VILLAGE RESILIENCE, SAFE SCHOOL, SAFE HOSPITAL: THE EXPERIENCE IN INDONESIA

Bagus Tjahjono

DISASTER MANAGEMENT EDUCATION AND TRAINING CENTER
• 151 Quakes (2005-2015)
• 127 active volcanos
• 10 major volcano eruptions/year
• Over 9 million displaced people affected since 1815
• 225,509 people lost their lives in the past 30 years
• Over 1.4 million damaged houses and over 23,000 public facilities damaged
• Total economic damage due to major disasters in the months of January and February 2014 alone (Mount Sinabung, Mount Kelud, Jakarta flood, Menado flood, Riau forest fire, etc.) was $2.3 billion
IN INDONESIA, COMMUNITY RESILIENCE IS TRANSLATED INTO “RESILIENT VILLAGE”
OBJECTIVES OF DISASTER RESILIENT VILLAGE

1. To protect communities living in hazard prone areas from the adverse effects of disaster;

2. To strengthen communities’ participation, particularly vulnerable groups, in natural resource management as part of the efforts to reduce disaster risks;

3. To build the institutional capacity of communities in managing natural resources and nurturing local wisdom for disaster risk reduction;

4. To enhance the capacity of local governments in providing support in the forms of resources and technical assistance for disaster risk reduction;

5. To increase cooperation among stakeholders in DRR, among the local governments, private sector, universities, NGOs, community-based organizations and other concerned groups.
Priority 1: Ensure that disaster risk reduction is a national and a local priority with a strong institutional basis for implementation.

Priority 2: Identify, assess and monitor disaster risks and enhance early warning

Priority 3: Use knowledge, innovation and education to build a culture of safety and resilience at all levels
Priority 4: *Reduce the underlying risk factors*

Priority 5: *Strengthen disaster preparedness for effective response at all levels*
# DISASTER RESILIENT PROGRAM 2012 – 2015 (BY BNPB)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>VILLAGE</th>
<th>DISTRICT</th>
<th>PROVINCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>40</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>2013</td>
<td>58</td>
<td>30</td>
<td>29</td>
</tr>
<tr>
<td>2014</td>
<td>68</td>
<td>34</td>
<td>28</td>
</tr>
<tr>
<td>2015</td>
<td>75</td>
<td>32</td>
<td>26</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>241 villages</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SAFE SCHOOLS: PROGRESS and ACHIEVEMENTS
EQ and Tsunami in Aceh > 2,000 school buildings were damaged or destroyed.

EQ in West Sumatera
more than 2,800 schools were affected, with more than 40% were heavily damaged.

EQ in West Java; 2,091 school buildings heavily damaged, with 35 schools totally damaged.

EQ in Yogyakarta, 2,900 schools collapsed.

EQ in Mentawai, 7 schools were damaged.

EQ and Tsunami in Mentawai, 7 schools were damaged.

Secondary Schools:
Slightly damage:
82,892 classrooms
Heavily damage
42,428 classrooms

Primary schools:
Slightly damage:
182,500 classrooms
Heavily damage:
110,598 classrooms

EQ in Central Aceh & Bener Meriah, 514 schools were damaged.
The Three Pillars of Comprehensive School Safety

1. Safe Learning Facilities
2. School Disaster Management
3. Risk Reduction and Resilience Education
COUNTRY’S ACHIEVEMENTS ON PILLAR 1

1) **2007**: Disaster Management Law No. 24/2007 and National Action Plan for DRR 2010-2012 acknowledges education as one of its priorities

2) **July 2010**: Indonesia joined the launch of One Million Safe Schools and Safe Hospitals, campaign led by Coordinating Minister of Social Welfare, accompanied by Head of BNPB, Minister of Health, Vice Minister of National Education, rep. of other ministries, NGOs, Development Partners, Academicians

3) **2011**: GOI provided Specific Allocation Fund (DAK) for more than $250 Million annually specifically allocated for safe school rehabilitation and construction on top of Central government budget. The DAK fund is being transferred directly to the local government.
4) **2009-present**: Education Endowment Fund for reconstruction and rehabilitation due to Disaster.

5) **2006-2011**: Ministry of National Education introduce a community-based construction model and built around 4,900 new safe schools, 1,500 of them funded by AusAID through Australia Indonesia Basic Education Program (AIBEP) in 14 provinces.

6) **2012-2013**: Australia Education Partnership with Indonesia (AEPI) assisted the MoEC in development of community based construction model and built 764 new safe schools in 28 provinces.

