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ABSTRACT BOOK

Free Paper Presentation

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Leadership in Displacement: The Role of the Commission on Human Rights of the Philippines (CHRP) as a National Human Rights Institution on the Protection and Promotion of Human Rights in Humanitarian Settings in the Philippines

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Maria Camille Anne Padagdag Estonio

Commission on Human Rights of the Philippines

The paper discusses the prospects and challenges for the Commission on Human Rights of the Philippines (CHRP) as a primary national institution in protecting and promoting the human rights of displaced communities. The currently pending legislative bills on the Rights of Internally Displaced Persons (IDPs) have noted the importance of the role of the Commission as a national human rights institution in overseeing the national government compliance in providing humanitarian support and assistance to IDPs. Among the tasks bestowed by the IDP bills to the CHRP included the monitoring of the conditions of IDPs in all phases of displacement; conduct of documentation, investigation, and inquiries on human rights violations committed against displaced persons and communities; expansion of the participation of IDPs in decision-making processes; and coordination and referral with national government agencies in the provision of humanitarian assistance and non-monetary reparations to displaced families. Given the immense expectations provided by the proposed legislation onto the Commission to perform the function of an IDP ombud, this paper analyzes the structures within the CHRP that will help integrate this function into its current human rights protection and promotion framework. It takes off from the Constitutional mandate of the Commission to monitor and ensure that the State performs its obligation to respect, protect, and fulfill the human rights of all Filipinos, including those in displacement. The paper also discusses the current best practices, opportunities, and challenges of the Commission in setting up the Center for Crisis, Conflict, and Humanitarian Protection (CCCHP), a dedicated unit that oversees the Commission's human rights programs and projects in humanitarian settings. The paper concludes with a discussion on the recommendations for the Commission in improving and streamlining its processes, structures, and financial appropriations, so it can fully perform its mandate in protecting and promoting the rights of IDPs.

Keywords

Displacement, humanitarian protection, human rights

Humanitarian Work in the Context of Protracted Refugee Situations: The Case of Palestinian Refugees

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The Palestinian refugee problem is “the world’s oldest and largest protracted refugee situation.” The Office of the United Nations High Commissioner for Refugees defines a protracted refugee situation as “one in which refugees find themselves in a long-lasting and intractable state of limbo....” and politically as a situation “without the prospect” of a solution. This definition accurately describes the condition of the majority of the Palestinian population that was forcibly expelled from Palestine by Zionist forces between 1947 and 1949. Since their forcible expulsion Israel has denied Palestinian refugees their right to return to their homes in territories that became part of Israel in 1948. Most Palestinian who were expelled became refugees in Jordan, Lebanon, Syria and the Gaza Strip. Today 5, 442,947 million Palestinians refugees are registered with the United Nations Relief and Work Agency which was established by the United Nations General Assembly in 1949 to carry out direct relief and work programmes for Palestinian refugees in Jordan, Lebanon, Syria, the Gaza Strip and the West Bank, including East Jerusalem. None of the Arab states hosting Palestinian refugees have signed the 1951 Convention Relating to the Status of Refugees. This paper will examine how humanitarian organizations can advocate for action that supports Palestinian refugees to live in dignity and security in host states until they can exercise their right to return to their homes. This paper will also examine how humanitarian organizations can manoeuvre politically so they can successfully reach the most vulnerable Palestinians in the Gaza Strip and the West Bank regardless of their political affiliation. The insight and policy advise offered in this paper will be of immense benefit to humanitarian organizations that work with protracted refugee situations in states that have not signed the 1951 Convention and/or within politically challenging environments.

Keywords

Palestinian refugees, UNRWA, UNHCR, 1951 Refugee Convention

PSU Champion Education: Sparking Gender Transformative Change In Humanitarian Contexts

Jessica Chapman, Abeera Abdullah

Project Stand Up

Project Stand Up (PSU) is a youth-driven platform focused on improving access to and participation of refugee youth, particularly girls, in learning, leadership, and decision-making activities in displacement. Data collected by the PSU youth team through a baseline survey of student perceptions on gender equality at one refugee community learning center (CLC) in Kuala Lumpur, Malaysia are presented. The data were collected as part of a pilot of the Project Stand Up (PSU) Champion Education Program and provides insight for practitioners into gender and youth leadership programming approaches in humanitarian settings. The PSU Champion Education program has been designed for youth by youth and includes a mobile app and leadership training curriculum on breaking down gender norms by raising awareness about competing and shared responsibilities. The model and data presented contribute to current efforts to create meaningful opportunities in humanitarian efforts for refugees to participate in designing, implementing, and owning local solutions. Project Stand Up was a winner of the OpenIDEO Education in Emergencies global challenge in 2017 and is supported by Australian Government Department of Foreign Affairs and Trade (DFAT) and innovationXchange (iXc).

Keywords

Gender equality, youth, refugees, Malaysia

Facebook Use And Volunteer Satisfaction Among Young Volunteers From Non- Profit Organizations In Malaysia – A User And Gratifications Perspective

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Non-Profit Organizations (NPOs) require high volunteer retention in order to sustain their organization's human capital and community work. Volunteer retention has been associated with high volunteer satisfaction, which is measurable using the Volunteer Satisfaction Index (VSI). The conceptualised dimensions of VSI are: work assignment, participation efficacy, empowerment, support, and group integration. However, current knowledge about online communication practices by volunteers, especially on social media and how they may influence volunteer satisfaction is scarce. Through the lens of Uses and Gratifications, this study sought to examine how young volunteers from NPOs in Malaysia use Facebook. Their Volunteer Satisfaction Index (VSI) was also measured. Data was obtained from 389 respondents aged 18-24 from 17 NPOs in Malaysia by way of self-administered questionnaires. Following a multiple regression analysis, R^2 reflected that 52.5% of variations in volunteer satisfaction can be explained by gratifications Modality, Entertainment, Navigability, Agency and Self-Status Seeking. Results indicate that there are significant gratifications of using the platform Facebook which contribute towards the young volunteer's overall volunteer satisfaction, which underscores the value of Facebook as a communication tool to retain young volunteers in Malaysia.

Keywords

NPO, Facebook, volunteers, volunteer satisfaction

Sexual and Gender-based Violence in the Rohingya Humanitarian Crisis in Cox's Bazar, Bangladesh

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Since 25th August 2017, following clashes in Rakhine state, Myanmar, over 700,000 stateless Rohingyas were forcibly displaced to bordering Cox's Bazar, Bangladesh. Disproportionate levels of sexual and gender based violence (SGBV) were reported. Almost every woman and girl exposed to this conflict had experienced or witnessed some form of SGBV. Only few reliable reports and studies exist that have analyzed the situation, origins and responses to SGBV in this context. This study explores contributing factors of SGBV and current responses, consequently identifying service needs, gaps and barriers. We identified evidence-based interventions used in other settings and explored how these can be adapted to the Rohingya context as recommendation for humanitarian actors. A desk-based literature review was carried out by using a "combined ecological model with risk factors for violence" as conceptual framework. A similar framework was used to explore current responses based on the Joint Response Plan for Rohingya Humanitarian crisis. Findings show that, SGBV was not only perpetrated by outsiders as "weapon of war" during this conflict, but exist within the Rohingya community. Various contributing factors such as existing gender disparities, sociocultural norms, lack of education, statelessness, displacement and poverty were also identified. Survivors of SGBV don't always report or seek help, for fear of repercussion, shame, social rejection and lack of information. Our analysis of current responses to address and mitigate SGBV shows an overwhelming gap in terms of addressing Rohingyas sexual and reproductive health needs, especially regarding adolescents, overall funding shortages and lack of evidence of impact of current responses. Several evidence-based interventions tested and evaluated in other settings show promising results and can be used towards a more robust approach that can be adapted for the Rohingya Cox's Bazar setting. SGBV remains a "silent epidemic" and growing challenge in humanitarian settings, warranting more focus and attention.

Keywords

Sexual and gender-based violence, Rohingya, conflict, humanitarian action, combined ecological framework

The Importance of Field Screening Before Taking Action

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The humanitarian movement today has become a social awareness on the basis of solidarity and empathy for the suffering of others. This triggered the presence of various humanitarian based organizations around us. The occurrence of disasters and conflicts that afflict humanity are the main factors driving the organization. When an emergency tragedy occurs, the community becomes impulsive and competes to be the first to provide assistance, both in the form of material and non-material assistance. However, in its action, many organizations are not based on field needs. Finally the assistance provided was not on target. Instead of helping to alleviate the burden of the victim, it even harms themselves. MER-C Yogyakarta Branch is part of MER-C Indonesia. We are volunteer-based NGO with a focus on health struggling in the field of handling national and international disasters and conflicts, also based on field needs. We have a Rapid Reaction Team (RRT) that functions to do initial screening when there are emergency conditions to confirm the incident, determine the data needed (such as the severity of events, population data, the possibility of aftershocks, risks), and know the losses caused so can prepare the help needed to fit and right on target. In this paper we will review the importance of field screening before action and how the planning system handles emergency conditions (in disasters and conflicts) handled by MER-C in the Jogja branch, especially through the RRT division.

Keywords

Action, field screening, humanity, MER-C

The Importance of Surveillance in a Complex Emergency: Lessons from Cox's Bazaar

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Introduction

When tension broke in Myanmar, it was estimated that 600,000 Rohingya refugees fled into Cox's Bazaar with more than half of them being women and children. MERCY Malaysia responded to the growing need for assistance during the crisis and collaborated with a local organization to deliver emergency relief which included the operation of primary health clinics and distribution of non-food items. The aim of this study was to determine the prevalence of the common diseases in the acute phase of a complex emergency in Cox's Bazaar, Bangladesh.

Method

This study was conducted by reviewing secondary data submitted to WHO's Early Warning, Alert and Response System (EWARS) from the primary health clinics in Kutupalong and Balokhali, which were operated MERCY Malaysia. The diseases were mapped according to the list on EWARS. Data was collected during the initial response between November to December 2017 and was reported descriptively.

