


10th PNHRS Week Celebration
RESEARCH and INNOVATION for
HEALTH & ENVIRONMENT

RISK & CRISIS
COMMUNICATION IN TIMES
OF DISASTERS

AILEEN R. ESPINA
MD, MPH, MHA,
FPAFP, CESe

A piece of white paper is torn from the top left corner of a dark blue, textured background. The paper is partially unrolled, showing its cylindrical shape and the dark blue background underneath.

Context &
Background of the
Presentation

**Super Typhoon
YOLANDA**

#YolandaPH SURVIVORS



"Time to get to know the Filipino people ... before they're suffering, poor, homeless, alone, hungry, lost, a bunch of numbers."

"At the end of the day, the Filipinos will just shake it off their clothes and go about their business ... and they do not complain much, they will bear as long as they can. Maybe this is why they were given the "privilege" of bearing the burden of the strongest typhoon ever recorded. The indomitable human spirit at its finest."



"At the end of the day, the Filipinos will just shake it off the dirt from their clothes and go about their business ... and SMILE. They do not complain much, they will bear as long as they can. Maybe this is why they were given the "privilege" of bearing the burden of the strongest typhoon ever recorded. The indomitable human spirit at its finest."

"The indomitable human spirit at its finest." **CNN**



HAIYAN

9.8
659,268
DISPLACED

10+ THOUSAND FEARED DEAD

1,316

PHILIPPINES

#Haiyan #YolandaPH



SUPER TYHOON HAIYAN

9.8 659,268

When everything else is taken away, broken, battered, soaked, raw, stripped, bare, you see things, you see people as they really are. This week in Tacloban, Samar and Cebu, amidst the hunger and thirst, the chaos and confusion, we've seen the best in the Filipino people, their strength, and their courage. I can't get it out of my mind. Imagine the strength it takes for a mother to search alone for her missing kids, the strength to keep on the street near the body of her child.

We've seen people with every reason to despair, every right to be angry, instead find ways to laugh, to sing, to stand up, to move forward.

