo de respuesta rapida y eficaz, desde Howard, donde el Programa Mundial de Alimentos y la Cruz Roja Internacional tendran un depósito de mayor capacidad y un aeropuerto para su uso propio.

### **Context & Constraints:**

Hace falta seguimiento a los temas de emergencia.

A pesar que en las escuelas se cuentan con planes de Seguridad Escolar hace falta seguimiento para que estos se actualicen y que en las escuelas vulnerables se haga obligatorio la práctica de desalojo.

En caso de una emergencia que supere la capacidad nacional , se requiere que se activen los protocolos de el Manual de Cancillería por lo que se requiere contar con un personal calificado en el tema y con infraestructuras seguras, soportadas por planes de emergencia institucional y familiares.

En el caso que emergencia sea fuera de nuestro país, crear una base de datos en los Consulados y Embajadas de Panameños que viven en países vulnerables para facilitar su localización y saber la cantidad real , y sugerir lo mismo a los Consulados y Embajadas que tienen representación en nuestro país.

Se requiere elevar a Decreto Ejecutivo la Política de Nacional Gestión de Riesgo, fundamentada en la Política Centroamericana de Gestión Integral de Riesgo(PCGIR), aprobada en la reunión ordinaria de Jefes de Estado y de los gobiernos del Sistema de la Integración Centroamericana(SICA).

Incorporar la variable de riesgo en las políticas implementadas en cada institución gubernamental.

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## **Paraguay** (in Spanish)

**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Los mecanismos establecidos para la Gestión de Riesgos en el país son sólidos y funcionan, aunque requieren de ser fortalecidos y seguir avanzando en la capacitación de recursos humanos y principalmente en el trabajo preventivo.

La Secretaría de Emergencia Nacional, tiene firmado un convenio con el MEC y ejecuta actualmente cursos de capacitación en seguridad escolar CUSE. Son pocos los avances relacionados simulacros de preparación en materia de seguridad en hospitales y centros de asistencia a la salud, estatales.

**Context & Constraints:**

La conciencia en relación a la gestión de riesgos no está muy arraigada en la población, las instituciones son principalmente reactivas y practicamente no se planifica y se trabaja muy poco en la prevención. Como principal limitación se tiene a las dificultades presupuestarias

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**Peru** (in Spanish)**Level of Progress achieved:**

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

El Sector Salud por Decreto Supremo N° 009-2010-SA, se aprueba la Política Nacional de Hospitales Seguros frente a desastres que se viene implementando con apoyo de la OPS/OMS.

Resolución Suprema N° 009-2004-SA, se aprueba el Plan sectorial de Prevención y atención de emergencias y desastres del Sector Salud.

RM N°502-2010/MINSA, que aprueba el Plan de Gestión del Riesgo del MINSA frente al Terremoto y Maremoto 2010-2011.

R.M. N° 247-2010-MINSA, que aprueba el Plan Sectorial de Operaciones de Emergencia del Sector Salud.

Se realiza permanentemente la Asistencia técnica a las Direcciones Regionales de Salud-DIRESAS, para Implementar y Ejecutar los procesos y subprocesos de las actividades de la Gestión de Riesgos de Desastres a nivel Regional y Macro regional.

Cuenta con el Plan Sectorial de Prevención y Atención de Desastres.

El Sector Educación está implementando una política de escuelas seguras que plantea la gestión de riesgo de desastres como eje transversal en la actividad educativa, además de los temas relacionados a infraestructura, con el apoyo de UNICEF y UNESCO

Cuenta con el Plan Sectorial de Prevención y Atención de Desastres

**Context & Constraints:**

La Política Nacional de Hospitales Seguros frente a desastres se encuentra en una fase inicial de su implementación y debe asegurarse que se acompañe de un presupuesto que permita reducir la vulnerabilidad hospitalaria.

Los Gobiernos regionales, aún no evalúan la asignación de recursos para la preparación en caso de emergencias.

La política del sector Educación no cuenta con los recursos financieros necesarios tanto a nivel nacional como a nivel sub-nacional y local.

El 7% de las escuelas tiene un buen nivel de avance, el 73% un nivel inicial y el 20% aún no ha implementado.

El marco legal de Gestión de Riesgo de Desastre, aprobado - Ley del SINAGERD- aún no se puede implementar por que requiere para su vigencia que se apruebe su reglamento.

## **Saint Kitts and Nevis** (in English)

**Level of Progress achieved:**

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Policies and programmes for school and hospital safety exist.

Training and drills are held in hospitals for emergency preparedness. This is yet to be achieved in schools and other educational facilities

**Context & Constraints:**

As such programmes are not institutionalized in the school system related initiatives are only undertaken

occasionally

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## **Saint Lucia** (in English)

### **Level of Progress achieved:**

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

### **Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

### **Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### **Description:**

A Schools Safety Programme has been endorsed and is being developed. Emergency Contingency Plans have been developed for all Medical Facilities.

### **Context & Constraints:**

Though slow the process of 'hardening' medical facilities and schools is on-going. These programmes are being promoted and funded under both local and regional projects.

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## **Turks and Caicos Islands** (in English)

### **Level of Progress achieved:**

2 - Some progress, but without systematic policy and/ or institutional commitment

### **Are there national programmes or policies to make schools and health facilities safe in emergencies?**

No

### **Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

### **Description:**

Exercises are conducted annually for hospitals but not schools.

### **Context & Constraints:**

Future DRR program development must take the indicators into account and provide the adequate funding

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## United States of America (in English)

### Level of Progress achieved:

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### Description:

The United States has a well-developed emergency management system that operates at all levels of government. Work continues to fully integrate disaster risk reduction into institutions at the local, state and federal levels as well as in the private sector. At the federal level, the Hospital Preparedness Program, administered by the U.S. Department of Health and Human Services (HHS), provides funding for activities that include, but are not limited to, exercising and improving preparedness plans for all-hazards including pandemic influenza, increasing the ability of healthcare systems to provide needed beds, engaging with other responders through interoperable communication systems, tracking bed and resource availability using electronic systems, protecting their healthcare workers with proper equipment, decontaminating patients, enabling partnerships/coalitions, educating and training their healthcare workers, enhancing fatality management and healthcare system evacuation/shelter in place plans, and coordinating regional exercises.

Most training, drills, and programs for school safety are coordinated at the state and local levels. The federal government coordinates a relatively small Readiness and Emergency Management for Schools grant program supporting improvements in emergency management plans at the district and school-building levels.

The Great California ShakeOut has become an annual earthquake preparedness exercise with over 8 million participants in 2010, the vast majority of them schoolchildren. This approach is being implemented in the Central United States in 2011 and elsewhere around the world.

### Context & Constraints:

See above.

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## Venezuela, Bolivarian Rep of (in Spanish)

### Level of Progress achieved:

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

### Are there national programmes or policies to make schools and health facilities safe in

**emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

A nivel legislativo e institucional, la ONPCAD, que prevé la existencia de un Comité Coordinador de Protección Civil, es el espacio donde los actores de diversos sectores y niveles administrativos confluyen para tomar medidas que optimicen la preparación del Estado, en aras de brindar una apropiada respuesta ante la ocurrencia de un evento adverso.

Existen sectores que poseen políticas sistemáticas, para mejorar su preparación ante desastres, tal es el caso de salud, que mediante la resolución ministerial N° 093, del 03 de junio de 2010, publicada en la Gaceta Oficial N° 39.447 de fecha 16 de junio de 2010, creó el Programa Nacional de Hospitales Seguros frente a desastres, en el cual se establecen medidas para garantizar que los establecimientos de salud sigan funcionando en su misma estructura y a su misma capacidad una vez ocurrido un evento adverso de origen natural.