Results

A total of 11,157 cases were recorded from a demographic of 55.5% female and 44.5% male during this period. Besides gender, the patients were stratified to below-5 years old which consist of 20.3% of all cases seen while the remaining 79.8% of the patients were above-5 years old. The top 3 diseases identified were diarrhea, acute respiratory infections and other illnesses at 5.7%, 31.1% and 50.3% respectively.

Conclusion

A simple and sustainable disease surveillance by MERCY Malaysia in refugee population is essential during emergency relief efforts. Besides complementing the local health ministry and WHO on maintaining health of the refugees, the continuous surveillance conducted by MERCY Malaysia would also strengthen epidemiologic monitoring system for early warning and rapid response to control infectious diseases and reduce high mortality rates among refugees. While most of the common diseases identified were non-communicable, if left untreated they will affect the long-term health and productivity of the refugees.

INGO-NGOs Coordination Failure and Success in Humanitarian Response and Disaster Recovery

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Indonesia is located in a natural disaster-prone area. Hence, it is important for the government to establish a disaster management system. Disaster management system are one complex humanitarian crisis, which requires coordination and cooperation among all stakeholders. At the same time, many Southeast Asian nations are now “middle income countries” and for a variety of political reasons, their governments increasingly decline to request humanitarian aid through traditional channels coordinated by UN agencies. This has opened the door for a more active role to be played by domestic and international NGOs (INGOs). Within the growing involvement of the private sector in the disaster and emergency response, included recovery. Few have highlighted the success and failure of coordination and evidence of incorporation of private with government and international organizations activities. Therefore we undertook a literature review focusing on coordination failure between local government, health institutions, NGOs, and other voluntary organizations. This paper explains the urgency of providing room and intensification of coordination between local government, health institutions, NGOs, and other voluntary organizations from the very beginning of emergency response until the envision of disaster recovery plan.

Keywords

Coordination, local government, NGOs

Medical Services for the Rohingya Refugees in Malaysia

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In 2012, there was a surge increased of Myanmar refugees into Malaysia due to a wave of mass violence broke out in Rakhine state, which resulted in death, forced displacement, destruction of homes and properties, and loss of livelihoods. These violence was targeted to one ethnicity, the Rohingya people. Rohingyas, is a Muslim minority ethnic group from Rakhine state of Myanmar. As of end April 2019, there was 90,200 Rohingya refugees registered with UNHCR in Malaysia. Since Malaysia has not ratified the 1951 United Nations Convention Relating to the Status of Refugees, Federal Government does not have obligation to protect or grant any legal status to the refugees. Rohingyas who have arrived safely in Malaysia have no legal status and are unable to work. Many of them are illegal workers, surviving on part time jobs with relatively low wages, leaving their families cut off from access to education and healthcare. Lack of education and employment opportunities as well as access to healthcare services place the Rohingya people to face a cycle of poor infant and child health, malnutrition, waterborne illness and lack of obstetric care. IMARET is a relief team under Islamic Medical Association of Malaysia (IMAM). IMARET have been directly involved in the healthcare of the Rohingya refugees in Malaysia for the past four years through the setup of bimonthly mobile primary care clinics in Klang Valley, Malaysia. This retrospective, cross sectional study aim to uncover the health determinants and pharmaceutical use of the Rohingya refugees in Malaysia based on the data recorded in our clinics from October 2015 till December 2016.

Keywords

Rohingya, refugees, mobile clinic, health determinant

Community Engagement Program for People With Special Needs by UiTM Special Care Dentistry Unit

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Since the establishment of the Special Care Dentistry (SCD) unit at the Faculty of Dentistry, Universiti Teknologi MARA Malaysia in 2016, various programs targeting different groups of people with special needs have been organised. The programs involved participation of dental students as volunteers, supervised by dental specialists from the SCD unit and other departments. Activities conducted include dental check-up, scaling, cleaning, topical fluoride application, health talk, exhibition, oral hygiene instruction/demonstration and oral health-themed games. The team visited residential aged care facilities as well as institutions caring for children and adults with various disabilities such as Down's syndrome, autism and cerebral palsy. The team also organised for people with special needs, namely the Let's Play Carnival, Helping Souls and two major conferences in disability care. Oral health promotion activities were enhanced through participation of the SCD unit specialists in many public education programs, including appearances in television, radio, internet, newspapers and magazine, as well as conducting workshops for healthcare students about disability awareness and basic sign language communication. The team aims to create awareness among the public, particularly the population of people with special needs and individuals caring for people with disabilities, on the importance of oral health care and availability of SCD services in Malaysia.

Factors Affecting Recruitment of Volunteers in Mobile Medical Clinics

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Mobile Medical Clinic (MMC) which is defined as temporary setup to provide medical service in the context for this research aims to serve as the link bridging clinical and community settings by improving health care accessibility to geographically and socioeconomically challenged populations. Besides regular mobile medical service provided by the Ministry of Health with limited resources to reach out to all vulnerable groups, Non-Governmental Organizations (NGOs) have been initiating similar service to assist the disadvantaged communities. This study aims to identify factors affecting volunteers recruitment in MMCs as well as approaches to overcome relevant barriers in delivering preventive and primary health care to the underprivileged communities. As a cross-sectional study with observational data collected from a 20-question survey form distributed via social media platforms, the survey period began on 16 April 2019, and ended on 22 April 2019, with a duration of 7 days. A total of 104 respondents responded to the questionnaire. The findings of the study showed implication on the effectiveness of the publicity driven by the organizations that provide MMCs. Furthermore, it provided insights from the public opinion on the services which MMCs should offer to the targeted communities as well as frequency and duration volunteers are willing to contribute for MMCs. The expectations of volunteers in return to their contribution in MMCs were identified, followed by an analysis on obstacles to volunteering with strategies to encourage their participation in MMCs. In conclusion, MMCs play a crucial role in fulfilling the demands for more comprehensive and fundamental medical service to overcome the disparities in health care accessibility. Holistic plans could be formulated and implemented to facilitate the participation of volunteers who serve as the backbones to most MMCs and the delivery of routine basic health care service to those in need.

Keywords

Mobile medical clinics, volunteers, relief

New Kid on the Block: Medical Rehab in Disaster Relief - Our Nepal Experience

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Introduction

The Nepal earthquake in April 2015 resulted in loss of lives , severe injuries and destruction to infra structure. Such large natural disasters often results in survivors with disabling impairments such as brain and spinal cord injuries (SCI), amputations, fractures and peripheral nerve injuries needing rehabilitation.

The increase in number of people with spinal cord injury resulted in the Spinal Injury Rehabilitation Centre (SIRC) in Sanga, which is the only spinal rehabilitation centre in the country to operate beyond capacity. The center reached out worldwide for rehabilitation assistance. Although we had keen volunteers amongst our medical rehabilitation practitioners, we lacked financial support and the necessary experience, however the support and guidance from Mercy Malaysia, a non-profit organisation with much experience in providing medical relief, sustainable health-related development and risk reduction activities for vulnerable communities, enabled us to successfully contribute to this mission.

Objective

The objective of the subacute medical rehabilitation mission was to assist with inpatient spinal rehabilitation post disaster.

Materials and methods

A multidisciplinary team consisting of three rehab physicians, an occupational therapist, physiotherapists, rehabilitation nurse and a wheelchair expert were deployed for two weeks.

Results

During our stay, we provided immediate inpatient medical and rehabilitation care, improving the wheelchair workshop services and sharing knowledge with SIRC staff on various rehabilitation techniques and SCI related care. Whilst there we had requests from a neighbouring hospitals to help in terms of starting spinal rehabilitation services and other aspect of capacity building like equipment and training.

Conclusion

There is definite need for international humanitarian responses to prioritize and include medical rehabilitation teams in the emergency responses especially to the low resource countries. A two-week emergency rehabilitation service turned into a medium-term capacity building commitment indicating a clear need to include capacity building to bridge needs of the often-disrupted healthcare system.

Keywords

Medical rehabilitation, disaster, capacity building, low resource countries

City of Hope Through Urban Resilience

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A Resilient City is one that has developed capacities to help absorb future shocks and stresses to its social, economic, and technical systems and infrastructures so as to still be able to maintain essentially the same functions, structures, systems and identity within short times. In pure language terms, it is its ability to recoil or spring back into shape after bending, stretching or being compressed. Urban centres are without free of issues and matters that require short, medium and long term solutions. There are various types of issues of urban challenges nowadays. Cities would achieve its liveability and resilient status if we could resolve amicably issues and dynamic stability to matters of quality of life, walkability, connecting, mixed uses diversity, quality of architectural and urban design, neighbourhood structures, densification, smart transportation, sustainability as well as governance. Resilience offers a hope in this fact and volatile issues of urbanisation. It seeks out programmes and offers methodological framework to implement these vast array of solutions. The enhancement of economic productivity as well as living affordability that fosters environmental responsibility which covers good leadership and integrates design excellences would help cultivates a healthy, cohesive and inclusive communities. This paper would outline hopes in various sectors and is looking at producing a more cyclical and regenerative metabolism for the urban centres. These would be clear outlines and steps that are needed to produce a stable resilient cities through the implementation of 4Ps which are prioritize; plan; protect; and provide meanwhile 4Vs which are vibrant; vitality; value; and variety. These action statements are needed in order to answer to the call of the New Urban Agenda as well as to harmonise and fulfilling the 11th Sustainable Development Goals: Make cities inclusive, safe, resilient, and sustainable in support of this year's International Humanitarian Conference.

Keywords

Resilience, urbanization, sustainability, Sustainable Development Goals

Design Framework for Disaster Resilience in Flood Evacuation Centre

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The monsoon phenomenon in flood-prone areas of Malaysia is usually given an advanced warning time to residents and disaster relief teams to mitigate and prepare means for evacuation. Victims will be navigated to designate public spaces or buildings serving as flood evacuation centres for protection and safety.

