

Crisis Management for Health Sector Professionals

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- 1. Key terms in Crisis/Disaster Management
- 2. Crisis Management Framework
- 3. Healthcare in a crisis [Introduction to Sphere]
- 4. Community resilience in managing crisis situations

1. Key terms in Crisis/Disaster Management

- 2. Crisis Management Framework 3. Healthcare in a crisis [Introduction
- to Sphere]
- Community resilience in managing crisis situations

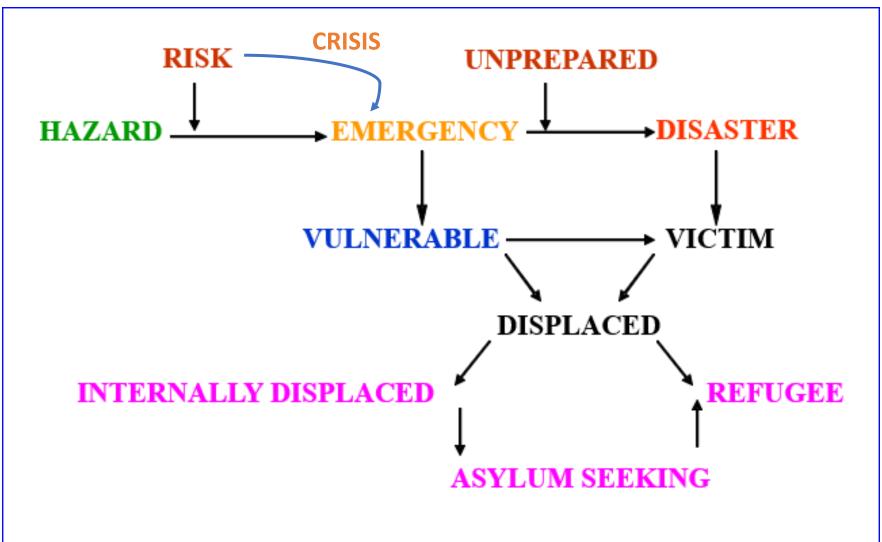
Crisis -> Emergency -> Disaster

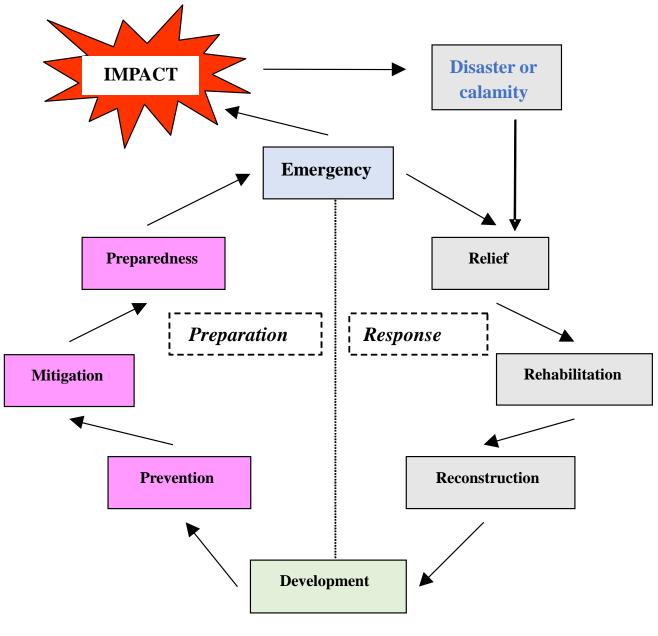
Crisis: a time of intense difficulty or danger

Emergency: a serious, unexpected, and often dangerous situation requiring immediate action

Disaster: a natural or man-made catastrophe that causes great damage to property or loss of life and livelihood

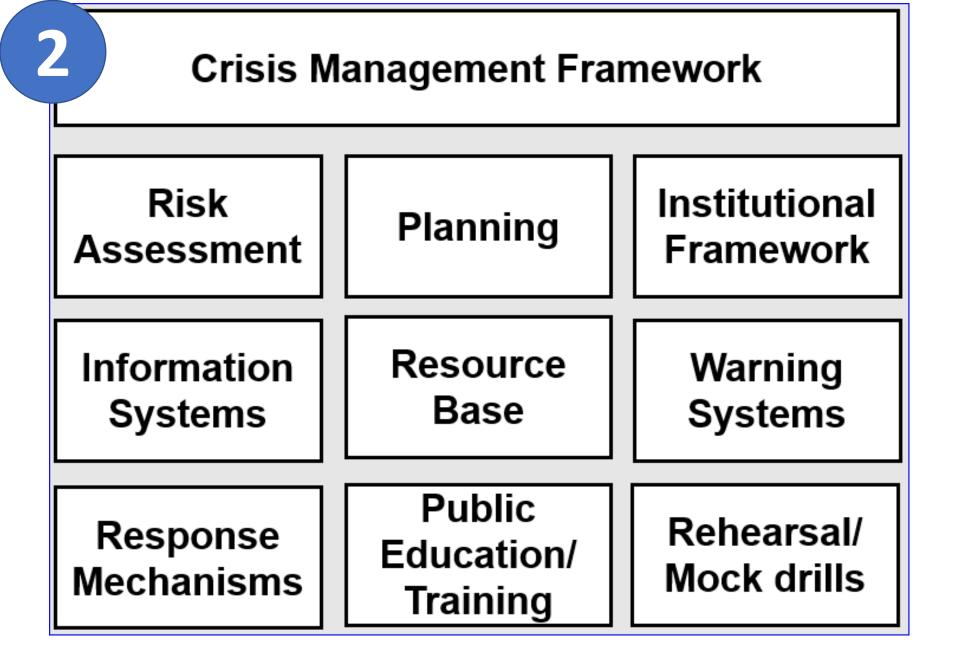
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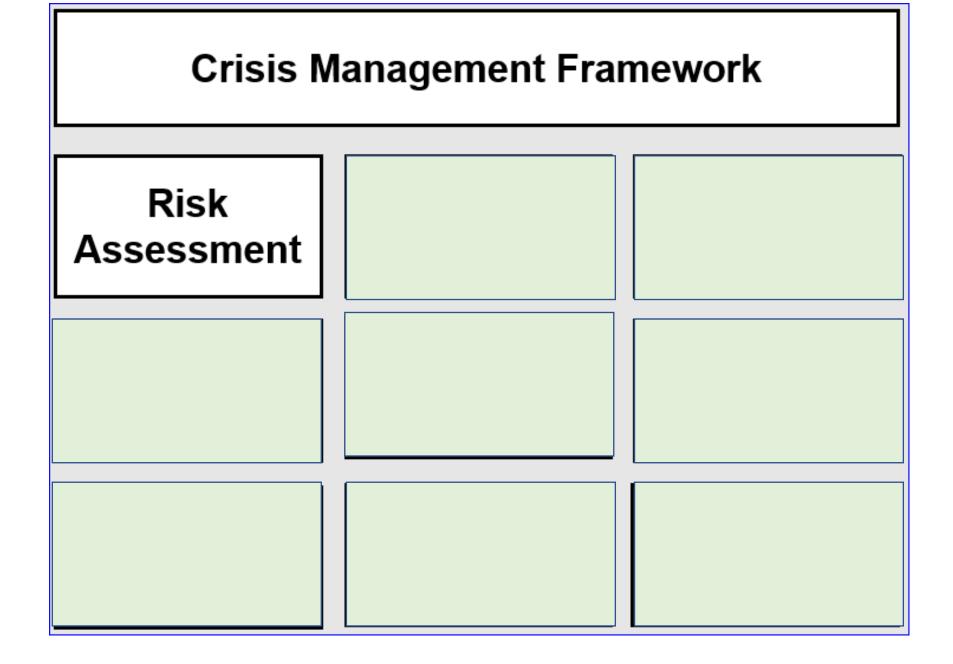




