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FEATURE: Maternal and Child Health Care in Natural Disasters

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Effects of the 2004 Sumatra Earthquake Tsunami in Chennai, India
AUICK held its Second Workshop of 2007 in Kobe, Japan, from 27 August to 7 September, 2007, with the support of the United Nations Population Fund (UNFPA) and Kobe City Government. The theme of the workshop was “Maternal and Child Health Care in Natural Disasters”. Nine participants were invited from the nine AUICK Associate Cities, as well as an interpreter, a UNFPA representative and resource persons.

Background

Between 1995 and 2005, over 2.5 billion people were affected by natural disasters. In 2006, three-quarters of more than 21,000 deaths from natural disasters were in Asia. The continent is the area most hit by the disasters, creating a huge need for emergency assistance.

UNFPA believes that in relief efforts during natural disasters, support to women and youth must be an urgent priority, and invests in the rehabilitation of families, communities and societies, whilst greatly speeding recovery and reconstruction. In times of disaster, safe childbirths have to be ensured and maternal health services reestablished to provide water, sanitation, food, health, protection and psychosocial support to survivors of the disasters.

Kobe City and its surrounding urban areas were devastated by the Great Hanshin-Awaji Earthquake on 17 January, 1995, which killed over 6,000 people, and destroyed 250,000 homes. Managing the official relief and reconstruction, as well as organizing volunteers from all over Japan and abroad, gave the city valuable experience which can be shared with others.

Aim

Through presentations, best practice case studies, city reports, site visits and discussions on maternal health care in disaster situations, senior officials in charge of the provision of health care in AUICK’s nine Associate Cities (AACs) learned from experiences of Kobe city representatives on maternal and child health care provision, especially in the context of a natural disaster. Recognizing that many of the AACs had learned useful lessons from the experience of natural disasters, the workshop was also designed for AAC officials to learn from one another. After the exchanging of knowledge and information on the situations and challenges which each city faces, the participants each made a concrete action plan to consolidate lessons learned and improve MCH services and disaster preparedness in their own cities. The implementation of the plans would be monitored by AUICK over subsequent years.

Participants

AUICK invited senior officials of government health departments or appropriate organizations from AUICK Associate Cities: Chittagong (Bangladesh), Weihai (China), Chennai (India), Surabaya (Indonesia), Kuantan (Malaysia), Faisalabad (Pakistan), Olongapo (Philippines), Khon Kaen (Thailand), and Danang (Vietnam).
The participants included the following (in alphabetical order by country):

Dr. Shahana Perveen  
Director, Mid-Wifery Institute, Health, Chittagong City Corporation, Bangladesh  
Ms. Peng Xia  
Vice-Chairman of Wehai Women's Federation, Weihai Women and Children Work Committee Office, Weihai Women's Federation, China  
Ms. Usha Kakarla  
Joint Commissioner, Education & Health, Corporation of Chennai, India  
Dr. Ina Aniati  
Head of Disease Prevention and Extermination, Hygiene and Sanitation Field, Health Dept./Service, Surabaya City Government, Indonesia  
Dr. Marlia Mohammed Salleh  
Deputy Director of Health (Public Health), Public Health, Pahang State Health Department, Malaysia  
Dr. Masooma Sardar  
Deputy District Officer, Health, City District Government Faisalabad, Pakistan  
Dr. Arnildo Castro Tamayo  
City Health Officer, City Health Department, Olongapo City Government, Philippines  
Mrs. Wilasinee Samanchate  
Head of Health Promotion, Health and Environment, Khon Kaen Municipality, Thailand  
Dr. Kim Anh Thi Doan Vo  
Vice Director, Department of Health, Danang People's Committee, Vietnam  
<Accompanying Interpreter>  
Dr. Tran Dinh Vinh  
Head of Department of Obstetric Gynecology, Danang Hospital, Vietnam  
<Resource Persons>  
Dr. Gayl D. Ness  
Member of AUICK International Advisory Committee  
Dr. Prem P. Talwar  
Member of AUICK International Advisory Committee  
Ms. Shachi Grover  
Programme Officer (Population and Development), UNFPA India Office  
Mr. Dharmendra Pratap Yadav  
Vellore Collector, Government of Tamil Nadu, Corporation of Vellore, Tamil Nadu, India  
Dr. Nguyen The Hung  
Professor, Danang University, Vietnam

Opening Remarks

The workshop began with the opening remarks from AUICK President, Dr. Hirofumi Ando. He welcomed the participants, and explained that the theme of Maternal and Child Health Care in Natural Disasters was chosen for the workshop in part because of the vulnerability of the region to such phenomena.  
Natural disasters have been increasing in number and scale in recent years, and are becoming a major obstacle to sustainable development. Each city has to formulate and implement its own unique policies as measures to deal with natural disasters, which take into account their type, frequency, size and pattern. He described participants as the key players of AUICK workshops. Dr. Gayl D. Ness of the AUICK International Advisory Committee then welcomed the participants, and the AUICK Secretariat were introduced.

The following pages contain articles on each presentation, site visit and forum/discussion of the workshop. Extended articles can be found on AUICK's website, at www.auick.org.
In times of natural disaster, women are as vulnerable, if not more so than men, but the issue of gender is often not incorporated into pre-disaster preparation or management of disaster situations when they arise.

With preparation incorporating training, education and necessary local institutions, natural disasters can be manageable, and property damage, injuries and loss of life can be minimized.

The gender issue refers to different roles, responsibilities, perspectives, behavior and status of women and men, determined by society and culture. So how does this relate to preparation for and management of natural disasters?

Women can often be more vulnerable in disasters than men. When the Sumatra earthquake tsunami struck in 2004, many women were in coastal homes, unable to swim or climb, sometimes because of their clothing. In India, 70% of the fatalities were women and children, since men were out at sea.

In emergency relief provision, gender should be treated as a 'cross-cutting issue' (considered in all categories). For example, women and infants require special food and nutrition, and emergency shelters need to cater to women's sanitation and exposure to the dangers of rape and kidnapping.

Gender in natural disasters is also a male issue. In many societies, men may not cry in public, which induces trauma. Men also lose employment and their roles as providers, leading to financial, physical and emotional effects.

A key lesson from the Hanshin-Awaji earthquake was 'community based disaster management'. Eighty percent of survivors were rescued by themselves, family, neighbors or friends, showing the importance of immediate local community action. As residents are both resources and stake-holders, they can inform governments of their needs, and disaster management can take a bottom-up approach.

UNCDR disaster preparedness projects incorporate 'Town Watching'. Groups of local residents make neighborhood 'hazard maps' highlighting safe evacuation points, dangerous areas (such as narrow, built up streets) and places for medicines and first-aid in a disaster. The maps are disseminated by the residents, and put up on community notice boards with other disaster-related information. They have to be carefully considered - school playgrounds might be safe places to gather, but school buildings are dangerous if not structurally sound.

Over 90 percent of deaths in the Hanshin-Awaji earthquake were from homes collapsing. To raise awareness of the importance of life-saving quake-proof buildings, UNCDR uses the 'shake-table demonstration' at female-attended workshops. Two small buildings on a table look exactly the same, but one collapses due to its poor structure when the table is shaken. The structure shows the importance of quake-proof building designs. Engineering might traditionally be a man's job, but statistics show that more women are killed in earthquakes, as they are often in the houses. Their awareness of the dangers is equally important.

At UNCDR workshops on capacities and vulnerabilities in times of disaster, participants discuss vulnerabilities in normal life, to give them self-esteem to overcome those which arise in a natural disaster situation. Religious and government leaders should also be included in disaster preparation workshops.

As a whole, gender analysis in disaster management will help to:
1) Highlight men and women's vulnerabilities and capacities;
2) Identify a household's economy and division of labor, and the burden of reproductive labor;
3) Reveal the socio-cultural constraints facing women who become subject to new forms of control and victimization in times of disaster; and
4) Highlight men's experiences and identities (roles) in times of emergency.

In terms of the eight United Nations Millennium Goals, no direct reference is made to natural disasters, but all goals are affected by their cross-cutting nature.

Governments have primary responsibility, but citizens are the primary stakeholders. Gender perspectives in community based disaster management secure communities' safety. Female participation in male managed communities may not only mean domestic roles, but decision making capacities. In some cultures, many women die in their homes in times of natural disaster as they await male permission to leave.

With female decision making and empowerment in daily life, and disaster preparation that recognizes the cross-cutting issue of gender and female participation, a hazard need not become a disaster, a disaster can be better managed, and a community's vulnerabilities can be transformed into its capacities.
Mr. Eiji Inaba, Kobe City Crisis Management Office

Disaster Management in Kobe

Through Kobe City’s experience of the Hanshin-Awaji Earthquake of 2005, Mr. Eiji Inaba explained how awareness, volunteer activity, local communities and quake-proof buildings are vital to prepare for the event of a large-scale earthquake.

In the morning of January 17, 1995, a force 7 earthquake shook the city of Kobe. Over 100,000 buildings collapsed completely, and a further 144,000 were damaged. Trains were thrown from tracks, and the overhead Hanshin Highway fell over on its side. The worst scene was in Nagata Ward, an older ward with many wooden houses. The quake broke gas lines starting fires and also broke water lines disabling fire rescue operations; 6,434 people died, over 4,000 in Nagata Ward alone. The 5th floor of the city hall collapsed. Had the quake occurred during working hours, the death toll might have reached over 100,000.

Four main lessons from the earthquake are the importance of 1) awareness and preparation; 2) volunteers; 3) community organization; and 4) quake proof construction.

The Great Hanshin-Awaji earthquake was unexpected. Surveys indicated that over 90 percent of the people did not expect this quake and less than 20 percent were in any way prepared. Japan and Kobe have experienced disasters before, and the central and local governments had in place plans for disaster management, including organizing families for disaster management training. But in Kobe only some 51 percent of households had enrolled. Today extensive efforts are made to keep citizens constantly aware of the probability of disasters and the need for being prepared. Moreover, this is now the responsibility of a special office in the city, The Crisis Management Office, which was established in 2002.

More than 1.2 million volunteers played a major role in rescue and rehabilitation, and 1995 was named “the beginning year of volunteer activities in Japan”. As most volunteers were untrained and a system for their organization was not in place, their effectiveness was reduced. Now citizens are extensively trained, developing organization techniques, and spreading these to other cities in Japan. As a result, after the 2004 Niigata-Chubu Earthquake, volunteers were well trained and well organized, greatly enhancing their effectiveness.

Strong community organization is important in reducing damage. Where neighbors knew one another, they knew how to reach the injured and trapped, and identify who was safe, missing or needing assistance. Community development and disaster management training are now promoted, and Kobe’s Crisis Management Office has organized the city into 190 community areas, based on the area of the primary school. The training involves making hazard maps showing useful evacuation routes and high risk areas, and the local fire station training on disaster management. Special training for children, especially through games and fairs, draws in parents and keeps them aware and trained. Since 1997, Kobe has organized a Community Development School that provides annual training courses in community development, including disaster management.

Pre-1980s constructions focused on strength, but the rigid structures cracked and toppled easily. The new principle is flexibility and the ability to absorb shocks without breaking. Kobe has undertaken extensive building surveys to identify high risk construction and work to correct it. One of the very innovative schemes has been the development of 250 anti-seismic water tanks, which store 100 tons of water, placed around the city in parks and schools. Now if a quake breaks water lines, fire fighting can still go on.

All of this work, and more, has come out of the new Office of Crisis Management, and the revised 1996 City Disaster Management Plan. There are now periodic disaster drills. Special programs build a partnership with private companies to assist in disaster management. A "Kobe Safety Net Council" was established, which now has more than 80 private companies cooperating in crisis management planning. New communication centers with wireless loud speakers have been spread throughout the city, and an emergency response information center has been developed after seeing how the 1995 quake disrupted communications. Junior high schools are now the location of stocks of emergency food, water and blankets. Moreover, the new Crisis Management Office is responsible for other crises for which no office has direct responsibility. For example, it also has plans to deal with Avian Flu and with SAARs.