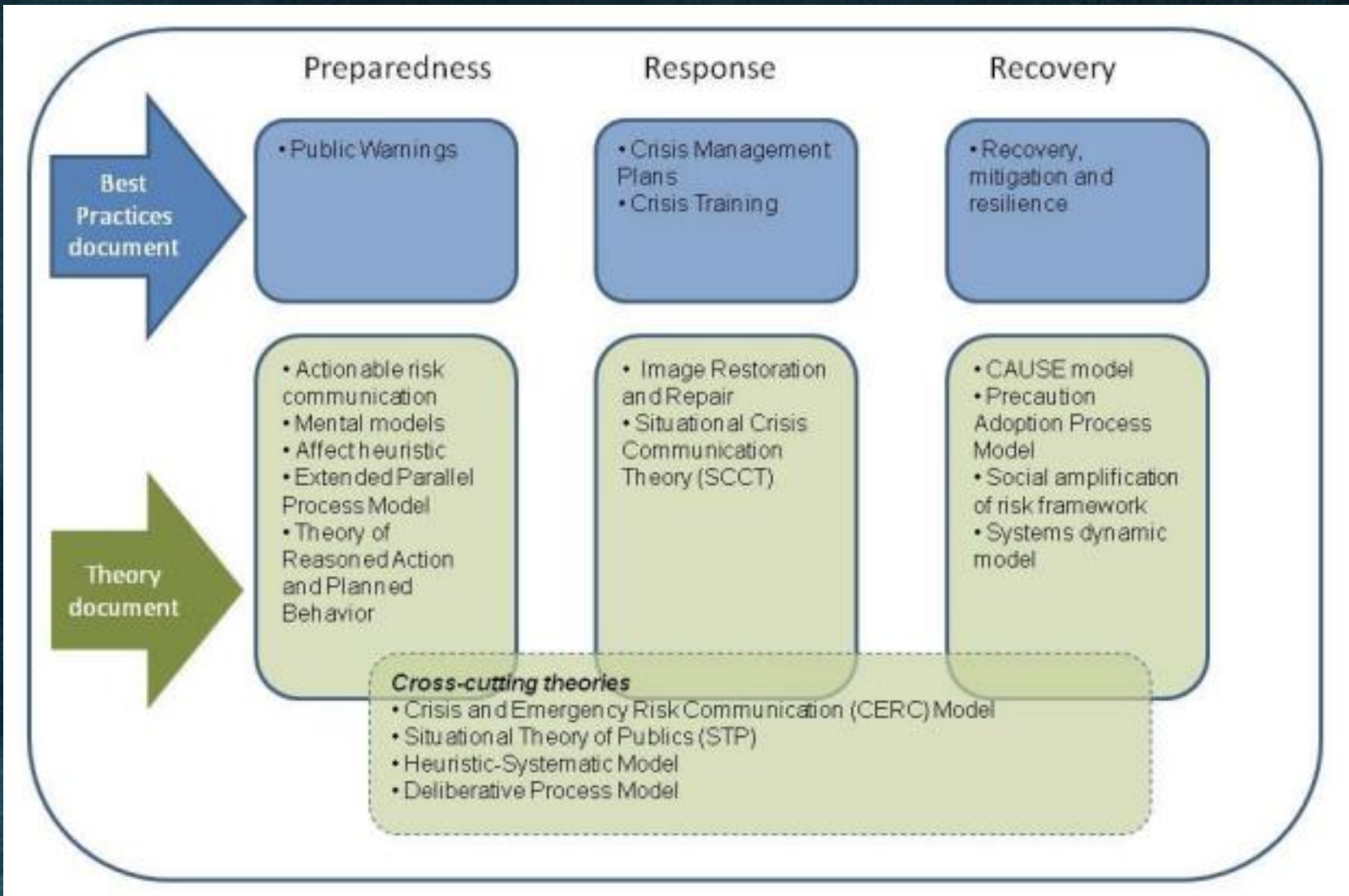
A storm breaks wood and bone, brings hurt and heartbreak. In the end, the wind, the water, the burning bring about the end of the story.

With aid and assistance, compassion and care, this place, these people ... they will make it through. They already survived the worst. Their about perhaps lived and traumatized, but they are not broken.

Mabuhay Philippines! Maraming Salamat for all you've shown us. Maraming Salamat for showing us all how to live.


Anderson Cooper
11.15.2013





Phases of Risk Communication

- Preparedness (crisis incubation phase)
 - Pre-event risk communication
 - Outlines practical preparedness measures
- Response (sequence of events in a crucial time)
 - Crisis Communication
 - Guidance regarding protective actions
- Recovery (safety level is restored; learning & continuity mechanisms are initiated)
 - Messages communicating needs and guidance focusing on mitigation & resilience



Preparedness Phase

News Bulletins

SMS

Social Media

Hospital Memoranda

GLOBE 3G 9:51 AM

Messages RDRRMC

NDRRMC1: 06NOV13-02 PWF@5AM

- > NE Monsoon affecting Northern & Central LUZ
- >@4AM, the eye of TY w/ international name HAIYAN was @1,560km E of MIN w/ max winds of 120kph & gust of 150kph
- >It is forecasted to move W @30kph
- > FORECAST: The whole country will experience partly cloudy-cloudy skies w/ light rains over the ... of Cagayan ... ra, Ilocos ... the

10:06 AM Contact

Messages A Papa Senen

from the NE-N w/ slight mod seas
->RDRRMCs OPCEN

Phases of responses?

Preparedness, Response, Recovery and Mitigation.

Very short explanation?

Thats self explanatory. kaw na lang mag expound

Mitigation to reduce effect?

