Consultative Meeting for Policy Makers on Tsunami Recovery Impact Assessment and Monitoring System; TRIAMS

Aonang Villa Resort, Krabi, Thailand

27 June 2007

Jointly Organized by:

The Department of Disaster Prevention and Mitigation (DDPM) of the Ministry of Interior (MOI), Thailand

Faculty of Tropical Medicine, Mahidol University, Thailand

Department of Health Service Support (DHSS), Ministry of Public Health (MOPH), Thailand

World Health Organization (WHO)

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Workshop Report

Consultative Meeting for Policy Makers on Tsunami Recovery Impact Assessment and Monitoring System; TRIAMS

Jointly organized by the Department of Disaster Prevention and Mitigation (DDPM) of the Ministry of Interior (MOI), Faculty of Tropical Medicine, Mahidol University, Department of Health Service Support (DHSS), Ministry of Public Health (MOPH), Thailand, and World Health Organization (WHO)

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Introduction

The South Asian tsunami claimed thousands of lives and left thousands of families homeless in many countries. Affected countries and their respective governments alongside local and international non-governmental organizations are all in the process of reconstruction and rehabilitation of affected areas.

The Tsunami that struck Thailand on December 26, 2004 was the greatest natural disaster in the country’s history. It left in its unprecedented damage and destructions. The Tsunami affected 25 districts, 95 tambons and 407 villages, of which 47 are almost destroyed, in 6 provinces in the Southern Thailand. The provinces are Krabi, Phang Nga, Phuket, Ranong, Satun and Trang and most affected provinces are Krabi, Phang Nga and Phuket. The Royal Thai Government (RTG) led an effective emergency response to the disaster and UN Country Team (UNCT) in Thailand offered assistance to the RTG and WHO Thailand joins UNCT.

WHO initiated several projects in the Tsunami affected provinces including Tsunami Recovery Impact Assessment and Monitoring System (TRIAMS). Recently, WHO Thailand/SEARO established an Emergency and Humanitarian Action/Health Action in Crises (EHA) Unit in Bangkok and WHO EHA Country Focal Point is facilitating the process of coordination among various sectors involved in TRIAMS implementation. The Department of Disaster Prevention and Mitigation (DDPM) of the Ministry of Interior (MOI) is the coordinating agency for TRIAMS in Thailand,

Finally, a National TRIAMS workshop was organized jointly by Phuket Provincial Public Health office (PHO) of the MOPH, DPM of the MOI and WHO inviting several officials working in 6 tsunami affected provinces. The workshop was held in Phuket on 9 March 2007 and the draft National TRIAMS workshop report was shared at the 2nd Regional TRIAMS workshop held from 21 to 23 March 2007 in Bangkok. The DDPM/MOI in collaboration with other sectors presented their ‘TRIAMS action plan for 2007 to 2009’ at the 2nd Regional TRIAMS workshop.
WHO planned several projects with specific focus on health related recovery process and the Faculty of Tropical Medicine, Mahidol University implemented the projects on (1) GIS Mapping of Health Facilities in 6 Tsunami-affected provinces in the Southern Thailand; (2) Assessment of Disability and Quality of Life in the Tsunami-affected provinces in Thailand; and (3) Monitoring of key Health Indicators (TRIAMS) at Sub-district Health Facilities Level in the Tsunami-affected provinces in Thailand.

Currently, a pilot project on ‘Assessment of Current Situation on Emergency Preparedness for the Health Sectors and Communities in Phuket Province in Thailand’, supported by TRIAMS funds, is ongoing. It is expected that the results will be presented at the workshop.

As the projects involve the Tsunami-affected provinces, it was decided to share the results of the study to senior to mid-level health officials working in Provincial PHOs and other key sectors (education, housing, shelter, livelihoods etc.) in 6 Tsunami-affected provinces to have their feed-back and plan accordingly. Therefore, it was decided to organize a one-day ‘Follow-up Workshop on TRIAMS in Thailand’ and the workshop will provide an opportunity to the participants to discuss TRIAMS indicators. It is expected that 45 to 50 officials join the workshop.