DISASTER MANAGEMENT CYCLE

- 1. Key terms in Crisis/Disaster Management
- Crisis Management Framework
 Healthcare in a crisis [Introduction to Sphere]
 Community resilience in managing crisis situations



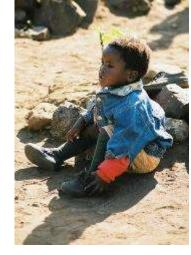


Crisis Management Framework				
Risk Assessment				

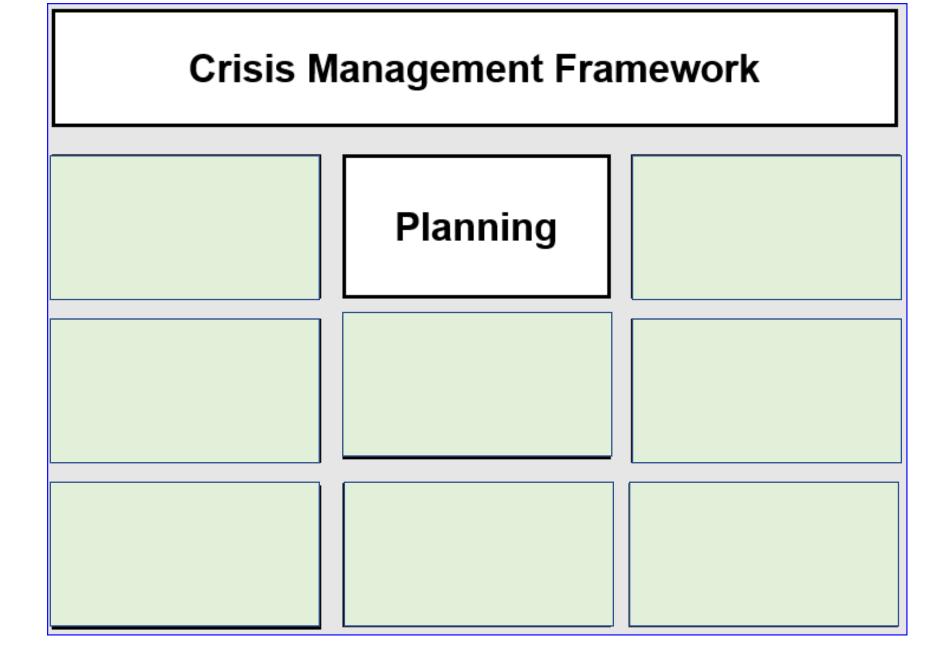
Conditions which adversely affect peoples ability to:

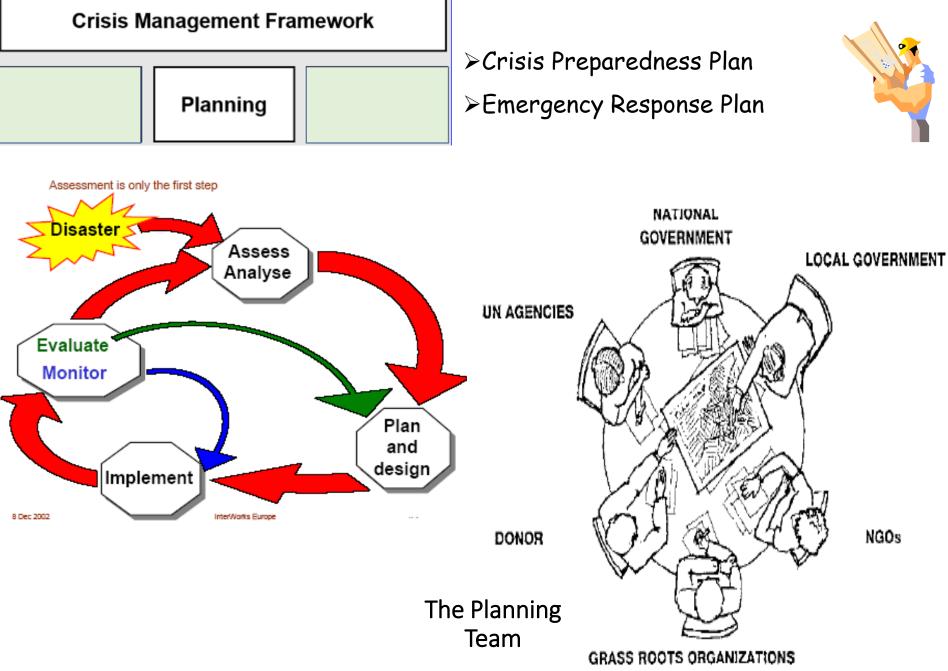
- prevent
- mitigate
- prepare
- respond to potential disaster events or crisis situations

