

SCENARIO BASED TRAINING ON MULTI HAZARD SITUATIONS AND COMPLEX EMERGENCIES

A HANDBOOK FOR
GRASSROOT LEVEL PUBLIC HEALTH WORKERS
AND FIRST RESPONDERS



National Dengue
Control Unit



Disaster Preparedness
& Response Division



World Food
Programme

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A handbook for grassroot level public health workers and first responders

A joint publication of
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FROM THE EDITOR'S DESK

For many decades grassroots level public health workers and first responders have played a pivotal role in managing various disaster situations in Sri Lanka. The quality of their work and public trust in their service delivery have given them the chance to reach the most vulnerable and disaster-stricken communities across the country. Their skill set remained relatively unchanged over the years due to the fact that they continue to deliver results under many challenging circumstances.

However, given the complexities associated with contemporary disasters, there is an urgent need to update their knowledge and skills and align them with modern day public aspirations for an effective and timely disaster response. Hence, a paradigm shift in training and enhancing knowledge and skills through innovative training methodologies were envisioned.

The idea of a scenario-based training for grassroots level health care workers and first responders were conceptualized at several community engagement workshops conducted by the National Dengue Control Unit (NDCU) and Global Disaster Resilience Centre, University of Huddersfield, United Kingdom in 2022. Upon the success of these workshops, NDCU was invited by the World Food Programme (WFP) to develop a training module based on multi hazard scenarios as part of their monsoon preparedness plan in vulnerable districts across Sri Lanka. Once the training blueprint was finalized, a consultative workshop was conducted with relevant subject specialists and agencies, followed by a pilot implementation of the module.

Ultimately, more than 400 grassroots level public health workers and first responders were trained in five disaster vulnerable districts across the island. Experiences and feedback from these workshops have enriched this handbook which can be easily administered by trained public health workers and first responders to their colleagues, other related professionals and practitioners.

We, as editors wish to thank the WFP for their generous assistance for this endeavour from its inception and the financial support of the Australian Government's Department of Foreign Affairs and Trade. We would also appreciate the valuable input provided by the technical teams of NDCU, Disaster Preparedness and Response Division (DPRD) and GDRC, University of Huddersfield.

We sincerely hope that this handbook will enhance the disaster preparedness, mitigation, and response capacities of our grassroots level responders, thereby saving many thousands of lives and property.

Dr. Lahiru Kodituwakku

MBBS, MSc (Com.Med), MBA, PgD in Health Sector Disaster Management

Dr. Jagath Amarasekara

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MESSAGE FROM THE DIRECTOR GENERAL OF HEALTH SERVICES

Multi-hazard situations pose a drastic impact on the national economy, social circumstances, and people's lives. Due to the frequent occurrence of multi-hazard events worldwide in recent years, effective multi-hazard scenario preparedness is imperative for disaster rescue and emergency management.

Grassroot level public health workers have played a crucial role in managing hazardous situations in the country despite numerous challenges. However, it is timely to introduce a comprehensive hazard management approach to ensure timely and effective assistance to the affected communities in coordinated manner, ensuring resilience, the greatest protection of life, property, and health. Thus, an exclusive scenario-based training envisioned to deliver competence and knowledge on multi-hazard situations and complex emergencies to grassroots level public health workers and first responders was conducted by the National Dengue Control Unit, Disaster Preparedness and Response Division and World Food Programme.

Experience and feedback from the workshops that were conducted island wide to public health personals and first responders at district and divisional levels have been translated into a compact, easily administered handbook to help training public health workers and first responders. I would like to take this opportunity to thank all the agencies and staff who contributed immensely to this successful knowledge product.

Dr. Asela Gunawardena

*Director General of Health Services
Ministry of Health*

MESSAGE FROM THE DIRECTOR, NATIONAL DENGUE CONTROL UNIT

Dengue which is endemic in Sri Lanka, has a potential to create larger outbreaks and epidemics. Since last two decades, dengue outbreaks have increased both in intensity and frequency, exerting a substantial burden on the health system. Furthermore, co current hazards like floods, on top of dengue outbreaks have exacerbated the ill effects on both human health and health systems.

