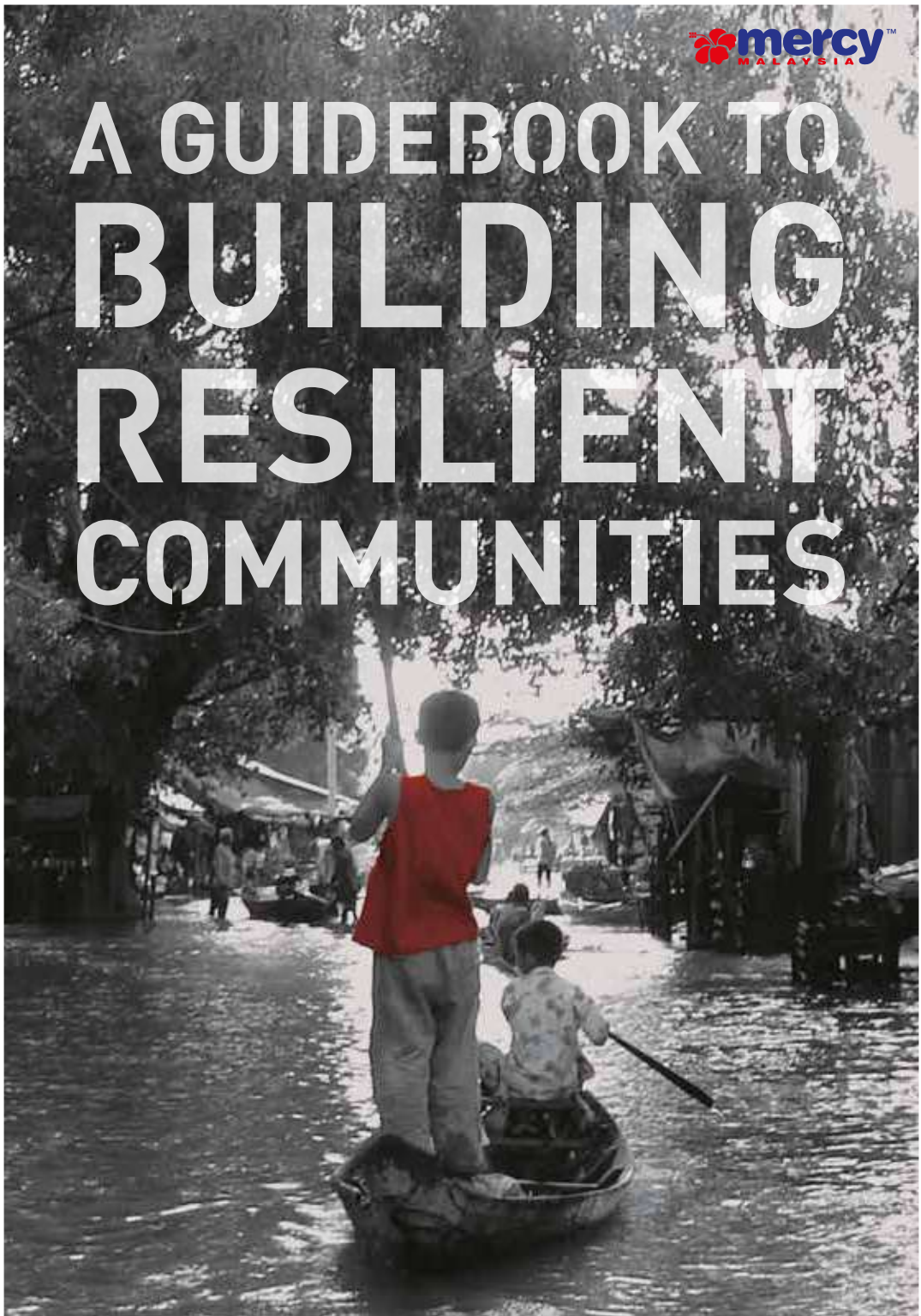


A GUIDEBOOK TO BUILDING RESILIENT COMMUNITIES



ABOUT US



The Malaysian Medical Relief Society or MERCY Malaysia is a non-profit organization that focuses on providing medical relief, sustainable health-related development, risk reduction activities and building resilient communities for vulnerable communities in crisis and non-crisis situations, both locally and internationally. It is a registered society under the Societies Act 1966 (Society No. 1155) in Malaysia.