Public buildings such as schools and community halls which act as emergency shelters are often spaces that are unmanageable and structures that are designed for other purposes, forcing them to become shelters. Most flood evacuation centres are found to be ineffective and missing its quality of space. Key issues that are causing spatial conflicts in the centres include uninhabitable facilities, inadequate space planning, poor relief operation, environmental health risks and insufficient basic services.

This research posits to define the resilience of the spaces towards flood through an evaluation process on the spatial quality of the allocated spaces. This is also to provide actions of improvement to the current state of these centres, for example, space modification and incorporating elements of disaster-resilience into the design process. The design considerations are important to reduce risk during shelter selection and also to guide retrofitting projects towards the resilience of the centre.

This research will be developed by analysing current shelter guidelines covering the social and physical aspects, as well as, investigating the shelter design standardisation and functions in current centres through site observation. This will be followed by conducting interviews with disaster experts to provide a foundation for developing a more comprehensive instrument for measuring the resilience of the centre and ending this triangulation research method with a questionnaire survey in order to understand things that hold significance to the respondents of this research.

Keywords

Disaster-resilience, emergency sheltering, flood evacuation centre, spatial quality

The Knowledge, Attitudes and Practices of Search and Rescue Teams of Sri Lanka Army Regarding Search and Rescue as a Response to Disasters

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Introduction: Sri Lanka Army is a valuable resource for the country as a capacity factor in disaster situations. Sri Lanka Army has established Search and Rescue teams (SAR teams) in all 25 districts.

Objectives: To describe the knowledge, attitudes and practices of SAR teams of SL Army regarding search and rescue as a response to disasters.

Methods: A descriptive cross-sectional study was carried out from October to December 2017. 5 platoons each were selected randomly from high and medium risk district categories and all 5 platoons were selected from low risk category. Total sample size was 465. A pre-tested self-administered questionnaire was employed.

Result: Median age of was 28 years. 3.2% were officers and 96.8% were soldiers and majority 80.4% educated up to G.C.E. (O/L), 62.4% were married. 52.9% of the population had undergone SAR training during past three years in Sri Lanka and none had undergone training outside the country. Overall knowledge regarding search and rescue as response to disasters seem to be good, that is >75 percentage score, 57.2%. 93.8% has desirable positive attitudes. 73.5% had participated in search and rescue operation as response to disasters. Overall practices seemed to be poor, that is <75 percentage score in 71.3% of the population.

A statistically significant association was observed with level of education ($p= 0.001$), and designation ($p= 0.004$) and knowledge on search and rescue as a response to disasters. Level of education, designation and SAR training had no significant association with attitudes on search and rescue as a response to disasters. A statistically significant association was observed with designation ($p= 0.021$) and practices.

Discussion: Search and rescue drills should be carried out regularly. Knowledge on search and rescue as response to disasters should be incorporated in to the basic training programme for officers and soldiers.

Keywords: Disaster, search, rescue

Building Urban Resilient Communities: A Road to Achieve the 2030 Global Commitments

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The world population growth rate in the urban area is expected to increase more than 60% by 2030. Urbanization rates in Malaysia are expected at 77% and 85% in 2020 and 2040, respectively. Coupling with extreme climate, environmental degradation and population at risk, this aforementioned scenario made the risk-informed development and investment is very critical. Therefore, this study aims to provide a new insight into the assessment of urban resilience and development of social resilience strategy for reducing disaster risk in Malaysia. A study area is located in Kundang, Gombak District, one of the biggest districts in the state of Selangor. Kundang was established in 1910, a remarkable case for assessing complex disaster risk and rapid urban development. Few case studies were carried out with potentially upscaling to a significant impact to 15,000 communities in Kundang, Selangor. This study analyzes a series of historical floods, land-use changes and socio-economic impact for understanding disaster risk and underlying risk drivers. Several field surveys, focus-group-discussions and stakeholder engagements were collaboratively organized to establish the baseline data, analyze local risk profiles, understand need-and-demand while preparing an evidence-based action plan for strengthening urban resilience in Selangor. This study was locally adopted Torren Community Disaster Resilience Scorecard to measure a resilience index by promoting the concept of self-help, mutual-help and public-help for flood vulnerable communities in the developing cities. As a result, the Kundang area obtained an overall scores of 93.63, with 64.57% indicated a state of caution. The survey shown that locals have a good exposure on the community-based disaster management, including training programs, disaster awareness and also setting up a community emergency response team. The baseline resilient information provides a better clue to co-design, co-develop and co-implement future community-based disaster risk management program, with a large support of local government and stakeholders.

Keywords

Urban flood, disaster risk reduction, disaster preparedness, community resilience

Learnings of Retrofitting in Masonry Buildings in Post 2015 Gorkha Earthquake Housing Reconstruction

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In the aftermath of the 2015 Gorkha Earthquake that had devastating effects in Nepal and the surrounding region, the Government of Nepal has led the reconstruction campaign through the National Reconstruction Authority. The primary strategic objectives of the reconstruction campaign are the construction of safe structures through strengthening of local capacity and improvement of access to services with restoration of economic opportunities and enhancement of national capacity and effectiveness (NRA, PDRF May 2016). Through owner driven reconstruction approach with adequate technical and financial assistance, more than 50% of the beneficiaries have completed the construction of their new houses and received the government grants. Another set of beneficiaries, enlisted for retrofitting of their partially damaged houses, however, have not been able to attain similar progress; only 0.06% of the enlisted beneficiaries have carried out retrofitting. As such, to expedite the process, there is dire need for proper strategies so as to effectively disseminate and demonstrate retrofitting techniques in earthquake affected communities. This paper focusses on the collective learnings gathered from the implementation of retrofitting in masonry buildings in earthquake affected four districts, viz. Dhading, Dolakha, Nuwakot and Kathmandu by National Society for Earthquake Technology Nepal (NSET). Out of the different techniques available, Splint and Bandage using welded GI wire mesh is seen as the most appropriate technique; providing the desired level of safety while being economically viable; cost of retrofitting of a typical masonry house in Nepal varying between \$3 and \$6. Further, the learnings of retrofitting of partially damaged structures in the current reconstruction campaign will also pave way for the dissemination of the technique on a broader spectrum, increase in national capacity and confidence, thus providing an economic strategy in reducing the vulnerabilities of at-risk communities, not only in areas affected by earthquake but the entire country.

Keywords

Reconstruction, retrofitting, masonry buildings, sustainability

Reducing the Effect of Trash Pollution and Encouraging Recycling Through ‘Plogging’

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As a result of urbanization and linear economy, waste production is increasing at an alarming rate. Solid waste in the form of trash on land clogs storm water drains, increases the risk of flooding, marine pollution and provide habitat for vector propagation. Recycling rates of plastic waste is relatively low in Malaysia as compared to developed countries and about 60 per cent of Malaysians do not dispose garbage into trash bins. Cyberjaya University College of Medical Sciences (CUCMS) in collaboration with Trash Hero Kuala Lumpur, a nonprofit organization conducted ‘Plogging’ in Cyberjaya. This fitness trend originally from Sweden involves picking up trash while walking or jogging and addresses problems of lack of fitness and trash pollution at the same time. A total of 112.07 kg of trash was collected within 1.6 km distance by 43 volunteers in 1 hour and 11 minutes. The collected trash was segregated into different categories. The top three most common trash collected were polyethylene terephthalate (PET) bottles, plastic straws and tetra pak. 41.71kg of trash was recovered for recycling and prevented from ending up in the landfill. Plogging conducted regularly in community neighborhood is an immediate solution to reduce the effects of trash pollution and encourage recycling. Schools and universities in partnerships with NGOs and stakeholders play an important role in engaging students and society to build resilience towards climate change. Promotion of circular economy through behavioral change for responsible consumption and production is required for long term waste reduction.

Keywords

Plogging, solid waste, trash pollution, responsible consumption and production, recycling, climate change

The Impact Of ‘The Lost Food Project’ In Rescuing Surplus Food To Feed The Needy And Reduce Food Waste

Philip Dodd, Reishmi B. Devan

The Lost Food Project

Globally, around 815 million people live in hunger and millions of children are at risk of malnutrition. According to UNICEF, children living in low-cost housing (People's Housing Projects or PPRs) in Kuala Lumpur face high rates of poverty and malnutrition. At the same time, 15,000 tonnes of leftover food are thrown away every day in Malaysia, 3000 tonnes of which are edible. Food waste in landfill produces methane gas, contributing to global greenhouse gas emissions and climate change that affects health. The Lost Food Project (TLFP), a not-for-profit food bank based in KL, rescues quality and nutritious surplus vegetables and groceries that would otherwise end up in landfills and redistributes them to those who need it most, regardless of religion, gender, age, disability or ethnic group. This addresses the problems of food waste and hunger among the urban poor at the same time. Working closely with partner supermarket chains, multinational manufacturers, food suppliers and charities, TLFP volunteers and staff rescue an average of 10 tonnes of food per week, providing 33,000 meals to PPR residents and 50 vetted charities. This diverts money spent on food to other essentials like education and healthcare. The supply of green vegetables provides dietary iron for students with anaemia. A donation of RM 20 can provide 100 nutritious meals. Since 2016, The Lost Food Project has rescued 906,244 kg of perfectly edible, nutritious food, providing 3,020,812 million meals and preventing 1,721,863 kilograms of greenhouse gases from entering the atmosphere. Educational activities, corporate programmes and public awareness campaigns on food waste and prevention are conducted regularly to promote responsible consumption and production. The vision of The Lost Food Project is to have regional depots run by local communities to feed the hungry, not the landfill and to achieve the mission of zero hunger.