Therefore, it is imperative that health care workers and first responders are trained for such multi hazard scenarios and complex emergencies to initiate a timely response. The National Dengue Control Unit (NDCU), focal point for dengue prevention and control in Sri Lanka, takes special emphasis on updating the knowledge and skills of grassroots level health care workers and relevant first responders who will be at the forefront of action during these emergencies.

Hence, NDCU together with Disaster Preparedness and Response Division (DPRD) of the Ministry of Health, supported by the World Food Programme, conceptualized and developed a novel scenario-based training methodology on multi hazard scenarios and complex emergencies, which was successfully implemented in five vulnerable districts. The final outcome of this collaboration was a handbook which can be used as a ToT manual by the Medical Officers of Health, public health teams and first responders to train their compatriots and other relevant professionals.

I would like to congratulate all who contributed to this collaborative effort including my team at NDCU and teams from DPRD and WFP. I sincerely hope that this handbook will be utilized at the grassroots level to maximum benefit, thereby averting potential disasters and mitigating their untoward consequences.

Dr. Sudath Samaraweera

*Director
National Dengue Control Unit*

MESSAGE FROM THE NATIONAL COORDINATOR, DISASTER PREPAREDNESS AND RESPONSE DIVISION

Disasters can strike at anytime and no one is immune from their impact. Hence, evidence based preparedness activities and timely response are essential tools in minimizing the impact of disasters on human lives and property. This is one of the key outcome objectives of the Disaster Preparedness and Response Division (DPRD), Ministry of Health as well. DPRD through it's valued network of health and non-health agencies has always been at the forefront of saving lives from disasters.

Therefore, I see this collaborative effort of the National Dengue Control Unit (NDCU), DPRD and World Food Programme (WFP) as a groundbreaking attempt to achieve disaster resilience, particularly at the grassroots level. I have no doubt this handbook will contribute to enhancing knowledge and skills of our public health and first responder teams for years to come. I am confident that all relevant stakeholders in disaster management ecosystem in Sri Lanka and across the region will use this handbook to gain maximum benefit to their fellow citizens by strengthening first responder capacities during disasters.

Dr. H.D.B Herath

National Coordinator

Disaster Preparedness and Response Division

Ministry of Health

MESSAGE FROM THE COUNTRY REPRESENTATIVE, WORLD FOOD PROGRAMME (WFP)

In an ever-changing world where nations are grappling with multiple challenges including climate change and pandemics, improving national capacities in responding to emergencies in an efficient, reliable, and timely manner is vital. Since 2018, the United Nations World Food Programme (WFP) in collaboration with the Ministry of Disaster Management and other disaster management agencies has consistently prioritized strengthening national emergency management capacities, risk-reduction strategies and operational tools as a response.

On behalf of WFP, I would like to congratulate the National Dengue Control Unit, the Ministry of Health's Disaster Preparedness and Response Division, and the collaboration of all relevant agencies for developing this scenario-based training on multi-hazard situations and complex emergencies handbook. By providing up-to-date information, this handbook will empower public health workers and first responders with critical information needed to safeguard lives in times of emergencies. The well-structured guideline can be used as a dynamic tool in multiple ways - to test plans, rehearse procedures, identify gaps, solve problems and enhance overall capacities in responding to emergencies.

WFP remains steadfast in its commitment to support the Government with activities that reduce disaster risks through information management, assessment tools, scenario-based contingency planning, relief management planning, and response planning. We are confident that by working together towards one common goal, we can help protect the lives and livelihoods of vulnerable communities.

Abdur Rahim Siddiqui

Representative & Country Director

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- All staff at the National Dengue Control Unit and Disaster Preparedness and Response Division, Ministry of Health

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CHAPTER ONE

INTRODUCTION

Disasters have evolved in their intensity and frequency over the last few decades. Although we are used to witnessing conventional disasters such as floods, landslides and other hydrometeorological events more frequently in the past, situation has changed dramatically. More complex disasters with increased intensity, causing significant loss of lives and widespread property damage are now a norm. They can be either natural, anthropogenic or a combination of both.