MERCY Malaysia stands by the belief that there is no frontier too far



MERCY Malaysia's President at a BRC program in Indonesia.

MERCY MALAYSIA

We focus on providing medical relief, sustainable health-related development and risk reduction activities for vulnerable communities, in both crisis and non-crisis situations.

We provide emergency medical and humanitarian aid.

We carry out sustainable development by helping communities find ways to prepare and protect themselves in the event of natural disasters; by rebuilding and refurbishing hospitals and health clinics; and by providing health-related trainings and educational programs.

Our aim is to build resilience in all the communities that we touch.

Like many international organisations involved in the delivery of medical and humanitarian aid to vulnerable communities, MERCY Malaysia has been actively involved in providing emergency assistance to affected populations.

MERCY Malaysia began implementing its key domestic and international projects and programmes through Total Disaster Risk Management (TDRM) approach in 2005.

The TDRM approach is in line with the Hyogo Framework for Action (HFA), which was adopted by 168 countries at the 2005 UN World Conference on Disaster Reduction in Kobe, Japan.

MERCY Malaysia's commitment to TDRM highlights the importance of discovering a clearer understanding and response to disaster management while also addressing the root causes and underlying factors that lead to disasters.

Resilience is the ability of a system, community, or society exposed to hazards to resist, absorb, accommodate to, and recover from the effects of a hazard in a timely and efficient manner

(UNISDR 2011)

WHAT IS RESILIENCE?



INFRASTRUCTURAL RESILIENCE

A reduction in the vulnerability of built structures. Also refers to sheltering capacity, health care facilities, the vulnerability of buildings to hazards, critical infrastructure, and the availability of roads for evacuations and post-disaster supply lines. Also refers to a community's capacity for response and recovery.



INSTITUTIONAL RESILIENCE

Refers to the systems, governmental and non-governmental, that administer a community.



SOCIAL RESILIENCE

Refers to the demographic profile of a community by sex, age ethnicity, disability, socioeconomic status, and other groupings, and the profile of its social capital. Although difficult to quantify, social capital refers to a sense of community, the ability of groups of citizens to adapt, and a sense of attachment to a place.



ECONOMIC RESILIENCE

Refers to the systems, governmental and nongovernmental, that administer a community.

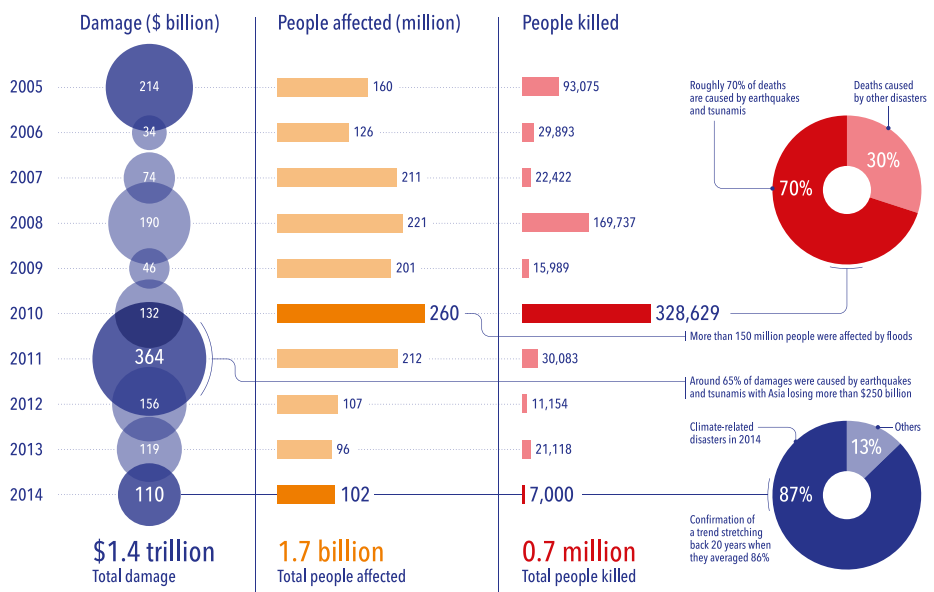
The Building Resilient Communities (BRC) framework is a holistic approach that includes all levels of stakeholders in a community to increase capacity and capability by identifying and reducing vulnerability with the objective of building the community's resilience in social well-being and equity, environmental stewardship, and economic prosperity and continuity.

WHAT IS BRC?