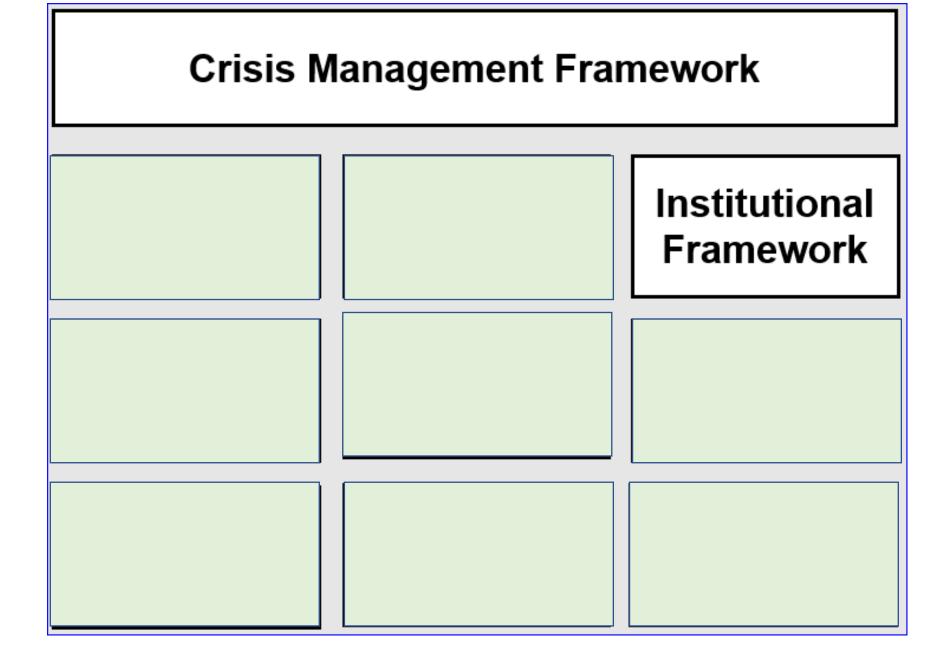


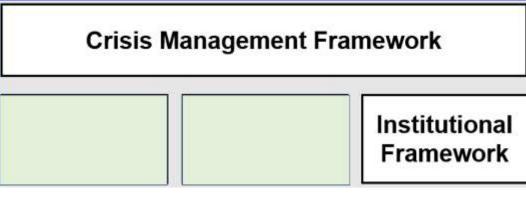


Crisis Management Frame Risk Assessment		Scenario/Risk Analysis		
Details of Scenarios/ Risks	Likelihood of specific events [Scale 1 – 5]	Potential Impact of events on the population	Impact Rating [Scale – L; M; H]	Risk Rating [Scale – L; M; H]
Long power cuts/ Electricity interruptions				
Fuel shortage/No fuel supply				
Shortage of essential medical supplies				









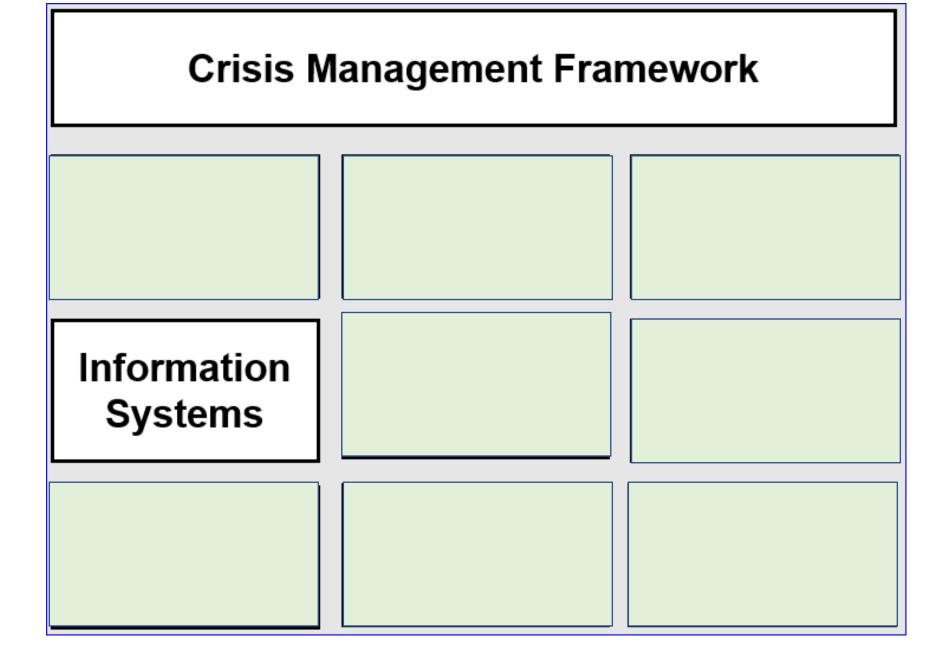
Organisational Continuity Plan for Health Institutions

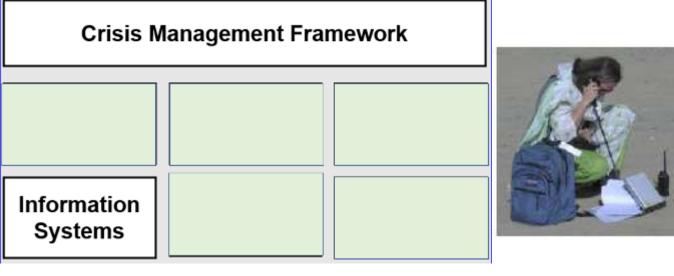


Collaboration

Work within established structures and systems

Coordination

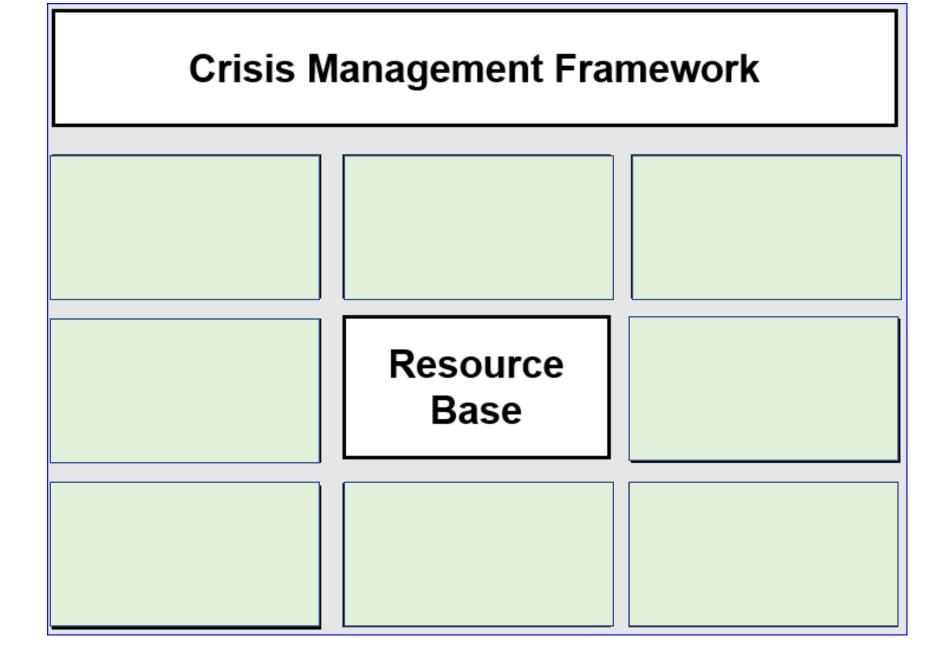




- Joint operations
- Common analysis
- Common information sharing
- Distributed information sharing