**Context & Constraints:**

- Impulsar la Plataforma Nacional, como espacio para establecer prioridades y mejorar las capacidades institucionales, financieras y operativas, para crear una política nacional de prevención y atención de desastres, con miras a su reducción y a alcanzar un desarrollo sostenible.

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# Asia

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## Bangladesh (in English)

### Level of Progress achieved:

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### Description:

GoB has prepared a final draft of National Disaster Management Act. National Disaster Management Plan (2010-2015) has been approved. Revised Standing Orders on Disaster (SOD) has been updated and incorporated tsunami and earthquake hazards and tasked for all safety preparedness, school safety and contingency plan. Guidelines for making disaster resilient schools and hospitals have been introduced. For the existing structure, retrofitting techniques are being introduced through Public Works Department (PWD) and BUET. Mock Drill guidelines for schools and hospitals safety have been developed and pilot tested. This is being institutionalized through DMRD in partnership with Ministry of Education and Ministry of Health and Family Welfare. Twenty two (22) fully equipped fire stations have been established at local levels during the reporting period (2009-2011). Mock drill guideline have been developed and tested by Fire Service and Civil Defense (FSCD) and planned to practice in future.

### Context & Constraints:

While the country has developed sound policy and framework, it lacks adequate capacity to implement all aspects of those policy and framework. The inadequate capacity include, adequate staffing, financial and technical resources such as space based technology. Often GoB institutions and departments with adequate staff do not have technical skills and logistical resources.

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## Brunei Darussalam (in English)

### Level of Progress achieved:

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

-- Nothing reported within this timeframe. --

### Means of Verification:

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Initiatives and in-the-pipeline activities are leading towards DRR by key national stakeholders has been obtained.

**Context & Constraints:**

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**Georgia** (in English)

**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

The role of the Integrated System of Emergency Situations Management and responsibilities of the Ministry of Labor, Health and Social Affairs (MoLHSA) have been defined by the Decree #415 of the President of Georgia "On Approval of the National Response Plan to Environmental and Technological Emergency Situations"; dated 26.Aug.2008. Within this National Response Plan MoLHSA is responsible for carrying out Function 6 "Medical Care."

Department of Emergency Situations Coordination and Regime of Ministry of Labor, Health and Social Affairs are responsible for management of healthcare emergencies. Department of Emergency Situations and Regime of MoLHSA have developed the "Plan of Sectoral Response and Civil Defense Measures of the Ministry of Labor, Health and Social Affairs of Georgia in Emergencies"; which was adopted in 23 March, 2009.

Department of Emergency Situations Coordination and Regime of MoLHSA developed "Recommendations for Designing the Plans of Preparedness of Hospitals on Emergency Situations"; which were distributed to all hospitals throughout Georgia. Besides, the managers of medical facilities were duly instructed regarding preparation of the local hospital response plans. As a result, more than 165 hospital response plans were submitted to the Ministry from medical facilities. The headquarters on emergency situations are created in almost all multi-branch hospitals. The response plans developed by hospitals currently are in the course of coordination with the National Response Plan. This is a permanent and renewable process implemented on a daily basis.

Within the framework of training programs organized by the Department of Emergency Situations Coordination and Regime of MoLHSA more than 500 medical doctors and 100 hospital managers were trained on management of clinical conditions in critical situations and hospital management in emergency situations as well as 50 rescuers have been trained during the last three years. Above mentioned trainings took place in Tbilisi and regions throughout the Georgia. Training programs include large scale simulations drills and tabletop exercises. Similar training courses are planned to continue in future. In addition, during the influenza A (H1N1) pandemic period in Georgia MoLHSA together with National Center for disease Control and experts from Infectious Disease, AIDS and Clinical Immunology Research Center conducted expert's lectures, seminars and training courses. During these trainings more than 4500 medical doctors have been trained on the issues (etiology, pathogenesis, clinic, diagnostics, prevention and treatment) of A (H1N1) pandemic influenza.

#### **Context & Constraints:**

To increase of readiness for managing disaster impacts and improve response measures is need initiate relevant disaster protection/management study programs, public and even for educational campaigns, conferences or school visits. To Implement of best practices in this field would be progressive steps for increasing of readiness for managing disaster impacts, and improving response measures in Georgia.

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## **India** (in English)

#### **Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

#### **Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

#### **Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

#### **Description:**

The institutional and policy mechanism for carrying out response, relief and rehabilitation have been well-established in India since independence.

With the paradigm shift from relief centric approach to pre disaster preparedness and mitigation and evolution of DM Act every Ministry and departments of Government Of India and the state governments are mandated to prepare disaster management plans with focus on preparedness for effective response, mitigation and integration of disaster risk reduction in the ongoing development schemes.

Government of India has established the National Disaster Management Authority mandated to lay down policies, plans and guidelines for disaster management and undertake such measures as required for disaster preparedness, mitigation and capacity building.

Being federal in nature responding to disasters is the primarily responsibility of the state government and the central government plays a supplementary role by providing logistic and additional financial support.

State Disaster Management Authorities which are statutory bodies have been established in all the states and constitution of district disaster management authorities is under process.

To strengthen the efforts towards disaster preparedness National Institute of Disaster Management along with 29 other Disaster Management Cells established in the administrative training institutes across the country provide training to the government functionaries on disaster preparedness, mitigation and risk reduction.

Dedicated fund has been provided for Training and Capacity Building of various stakeholders for the period ( 2010-2015)

**Context & Constraints:**

Although institutional mechanism has been put in place from national to local level to coordinate all activities relating to disaster preparedness, response, mitigation and risk reduction, there are capacity gaps which need to be addressed to make these institutions more functional.

Mainstreaming Disaster Risk Reduction into ongoing development plans and programmes requires strong advocacy at all levels, political willingness, understanding of disaster risks and cost benefit analysis.

**Indonesia** (in English)

**Level of Progress achieved:**

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Disaster risk management that employs a risk reduction perspective has been in place, but it has yet to be implemented well. The policy has not been implemented comprehensively in developing risk management capacity and technical mechanisms, several programs have been developed at the central level, but its implementation in the provincial and district/city level has not been to the maximum. All the 33 provincial governments in Indonesia have already established their Local Disaster Management Agencies, while approximately 60% of all districts/cities have done so. The regions that have set-up their own BPBDs continuously strengthen their capacity in disaster management.

In general systematic policy and commitment have yet to be observed. Several regions such as the Provinces of Nanggroe Aceh Darussalam, the Capital City of Jakarta, the Special Region of Yogyakarta and a handful others have already possessed disaster management policies that are relatively well developed, but still their response capacity needs to be strengthened. On the other hand, at the central level relevant ministries have endeavored to develop DRR-based school curricula, establish standards for school and hospital buildings, as well as retrofitted some schools and health facilities. At the regional level, all hospitals have set-up their Rapid Response Teams. Up to early 2011, nearly all ministries and agencies

have developed preparedness programs at the community level. However, capacity for response still needs to be enhanced and coordination in emergency response needs to be improved.

**Context & Constraints:**

One of the constraints in this aspect is the weakness of law enforcement in the field of disaster management. Since the shift of paradigm from response to disaster risk reduction has relatively not been well socialized, risk management is often hindered by the limited vision of the related stakeholders. The lack of capacity in the regions has also become an obstacle, including the fact that many civil servants often undergo frequent official personnel rotation, so that often the personnel's understanding of their key duties and responsibilities is insufficient and the work cannot be done as best possible. Particularly in the regions, the understanding of the head of region and members of the local parliament of disaster risk reduction is still lacking, so that these decision makers do not make disaster risk reduction as a priority issue. Also, Indonesia has yet to have a disaster database cross government ministries and agencies that are regularly updated.