It is also decided that the result will be shared to the senior policy makers in key sectors (health, education, housing, shelter, livelihoods etc.) involved in TRIAMS through a consultative meeting on TRIAMS involving the policy makers. Therefore, it was decided to organize a half-day ‘Consultative Meeting for Policy Makers on TRIAMS in Thailand’. It is suggested inviting 70 to 75 officials in joining consultative meeting including the participants from ‘TRIAMS Follow-up Workshop’. Therefore, two back-to-back workshops were planned. Therefore, a National TRIAMS workshop was jointly organized by the DDPM of the MOI, Phuket Provincial Health Office (PHO) of the Ministry of Public Health (MOPH) and the WHO. The key objectives of the national workshop were: (1) To share the TRIAMS draft action plan for 2007-2009; (2) To review the TRIAMS indicators and recommend in Thai context; (3) To update the Policy Makers about the TRIAMS in Thailand, (4) To share the results of the Mahidol University/WHO Tsunami projects implemented by Mahidol University.

**Workshop Process and Outcome:**

The one-day Consultative Meeting for Policy Makers on Tsunami Recovery Impact Assessment and Monitoring System; TRIAMS was held in Aonang Villa Resort at Krabi Provincial capital on 27 June 2007 organized by the DDPM/MOI, Faculty of Tropical Medicine, Mahidol University, DHSS/MOPH and WHO. The workshop was supported by the Emergency and Humanitarian Action/health Action in Crises Unit of the WHO’s Head Quarter (HQ) in Geneva and Regional Office for South-East Asia (SEARO) in New Delhi. The workshop was attended by the officials from the Government, international agencies including UN at the central and provincial level. The provincial level officials were from 6 Tsunami-affected provinces representing key sectors such as health, education etc.

Mr Siva Sirisaowaluck, Governor of Krabi Province
housing/shelter, labor, livelihoods including the Provincial Disaster Prevention and Mitigation Office (DPMO). The central level officials were from the DDPM and the MOPH. In addition, the delegates form IFRC, TRCS-Thailand and WHO attended the workshop.

During the opening session, Mr Chamroen Yutithamsakul, Chief of DDPM Inspector, DDPM, opened the workshop and shared his Tsunami experience in 2004. Ms. Siriluk Duangkeo, Chief of Research and Development Sub-Bureau, DDPM of the MOI introduced the objectives of workshop process and the draft agenda (Annex II). Then follows by two sessions.

**Session I** began with a PowerPoint presentation on ‘Assessment of Current Situation on Emergency Preparedness for the Health Sector and Communities in Phuket, Thailand’ by Dr Wiwat Seetamanotch, Deputy Provincial Chief Medical Officer, Phuket Provincial Public Health Office, Phuket (Annex III). The second presentation was made by Ms. Siriluk Duangkeo, Chief of Research and Development Sub-Bureau, DDPM of the MOI on the ‘Action Plan’ (Annex IV). She asked the participants to make adjustment on the ‘Action Plan’, then the final Plan will be printed and signed by the representatives at the end of workshop. Dr Nevio Zagaria made some comments on National recovery strategy where the recovery was not completed and how TRIAMS could help provide information on the final social recovery.

**Session II** began with reporting the outcome summaries from yesterday workshop to Mr Siva Sirisaowaluck, Governor of Krabi Province by Ms. Siriluk Duangkeo. Following the summaries report, Dr Nevio Zagaria, Coordinator for Recovery and Transition programs/Health Action in Crises, WHO Geneva gave the summarize of the ‘Tsunami Recovery Impact Assessment & Monitoring System (TRIAMS)’. He pointed out the fact finding from the 6 Tsunami affected provinces carrying out by MOPH, Mahidol University and WHO that there were differences in overall health status and quality of life between the affected and non-affected villages after two years of recovery. We could not stop our monitoring at this level, it had to go on. Dr Nevio Zagaria also encouraged the importance of enhancing the existing projects conducted in 6 Tsunami affected provinces by collaboration between Ministries of Social Development and Human Security and Public Health. Then Dr Pornpet Panjapiyahul, Chief of Academic Service Section, Bureau of Health Service System Development, MOPH, Bangkok gave a PowerPoint presentation on ‘Health indicators in 2006’ (Annex V). The final presentation was made by Ms. Siriluk Duangkeo, Chief of Research and Development Sub-Bureau, DDPM of the MOI on the’ Overall indicators in 2006-7’ (Annex VI).