Crisis Management Framework			
	Resource Base		

Stockpiling

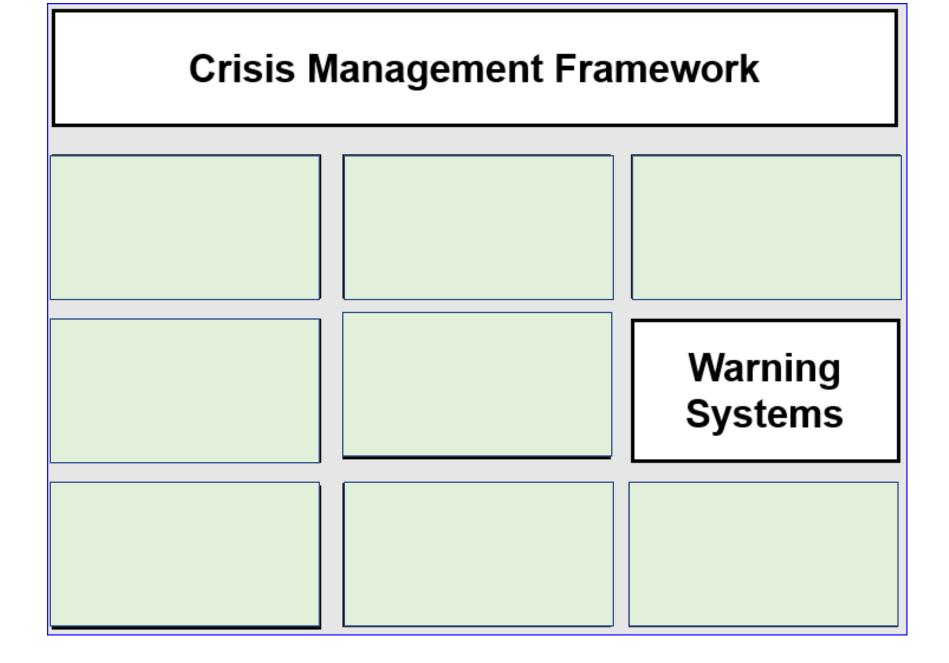
Disaster preparedness funding

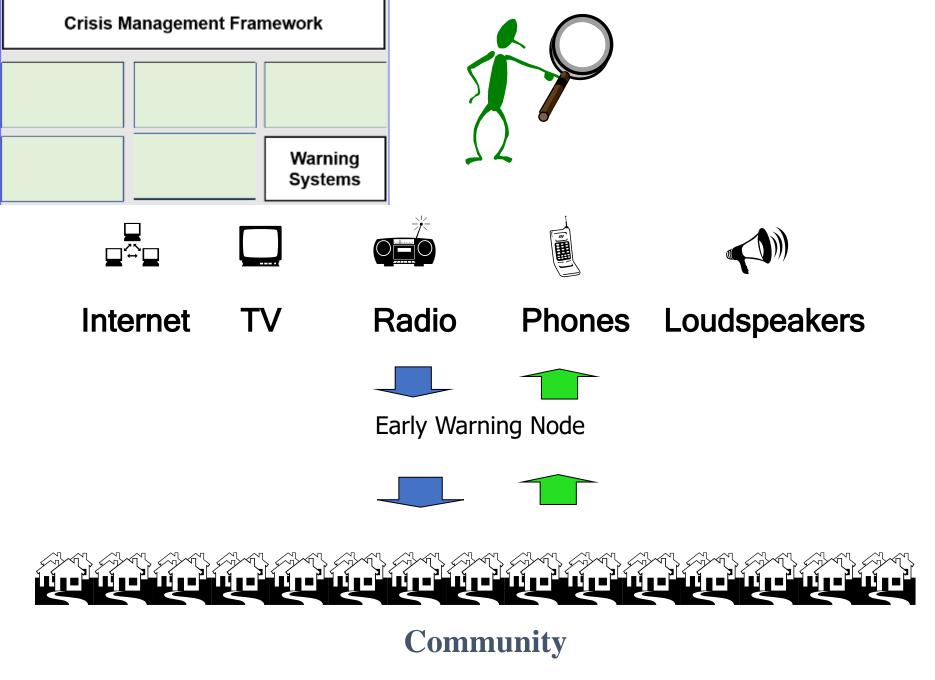
Disaster relief funding

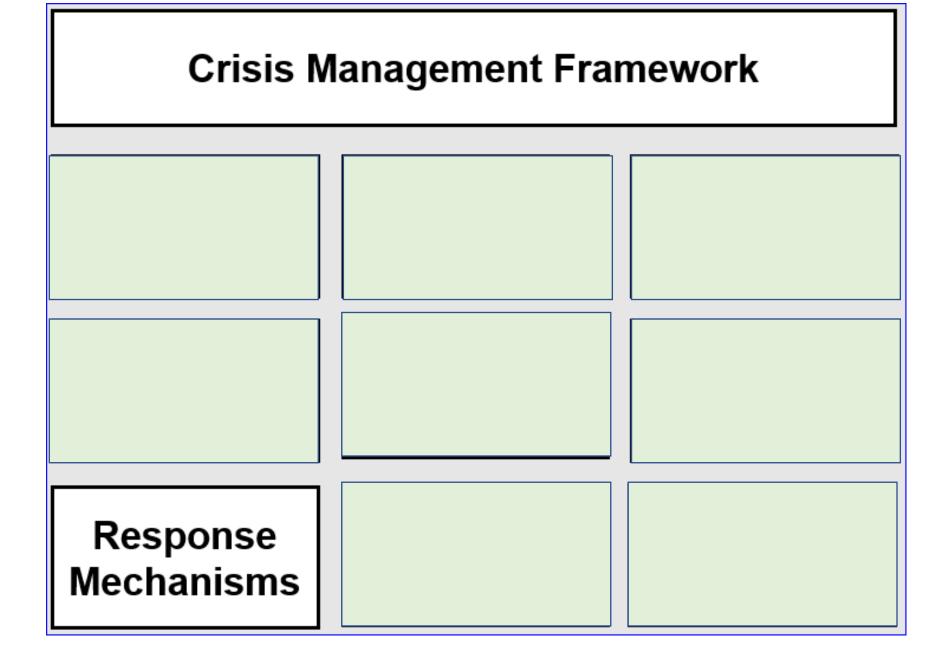
Mechanism for aid coordination

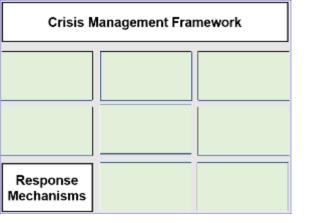




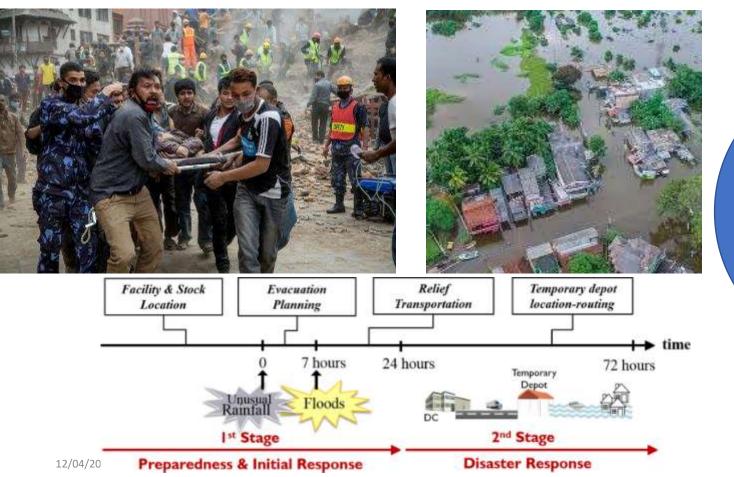






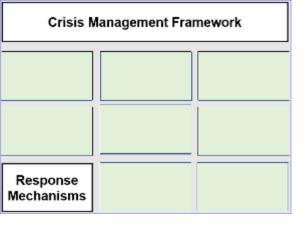


Response Preparedness