In the future the central government needs to support the regions to develop policy, capacity and technical as well as institutional mechanism in risk management that has a risk reduction perspective. The process may be enhanced with the creation of disaster management regulations, standards and protocols that are clear and firm. The government also needs to set-up BPBDs in all hazard-prone areas and formulate development plans that have a disaster risk reduction perspective. The quality and mechanism of coordination among the sectors and all the stakeholders needs to be enhanced too.

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## Japan [\(in English\)](#)

**Level of Progress achieved:**

5 - Comprehensive achievement with sustained commitment and capacities at all levels

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Based on the Disaster Countermeasures Basic Act and other relevant laws and acts stipulate the mechanisms for effective disaster response. The national government collects disaster information at the Cabinet Information Collection Center 24 hours a day, and at the time of a large-scale disaster, the designated emergency response team comprised of the director-generals of the respective ministries and agencies gathers immediately at the Crisis Management Center in the Prime Minister's Office to grasp and analyze the disaster situation, and reports to the Prime Minister. Inter-ministerial meetings at the ministerial or high-ranking senior official level are held to decide basic response policies if necessary. According to the level of damage, the government may establish a Major Disaster Management Headquarters (headed by the Minister of State for Disaster Management) or an Extreme Disaster Management Headquarters (headed by the Prime Minister). Additionally, a government investigation team headed by the Minister of State for Disaster Management may be dispatched, or an on-site disaster management headquarters may

be established.

In the case of large-scale disasters that exceed the response capabilities of the affected local governments, various wide-area support mechanisms are mobilized by the National Police Agency (Inter-prefectural Emergency Rescue Unit), Fire and Disaster Management Agency (Emergency Fire Rescue Team), and Japan Coast Guard. Furthermore, the Self-Defense Forces can be dispatched for emergency response activities upon request from the governor of the affected prefectural government. A wide-area medical transportation system for dispatching disaster medical assistance teams (DMAT) and ambulance parties for transporting seriously injured people to disaster management base hospitals outside of the disaster-stricken area is being developed.

Moreover, to promote emergency measures, rehabilitation and reconstructions activities in a coordinated manner among larger areas in a large-scale disaster, Large Area Disaster Management Bases have been strategically developed. In Tokyo metropolitan area, the base in Higashiougishima district (Kawasaki city) has been served since June 2008, and the base in Ariakenooka (Koto city) since July 2010.

**Context & Constraints:**

N.A.

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## **Lao People's Democratic Republic** (in English)

**Level of Progress achieved:**

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

While there is no policy pertaining to Safe Hospitals in Lao PDR, in 2009 WHO and the MoH undertook the "Hospitals Safe from Disaster" initiative within Lao in all 17 provinces throughout the country training 51 health workers focussing attention on the safety of Lao PDR health facilities to assist in ensuring they remain functioning when disaster strikes. The training advocates that reducing health risks from emergencies, disasters and other crises is achievable. The platform aims to:

- 1) build a health risk reduction community, which includes representatives of all sectors contributing to health risk reduction
- 2) Achieve a greater investment of government resources to health risk reduction
- 3) Enable the health sector to contribute more effectively to disaster risk reduction through national, regional and global platforms for disaster risk reduction

Furthermore presently WHO are supporting the MOH to assess hospital vulnerability to disasters in the north, central and southern parts of Laos and in cooperation with MoH commencing in 2007 undertook a Public Health Emergency Management Workshop in 2010 with the aim of:

- 1) Enhance the knowledge, skills and attitudes of health human resources at national, sub national and provincial levels

- 2) to promote and facilitate collaboration and national coordination in health emergency management through the development and implementation of guidelines
- 3) to contribute to capacity building in other provinces

In 2010, the Asian Disaster Preparedness Centre (ADPC) in close coordination with NDMO and under overall support by UNDP developed a national hazard and risk profile for Lao PDR, providing a groundbreaking risk assessment tool essential for use by the government of Lao PDR in the formulation of safe and sustainable planning for schools and hospitals.

**Context & Constraints:**

Constraints:

The NDMO lacks the budget, resources and manpower to carry out a complete disaster preparedness for effective response nationally.

**The Way Forward**

While the NDMO lacks finances, resources and manpower, it successfully utilizes cooperative arrangements with the International Organisations/INGOs in Lao PDR to assist its undertaking disaster preparedness for effective response formulation for DRR in Lao PDR. While training of health personnel within the provinces undertaken by WHO and MoH is laudable, there is a definite requirement for the formulation of MoH Safe Hospital Construction Guidelines, similar to those of the MoE, on making hospitals safe in emergencies and improving on the disaster resilience of provincial medical facilities.

## Lebanon (in English)

**Level of Progress achieved:**

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

No

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

There is currently no system in place that provides prevention measures, emergency plans, and support for schools and hospitals.

However, some schools and hospitals conduct regular evacuation drills. In addition, all hospitals are equipped with emergency plans that include emergency maps.

**Context & Constraints:**

There is currently no identified and established national program that aims to make hospitals and schools safer.

## Malaysia (in English)

### Level of Progress achieved:

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* Yes: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

### Description:

The National Security Council Directive No. 20 is the main guideline for disaster management in Malaysia. It is complemented by other sectoral legislations and guidelines that form a comprehensive disaster mitigation framework. The Directive prescribes the management mechanism according to the level and complexity of disaster and determines the roles and responsibilities of various agencies to ensure effective coordination and mobilisation of resources when handling disaster. The National Policy on Climate Change 2009 provides another avenue to integrate DRR elements and measures while the Policy pursues to mainstream climate resilient development into different levels of government. Several Key Actions will address DRR directly and indirectly, including systematic harmonisation and integration of DRR in existing and new legislation, policies and plans; mobilisation of financing and technical assistance; as well as R&D and establishment of disaster database inventory.

### Context & Constraints:

The National Security Council is currently exploring the formulation of a national policy for disaster management, with main focus on disaster risk reduction. A National Platform on Disaster Management will be established to improve effectiveness in multi-stakeholder mobilisation and drive more proactive and comprehensive multi-hazard approach in identifying, preventing, mitigating and preparing for the disaster risks.

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## Maldives (in English)

### Level of Progress achieved:

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Ministry of Tourism Arts and Culture developed detailed SOP's on Hotel operator authorization on Disaster Management. Operational SOP's for Government Agencies have been developed for when a large percentage of employees fall victim to an epidemic and private sector. The Public Health Bill has been developed and it outlines the actions that can be taken during epidemics. HIN1 SOPs has been developed for schools and health facilities. A national pandemic influenza preparedness plan has been developed by MoHF. A tsunami SOP was developed as well.

The Public Health Bill has provided the legal power to the Ministry of Health to enforce health protection measure in emergency and non emergency situations. The newly developed SNAP includes a chapter on DRM with 6 identified policies. Ministry of education has also developed SOPs for response.

Emergency management workshops for MNDF officials as well as first responders in communities have been regularly conducted. these workshops give a special focus to DRR and DRM, including how Community based disaster preparedness planning is conducted.

**Context & Constraints:**

The DM Bill and SNAP has been referred to in the National Strategic Action Plan of the government, as the key legal frameworks on which DRR mainstreaming in the country would be based upon. However, the DM Bill is yet to be finalised with the new integration of the Civil Defence Act (which focuses on fire and rescue services) and SNAP while developed through national consultations, awaits endorsement by the government.

mock drills need to be done in hospitals.

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## Mongolia (in English)

**Level of Progress achieved:**

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

No

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

“Emergency Situation Resource Mobilization and Evacuation Procedures” have been developed. These procedures detail the process to evacuate and deploy the population in emergency situations. There is no stand-alone program to make schools and health facilities safe in emergencies, but there is a need to conduct a research and take measures in this direction.