Furthermore, disasters due to multi-hazard scenarios have become more frequent, due to a multitude of risk factors including impacts of climate change, human behaviour factors, epidemiological and demographic transitions around the globe. Additionally, modern day disasters are cascading in nature, causing one disaster after another. Impacts of these complex and cascading disasters are usually not confined to one system, rather traversing across many systems that are vital to maintain and sustain social, cultural and economic ecosystems.

Such systemic disasters need a more rigorous, comprehensive preparedness and proactive response, rather than a traditional reactive response. Hence, it is essential to update and train our first responders, field practitioners and grass root level public health workers on multi-hazard situations and complex scenarios.

The objective of this handbook is to develop and enhance the knowledge and skills of grass root level public health workers on preparedness, mitigation and response for multi-hazard scenarios and complex emergencies. Moreover, this could be used as a manual for Training of Trainers (ToT) at the grass root level where trainees of district level programmes could act as trainers at the grass root level.

Primary target audience is Medical Officers of Health (MOH) and their public health teams and first responders at the grassroots level, including Public Health Inspectors (PHI), Public Health Midwives (PHM), Supervising Public Health Inspectors (SPHI) and Public Health Nursing Sisters (PHNS). Furthermore, other supervisory officers of public health staff at the MOH level are targeted for the delivery of the training. District supervisory officers such as Regional Epidemiologists, Medical Officers of Maternal and Child Health, District supervisory officers of PHI and PHMs can be involved either as trainees or observers depending on the local context and objectives of the local training.

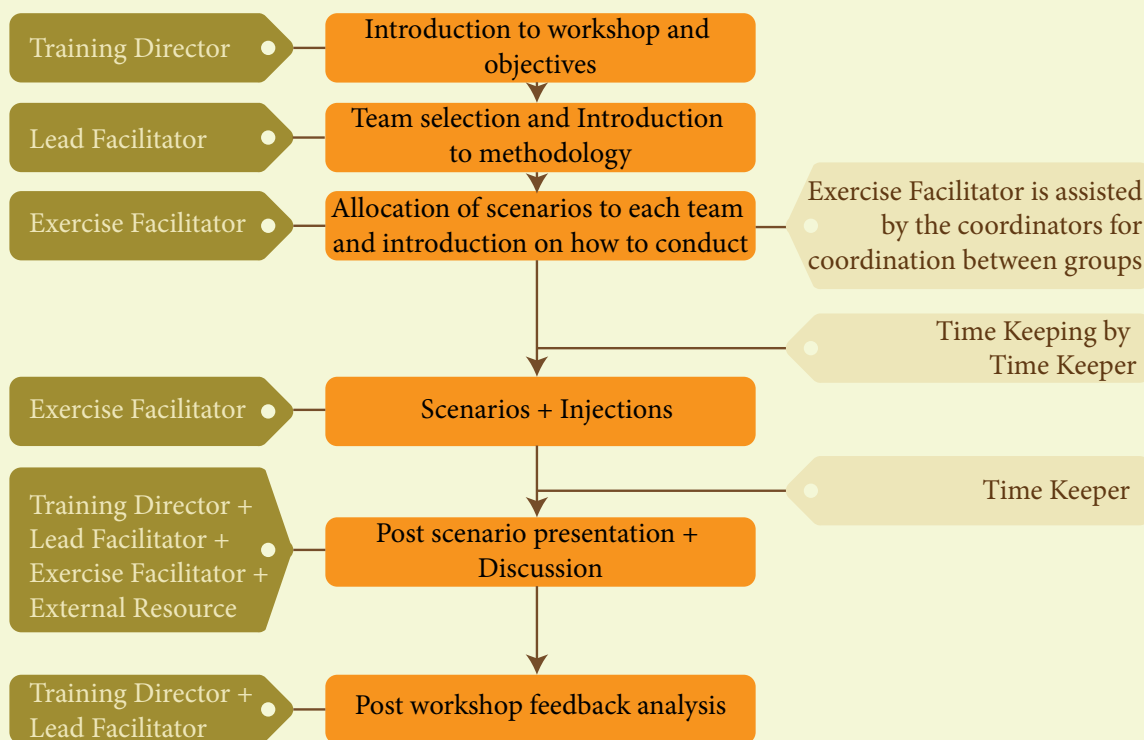
Table 1.1 - Development process of the training module