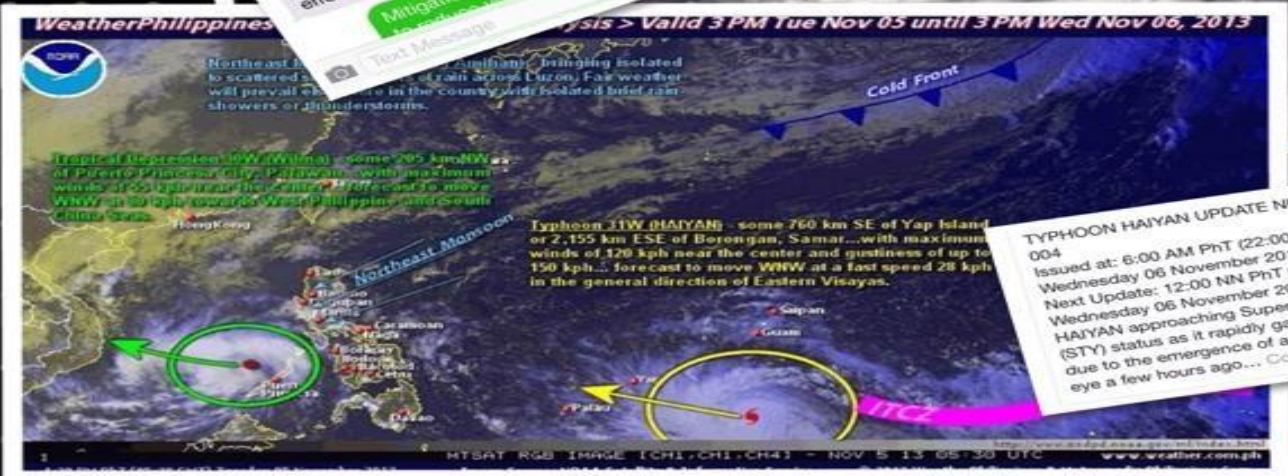
Mitigation involves steps

Text Message



Gud am. Please be ready for supertyphoon Yolanda! Have HEMS teams ready for deployment to badly affected areas! Send email on yur pr so I can

131/160



TYPHOON HAIYAN UPDATE NUMBER 004

Issued at: 6:00 AM PHT (22:00 GMT)

Wednesday 06 November 2013

Next Update: 12:00 NN PHT (04:00 GMT)

Wednesday 06 November 2013

HAIYAN approaching Super Typhoon (STY) status as it rapidly gained strength due to the emergence of a pinhole-sized eye a few hours ago... Continue Reading

EASTERN VISAYAS REGIONAL MEDICAL CENTER
Tacloban City

"PHIC-Accredited Health Care Provider"

November 6, 2013

Hospital Memorandum
No. 189 S., 2013

SUBJECT : "CODE WHITE" ALERT LEVEL

In anticipation of and to ensure preparation for any untoward event due to the incoming Super Typhoon "Yolanda" which may hit Samar and Leyte Provinces at 11pm of November 7, 2013, **CODE WHITE ALERT** is hereby declared effective November 6, 2013.

The following personnel are therefore required to respond to this alert code, to wit:

- Senior House Officer
- Residents on Duty
 - o Ortho
 - o Internal Medicine
 - o FaMed
 - o OB
 - o Surgery
 - o EENT
 - o Psychiatry
 - o Radiology
 - o Pedia
 - o Anesthesia
 - o Pathology
- Nurse Supervisor
- ER Staff Nurse
- Operating Room Staff and Personnel
 - Institutional Workers
- Radiologic Technologist
- Pharmacist
- Medical Technologist
- Admitting Unit/WCPU
- Ambulance Driver
- Maintenance Crew
 - Security Guards
 - ER Entrance
 - Roving Guard

On-Scene Response Team (EMTs):

Dr. Lory L. Ruetas	Ms. Cecil Chua
Dr. Frederic Asanza	Mr. Lester Rivera
Dr. Jessica MarishielRamas	Ms. DivinaFabella
Dr. MityaLigan	Ms. Agnes Pedroza
Dr. Ivy Lozada	Ms. Myra Mandalupa
Dr. Glenn Labnao	Ms. Ruby Mac
Dr. RomualdoRedoña	Mr. Reni Aballe
Dr. Ethel Pearl Eamiguel	

All concerned Departments/Sections/Units are instructed to make the necessary preparations anent to this Alert Level and to be vigilant and send flash reports of any untoward incident to HEMS Operation Center (OPCEN) of this Center.