**Context & Constraints:**

We need to learn from those countries that have the experience of developing a stand-alone program to

make schools and health facilities safe in emergencies.

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## Nepal (in English)

### Level of Progress achieved:

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### Description:

School safety and hospital safety have yet to gain major thrust in the national programs and budgetary support. Few activities carried through departments and line agencies are not significant to impart a major change. There is program on School Earthquake Safety Program (SESP) from 1999 and has already been retrofitted few school buildings in order to make them earthquake safer. Hospital emergency preparedness is also carried out with lead support from Tribhuvan University (TU) Teaching Hospital but has yet to be internalized by many hospitals. Bheri zonal hospital is also retrofitted to ensure service/functions within hospitals during emergency period. Agencies are also working to form Disaster management committees and different task forces: Early warning, Health, Search & Rescue, Food & water, Shelter & NFI and are formed under each DMC. Schools have been involved as integral part of CBDRM. School based DMCs are formed and school based DRR/DP activities done in some districts.

School and Hospital safety is one of the five flagship areas identified by an international Consortium of ADB, IFRC, UNDP, UNOCHA, UNISDR and World Bank (formed in May 2009). The flagship area on School and Hospital safety focuses on a seismic safety of schools and hospitals. An estimated USD 52 million is proposed for this flagship area.

### Context & Constraints:

It is estimated that there are about 60-80,000 school buildings in 32,000 public schools all over the country. There are also thousands of private schools which have almost equal number of building structures. These buildings seldom meet building safety requirements and need immediate attention either to replace them or retrofit them.

Additionally, Nepal requires to add 10,000 classrooms each year in order meet the MDG of Education for All by 2015. Because of large number of constructions involved and also because of the urgency with which these schools are being built, the new constructions do not meet the building safety regulations. Following building safety standards for new constructions can be instrumental in reducing the underlying risk.

The real challenge is to upscale these practices through massive capacity building and creation of working conducive legal and policy environment at all levels. Lack of implementation mechanism is a challenge from the VDC level to the central level in every sector.

## Recommendation

Develop Safe School Construction manual for different regions with special focus on reducing the multi hazard risk in the area.

Implement mandatory provisions for following building safety regulations for construction any new schools and hospitals.

Assess multi-hazard and vulnerability of school buildings throughout the country, rank the schools for actions to be taken (either to replace, retrofit or safe enough to continue operation) and prioritize the intervention according to the level of hazard.

Assess seismic safety of all the hospitals throughout the country and recommend safety measures for the hospitals.

Develop policy and mandatory regulations for structural and non-structural safety in case of major earthquake for all hospitals throughout the country.

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## Pakistan (in English)

### Level of Progress achieved:

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

-- Nothing reported within this timeframe. --

### Means of Verification:

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

### Description:

The National Disaster Management Act 2010 has been enacted as the primary law of the land for disaster management. Under the Act, the National Disaster Management Commission (NDMC) is the apex policy making body under the chairmanship of the Prime minister, in the field of disaster management. The National Disaster Management Authority (NDMA) is the focal agency for coordinating and facilitating the implementation of strategies and programmes on disaster risk reduction, response and recovery. Similarly, Disaster Management Authorities have been established at provincial, regional, and district levels. The National Disaster Risk Management Framework (NDMRF) is the major policy document in the field of Disaster Risk Management (DRM). Provincial Disaster Management Plans and District Disaster Management Plans for the most vulnerable districts have developed with disaster risk reduction perspective

### Context & Constraints:

The NDMA at the federal level is pursuing several initiatives to enhance local institutional capacities for effective response to disasters and disaster risks. However, unless and until such programmes are replicated across the country at the provincial and district levels as a part of respective DRR Plans, the expected outcomes of the initiatives taken by the NDMA will not have the desirable effects.

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## Sri Lanka (in English)

**Level of Progress achieved:**

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

The DM Policy document developed by the DMC has given priority to prevention, mitigation, and preparedness activities during the pre-disaster phase and response and relief in the post-disaster phase. The Policy also emphasises the proactive approach as opposed to the reactive. The Act is in the process of being revised in order to streamline and incorporate response and relief into one entity.

All Government institutions are required to develop and implement the DM Plan.

The Policy also highlights the need for DRR and preparedness in comparison to the provision of relief to victims.

Risk reduction policies and plans are available with various stakeholders at all levels in line with the National Disaster Management Policy (NDMP).

Many Government officials were provided with national and international training programmes to enhance their technical and practical knowledge to undertake DRR initiatives.

The DMC has trained nearly 250 officers engaged in disaster response activities, at the district and divisional levels, on the Incident Command System (ICS), which provides management tools for disaster management. Training and capacity building was provided to national, district and local level officials, volunteers, and communities by various organisations in relation to preparedness for response.

Skilled staff and volunteers are available in the country to be deployed in case of an emergency.

In principle, the Government has accepted the need to strengthen the capacity of local authorities to respond to disasters and, therefore, has provided equipment and material such as, motor boats, catamarans, electric saws, portable generators, water pumps, lifesaving jackets, water tanks, water bowzers, backhoe loaders, septic tank empties, fire brigade equipment and vehicles, graders, training centre building, and others. A stock taking exercise of available resources with agencies is ongoing for preparedness planning.

After experiencing several disasters recently, there is a strong political will to give priority to DRR activities in provision of relief.

**Context & Constraints:**

Enforcement of laws and regulations are weak against those filling land identified as flood retention areas and cutting and removing earth from lands with steep slopes.

Incorporation of International Disaster Response Laws (IDRL) is required.

District Disaster Management Coordinating Committees (DDMCC) need to be established in the post-conflict Northern Province. Additionally, Divisional Coordinating Committees to be established following the DDMCCs.

Inadequate institutional financial capacities for maintenance of equipment.

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## **Syrian Arab Republic** (in English)

### **Level of Progress achieved:**

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

### **Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

### **Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### **Description:**

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### **Context & Constraints:**

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## **Thailand** (in English)

### **Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### **Are there national programmes or policies to make schools and health facilities safe in emergencies?**

-- Nothing reported within this timeframe. --

### **Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

### **Description:**

Nowadays, the development of disaster management system, the national disaster prevention and mitigation, disaster warning system, emergency relief system have been a part of the 10th National

Economic and Social Development Plan and the next national development plan as well. It means that Thailand gave more significance of disaster reduction. The Disaster Prevention and Mitigation Act 2007 is the law mechanism to operate the disaster management of the country. The National Disaster Prevention and Mitigation Committee is national platforms to facilitate disaster risk reduction. Based on the Act, the Department of Disaster Prevention and Mitigation is the main government agency to coordinate and integrate the disaster management with the government organizations, local administration agencies, private sector and various foundations to achieve the disaster risk reduction.

The National Preparedness Policy was developed as a policy frame work for national disaster preparedness and security. The objective is to enable all sectors to achieve an appropriate state of national preparedness for emergencies in managing disaster, security threats and emergencies in a normal state as well as to ensure effective and timely managements and implementations thereof during emergency. The Committee of National Preparedness Policy is the mechanism to drive the policy.

According to the government policy and the law mechanism, various agencies develop the plan and implement the activities on disaster reduction to safe people's life and decrease the damage. To advocate DRR, Department of Disaster Prevention and Mitigation and its stakeholder prepared the Strategic national Action Plan for Disaster Risk Reduction 2010– 2019 and the cabinet approved on 22 March 2009 to mainstream disaster risk reduction into national system.

Disaster Prevention and Mitigation Academy is also established to be the national disaster management training centre. The government and local administration staffs including civil defence volunteers will be trained to develop their capacity in various courses such as community based risk management, fire fighting, search and rescue, incident command system.