Keywords

Food waste, urban poor, zero hunger, landfill, responsible consumption and production, climate change

Mental Health and Coping Skills Among Healthcare Providers: MERCY Malaysia Volunteers Residing in Rakhine, Myanmar

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Mental health problems in a humanitarian setting are now alarming especially among healthcare providers that residing in a field hospital. To deal with patients with a psychological condition such as anxiety, depression, and post-traumatic stress problem were more distressful than those who need medical attention alone. Inadequate training and skills on self-care and coping mechanisms might contribute to the distressful state. Therefore, this study was aimed to identify stress and burn out signs and to identify coping skills method used by field hospital healthcare providers. The study was relatively descriptive with the use of a qualitative approach. Purposive sampling was used in the study and a total of 20 healthcare providers aged 20-35-year-old respondents were involved in the study; medical doctors, midwife, nurses and health assistants. The study also used a focus group discussion. This approach was used to obtain an in-depth perspective on the mental health problem and coping skills among healthcare providers. The results showed that healthcare providers were having stress and burnout symptoms, in which 20 people showed physical symptom, 18 people showed behavioural symptom, 15 people showed cognitive symptom, 16 people showed emotional symptom, and 11 people showed spiritual symptom. In regards to coping skills, out of 20 healthcare providers, only 16 people adopting or used positive coping strategies such as talk to friends, walk, massage, meditation, take a bath, and watch a movie. Despite the positive coping skills, there were some negative coping strategies used as well by healthcare providers such as drinks too much alcohol and cry a lot. The above-mentioned signs and symptoms of stress and burnout subsequently could cause serious and distressing mental health condition to healthcare providers, thus proper psychosocial support and psychoeducation intervention are needed to lessening the burn out and stress signs and symptoms at an early stage.

Keywords

Stress, burn out, mental health problems, positive coping ability, negative coping ability

Training Community to Workers on Child Friendly Space After the Flood in Attapue Province, Laos

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This paper presents the implementation and findings of a Child Friendly Space (CFS) training program conducted by MERCY Malaysia's Mental Health and Psychosocial Support team in response to the collapse of Saddle Dam D, part of a larger hydroelectric dam system under construction in southeast Laos's in July 2018. The targeted participants were local community workers and non-governmental organizations workers who worked with displaced communities. Two trainings were conducted for 71 peoples from UNICEF, Ministry of Education, PLAN international, Save the Children, Child Fund and community workers, which aimed to provide knowledge, skills and supervision for providing basic skills on setting up and managing CFS. Training materials tailored to local language and culture were developed and delivered during these trainings. CFS activities were also observed during the second training. The programs were successful based on the post assessment feedback by the trainees and observations in the CFS tents by the trainers.

MERCY Malaysia MHPSS Capacity Development Training: Child Friendly Space (CFS) Basic Training and Psychological First Aid (PFA)

Azlina Wati Nikmat*, Khoo Sing Shern, Tan Su Chen, Elok Vradizza Feni Abdul Wahdi, Jameyah Sherif, Zuriani Basri, Sakinah Alhabshi, Shahrима Ruwaida Abbas, Loh Sit Fong, Hariyati Shahrима Abdul Majed

**Universiti Teknologi MARA, Malaysia*

Following the September 28th earthquake in Palu, Mercy Malaysia Mental Health Psychosocial Support (MHPSS) teams were deployed to enhance the capacity of the local community to support and respond to the survivors' psychological and emotional needs. Two major trainings were conducted, with the aims of providing basic skills on setting up and managing Child Friendly Space (CFS) as well as conducting Psychological First Aid (PFA). Training materials tailored to local language and culture were developed and delivered over the duration of 2 months, starting from October 2018 to December 2018. A total of 85 university students and 25 hospital staffs participated in the Child Friendly Space (CFS) and Psychological First Aid (PFA) trainings respectively. Pre- and post-assessments were conducted to evaluate volunteers and staffs' understanding on the knowledge and skills transferred. The programs were successful based on the post assessment feedback reported by the volunteers.

Keywords

Training, skills development, mental health, disasters

Psychological and Emotional Distress Among Rohingya Refugees Community: A Field Work Experience in Cox's Bazar

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Refugee resettlement camps, given its uncongenial condition, compromise not only physical health. Although the mental health of refugees had gained little attention in comparison, it is notably affected by the distress of living in a restricted and repressive environment. Inevitably, the Rohingya refugees in Cox's Bazaar, Bangladesh too, are susceptible to mental health difficulties. The aimed of this paper is two-fold. Firstly, it highlights the psychological distress and secondly, it explicates the existing coping mechanism among Rohingya refugees residing in two resettlement camps, namely Balukhali and Kutupalong Makeshifts. Purposive sampling was used and a total of 360 respondents comprising teachers, religious teachers, mahjies, and other community leaders were sampled. The presence of traumatic stress symptoms (i.e., psychosomatic ache, dizzy, anger, crying, low energy, low mood, fearful, bingeing, poor appetite, substance use, and avoidance, inability to sleep, nightmare, social withdrawal, overwhelming/worrying thoughts, empty, confusion, shame/guilt, and purposelessness) was identified. Through focus group discussions, the existing coping skills commonly utilized by the refugees within the communities were examined. Results showed that eight out of nineteen stress reactions were prevalent among respondents in Balukhali and Kutupalong camps. The highest stress reaction indicated was psychosomatic ache, followed by overwhelming/worrying thoughts, dizzy, poor appetite, nightmare, substance use, crying, low energy, and anger. Four coping skills commonly utilized by the refugees were reported, namely talking and sharing with each other, praying, eating, and smoking. Additionally, findings from the focus group discussions also indicated that the Rohingya community leaders were overwhelmed with the community members' psychosocial needs given their limited abilities and skills to cope. These results demonstrated the vulnerability of the refugees' mental health as well as the need for community-based psychosocial intervention aimed to enhance coping and promote resilience among refugees in both Balukhali and Kutupalong camps.

Keywords

Psychosocial, coping skills, mental health, traumatic stress, mental illness

Empowering Youths Through Capacity Building and Sustainable Humanitarian Initiatives

Izhar Roslan

Rahmatan Lil Alamin Foundation

In the face of general apathy and lack of humanitarian activism among the general young in South East Asia especially in Singapore, capacity building of young volunteers and sustaining humanitarian initiatives become two important investments that every organisation must commit to. Young leaders need to be empowered by leadership roles and opportunities, especially in the humanitarian sector. It is a challenge for urban countries such as Singapore to sustain the commitment of young leaders (at the age of 17-21) as volunteers in organisations mainly due to commitment such as the compulsory National Service, marriage, transition to work life and the proliferating number of movements-for-change that they can choose to be part of. Resilience and commitment to the cause remain elusive for many.

Rahmatan Lil Alamin Foundation (RLAF) realizes that development of our young humanitarian volunteers is time-sensitive. We “speed-up” their leadership learning curve by providing relevant training programmes based on a robust core competency framework that can empower them with effective project management skills as well as the know-how for advocacy.

Another key element is assigning them to sustainable humanitarian projects that range from life-saving relief to refugee children and women empowerment. The Monitoring & Evaluation mechanism that were built into the project management framework allow the young volunteers to learn from the process, strengthen their capabilities, and achieve the desired outcomes.

It is also important that the young volunteers adopt a global leadership view and recognise that humanitarian service does not recognize boundaries. The recent Rohingya and Syrian refugee crises and the disasters that hit Sulawesi and Lombok in recent times for example, do not only affect the particular communities. They need to realise serving communities beyond Singapore is a responsibility for every youth.

Keywords

Youth activism, humanitarian leadership, volunteering, sustainable, capacity building, responsibility.

Live Experiences of Humanitarian Workers Involved in Medical Relief During 2014 Flood Disaster in Kelantan: A Qualitative Analysis.

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The Kelantan major flood disaster in December 2014 showed that there was lack of coordination among humanitarian workers from various agencies, involved in medical relief. We explored the real live experience of humanitarian workers of various agencies providing medical relief during the response phase of Kelantan 2014 flood disaster. We conducted a Focus Group Discussion and subsequent Elite Interviews until saturation is achieved, among the humanitarian workers to extract responses to three predetermined categories of discussions namely policies, command system and communication and patient transport. Open-ended key questions of each category were predetermined and responses were recorded. Content analysis included identifying, coding, and categorizing participants' response. Any issues need clarifications were followed up in EI for triangulation. Issues emerged in the patient transport category were central coordination of transport, online medical directives, patient triage and priority, use of Government Interagency Radio Network (GIRN), army medevac procedure, proper transport documentation, mapping of helicopter landing points, use of other auxiliary service transportation and fuel storage. The communication and command system category recorded responses of unreliability of GIRN, radio amateur as alternative to GIRN, GIRN linking to Single Channel Audio Bridge to enable radio amateur communication, limited GIRN coverage in remote areas, electricity cut causing difficulty to charge communication system and dedicated GIRN talkgroup for medevac. The policy category recorded that dialysis patients' transportation should be incorporated into policy, e-banjir as a river water level monitoring system, alternative treatment site other than major hospitals, volunteers coordination, disaster storage of medications at site, too many coordination centers and policies and lack of agencies representation at command center. We concluded that there should be an integrated medical response protocol to address many gaps in the medical relief during flood disaster in Kelantan.

Keywords

Flood disaster, humanitarian, patient, qualitative analysis

An Analysis of the Common Disease Seen in Two Rohingya Refugee Camps in Cox's Bazar by MERCY Malaysia

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Rohingya refugees are a stateless minority that have faced decades of statelessness, discrimination and targeted violence in Rakhine State, Myanmar. Violence on 25 August 2017 in Rakhine triggered the largest and fastest refugee influx into Bangladesh, which was described by United Nation as the “world’s fastest growing refugee crisis”. This paper is to access the burden of primary health issues in two refugee camps in Cox’s Bazar, compare the burden of disease between different age groups as well as different genders. Related data of primary health issues, referrals, maternal and child service, and family planning service were collected from 20,769 Rohingya refugees in Balukhali and Kutupalong refugee camps from November 2017 to May 2018. Findings revealed that 48% of the population seeking medical care due to infectious diseases and 52% due to non-infectious diseases. Acute respiratory infection (29.3%) is the most frequent primary health problem encountered by the refugees, followed by diarrhoea (9.2%), skin problems (4.6%), injuries and wounds (2.0%), unexplained fever (1.4%) and so on. There was significant difference of infection rate ($p < 0.001$) between <5-year-old (71.7%) and \geq 5-year-old (38.6%). Findings may aid in the development of targeted interventions to the primary health issues in future and regular follow-up and evaluation of management should be conducted as refugee health is a chronic issue.