In crisis situations

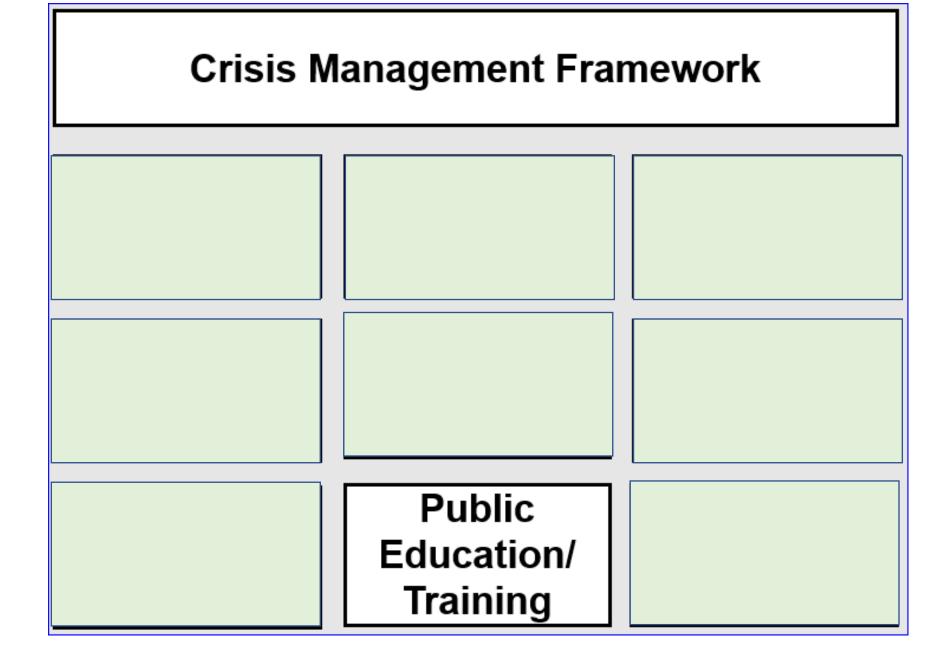
In complex emergency scenario

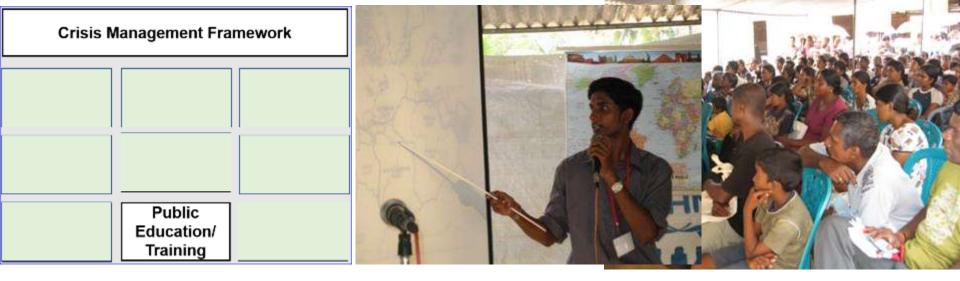






- Ensuring the security of affected areas
- Emergency Assessment teams
- Activating special installations (such as emergency hospital facilities)
- Activating community support systems
- Preparing emergency reception centres and shelters
- Activating emergency transport facilities