#### **Context & Constraints:**

In view of main responsible organization for Climate Change Adaptation such Office of Natural Resources and Environmental Policy and Planning, it does not directly precise to disaster risk reduction. However, it mainly focuses on the declaration adoption or carbon dioxide emission which may concern to it organization. Whereas, the knowledge sharing, risk assessment and knowledge sharing or even lesson learned among organizations are the hard works for them to be implemented. The investment for R& D mostly depends on the political policy because it is depleted stability.

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## **Yemen** (in English)

#### **Level of Progress achieved:**

1 - Minor progress with few signs of forward action in plans or policy

#### **Are there national programmes or policies to make schools and health facilities safe in emergencies?**

No

#### **Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

#### **Description:**

The existence of the project DesInventar which is based on the management of disaster risk reduction by analyzing and evaluating data that was collected from the survey in field and the ability to make future plans and policies to cope with disaster risks.

There is an available mechanism to the General Authority for Maritime Affairs represented in an emergency plan to address marine pollution incidents in the marine environment. It is involved by all the stakeholders and in accordance with their national and institutional responsibilities and competences. Institutional capacities are also available to the Authority for managing and implementing the plan at all levels.

DMP that funded by WB support Yemen to build a sound DRR and Recovery that include three activities :

- A country disaster risk assessment .
- National DRR system including necessary legal strategic formworks to ensure mainstreaming and inter-ministerial and inter-sectoral coordination.
- A series of innovative pilot activities of the local level within specific sectors.

#### **Context & Constraints:**

The most important challenges are the lack of mechanisms and strong institutional capacities for disasters risks management by the guidance to reduce their risks or to support the rehabilitation and dealing with disasters when needed.

- The unavailability of mechanisms and strong institutional capacities for disaster risk management by guidance risk reduction.
- The unavailability of contingency plans at all administrative levels to do regular exercises to test and develop plans to deal with disasters.
- The unavailability of cash reserves and emergency mechanisms to support the rehabilitation and dealing with disasters when needed.
- The lack of procedures for exchanging information during disasters and hazardous events, and during the audits after the incident.

The GoY has collaborated with UNDP to develop a Country Cooperation Frameworks from 1997 to 2006. However, due to a cumbersome executing structure and institutional set up, including indecisiveness and lack of coordination among ministries responsible for the DRM functions, the UNDP-assisted program has stalled for the last several years. In addition, there are limited training for local government officials, and those that have received partial DRR training are ill equipped and prepared to respond effectively to emergencies

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# Europe

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## Armenia (in English)

### Level of Progress achieved:

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### Description:

Strengthening of disaster preparedness creates the preconditions for an effective response, reducing the impact and losses. Readiness at all levels: governments, municipal authorities and the population through teaching, training and regular monitoring of society commitment to mechanisms for disaster risk management - is a key to a successful counteraction and behavior in emergencies.

Particular attention is paid to the procedures required to inform the threat of disaster and a review of studies of similar domestic and foreign disasters.

In accordance with the priority of the actions of the HFA, we note the level of progress which really reflects the extent and nature of the state of Armenia on the main indicators and priorities for action.

#### Key issues

1. Safety assessment of schools and hospitals is in place, but on demand of managements of individual institutions on supposed strains. These may be classified as single cases: the school N132 in Yerevan - ArmNII SiZS0 2001; separate hospital building after Mikaelyan in Yerevan - ArmNII SiZS0 2001; a number of schools and hospitals in cities Gyumri and Vanadzor - POAK NSSP MOE RA - 2002-2004. A software project is under development (Sweden) to assess the seismic vulnerability of hospitals and schools of Yerevan for 2011-2012.

2. Education and training in the preparation of disaster preparedness

It should be noted lectures and training activities included in the curriculum of schools of Yerevan and Gyumri under the auspices of the RA Ministry of Emergency Situations. A special cognitive literature is published for kids, which is distributed in schools by Crisis Management State Academy of MES RA. Hospitals are provided with visual aids - posters about the rules of behavior in emergency situations.

### Context & Constraints:

It is considered unacceptable to explain the difficulties in the indicator N 1 only by the lack of funds. There is a need to focus on the priority of a mandatory responsibility to society at any level and distributing these functions under the responsibility of the relevant ministries: urban planning, education and health.

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## Bulgaria (in English)

### Level of Progress achieved:

2 - Some progress, but without systematic policy and/ or institutional commitment

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Trainings at schools

**Context & Constraints:**

Strong commitment is needed.

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**Czech Republic** (in English)

**Level of Progress achieved:**

5 - Comprehensive achievement with sustained commitment and capacities at all levels

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

The Czech Republic has been very well prepared for flood kind of disasters as the country has been facing such disasters last 15 years relatively very often. Therefore, a relatively good system of flood warning and flood protection including "flood plans" for each city and community has been developed, applied and step by step improved. A support from crisis management as well as water (Water Act) legislation has been very important. Also some main made disasters like nuclear events are well covered and regular exercises organized. The recent exercise took place in September 2010. However, some problems could appear with some other types of disaster which occur very rarely.

**Context & Constraints:**

Some financial constraints always occur and education for disaster preparedness needs a more comprehensive and systematic approach coordinated from the state level.

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## Finland (in English)

### Level of Progress achieved:

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### Description:

Every year over 400 schools and 40 000 pupils participate to a Nou Hätä -campaign for 8th grade pupils. The campaign aims at improving readiness to function in accident situations. Campaign is executed together with schools and fire brigades.

Considering the safety of health facilities in emergencies, there is dedicated training for nurses. Over 6 000 nurses have completed a security card training. This is a one day training that aims at giving basic skills to act in accident situations.

Specific training and exercises are arranged every year in schools and hospitals.

### Context & Constraints:

The trainings and campaigns do not take into account natural hazards in appropriate way and they focus more on everyday accidents.

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## Germany (in English)

### Level of Progress achieved:

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

Yes

### Means of Verification:

\* Yes: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

### Description:

The German federal system divides the competence for disaster management between the Federal Government and the Federal States, whereas the major tasks lie in the hands of the states (see Priority 1 Core Indicator 1).

The “Federal Office of Civil Protection and Disaster Assistance” (BBK: see link) has equipped hospitals in various locations with first aid equipment for large disaster situations and carries out maintenance nationwide based on legal standards. Additionally, it has developed a federal framework for the decontamination of injured people, provides recommendations for companies and has developed a concept for responding to mass catastrophes. Its analytical task forces (ATF) provide advice for the relief/action units on the spot. In river flood areas embedded and mobile prevention elements are used and the Flood Management Centres have detailed action plans similar to other emergency services and civil protection organizations and authorities (see challenges).

The emergency services, civil protection and official authorities are well equipped and strongly prepared. The cooperation between national/federal authorities, NGOs/private actors such as the German Red Cross (DRK) and the state forces such as the “Bundeswehr” described in Strategic Goal 2 and Priority 1 Core Indicator 1 secures strong capacities in all areas. Also the technical capacities of the “Federal Agency for Technical Relief” (THW: see link) are integrated very well into the disaster management and defence of the Federal States. In the case of large disasters, the Federal States request assistance from the THW and it provides technical aid for the management of all kinds of disaster situations. The THW is prepared for large-scale operations in hazard situations, as it is the de facto operational organisation of the Federal Government.

The German development cooperation provides several implementation organizations to support affected partner countries in different disaster situations with different specialist knowledge at all levels (such as the German Red Cross (DRK) or Malteser International, the THW, GTZ, InWEnt or the “Federal Institute for Geosciences and Natural Resources” (BGR: see links)). These different capabilities and capacities are used to strengthen emergency aid in partner countries. InWEnt, for example, supports its partners mainly through Capacity Building with the establishment of political, technical and institutional capacities and the development of disaster precaution and emergency reaction plans. The GTZ currently supports a project to strengthen the institutionalisation of DRR in Mozambique (see link).

