



DIPLOMA IN SOCIAL WORK AND COMMUNITY DEVELOPMENT

DISASTER MANAGEMENT



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PURCHASE FULL NOTES

DISASTER MANAGEMENT

INTRODUCTION

The module unit is designed to equip the trainee with knowledge, skills and attitudes that will enable him/her to effectively manage disaster in a society.

GENERAL OBJECTIVES

By the end of this module unit, the trainee should be able to;

- a) Acquire skills in disaster management and mitigation
- b) Institute measures to prevent disaster
- c) Appreciate the importance of disaster preparedness and response

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CHAPTER ONE

INTRODUCTION TO DISASTER MANAGEMENT

Specific Objectives

By the end of this topic the trainee should be able to;

- a) Explain the meaning of disaster
- b) Describe the historical background of disasters in Kenya
- c) Discuss issues in disaster management
- d) Classify disasters

INTRODUCTION

Meaning of disaster management

WHO defines Disaster as "any occurrence that causes damage, ecological disruption, loss of human life, deterioration of health and health services, on a scale sufficient to warrant an extraordinary response from outside the affected community or area". Disasters can be defined in different ways.

- ❖ A disaster is an overwhelming ecological disruption occurring on a scale sufficient to require outside assistance
- ❖ A disaster is an event located in time and space which produces conditions whereby the continuity of structure and process of social units becomes problematic
- ❖ It is an event or series of events which seriously disrupts normal activities

The magnitude of the effects of the event will be viewed differently.

HISTORICAL BACKGROUND OF DISASTER IN KENYA

The country of Kenya has been stricken by various disasters ,Kenya's disaster profile is dominated by droughts, fire, floods, terrorism, technological accidents, diseases and epidemics that disrupt people's livelihoods, destroy the infrastructure, divert planned use of resources, interrupt economic activities and retard development. The Kenya government through the Ministry of State for Special Programmes has developed National Policy for Disaster Management in Kenya and National Disaster Response Plan to guide in the disaster risk reduction.

The history of disasters in Kenya has been collected to assist in predicting and planning for the future occurrences. The historical document has covered the period

of disasters occurrence, areas covered, the kind of disaster and the estimated casualties.

FOREST FIRES UPDATE AS AT 1530 HOURS 27TH MARCH 2009

This report covers fires that date back to early February 2009. We have since then had serious fire outbreaks in many forests all over the country. This state is attributed to prolonged drought conditions, heavy fuel loads in the forests and inaccessibility of the forests. The fires increased in the early days of the month of March, within the Mau complex, Mt. Kenya ecosystem, Aberdare Area and the response has been gaining grounds, so far the predicted fire behavior has not been good at all, as long as the rains continued to delay. The continuing fires are in Nakuru, Koibatek, Lariak, Meru south in Chogoria and the Kipipiri forest areas. Most of the fires in Kipipiri have been put off except 2 fires. The district forest officers are mopping up the fires and monitoring the situation. As of today 30th March 2009, most of the forest stations have reported that the ragging fires had been put off over the weekend by the showers that were there in most parts of the country.

NAIROBI, 2ND APRIL 2009

THE NAKUMATT AND MOLO FIRE TRAGEDY

The Nakumatt Supermarket fire broke out at 2.45pm on 28th January 2009. The cause of the fire is yet to be established but it is alleged to have been started by an electric power surge.

The Molo fire broke out on 31st January 2009 at 6.45 at a remote area known as Sachangw'an, 3 KM from Salgaa trading centre along Nakuru-Eldoret highway. It involved a Mercedes Benz truck Reg. No. KAY 030F that was carrying 50,000 litres of petrol from Kenya Pipeline Nakuru depot to Juba, Southern Sudan. The cause of the fire is not yet established but it is alleged that an irate person who had been denied access to siphon oil from the fallen tanker ignited the fire but himself was the first person to perish on the spot.

The effect of the two fires was too enormous in terms of human casualties, loss of lives and property and in testing the effectiveness of the Kenyan response systems. The effects of the fire could therefore not be ignored. All over a sudden, everyone realized how vulnerable they were and several interventions followed in succession of one another, which included establishment of the Nakumatt/Molo fire Victims Fund and its Management Committee and calls politicians and leaders for having in place a Disaster Management Policy and its Operational Plan.

RESPONSE

When the fires broke out, the responses were timely - with all major response agencies taking part. For the Nakumatt fire, the Nairobi Fire Fighters were on the scene in 15 minutes while for Molo fire the General Service Unit personnel were on the scene even before the fire started. What followed is that these teams were ill equipped and had to seek help from other response agencies, both private and public, who either arrived too late, were equally ill equipped or were not well coordinated to effectively prevent the full cycle of the raging fires. By the time the fires had been contained, 29 people were confirmed dead and one survivor recorded in the Nakumatt fire tragedy and 373 persons recorded as victims in the Molo fire tragedy which

included 130 who died on the spot and 243 who were hospitalized as either in-patients or out-patients in various hospitals in Molo and Nakuru. A significant number of the victims were airlifted to Nairobi Hospitals the same day. (See more statistics below).