7) **2000-2011**: GIS based School Mapping and monitoring through integration of Safe Schools data with Education Management and Information System (EMIS)
COUNTRY’S ACHIEVEMENTS ON PILLAR 2

1) **2011**: Mapping of schools by BNPB supported by WB on request of Ministry of National Education, 75% of schools located in potential disaster areas.

2) **December 2010**: National Conference on Safe Schools, organized by Plan Indonesia in close collaboration with the Ministry of National Education and BNPB.

3) **August 2011**: Establishment of the National Secretariat for Safe Schools.

4) **May 2012**: A Guideline for Safe Schools and Madrasah was issued by BNPB- (Perka 4/2012) and launched together with Minister of Education and Culture.

5) **May 2012**: Piloting of more than 300 Safe Schools led by MoEC and BNPB supported by World Bank (GFDRR and BEC-TF), Plan Indonesia and others in 10 provinces.
6) **2007 - present:** Several Provinces and districts have developed education contingency plan

7) The establishment of Safe School Directories consist of schools in the countries that have been trained on disaster risk reduction management at school.
1) **March 2010**: Integration of DRR into education curriculum through MoEC Circular Letter to the Governors and Head of Local Government/ Municipalities

2) **December 2010**: National Conference on Safe Schools, organized by Plan Indonesia in close collaboration with the Ministry of National Education and BNPB

3) **October 2012**: Indonesia hosted a 5th AMCDRR. There are 3 sessions related to Safe Schools. The Yogyakarta Declaration includes support local level to invest Safe Schools and Hospitals in cost effective manner. This is very important and should be considered as priority.

4) **20012-2013**: Adaptation of interagency network for education in emergency (INEE) into child friendly education concept.
DRR Model on Health Aspect in Indonesia

Guidelines

1. Risk Management
2. Detail information of potential hazard in every district
3. Information of people/vulnerable people affected
4. Data of health resources from the prone areas
Strategies

1. Assess prone areas to collect data
   - do people know their potential hazard?
   - how they plan to respond if disaster happens?
   - how is the condition of the health facilities?
     - (human resources, accessibility, buildings, etc)
   - Are they ready if a disaster happens?, etc
2. Mapping all the data by local community
3. Contingency Plan
   - (all health sector: government, NGOs, private, community)
4. Exercise / Simulation
   - (TTX, CPX, DRILL, FTX)
How we do it

- District Health Office
- Provincial Health Office
- Regional Office of Crisis Center
- Centre for Health Crisis

Executor
Assistance
Supporting/Assistance when needed
Supporting/Assistance when needed
Expectation

- Health sector in prone areas are ready with their own resources
- Strengthen community resilience
- Enhance information system from the affected areas to the Central
SAFE HOSPITAL

HPCRED
(Hospital Preparedness and Community Readiness)

By: MDMC
SIX MAIN PURPOSES

1. DEVELOP HOSPITAL PREPAREDNESS
2. PREPARE & EMPOWER COMMUNITY SURROUNDING HOSPITAL
3. PREPARE & STRENGTHEN THE MEDICAL RESPONSE TEAM
4. DEVELOP TRAINING MODULES FOR HOSPITAL DISASTER PREPAREDNESS & RESPONSE
5. STRENGTHEN COLLABORATION BETWEEN HOSPITALS & GOVERNMENT ON DISASTER PREPAREDNESS & RESPONSE
STRENGTHENING HOSPITAL CAPACITY

- MAINSTREAMING SAFE HOSPITAL FROM DISASTER / EMERGENCY
- DEVELOP HOSPITAL DISASTER PLAN
- STRENGTHEN & IMPROVE HOSPITAL DISASTER RESPONSE TEAM
- STRENGTHEN LOCAL HEALTH CLUSTER
- ROUTINELY CONDUCT SIMULATION & EXERCISE ON HOSPITAL PREPAREDNESS & RESPONSE
RESULTS

- 9 INSTITUTIONS & STAKEHOLDERS TRAINED (Hospitals, Universities, Local Health Agency, Local Disaster Management Agency, military & police, firefighters, Red Cross, NGOs, Volunteers)
- 26 FASILITATORS
- 395 PERSONNELS TRAINED
- DOCUMENTS (3 Hospital ConPlan, 6 SOPs, 4 MOU, 3 Training Modules)
KEY MESSAGES:

- Increasing Capacity is the most important factor to reduce Risk.
- Community-based capacity building is a major foundation for disaster risk reduction.
- Program Priorities intervention to Village Resilience, Safe School, Safe Hospital.
- Successful programs through working together with many actors and stakeholders.
ขอบคุณ
Kǎwpkoon
Terima kasih
Thank you