Buildings codes in Germany incorporate risks of hazards. They are applied for all building types - including schools and hospitals.

### **Context & Constraints:**

The challenges in terms of policy and institutional capacities result from the forecasting abilities at the different levels and sectors of DRR and disaster management. The vertical and horizontal diversification is so distinctive that no general/central action plans are in place. Every authority, organization or flood management centre has its own sophisticated plans of action, but in a disaster situation these different plans have to be adapted and there is currently no system, besides deNIS II, to integrate them in a functional way. deNIS II (see Priority 2 and the next Core Indicators) has initiated an approach to integrate and adapt them, but this is currently in an initial phase and not yet concluded.

"German Red Cross" (GRC) developed its own DRR policy and strategy for its international department. Disaster preparedness and early warning plays a major role in GRCs DRR activities.

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## **Italy** (in English)

### **Level of Progress achieved:**

5 - Comprehensive achievement with sustained commitment and capacities at all levels

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Disaster risk management is one of the core activities carried out by the National Civil Protection Service. This means that it is an integral part of the National, regional and local Civil Protection policies. A comprehensive system of laws and rules is in place, including Inter-agency agreements for pooling and sharing of resources at all stages of the emergency management cycle.

**Context & Constraints:**

There is no major issue identified in this field. A comprehensive National policy for disaster risk management is in place and it is continuously updated. Its compliance to DRR elements and doctrines has been improved in the last years.

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**Norway** (in English)

**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

The policy and capacity for disaster risk reduction is continuously reviewed and improved. The former Civil Defence Act from 1953 is being replaced by a new act on local emergency planning, civil protection and civil defence under development.

The report to the Storting no. 22 (2007-08) on societal security also provides a good foundation for the work on disaster risk reduction and is instrumental in strengthening the institutional capacities and mechanisms for risk management. Other legislation also highlights emergency prevention and preparedness in schools and health facilities, including fire prevention, health protection in schools and kindergardens, and preparedness in the health and social service sector.

**Context & Constraints:**

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**Poland** (in English)**Level of Progress achieved:**

2 - Some progress, but without systematic policy and/ or institutional commitment

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

No

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Some research and local projects has been implemented in recent years

**Context & Constraints:**

In this field we still have much to do in our country.

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**Romania** (in English)**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

-- Nothing reported within this timeframe. --

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Emergency Situation Management System is put in place and specific regulations ensure dedicated funds and resources for local councils.

Due to past years occurring floods the decision process and the cooperation between institutions has been strengthened at all levels.

**Context & Constraints:**

Dedicated funding and resources are sometimes used in higher-priority areas, due to financial constraints

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**Sweden** (in English)**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

No

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

There is currently no system today that provides reliable information or a periodic check on the progress made towards prevention measures, emergency plans, and support for exercises at the local level. School and hospitals are subject to the same safe building requirements as other structures.

**Context & Constraints:**

There is no identified need to development of national programme or policies to make schools, hospitals and other health facilities safer.

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**Switzerland** (in English)**Level of Progress achieved:**

5 - Comprehensive achievement with sustained commitment and capacities at all levels

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

-- Nothing reported within this timeframe. --

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

With the Civil Protection organisation an integrated system for management, protection, rescue and assistance is in place. It ensures the coordination of the five partner organisations, police, fire brigade,

public health, technical works and civil defence. These partner organisations are in charge of their respective areas of responsibility and give each other mutual support. The institutions are well equipped and highly qualified.

**Context & Constraints:**

No particular challenges to mention.

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## **The former Yugoslav Rep of Macedonia** (in English)

**Level of Progress achieved:**

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

No

**Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

Substantial achievement has been attained regarding the strengthening of the capacities among NPDRR stakeholders.

**Context & Constraints:**

Further progress needed

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# Oceania

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## Australia (in English)

### Level of Progress achieved:

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

No

### Means of Verification:

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

### Description:

Australian Government policy, technical and institutional capacities for disaster risk management purposes are found in a range of agencies and organisations. The capacities enable each organisation to work towards its own disaster risk management objectives, as well as assisting other Commonwealth and State Government agencies with their work plans, and appropriately engage with the community.

A number of examples of Australian Government agency work are described throughout the report. A further example is the Bureau of Meteorology's Disaster Mitigation Policy Program, the aims of which include:

- to facilitate greater collaboration between the Bureau's Climate, Hydrological, Weather and Oceanographic Services programs with regard to the Bureau Of Meteorology's disaster mitigation activities;
- to ensure ongoing and effective interaction with other Commonwealth and State agencies with which the Bureau Of Meteorology may have a joint role in the provision of Disaster Mitigation services;
- to ensure warning services match and support community and agency action plans;
- to engage in community and agency awareness programs;
- to continue to investigate the implementation of new services in marine weather, air quality, human health and comfort, and enhanced community safety through a focus on natural disaster mitigation;
- to ensure the relevance and visibility of the Bureau Of Meteorology's disaster mitigation related services to the community; and
- to support international disaster mitigation activities - in particular those initiated by the World Meteorological Organisation (WMO) and those supported as part of the International Strategy for Disaster Reduction (ISDR).

State and Territory governments have the autonomy, responsibility for, and capabilities for disaster risk

management in their jurisdictions. School and health facility safety, including related policies, programmes and training are the responsibility of the State and Territory government in which the facility is located.

**Context & Constraints:**

Policy, technical and institutional capacities and mechanisms that contribute to disaster risk management exist throughout a range of agencies at all levels of government, as well as the private sector, and the not-for-profit sector.

In the case of warning equipment and technologies for example, the States and Territories have the autonomy to select systems or equipment they consider appropriate in the context of their jurisdiction's hazard profile and operating environment. The Commonwealth does not determine which systems or equipment are adopted or tested by States and Territories, as they are best placed to determine their needs. However the Australian Government draws potential alternative technologies to the attention of States and Territories when it becomes aware of them.

Non-government organisations have a role to play in contributing to the safety of schools and hospitals in emergencies. For example, the February 2009 Victorian Bushfires Royal Commission final report recommends that the Australian Building Codes Board include in the Building Code of Australia bushfire construction provisions for non-residential buildings that will be occupied by people who are particularly vulnerable to bushfires, such as childcare centres, hospitals and aged care facilities.

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## Cook Islands (in English)

**Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

**Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

The Cook Islands have made some significant progress on effective preparedness, response and recovery, with proactive engagement from several government agencies and the Red Cross. EMCI has conducted a media campaign on pre-cyclone preparations (stressing the importance of tying down roofs, preparing emergency supplies and identifying alternative shelters should a cyclone hit). The Red Cross has established a volunteer presence in all inhabited islands, trained community members in first aid and kept an updated register of trained members. EMCI now coordinates an operational exercise and tabletop exercise at least annually. EMCI is also assisting line ministries to develop Emergency Response Plans, following assistance from SOPAC in 2009. Each island has designated safety shelters, and the Ministry of Health has equipped those on Rarotonga with first aid supplies. The National Environment Service held a workshop on Persistent Organic Pollutants in July 2010.

The Tropical Cyclone Pat response and recovery process was widely cited as drawing on lessons learned from previous cyclones and an improved whole-of-government response to successive tsunami warnings in 2009 and 2010. Both of these processes involved coordination between government agencies as well as civil society groups and Red Cross, at a national and local level. The FERN, currently being developed, has the potential to strengthen EMCI's ability to coordinate and facilitate DRM responsibilities, including preparedness and response. Red Cross training and provision of response kits to volunteers on the Outer Islands will increase the effectiveness of DRM in these remote areas, while EMCI training to other government agencies, including training of trainers, will strengthen overall government emergency response capacity. (For example, government agencies, through developing Disaster Response Plans with EMCI support, now have clearer protocols for responding to disasters, by protecting staff and securing key assets and files.)