NAME OF THE INTERVENTION	LEVEL OF INVOLVEMENT	PARTICIPANTS	EXPECTED OUTCOME
Consultative workshop to develop scenarios on different genre of disasters/ emergencies/ multi-hazard situations	National	National level agencies on disaster management, crisis management, public health, security, public administration, and International and local Non-Governmental Organizations/ Community based organizations, Disaster Management Center, Department of Meteorology, National Building Research Organization, Ministry of Health, World Food Programme, Sri Lanka Red Cross, Sarvodaya etc.	Develop a set of scenarios and injections on different multi-hazard scenarios and complex emergencies
2nd round of consultation on refining the draft scenarios with expert inputs	National	Agencies participated in the first consultative workshop and an external resource pool on disaster management and public health	Refine the set of scenarios developed earlier to contemporary country context
Pilot testing of scenarios at district level	Regional	District disaster management, public health, law and order, public administration, Non-government, and Community based organizations	Modify and adapt scenarios made at the national level to grass root level and validation of the scenarios
Scenario based workshop on grass root level health care workers on multi hazard situations and complex emergencies	Local	Grass root level health care workers (MOH/PHI/PHM etc.), disaster management professionals, Public administration (Divisional secretary, Grama Niladhari) , Law and Order (Police, Civil defense)	Training of grass root level health care workers and develop a pool of Training of Trainers (ToT) for future programme implementation Handbook
Post workshop analysis	National	National level and selected group of regional level resource personnel from related agencies	Analysis the results generated out of local level workshops and make recommendations for the ToT programme

Table 1.2 - Resource personnel and their responsibilities:

KEY PERSONNEL	RESPONSIBILITY
Scenario based training director	To provide overall direction and oversight to the entire programme including objectives, methodology, implementation, monitoring and evaluation. Responsible for approving the concept note, scenarios, scenario-based training module and related documents
Lead facilitator	Responsible for overall conduct of the scenario-based training to reach expected outcome within the stipulated time frame. Conduct of post workshop discussion and trouble shooting in respect to conducting of the training are other responsibilities of the lead facilitator
Exercise coordinators	Coordination with different stakeholders for development, implementation, and post training feedback of the scenario-based training. Helping the lead facilitator for smooth conduct of the training is another responsibility
Exercise facilitator	Responsible for delivering the scenarios and injections to trainees and directing them accordingly. First point of contact for any clarifications during the scenario-based training
Timekeeper	Responsible for timely initiation, conduct and completion of scenario-based training. Scenarios and inputs (injections) have to be delivered on time to trainees by the facilitator with the help of timekeeper

The following flowchart illustrates how a model scenario-based training can be delivered at a grass root level setting. However, you are encouraged to follow the principles and tailor make it to your local context.



CHAPTER TWO

IMPORTANCE OF UNDERSTANDING MULTI-HAZARD SCENARIOS

Hazard is a natural or human-made event that threatens to adversely, affects human life, property, or activity to the extent of causing a disaster. Different hazards continue to be a threat to our day-to-day existence. Classification of different types of hazards is given in table 2.1. Sri Lanka too is frequently affected by various hazards. Some common and recent natural and man-made hazards that have affected Sri Lanka are given in the Table 2.2.