Keywords

Refugee health, primary health issues, lack of resources

Rumah Sakit Indonesia: Health Service at Battle Frontline in Palestine

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MER-C Indonesia

Palestine are place known for conflict for ages. While politically neglected, Palestinian both living in Gaza Strip and West Bank struggle each day to reach their freedom and recognition as a nation. Because of raging war that all system especially in Gaza Strip are collapsed. Speaking about health, its trully a miracle to see a victim survived despite of lack in every aspect of the system. Starting in 2012, Medical Emergency Rescue Committe (MER-C) Indonesia show its commitment to Palestinian in Gaza by building one hospital for traumatology in North Gaza, just few kilometres from Israeli's border. This area along with southern part of Gaza are heavily damaged by continuous attack from Israeli soldier. With more than 600 thousand population living in this area, less than 120 beds available for service, previously. Mainly powered by Indonesian worker, this hospital building complete in three years, and start to service in 2016. Once named as Rumah Sakit Indonesia (مستشفى إن دون يسي in Arabic) after inauguration, this hospital soon become referral hospital in north area, adding 120 beds (12 of them are ICU's with dedicated ventilator), 4 OTs, latest technology in radiology and laboratory to health system. Now, Rumah Sakit Indonesia plays major role for North Gaza population, especially during conflict. The Great March of Return and latest Ramadan attack were some of the incidents. And Rumah Sakit Indonesia is also a prove that Indonesia, as people and nation, are still with Palestinian, through the fire.

Keywords

Rumah Sakit Indonesia, Indonesia Hospital, Gaza, Palestine

Level 3 Field Hospital in Cox Bazaar, Bangladesh During Operation Starlight 2: A General Surgeon's Experience

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Malaysian Field Hospital (OP STARLIGHT 2)

Introduction: The Rohingya crisis had led to at least 1.2 million Rohingyas displaced from the Rakhine state. The Malaysian Field Hospital was established to provide Level 3 Field Hospital surgical services to the displaced Rohingya population and its host community.

Objective: To describe the surgeries done in the operating theatre, its complications and the challenges in the Field Hospital Setting.

Methodology: A total of 219 surgeries was done theatre from 1st September 2018 to 16th February 2019. 29 (13.2%) were laparoscopic surgeries and 190 were open surgeries (86.8%). A wide variety of surgeries were done with open method including 14 laparotomies, 18 herniotomies, 25 hernioplasties, 8 mastectomies, 10 wound debridements, 19 thyroidectomies, 14 excision biopsies, 6 fistula surgeries, 8 Jaboulay's procedure, 8 cases of plastic surgeries, 16 splenectomies for massive splenomegaly, 3 cases combined with obstetrics and gynecology for huge ovarian or uterine sarcoma, 11 incision and drainage, 1 ultrasound guided nephrostomy, 2 hemorrhoidectomies, 5 circumcision, 1 toilet and suturing, 3 orchidectomies, 1 reversal of stoma, 1 percutaneous drainage, 1 clitorrectomy and plasty, 2 saucerization, 2 appendicectomies, 3 CIS trunk procedure, 1 patent urachus and 1 laryngeal repair for Schaefer 4 laryngeal injury.

Results: There were a total of 3 mortalities (Clavien-Dindo V). 2 for emergency laparotomies and 1 case of huge ovarian tumour. No mortality observed for purely general surgical elective cases. The most common complication was surgical site infection 18 (8.2%), 1 herniotomy had primary hemorrhage requiring surgical hemostasis, 4 hernioplasty had early recurrence (all aged > 70), 1 thyroidectomy had transient hoarseness, 1 fistula in ano had early recurrence, 1 lip tumor had early regional metastases and 1 splenectomy had gastroparesis. Challenges include advanced diseases, limited logistical support and the need for accurate clinical diagnosis.

Conclusion: Level 3 surgical services in a Field Hospital setting has a wide variety of cases with acceptable complications but remains a challenging task for a general surgeon.

Keywords: Field hospital, rural surgery

Reconstructive Surgery For Extensive Hypertrophic Burn Scar in Austere Environment: Field Hospital Malaysia Experience

Asma' R, Tarmizi M, Munir O

Malaysian Field Hospital

Cutaneous scarring remains the pathognomonic feature following burns and characteristically becomes the key for post-burn physical and psychosocial morbidity. The most common cicatrix formed following burn is hypertrophic scar, which has been reported as high as 70%. The greatest challenges in burn rehabilitation relate to decreased quality of life and delayed reintegration into society resulting from post-burn scar. Following cutaneous injury, the defect is healed through creation of a scar, with linear collagen deposition lacking the flexibility of non-injured skin. Deposition of excess collagen results in pathologic scar that is thick, non-pliable, itchy, and most of the time painful. Advancement techniques in acute burn care enable patients to survive massive burns with minimal degree of disability. The approach for scar modulation varies either non-surgical or surgical intervention. In austere environment with very limited resources and logistic issues, we opted for surgical reconstruction for a long-standing hypertrophic burn scar. Here, we reported a case of 9-year old refugee girl who had scalded burn over her left inner upper limb, chest wall & flank when she was 2-year old. Unfortunately, due to no access to medical treatment back in her country of origin, the wound was left untreated and healed with extensive hypertrophic scar adjoining the upper limb and lateral chest wall & flank, forming thick web with no residual range of movement of the left arm. We performed reconstructive Z-plasty for the upper limb, chest wall & flank, and V-plasty for the axilla reconstruction. The outcome was relatively good, with maximum shoulder abduction of 75 degrees due to contracted serratus anterior muscle. Wound healed well with minimal sub-dermal necrosis that didn't require surgical revision.

Rehabilitation Needs After An Earthquake- Experience From MERCY Malaysia in Aceh, Indonesia

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Background: On 7th December 2016, a devastating earthquake destroyed Pidie Jaya, Aceh, Indonesia, leaving many people with residual deficits and disabilities. Rehabilitation plays a role in the subacute care in rebuilding a community after a natural disaster.

Objectives: To assess the rehabilitation needs after an earthquake and make recommendations for future assistance.

Methods: MERCY Malaysia deployed an emergency response team from Malaysia comprising a Rehabilitation Physician, Medical Officers, Physiotherapists and Psychologists to Rumah Sakit Umum Daerah Chik Ditiro, Sigli, Indonesia. The rehabilitation team focused on postoperative subacute care, pediatric neurorehabilitation, staff and caregiver education. Recommendations were made according to the identified issues, available resources and cultural acceptance.

Results: The main cases were post-operative fractures, burns and traumatic brain injury, cerebral palsy and suspected Zika virus infection. Rehabilitation plans include neurodevelopmental exercises, caregiver and staff education, behavioural management and hearing and visual screening. Home visits enabled the team to make environmental assessments, home modifications and prescription of rehabilitation equipment to prevent falls and improve functional independence. Notable strengths were the community's resilience, positive attitude to learn and accept suggestions and medical insurance coverage for rehabilitation. Weaknesses include lack of documentation on clinical assessments and outcome measures and lack of trained healthcare professionals to cope with brain injury and post-operative care. Poor hand-hygiene and infection control posed a significant threat to the great work done by the local surgeons and nurses. Opportunities for improvement include implementation of hand hygiene and provision of rehabilitation care and psychological support.

Conclusions: Rehabilitation team provides leadership, assess unmet-needs and coordinate short and long-term care plan after a natural disaster. Caregiver and staff education on hand hygiene, documentation, rehabilitation and prevention of complications are key issues to be addressed. Cultural acceptance and availability of local resources should be taken into consideration before making any recommendations.

Keywords: Rehabilitation, earthquake, MERCY Malaysia, psychological support

Field Surgical Obstetrics and Gynaecological Services - Malaysian Field Hospital Experiences in Cox's Bazar Bangladesh

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Malaysian Armed Forces Medical Health Services, Ministry of Defense

Malaysian Field Hospital (MFH) mission for Rohingya Refugees in Cox's Bazar, Bangladesh has been operating since November 2017. Over time, MFH's Obstetrics & Gynaecology services has been proven to be impactful in improving the overall maternal health of Rohingya women.

In dealing with Obstetric cases, MFH acts as a referral center for the timely intervention of all Obstetric emergencies while in dealing with Gynaecological cases, priorities are given to pain or symptom relieving as well as life saving procedures. From March 2018 up to June 2019, 201 emergency and semi-emergency interventions were performed on Rohingya women by MFH. Challenges faced involved decision making, optimization of patients prior to surgery, limitations of a field surgery setup, clinical support services limitations, technical and medical logistic support limitations, and post op continuation of care issues.

This paper entails the experience of MAF's O & G specialists' experiences in dealing with all these challenges on the field. International networkings, innovative solutions to solve critical issues and practical clinical practise approaches by the team has helped to optimize resources and achieve good results. The cohesive team effort can only be seen in MFH as everyone was inspired to make surgery in a field hospital setting a success.