Ms. Siriluksana Duangkeo drafted and presented the MOU to the governors and/or the representatives of the 6 Tsunami-affected provinces to consider and sign at the end of the workshop.

**Closing session** began with the concluding remarks made by Mr Siva Sirisaowaluck, Governor of Krabi Province thanked the delegates for their contribution in making the Consultative Meeting for Policy Makers on Tsunami Recovery Impact Assessment and Monitoring System; TRIAMS workshop successful. He mentioned that the outcomes/recommendations of this workshop and also the signed-MOU by himself and the governors or the representatives of the rest of Tsunami-affected provinces would be useful guidance to fulfill the remain needs required by the Tsunami-affected people in Thailand.
For further information and comments, please direct communications to:

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? July 2007
Annex I:

Opening Speech: Mr. Siva Sirisaowaluck, Governor of Krabi Province

WHO, UNDP, IFRC representatives, and representatives from MOPH, DDPM, Mahidol University, TRCS and representatives from all 6 affected provinces. On behalf of Krabi Province, I am glad that Krabi was chosen to conduct this tsunami recovery monitoring workshop.

At present, there is no technology able to forecast earthquake of 9 Richters scale in advance, as a result the 2004 Indian Ocean Tsunami quietly ravaged southern provinces of Thailand on December 26, 2004 and set the worst disaster ever occurred in the history of Thailand. The assistance, from international and national cooperation to assist those affected people in all aspects, has last from emergency state until recovery stage after the tsunami.

Thank to everyone involving in organizing this national workshop today which will benefit those required for information in order to assist in recovery process of tsunami affected in all aspects. I hope that this workshop will light the idea of information system management in order to handle with information that is now scattered in all sectors. Finally, this information will point out and fulfill those areas where assistances are to be achieved. I do hope you all have a safe journey back home.
Annex II:

Draft Agenda

Consultative Meeting for Policy Makers on Tsunami Recovery Impact Assessment and Monitoring System (TRIAMS)
Organized by Department of Disaster Prevention and Mitigation; DDPM; MOI
Department of Health Service Support; MOPH
Faculty of Tropical Medicine, Mahidol University
World Health Organization; WHO

At Aonang Villa Resort Hotel, Krabi province, Thailand

Wednesday 27th, June 2007

08.30 am - 09.00 am: Registration

09.00 am - 09.30 am: - Mr. Chamroen Yutithamsakul, Chief of DDPM Inspector, DDPM, opened the workshop and shared his Tsunami experience in 2004.

- ‘Assessment of Current Situation on Emergency Preparedness for the Health Sector and Communities in Phuket, Thailand’ by Dr. Wiwat Seetamanotch, Deputy Provincial Chief Medical Officer, Phuket Provincial Public Health Office, Phuket

09.30 am – 09.45 am: Coffee break

09.45 am – 10.30 am: Opening ceremony:

- Welcome address by Miss Siriluksana Duangheo Chief of Research and Development, Research and International Cooperation Bureau, DDPM.

- Opening speech by The Provincial Governor, Krabi

- Opening Remarks by Dr. Navio Zagari WHO Representative

- Introduction by delegates

- Objectives of the consultative meeting: DDPM/MOPH

10.30 am – 11.00 am: Overview of TRIAMS in Thailand: WHO

11.00 am - 11.15 am: Updates on the Mahidol University/WHO Tsunami projects: Mahidol University & Results of TRIAMS 2nd Regional Workshop (21-23 March 2007)
11.15 am – 11.30 am: Discussions and feedback

11.30 am – 12.00 noon: Overview of the draft TRIAMS action plan for 2007-2009: MOPH/DDPM

12.00 am – 12.15 noon: Discussions and feedback

12.15 noon to 02.00pm: Closing ceremony followed by Lunch
Annex III

PowerPoint presentation on the ‘Assessment of Current Situation on Emergency Preparedness for the Health Sector and Communities in Phuket, Thailand’: Dr. Wiwat Seetamanotch, Deputy Provincial Chief Medical Officer, Phuket Provincial Public Health Office, Phuket

The most importance in recovery activities is to carry out all activities effectively and the key was to prepare local and national sectors ready for disaster mitigation. This study was based on data collected from institute that response for emergency service in the first 24 hours and willing to participate in the study. All target institutes in health sectors were recruited (34 institutes) and the communities referred to all related institutes in non-health sectors (29 institutes).