Table 2.1 - Classification of hazards

NATURAL HAZARDS	MAN-MADE HAZARDS
Geophysical: A hazard originating from solid earth (such as earthquakes, landslides and volcanic activity)	Hazards caused by humans (eg: conflicts, industrial accidents, transport accidents, environmental degradation and pollution)
Hydrological: caused by the occurrence, movement and distribution of water on earth (such as floods and avalanches)	
Climatological: relating to the climate (such as drought)	
Meteorological: relating to weather conditions (such as cyclones and storms)	
Biological: caused by exposure to living organisms and their toxic substances or diseases (eg: Dengue, Leptospirosis)	

Although it is easy to describe each hazard individually and in isolation, practically combating only a single hazard is a rare occurrence. That's because on most occasions we are faced with handling more than one hazard at once. Complexity and interaction between hazards need to be understood to view a multi-hazard scenario in a holistic approach.

One hazard could lead to another one, for example, heavy rains and floods can lead to landslides. Some instances, more than one hazard can occur in the same area among the same population independent to each other. One hazard could alter the cause or the seriousness of another hazard. Compound hazard association also is observed where interrelated different hazards can be caused by the primary event or a large-scale process.

Multiple hazards which occur simultaneously may have variable relationship between them. The relationship can be spatial as well as temporal. It is important to understand the complex dynamics between the multiple hazards to develop appropriate preventive and response strategies. The classification of multi hazards based on spatial-temporal coupling mechanism by Rui Ba et al is given below.

- **Concurrent multi-hazards:** It is the simultaneous occurrence of unrelated multi hazards. Though unrelated, simultaneous occurrence will give serious consequences compared to hazards occurring separately.
- **Superimposed multi-hazards:** The superimposed multi-hazards mean the damage caused by one hazard is then superimposed with influence of another hazard. The coupled effect of this type of multi hazards are amplified.

- **Cumulative multi-hazards:** The multi hazards having a long-term, slow effect on a structure until permeant damage is triggered is considered a cumulative multi-hazard.
- **Cascading multi-hazards:** The cascading multi-hazards are events triggering a number of subsequent events, where the probability of each event is correlated to the other event or the prior triggering event.
- **Long-term/sudden multi-hazards:** Integration of the long-term hazards and sudden hazard comes under this category. When long-term hazards are coupled with sudden triggering hazards they generally cause disastrous consequences.

Hence it is important to understand complex and varied interaction between different hazards. Therefore, the following two examples are given to illustrate this point.

EXAMPLE I: ASSOCIATION OF DENGUE OUTBREAKS IN A MULTI-HAZARD SCENARIO

In Sri Lanka, dengue with over 50000 cases reported annually, continues to be a major biological hazard. It is endemic throughout the year with frequent outbreaks reported on and off. Being endemic in Sri Lanka, any lapse or any hazard could trigger an outbreak. For example, it has been witnessed following heavy rains and floods. The increased presence of water collections following heavy rains is the possible cause. Dengue outbreaks have been reported in temporary shelters where garbage and waste removal are hampered and mosquito breeding sites are increased. Therefore, any hazard triggering a population displacement, either natural or man-made (eg: landslides, civil unrest and conflicts) causes harboring of people in temporary shelters and thereby increases risk of dengue outbreaks. Even man-made hazards such as economic crises can cause dengue outbreaks due to multiple reasons. The breakdown of garbage and waste removal services and reduced attention by the community towards cleaning the surrounding (as economic crises cause more pressing needs) are such reasons. Economic crises that lead to fuel crisis also causes disruption of preventive activities such as case investigation and fogging. Further, any hazard that causes disruption of health services could trigger a dengue outbreak in a dengue-endemic area.

Table 2.2 - Common and recent hazards that have affected Sri Lanka

Heavy rains and floods
Landslides
Drought
Biological hazards such as dengue, leptospirosis
Wildfire
Coastal erosion
Lightning
Drowning
Elephant-human conflict
Chemical spill (oil spill)
Riots and conflicts
Accidents
Economic and food crisis

EXAMPLE II: FOOD CRISES IN A MULTI-HAZARD SCENARIO

Man-made hazards such as economic crises or natural hazards like droughts can lead to a food crisis. Drought may cause crop failure and lead to a food crisis. The food crisis can then lead to increased man-made disasters such as human-elephant conflicts as wild elephants may come towards the farming areas for food. Food crises can threaten the food security of the community and lead to man-made hazards such as riots and civil unrest. Wildfires can occur during drought as a natural occurrence or be ignited by humans. Then wildfires can spread to

the food crops and further aggravate a food crisis during a drought. Hence multiple hazards can lead to a food crisis, which in turn would trigger hazards.