For your attention and strict compliance.

ALBERTO C. DE LEON, MD, MHA, FPCHA, CSEe, CEO VI
Chief of Hospital III

NOVEMBER
6, 2013

Republic of the Philippines
Department of Health
Center for Health Development – Eastern Visayas
EASTERN VISAYAS REGIONAL MEDICAL CENTER
Tacloban City

"PHIC-Accredited Health Care Provider"

November 7, 2013

Hospital Memorandum
No. 192 S., 2013

TO : EXPANDED MANCOM
SUBJECT : AS STATED

To ensure safety of personnel due to incoming typhoon "Yolanda," work will be suspended **effective this afternoon today and November 8, 2013.**

However, the services in the following should have the skeletal force:

1. Admitting
2. Pharmacy
3. Billing and PHIC Claims Unit
4. Cash Section
5. Laboratory
6. Radiology
7. Facility and Maintenance

Staff of the Clinical Department ^F must maintain its working force in support of the "Code White" implementation or higher Code as need arises.


ALBERTO C. DE LEON, MD, MHA, FPCHA, CESe, CEO VI
Chief of Hospital III

November 7,
2013



Response Phase

Preparedness
Trainings
Incident Command
System
Hospital Memo/Orders

GAWAD KALASAG 2013

Office of Civil Defense

National Disaster Risk Reduction and Management Council

National Award for
Excellence in
Disaster Risk
Reduction and
Management and
Humanitarian
Assistance.

Regional and
Teaching Training
Hospital Category



HOSPITAL CENSUS

DATE	ADMISSIONS	DISCHARGES	MORTALITY	TOTAL IN PATIENTS
NOV 7	56	64	5	331
NOV 8	29	3	1	346
NOV 9	28	30	4	340
NOV 10	51	54	3	334
NOV 11	46	62	6	312
NOV 12	52	77	2	285
NOV 13	37	75	0	247
NOV 14	40	106	3	168
NOV 15	45	58	4	154
NOV 16	29	34	3	146
NOV 17	25	4	4	135

THE HOSPITAL





FOR OFFICIAL USE ONLY





EMERGENCY RESPONDERS





EASTERN VISAYAS
HOSPITAL



AILEEN ESPINA
CHIEF OF CLINICS

BANDILA



...

OPCEN FOR HEALTH CLUSTER





Recovery Phase

Hospital Memo/Orders

Recovery Plans

Documenting the
Lessons Learned

Republic of the Philippines
Department of Health
DEPARTMENT OF HEALTH – EASTERN VISAYAS
Government Center, Palo, Leyte

November 20, 2013

REGIONAL SPECIAL ORDER

No. ____s. 2013

TO : ALL PERSONNEL
- CHD 8
- EVRMC
- SCRH
- DULAG RTC
- PITAHC

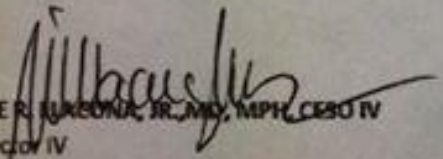
SUBJECT ; RESUMPTION TO WORK

It has been twelve (12) days since the Typhoon "Yolanda" struck the provinces of Leyte and Samar. DOH Offices and agencies have been affected but services to the general public have not been disrupted.

Relative thereto, all personnel are hereby directed to report to duty starting Monday, November 25, 2013.

Failure to report will mean absences.

This order is declared official and made of record.