The study revealed that: About 77.8% of sectors had disaster preparedness plans and about 52.5% of sectors unified all disaster preparedness plans as one. More than 75% of manpower assessment by sectors were as follow: assignment by responsible, manpower allocation and assignment of personal for public relation.

The common methods of recruitment personnel when disaster occurs were by telephone and mobile phone (90.5%). About 85% of sectors allocated space, when disaster occurs, as follow: severe 47 cases, moderate 160 cases, mild 500 cases and Freezer containers for death victims 18 bodies.

For communication and coordination assessment by sector, it was found that about 68.2% of sectors had prepared list of other institutes that involve with the disaster. Only a few sectors had their own separated budget allocated for disaster preparation, and the rest had their budget included in fiscal budget. For rehearsal/training assessment, 67.6% of sectors had sent their personnel to attend the refreshing courses related to disaster.

Preparedness plan should be improved in regards to incorporate plan among involved institutes, coordination and communication among stakeholders, information system should be improved or developed using existing capacity/facility, budget allocation that specific to disaster preparedness in health sector, training/rehearsal for personnel and public education for volunteer and population.
Annex IV:

PowerPoint presentation on the ‘Action Plan’: Ms. Siriluksana Duangkeo, Chief of Research and Development Sub-Bureau, DDPM of the MOI

The results of yesterday brain-storming from three working groups were put forward into “Action Plan” comprised of nine items as follow:

I: Adaptation Stage on TRIAMS in Thailand
- To arrange a national workshop on Main Stakeholders in order to strengthen the coordination among concern agencies, to identify the contact persons. The workshop should include all stakeholder at 3 levels.
- To address the un-met and the inequalities needs in the Tsunami affected area, the monitoring and evaluation programs are needed.

II. To increase responsibilities on Full Commitment in Monitoring and Evaluation on TRIAMS, the MOU among various Ministries has to be signed and put forward into actions which comprised of adjusting those indicators to the current situation and reorganizing questionnaire and reports accordingly.

III. Current situation on Monitoring and Evaluation efforts faced some difficulties as data needed were not in routine reporting system and required separated census, missed leading of some indicator’s definition, lack of data collection knowledge, lack of good incorporation and planning. Coordination problems among various sectors, no TRIAMS database and data collecting system, no TRIAMS Information Center, limited funds, insufficient and lack of trained manpower, refine national strategy to meet challenges of last phase of Tsunami recovery.

IV. Capacity Building is needed to support human resource development since there was no database on Monitoring and Evaluation, no national strategy on data collection and analysis, and insufficient budget.

V. Plans to meet the needs are divided into two time-frames as short and long terms. Short term plans are to set up and sign the MOU among three sectors: International: UNDP, UNICEF, ADPC, Central: various ministries, university and Local: indicator agencies. Then follow by organizing meetings for experts from different agency to exchange their experience and knowledge, workshops at various levels and coordinating related works.

Long term plans are to enhance capacity building on human resources at all levels on various aspects such as DRR Assessment, Disaster Management, Direct and Indirect Assessment, and to compile and dissemination Monitoring and Evaluation reports. Activities and responsibilities are concerned about:

- To prepare national Tsunami database and put it on the web to be easily accessed by interested people. (DDPM)

- Collect all research results related to Tsunami by arranging a workshop supported by WHO and IFRC to encourage information sharing among various sectors. (DDPM)

- To enhance an existing project on “Strong and Healthy Family” conducted in 6 Tsunami affected provinces by collaboration between Ministries of Social Development and Human Security and Public Health.

- The local organization should collect additional indicators to answer why Tsunami affected people are still in worse situation even after the affected areas have been recovered.