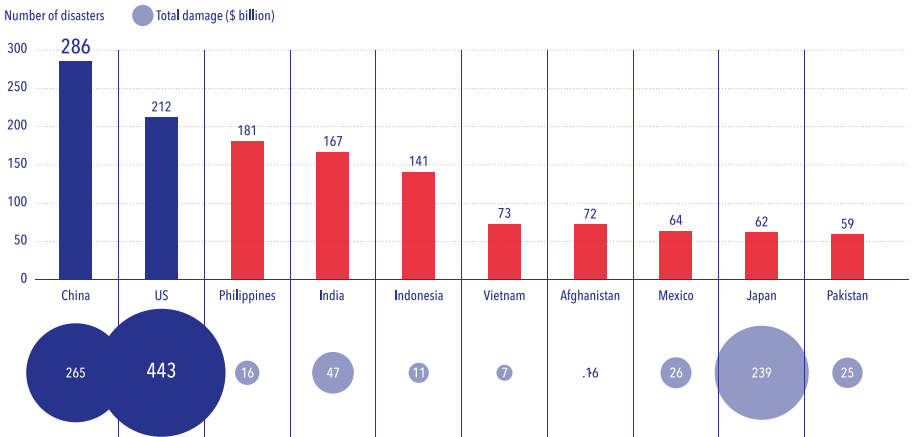
The risk of not paying attention to improving resilience can lead to serious deterioration of the economy and ecosystems and a loss of trust by the population and investors. Frequent small and medium-impact disasters and single intense events can severely disrupt community lifelines—the systems that provide food distribution, water supply, health care, transportation, waste disposal, and communications—locally and with the rest of the world.

WHY BRC IS NEEDED?



The economic and human impact of disasters in the last 10 years

Top 10 countries with most disasters, 2005-2014



China has the most disasters from 2005 - 2014 but the US has incurred the most damage, and while Japan is far behind in numbers of disasters, its economic loss is almost as big as that of China



1650-1450 BC
Minoan Eruption
of Thera



Aug 24 0079 AD
Eruption of Mount
Vesuvius



Jul 21 0365 AD
Crete Earthquake
of 365 AD



May 22 1960
Valdivia Earthquake
of 1960



Aug 18 1931
China Flood of 1931



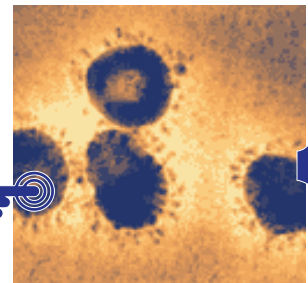
Mar 4 1918
Flu Pandemic of
1918



Jun 15 1991
Eruption of Mount
Pinatubo



Jan 17 1995
Great Hanshin
Earthquake

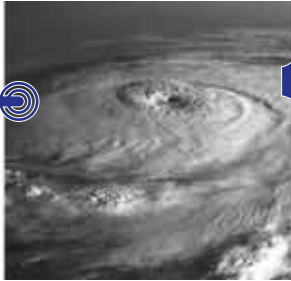


Nov 27 2002
SARS Pandemic

WHEN TO START BRC?



May 20 1202
Syria Earthquake
of 1202



Nov 25 1839
The Indian Cyclone
of 1839



Aug 26 1883
1883 Eruption of
Krakatoa



Dec 28 1908
Messina Earthquake
of 1908



Apr 4 1905
Kangra Earthquake
of 1905



Jun 15 1896
Meiji-Sanriku
Earthquake



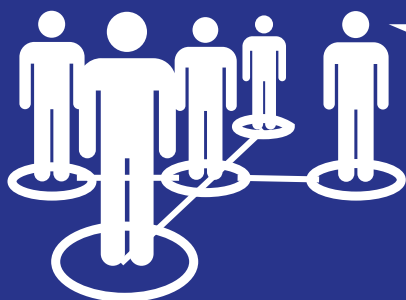
Dec 26 2004
Indian Ocean
Tsunami



Mar 11 2011
Japanese Tsunami



TODAY
To start with BRC!



THE NETWORKED STAKEHOLDERS



WHO ARE THE BRC STAKEHOLDERS?