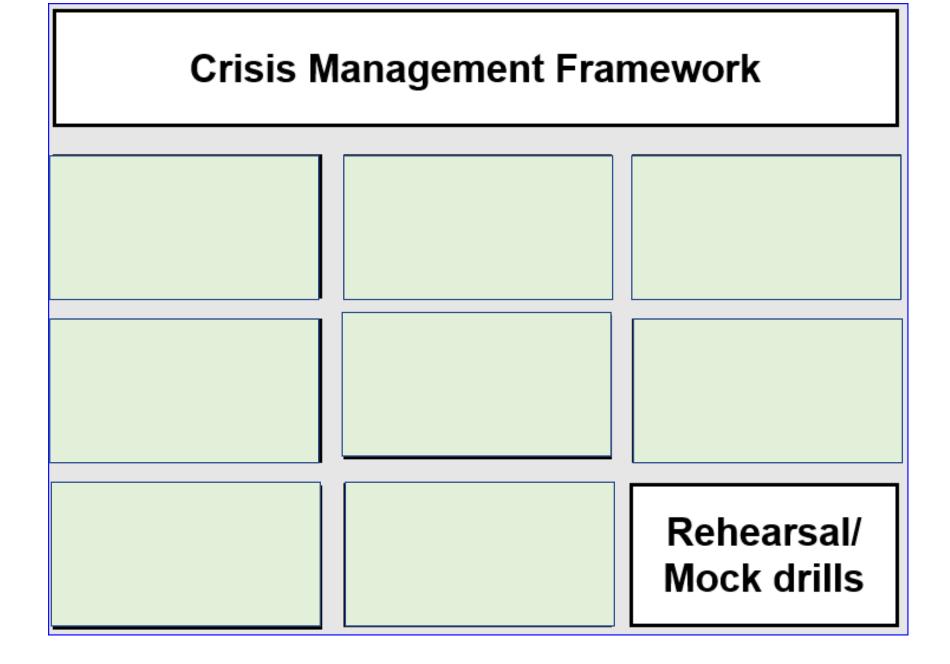


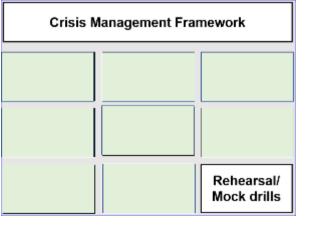


• Special training courses for

officers/community leaders and workers

- Public information/awareness for people
- Special education through school programs









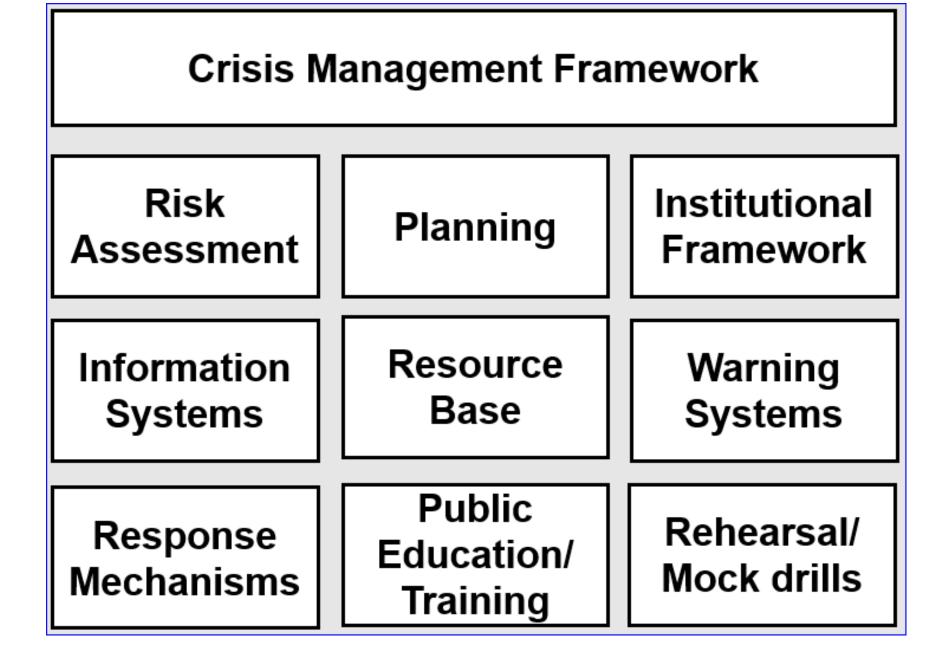
Establishing Community Groups

Conduct simulations for staff and community members

Standard Operating Procedures at the institutions during emergencies









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WHAT IS SPHERE? USING THE STANDARDS IN CONTEXT



Sphere and you

Quick survey – please raise your hand if you...

- ... have ever heard of Sphere
- … have ever held the Sphere Handbook in your own hands (any edition)
- … have used Sphere in a field application





What is Sphere?

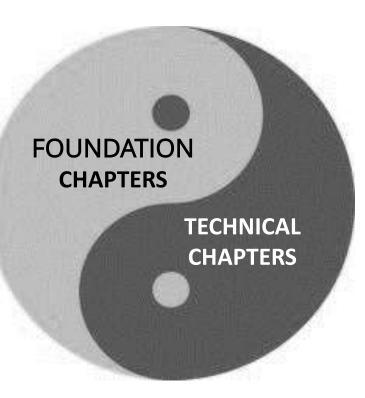
The Sphere Project was created in 1997 by humanitarian NGOs and the International Red Cross and Red Crescent Movement **to improve the <u>quality</u> of humanitarian response and to be more** <u>accountable</u> for their actions.





The Sphere Handbook

- 1. What is Sphere?
- 2. The Humanitarian Charter
- 3. Protection Principles
- 4. Core Humanitarian Standard



- 5. Water Supply, Sanitation and Hygiene Promotion (WASH)
- 6. Food Security and Nutrition
- 7. Shelter and Settlement
- 8. Health



Understanding vulnerabilities and capacities

- Not all people have equal control of power and resources.
- Individuals and groups in a population have different capacities, needs, and vulnerabilities, which change over time.
- Factors such as age, sex, disability, and legal or health status can limit access to assistance.
- These may provide a basis for discrimination.

What does this mean for humanitarian responders?



Data collection and disaggregation

- In many situations, populationlevel data is difficult to find or determine but is still required to show the distinct needs and impact of actions on different groups.
- Disaggregated data can help to identify those people most at risk, and indicate whether they are able to access and use humanitarian assistance, and where more needs to be done to reach them.



Palestinian refugees queuing for food in the Yarmouk refugee camp. Syria, 2014. UNRWA



Special Attention in times of a crisis...

- Children
- Older people
- People's gender roles
- People at risk of gender-based violence
- Prevention of sexual exploitation and abuse
- Persons with disabilities
- People needing psychosocial support



Children...

- are often less visible to responders;
- have different needs and capacities according to their age and stage of development; and
- face life-threatening risks which require immediate action.





Older people...

- are a fast-growing proportion of the population in most countries;
- are often neglected in humanitarian responses; and
- should be consulted and involved at each stage of humanitarian response.



Mozambigue, 2016. Lutheran World Federation.



People's gender roles

Women and girls most often face constraints within gender roles, but men and boys are also influenced by strict expectations of masculinity.

Gender equality programming requires inclusion and equal participation of women, girls, men, and boys.

> Children collect water at the overcrowded reception centre on the island of Samos, Greece. UNHCR/Yorgos Kyvernitis





People at risk of gender-based violence

Crises can intensify many forms of gender-based violence, including intimate partner violence, child marriage, sexual violence, and trafficking.

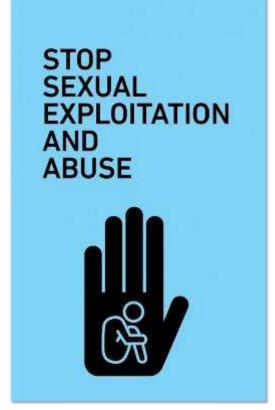
How can humanitarians collect this kind of data, and what

are some of the main concerns about using it?