### **Context & Constraints:**

An on-going challenge is coordination between agencies. Emergency shelters require better coordination, particularly with regards to the role of the Cook Islands Investment Corporation in relation to privately-owned shelters. Furthermore, the location of some shelters may need to be reviewed, given that some are low-lying and located very close to the ocean. Another area which could benefit from clarification as to roles, responsibilities and processes is search and rescue for which no arrangements appear to exist.

Service delivery to the Outer Islands also remains a challenge. For example, the Ministry of Health struggles to get medical supplies to the Outer Islands, particularly during emergencies. An additional challenge is access to the Rarotonga hospital road during emergencies. During recent evacuations following tsunami warnings, the road was clogged with evacuees, thus impeding access of hospital staff and medicines to the facility.

An area which could benefit from further attention is preparedness for fire hazards. Currently, only Rarotonga has fire trucks.

Confusion as to roles and responsibilities slowed down the response, including the request to New Zealand for assistance. Budget limitations reduced effectiveness, with EMCI unable to pay for satellite phone calls, and Ministry of Health assessment teams lacking the budget for safety gear, highlighting the importance of budgeting for disaster risk management.

Regional cooperation offers opportunities for further strengthening of disaster risk management. Previous emergency response operations have drawn on support from other Pacific Island nations – particularly in the case of Outer Islands, some of which are closer to other countries than to Rarotonga.

The Frontline Emergency Response Network (FERN) will provide a step by step check list for response measures.

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## **Fiji** (in English)

### **Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### **Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

**Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

**Description:**

The National Disaster Management Structure is arranged from national to divisional and district level. The declaration and control of emergencies is retained centrally at the national level whereas management of preparedness, response actions to each of the warning stages, evacuation centres, response, relief and early recovery activities are systematically devolved to national and district levels.

The national disaster management arrangement has sub-committees that tap the technical and logistic resources available nationally bringing them in as team players and partners in all stages of preparedness, warning, response and recovery. The National Building Code was formulated as an initiative from the insurance and civil engineering sector on concerns to initiate better preparedness to cyclone hazards. Other inputs from technical agencies specifically address flood problems, earthquake and tsunamis where databases of events have been established and hazard zone maps drawn up. MRD champions the formulation of Tsunami Response Plans that align with the NDMP and with the international tsunami early warning systems as availed to Fiji via the FMS.

DM mechanisms and capacities in ministries and sectors are arranged to suit their operational plans. Some Plans are well developed and exercised regularly with stakeholders, and for some sectors, Plans are awaiting approval. For example:

- Health: Plans in place and drills regularly organized.
- Environment: Policy directly concentrates on Climate Change and of empowering the nation to implement Adaptation measures which inculcates DRR issues.
- Water & Sanitation: Water Safety Plans and mechanisms are in place to promote safe and secure water supply systems that meet international standards. A Disaster Manual exists and a Water Standard Plan is being developed that includes DRR.
- Hydrology: Monitors river flood levels and provide information to Fiji Meteorological Services (FMS) and the NDMO for disseminating flood warning messages.
- Education: School retrofitting and safety manuals developed.

**Context & Constraints:**

The new NDM Arrangement is to assume the functions and arrangements established under previous Disaster Management and Support Plans. In the last decade NGOs/Faith Based Organisations have grown tremendously in capacity and capabilities with resources (human, data and financial) that could be leveraged in preparedness & response; e.g. NGOs/FBOs have extensive community outreach. However in the new NDM Arrangements it is not clear how NGOs/Faith Based Organisations (FBOs) are integrated into the national DRM arrangements, while some actors e.g. Red Cross are PCIDRR are very integrated into the national plans.

In addition, sectors are awaiting the review and full implementation of the new NDM Arrangement to lead the sectors into fully participating in the new NDRM arrangements via its sub-committees and other functions as stipulated in the arrangement. The national review of the NDM Arrangement would include strengthening national coordination platforms and linkages with special interest groups as the UN and human right organisations on current cross-sector issues of gender, human rights and protection in emergencies.

The sector review to follow would need to emphasise both property and human safety as well as be cued from the national platform regarding establishment / strengthening of new linkages.

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## **Marshall Islands** (in English)

### **Level of Progress achieved:**

1 - Minor progress with few signs of forward action in plans or policy

### **Are there national programmes or policies to make schools and health facilities safe in emergencies?**

No

### **Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

### **Description:**

Currently, there is no Disaster Plan for the school system. The Ministry of Education (MoE) has indicated their willingness to develop such a plan, but requires assistance to do so. MoH is one of the sectors that have developed an emergency plan (see Core Indicator 2 for details). MoH, along with Police, Fire and several other ministries, were involved in a recent drill at the airport which was a mock airplane crash. USP-RMI have developed and tested their Emergency Plan once, and also recognize the need to do so regularly.

There is limited progress in terms of evaluating and improving preparedness capacity, thus a Level 1 is assigned to this indicator.

### **Context & Constraints:**

Given the limited number of major disasters in recent years, conducting drills is not a high priority for many sectors, whose capacity is limited in their routine work they are required to complete. Until DRR is more highly prioritized at the national level and adequately supported, key sectors are unlikely to see the benefits of undertaking DRR measures themselves.

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## **New Zealand** (in English)

### **Level of Progress achieved:**

4 - Substantial achievement attained but with recognized limitations in key aspects, such as financial resources and/ or operational capacities

### **Are there national programmes or policies to make schools and health facilities safe in emergencies?**

Yes

### **Means of Verification:**

\* Yes: Policies and programmes for school and hospital safety

> Emergency management in health sector

<http://www.moh.govt.nz/moh.nsf/indexmh/emergencymanagement>

> What's the Plan, Stan? (2009) [http://www.civildefence.govt.nz/memwebsite.nsf/wpg\\_URL/For-the-CDEM-Sector-Public-Education-Whats-the-Plan-Stan?OpenDocument](http://www.civildefence.govt.nz/memwebsite.nsf/wpg_URL/For-the-CDEM-Sector-Public-Education-Whats-the-Plan-Stan?OpenDocument)

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### **Description:**

A National Crisis Management model based on executive Government, departmental heads, and a fully serviced operations centre oversees national preparedness arrangements. A National Civil Defence Emergency Management Plan, national pandemic plan, and other hazard specific plans (such as biosecurity threat responses and tsunami warning response) exist at the national level.

A National Hazardscape Report published in September 2007 provides a contemporary summary of the physical nature, distribution, frequency of occurrence and impacts and consequences of 17 key hazards affecting New Zealand. The hazards described in the National Hazardscape Report include geological, meteorological, biological, technological and social hazards. The report also provides information on how the hazards are currently managed across reduction, readiness, response and recovery.

Sixteen civil defence emergency management groups (regional groupings of local authorities supported by emergency services, lifeline utilities and welfare support agencies) prepare plans for the hazards and risks in their area that, in turn, are supported by local plans covering individual districts and communities.

Other hazard specific national and local plans exist, for example covering biosecurity, pandemic, marine oil spill response and wildfire. Recovery guidelines have been developed, and further work is scheduled in this area in the immediate future.

Plans are exercised and regularly reviewed. Reviews to follow the Canterbury earthquake event (September 2010) are also expected to highlight what has and has not worked well.