The Great Hanshin-Awaji Earthquake of 1995 was an unmitigated disaster. But the city has learned valuable lessons and has worked with great energy and innovation to prepare itself and its citizens to deal more effectively with such disasters in the future.
The 2004 Sumatra Earthquake Tsunami devastated coastal areas of India. The city of Chennai was badly affected, and has taken strides towards recovery through health care provision and other support. Lessons learned will minimize the effects of future disasters.

In the early morning of December 26, 2004, a massive earthquake, measuring a record 9.0 on the Richter Scale struck under the sea off the west coast of Sumatra in Indonesia. It triggered a massive movement of water which reached the southeast coast of India in only three hours. Water receded hundreds of meters into the sea, but people did not know that this was the first sign of a Tsunami. Within half an hour waves 3 to 10 meters in height smashed inland as much as three kilometers before rushing again back out to sea. Death and destruction on a massive scale were left in the wake. 150,000 houses were destroyed; over 2000 kilometers of the Indian coastline were affected; 12,000 people were killed, of whom 75 percent were women and children. Many were families of fishermen who were out to sea. Overall more than 600,000 people were affected; losses amounted to more than US$ 1.2 billion.

In the immediate aftermath, the city, state, and national governments mobilized quickly to address the calamity. Their actions provide important lessons for managing such disasters. First came rescue operations, requiring effective communication and coordination between city officials and police and military. Displaced people were relocated to newly created refugee camps where work could be concentrated to provide food, shelter and medical assistance. Water is critical for maintaining health both in drinking and sanitation. In addition, maternal and child health are critical to care for the most vulnerable members of society. Mobile health teams provided services to the camps, including the mass immunization of the displaced. Sadly, it is also necessary to pay special attention to HIV/AIDS because of the increased vulnerability of women and girls in times of disaster. The city and state governments developed multi-agency teams which brought needed technical skills, and psycho-social support (PSS) was pioneered to deal with the emotional and mental dislocation that attends such a disaster. Fortunately, many NGOs were willing and able to assist in all the activities.

The world also came to the rescue. The Government of India determined that it was capable of managing immediate rescue, refugee support and health maintenance. City, police and military were capable of managing search and rescue operations, and also of providing immediate cash allotments to people whose lives had been torn about by the great surge of water. It would need external assistance in the long term reconstruction and rebuilding, and it communicated this to bilateral and international aid organizations. The central government designated UNICEF as the nodal agency to coordinate international efforts, and established the National Crisis Management Committee (NCMC) for overall planning and management. An important new lesson is the need to sustain maternal and child health services, including countermeasures to trafficking in women and girls, who are highly vulnerable in times of natural disaster.

A final positive element from this natural disaster was the organization of an Asia-wide tsunami forecasting procedure. Now when an earthquake is recorded on seismographs around the world, the probability of a tsunami can be determined and relevant countries and coastal areas that will be affected can be warned.
Dr. Nguyen The Hung, Professor, Danang University

Best Practice Report:
Danang - A City Braced for Typhoons

Dr. Nguyen The Hung explained how Danang’s experience of natural disasters and high levels of preparedness averted huge loss of life in the 2006 Xangsane Typhoon.

At three o’clock on the morning of October 1, 2006, typhoon Xangsane slammed into Danang. It was the most devastating storm the city had experienced in 70 years, but not the only one. Since 1981, Danang has experienced 20 years of highly destructive typhoons and floods, costing the country 9,500 billion Vietnamese Dong. Typhoon Xangsane alone cost more than half of that total: 5,300 billion Dong, but the 35 people killed or missing from Xangsane constitute only 7 percent of the lives lost to typhoons and floods over the past 27 years. The reason for this lies in the lessons Vietnam and Danang have learned and their capacity to turn those lessons into effective actions.

Typhoon Xangsane began, as so many do, in the warm waters east of the Philippines around the 25th of September, 2006. By the 27th it was identified as a major storm heading for Danang. The Vietnamese government obtains storm warnings from its standing Central Committee for Flood and Storm Control of Vietnam (CCFSCV).

As soon as the government got this weather report, it established a Front Line Steering Committee in Danang City, directed by the deputy Prime Minister Nguyen Sinh Hung. The committee mobilized all police, military and civilian forces in Danang to prepare for the storm. The Defense Department ordered its forces to evacuate all vulnerable persons by 5 PM September 30. It was also important to warn all fishing and cargo boats in the area to seek shelter. This was done by navy and air force ships, cargo planes and helicopters. All 2,019 ships and boats from Danang returned to port and safety by September 29. The foreign ministry formally requested that China, Indonesia and Malaysia to permit Vietnamese ships to seek shelter in their ports.

Perhaps most important was the evacuation of over 10,000 households with near 40,000 people from vulnerable places in Danang to safe shelters. They were provided with food, water, sanitation services, and extensive medical and child health care. The capacity of the government to identify vulnerable people and move them to safety is most significant. The Danang Health department could readily identify the 46 newborn babies and their mothers and be sure they were in safe lodgings. One expectant mother was even taken from a district hospital to Danang, most fortunately, because the delivery room at the district hospital collapsed in the storm. Another 57 deliveries were made during the storm; 45 were natural births and 12 required Caesarian Section. This reflects the special attention given to maternal and child health in the overall planning and coordination in preparing for the storm.

There are many lessons to be learned from this typhoon. First is the importance of having good weather forecasts. Since 2001 Vietnam has been connected to a powerful regional weather forecasting system in which many countries and international organizations are involved. Along with this is the ability to take precautionary actions when a storm in predicted. There is always the danger that storm warnings will not be heeded, since sometimes they are not followed by catastrophes. Fortunately the Vietnamese government is sufficiently cautious to take all warnings seriously. The huge saving in human life, however, is attributed to the combining of evacuation and sustaining critical health services, especially for the most vulnerable people, under the effective organization the national and city governments have put in place.
Maternal and Child Health Care Services of Kobe City

Ms. Naoko Kato explained maternal and child health care provision in Kobe, and the importance of community networks of support and information as countermeasures to the effects of a natural disaster.

With a Total Fertility Rate (TFR) of 1.15, Kobe, as the rest of Japan, is heading towards a predicted ‘Super Ageing Society’. Economic burdens of child rearing and a lack of family support mean many women hesitate to have children.

In Kobe, all expectant mothers are interviewed at ward offices, to provide support and ascertain who is in need of healthcare/home visits, or would especially be at risk in a disaster. They are made to feel at ease and free to return anytime, and are issued a ‘maternal and child health handbook’, which is a healthcare and child-rearing guide and a record of mother and child’s medical information for health workers. Healthcare is then administered by collaboration between ward offices and health agencies/organizations.

Underweight births are increasing due to smoking or dieting during pregnancy. Lectures, group events, nutrition education and check-ups are organized in public places like kindergartens and local halls, and nurses are dispatched to the families of all newborns to hear concerns and provide support. Premature birth records at medical institutions are also used to provide support.

With urbanization, social advancements and the nuclear family, women have few people to consult when mentally and physically unstable, perhaps suffering from isolation, child-rearing neurosis, anxiety, or even postnatal depression (detected, for example, by the Edinburgh Postnatal Depression Scale). Work is undertaken with schools to gather information and clarify who is at risk of child abuse or in need of prompt support. Then childcare or housekeeping assistance is administered through health centers, and the potential abuse of children is prevented, through a community-wide ‘childcare support network’.

Fathers’ participation in child rearing is promoted through city-sponsored classes held on weekends and holidays.

Locally formed Disaster Prevention and Welfare Communities provide advice on health and safety and accident prevention. Parents are taught the dangers of burns, ingestion and other domestic accidents, given earthquake safety information, such as positioning furniture safely, and taught to keep flammables away from cooking stoves and lock bathroom doors from the outside if water is stored overnight.

Citizens’ paramedic license courses are offered on practical first aid, CPR (Cardiopulmonary Resuscitation), and AED (Automated External Defibrillator), the most effective life saving measure for cardiac respiratory arrest.

Amongst youths in Japan, abortion, drug abuse, suicide and cases of sexually transmitted diseases (STDs) are increasing, and mental issues (eg. psychosomatic), truancy and social withdrawal are also becoming social problems. Peer and professional counseling programs are offered at health centers and schools, to identify problem roots and increase awareness, self esteem, independence and mutual respect, and encourage family reconciliation. Elementary and Junior high students learn to interact with babies, and lectures and booklets on reproductive health are issued.

To prepare a community for a natural disaster, it is necessary to take steps in normal time to do the following:
- understand local conditions and latent healthcare needs;
- keep updated lists of people who would need special medical care, and each jurisdiction’s facilities and human resources (government, NPOs, volunteer groups, medical and welfare workers);
- create and utilize networks for organizations to decide roles and leaders in a disaster situation;
- confirm a channel of communication to disseminate disaster information; and
- create and promote regional disaster prevention communities to disseminate information on disaster preparedness.

In times of actual disaster, certain factors enable effective provision of medical and health care:
- flexible services to respond to changeable conditions and requirements;
- consideration of impacts on water, food, hygiene, sewage, waste infrastructure and utility services;
- provision of both physical and counseling care services, and evacuation centers offering protection and privacy;
- special care for senior and physically or mentally disabled citizens; and
- partnerships among healthcare and medical personnel, and promotion of team-based activities.

Over time, steps should be taken to create and maintain new relations, administration services and information dissemination systems in all local communities.
On 30 August, AUICK workshop participants visited the WHO Kobe Center, to learn about its role as part of a network of worldwide research institutions utilizing global knowledge to respond to local concerns and needs. Director Dr. Soichiro Iwao welcomed the participants to the center, and urged them to sustain momentum for global health security and the achievement of the Millennium Development Goals. Technical Officer Dr. Jostacio Lapitan then presented the activities of the center in detail.

Established in 1995, the center conducts research into the health consequences of social, economic, environmental and technical changes, and the implications of health policies, strengthening partnerships between government, health authorities and practitioners, communities and the general public. Projects also aid disadvantaged citizens and slum dwellers, the latter numbering one billion people worldwide.

In terms of reproductive health, WHO supports safe motherhood, prevention and care of sexually transmitted diseases (STIs), family planning, and protection from and response to sexual and gender-based violence (GBV). Each year there are 600,000 deaths from pregnancy complications. Maternal mortality rates increase with delays in recognition, referral, and responsiveness. They are reduced by educating on reproductive health, providing more midwives, bringing referral closer to women, cutting physical and bureaucratic distance (especially in urban areas), and improving facilities health centers.

In terms of child care, WHO works to prevent children’s diseases, such as Diarrheal diseases, ARI (Acute Respiratory Infection), Malnutrition, Malaria, Measles, etc, to help families to care for sick children at home, and to get children to clinics or hospitals when necessary. Through partnerships with humanitarian organizations, WHO provides tools and supplies for health care, such as reproductive health checklists and emergency health kits.

Investment in the poorest areas requires the following:
- Political commitment - e.g. from city mayors;
- Good governance of projects undertaken;
- Appropriate investment (budget/ corporate investment);
- The right strategy according to vulnerable populations;
- Policy and legislations written for review and guidance;
- Public/ private/ NGO partnerships; and
- Timing – ceasing opportunities. Already 600,000 women die each year, so extraordinary action is necessary.

Lack of political commitment is often blamed for projects failing. Effective and sustained commitment requires 3 steps:
1. Strong statements from the head of an administration that something is going to happen.
2. An appropriate structure linking the center to the village levels to provide services and keep the project alive.
3. The right person chosen and supported to lead a project through various obstacles.

Best practices on health care and disaster preparedness in one country should be adopted by other countries. A guide is the Hyogo Framework for Action 2005-2015, which was signed by 168 countries.

Dr. Kirsten Havemann explained the importance of focusing on local context, actual resources, and social, cultural and economic realities faced.

It is easy to give recommendations from a global level, but vital to focus on the realities of existing local situations.

In an area with limited maternal health facilities, such as rural Afghanistan, where a baby is born in minus 10 degrees, maternal and child health care is a crisis situation in itself.

There is a clear link between all MDGs and reproductive health and rights of women. Accountable systems and partnerships have to be built to improve health care for women and children, especially in urban slums.