JOSE R. BUNCINA, JR., MD, MPH, CESO IV
Director IV
Center for Health Development – Eastern Visayas

- **RECALL to WORK ORDER** was issued by the **Regional Health Office**



Critical incident debriefing



EASTERN VISAYAS REGIONAL MEDICAL CENTER
Health Emergency Management Staff
Member of the
**NATIONAL DISASTER RISK REDUCTION AND
MANAGEMENT COUNCIL**
in the observance of
**NATIONAL DISASTER
CONSCIOUSNESS MONTH**

Magandang Pamilya at Pamayanang
Katuwang sa Pag-

**DISASTER
PREPAREDNESS**

The secret to staying
RESILIENT is keeping
Faith that There is LIFE
Even After the Worst
DISASTER

BE READY!



Eastern Visayas Regional Medical Center Modernization Project

BUSINESS CASE



DEPARTMENT OF HEALTH

**Center of Excellence on
Public-Private Partnerships in Health**

**BUILD
BACK
BETTER**

ernment units. However, the implementation of DOH policies across the islands is variable, depending on each local government unit's independent commitment to health. At the city/municipal level, primary health care services, such as breastfeeding and nutrition interventions, are delivered through Health Offices' midwives that supervise barangay (village) health stations. Not unusually, one midwife may be in charge of several villages. There is also a designated Nutrition Officer per locality, which may or may not be part of the Health Office. Midwives heavily rely on barangay health workers (BHW), community volunteers often chosen for their leadership potential or/and political affiliations. Volunteers who assist specifically with nutrition services are called barangay nutrition scholars (BNS).

The integrity of the health care delivery system is vulnerable to large scale catastrophic events where even local health workers become victims. Rescue workers are often unfamiliar with local policies so NGOs like ours address this by providing technical assistance to meet immediate needs and assist in capacity rebuilding thereafter. Much of KMI's work post-typhoon Haiyan focused on IYCF interventions at local or grassroots levels.

The Cold Chain Project

Although not a primary strategy, the provision of pasteurised donor breastmilk proved helpful in the absence of mechanisms to address non-breastfed babies' needs. Donor breastmilk on standby weakened this loophole in our promotion of IYCF-E practices. Volunteers attended to mothers whose breastfeeding had been disrupted. NB reinvigorated a campaign for donor human milk. The response from donors and from milk banks at the Dr. Jose Fabella Memorial Hospital, Philippine General Hospital, and Philippine Children's Medical Centre was overwhelming. When volunteer wet nurses were not available, the pasteurised donor milk was cup-fed to priority recipients, e.g. orphans, sick infants, or hungry infants whose mothers needed relaxation support. Due to limited capacity with staff stretched to their limits in the response, it was not feasible to gather data systematically.

Donor breastmilk was also airlifted on military planes for 40 infants, some preterm babies in the Neonatal Intensive Care Unit (NICU) but mostly older diarrhoeic infants at the Eastern Visayas Medical Centre (EVRMC) in Tacloban which had made an urgent call for donor milk. Through the network of individuals and organisations, a generator was procured and sent to EVRMC. The need for donor breastmilk was addressed through multiple agencies (Armed Forces of the Philippines, DOH, NGOs, hospitals). It was feasible to collect, transport and store pasteurised breastmilk in a cold chain meeting the requirements of survivors without needing to solicit formula donations. In the transit areas, where mother-infant dyads' stay was short term, the pasteurised donor milk was used for any young infant that needed to be fed acutely (whether exclusively breastfeeding, exclusively formula feeding or mixed feeding), after consent, via cup feeding. It was also used for the mothers who needed to be re-lactated using drip-drop and cross nursing techniques. In the recipient hospital in Tacloban (EVRMC), the pasteurised donor milk (requested by the hospital chief) was fed via tube or cup feeding to mostly older formula feeding infants being treated for gastroenteritis in their paediatric wards. We also highlighted the shortage of breastmilk in referral hospitals, and the existence of mother support groups.