On 6th February 2009, His Excellency the President, Hon. Mwai Kibaki established a Fund, 'The Nakumatt/Molo Fire Victims Fund' and its Fund Raising and Management Committee through Kenya Gazette Notice No. 1171. The objective and purpose of establishing the Fund was to provide (a) assistance in payment of medical bills; and (b) associated humanitarian assistance, to the victims of both tragedies. The Fund consists of donations by leaders, the private sector, the public service, the civil society, development partners, members of the public and other well wishers.

The Gazetted Fund Raising and Management Committee for the Fund comprise of

- (i) Naushad Merali - (chairman),
- (ii) Peter Kahara Munga,
- (iii) Martin Oduor-Otieno
- (iv) Bethwel Kiplagat; and
- (v) Eddah Lisigi

The Committee is based in the Ministry of State for Special Programmes.

After its initial meetings the Committee co-opted other sub-Committee members to represent special interests. These include:-

- (i) Daud A. Mohamed - Permanent Secretary, Ministry of State for Special Programmes
- (ii) Abbas Gullet - Director, Kenya Red Cross
- (iii) Dr. Francis Kimani - Director, Medical Services
- (iv) Steve Smith - Chairman, Private Sector Alliance
- (v) Joseph N. Macharia - Was appointed as Secretaries of the Committee

THE COMMITTEES TASK AND ACCOMPLISHMENT

The Committee's initial work was to establish the facts relating to the fires, and on 14th and 15th February 2009 it held its first meeting, visited all hospitals and the scene of the fire; and held discussions with patients, doctors, volunteers and Officials from Provincial Administrations and Internal Security. These interactions enabled the Committee to learn the status of the patients, the difficulties being faced in their treatments and to get vital relevant information.

The Committee next step was to fund raise for the victims as no budget had been set aside by the Government for the victims. On 19th February 2009, a fund raising ceremony presided by His Excellency the President raised Kshs. 80,700,000 on the spot with pledges coming in later. 80 percent of the amounts were raised by Public Servants led by His Excellency the president while the rest came from private sector. Motivated by the overwhelming generosity of the well-wisher, the Committee established other machineries to raise more money and Kshs. 111.4 million had been raised as at 2nd April, 2009. Donations in kind received from various donors in terms of Medical supplies, food and food items, and volunteer services were worth approximately Kshs. 20 million.

The Committee then decided to pay hospital bills and provide other humanitarian assistance. The Committee on 4th March 2009 paid Kshs. 19,750,269.65 to eight hospitals as follows:-

(1) The Mater Hospital	Kshs. 9,396,684.95
(2) The Aga Khan Hospital	Kshs. 5,416,338.20
(3) The Nairobi Hospital	Kshs. 3,742,218.50
(4) War Memorial	Kshs. 745,210.00
(5) St. Joseph Nursing Home	Kshs. 203,100.00
(6) Valley Hospital Limited	Kshs. 144,638.00
(7) Lee Funeral Home	Kshs. 65,000.00
(8) St. Mary Mission Hospital	Kshs. 37,080.00

Total Kshs. 19,750,269.65

On 18th March 2009 an additional Kshs. 80,490 was paid to the following two hospitals:

(1) Lee Funeral Home	Kshs. 27,990.00
(2) St. Mary Mission Hospital	Kshs. 52,500.00

Total Kshs. 80,490.00

As may be noted, no Public Hospital bill had been paid by 2nd April 2009 because the Committee had not received a comprehensive breakdown of the medical Bills and the medical supplies donated to them to enable the Committee makes a decision. By the time of preparing this brief, the bills were being sorted out for presentation to the Committee.

The Committee also has resolved to provide humanitarian assistance of Kshs. 50,000 to the victims to assist in burial or other humanitarian needs. However, it is only the next of kin of dead victims will receive the money. Survivors who were hospitalized for more than 15 days or more will also be paid Kshs. 50,000 each. Already 6 people have been paid a total of Kshs. 300,000 and another 130 persons have been cleared to receive the payment. The remaining 164 persons who qualify for payment are being vetted before receiving the payment. In total, about 300 people will each be paid Kshs. 50,000 humanitarian assistance.

Regarding the Nakumatt fire Victims, Nakumatt Holdings Limited is meeting all the bills which include payments for the DNA tests and provision of humanitarian assistance of Kshs. 100,000 for every victim that died. The amounts are collected by verified next of kins of the deceased. The Committee is merely facilitating the process to ensure the money gets to the victims.

The Committee has also resolved to construct a memorial site where the accident took place and 78 people put to rest in a mass grave. In addition, the Committee has agreed to set aside some funds to construct a Burns Unit at the Rift Valley Provincial General Hospital.