Dr. Havemann expressed her hope that workshops would create networks needed for health provision. As data in countries like Afghanistan show that it is a disaster that cannot be overlooked, why do we not treat child and maternal mortality as a disaster in itself, requiring concerted efforts for action?
Disaster Reduction and Human Renovation Museum

To preserve the memory of the Great Hanshin-Awaji Earthquake of January 17, 1995, the city of Kobe has created a unique and beautiful museum. It provides movies and life-like presentations of the actual earthquake, extensive pictures and artifacts, and a series of interesting hands-on experiments people can undertake to understand better what the earthquake was and what it did to people. The workshop participants made a visit to the museum on 30 August, 2007, after having a presentation on the quake and the lessons the city learned from it.

Hyogo Kobe Children's Hospital

On August 31, 2007, the workshop group visited the Hyogo Prefectural Children's Hospital, guided by Vice-Director Dr. Eiji Nishijima. Given the large number of medical doctors in this workshop, there was great interest in the hospital. This is a 260 bed maternal and child health hospital. It has 130 medical doctors, 260 nurses and a 16 bed neonatal ward. Being a government hospital, its services are free to all. This was one of the hospitals severely damaged during the earthquake. One floor collapsed, requiring extreme efforts to rescue the patients. Fortunately there were no deaths. In the aftermath the damaged floor was rebuilt and additional supports were installed to make the hospital more quake proof. The hospital is a very advanced state of the art maternity and children’s hospital.

Supports to prevent earthquake damage

Courtesy Call on Mayor of Kobe City

On 3 September 2007, the workshop participants and resource persons visited Kobe City Hall to pay a courtesy call on the Mayor of Kobe, Mr. Tatsuo Yada, with members of the AUICK International Advisory Committee.
On the afternoon of 31 June, the workshop participants visited the Kobe City College of Nursing to hear of their work on MCH in the earthquake. First, they heard details of maternal and child health conditions affected by the earthquake.

A survey immediately after the Great Hanshin-Awaji Earthquake disclosed that 9% of the hospitals of Kobe were completely collapsed, 19% showed no damage, 6% were half collapsed and 66% were partially collapsed. Eighteen undamaged facilities admitted 150 pregnant women, nursing mothers and cases of puerperal fever shortly after the quake. One woman, 33 weeks pregnant, was rescued from a collapsed house, admitted and examined but then discharged with no problems.

In neonatal wards the situation was often more serious. In some cases, incubator intravenous feeding lines became disconnected. Backup generators kept respirators going in some facilities; where these failed Ambu bags were used. Since the quake hit early in the morning, there was a shortage of staff to transport newborn babies.

Important lessons were learned. Shelves and materials on shelves must be secured from falling. Medicines and equipment must be secured and protected from falling and damage. It is also especially important to keep spaces around emergency exits free from obstruction. Major problems involve keeping warm, providing meals, providing for toileting and personal hygiene, and protecting a sterile environment where it is needed. New checklists have been prepared on the stockpiling of needed medicines and supplies to last until assistance can be obtained.

More subtle lessons learned from the earthquake through surveying pregnant women and new mothers. Pregnant women were naturally concerned about their pregnancy and the safety of the fetus. All were concerned about maintaining personal hygiene, facilities and services available and possible separation from husbands and children.

Important lessons were also learned about what pregnant women and new mothers want from caregivers and the health system. They want the system to be able to keep tabs on them, to know who they are and where they are; and they want an efficient exchange of personal records and data among delivery services. They want medical examinations to be sure they and their pregnancies are safe. They want secure facilities and a food supply of not only medicines but important sundries. They also want effective mental health care. They reported being more satisfied and reassured when a midwife or caregiver smiled, and spoke gently and reassuringly. They want their husbands to be able to be present, and they want careful medical examinations.

From this information, Prof. Takada helped develop pre-disaster preparedness procedures that are now being followed. Manuals for midwives have been prepared to let people know what to do and what preliminary measures must be taken. There must be a checking of emergency supplies, the performance of realistic and extensive emergency drills, a checking of the disaster network and the providing of disaster education for midwives and pregnant women. To assist in identifying staff during an emergency, midwives wear a white torso cover with symbols front and back clearly identifying them as midwives.

A special maternity passbook has been developed that provides a clear record of past examinations and current needs. A simple emergency delivery kit has been developed, with sterile sheets, scissors and other needed material for a delivery when utility services are suspended. These are priced at 2500 yen and are available for all midwives.

By carefully surveying facilities, staff and especially patients after the earthquake, this group has articulated clearly the lessons learned and have helped develop preparedness measures now in place in Kobe. The hope is that these will help sustain good maternal and child health care services in a natural disaster.
Dr. Masaharu Uemoto, Professor, Kobe City Nursing School

Mental Care for School Children in Natural Disasters

A major disaster such as the Great Hanshin-Awaji Earthquake can induce intense and long-term psychic trauma through the disaster itself and the ensuing environmental changes. Dr. Masaharu Uemoto explained changes in the psyche of children who have experienced a disaster, and outlined how they should be treated, based on experiences and research results.

The Great Hanshin-Awaji Earthquake in Kobe caused great concern about disaster experience impacts on children and their development. Surveys highlighted the problems elementary and junior high school students in disaster areas faced, and how they changed over time. In one study, around 9000 school children in the 3rd, 5th and 8th grades living in the disaster area were studied over a two-year period.

Many children had various tragic and traumatic experiences. Symptoms at the time included:
- increased sensitivity and fear of noise;
- regression to baby/infant behavior;
- sleep-related problems: fear of darkness or dying in sleep;
- emotional instability of older children: concentration problems/short temper/playing violently; and
- psychosomatic symptoms: after six months, some older children who had developed a particular problem right after the disaster began to show symptoms such as tics, alopecia areata, headaches, and abdominal pain.

Three factors emerged from the children's responses to the earthquake:
- direct fear or anxiety; depression / terror of the earthquake itself or the fear of its recurrence;
- psychosomatic symptoms; prosociality / low spirits, decline in vitality, fatigue, and psychosomatic symptoms such as headache and dizziness; and
- support-directed orientation.

Immediately after a disaster, people often feel upsurges of emotion with high morale and make efforts to help each other. With time, tiredness and depression are caused by the realization of the reality of the disaster aftermath, such as the huge losses suffered.

In children observed, the degree of "direct fear or anxiety" lowered with time, while that of "depression/psychosomatic symptoms" peaked after six months and then slowed down. Psychosomatic symptoms appeared later and lasted longer. Younger subjects experienced more symptoms and girls reacted more strongly and their depressive symptoms lasted longer. In this phase, symptoms shown included:
- muteness;
- fear of being separated from a parent;
- fear of returning home;
- thumb-sucking or nail-biting;
- insomnia/fear of darkness;
- fear of being asleep;
- night terror, night crying, night enuresis, pollakiuria;
- bulimia;
- increased sensitivity to noise or rumbling, concentration problems;
- aggressive behavior, irritation, playing in a violent manner;
- isolation;
- alopecia areata, tics, abdominal pain; and
- school phobia.

In Kobe, psychiatrists and clinical psychotherapists provide mental health care through the Kobe Municipal Children and Family Counseling Center. After the earthquake, volunteers provided telephone counseling, and on-site counseling at elementary school evacuation shelters.

Earthquake experiences made people aware of the urgent need for a system to provide mental health care for children. Efforts began to establish a broader system of support, such as stationing a school counselor in each junior high school.

Cooperative efforts with teachers, parents and medical institutions are also needed. In Kobe, an extensive system is planned, with a school health care room at its core, and resources inside and outside schools. The system has a "double loop" structure of cooperation. One loop is within the school, involving teachers, administrators, school nurses, and school counselors. With regularly visiting medical professionals (psychiatrists or clinical psychologists), they monitor each child with problems, and regularly exchange opinions and plan effective treatment. The second loop is with resources outside school. Families, communities, government agencies and medical institutions make cooperative efforts to monitor children.

It is important to develop and maintain a mental support system for children, taking into account social and cultural situations, in addition to Post Traumatic Stress Disorder (PTSD) or other psychological problems, but this is also a preventative system designed to help all children, not only those categorized as having mental health issues.

Government participation also improves school life for children. In Japan, 10 child mental health school pilot projects have started with the Ministry of Education. Although very effective and highly evaluated, they require more child mental health professionals.

An effective core nurse system to link children to counselors and teachers must be developed, and connected with hospitals, families and the community. Through a cooperative network of increased awareness of the emotional and psychosomatic symptoms of child mental illness, steps can be taken to both prevent and cure the conditions, both in normal times and in the traumatic aftermath of a disaster.
UNFPA Forum

Maternal and Child Health Care in Natural Disasters – Roles of Local Government

An Open Forum Discussion, 'Maternal and Child Health Care in Natural Disasters - The Roles of Local Government', was arranged by AUICK with UNFPA on 3 September, 2007. It was designed to provide an opportunity for the sharing of ideas among workshop participants and representatives from UNFPA, the Japanese Ministry of Foreign Affairs, UNCDR, WHO and Kobe City Government. Citizens of Kobe also attended, as key sponsors of the AUICK project.

Executive Director of AUICK, Mr. Manabu Shinya, opened the discussion by welcoming the participants and highlighting the importance of awareness and understanding of matters concerning the provision of health care.

Introduced by AUICK President, Dr. Hirofumi Ando, the Deputy Executive Director of UNFPA, Dr. Mari Simonen, then spoke on Maternal and Child Health Care from the viewpoint of UNFPA.

The number of people and countries affected by natural disasters and emergencies is increasing. In disaster planning, food, water and shelter come to mind first, but pregnancies and deliveries continue even when health care systems are devastated. UNFPA highlights the need to consider the reproductive health of communities, especially women, in disaster preparedness. Women’s vital roles are often not explicitly on the minds of policy makers, but as backbones of families and community economic and social support and cohesion, their burden is multiplied when disaster strikes. Their safety, dignity and health in emergencies need to be recognized and looked after through a gender-based approach to planning and programming.

In a crisis or refugee situation, one in every five women of child bearing age is likely to be pregnant. Trauma and gender-based sexual violence occur as law and order are disrupted. Women and young people become more vulnerable to HIV infection, especially in the case of conflict areas, where rape is used as a weapon of war.

People need information on HIV/AIDS and sexual gender-based violence issues, and ideas and power to organize services, media campaigns, life skills education, counseling, testing, and safe spaces in camp settings for women to talk about the issues which may be seen as shameful in their society.

In conflict and disaster situations, emergency services need to immediately distribute supplies to make pregnancies and deliveries safer, such as clean delivery kits (including basic razor blades and string for cutting and tying umbilical cords). Only with advance planning can they be procured quickly.

As a situation develops, other support is necessary for deliveries, varying from helping set up delivery rooms, to providing mobile health clinics and transportation (such as motorcycles). Most critical is the first 48 hours after delivery, when up to 50% of maternity deaths occur.

In a disaster, family planning too can be overlooked. Its inclusion in emergency response is important as a measure to protect the lives and well-being of women and children.

Identifying and building on locally available capacities is the best way, not starting from scratch. There are a number of very useful tools and guidelines available internationally to refer to. Internationally agreed guidance on gender-based violence, HIV/AIDS interventions in a humanitarian setting, reproductive health and minimum initial service packages have been defined with WHO and other agencies.

Working together is vital, as no one has sufficient expertise alone. UNFPA reaches out to as many partners as possible. International humanitarian organizations have committed to work together closely, and to the principles of partnership: equality; transparency (on activities of each and information sharing); being results oriented (clarifying what to achieve); respectfulness (activities complementing each other); and responsibility (of people, communities and tax payers).
On behalf of UNFPA, Dr. Mari Simonen thanked the government of Japan for its support to humanitarian efforts around the world. AAC participants then explained their cities' experiences in health care provision and natural disasters.

Questions and Answers

UNFPA works in many countries. How are cultural divides bridged?
The ICPD Programme of Action guides UNFPA's work, but UNFPA does not advocate for one standard approach for every country. On the contrary, UNFPA advocates for culturally-sensitive approaches that take into account and respect local values and beliefs. Understanding local culture is a better way to promote change. We must find what is good and valuable in a community, build on it and let locals come up with their own solution.

How is violence against women and children managed? Does UNFPA work with the legal/justice system?
Violence against women is a difficult issue, and is often taboo. It is important to find a safe space for those subjected to violence to speak and understand that they are not alone in their suffering. Part of the help is also legal, working with law-enforcement agencies, setting up domestic violence units in police stations, to address the issue.