Keywords: Malaysian Field Hospital, obstetrics & gynaecology, Cox's Bazaar, Rohingya refugees

Workforce Capacity Building For Acquired Brain Injury Rehabilitation- Post Nepal Earthquake

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Introduction: A magnitude-7.8 earthquake struck Nepal on April 25, 2015 where many lost their lives and numerous others were injured. This has increased the number of people with trauma-related injuries including traumatic brain injury. Mercy Malaysia, one of the non-governmental organizations from Malaysia who responded to the call for help dispatched a rehabilitation team to assist in providing comprehensive care for various groups of patients such as those suffering from traumatic brain injury. The objective of this mission was to deliver acquired brain injury rehab training course whilst building local workforce capacity at National Trauma Centre, Kathmandu, Nepal.

Materials and methods: A short course with lectures and hands-on workshops was conducted for 5 days (16 – 20 July 2018), followed by Train-the-Trainer program for the next 7 days (21 – 27 July 2018). The rehabilitation training team included 2 rehabilitation physicians, 1 physiotherapist, 1 occupational therapist, 1 speech therapist and 1 nurse. Post-training survey questionnaire was used to assess training outcome.

Results: The 25 participants consisted of 12 nurses, 11 physiotherapists, 1 doctor and 1 speech therapist. 64% had less than 5 years of service experience whilst 36% had between 5 – 10 years' experience. 80% of them were currently treating brain injury patients but most of them (79%) thought the current management for these patients were inadequate. All participants found the training useful and 84% of them felt that the training was applicable in their workplace. All of them also felt that other people would benefit from this training and should be done regularly. Suggestions to further improve the training include having more practical sessions, more frequent courses and increased duration of training.

Conclusions: The training proved useful to the participants who attended and although most agreed that it was applicable to their current practice, they also wanted a longer duration of training with more practical skills sessions.

Keywords: Capacity building, rehabilitation, brain injury, Nepal

Poster Exhibition

Subtheme 1

Health and Medical Relief

Subtheme 2

**Building Resilience,
Climate Change Adaptation
and Disaster Risk Reduction**

Subtheme 3

**Shelter, Water, Sanitation and
Hygiene (WASH), Rehabilitation
and Reconstruction,
Build-back-better**

Subtheme 4

**Displacement, Conflict,
Protection, Migration and
Humanitarian Law**

New Kid on the Block: Medical Rehab in Disaster Relief - Our Nepal Experience

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Introduction

The Nepal earthquake in April 2015 resulted in loss of lives , severe injuries and destruction to infra structure. Such large natural disasters often results in survivors with disabling impairments such as brain and spinal cord injuries (SCI), amputations, fractures and peripheral nerve injuries needing rehabilitation.

The increase in number of people with spinal cord injury resulted in the Spinal Injury Rehabilitation Centre (SIRC) in Sanga, which is the only spinal rehabilitation centre in the country to operate beyond capacity. The center reached out worldwide for rehabilitation assistance. Although we had keen volunteers amongst our medical rehabilitation practitioners, we lacked financial support and the necessary experience, however the support and guidance from Mercy Malaysia, a non-profit organisation with much experience in providing medical relief, sustainable health-related development and risk reduction activities for vulnerable communities, enabled us to successfully contribute to this mission.

Objective

The objective of the subacute medical rehabilitation mission was to assist with inpatient spinal rehabilitation post disaster.

Providing Healthcare and Education to Marginalised Communities Through Volunteerism

Anis Nadia Ismail

Yalla Charity Organization

Purpose/ Objective: Marginalised communities from rural areas, refugees, and poor communities lack knowledge and exposure to health information and access to medical and dental care. Exposure to risk habits, harsh living conditions, and non-conducive environments put their health at risk. Our organization aims to empower¹ these communities through providing healthcare² and health education³ through mobilizing volunteers from the health sector.

Methods: Volunteers carry out health education through talks and demonstrating good health habits and oral hygiene by teaching them about hand washing and toothbrushing techniques. Screenings for diseases through medical and dental checkups are done by volunteers from medical and dental personnel and general public who have been trained to carry out basic examinations such as BMI and blood pressure. Funds were also channeled in terms of providing equipment and infrastructure that can benefit the community in the long term. Our long term goal is to be able to carry out dental treatments for the needy and we are in a continuous learning process by joining other NGOs such as IDAM to learn the management and process of carrying out procedures outside the clinic setting.

Results: Mobilizing volunteers through our projects gives a channel for the volunteers to utilize their expertise for the community. By providing healthcare services nearer to the marginalized communities, we enable them to be aware of their health status and gain health knowledge. Donations that go to funding public facilities benefit the communities for years to come. By multiple visits to the same facilities, rapport and networking has been established by our organization and the communities we work with.

Conclusion: Empowerment of marginalized communities through providing healthcare and health education is key to ensuring that vulnerable communities do not get left out in primary healthcare. Mobilizing volunteers, supporting projects by NGOs and continuous cooperation between different organizations ensure a continuity of these projects in the long term.

Keywords: Screenings, dental, medical

Acknowledgement: Islamic Dental Association of Malaysia (IDAM)

Postoperative Wound Care in Disaster Setting: Are We Just “Hit-and-run” Medical Volunteers?

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MER-C Indonesia, Yogyakarta Branch

Natural disasters are one complex humanitarian crisis, which requires coordination and cooperation among all stakeholders. Injuries or trauma to victims of disasters deserves special attention. In post-disaster situations, many infected wounds require definitive treatment. Wound infections associated with contamination and inadequate treatment. This increases the risk of further complications in the form of infections, both local or systemic, which can increase morbidity and mortality. Many individuals need help but have difficulty accessing services and resources. This condition is a combination of issues such as difficult terrain conditions, remote access to health, uneducated victims, and limited resources to be a challenge for all parties. To overcome this, a tenable post-disaster wound care strategy is needed. Therefore, it is important to involve partnerships including, but not limited to, local government, health institutions, NGOs, and other voluntary organizations. It will also help facilitate longer-term wound care system strengthening. We undertook a literature review focusing on the strategy of wound care in disaster situations, and the outcomes of wound management in recent disasters. As a result, coordinated and cooperated wound care practices would decrease morbidity and mortality of the disaster victims.

Keywords

Postoperative, wound care, neglected wound, uneducated victim

Review On Female Refugees Reproductive Health Prior, During and After Displacement

Ferdousi Akter

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Reviewing maternal and sexual health experiences, morbidity and mortality among female refugees, as well as STIs and HIV prevalence during conflict globally. as part of the chronological experiences of female refugees; namely, travel phases, living in refugee camps, access to WASH and RH services, cultural bindings and reproductive conditions. Special refugee populations such as adolescent girls, refugees from child-bearing ages, asylum seekers are highlighted. There is a summary of relevant medical findings. The author reviewed articles on the topics above from 2009 to 2019. Literature was collected from Social Science & Medicine, and The Obstetric & Gynecologist. Also included were relevant earlier papers and those from other disciplines mentioned in articles identified by the database. After reviewing published articles and reports, the analysis resulting in increased prevalence of STIs and HIV among displaced populations requiring more attention from policy makers, Refugee agents, Humanitarian organizations and workers to intervene. It is also recommended to ensure Minimal Initial Service Package(MISP) in all displaced and conflict location.

Keywords

Female refugee, reproductive health, displacement, STI, HIV

The Malaysian Field Hospital for Rohingya Refugees: A Military Pharmacist's Experience

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Introduction: Malaysian Field Hospital (MFH) is a humanitarian assistance for Rohingya refugees in austere environment at Cox's Bazar, Bangladesh by Royal Medical & Dental Corps (RMDC), Malaysian Armed Forces (MAF). Operation Starlight-1 comprised of a pharmacist & a pharmacist technician.

Objective: To document common diseases treated, to list essential medications supplied and to share experience during the humanitarian assistance in a refugee crisis mission.

Methodology: This is a retrospective observational study. Patients who visit MFH are registered in Daily Patient Registry (DPR) before being directed for further care after medical triage. Further care consists of outpatient care, dental care and patients who need further assessment are seen in emergency department before admission to ward if necessary. The doctors will prescribe manually using MFH prescription slip. The DPR was compared with all the prescriptions.

Results: Total number of cases seen were 15577. Outpatient cases seen were 11775, emergency department were 1248, admitted to ward were 534, cases that required surgical intervention were 468 and dental related were 1813. According to clinical spectrum of disease 38% was musculoskeletal related, 23% were wound and injury, 11% were pulmonary, 8% were gastrointestinal tract followed by 5% skin condition and others respectively. Top five medications was paracetamol 500mg tablet and 120mg/5mL syrup, methyl salicylic 25% ointment, chloramphenicol 1% ointment, tablet vitamin b-complex and tablet ranitidine 150mg.

Discussion: Needs of pharmaceutical support depends on nature of disaster, socioeconomic status, geographical location and climate. Medical intelligence is vital prior to any medical mission deployment. Pharmacists are key personnel to look into pharmaceutical and medical logistics (PharmaMedLog) matters while maximizing pharmaceutical care in mission area.

Conclusion: Data collected can be used to further improve response policy and procedures in future. Medical team with pharmacist onboard can give more impact in any level of medical mission.

Keywords: Malaysian Field Hospital, Rohingya refugees, military pharmacist

Non-communicable Diseases' Risk Factors Among Migrant Workers in Shah Alam, Malaysia

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Non-communicable diseases (NCDs) such as cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes responsible for around 60% of all deaths globally according to the World Health Organization. The aim of this study was to find out Non-communicable diseases' risk factors among migrant working in Shah Alam, Malaysia. A cross-sectional study was carried out among 50 migrant workers in Shah Alam. Both questionnaires and measurement were used for data collection. Blood glucose, blood pressure, blood groups, Visual examination, BMI and waist circumferences were measured among respondents. Majority of the respondents (52 %) from Indonesia followed by Bangladesh (36%). A total of (40%) had hypertension history and 12% had diabetes mellitus history. Regarding lifestyle, 14% smokers, 16% alcohol consumers, 56% they practice vigorous physical activity. Regarding the measurements, the mean glucose level was 6.64 ± 8.6 mmol/l, mean systolic blood pressure 122.04 ± 15.5 , mean waist circumference 83.5 ± 17.6 . Majority had O+ blood group (42%). The prevalence of overweight and obese were 30%. There was a significant association between waist circumference and Vigorous physical activity ($p=0.037$). As a conclusion, the prevalence of overweight and obese were high. Majority did not consume enough amounts of fruits and vegetables. More health promotion and education are required to address healthy lifestyle and adequate nutrition among migrant workers.