LEARNING INSTITUTIONS

- Public and private early learning centres, kindergarten, primary and secondary schools
- Public and private higher education institutions - colleges, universities

COMMUNITY

- Villagers
- Head of communities
- Elderly
- Children and youth
- Men and women
- People with disabilities
- Parents and families
- Homeless and stateless individuals/groups
- Teachers/lecturers
- Professionals
- Public officers
- Transient workers
- Immigrants
- Refugees
- Minority groups
- Others

LOCAL GOVERNMENT

- Local/state agencies
- Federal/central agencies
- Ministry of Health and its agencies
- Ministry of Education and its agencies
- District officers
- Police, fire, army department
- Public healthcare providers - clinics, hospitals

PRIVATE SECTORS

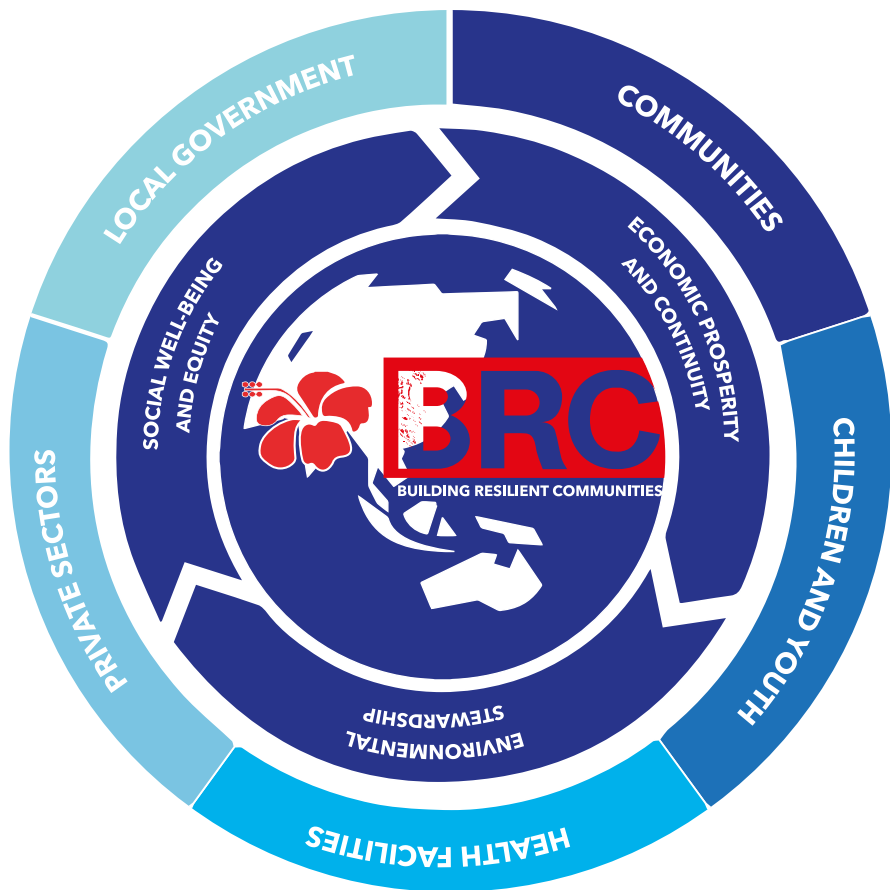
- Small medium enterprises (SMEs)
- Government-linked companies (GLCs)
- Multinational companies (MNCs)
- Financial institutions
- Private healthcare providers - clinics, hospitals
- Non-government and non-profit organisations

BRC IS A TEAM EFFORT

BRC helps to increase the capacity of resiliency in our communities and living environment to absorb future shocks and stresses associated with disaster and make them able to bounce back quickly, safely, soundly and efficiently.

In achieving a culture of resilience, it is however not enough if only few of the civil society organisations, humanitarian actors and local government actors have disaster risk reduction and adaptation included as an inherent part of their work. Therefore, BRC was developed as a way to engaged various stakeholders in a spherical and dynamic manner in addressing and responding to issues, ideas and actions that would help in increasing communities' and places resiliency.

WHAT ARE THE BRC COMPONENTS?



PROGRAMS



OBJECTIVES

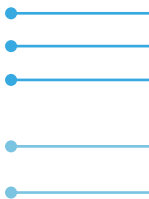
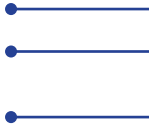
To provide a platform for communities to actively participate in disaster risk reduction activities, gain knowledge, skills and competencies in DRR and indigenous early warning systems are enhanced and used.

To generate a culture of disaster awareness and response amongst school children, teachers and staff.