Prevention of sexual exploitation and abuse

- Organisations are responsible for taking all necessary steps to prevent the sexual exploitation and abuse of people affected by crises, including in their own activities.
- When allegations of misconduct are found to be true, it is important that the competent authorities hold the perpetrator(s) to account and that cases are dealt with in a transparent way.



Graphic from an OCHA campaign message



Persons with disabilities

Deliberate efforts must be made to remove physical and attitudinal barriers to services, information, transportation, and full participation

Risks to women and girls with disabilities are often compounded by gender inequality and discrimination.





People needing psychosocial support

Some people are more likely to be overwhelmed by distress, especially if they have been **forcibly displaced**, **separated from family members**, **survived violence or experienced previous mental health conditions**.

Provide basic services and security in a socially and culturally appropriate way to both reduce distress among affected populations and to address discrimination.





Special Attention in times of a crisis...

- Children
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- Prevention of sexual exploitation and abuse
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- People needing psychosocial support

People with non-communicable diseases



Healthcare in a crisis

The aim of healthcare in a crisis is to reduce excess <u>morbidity</u> and <u>mortality</u>.

The public health impact of a crisis can be both:

- direct (injury or death from the crisis itself) requiring trauma care focus; and
- indirect (changes in living conditions, forced displacement, lack of legal protection, or decreased access to healthcare) requiring a public health focus.



Two key terms – morbidity and mortality

The **mortality rate**, or **death rate**, is a measure of the number of deaths (in general, or due to a specific cause) in a particular population, in proportion to the size of that population, per unit of time.

The **morbidity rate** is the frequency with which a **disease** appears in a population.



Crude mortality rate (CMR)

The clearest indicators to monitor and evaluate the severity of a crisis are the mortality rates for everyone, and for those under 5 years of age.

In the absence of a known baseline, the following constitute an emergency threshold:

•CMR >1/10,000/day

•Under 5 CMR >2/10,000/day

For some crisis situation, these are <u>not the</u> <u>most useful indicators for humanitarian</u> <u>action.</u>



CMR calculation

The calculation for the CMR is:

Number of deaths x 10,000 Days counted x population

So, if you have 14 deaths in the span of 1 week in a population of 5,000 affected by a disaster or crisis, what is the CMR?

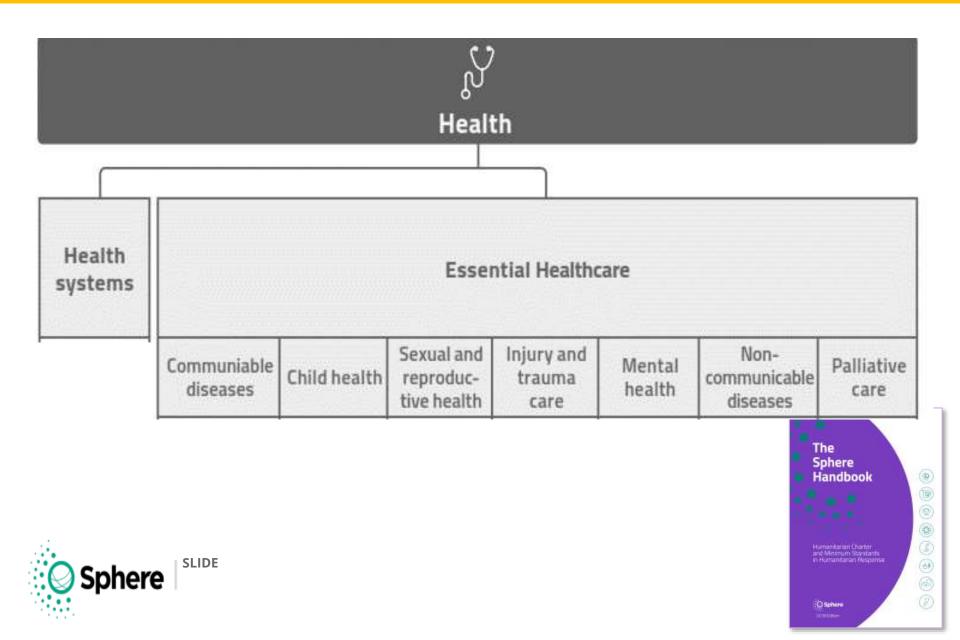
<u>14 deaths x 10,000</u> 7 days x 5,000



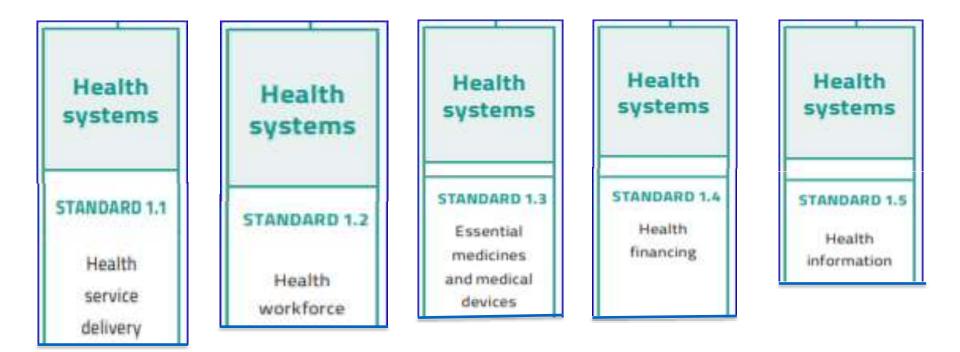




Health sector sphere standards



Health Systems – Sphere Standards





- 1. Delivery of quality health services
- 2. A trained and motivated healthcare workforce
- **3.** Appropriate supply, management and use of medicines, diagnostics material and technology
- 4. Appropriate financing of healthcare
- 5. Good health information and analysis

рр. 297-310

Standards 1.1–1.5: Health systems

- In a crisis, health systems and the provision of healthcare are often weakened, even before demand increases.
- Healthcare workers may be lost, medical supplies interrupted, or infrastructure damaged.
- It is important to understand the impact of the crisis on health systems to determine priorities for humanitarian response.

Review the health system standards (1.1-1.5)... What are some of the priority Key actions in the current crisis in Sri Lanka?

Standard 2.1: Essential Health Services

Prioritising Health Services

- 1. Identify potential health related problems/risks
- 2. Identify the most vulnerable population
- 3. **Prioritise health services needed**
- 4. Identify barriers that impedes access to prioritised health services
- 5. Implement priority health services in coordination with other sectors

Review the essential health services standard (2.1)... What are some of the priority Key actions in the current crisis in Sri Lanka?