Keywords

Migrant workers, risk factors, non-communicable disease

Ammonia Poisoning in Klang: Lessons Learnt

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Ammonia is a colourless gas with a sharp, penetrating, intensely irritating odour. It is widely used as a refrigerant gas. On 13/08/18, Klang District Health Office received a notification of ammonia leakage of an ice manufacturing factory. A total of 29 victims were identified, with 2 fatalities and 27 workers admitted to 4 different hospitals, whereby 11 were intubated in ICU. The factory was located near to a secondary school (500 meter with 1000 students) and residential area (600 meter with 100 units of flat houses), factories and chicken/ducks farm (200 meter). Health surveillance was conducted soon after the incident by having active case detection among factories workers, school staffs/students and residents staying nearby. The aim of this case study was to highlight the lessons learnt from the incident. Firstly, poor enforcement from the local council, whereby the company had been in operation since 2016 with no licence for ice manufacturing using ammonia. Secondly, all the workers were foreigners without work permits. Hostels were provided in the same building of the manufacturing line and they were required to work 12-16 hours continuously without resting. Moreover, lack of universal health care led to excessive cost for these workers, many of whom pay out-of-pocket for their long hospital and ICU stay. Thirdly, language barrier was the main issue faced when such emergency happened. Despite being placed in high-risk job, they were not trained for emergency response. Moreover, the compressors used were found not be regularly maintained. Lastly, there was no buffer zone between industrial and residential/ school area. Due to above reasons, the licence for the factory was revoked and the factory was instructed to relocate. In conclusion, inter-agencies co-operation with stringent law enforcement is important in preventing such incident from happening.

Keywords

Ammonia, foreign workers, ice manufacturing, refrigerant

Introducing 3D Printing For Prosthetic Restoration of Amputees in Post-conflict Setting in Sri Lanka- Using Technology to Bridge Knowledge, Skills and Manpower

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Twenty six years of civil war in Sri Lanka has resulted in not only loss of lives but more than a hundred and sixty thousands people with loss of limbs. With limited facilities, skilled manpower and resources for rehabilitation and prosthetic restoration, many remain with less than optimal quality of life. Introducing 3D printing technology, though requiring different skillsets, would make innovative prostheses faster and able to produce various terminal devices at affordable cost using locally available materials.

Aim: To introduce 3D printing technology as an alternative and adjunct to prosthetics management in northern part of Sri Lanka.

Methodology: A capacity building program supported by MyCorps Malaysia was initiated in collaboration with Faculty of Engineering, University of Jaffna in September 2017. A multidisciplinary team consisting of prosthetists, physiotherapists and engineering students came together in a 'proof of concept' workshop, during which attendees were taught on 3D printing followed by a hands on session to produce prostheses.

Results: The success of the program led to funding by Ministry of Rehabilitation and Reconciliation of Sri Lanka to set up the Centre for Prosthetics within the Faculty of Engineering, University of Jaffna in Kilinochchi. Around twenty prosthetic technicians from the Ministry of Health of Sri Lanka and local NGOs with some experience in prosthetic manufacturing using traditional methods participated in the program. Networking was established between community clinicians to refer patients and engineers to help prosthetic technicians with manufacturing more prostheses using this technology.

Conclusion: This project has high potential to fill in the need gaps in the area of rehabilitation and prosthetic restoration in improving quality of life and livelihood of amputees in Sri Lanka. The introduction of new technology in a post conflict situation can help to further knowledge, skills and assist with capacity building.

Keywords: Rehabilitation, prostheses, 3D printing technology, capacity building, post conflict setting

Role and Task of Forward Medical Team During Operation Starlight-2 in Rohingya Refugees Camps, Cox Bazar, Bangladesh

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Forward Medical Team (FMT) for Ops Starlight-2 under the Malaysian Field Hospital (MFH) Mission for Rohingya Refugees in Cox's Bazar, Bangladesh was established from 28th August 2018 until 28th February 2019. FMT operated with a specific objective to increase the numbers of complex cases for Surgical, Antenatal Care and OBGYN treated in MFH. Secondary objectives focused on children's health and preventive medicine. To optimise the impact, FMT initiated collaboration with International Organisational of Migration (IOM). The purpose of this paper is to highlight the fundamental of roles and tasks of FMT in Ops Starlight-2 which articulated in the total of 22 FMT projects conducted. It covered; Specialist Far Reached Clinic; Maternal Screening; Women and Child Health; Dental Programs; Health Education; Fund Raising for FMT Projects, as well as social welfare projects. FMT managed total numbers of 6113 personnel (pregnant women and children) not including 1160 families. They were either referred back to MFH, as a Level 3 Centre or to other five Level 2 In-Camp Facilities. Therefore, this contributed to the increment in numbers for Surgical and OBGYN cases in MFH which could be seen in daily and monthly census and the numbers of appointments for elective surgical operations which listing until June 2019. However, FMT's limitations were the inconsistent numbers of staff to achieve the outcome and to balance the ratio between staff and patients. The cooperation from other NGOs and OGAs somehow overcome such limitations. In summary, the activities conducted by FMT need to be balanced in performing solid humanitarian tasks to those who need it.

Keywords

Forward Medical Team, IOM, Malaysian Field Hospital, Rohingya refugees, humanitarian assistance

Knowledge, Attitude And Practice of Medical Humanitarian Among Undergraduate Medical Students in Malaysia

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Introduction: Medical students' involvement in humanitarianism should be encouraged as is globally acknowledged. However, how they perceived and involved not yet been evaluated. The objective of this study is to determine the knowledge, attitude and practice of medical volunteerism (MV) among medical students in Malaysia.

Methodology: The 26-items questionnaire survey was distributed to medical students.

Results: A total of 283 respondents from 17 medical institutions replied to the online survey and mainly from Universiti Sains Islam Malaysia (73.5%). For the knowledge, health educations are the most answered services provided in MV (93.6%) followed by medical check-up (90.8%) and health-promotion (89%). Infectious diseases prevention (10.2%) is the least known followed by surgical treatment (12.7%) and physiotherapy (19.1%). Majority 91% knew that the homeless are the target population followed by refugees and poor (87.3%) and children (78.8%). For the attitude, only 16.6% believed that by providing support, the target group will be dependent on external support. Majority 98.7% believed that MV should be done or must be done. Majority 78.1% will participate and 18% already involved in MV. Empathy (74.8%) and time allocation (52.8%) are the main factors that encourage them to involve. For the practice, 77.9% had involved and 78.9% involved for less than 2 years. Majority 71% involved in a group rather than an individual (7.9%). Fifty-percent of them had received training for the MV either by training with the peers (32.8%), informally by hands-on during the program (29.9%) or received training formally (22.6%).

Discussion and conclusion: In this study, MV not formally been taught but has shown to have good and adequate knowledge and possessed a positive attitude toward MV among the medical students in Malaysia. The involvement rate also high among them.

Keywords

Medical volunteerism and humanitarianism, knowledge, practice, attitude.

Building Capacity Project of Spinal Cord Injury Website: Nepal Experiences

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Nepal earthquake that strike Nepal on 25th April 2015 has leave very big impact to the medical and rehabilitation needs in Nepal. 2 years after the earthquakes, Mercy Malaysia has been collaborated with the Ministry of Health, Ministry of Higher Education and SOCSO has lined up a program for building capacity in knowledge of rehabilitation care of the people. The first team to conduct such program includes 4 main important members of rehabilitation team, which were rehabilitation physician; post basic rehabilitation staff nurse, physiotherapist, occupational therapist and our Mercy Health Coordinator. The training program was conducted from 11 December 2017 until 22 December 2017 for 2 weeks duration, located at National Trauma Center (NTC) in Kathmandu, Nepal. NTC was chosen to be the center for training for its multidisciplinary involvement of various department and it is the first established trauma center at the country. Participants came from all major hospital in Nepal, including a complete team from Spinal Cord Injury Rehabilitation Center (SIRC) and involve various personals such as doctors, staff nurses and therapist. The training was divided into 2 main components; 1 week of theoretical learning and hands on regarding main issues in managing patients with spinal cord injury. The second part of the training involves therapist and it was conducted on the second week. The second session give participants more hands on therapy intervention by allied health persons in spinal cord injury rehabilitation intervention, including aids and adaptation. The main objective for the training was to share knowledge across cultures and environments in between Malaysia team and the Nepal team. From our observation, we noted that they have been equipped with acceptable knowledge to manage the spinal injury cases and we also learn new things from them that can be used in our management as well. In conclusion, the capacity building program that was planned is a good platform for country with different cultures and environment to change and share their practices and knowledge, in which at the end to provide an excellent and practical service back to the community.

Keywords

Capacity building program, spinal cord injury rehabilitation, Nepal, MERCY Malaysia

Humanitarian Leadership Through Relief Operations Performance Assessment

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Concerns about transparency and accountability in the humanitarian relief sector have been raising. Recently, the International Aid Transparency Initiative (IATI) urged humanitarian organizations to be more transparent on their funding and operations effectiveness. Unfortunately, most international humanitarian organizations are facing challenges and difficulties to effectively demonstrate their effort toward accountability and transparency in humanitarian relief operations. Partly this is due to the lack of systematic approaches to evaluate the performance of relief operations. In practice, performance evaluation of humanitarian relief operations involves subjective reasoning, imprecise data, and is complicated. This paper presents a systematic scheme to address the complexity of performance evaluation of humanitarian relief operations with respect to subjective reasoning and imprecise data. The scheme is based on Fuzzy Inference System (FIS) and is implemented into a prototype. The proposed scheme suggests areas in which decision-makers should devote special attention for operations improvement.

