

EMERGENCY, DISASTER RISK AND HUMANITARIAN ACTIONS (ERMHA)

BACKGROUND AND PROBLEM STATEMENT

In order to prevent hazards turn into disasters, we must address the core issues that lead to these such are weak public health systems, lack of preparedness awareness among general public. Such hazards including natural, man-made and biological outbreaks put under pressure existing health systems. Medical professionals are not educated and equipped with the knowledge and skills to react in these situations as this topic is poorly addressed in medical education curricula. Schools, hospitals and other health care and public facilities and industrial zones are often not equipped to respond on emergency nor are build properly to ensure safety of its users causing thousands and millions of people being affected when disaster strikes.

Unfortunately, emergencies tend to disproportionately affect the poor, children, women, the elderly, and other marginalized members of society, hence aggravating existing health inequities (1). Populations on the move due to man-made or natural disasters put pressure on services and these already vulnerable populations are faced with a health care service of poor quality, unable to prevent disease or treat it, and often denied the service if unable to produce the required documentation. In disasters, human safety is often put into question, especially of the services that are in the forefront such are civil protection or health professionals. They are usually even more endangered in man-made disasters.

BENEFICIARIES AND TARGET GROUP

Due to the lack of awareness of health issues and need to protect health and health facilities in disasters, as well as to work on prevention and preparedness, the program targets:

- Medical students as future health care professionals: to educate and empower them to take an active role in not just disaster response, but prevention, preparedness and mitigation.
- Vulnerable populations such as migrants, documented and undocumented ones, asylum seekers, youth, children, elderly, people from poor social and economical background or isolated, rural but as well urban population with its own specific vulnerability: to improve their health access
- Local, provincial and national governments: work with governments on meaningful inclusion of communities and especially youth in developing strategic and action plans that build disaster resilience, including prevention, preparedness but as well as response.
- International organizations: to work together on advocating towards safer and disaster resilient society, especially of health facilities, health professionals with a human rights approach and respective of international humanitarian law

LOGISTICAL FRAMEWORK OF INTERVENTION

End-goal

Investing in prevention and preparedness, especially of health systems and safe environment while having empowered future health professionals that will be able to address disaster, whether natural, biological or man-made while ensuring humanitarian support to the ones in the need. Creating a resilient and safe health systems equipped to tackle hazard and prevent it into turning into a disaster.

Objectives

- To establish education system for medical students internationally on topics of emergencies, prevention and preparedness, especially public health related, disaster resilience, human and facilities safety in disasters and response
- To educate and raise awareness on humanitarian issues and humanitarian law regulations among medical students
- Public education campaigns on disaster prevention and preparedness targeting the populations at risk
- To organize humanitarian actions for population in need after the disaster strikes ensuring the strengthening of communities
- To strengthen disaster affected populations providing the support and needed resources
- To put the right to health in disaster in the global agenda of Disaster Risk Management and disaster risk reduction by involving and collaborating with other professions and disciplines in active contribution to maintenance of the right to health in areas of disasters.
- To create a platform within IFMSA for exchange of knowledge and experience in the field of Disaster Risk Management, project development and implementation, research execution and efficient as well as powerful advocacy campaigns.
- Advocacy efforts towards governments in local, provincial and national level on strengthening prevention and preparedness part of disaster resilience and active involvement of communities in development of actions plans

Preconditions and Backwards Mapping

The medical students enrolled in this program should receive trainings on specific topics such are disaster prevention, preparedness, response and mitigation, creating resilient communities, emergencies and differences between disasters as well as humanitarian actions and humanitarian law and advocacy. For both quality assurance and medical students who later turn their attention to other NGOs and join humanitarian actions which are conducted by other NGOs through voluntary work or internships then assistance can be done a) Through IFMSA certification recognised by partners and collaborators that attest to the quality of the IFMSA workshop and will help the participants in their future applications or recruitment to such humanitarian organisations and b) make agreements with the externals supporting the program so that the workshop is a recognised step towards future involvement in humanitarian organisations.

Taking the program further back to a previous stage there are additional preconditions that should be met in order to efficiently organise disaster prevention or to provide health care and cover needs: the community should be involved guided by trained medical students enrolled in this program. Aware citizens are transformed into responsible citizens who, in the eventuality of a disaster, the medical students can recruit into enhancing the efforts to provide quality healthcare through basic monitoring, check ups, health prevention advice, providing clothing, nutrition, clean water, sanitary items etc.