Monitoring of 'Milk Code' violations

The NB tent became known as the babies' and children's tent, and as such the default recipient for food and clothing donations but also unsolicited powdered milk and feeding bottle donations. Donors who brought in breast milk substitutes (BMS) and feeding implements were diplomatically informed on why these were not helpful and that the items would be turned over to the DOH NCR office for inspection and disposition. NB convenors granted interviews to tri-media journalists and reporters who flocked to the NB tent, always emphasising breastfeeding protection and the dangers of BMS.

Nutrition interventions in the National Disaster Response

The National Nutrition Cluster led by the DOH-NNC and UNICEF, is activated during times of emergencies. There are four technical working groups: Assessment and Monitoring, Advocacy and Communications, Community Management of Acute Malnutrition (CMAM), and IYCF-E. Post-

Haiyan, nutrition cluster counterparts were activated simultaneously in three regions. Sub-regional coordination hubs were further activated. As was the general experience among different clusters, coordinating these bodies proved challenging due to the unprecedented magnitude of destruction, as well as human resource limitations.

The government released its strategic plan, Reconstruction Assistance on Yolanda (RAY), to provide overall guidance for implementation of recovery and reconstruction programmes in Post-Haiyan areas. There was no recommendation specific to nutrition' until Day 41, when the final report indicated under-five malnutrition prevalence as a health outcome to be monitored. Missing 126 teams deployed by the DOH Health Emergency Response Unit (HERU) within the month following landfall, only 100/121 teams were able to return to work quickly. Nutrition interventions (e.g. rapid nutrition Assessment, IYCF and breastfeeding support) were

Figure 2

This 3-day old newborn, unfortunately separated from her mother, was brought to the NB tent where she was nourished by wet nurses. Whenever there were no wet nurses, she was cup fed with pasteurised breastmilk.



Figure 3

Mother support groups helped raise awareness on IYCF-E. Here, mother employees of the Bangko Sentral ng Pilipinas (Central Bank) carefully pack pooled breastmilk donations before pasteurisation at the PGH and sending to EVRMC.



Figure 4

Prior to the NB tent, BMS, etc. were included in the general distribution of provisions for infants and young children. Volunteers, including doctors, convinced those who packed these provisions of the dangers of BMS. Most BMS donations were eventually "centralised" through the NB tent, hidden from sight, and then turned over to the DOH. Well-meaning donors were informed that BMS are unnecessary, assuring them that there were qualified people helping NB babies.



The Busuanga experience

While most relief and media attention was focused on the Visayas, nine days post-first landfall, we participated in a "medical mission" to Busuanga, a site of Yolanda's sixth and last landfall, where no medical groups had been deployed before. With 2 surgeons, 1 obstetrician and 3 other doctors, 2 nurses and a pharmacist, we conducted the IYCF-E efforts, bringing cups, syringes and pasteurised donor milk along with medical supplies. We first networked with their municipal health officer and his wife, a nutritionist. Because we were to travel by small boats between islands, we arranged to leave most of our back-up donor milk in the health unit's vaccine freezer and transport aliquots of milk with us in coolers. At our base island, we bought out all the available vegetables for distribution to families with older children. We worked with the nutritionist and the "barangay nutrition scholars"



Dr. Aileen Riel- Espina, MD, MPH, FPAFP
Chief, Medical Professional Staff
Eastern Visayas Regional Medical Center

"Health is an inherent right, hence should be provided by the state. Poverty should not be a reason for one to be deprived of health care."



HEAR
their stories
of health care
in disaster and
beyond.

HAIYAN
THE AFTERMATH
Images and Stories of Recovery in Samar and Leyte

Key Insights

- Identifying the most exigent public for the risk messages
- Developing appropriate messages
- Understanding HOW the public process messages
- Understanding how to incorporate divergent viewpoints into the message
- Involving the community

Key Insights

- Ensuring that the message come from multiple channels and is repeated often enough
- Providing specific response strategies into the organization
- Examine factors which influence the effectiveness of the strategy
- Understanding how the public perceives the risk
- Identifying factors that affect how public recovers from a risks/crisis
- Understanding the social context and secondary effects