To increase and introduce hospital and its management to DRR and improve the hospital's disaster preparedness and early warning systems through the implementation of DRM.

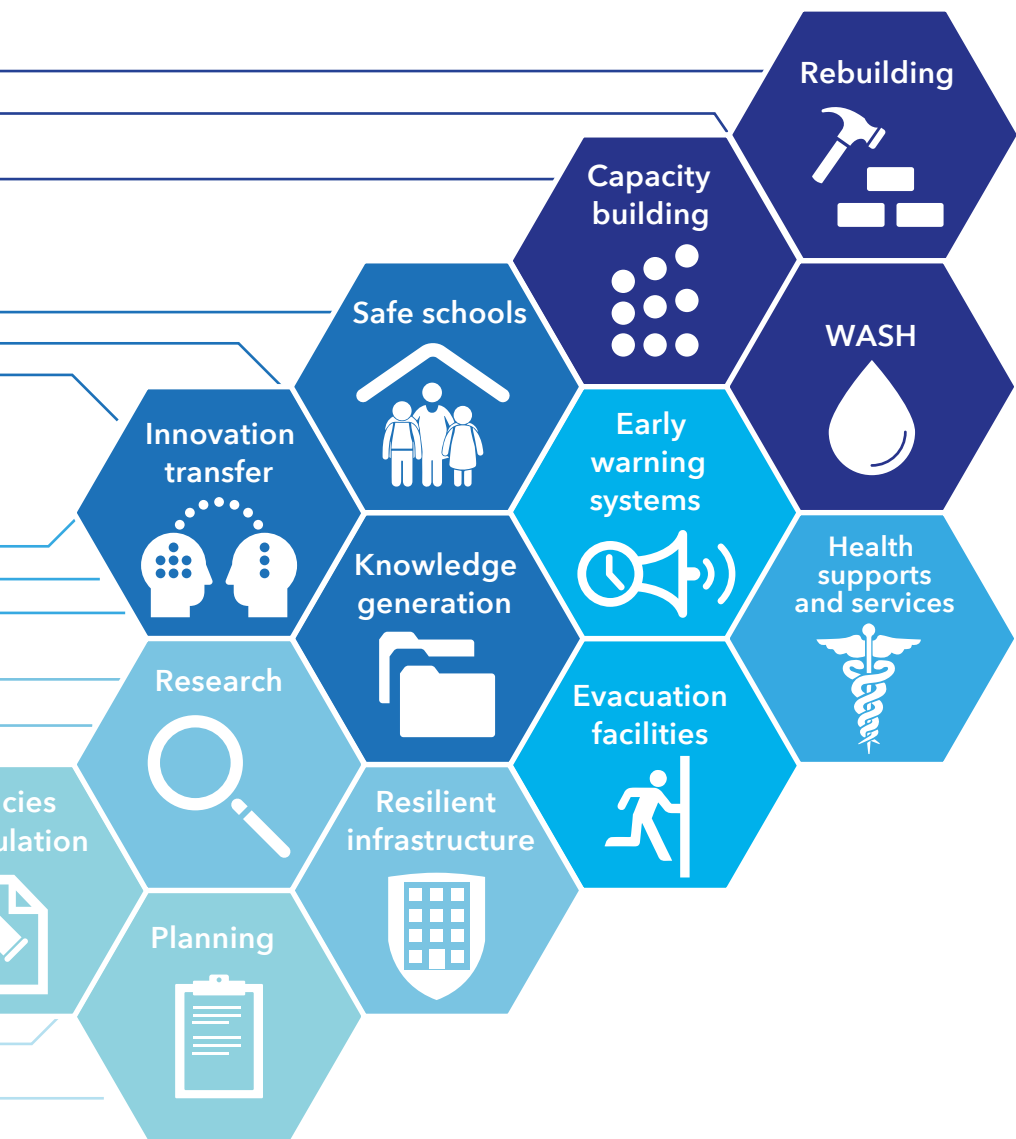
To engage and work collaboratively with private and corporate sectors in the development and implementation of DRR and DRM programs.

To educate, train and strengthen relevant LGU stakeholders on DRR and DRM.



WHAT ARE THE BRC PROGRAMS?

EXAMPLE ACTIVITIES





BRC PROGRAMS - CBDRM



COMMUNITY BASED DISASTER RISK MANAGEMENT

Community Based Disaster Risk Management, also known as CBDRM, is a process of disaster risk management in which at-risk communities are actively engaged in efforts to reduce their vulnerabilities and enhance their capacities.