The above two examples illustrate the value of considering multi-hazard scenarios as opposed to single hazards separately. The field-level health staff should understand and deal with multi-hazards in practical situations. Even if the health staff has knowledge of handling different hazards, skills should be developed to plan and respond to multiple hazards at the same time. Planning for such multi hazard scenarios is equally important which would test the skills of the health staff in a real situation. Such contingency planning would enable the health staff to analyze the hazard, vulnerability and capacity profiles of their local context, thus enhancing their preparedness.

CHAPTER THREE

CONTINGENCY PLANNING IN DISASTER RISK MANAGEMENT AT GRASSROOT LEVEL

Disasters can occur under the most unexpected circumstances. Although health professionals like doctors, nurses, public health inspectors and public health midwives are trained to handle disasters and their impacts, sudden occurrences can sometimes catch them off guard. Moreover, even the best equipped and staffed hospital or Medical Officer of Health Office can be made ineffective during a disaster.

Is there any way out in such situations? Contingency planning is an evidence-based management tool that has been time tested in the field set up to save lives, property, and vital systems in such a complex and unpredictable situation.

WHAT IS CONTINGENCY PLANNING?

A management tool used to analyze the impact of potential crises so that adequate and appropriate arrangements are made in advance to respond in a timely, effective, and appropriate way to the needs of affected populations. Contingency planning is a tool to anticipate and solve problems that typically arise during a humanitarian response (IASC 2007).

In simpler terms, it is the plan (plan B) that you can implement if your current or default plan (Plan A) does not work.

HOW IT IS DIFFERENT FROM OTHER EMERGENCY PLANS?

Although emergency plans are made to respond to a known disaster situation and its consequences, contingency plans are usually made in advance and in a state of uncertainty, anticipating a possible disaster or an emergency.

While emergency plans are based on real time assessments, contingency planning is based on assumptions and predictions on a possible disaster or emergency. Another attribute of contingency planning is that once potential issues are identified during the planning, they are attended to, even though the real situation actually occurs or not.

WHAT ARE THE COMPONENTS OF A CONTINGENCY PLAN?

According to the Inter Agency Standing Committees of United Nations (IASC) there are 4 stages of contingency planning.

- **Preparation:** Coordination and preparation for planning
- **Analysis:** Context analysis, scenario building and planning assumptions
- **Response planning:** Define objectives and strategies, define management and coordination arrangements, develop response plans
- **Implementing preparedness:** Consolidate and implement follow up actions

WHAT IS SCENARIO BASED CONTINGENCY PLANNING?

Planners can develop different situations by analyzing the hazards, risks and contexts and building assumptions on the likelihood of an event happening. These scenarios would imitate real life situations and occurrences in an emergency or a disaster. Contingency plans can be developed based on these scenarios so that during the actual situation, the response is timely and effective.

WHY SCENARIO BASED CONTINGENCY PLANNING IS IMPORTANT?

- To consider possible consequences of an emergency before it occurs
- Define policies and strategies for disaster preparedness and response for a likely emergency/disaster scenario
- To identify key human and logistical resources that might be helpful to manage a probable emergency/ disaster
- To identify and prioritize key areas of operations in case of an emergency/ disaster
- To understand possible gaps in preparedness for a likely event and find solutions for improvement
- Build and enhance knowledge and skills of emergency response teams/ first responders/ field level practitioners in advance

HOW TO SELECT SCENARIOS FOR CONTINGENCY PLANNING?

- Identification of hazards (threats) in your local context, that can be expressed as scenarios or events (they can be either natural, human induced, biological/ epidemics, complex etc.)
- likelihood of that scenario actually occurring in future
- Unique features of a relevant scenario that would require specific planning other than the routine preparedness and response
- Possible impacts of a scenario (human, property and systemic)

HOW TO MEASURE THE LIKELIHOOD OF A SCENARIO ACTUALLY HAPPENING?

