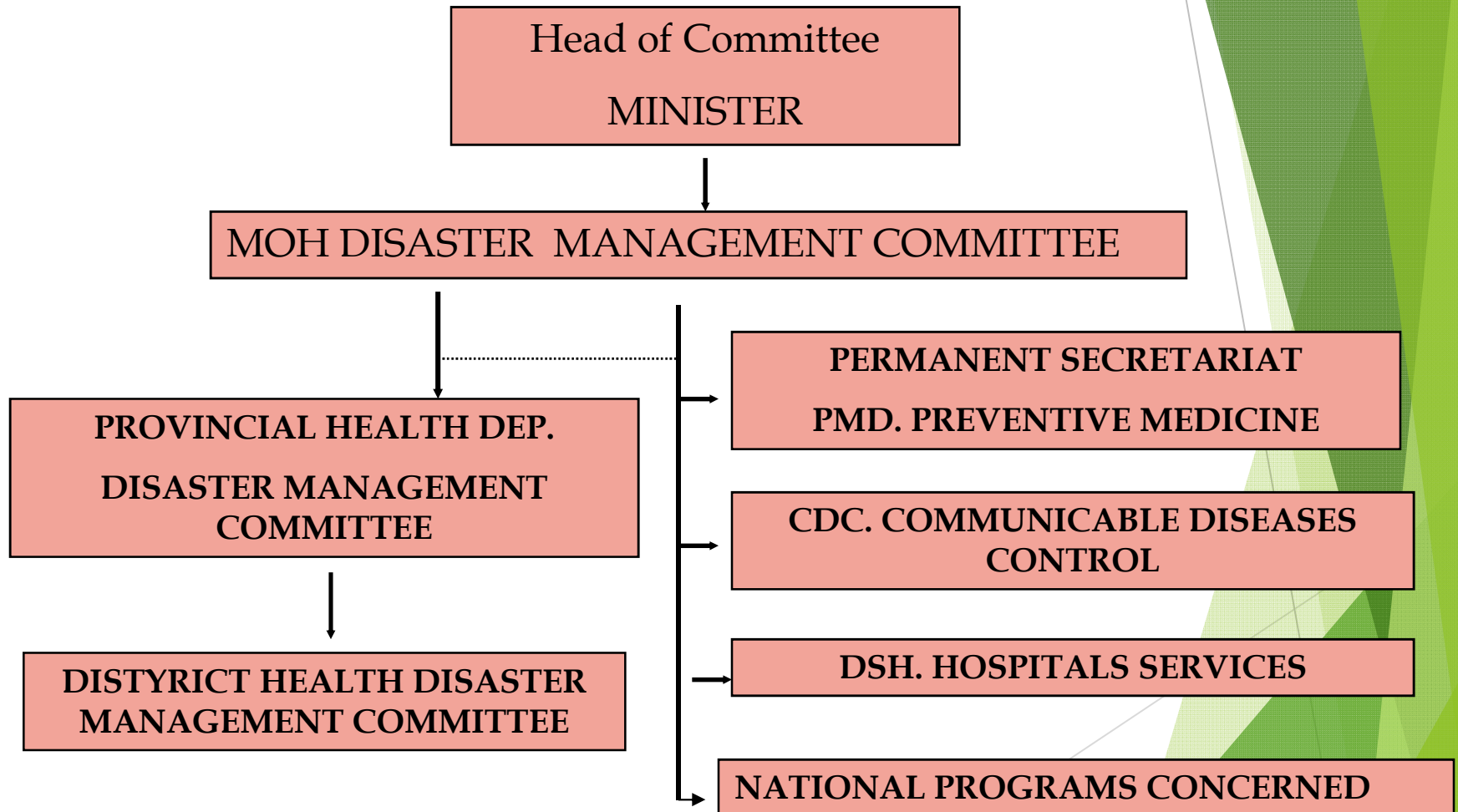


PROVISION MEDICAL CARE AT THE TIME OF DISASTER CAMBODIA

THE 13TH ASEAN-JAPAN HIGH LEVEL OFFICIALS
MEETING ON CARING SOCIETIES

MINISTRY OF HEALTH DISASTER MANAGEMENT STRUCTURE



National Strategic Action Plan for Disaster Risk Management 2015-2019 (NSAP) :