The Kobe citizens in attendance were asked how much they remember the Hanshin-Awaji earthquake, and how they are prepared for future earthquakes.
The impact lingers for those paying for rebuilt homes. Citizens should be informed that earthquakes can happen any time, and anywhere. In Kobe, awareness is raised by volunteer groups and fire departments, and is higher where earthquakes are commonplace. Elsewhere, however, drilling and training are not so popular.

A large earthquake is expected in the Tonankai area by 2050.

Should governments be pressed to comprehensively define semi-disasters (e.g. yearly flooding), so that preparedness strategies can be developed and assistance provided when just several families in a community are affected?
Where 'mini-disasters' regularly occur, local systems should address them. Even when a disaster affects just a few people, it is worthy of attention, and political systems should have schemes to take care of the vulnerable, regardless of their numbers.

All governments have to plan to help poor families immediately after disasters, through epidemic control and vaccination programs. Are voluntary family planning programmes also possible?
Neglecting family planning can have serious consequences, including unsafe abortions resulting from unwanted pregnancies. Restoring access to safe, effective contraception must be a priority in immediate emergency response. It is important that donors make a comprehensive, coordinated plan, hold each other accountable, and avoid scattered, separate activities. It is also important to provide information and protection against HIV/AIDS and other sexually transmitted diseases.

Disasters can be manmade or natural, so we need to be prepared as communities and people, and we can be. Major international efforts are being made to prepare for such outbreaks as Avian influenza. There are so many disasters, so management strength, time and money are needed to plan together for them. If a disaster strikes, it is too late. Let's commit ourselves to being rigorous in planning for something.

Dr. Gayl D. Ness summarized the discussion by thanking the citizens of Kobe and UNFPA for their support. As the importance of disaster preparedness has been learned, both training and awareness have to be maintained by all citizens.

Information on UNFPA activities is available on its website (www.unfpa.org)

Action Plan Guidelines

All AUICK workshop participants make an action plan to address problems in their cities relevant to the workshop theme, with the aim of improving services. This is based on lessons are learned through presentations, discussions and site visits. Time is given for the planning, drafting and presenting of the plans, and participants are assisted by the AUICK Secretariat and each other. Guidelines on formulation and implementation advise participants to:

1. Define the problem(s) briefly and clearly
2. Select objectives which are i) "do-able", in view of their position and financial and political constraints; and ii) achievable in a reasonable time-frame (within 2 years).

A list of steps/ actions to be carried out under the plans should be designed to achieve:
1. Administrative support
2. Financial resources
3. Political/popular support: community or religious leaders' and media support

A chronological time frame of actions is then made with:
1. Sequential, simultaneous or staggered actions
2. Some steps to depend on others
3. Some steps to be undertaken together

A flow chart or calendar form is used for:
1. Easy reference and an over-all view
2. Better monitoring of the plan's progress

The resulting Action Plans of the Second 2007 Workshop are shown on the following pages.
City Reports and Action Plans

Chittagong

Dr. Shahana Perveen explained Chittagong's history of natural disasters, and her plan to develop a disaster management core committee.

The City
Situated on the Bay of Bengal, drained by a good river (the Karanaphuli) and backed with lush green hills, this large seaport of 4 million people has known a number of natural disasters. One of the most severe was a cyclone and tidal bore in 1991 that destroyed large parts of both the city and its surrounding rural areas, and took the lives of an estimated 3 lacs (300,000) people, as well as many animals. The whole of the city collapsed for about 7-10 days, and the water and electricity supplies as well as other essential services were totally destroyed. In 1997, an earthquake registering 6.2 on the Richter Scale hit the city, killing 22 people. Fires in slums and garment factories wiped out many slum dwellings and killed 52 in 2006 and 21 in 2007. Heavy rains hit the city again in June 2007, causing extensive flooding and massive mud slides where slums had been built into the hill sides. This took the lives of 116 people and left hundreds homeless.

Rapid population growth and urbanization in a desperately poor country imply weak development of the physical and governmental infrastructure needed to provide protection. The primary health care and maternal and child health care systems have improved steadily over the years. Each disaster does provide more experience in organizing both the government and private resources for help. One bright spot is the strong indigenous development of Non-Governmental Organizations found throughout Bangladesh. These are increasingly called upon to assist government services in providing relief.

One of the things the city lacks is any form of regular crisis management structure that can deal with its natural disasters. This means that each new disaster comes as something of a fresh experience and that the city has no organized capacity to learn from those experiences and to increase its preparedness.

The Proposed Action Plan
The action plan developed by Dr. Shahana Perveen aims to take a major step forward by developing a disaster management core committee headed by the Mayor. Although her plan focuses on a crisis management organization for Maternal and Child Health care, it is sure to help the city administration to be prepared in a more general way, as well for the disasters that come with some frequency. This will bring together relevant city officials to plan for any disaster. It will also work out ways to create a more acute awareness among the general public about what can be done to reduce the devastation of a natural disaster.


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August 2008 15 AUICK Newsletter No.50
Ms. Peng Xia outlined her plan for community-wide preparedness to help cope with the city's susceptibility to extreme weather conditions.

The City
China's leading "environmentally friendly city" Weihai is also blessed by a protective geography. Situated at the end of the Shandong Peninsula, it has experienced few earthquakes and no real typhoons or tsunamis. For "natural disasters, it has primarily known only severe weather.

For two days in June 1993, the city suffered an exceptionally heavy rainstorm. Heavy wind and drenching rain caused local floods, left four people dead and 13 injured. In 2004, heavy rains and winds came again, and in 2006 a heavy winter snow storm hit the city. It snowed continuously for more than two weeks, leaving snow depths up to 2.5 meters, setting a record for the past 50 years. Sea, land and air traffic came to a halt; 360,000 square meters of factory buildings and 270 homes collapsed under the weight of the snow. Two people died and 3 were injured.

None of these storms called for more than regular emergency activities. Special efforts were made to keep the maternal and child health care services operating effectively. However, the city's emergent rescue system can be slow to react and lacks drilling. Also, there is not close coordination among people in the community. This means there is a lack of mutual association, concern and help. So the city needs to enhance the level of disaster prevention and the emergency response capacity, and also develop disaster-prevention awareness, preparedness and welfare in the community.

The Proposed Action Plan
In order to bring about community-wide preparedness for future disasters which may occur in the city, the action plan aims to develop a 'disaster prevention welfare community' in Weihai. The community will be headed and funded by the local government, and will incorporate various departments. Its two main tasks will be to improve emergency response capacity, and to establish community partnerships for the sharing of knowledge and information on disaster preparedness. The plan will also incorporate a Community Development School, and will rally support from the local media to promote its various activities.


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<td>1. Present a report to Weihai City Government</td>
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<td>2. Set up Weihai City Development of Disaster Prevention Welfare Community Committee</td>
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<td>3. Formulate a general plan for the development of the Disaster Prevention Community</td>
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<td>4. Hold a meeting to discuss the general plan</td>
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<td>5. Revise the general plan</td>
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<td>6. Hold a meeting to disseminate and distribute the plan, put plan into effect</td>
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<td>7. Investigate and research, solicit opinions from all sides, finish the municipal ordinance on the safety promotion of Weihai citizens</td>
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<td>8. Municipal ordinance on the safety of Weihai citizens is promulgated and put into effect</td>
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<td>9. Finish the setting up of the Community Development School</td>
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<td>10. Finish promotion of the Disaster Prevention Community Project</td>
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<td>11. Finish the maps of local danger zones of every community</td>
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<td>12. Give guidance and examine the work of every community</td>
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Weihai Action Plan Time Frame (2): June – October 2009

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<td>14. Hold a meeting to sum up the exchanges of experience and information, and to promote the development of the Disaster Welfare Community</td>
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Chennai

The city of Chennai was greatly affected by the 2004 Sumatra earthquake tsunami. Ms. Usha Kakarla outlined the city's recovery efforts, and her plan for maternal and child healthcare provision in the event of flooding.

The City

Lying on a flat plain with a low shelving beach, in the southeast corner of India, Chennai is subject to cyclones, floods, and Tsunamis, natural disasters that bring epidemics to add to the physical and human destruction. That parts of the city are under sea level only adds to the city's vulnerability when the natural disasters strike.

The city of more than four million has grown rapidly in the past half century to be a major sea and fishing port and India's fourth largest city. It has also seen the progressive development of an effective urban infrastructure. Its primary and maternal and child health care systems provide effective immunization and reproductive health services. An extensive system of clinics staffed with trained professionals provides good public service, abetted by an equally extensive private medical system.

The most recent very serious natural disaster to hit Chennai was the great Tsunami of 2004. This brought death to more than 10,000, destroyed over 125,000 homes and hundreds of fishing boats as well as port and rail facilities. However, the destruction was limited to the immediate coastal area, leaving the resources of the rest of the city available to assist in rescue and rehabilitation. Some 30,000 survivors were sheltered in rapidly developed relocation centers provided with medical facilities, food, water and sanitary facilities, and fogged for vector control. A measles vaccination campaign was speedily launched in the affected areas, using the disaster as an opportunity to promote child health.

Steps were taken to protect against trafficking; and HIV services were added.

Crisis Management Committees, though, lack special attention to maternal and child health care. Women and children are typically the most vulnerable members of society and are often hardest hit by natural disasters.

The Proposed Action Plan

Ms. Usha Kakarla developed a plan of action to address this issue. The project basically aims to create a structure to plan for maternal and child health care during the predictable annual flooding. This will focus on preparedness for the first 48 hours after the disaster, when large scale outside help has not yet arrived. The plan will evaluate the risk of flooding for all areas of Chennai, produce maps of risk areas and safe areas, locate safe shelter areas, and plan for the mobilization of relevant officials to deal with the flooding. It will also plan for the stockpiling of medicines, water and equipment at designated shelter areas, and especially for water, washing and sanitary facilities where women and children have special needs and where they are often most vulnerable.

The plan will call for all relevant agencies to develop their own disaster plans, closely integrated with the city wide plan. A locally appointed disaster coordinator will be responsible for linking government and NGO services at the local level.


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<td>4. Preparation of various training modules</td>
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<td>5. Expansion of Disaster Coordination Committee</td>
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<td>9. Choosing of field staff and experienced NGOs for delivery of training modules to community</td>
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August 2008

AUICK Newsletter No.50
As Surabaya experiences few natural disasters, Dr. Ina Aniati developed a plan to raise citizens’ awareness of the phenomena.

The City
Lying on the northeast coast of the island of Java, Surabaya is Indonesia’s second largest city and a major port. With a history stretching back more than a thousand years, the city has always been a major center of Indonesian, or east Javanese, life. Surabaya has scarcely known a natural disaster. Even the yearly flooding seldom requires the evacuation of affected citizens.

Surabaya’s 62 primary and maternal and child health care systems have grown increasingly since independence 61 years ago. It now has 53 Public Health Centers supporting 67 sub-health centers that can bring good care within close reach of the citizens. At the local community level there are over 2700 Integrated Health Posts with trained staff and community volunteers. These are concerned with training in public and personal health and are points of referral to the upper levels of the system. The current five year focus of the Ministry of Health is the reducing of neonatal, infant and maternal mortality rates through a Child Survival, Growth and Development Strategy and a Making Pregnancy Safer (MPS) strategy. This is increasing the number of deliveries managed by trained health personnel, providing better management of pregnancy complications and continuing the effective family planning work to reduce unwanted pregnancies. All of this development has given the city a relatively high level of reproductive health.

Preparedness to overcome disasters has improved, with the training of doctors, nurses and community health workers on emergency management.

There is, however, a lack of awareness of the characteristics and effects of a natural disaster, and how to deal with situations that arise in the event of such phenomena. The city does not have an adequate information system to let the public know how to prepare for and deal with an emerging disaster, and early warning systems are required to predict the types of disaster that can be foreseen. Equipment is also necessary to provide assistance and welfare to the public in the event of a disaster, especially that which is necessary to provide maternal and child health care.

The Proposed Action Plan
The action plan developed by Dr. Aniati aims to build public awareness of the possible effects and actions to be taken in the occurrence of natural disasters. After consultations within the City Health Office, a Task Force for Disaster Management will disseminate information and guidance to local health care workers, family welfare organizations and the public through seminars and media campaigns. Local and sub-district maps informing citizens of danger zones in the event of disasters will also be drawn up, and the participation of companies to help the dissemination process will be sought.