Community mobilisation and medical student activism at the emergency or disaster site are

the effects of the stage 'Disaster Response' (see annex). This stage is not just a precondition to community involvement, but also an important step for the student mobilisation. Between the 'Disaster Response' and the enrollment of medical students into this program there is a whole process of networking, integration and capacity building as IFMSA which can be seen more visibly in the flowchart in the annex.

Milestones and Indicators

Outcome 1: International 3-day training for medical students and future healthcare professionals on disaster risk ethics, humanitarian response and law, prevention, preparedness, response and mitigation in disasters, meaningful youth participation, policies, advocacy skills, the right to health in disasters.

Indicator: Number of trainings organized per year and post evaluation of the training

Target group: Medical students

Threshold: International training events organized per year

Outcome 2: International training on human and facilities security in disasters, including health facilities and man made disasters

Indicator: Joining their international networks and field work

Indicator: Number of trainings organized per year and post evaluation of the training

Target group: Medical students

Threshold: International training events organized per year

Outcome 3: National trainings targeting DRR and humanitarian issues specific for the country

Indicator: Attendance and evaluation of the same

Target group: Medical students on a local level

Threshold: The establishment of a network on the local level

Outcome 4: Public health programs for general population on DRR and DRM

Indicator: Number of educational campaigns and activities and evaluation of the same before disasters and emergencies or humanitarian crises

Target group: Groups at risk, youth, children

Threshold: educational campaigns and activities

Outcome 5: Humanitarian actions and campaigns during and after emergency or disaster

Indicator: Number of campaigns organized and materials delivered

Target group: Victims of emergency or disaster

Threshold: Organized humanitarian aid activities

Outcome 6: Successful advocacy campaign leading to change of policies of further investment in prevention and preparedness, and meaningful participation of communities including youth

Indicator: number of local, national and international policies influenced

Target group: local, national governments and international organizations

Threshold: Involvement in national, local and international decision-making

Interventions

- Trainings and educational activities on emergencies, disaster risk and humanitarian actions for medical students internationally, nationally and locally
- Outreach campaign and internal advocacy that targets medical student involvement in disasters by organising the workshop aimed at empowerment and increasing knowledge for greater student activism. Medical students who complete the

workshop are followed up. They are encouraged to act as local or national contact persons and part of the network.

- Medical students meaningful participation in preparedness, prevention and response with the national and local authorities
- Awareness campaigns and education campaigns for public and groups at risk of emergency or disaster on disaster prevention
- Fundraising initiatives that can assist the medical students and local communities in setting higher and better targets in the humanitarian actions they plan to perform
- Research on topics related to emergencies, risk of disasters and humanitarian actions
- Advocacy towards changes in policies or practices in disaster prevention, preparedness and response with and towards international organizations, and towards changing the national policies and inclusion of youth in decision making
- Outreach activities and campaigns to areas affected by emergency or disaster

Narratives

The IFMSA Program 'Emergencies, Risk Management and Humanitarian Actions' is proposed as a means to establish a platform that structurally enhance the actions of NMOs in disaster prevention and response, with the aim of reducing health inequities that these cause by empowering medical students in areas of advocacy, DRR and preparedness skills also by forming contacts between the students and externals or other organisations in the field. The program encompasses numerous factors depending on the various needs of NMOs within the Federation to ensure local level readiness and network forming that allows the local community to be resilient, knowledgeable and aware of DRR as well as steps that ensure humanitarian response and prevention in case the humanitarian crises begins before the actual training workshop has begun, and for this reason the program has the precondition 'Emergency, Disaster or Humanitarian Crisis Occurs' as a separate starting point (see annex). In this way members are not limited by the training step but can still start to organise themselves successfully into response teams.

ORGANISATIONAL CONTEXT AND NEEDED RESOURCES

Human resources:

- Trained participants of the IFMSA disaster risk and emergencies workshops and other similar workshop
- Other students: Those who join the local or national networks of action initiated by trained participants of the above workshops

Funding:

- Local sources for local projects
- International sources for IFMSA workshops

Collaboration:

- There is the need for collaboration with other youth groups, institutions and civil society organizations disaster risk prevention, preparedness and management.

References:

1. World Health Organization Humanitarian Health Action. Myths and realities in disaster situations. Geneva: World Health Organization, 2004

Annex