Keywords

Performance measurement, humanitarian logistics, fuzzy inference system

Exploring Resilience Factors in Young Refugee Children and Building Their Resilience Through Child-centred Play Therapy

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Universiti Kebangsaan Malaysia (UKM)

The United Nations High Commission for Refugees estimates the number of refugee children in Malaysia below the age of 18 to be around 43, 710. Children are rightly thought of as being the most vulnerable members of society. As such, all measures to ensure their safety and overall wellbeing should be endorsed. The aim of the present study is two-fold: to examine adverse and protective factors in young refugee children, and to build the resilience of these young refugee children. The sample will comprise of 6 refugee children, between the ages of 5 to 12, chosen via purposive sampling. Through a mixed methods research design, questionnaires, drawing activities and process notes would be utilized to gather data on individual, family and societal domains. Additionally, semi-structured interviews would also be conducted with parents and/or caregivers to gauge a deeper insight into these children and factors affecting their resilience. Each child would undergo a minimum of 6 child-centered play therapy sessions. The CYRM-26 and process notes would serve as measures of the effectiveness of the therapy in building their resilience. Using a convergent method, the results would first be analyzed and evaluated separately before being combined to form an integrated conclusion. It is expected that the adverse and protective factors in a younger group of children would somewhat vary from the established factors in existing literature. Moreover, at the end of the sessions, it is assumed that there will be an increase in the level of resilience in all the 6 participants with regards to the three domains (individual, family and society). This research is expected to give rise to practical implications in the area of resilience building, with interventions tailored to cater more effectively to the needs of young refugee children.

Keywords

Child-centered play therapy, young refugee children, resilience, protective factors, adverse factors, Malaysia

The Best Fit Probability Model For The Estimation Of Peak Rainfall in Limbang River Basin, Sarawak

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Universiti Teknologi PETRONAS

The exceptionally high rainfall over the Limbang river basin resulted into disastrous flooding. The flooding heavily harms infrastructure of the area, significantly rise death tolls, grievously hampered economic and water resources. Therefore, understanding of flood hazards in Limbang river basin is more than settling on choices with respect to land administration, drainage and urban development and it is dire needed to analyze the frequency of rainfall. This study was aimed to estimate the frequency of rainfall under various return periods, and to identify best fit model probability distribution of annual maximum rainfall based on twenty-four hours sample in Limbang river basin. Three statistical models was used which are Gumbel, Log – Pearson type, and LogNormal. Based on the goodness of fit tests Chi-Square, Kolmogorov Smirnov test, and the Log-Normal was found to be best fit model for the station of Panduran. The Log Pearson type III was found to be best fit distribution model for rest of the stations. The maximum values of expected rainfall were calculated using the best fit probability distributions. This study could be beneficial for the design engineers in future to minimize the structural disaster caused by abundant rainfall.

Keywords

Frequency analysis, rainfall, disaster management

Crisis Responders Experience with Disaster Survivors of Natural Disasters: A Descriptive Phenomenological Study

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Crises such as natural disaster are an intrinsic part of life and despite efforts aimed at prevention, crises will continue to occur. Disaster survivors are individuals whom are literally survived in the aftermath of a disaster situations and they are dislocated from their affected home to evacuation centers; and forced to leave behind all their belongings (Sommers-Flanagan, 2007). Due to the characteristics of all disaster that are sudden and catastrophic, disaster survivors often experience substantial symptoms of distress and psychosocial disruption and will respond with psychological reactions. The disaster survivors may think they have no control over anything and therefore feel helpless with their thinking and feeling are interconnected. This qualitative research was conducted using a descriptive phenomenological study approach to explore, understand, and describe the experience of crisis responders during natural disaster in Malaysian. The researcher was the primary instrument for data collection and analysis. Data included field notes and individual semi-structured in-depth interviews. The researcher developed coding categories using ATLAS.ti 7th version. Theme emerged, were refined, and became the major and sub-themes for this research: the crisis responders (1. providing crisis intervention and psychological support to disaster survivors, 2. providing crisis intervention and psychological support to disaster survivors at various settings, 3. strength and motivation by the disaster survivors, and facing challenge on the diverse reactions of disaster survivors). This research found that the experiences gained from the disaster survivors within their surrounding during the disaster situations has developed understanding and addressing the complexity of satisfying disaster survivor's needs are critical during a natural disaster. Research findings implications, implications for policy and implications for crisis responders in Malaysia, as well as future research opportunities are also discussed in this research. From this research, it was informed that providing crisis support during natural disaster has brought plethora of experience and knowledge that should be shared with other crisis responders in Malaysia.

Keywords

Crisis responders, disaster survivors, natural disasters, descriptive phenomenology

Effectiveness of Good Storage Practices Implementation in IMARET Warehouse

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Good storage practice (GSP) is one of the guideline that needs to be implemented in a pharmaceutical-based warehouse to ensure the safety, efficacy and quality of pharmaceutical products stored as well as inventory movement. Globally, World Health Organisation (WHO) had established their Annex 9 World Health Organisation Guide to Good Storage Practices for Pharmaceutical Products to be adopted and adapted by local authority of each country. In Malaysia, National Pharmaceutical Regulatory Agency (NPRA) is the local authority under Ministry of Health Malaysia had established local Good Distribution Practice Guidelines that includes the GSP elements based on the guideline adopted and adapted from the WHO guideline. The effectiveness of implementation of GSP in Islamic Medical Association of Malaysia (IMAM) Response and Relief Team (IMARET) warehouse has not been reported to indicate the warehouse performance. The study was done by collecting data from IMARET warehouse and mobile clinics prescriptions. All the cost incurred was calculated based on the master invoice provided by pharmaceutical products suppliers and national medication essential list Ministry of Health Malaysia. The total amount of procurement and expenditure of pharmaceutical products was increased (27.1%) while the total wastage of pharmaceutical products reduced (78.2%) in 2017 indicating that even though the demand for pharmaceutical products increase, the warehouse manage to control the inventory and stock movement to reduce the pharmaceutical products wastage. The implementations of GSP in IMARET warehouse has shown improvement in the medicine supply chain management, resulted in more efficient and responsible usage of resources for the operation their charity mobile clinics.

Keywords

Good storage practice, GSP, pharmaceutical products, warehouse, medical relief

To What Extent Should Hospitals be Designed for Expected Emergency and Preparedness to Manage Unforeseen Disasters: Sharing Hospital Design Experiences As a Case Study

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International Islamic University Malaysia

The phenomena of emergency are not strange in the hospital environment where life and death are close at hand and being on the alert is expected. Hence, in designing a hospital, the requirement for emergency is readily available, well catered, documented and regulated in guidelines as an expected task of any hospital. The situation of disaster, on the other hand, has another dimension in its approach as it is not comprehensible as expected emergency. Depending on nature and location of the proposed hospital, the disaster preparedness addresses those concerns as 'emergency' in a broad and vague sense of uncertainty. The paper compare the needs and range of "emergency" and "disaster" that a hospital could manage and incorporated in the design. The intention is to find measurable criteria to provide guidance on the extent each and different level of the hospital should provide in meeting the unprecedented requirements in space, utilities and cost for both emergency and disaster occurrences. With mix-mode research through literature, case studies, site visits, interviews and experiences on selected hospital projects, the research focus on spatial and utility provisions in most construction. Although regulatory and guidelines provided are adhere to in the implementation of the hospital projects, however, preliminary findings indicates that there are differences from hospital to hospital from level of hospital, design, location and period it was built. These differences are also due to the gradual changes in requirement, policies, technology update, as well as the experiences learned from the emergencies and disasters that occur on-site and in other locations as a precautionary and preparedness strive.

Keywords

Hospital, design, space, emergency, disaster-preparedness

“Poso 2017 Humanitarian Mission” Health Sector as a Media For Reconciliation

Choga Ilham Arlando MD

Medical Emergency Rescue Committe(MER-C)

Many people think the poso condition is still not conducive, one of the benchmarks is that Tinombala's military operation is still running since 2016, which objective is to eradicate Santoso Terrorist Army. Since 2010 MER-C have involved in medical intervention to the victims of the conflict in Poso also do the humanitarian politic. because of that, MER-C with other components of the nation will continue to fight for peace in Poso. For this mission, MER-C do it in three steps:

1. Mapping and collecting data about poso which includes history, geography, and community culture, especially communities that experience conflict directly.
2. Conducting hearings with community leaders, religious leaders, security and local government.
3. Conduct a humanitarian medical approach by providing counseling, training and mass treatment of DPO families, former DPOs, and that experience conflict directly.

The humanitarian medical approach carried out by mer-c to community groups is not only the treatment, training and counseling, but also approaches to religious leaders and the local community, so MER-C gets a positive response and public.

Keywords

Conflict, poso, MER-C, Tinombala

Health Approach as a means of conflict reconciliation by MER-C: Case Study of Maluku Conflict in 1999

Nanang Khoirino, S.IP

Medical Emergency Rescue Committe(MER-C)

The process of conflict reconciliation basically requires the role of various actors through various approaches. One actor who played an important role including NGOs. This paper will discuss the role of MER-C as an NGO in the process of conflict reconciliation in Maluku in 1999 through a health approach. MER-C as an NGO engaged in humanitarian medical assistance has a significant role in a reconciliation process because it is able to interact closely with grassroots communities so that they have broad access to explore information related to conflict background. MER-C provides medical services to parties affected by the conflict equally because the assistance provided during the conflict is indicated to be not neutral. MER-C also conducted hospitalization in conflict locations because many health facilities were not functioning. This paper will also discuss the health approach strategy undertaken by MER-C in opening the space for dialogue between groups involved in conflict as a stimulant in accelerating the process of achieving peace between groups.

Keywords

Conflict, reconciliation, health, humanitarian assistance



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