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<td>1. Discussion with other divisions of city health office</td>
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<td>2. Report / submit the proposals to the mayor</td>
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<td>3. Dissemination / consolidating the Task Force for Disaster Management</td>
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<td>4. Dissemination to related sectors (concerning MCH)</td>
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<td>5. Seminar for head of PHC and head of sub-district</td>
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<td>6. Seminar for community health workers and family welfare organizations</td>
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<td>7. Promotion of public awareness (mass media / leaflets)</td>
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<td>8. Making of maps of local danger zones</td>
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<td>9. Encouraging more companies to join the project</td>
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<td>10. Assistance in making maps of sub-district danger zones</td>
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Kuantan

Kuantan often experiences flooding. Dr. Marlia Mohammad Salleh saw the need for maternal and child health care to be incorporated into contingency planning.

The City
Situated on the East Coast of Peninsular Malaysia, Kuantan has grown substantially since Malaysia’s independence in 1957. It is now a transportation, commercial and educational center of near half a million. Like most of Malaysia, Kuantan is relatively well protected, off the major track of the earthquakes, volcanoes and typhoons that plague so much of Asia. It does, however, have heavy rains in the monsoon season that dominates the climate of all of South and Southeast Asia. The most severe recent flood occurred in 2001, when some 8,000 people had to be evacuated. Two years later, less than 2,000 people were evacuated in a subsequent flood. Since then, the number of evacuees has constantly declined; in 2006 only 200 people had to be moved during the monsoon floods. As expected, government efforts at flood control and reservoir construction have had a positive effect.

Maternal and Child Health services have grown steadily and dramatically since independence. However, there are other issues besides this which need to be looked into. Areas lacking are: community involvement/participation in the existing contingency plan; training and educational programs for the local community; support from the relevant agencies to take actions needed by the community, especially in the event of a disaster; and awareness on behalf of the community regarding disaster preparedness.

The Proposed Action Plan
Two action plans proposed are a plan to improve maternal and child health care during natural disasters, and a plan for a disaster prevention/management welfare community project.

A national security department developed contingency plan will be adapted and used at the state and district levels in disaster planning and management. Kuantan district already has a well developed contingency plan. However, based on input from the workshop, the maternal and child health component needs to be strengthened. Every year the plan will be reviewed and updated in the meetings of the main committee on disaster management, which issues instructions from the disaster operation room and is also responsible as the information coordination center. The chairman of the committee is the District Officer and the secretariat is the national security division of Kuantan district.

As a second action plan component, a Disaster Management Welfare Community will be promoted. The community will be trained in disaster preparedness, and a school project will be set up to increase awareness among children. ‘Hazard maps’ of danger areas in times of flooding and other disasters will be drawn up by community members, and health education will also be more widely provided.


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<td>2. Meeting with Kuantan Health Office and head of O+G department</td>
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<td>6. Presentation to mayor and National Security Unit of Kuantan</td>
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<td><strong>Step 2: Implementation of the two action plans</strong></td>
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<td>2. Inviting key community leaders</td>
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Dr. Masooma Sardar explained health issues in Faisalabad, and the need for her plan for a disaster management cell as part of the city government.

The City

Faisalabad lies on a flat stretch of the great Indus Valley. It is a relatively new city, now a major center of textiles. Its geographic position provides important protection from natural disasters. The earthquakes that have devastated Pakistan lie far to the north and west. The arid climate gives it ten months of virtually no rain and only about 2 inches during the summer monsoon.

In 2006, an epidemic of gastrointestinal disease brought an estimated 10,000 patients to the city’s health system. The system was unprepared for the disaster and was rather slow to respond. Emergency centers were established ultimately directing house visits with instructions on producing clean water and managing the disease.

Since then a new system has been established to deal with such emergencies, and also to upgrade the regular services. There are now some 286 clinics with 289 doctors and over 1,000 other medical personnel. District Health Committees have been organized throughout the city. There is also a system of lady health workers, one for every 1,000 people, or 150-200 households. These people make household visits and organize training courses on public health and family sanitation. As a result, this year the outbreak of gastrointestinal diseases in the rainy season was contained in two days.

With assistance from the World Bank, the city is also undertaking a large scale improvement in its sanitary infrastructure.

The Proposed Action Plan

Faisalabad has yet to develop structures to deal with emergency situations. Dr. Sardar developed a plan to deal with this organizational weakness. Her plan proposes the establishment of a disaster management cell in the city government, focused on maternal and child health care, but expected to grow into a more widely capable structure to deal with all manner of emergencies. The plan calls for the creation of a standing committee under the City District Nazim (chief administrative officer) to deal with the maintenance of MCH care during an emergency. It will identify members from relevant positions in government, lay out tasks and responsibilities, bring together the members for the development of specific plans, and prepare for a variety of emergencies. Dr. Sardar will also take this opportunity to increase the scope of MCH care. For this, the plan calls for the filling of all vacant MCH posts (now about 30 percent of the total), and the doubling of the MCH budget. It is an ambitious plan that will prepare the city for emergencies and also greatly improve the MCH services it now offers.


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<td>14. District Health Committee activities</td>
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Olongapo

Dr. Arnildo Castro Tamayo presented the recent history of natural disasters in Olongapo, and his plan for a Volunteer Disaster Brigade.

The City
Olongapo City lies on the West coast of the Island of Luzon, The Philippines largest island. For years a major U.S. Naval base, it was returned to the Philippines in 1992. Its location provides both advantages and hazards. The well protected harbor is one of its major advantages. But it also lies directly in the path of the typhoons that typically arise east of Luzon and track directly west toward the South China Sea and mainland Southeast Asia. This has brought a series of natural disasters when heavy rains produce destructive mudslides and flash floods, as those that hit the city in 1981, 1987 and 2006. The latter took the lives of two small children. Along with much of the Philippines, the city sits on the Pacific Rim of fire that produces earthquakes and volcanoes. In 1990 an earthquake of magnitude 5.6 hit the city, causing much physical destruction, but no loss of life. The city also lies in the shadow, and directly down wind of the great volcano Mt. Pinatubo. Its eruption in 1991, after a series of smaller quakes, killed around 300 people and displaced tens of thousands, raining heavy ash on the city.

Its long experience with natural disasters has led the new Philippines city government, under its Mayor James J. Gordon Jr., to create a set of Standard Operating Procedures for calamities and natural disasters. This was done with technical assistance from the National Disaster Coordinating Council (NDCC). These SOPs are especially significant for maternal and child health issues. The city Health Department has a year-round schedule of health officers prepared to assist in a disaster, and maintains regular stockpiles of supplies and medicines. This system is constantly updated and tested through periodic drills, directed by its own Disaster Management Office, which has a Fire and Rescue Brigade fashioned after the United States 911 system. In recognition of this work, the city is a consistent awardee of the Philippines’ Best City Disaster Coordinating Council and Best Fire and Rescue team.

For the past several years, Olongapo has experienced different disasters, natural and man made. It is imperative that the formulation of a well balanced and strengthened Disaster Volunteer Brigade be made, to effectively help the city government to address the situation in times of calamities, especially in the rural areas. It needs, therefore, the participation and assistance of each member of the community.

The Proposed Action Plan
The plan will establish a Disaster Volunteer Brigade, to enable community based preparedness for the event of a natural disaster. The members are selected to represent a wide spectrum of local business, welfare and political organizations.

After the roles and functions of the group are established, community awareness campaigns will be undertaken, and meetings and training carried out. Funding will be enhanced by various fund raising activities, and media campaigns will also improve awareness of the DVB and its activities.

| Steps / Actions                                      | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D |
|------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Meeting with Mayor                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2. Identification of members                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3. Roles and functions decided                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4. Meetings held and training carried out             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5. Private sector involvement organized               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6. Community awareness campaigns                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7. Fund raising                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 8. Monitoring / evaluation                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 9. Expected output                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Evacuation of citizens during flooding in Olongapo


August 2008

21 AUICK Newsletter No.50
Khon Kaen

Mrs. Wilasinee Samanchate outlined Khon Kaen health services and developed a plan for an MCH in disaster committee to cope with unforeseen disaster situations.

The City
Lying some 250km northeast of Bangkok, Khon Kaen is at the center of the Northeast Region. It sits on a 300 meter plateau drained by rivers that flow into the Mekong River. Though still a relatively small town of about 150,000 people, Khon Kaen is a major center for education, commerce, transportation and commerce in the Northeast.

Primary and reproductive health care have been advanced steadily with the development of urban hospitals and provincial and rural health centers. Maternal and Child Health Care services have brought immunizations to virtually all children throughout the city and even to the entire province. The national family planning program has been exceptionally successful, reducing fertility very rapidly and producing an equally rapid reduction of infant and maternal mortality rates. The city is now served by a large number of government and private hospitals, a university teaching hospital, and clinics, with 248 primary health clinics located in and around the city and the rural areas.

Other than heavy rains in the summer rainy season, with occasional flooding, the city and region have been quite free of natural disasters. There is not experience with earthquakes, volcanic eruptions or typhoons.

Although primary and maternal and child health services are now exceptionally well developed and widely available, they lack any special capacity to deal with emergencies such as natural disasters.


<table>
<thead>
<tr>
<th>Steps / Actions</th>
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<tbody>
<tr>
<td>1. Make action plan for implementation</td>
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<td>2. Present project to City Mayor</td>
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<td>3. Report action plan from AUICK workshop to MCH</td>
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<td>4. Establish MCH care in disaster committees through</td>
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<td>5. MCH care in disaster committees workshop in</td>
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<td>6. Hold meetings in Khon Kaen Municipality to develop</td>
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<td>maternal and child guidebook “When the Storm is</td>
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<td>Kaen Municipality (pilot project)</td>
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<td>8. Training of one trainer per community to facilitate</td>
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<td>10. Monitoring</td>
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Khon Kaen University Hospital

The Proposed Action Plan
Mrs. Wilasinee Samanchate, of Khon Kaen’s Bureau of Health and Environment, developed a plan of action to increase the city’s capacity to deal with emergencies. She plans to obtain the mayor’s approval and support to create an MCH Care in Disaster Committee in the city government. This will be headed by the Mayor and will involve all relevant city officials. The committee will consider the issue of natural disasters and work out plans to be prepared for them. It will publish a series of pamphlets as guidelines for city officials, indicating actions to be taken in preparation for a disaster. The Committee will also work to make the local community more aware of the possibilities of emergencies, and show how local communities and individuals can prepare for them. It will train local community leaders to assist in community organization for emergencies.
Danang

Assisted by Dr. Tran Dinh Vinh, Dr. Kim Anh Thi Doan Vo planned to create a City Committee for MCH in Natural Disasters, to provide health care for women and children during Danang’s many storms.

The City
Danang is located roughly in the middle of Vietnam’s long coast line on the South China Sea. On a direct and open path from the typhoons that form around the Philippines and travel westward, it is subject to extremes of weather, with typhoons and floods coming with great regularity. But the country and the city have developed capacities to deal with these major natural disasters.

Heavy emphasis has been placed on promoting education and health, and Danang has benefited greatly from this, especially in the area of primary and reproductive health care. Numbers of clinics, doctors and nurses have all grown rapidly in the past decade. Its immunization program and expansion of safe birthing services have virtually eliminated newborn tetanus in the city.

Weather forecasting is now part of an integrated Asian wide network with good cooperation among all countries of the region as well as assistance from Japan and the U.S. This gave the city a week’s notice of the great typhoon that hit the city in 2006. National and city organization enabled the city to evacuate citizens, warn all fishing and cargo ships, and account for and their mothers and be sure they were in safe locations. Drugs, food, water and other necessary supplies had been stockpiled in relocation centers to be available when needed. In effect, the city and national governments have worked out highly effective strategies to sustain reproductive and maternal and child health services during these highly destructive natural disasters.

One area left to be more systematically developed concerns the maintenance of maternal and child health care during such natural disasters.