- Integrated cooperation among government and public sector to promote and develop potential “Ready-to-work-volunteer” from various sectors cover the whole country.
• Present the outcome of this workshop to the central government to get approval and budget in order to strengthen the Tsunami affected local people’s situation. *(DDPM)*
• Comparative Study by collecting data from different areas (unaffected areas and affected areas with other districts).
• Strengthening the currently existing surveillance system for mental health and other problems among the Tsunami victims and coordinating the relief efforts from different sectors with the emphasis on community participation.
• Conducting further studies to explain the delayed recovery of psychological distress and other disability problems among the victims to be able to improve the psychosocial rehabilitation programs.
• Capacity building for corresponding staffs in data collecting process, data storage and data analyses.

VI. Requirements for Technical and Financial aspects are to improve knowledge on data management, to provide sufficient budget allocation, to carry out monitoring and evaluation at least twice a year, to establish information center which regularly updates information/data, to improve implementation procedures e.g. creating user-friendly data collection tools, to strengthen human resource capacity including mental health in order to provide better services to the affected communities, to improve infrastructures, and to allocate budget for vulnerable population (orphans).

VII. Activities of Short Term Time Frame (March 2007 – February 2008): To set up 1 National workshop, 3 Technical workshops and 2 Executive workshops.

VIII. Activities of Long Term Time Frame (March 2008 – December 2010): To set up training courses on DRR Assessment, Disaster Management, Direct & Indirect Assessment, and to organize executive meeting once a year.

IX. Budget requirements: Short Term and Long Term budgets were estimated to fulfill all activities around US $(200,000 - 250,000) and US $(500,000 – 600,000), respectively.
Annex V:

PowerPoint presentation on the “Health indicators in 2006”: Dr. Pornpet Panjapiyahul, Chief of Academic Service Section, Bureau of Health Service System Development, MOPH, Bangkok

The current situation of Health indicators survey in 2006 was about 70% of data had been collected due to some limitations on collecting data as follow:

1. Time-frame in data collection either calendar or fiscal year.
2. Areas of coverage could be defined in different ways, therefore collected data were not comparable to each other and to those of unaffected areas.
3. Indicator definitions were not clear for example the emergency obstetric care given by health-personals. It happened that there were rarely activities in sub-district level.
4. Many collected indicators were given in processed data and could not be processed with other raw data.
5. In some cases, health cares were given in private hospitals and such information was not collected at the moment.

The collected data in summary could be divided into two parts; the first ones were in good condition comprised of basic sanitation, child care, immunization coverage, adequate antenatal coverage, adequate physical and mental health services. The last one were not in good condition and need to be monitored and improved such as qualitative mental health and % of children under 5 who have experienced a diarrhea episode in the past 2 weeks.
**Annex VI:**

**PowerPoint presentation on the ‘Overall indicators in 2006-2007’: Ms. Siriluksana Duangkeo, Chief of Research and Development Sub-Bureau, DDPM of the MOI**

Summaries of all indicators during 2006-7 were categorized according to thirteen sources as follow:

1. Ministry of Interior
2. Ministry of Transport
3. Ministry of Finance
4. Tsunami six provinces
5. Ministry of Education
6. Ministry of Natural Resources and Environment
7. Ministry of Agriculture and Cooperatives (Department of Fisheries)
8. Ministry of Labour
9. Ministry of Information and Communication Technology
10. Ministry of Social Development and Human Security
11. Non-Governmental Organization
12. WHO Survey
13. Tourism Authority of Thailand

The majority of the indicators collected in 2006 from 6 Tsunami affected provinces were reported up to or more than 90% and some indicators were collected less than 70% as follow:

- %Of population of Tsunami-affected districts who have received grants, by administrative level (Year 2006 – 100.00 Krabi Province / Year 2007 - 49.96% Krabi Province)

- % of tsunami-affected population who have received loans (Year 2006 - 64.50% Phuket Province and Ranong during data correcting / Year 2007 - 82.16% Krabi and Phuket Provinces)

- Primary school drop-out rate (Year 2006 - 1.63% Trang, Satun, and Phangnga Provinces)

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