- National Action Plan for Disaster Risk Reduction (NAP-DRR) 2014-2018 signed by Prime Minister on 06 January 2015
- NSAP is that the lives and wellbeing of the population in Cambodia be protected from the impact of disasters by appropriate public health activities of primary (Mitigation), secondary (Response) and tertiary (Recovery) prevention,
- Law on Disaster Management enacted on the 08th of June 2015

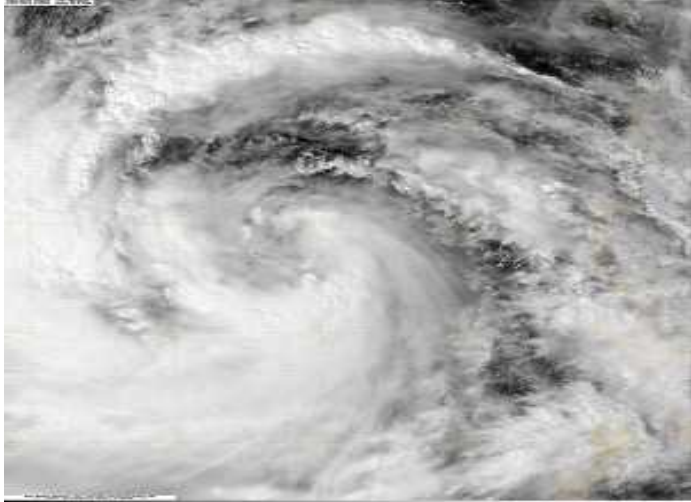
Major Hazard

1. Natural Disaster

- Flood : Flash Flood and River Flood
- Storm : In 2013, 154 cases, Destroyed 1738 Houses, Killed 29 persons by trees pushed on, Injuries 95 persons
- Lightening : In 2013, Killed 97 persons, Injured 73 persons, Killed cows and buffalo 46 head
- Drought : In 2004, 10% of 2 millions hectare rice crop were affected

2. Man made Disaster

- Fire Hazard
- Traffic accident : In 2014, according to national information system show that 15,315 were injured and 2,226 death, an average in one day more than 6 people died and 17 were injured every day.
- Air Crash
- Disease outbreak



Good Practice

► PREPAREDNESS

- Ensure stock necessary material ,equipment and drug for supplying to provincial level (severe diarrhea kit, flood kit , serum anti-venom, life jacket, raincoat, boat)
- Give instruction to provincial and local level on :
 - Provide care to affected people in both affected areas and safe areas
 - Mobilize all existing resources, to follow up diseases surveillance and report weekly to MoH

Good Practice (cont')

- All level of responsibility have to make annually disaster planning
- Encourage community participate in the planning process through Health Center Management Committee
- Prococom Regular participation in NCDM and PCDM meeting
- MoH Disaster Management Committee meeting before , during and after Flooding

Good Practice (cont')

► RESPONSES :

▪ CENTRAL LEVEL :

- Initial assessment (Rapid Response Team, Secretary of MDC)
- Assist to provincial and district team for effective diseases surveillance
- Supply necessary material equipment and drug required by local affected area
- Co-ordinate with all partners involved
- Disseminate information . Compiling data and analyses
- Report . Training. Monitoring and Evaluation
- Seeking for assistance from donors or other sector

Good Practice (cont')

■ PROVINCIAL & OPERATIONAL DISTRICT LEVEL

- Assessment health situation ,sometime with assistance of central level
- Provide basic medical care to affected people in both safe areas and affected villages
- Health education before, during and after flood
- Ensure safe water supply (distribution of Alum and Chloramine)
- Diseases surveillance (zero reporting, weekly report back to MoH)
 - Local hotline, available every province
- Participating in PCDM and DCDDM meetings

Lesson Learned

- ▶ Training advance basic life support to health staff
- ▶ Reinforce all hospitals to address their hospital disaster plan
- ▶ Mass casualty management for hospital managers
- ▶ Reinforce the coordination system
- ▶ Need guideline for Safe Hospital in Emergency Disaster Management