The Proposed Action Plan
Drs. Kim Anh and Vinh, developed an action plan to deal with this gap in disaster preparedness. The objectives of their plan are two: to improve MCH care during natural disasters, and to help local authorities understand the urgent need for an MCH action plan, and to gain their cooperation with the health department to achieve its goals.

To do this they will create within the city’s disaster management organization a special City Committee for MCH in Natural Disasters. This will include members of the various relevant health agencies, the central city administration and the police and military, who always play a major role in managing natural disasters. Various members will be given specific tasks and responsibilities; a central Point of Contact (POC) will be identified in a location typically safe from heavy storms and flooding. An extensive checklist will be established of tasks that need to be accomplished to achieve a good state of readiness. As is now done with disasters, after each disaster the Committee will review actions to sustain a high level of preparedness.


| Steps / Actions | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Arrange a coordination meeting with city leaders and people concerned | | | | | | | | | | | | | | | |
| 2. Designate a point of contact | | | | | | | | | | | | | | | |
| 3. Arrange committee meetings to prepare lists of action items | | | | | | | | | | | | | | | |
| 4. Track implementation status | | | | | | | | | | | | | | | |
| 5. Issue reports to city leaders | | | | | | | | | | | | | | | |
| 6. Review action items and carry out necessary modifications | | | | | | | | | | | | | | | |

Steps marked with a + are expected to be completed within the first three months. Monthly, bi-monthly, quarterly and yearly activities and targets are expected to be completed as scheduled.
Second 2007 Workshop Closing Remarks

On the concluding day of the Second 2007 Workshop, the participants gathered to share their views and suggestions. They appreciated that the workshop had provided much opportunity for interaction both among AACs and with Kobe City.

The visit to Hyogo Prefectural Kobe Children's Hospital was particularly praised for its lessons on the complexities of providing healthcare to newborn children. The explanation on MCH equipment and nursing strategies of providing healthcare to newborn children. The

The study used a dynamic modeling program called STELLA to examine relations between population, social services, air, water, energy, the economy, land use and the transportation system. These were sectors that Asian urban administrators have often told us are important for the quality of life in their cities. In each of the five cities, local teams of social scientists and urban administrators worked together to collect data on the eight sectors using the time frame 1975-2020. Actual data were collected for the years 1975-1995. Using these data and various assumptions, projections were made for the coming 25 years.

The studies provided some useful views of possible futures, but they also identified critical problems in urban management. Very often the data needed were not available, or were highly suspect. (Water quality measures exactly the same for multiple years down to three decimal points.) This led AUICK to propose an institutional arrangement so that urban administrators can more readily obtain the data they need to look into future possibilities of current conditions, without resorting to external support.

The institutional arrangement was called the City University Partnership or CUP. The idea is to organize a group of local university scientists (both natural and social) to work closely with a select group of urban administrators. Together these teams would identify the data needed, collect the data and together run possible future scenarios from the data. This would help urban administrators see some of the possible implications of current conditions and trends. Members of the CUP academic institutions will also accompany participants to the second AUICK workshop of each year, from 2008. This will increase AAC participation at AUICK workshops, and sustain the CUP system itself.

Today there are experimental projects to develop Management Information Systems (MIS) through these partnerships in three of AUICK's Associate Cities. In each case, UNFPA country offices are supporting groups of university scientists working to develop the MIS with the urban administrators, to provide information needed to better manage their cities.

The MIS unit established in Danang University has collected population, health, education, labor and economic data from different sources for analysis, from 1997 to 2006. The findings were presented to the People's Committee of Danang, and used for training in the university. They requested further data from other provinces and countries for analysis, as well as for their students to review.

Khon Kaen University scientists found existing data on the Municipality to be non-digital, incomplete and out-of-date. New data has been collected on population, poverty, education, health, HIV/AIDS and environmental indicators, pertaining to each of the Millennium Development Goals (MDGs). The next step is to use the data to project future trends for each indicator. This will assist the management and policy making of Khon Kaen Municipality.

Surabaya, Indonesia is also organizing similar teams on a larger basis, in a portion of East Java, to do the same. The mayor and government of Surabaya were invited to develop an MIS with the Indonesian Institute for Human Development and DAMANDIRI Foundation. This will be in two parts: at the city level, relying on routinely generated data by the respective agencies; and at the village level, with data generated from the hamlets.

The long term vision is that as these experiments discover how best to urbanize, in order to help administrators. They will be models that can be replicated in other cities in each country.
Abstract of Article Prepared for Publication

AUICK Action Plan Progress Report - How do you know if a workshop works?

The workshop is one of the most common tactics used in promoting any form of social and economic development. It typically involves transmitting skills and experiences from "presenters" to "participants", to give the participants greater capacities to address problems and carry out mandates. This is known as "capacity building", one of the most common stated goals in development promotion programs.

A critical problem faced is how to tell whether or not the workshop actually works. Does it impart skills and knowledge which are put to good use? Does it increase capacities and help to promote social and economic welfare?

AUICK's specific program to address this problem involves all workshop participants developing an action plan over a 2-3 day period on the theme of the workshop to take back to their cities for implementation. The plan is developed after guidelines, presentations, site visits and discussions on the policies and practices developed in Kobe and nine AUICK Associate Cities (AACs). The plans are then to be implemented by the participants upon returning to their cities, and follow-up monitoring visits and studies determine the extent of the implementation.

A study carried out in the latter half of 2007 analyzed in detail the progress of the 45 action plans developed by 9 participants from each of 5 workshops since 2005. Five reports were unobtainable due to participants' departmental transfer or demise. Reports on 40 action plans made by 37 (93%) of the other participants were submitted. Each step of the 40 plans was scored by degree of completion, from which an average score was awarded. A six-point scoring device was used:

0. - No action
1. - Preliminary Action
2. - Decision taken
3. - Beginning Action on the Plan
4. - Actions well underway
5. - Plan completed, work sustained

To demonstrate the study's scoring system, the table shows the points awarded to each of the four key steps of a plan implemented in Weihai, China.

Reflecting the second of the eight United Nations Millennium Development Goals (MDGs), the plan aims to improve primary education and achieve 100% enrollment and completion in the city. This plan was made during the AUICK Second 2005 Workshop on Universalization of Primary Education for Urban Poor. Under the plan, the city built more primary schools, extended the school bus service, and developed further teacher training to ensure that students would stay on to completion.

Two of the 40 plans were awarded 0 points, due to their discarding because of similar policy implementation in the cities concerned. Of the 38 other plans, the overall mean of the scores was 3.6 ("Beginning Action and Action Well Underway"). Seventeen of the projects score 4-5, and another 13 (34%) projects with scores of 3-3.9, have begun and are moving along. These 30 projects represent the great majority (79%) of the 38 projects planned and capable of being implemented.

### Action Plan Progress Report - How do you know if a workshop works?

<table>
<thead>
<tr>
<th>Action Plan No.</th>
<th>Action Plan Steps</th>
<th>Outcome</th>
<th>Score</th>
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<tbody>
<tr>
<td>34</td>
<td>Assure 100% primary school enrollment, improve services</td>
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<tr>
<td></td>
<td>1. Build more primary schools closer to students</td>
<td>Two rural schools built</td>
<td>4</td>
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<td></td>
<td>2. Assure free school buses</td>
<td>413 school buses in operation</td>
<td>5</td>
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<td></td>
<td>3. Develop more teacher training</td>
<td>120 qualified teachers sent to Singapore for training, 876 trained on Internet use</td>
<td>4</td>
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<td></td>
<td>4. Assure free compulsory education</td>
<td>Completed in 2006</td>
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<td>Total</td>
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**A successfully implemented Weihai action plan**

By city, Chittagong had a mean score of 2.7, while three cities had mean scores of 4 or more: Chennai, Faisalabad and Weihai. Four cities, Surabaya, Danang, Khon Kaen and Olongapo had scores in the mid-three range, while Kuantan stood at 3.2. By workshop topic, Primary Education and HIV scored highest around 4.1 and 3.7. But these were also the earliest workshops and had had more time to be implemented. The other three topics, Environment, Aging and Water were very close together scoring in the mid 3s.

The Action Plan system and progress study has both activated lessons from AUICK workshops and provided an empirical objective measurer of what each workshop has accomplished.

Participants learned to adapt ideas from each other and Kobe, to form plans for their cities, where they were acutely aware of both problems faced and resources to work with. They wrote specific steps and timelines by which to accomplish them, which showed both their progress and acquired knowledge. And the plans were not of some inconsequential activities; for the most part they spoke directly to the United Nations Development Goals.

This solves a fundamental problem of development administration: how does one transmit technical and administrative skills? Through plan implementation comes the deeply humanitarian message of how to advance progress in dealing with immediate social problems. Although relatively local, significant progress is made in promoting human welfare and improving the lives of many people. The plans also provide a way to answer a basic question: how does one know when a workshop works?
A roundtable in Bangladesh, “Earthquake risk in Bangladesh: Preparedness and limitations”, declared the country at high risk of earthquakes but without capacities to combat them. Unplanned urbanization, over population, poor construction, lack of coordination between institutions concerned, inadequacy of recovery tools and lack of awareness are putting the nation at high risk. Suggestions included launching massive earthquake-related awareness campaigns, retrofitting existing buildings, strengthening building inspection systems, proper implementation of building codes and training for masons, architects and engineers. (dailystar.net)

To withstand natural calamities like cyclones and tidal upsurge, the government will build 67 more cyclone shelter-cum school buildings in coastal areas of Chittagong, taking the number in the entire district to 470. (dailystar.net)

Weihai Environmental Protection Monitoring Center reported improved air quality in the city all year round. De-sulfurization projects for six thermal power plants were upgraded, and six production lines for cement were closed to improve air quality. Weihai Municipal Environmental Protection Administration also promulgated regulations for automobile pollutants. The World Bank granted a RMB 5 million loan for pollutant reduction and control.

A wind power farm is also planned to be built with an installed capability of 1000MW constructed offshore and 100MW onshore. Construction is scheduled to be commenced in October of this year and be completed for operation by the end of September, 2009, when generated energy is expected to reach 80 million kwh per year. (AUICK Liaison Officer of Weihai City Government)

In Chennai, a massive campaign is underway to generate awareness among citizens about the need to segregate garbage at the household level into bio-degradable and non bio-degradable waste. Bio-degradable waste will be composted and non bio-degradable waste re-cycled with the ultimate goal of Chennai being a garbage free city.

Jawaharal Nehru Urban Renewal Mission of the Government of India has sanctioned Rs 255 crore (approx. $80 million) for solid waste management and power generation from refuse derived oil which is based on an action plan developed during an AUICK workshop.

Schools run by Chennai Corporation will be provided with counselors to deal with emotional, psychological and behavioral issues that students face - especially important given that Chennai Corporation school students primarily come from disadvantaged backgrounds.