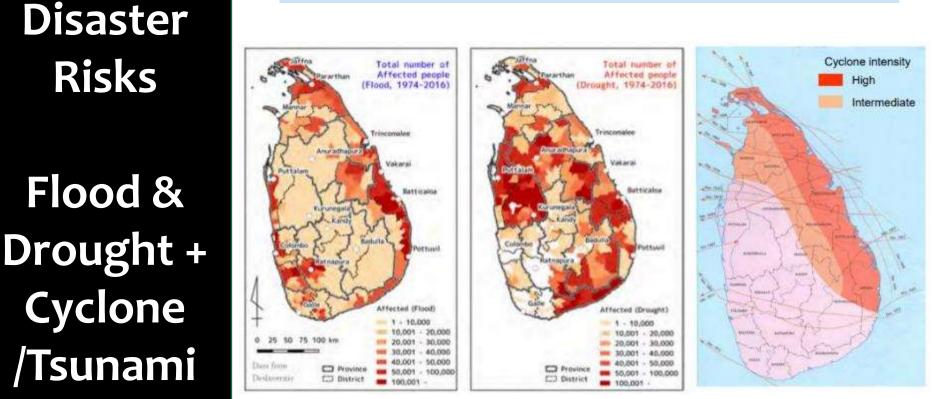
Session Contents

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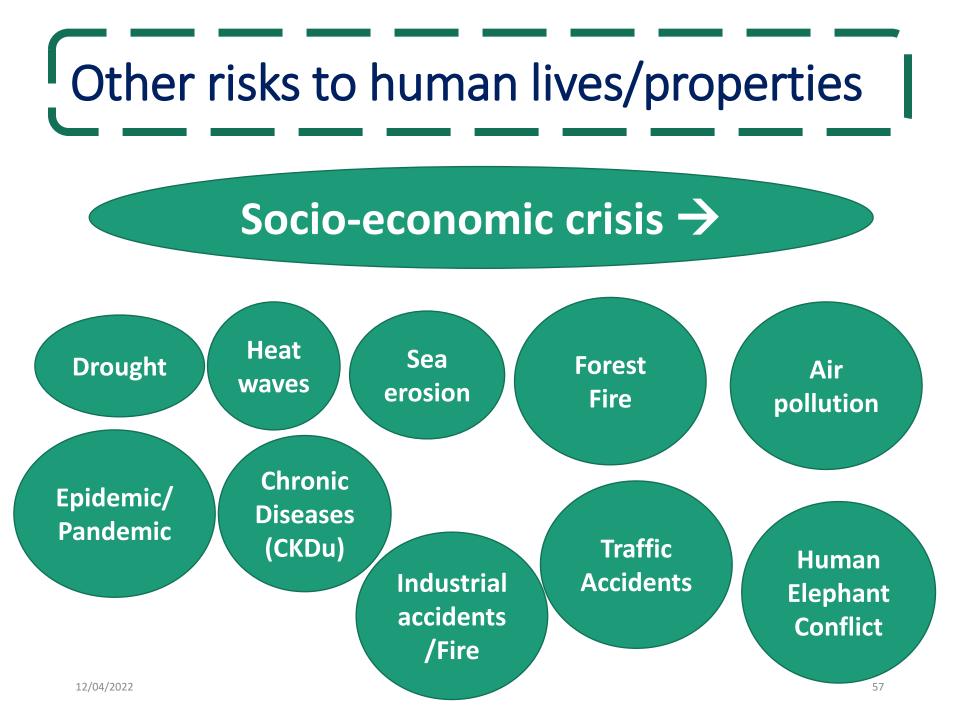


Every disaster or crisis is different



Ampara District

Risks



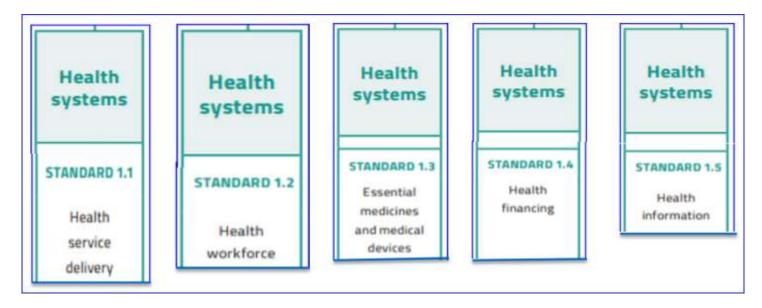
Resilience of the community – South Eastern Region of Sri Lanka

Community resilience trajectory			Disaster	Disaster Event (Year/Date)	Description about the Disaster
		N N	Cyclone	1845	No historical records found. Called "mini cyclone." No other
				1891	records available.
				9 March 1907	Called "major cyclone," between midnight and 7 a.m. in the morning.
e ₁	0.0.0.0.0.0.0.	e6 e7 e8 e9 Events on a Timeline Cyclone events (Year) Flood events		1921	Mini cyclone.
61	5 P			23 November 1978	Major cyclone, many houses were partially damaged and severe loss of livestock were reported.
	Tsunami event			1933	Flooding due to rain over the four-month period.
Other	1025 (Due to no rain for more than six months, all paddy fields were abandoned leading to large scale famine.	Flood	December 1957	Major flood and severe damage to many infrastructures.
	1935 famine			2010 (During	Minor flood due to heavy rain in the residential areas, major
	1917 epidemic	Later in 1940, 1970, 1980, and 2006 many different infectious		December/January)	damage to paddy fields.
	1017 epidemie	diseases were reported.	Tsunami		
	2020-21 COVID19 pandemic	COVID19 infectious disease started spreading in 2021 and had three severe waves		26 December 2004	The worst disaster in the history of Sri Lanka

Extract from Sainthamaruthu History Book, produced in Saja et al. (2021)

Key Messages for managing a crisis





Is our health system resilient to disasters or national/regional crisis situations?

Long power cuts/ Electricity interruptions

Fuel shortage/No fuel supply

Shortage of essential medical supplies How long your health institution survive with available resources?

Hours/Days/Weeks

How long it will take your health institution to **recover if affected**?

Hours/Days/Weeks

Available alternatives/ New resources required

New alternatives and **New resources required**

Reflections/Questions/Discussion



Coordination

Collaboration

Complementary

Community Service







Live, Love, Learn, Lead, & Leave a Legacy Write to me: <u>saja.aslam@gmail.com</u> Talk to me: +94 77 395 8387 Follow my updates

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