The program also focuses on managing disaster risk by increasing communities' capacity and resilience and reducing their vulnerability to natural hazards. The approach engages local community in managing local disaster risk often with the collaboration of external actors from civil society, local government and the private sector.

The program is designed to encourage participation from the community and local government to identify, analyse, treat, monitor and evaluate the potential risks within their environment, thereby empowering them into implementation of solutions that they themselves have developed.



Training of school children on the concept of live saving and self-protection



Enthusiastic school children of a village in Karo, Indonesia participating in the BRC-SPP activity

BRC PROGRAMS - SPP



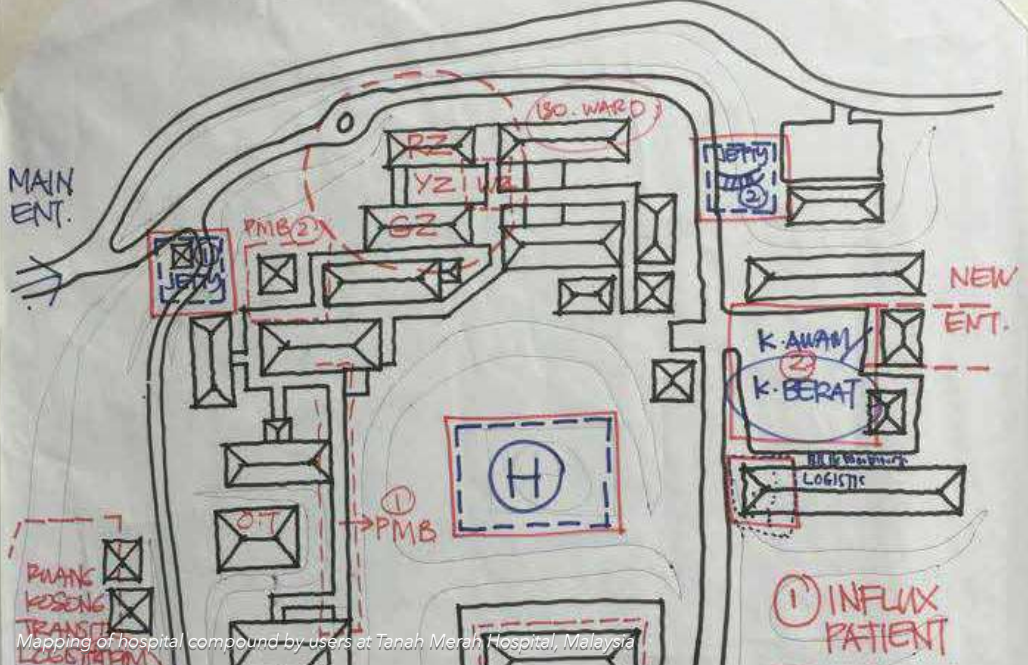
SCHOOL PREPAREDNESS PROGRAM

Among the crucial BRC programs conducted by MERCY Malaysia is the School Preparedness Program. The program is designed to raise awareness amongst students of the hazards they face and to help schools to minimise the risks posed by natural disasters, such as the seasonal floods in many parts of Malaysia, or earthquakes in China. Schoolchildren are taught simple, hands-on activities to prepare them to take responsibility for their own safety in the event of an emergency.

Called the School Watching Workshop, the program introduces “Community-Based Hazard Mapping” tool to help school communities to identify hazards and risks in and around the schools and then devising solutions to make it a safer place.

MERCY Malaysia conducts Training of Trainers workshops with teachers and School Watching Workshops directly with students.

PELAN TAPAK HOSPITAL TANAH MERAH:



Mapping of hospital compound by users at Tanah Merah Hospital, Malaysia



Site survey by hospital users, technical experts personnel, medical officers and local authorities in Indonesia

BRC PROGRAMS - RH



RESILIENT HOSPITALS

When catastrophe strikes, one service a community can't lose is the hospital. Health care organizations must continue to operate in a crisis. This is a matter of patient safety, business continuity and public services. Making hospitals more resilient is a product of planned preparation in strengthening hospital capacity to respond effectively to disaster and fast recovery from extreme events.

Considering hospital is a complex organisation; building, infrastructure and built environment representing aspect related to physical components, to people and hospital management through which space are planned and designed, the program aims to advocate the improvement of the four criteria in making a hospital more resilience.