Focusing on women’s wellbeing, wellness camps are held all year in Chennai slums, with special emphasis on detection of cervical cancer, breast cancer, osteoporosis etc. (AUICK Liaison Officer of Chennai Corporation)

A 2007 Global Partnership on Output-Based Aid (GPOBA) project in Surabaya will extend piped water connections to 15,500 low-income households (77,500 people). (gpoa.org)

Kuantan Municipal Council (MPK) has set up a flood operation centre at one of its offices on Jalan Bukit Ubi to prepare for floods during the current monsoon season, working with several technical agencies to streamline their efforts to ensure smooth operations. (thestar.com.my)

The Faisalabad Electric Supply Company (Fesco) has signed a power purchase agreement (PPA) with the Shakarganj Sugar Mill for the round-the-year supply of seven megawatts of electricity per day, in return for low-cost loans for replacing existing boilers with high speed boilers. The surging demand and dwindling supply of electricity saw domestic and industrial consumers without power for up to eight hours a day from mid-December 2007 to mid February 2008. (dawn.com)

In Olongapo, discarded foil juice packets are being collected by the poor and sold every Friday afternoon at the city’s rubbish dump to PREDA (Peoples Recovery Empowerment and Development Assistance) Waste Management and Purchasing Team. Also collected from ten schools, the pouches are washed and sanitized, and distributed to home-based sewers including abandoned wives with hungry children, survivors of sexual exploitation and out of work sewers. They are paid to make bags, sun hats, backpacks, wallets, belts and slippers from the pouches, which are shipped around the world, sold as fair trade products. (olongapo-subic.com)

Thailand’s first software industrial estate will be set up in Khon Kaen this year. The Municipality was chosen due to its manpower advantage. This will lead to collaboration between Khon Kaen University and the Industrial Estate Authority of Thailand. (nationmultimedia.com)

A successful pilot project conducted at a school in Khon Kaen Province has led the Betterment of Life Foundation to provide clean, safe drinking water to more than 2,500 children attending 12 schools in remote areas of Thailand. Water tanks with pumps, filtering systems and taps will be installed at each school. (prweb.com)

In Danang, a waste recycling plant that would produce biogas from rubbish collected in a dump in the city has been approved by the Ministry of Natural Resources and Environment. The US$3 million plant would minimize the gas discharged into the environment and also increase the power supply to the local area. (vietnamnews.vnagency.com)
AUICK International News

'Deliver Now for Women and Children' is a new global campaign to help draw attention to millions of deaths, preventable with greater political commitment, in order to help achieve the Millennium Development Goals (MDGs) through better health care. (who.org)

United Nations Secretary General Ban Ki-moon has stated that 'The MDGs are still achievable if we act now. This will require inclusive sound governance, increased public investment economic growth, enhanced productive capacity, and the creation of decent work ... Rapid and large-scale progress towards the MDGs is feasible if we combine strong government leadership, good policies and practical strategies for scaling up public investments in vital areas with adequate financial and technical support from the international community. (adb.org, developments.org.uk, mdgasia pacific.org)

As the first UN chief to visit Antarctica, Mr. Ban saw for himself the effects of climate change on the world's largest wilderness, and urged the world to do more to safeguard the future of the planet. He stated that "This is an emergency and for emergency situations we need emergency action". He then attended the United Nations Climate Change Conference, from 3-14 December, 2007 in Bali. Ten thousand participants representing 180 countries saw their parliamentarians adopt the 'Bali Road Map'. This was to launch negotiations toward a global, comprehensive agreement to address climate change. (unfccc.int)

Countdown to 2015, a three-day conference in Cape Town, South Africa, from 17-19 April 2008 called for scaled-up investments in basic health services and human resources to reduce the preventable deaths of over 10 million children and women each year, of which 97% are accounted for by 68 developing countries worldwide. (metronews.ca)

AUICK Monitoring Activities

Visits to AUICK Associate Cities

As the year 2007 was the final year of the AUICK 2004-2007 project, three delegations were dispatched to AUICK Associate Cities (AACs), to monitor the progress of Action Plans made by participants of AUICK workshops between 2005 and 2007, and to assess the output of the program as a whole. The first delegation was dispatched to Kuantan, Malaysia, and Chennai, India, in June 2007 (see issue 49 of this newsletter for details). The second delegation was dispatched to Surabaya, Indonesia and Olongapo, Philippines in September 2007, and the third was to Khon Kaen, Thailand, Chittagong, Bangladesh, and Danang, Vietnam, in November 2007.

Visit to Surabaya, Indonesia

The second AUICK delegation, comprised of Dr. Hirofumi Ando, President, Mr. Manabu Shinya, Executive Director, and Mr. Nobuyuki Morimoto, Deputy Executive Director, visited Surabaya from 9 to 12 September 2007. They were accompanied by Dr. Haryono

Suyono, a member of the AUICK International Advisory Committee, and Dr. Richard Joanes Makalew, Advisor on Population and Development of UNFPA Indonesia Office.

On 10 September, the delegation paid a courtesy call on Mayor Drs. Bambang Dwi Hartono. Senior officials of the Surabaya City Government, Dr. Puruhito, the Rector of Airlangga University, and other professors also attended. Dr. Ando expressed appreciation for the support of the mayor for the activities of the 2004-2007 project.
Drs. Hartono confirmed continuing collaboration with AUICK in the next term project through a strengthened partnership with the Airlangga University faculties.

The delegation held a monitoring meeting with the officials who participated in AUICK workshops between 2005 and 2007. The meeting was facilitated by Mr. Togar Arifin Silaban, Head of the Environmental Protection Agency, who attended the 2004 AUICK Associate Cities Conference, and the Second 2004 Workshop, as a representative of Surabaya City. Officials presented progress of the action plans they had formulated at AUICK workshops.

The action plan of Dr. Esty Martiana Rachmie, Head of Surabaya Health Department, mobilized both schools and NGOs to address the issues of reproductive health and HIV/AIDS. Health staff and teachers were trained in HIV issues and a peer counseling center was established for out of school adolescents.

Mr. Arthur Pinontoan, who attended the Second 2005 Workshop as head of the Education Department, was transferred, so current head Mr. Suhudi presented the action plan developed by Mr. Pinontoan.

Ms. Henny Dwi Ferita, Head of the Technical Execution Unit of the Environmental Laboratory, Environment Management Agency of Surabaya City, promoted conservation and better waste management through an education program for schools and entrepreneurs. Her plan surveyed business establishments, did pollution measurement, and trained new staff in waste measurement.

Ms. Chamidha, Head of the Division of Recovery and Improvement of Environment Quality, Environmental Protection Agency of Surabaya City formulated a plan to improve water quality through building bio-filters in sub districts and in business establishments. The technical planning is done and funds are being sought for implementation in 2008.

Ms. Wiwiek Widayati, Head of the Cooperation Division of Surabaya City Government attended the Second 2006 Workshop. Her plan draws on Indonesia’s strong community organization to provide a supportive community for the aged. It has even persuaded the country’s famous national family planning program, BKKBN, to establish a new unit for the aged.

Mr. Moch Munif, Head of Social Welfare Department, has responsibility for the welfare of the aged. He reported a successful community based model implemented in Nagagel Rejo.

On 11 September, the delegation visited the Surabaya Environmental Management Agency and had a meeting with Mr. Togar Arifin Silaban regarding the current situation and challenges of the agency.

The delegation then visited three facilities related to the Action Plans.

Adiwijayata School, where Ms. Chamidha presented environmental education.

Care home for the elderly

Pangkah Puskesmas Health Care Center gave a presentation on health services for youth in the community.

Visit to Olongapo, Philippines

On 13 September 2007, the second AUICK delegation visited Olongapo, accompanied by Country Representative, Ms. Suneeta Mukherjee, as well as Junior Professional Officer Ms. Miriam Ciscar Blat and Provincial Programme Coordinator Ms. Dyzebel Dado.

They met with the city’s mayor, Mr. James Bong Gordon, Jr., as well as other senior city officials, before meeting participants of the AUICK workshops.
They held a monitoring meeting with the city officials in a conference room of the city building. Mayor Gordon and senior officials also attended the meeting.

**Dr. Nilda Tocar Montoya**, Head of the Social Hygiene Services, City Health Department, attended the First 2005 Workshop. She established an Adolescent Reproductive Health care program. It organized classes for the city’s youth, and established a system of adolescent health centers in the rural villages around the city. It plans further outreach activities over the next year.

**Mr. Randino Albina Ledesma**, Officer in Charge of the Urban Basic Services Program, Office of the City Mayor, attended the Second 2006 Workshop. He made a plan to push for universal primary education, especially among the poor. It established a fund and worked out an organization to identify and assist needy families so their children would go to school and remain there.

**Ms. Marivic Jadulco Nierras**, Planning Officer III of the Technical Section, City Planning and Development Office, attended the First 2006 Workshop. The project formulated by her was to improve management of solid wastes in the city. However, the City’s Environmental Sanitation and Management Office had developed a similar plan, into which her plan was folded.

**Mr. Fernando Moselina Magrata**, Acting City Administrator and Hospital Administrator, Office of the City Administrator, attended the Second 2006 Workshop. He developed a Senior Citizen Health Care Plan with city funding and the cooperation of the local James L. Gordon Memorial Hospital. This has now identified and funded health care for some 9,500 senior citizens, or 88% of the total number.

**Mr. Jaime L. Mendoza** Deputy City Administrator of the Office of the City Mayor, attended the First 2007 Workshop. He presented his project to restore the Kalalake-Pagasa River to its once clean condition, organizing both the city’s water company and local citizens in a clean up project. The plans are now being laid and the project will be fully launched in 2008.

**Dr. Arnildo Castro Tamayo**, City Health Officer, City Health Department, outlined his project made at the second AUICK workshop of 2007. It aims to develop the Volunteer Disaster Brigade, for citizens to cooperate in the promotion of city-wide natural disaster preparedness.

On 14 September, the AUICK delegation was taken to see sites related to the Action Plans of the AUICK workshop participants from Olongapo City.
Visit to Khon Kaen, Thailand

From 14 to 17 November 2007, the third delegation comprising of Mr. Manabu Shinya, Executive Director, and Mr. Nobuyuki Morimoto, Deputy Executive Director, visited Khon Kaen City in Thailand.

In the early morning of 15 November, the delegation witnessed a Health Office Rally held by the municipality's Emergency Health Service.

A meeting was then held with Mayor Mr. Peerapon Pattanapeeradej and senior officials, to discuss the further ties between AUICK and the municipality.

The delegation visited the College of Asian Scholars (CAS) which was founded by Dr. Krasae Chanawongse, Former Minister of Foreign Affairs, Thailand, and Member of AUICK International Advisory Committee. There, the delegation held a monitoring meeting with three of the workshop participants from Khon Kaen Municipality.
Ms. Nudnapa Juntavaree, Chief of the Promotion Participation and Decentralization Department, attended the Second 2006 Workshop. She addressed the growing aged problem with a project mobilizing the city health services to address geriatric issues, providing funds for elderly poor and organizing an adult education program.

Mr. Thawatchai Wanaphithukkun, Chief of the Subdivision of Construction Control, attended the First 2007 Workshop. He launched a project to reduce water consumption in the metropolitan area. Past and current water consumption levels were assessed, business and NGO partners were identified, and a media campaign is planned for 2008.

Mr. Thotsaphon Wong-Asa, Chief of the Subdivision of Natural Resources, Natural Resources Section, Office of Public Works, attended the First 2006 Workshop. He presented the progress of his Action Plan to develop a bio-diesel project which will both lower city fuel costs and reduce CO₂ emissions. A bio-diesel plant was constructed with the help of university engineers, and used oils are collected from local restaurants to produce fuel for the city's fleet of trucks and busses.

Leaving the CAS, Ms. Juntavaree guided the delegation to Ban Non Chai Municipal School, where they saw aged citizens passing on traditional craft skills to school children.

On 16 November, Mr. Thotsaphon Wong-Asa guided the delegation to the Kumnongkoo Municipal School, which has been promoting environmental education for school children. The delegation inspected a biodiesel laboratory, a plant cultivation garden for bio-fuel, a garbage separation depot, and a demonstration of energy generation by human power.

He then guided the delegation to the bio-diesel plan in the University of Khon Kaen.

The delegation was guided by Mrs. Wilasinee Samanchate, Head of Health Promotion, Health and Environment, to the Ban Sam Liam Community Health Center. Mrs. Samanchate attended the Second 2007 Workshop, where she made an Action Plan for a Maternal and Child Health Care in Disaster Committee to provide health care in unforeseen disaster situations. The delegation interviewed the office members on the current services for the maternal and child health care in the community.

The delegation visited the Khon Kaen Provincial Health Office, where they met Ms. Wallapa Prangthawat, Chief of the Disease Control Unit. She attended the First 2007 Workshop, and formulated an Action Plan to address the country's and the city's growing HIV/AIDS problem. In effect, three different but related projects for reproductive health developed an educational campaign on AIDS and adolescents, a peer counseling center with NGOs to tackle unwanted pregnancies among adolescents, and a new training program to tackle infant mortality, for medical personnel to identify problem symptoms early. The plan also expanded services in the government's primary health care system. Ms. Prangthawat showed an HIV/AIDS prevention peer counseling center for high school students, and a community in which condoms are available in a vending machine installed on the wall of a store.
At the Chittagong Peninsula Hotel, the delegation held a monitoring meeting with Mr. Kazi Mobasser Ahmed Hashemi, Ward Commissioner of Ward No.2, who attended the First 2006 Workshop. He presented two projects developed to address the city's many environmental problems. An improved solid waste management system was devised with tricycle rickshaws to collect trash from slum areas, and a greening program was planned to plant large numbers of trees in 2008. Both programs made extensive use of the many NGOs that work in the city.