The Statistics

1. Molo Fire Tragedy 373 people were affected out of whom:-

- (i) 31 are still Hospitalized - 6 in Kenyatta National Hospital and 25 in Rift Valley Provincial General Hospital.
- (ii) 72 died in various hospitals where they were admitted
- (iii) 68 had been admitted in various hospitals but have since been discharged
- (iv) 72 had minor injuries and were treated and discharged the same day
- (v) 130 were badly burned some beyond recognition. Out of these 78 were buried in mass burial at Shachangw'ani, 42 were identified and claimed, and 10 were identified but unclaimed.

It is out of these numbers that 300 beneficiaries will be identified to be provided humanitarian assistance.

2. Nakumatt Fire Tragedy

- (a) 29 people died, out of whom 18 have been identified through DNA and 11 are yet to be identified through second round of DNA testing.
- (b) Initially it was reported that there were no survivors in the tragedy but later reports show that two people survived- one is still in Kenyatta Hospital and the other was treated at the Nairobi West Hospital and discharged but is still getting treatments.

The Committee is still in operation and more details will be provided in our next brief.

CLASSIFICATION OF DISASTERS

Disasters are classified in various ways.

- ❖ Natural disasters and Man made disasters
- ❖ Sudden disasters and Slow onset disasters

The dividing line between these types of disasters is imprecise. Activities related to man may exacerbate natural disasters.

Disaster means Sudden or Great Misfortune

Although experts may differ in their definitions of disaster, many public health practitioners would characterize a disaster as a "sudden, extraordinary calamity or catastrophe, which affects or threatens health". Disasters include

- ❖ Tornadoes,
- ❖ Fires
- ❖ Hurricanes,
- ❖ Floods / Sea Surges / Tsunamis
- ❖ Snow storms,

- ❖ Earthquakes,
- ❖ Landslides,
- ❖ Severe air pollution (smog)
- ❖ Heat waves,
- ❖ Epidemics,
- ❖ Building collapse,
- ❖ Toxicological accidents (e.g. release of hazardous substances),
- ❖ Nuclear accidents,
- ❖ Explosions
- ❖ Civil disturbances,
- ❖ Water contamination and
- ❖ Existing or anticipated food shortages.

EFFECTS OF MAJOR DISASTERS

Disasters throughout history have had significant impact on the numbers, health status and life style of populations.

- ❖ Deaths
- ❖ Severe injuries, requiring extensive treatments
- ❖ Increased risk of communicable diseases
- ❖ Damage to the health facilities
- ❖ Damage to the water systems
- ❖ Food shortage
- ❖ Population movements

Health problems common to all Disasters

- ❖ Social reactions
- ❖ Communicable diseases
- ❖ Population displacements
- ❖ Climatic exposure
- ❖ Food and nutrition
- ❖ Water supply and sanitation
- ❖ Mental health
- ❖ Damage to health infrastructure

POPULATION GROWTH AND DISASTERS

Hardly a day passes without news about a major or complex emergency happening in some part of the World.

Disasters continue to strike and cause destruction in developing and developed countries alike, raising peoples concern about their vulnerability to occurrences that can gravely affect their day to day life and their future.

Major disasters have had a big impact on the migration of populations and related health problems, and many millions are struggling for minimum vital health and sanitation needs and suffer from malnutrition.

Vulnerable Populations

Emergencies, especially those that occur in Nature, only become catastrophic events when they combine with vulnerability factors such as human settlements and population density.

An earthquake occurring in a deserted area would be considered a natural hazard; but if it occurred in a mega city it would be recognized as a major disaster.

Man made emergencies and another type of emergency that has to do with population vulnerability concerns technological disasters such as those of a Chemical or Radiological or Nuclear in nature. E.g. Bhopal Gas Tragedy and Chernobyl nuclear disaster.

These examples demonstrate that major and complex emergencies are closely linked to anarchic population growth, leading to unplanned population settlement, environmental degradation and poverty.

The lack of minimum health services and basic health education are aggravating factors which could make a disaster out of an emergency and a complex emergency out of social tension.

Civil Disturbance

Any incident that disrupts a community where intervention is required to maintain public safety constitutes a civil disturbance. Some examples are demonstrations, riots, strikes, public nuisances, and criminal activities. Civil disturbance incidences may include resistance or rejection of all different types of control and authority. They tend to occur in areas of concentrated populations including sporting, concert, cultural and conference events. Some areas subject to civil disturbances may include college communities, areas with concentrations of disparate economic status populations and government offices. Some examples of criminal activities associated with civil disturbances may include looting, assault, property or environmental damage, illegal drug use or distribution, fire-setting, vandalism and violation of noise ordinances.

Terrorism

Devastating acts such as the terrorist attacks on the World Trade Center and the Pentagon have left many concerned about the possibility of future incidents in the United States and their potential impact. These attacks have raised uncertainty about what might happen next. Terrorism may involve devastating acts using weapons of mass destruction ranging from chemical agents, biological hazards, a radiological or nuclear device, and other explosives. The primary objective of a terrorist is to create widespread fear. Nevertheless, there are things you can do to prepare for the unexpected and reduce the stress that you may feel now and later, should another emergency arise.