### **Context & Constraints:**

A challenge is ensuring an ongoing CDEM 'operational readiness' that is consistent across agencies and sectors

A New Zealand standard assessment tool for assessing emergency management capability and readiness has been developed to support requirements of agencies under the CDEM Act to monitor and evaluate performance and outcomes. The aim is to have consistent means to assess readiness regardless of the organisation, its size, and the sector or area of work. Benchmarking against anticipated industry standards is the ultimate goal.

Reviews of regional CDEM Groups are underway during the period late 2009 -2010, and an assessment of national agencies is to follow.

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## **Samoa** (in English)

### **Level of Progress achieved:**

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

## **Are there national programmes or policies to make schools and health facilities safe in emergencies?**

No

### **Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* No: Training and mock drills in school and hospitals for emergency preparedness

### **Description:**

National plans and some sector strategy plans refer specifically to the need to develop response plans to guide management, response and coordination of hazards. The Disaster Management Office provides guidance in the preparation of Response Plans for businesses and individual agencies. Within the Response Plans, agencies are required to identify critical services that need to continue in spite of the disaster event and the identification of critical facilities and resources to enable them to carry out their functions under the NDMP and in providing critical services. Resources may include back-up server, emergency power supply, alternative location, staffing reserves, etc.

More specifically, completed and planned activities are as follows:

- National Hazard Plans for flooding, volcanic eruption and earthquake
- Seismicity risk assessment and awareness programme with updated seismic map, updated building code including seismic design and increased awareness.
- Building the capacity of the media through trainings on various hazards to enable them to provide accurate and timely public information and warnings and developing their response plan to ensure service continuity during and after any disaster event.
- As part of the development of the CIM Plans, DRM workshops were conducted in all coastal villages to strengthen the villages' understanding of hazards, the different risk reduction measures to take to mitigate existing and future risks and to gather information regarding village capabilities and vulnerabilities for disaster planning at the national level.
- The development of DRM resources for all primary and secondary schools in Samoa.
- Implementation of a tsunami inundation modelling and mapping for high risk sites.
- Development of signages to identify evacuation routes and sites for all coastal villages, including wind directions.
- Review of the current early warning system for tsunami.

### **Context & Constraints:**

Contingency plans and scheduled simulations and evaluations, need to be made a component of the approval process for large scale developments. In addition, Samoa needs to develop a framework for the monitoring and compliance of disaster management plans. Discussions have been held with PUMA to include disaster plans as an additional condition for approval, for example, the tsunami affected beach fales are required to submit disaster management plans through the Samoa Hotels Association as part of the tsunami recovery assistance. DMO recognises that there is still much DRM work needed for the tourism industry, awareness and implementation of appropriate DRM programmes needs to be further promoted within the industry itself.

Despite the number of activities conducted to improve DRM integration in Samoa, there is an equal number of problems in terms of activity sustainability and effectiveness. First and foremost is that activities are conducted on an ad hoc basis with strategic, long-term institutional capacity development replaced by programmes dictated by funding availability and Samoa's needs at the time. Also many of the villages are left with village plans that detail mitigation measures without resources to implement these measures,

many of the systems developed do not have proper M&E attached, making it difficult to monitor the systems effectiveness, DRM resources for schools are targeted mainly for students and does not include building the capacity of schools to develop disaster plans, simulations and safety review of school buildings.

These problems and a host of others will continue to increase if an appropriate long-term national DRM strategy is not developed, resourced, implemented and regularly monitored. The progress of the proposed DRM strategy should also be monitored against the HFA/RFA as well as the MDGs and targets and included in the next SDS.

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## **Solomon Islands** (in English)

### **Level of Progress achieved:**

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

### **Are there national programmes or policies to make schools and health facilities safe in emergencies?**

No

### **Means of Verification:**

\* No: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### **Description:**

There are national DRM plans and policies in place clarifying involvement across sectors. The new arrangements are not yet enacted through parliament, this is expected to happen soon. The internal cluster approach outlines operational roles and responsibilities and has been in effect since January 2010. Advocacy of this approach is ongoing and it has been tested in 2 small events. SOP's for NDC committees and cluster groups, as per the new arrangements, are currently being drafted with support from the NDMO. The Ministry of Health has developed a preparedness task group as part of their regular structure. During periods of non-emergency this group convenes approximately once per month, during emergencies this becomes a daily/weekly meeting as required. Evacuation drills have been conducted and following an earthquake in October '09, all patients were evacuated safely. Drills are also practised for coping with potential disease outbreaks. There are currently no structural safety assessments conducted or building codes required for construction of the referral hospital.

Within the Ministry of Education there is a technical working group for education in emergencies and an infrastructure unit that is responsible for the structural safety of school buildings. UNICEF is hoping to work with the Ministry of Education to develop a tool for education in emergencies, a training manual for teaching students about disasters. The infrastructure unit is currently developing a building manual for schools and trying to establish a standardised design with support from a technical advisor funded by NZAid. There are currently a number of 'top heavy' schools in SI. It is hoped that future school facilities will be built following new standards that incorporate DRR into their designs. Drills are not routinely practised in all schools. If they do take place it is at the discretion of the school Principal.

### **Context & Constraints:**

In order for training gaps to be identified & measures taken to build preparedness capacity, greater availability of funding is still required for full implementation across all sectors. In addition, sectors need to

develop effective internal DRM arrangements that align with the new DRM Plan and legislation. These internal arrangements should include provision for the structural safety of buildings, particularly facilities like schools, health centres and other community buildings that may offer refuge post-event. Similarly, disaster drills need to be regularly practised in all school and hospital facilities as standard.

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## Vanuatu (in English)

### Level of Progress achieved:

3 - Institutional commitment attained, but achievements are neither comprehensive nor substantial

### Are there national programmes or policies to make schools and health facilities safe in emergencies?

No

### Means of Verification:

\* No: Policies and programmes for school and hospital safety

\* Yes: Training and mock drills in school and hospitals for emergency preparedness

### Description:

The Vanuatu Government has fully funded the construction of a new purpose built building, which will include a new National Emergency Operations Centre (scheduled for completion in July 2010). The new building will bring key agencies with functional responsibility for DRR-DM (i.e. NDRMO, Meteorology, Geo-hazards, and Climate Change Unit) under one roof, which is expected to significantly strengthen future coordination.

The National Emergency Operations Centre currently operates for only 18 hours a day, which has led to difficulties in issuing warnings for sudden onset disasters. There is a desire to move to 24-7 operations once a proper NEOC is available, however this will require commitment of additional budget and human resources.

The NDRMO plans to extend its reach through the establishment of provincial disaster management offices. The NDRMO is also planning to develop disaster management plans for high risk areas including Tanna, Ambae, Torba and Ambrym in its forward program.

### Context & Constraints:

Although the situation is improving (e.g. establishment of disaster management offices in two provinces, expanded mobile network coverage), coordination and communications between the NDRMO in Port Vila and provinces generally remain weak. Establishing vital two-way information flows in the event of an emergency is also difficult due to the limited communication infrastructure in country. The NDRMO has requested additional budget funding to help strengthen communications and emergency response (e.g. to purchase portable Very High Frequency radios).

Poor infrastructure on many of the outer islands (roads, ports, electricity) and the geography of Vanuatu (i.e. many islands spread over thousands of square kilometres of ocean) mean that logistics are also a major challenge (i.e. moving goods and people in the event of an emergency).

There is an opportunity to strengthen the use of practical tools, such as maps. For example, in discussing the Gaua evacuation plan, the Director NDRMO suggested that a simple map which shows proposed

relocation areas and links to existing infrastructure such as roads would be a welcome addition to the lengthy and complex assessment reports which are currently produced. Such maps would serve as a useful visual aid to influence national level decision makers and help communicate plans to affected communities.

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