Dr. Shahana Perveen, Director, Mid-Wifery Institute, Health, Chittagong City Corporation guided the delegation to a workshop, which is part of the ongoing training program on HIV/AIDS organized by Chittagong City Corporation (CCC) with the funding of the German Technical Cooperation (GTZ). There were 25 participants in the workshop who were all medical doctors from different organizations, including CCC.

Then, the delegation visited the building of CCC, and met with Mr. Alhaj Monjur Alam, Acting Mayor of Chittagong, Mr. Mahfuzur Rahman, Administrator, and other senior officials. Mr. Shinya expressed appreciation for the support and cooperation by the Chittagong City Corporation toward the activities of the AUICK project for the years 2004-2007, and outlined the concept of the project for the years 2008-2011. The acting mayor greatly appreciated AUICK efforts to train city officials and further enable them to contribute to the development of the city. He requested the delegation to look into initiatives and financial support for setting up an incineration plant for smooth waste management in the city. He also expressed his intention to extend the utmost cooperation for the effective implementation of action plans submitted by the city officials who attended the AUICK workshops.

The plan organized a drive to promote primary school education by providing financial assistance to very poor families, whose children would otherwise be at risk of dropping out of school. It identified and provided assistance to near 100 needy children, and worked with a local NGO to maintain both information gathering and financial assistance as needed.

**Visit to Chittagong, Bangladesh**

The AUICK delegation then visited Ban Non Chai Municipal School, and a dinner was hosted by the municipality.

On 16 November, the delegation visited Khon Kaen University and the Health Department of the municipality.

In the morning of 17 November, they visited Khum Nongkhoo Municipal School to hold a monitoring meeting with Mr. Suphat Laochai, Principal of the school, who attended the Second 2005 Workshop. The progress of his Action Plan was reported by Mrs. Sontaya Bamroong, Vice principal of the school.

The AUICK delegation composed of Mr. Manabu Shinya and Mr. Nobuyuki Morimoto traveled to Chittagong on 17 November. The delegation was accompanied by Dr. Iftekhar Uddin Chowdury, Professor of the Department of Sociology of the University of Chittagong, and Dr. Rafiqus Sultan, National Professional/Project Personnel of UNFPA Bangladesh Office.

In the Chittagong City Corporation building, the delegation held a monitoring meeting with Health Officer Dr. Salim Akhter Chowdhury, who attended the First 2005 Workshop. He explained his Action Plan to address the growing problem of HIV/AIDS. The plan was devised to create a counseling center with clinical services and to launch an education program. A management committee was created; NGOs were
mobilized; a media campaign was launched; male and female educators were trained for all colleges and universities; clinical services were developed; and a survey was taken to plan for the future. His Action Plan is funded by GTZ. The delegation visited the Chittagong office of GTZ, where Mr. Humayun Kabir, Project Officer, briefed on the Multi-Sectoral HIV/AIDS Program in the City.

Dr. Iftekhar Uddin Chowdhury, Professor of Chittagong University, attended the First 2007 Workshop. He developed an Action Plan for appropriate water environment management in urban areas. Soon after he returned to Chittagong, he submitted the plan to the acting mayor, who suggested the organization of programs firstly in schools and colleges under the City Corporation, to educate students on water use or the 3 Rs (Reduce, Recycle, Reuse), as well as environment protection, tree plantation for city greenery and so on. The acting mayor also decided to form a steering committee to monitor the implementation and follow-up of Action Plans, as per AUICK guidelines/training. The first environmental awareness and water management seminar was organized at Kathghar Girls High School.

The AUICK delegation visited Kapashgola Girls High School and College, to speak on the waste management system and cleanliness program of Kobe City to the students.

The AUICK delegation then visited the facilities of the Urban Primary Health Care Project (UPHCP), which is funded by the Asian Development Bank (ADB) and UNFPA.

Then, Dr. Shahana Perveen guided the delegation to the Midwifery Institute. At the Second 2007 Workshop, she developed a plan to form a disaster management core committee, to organize health care and assistance to citizens in times of natural disaster. Following discussions with the Acting Mayor and other city officials, a Disaster Management Control Core Committee, headed by the Acting Mayor, has been formed. This includes embers of different government offices, media representatives, Social Elites and Civil Forms. Community based Disaster Committees have also been formed in each ward, headed by Ward Commissioners. Community based training programs for disaster management are also conducted in the city.

After this, the delegation spoke to the Midwifery Institute students, explaining AUICK activities.

Visit to UNFPA Vietnam Office

On 21 November 2007, the third delegation, headed by Dr. Hirofumi Ando, visited the UNFPA country office of Vietnam to meet with Representative Mr. Ian Howie. Dr. Ando expressed appreciation for the strengthened ties with UNFPA in conducting activities in Danang, especially the establishment of a Management Information System (MIS) with the collaboration of Danang University. Mr. Howie praised AUICK's achievements in Danang over the last 4 years, and confirmed further support for the next term project.

Visit to Danang, Vietnam

From Hanoi, the delegation traveled to Danang, accompanied by Dr. Nguyen Xuan Hong, National Program Officer (M&E) of UNFPA Philippines Office.

In Danang, they met with Mr. Tran Phuoc Chinh, First Vice Chairman of the Danang People's Committee, to discuss AUICK activities in the city. Dr. Ando thanked the
Danang People's Committee for their support for AUICK activities, and especially the remarkable progress in the Danang MIS establishment.

The delegation visited the Department of Education and Training (DOET) to hold a monitoring meeting with Director, Mr. Huynh Van Hoa, who attended the Second 2005 Workshop. He presented the progress of his project to ensure 100% primary school enrollment and maintenance. This began with information gathering on teacher perceptions and needs, identifying at risk children and families, working with parent and teacher organizations, and providing financial assistance to the needy. He also reported that the city and DOET are progressing toward high school education universalization. He guided the delegation around a high school which accepts several hundred poor children.

Mr. Hong Dinh Tran, Deputy Director of the Construction Service, made a plan to address the city's wastewater treatment system at the AUICK First 2007 Workshop. The project will create an experimental program for a new system for the city. Studies are now working on technical aspects. There will be extensive discussions with residential groups where the experiment will be developed, and the system will be put in place in 2008.

Dr. Kim Anh Thi Doan Vo, Vice Director of the Health Department, made an Action Plan to address the rising HIV/AIDs problem at the First 2005 Workshop. This especially focused on the youth, mobilizing and training health workers and establishing a highly innovative street corner youth counseling program with media campaigns, and providing necessary medical supplies.

The delegation then visited the Department of Labor, Invalids and Social Affairs to meet Vice Director Mr. An Van Nguyen, who attended the Second 2005 Workshop. His Action Plan addressed the problem of the aged. It will provide a fund for soft loans for those who are still actively engaged in the "informal" sector of the market, and who will soon begin to grow rapidly in number. The program is planned for inauguration in 2008.

After the meeting with Mr. An Van Nguyen, the delegation inspected an elderly care facility. Dr. Kim Anh Thi Doan Vo made a second plan, assisted by Dr. Tran Dinh Vinh, Head of the Obstetric Gynecology Department of Danang Hospital, at the Second 2007 Workshop. This will create a committee for maternal and child health care in natural disasters, to provide health care during Danang's many storms. The delegation was shown around Danang Hospital.

In the morning of 23 November, the AUICK delegation visited Danang University, to discuss the progress of the Management Information System (MIS) in Danang with President & Professor, Dr. Sc. Bui Van Ga, and Prof. Bui Quang Binh. Prof. Bui Quang Binh demonstrated the computerized statistic data analysis program under formulation. Dr. Nguyen Xuan Hong provided Prof. Bui Quang Binh with data from UNFPA Vietnam Office, and confirmed continued cooperation toward the completion of the system.

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In the afternoon, the delegation visited the Hoa Mi Nursery School, which was just renovated and reopened on 20 November 2007, with funding of USD90,000 from a Kobe citizen, and 400 million VND from Danang city.

Mr. Dung Viet Dang. He formulated a program to establish a new waste management company, developing new training courses for all staff with the help of the university, as well as forming two new NGOs and devising a plan for new construction in 2008.

After the meeting with Mr. Dung Viet Dang, the delegation was guided to a community which has begun practicing domestic waste segregation.

The delegation visited the Department of Transport and Public Works to hold a monitoring meeting with Director, Mr. Dung Viet Dang.

AUICK Committee Meetings

Executive Committee

Regular Meeting on 25 March 2008

The AUICK Executive Committee held its second regular meeting for FY 2007 at the meeting room of the AUICK Office on Tuesday, 25 March 2008.

In his opening remarks, Dr. Hirofumi Ando, President of AUICK, reiterated that AUICK’s 2004-2007 project had produced excellent results. The Secretariat presented an activity and budget plan for FY 2008, which was unanimously approved.

Suggestions by the committee included:
- conducting more specific studies for AACs after gathering their requested data;
- using more international case studies on themes such as slum waste disposal; and
- coordinating the sharing of such information with Environmental specialists in Kobe, not only AACs.

Lastly, the Secretariat briefed on the outline of the First 2008 Workshop, “Population and Environment Management in Urban Planning - Solid Waste and Greening”, to be held from 28 May to 7 June 2008.

Participants

Executive Committee Members:

Kojiro Niino (Chair)
President, Kobe Institute of Urban Research

Shozo Takayose
Professor Emeritus, Konan University

Isao Mizohashi
Former Director General, Civic Affairs, Culture and Tourism Bureau, Kobe City Government

Hirofumi Ando
President, AUICK

Manabu Shinya
Executive Director, AUICK

AUICK Secretariat

Nobuyuki Morimoto
Deputy Executive Director

International Advisory Committee

Annual Meeting on 2-3 September, 2007

From 2 to 3 September 2007, the AUICK International Advisory Committee (IAC) held its annual meeting in Kobe.

Dr. Hirofumi Ando, the President of AUICK, welcomed the members of the International Advisory Committee (IAC), especially the two new members, Dr. Lee-Jay Cho and Dr. Mari Simonen.

Under the chair of Dr. Gayl D. Ness, the meeting began by paying tribute to the late Prof. Toshio Kuroda, a founding member of the IAC, highlighting his contributions to the establishment of AUICK together with
On 1 May 2008, Mr. Toshihiko Ono was inaugurated as the new Executive Director of AUICK. Mr. Ono had previously worked as Director of the Kobe Trade Information Office in Seattle, Manager of the Port and Urban Projects Bureau Marketing Division, and Director of the International Division, International Affairs Office of Kobe City. Bringing his extensive experience in the field of development promotion and international affairs, Mr. Ono hopes to further increase the city of Kobe’s contribution towards the development of the AUICK project.

Projects Bureau Marketing Division, and Director of the International Division, International Affairs Office of Kobe City. Bringing his extensive experience in the field of development promotion and international affairs, Mr. Ono hopes to further increase the city of Kobe’s contribution towards the development of the AUICK project.

The new program will pursue the same overall objective to help increase the administrative capacities of nine medium and small sized cities in Asia through (1) training; (2) information collection and dissemination through City-University Partnerships (CUP); (3) mainstreaming of AUICK activities into UNFPA country programs; (4) technical support service from the City of Kobe; (5) South-South cooperation; and (6) closer monitoring.

The program will concentrate on the four key substantive areas of (1) environment protection; (2) population aging; (3) water environment management; and (4) reproductive health and HIV/AIDS, especially among urban poor and youth.

A number of suggestions were made as to the future implementation of the AUICK project:
1. IAC members should be kept involved in various activities of AUICK, in particular the selection and briefing of the workshop participants.
2. Continuous efforts should be made to pursue the linking with the UNFPA country offices and activities carried out nationally, regionally and locally.
3. IAC members could assist in replicating the training workshops at the national level or in other cities.
4. AUICK should continue to intensify efforts to mainstream its activities into the UNFPA country programs, coordinate with United Nations partner organizations, and influence on-going policy dialogues with governments.
5. The AUICK workshops should deal with the main themes of the Millennium Development Goals, and may have focus on the urban poor/slums.
6. AUICK should pay attention to population structural changes.
7. Second-tier workshops (within AACs) could be organized by some AUICK workshop participants with the assistance of one or two experts.