The four criteria of a resilience hospital are robustness, redundancy, resourcefulness and rapidity. The resilient hospital program under the BRC framework aims to improve users' understanding in the improvement of hospitals in becoming more resilient.



MERCY Malaysia participation at the Khazanah GLC Open Day 2015, Malaysia



Appreciation collage for Maybank Foundation and MERCY Malaysia, prepared by the local community of Ormoc, Philippines

BRC PROGRAMS - PS



PRIVATE SECTORS

The prominent role of the private sector in disaster risk management is one most businesses only recently started to appreciate. Businesses are important and influential components in the communities where they operate, and their collective ability to prepare, respond, and recover from disasters can bring dramatic shifts in private, public and social communities disaster resilience. The private sector needs to protect its own investments, and at the same time, protect and continue provision of services to the communities.

By engaging the private sector, businesses can also reduce their vulnerability to the impacts of unforeseen events, including major emergencies and disasters, by conducting business continuity planning (BCP) and business continuity management (BCM). The roles of private sector are clearly understood by all key stakeholders. Potential partnerships need to be established in order to promote investment in resilient infrastructure, support community development, strengthen partnerships with local government and embrace BRC holistically.



Training of local government staffs, Karo, Indonesia



A military personnel participates and contributes his experience to the LGUs training in Indonesia

BRC PROGRAMS - LGUs



LOCAL GOVERNMENT UNITS

Major roles of local governments in implementing disaster risk reduction in building resilient communities are particularly highlighted in our program. This include, but are not limited to:

1. To play a central role in coordinating and sustaining a multi-level, multi-stakeholder platform to promote disaster risk reduction in the region or for a specific hazard;
2. To effectively engage local communities and citizens with disaster risk reduction activities and link their concerns with government priorities;
3. To strengthen their own institutional capacities and implement practical disaster risk reduction actions by themselves; and
4. To devise and implement innovative tools and techniques for disaster risk redcution, which can be replicated elsewhere or scaled up nationwide.

The empowerment of local governments must be a key priority in order to encourage efficient implementation of the BRC program.



ASEAN RESILIENCE IN PRACTICE

The establishment of global developmental frameworks such as the Sendai Framework for Disaster Risk Reduction (SFDRR) 2015-2030 aims to reduce risk, improve development pathways and reduce the impact of natural hazards. In line with the global context, ASEAN nations established a common response framework - the ASEAN Agreement on Disaster Management and Emergency Response (The AADMER Work Programme 2016-2020). MERCY Malaysia's BRC programs are in response to the commitment to reinforce national and local leadership and capacities in managing disaster and climate-related risks through strengthened preparedness and predictable response and recovery arrangements (WHS Core Commitment) in the ASEAN context, which ties back to SFDRR Priorities for Action.

KELANTAN, MALAYSIA

In continuance to the 2014 Kelantan Flood emergency and recovery relief, efforts are done to increase the resilience of affected areas. All five programs; CBDRM, SPP, RH, PS and LGU were implemented in Kuala Krai, one of the most affected areas in Kelantan. Since then, the programs have spread and replicated to other areas. Current achievement includes 26 school, 10 villages and 3 hospitals reached, as well as one session with LGUs and one session with PS.

ORMOC CITY, PHILIPPINES

On November 2013, 1 of the 86 annual cyclones which struck the country Haiyan, locally known as Yolanda, destroyed over 623.280 billion Philippine pesos (US\$ 14 billion) worth of assets, killed hundreds and affected millions through extensive flooding and landslides. The Philippine Government then requested assistance, in which led to MERCY Malaysia implementing CBDRM and SPP in five barangays in partnership with a local partner, and one SPP program in 2014.

KARO, INDONESIA

Mount Sinabung has been active since 2010, however, there has been greater activity last year with volcanic ashes and hot clouds eruption, and will continue to be active for several years before its big eruption. Hence the district has since been on alert. BRC has started implementing programs in April 2016, starting with a session with LGU, two schools, three villages, one hospital and one session with PS.

TOWARDS BUILDING A RESILIENT ASEAN



If we are serious about protecting our communities, we cannot wait until the damage is done before we figure out what to do. We need to consider our options well in advance and come to a collective agreement on new forms of community resiliency development. The complexity and the scale of the issue will require time to research possible solutions, come to agreement, amend legislation, and implement measures. We must start now if we want to be prepared in time.



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