For this purpose, a simple 'Risk Matrix' can be utilized and tailormade to apply it for your local context. This will allow you to plot the likelihood of a possible scenario happening on one axis and impact of such a scenario in the other.

1. Likelihood of a scenario happening (*adapted from IASC guidelines for contingencies)

RARE	UNLIKELY	POSSIBLE	LIKELY	HIGHLY LIKELY
Very unusual event and not expected to occur more frequently than once in 500 years e.g., Meteorite impact on earth	Unusual event not expected to occur more frequently than once in 100 years e.g., A massive earthquake	Occasional event expected to occur once in every 20 years e.g., super cyclone/storm	Regular event expected to occur at least once in every 10 years e.g., a large scale flooding	Scientifically predicted or expected to occur within 1-5 years (e.g., dam failure), within months (e.g., landslides), or even days (e.g., possible high winds)

2. Probable impact/ damage from the scenario (*adapted from IASC guidelines for contingencies)

MINOR	MODERATE	SEVERE	CRITICAL	CATASTROPHIC
No deaths	Few deaths	Several deaths	Deaths in the 100s	Deaths in the 1000's
Infrastructure not affected	Infrastructure slightly damaged resulting in loss of basic services for less than one week	Damaged infrastructure requiring significant assistance to repair	Severely damaged infrastructure and housing, Major disruption of basic services for up to six months.	Widespread destruction of housing, infrastructure, government and private business systems and services
Commerce and routine activities slightly disrupted.	Routine activities disrupted for less than one week	Loss of some services for up to one month	Businesses, government, and community activities are seriously disrupted causing massive displacement of population	Loss or disruption of basic services may last more than one year leading to massive displacement or even abandonment of affected areas

CHAPTER FOUR

A PRACTICAL GUIDE TO CONDUCTING MULTI-HAZARD CASE-BASED SCENARIO TRAINING PROGRAMMES

All the case-based scenarios given in this handbook are designed and pre-tested to reflect practical situations that could occur in Sri Lanka. However, all the scenarios may not be relevant for a particular district. Therefore, when selecting the scenarios that are to be utilized for a training programme, it is important to select the most relevant scenarios that reflect the need of the participants.

- **Target group:** The main target group is field-based and district-level health personnel and first responders. However, it could be utilized for Training of Trainers programmes by the academia, colleges and any forum/group for health-related, multi-hazard case-based training programme.
- **Material required:** selected sets of scenarios for the programme (eg: if five groups, then select five different scenario sets), flip charts and board, highlighter and maker pens (preferably in three colours)
- **Total number:** Total number of participants should be adequate yet manageable (Suggest: 30 to 60 participants)
- **Participant Composition:** The majority of the participants should be health staff (approximately 80%) and they should represent different categories of health staff (eg: MOH, SPHI, PHNS, SPHM, PHM etc...). Participants from other sectors should be invited for the remaining 20% (eg: Disaster management, agriculture, volunteer organizations etc..). That will improve the rich dialogue and strengthen the intersectoral nature of suggested activities.

STEPS IN CONDUCTING THE TRAINING PROGRAMME

INITIAL GROUP WORK

- Organizers of the training programme should have adequate number of facilitators to ensure each scenario and the injections are given to each group on time. (Please note that, based on selected case-based scenarios, number of injections and the allocated time for each injection may vary between groups.)
- The facilitators can guide the participants to understand the task but should not contribute through technical inputs.
- The ideal would be to allocate the participants into 5 groups (4 to 6 groups recommended).
- Randomly allocate an equal number of participants into each group.
- Once the participants go to their allocated group, assess the composition of each group (based on categories). If certain categories are over-represented or under-represented in any group, make changes within groups to ensure balance and uniformity.
- Each group is requested to elect a leader and a coordinator.

- All groups are given the Case-based scenario (background) followed by the relevant injections.
- These injections are given at recommended 'exercise time' gaps (as mentioned with each scenario and injection) to each group by a facilitator.
- During the allocated time, the group is expected to discuss and give their observations/solutions for the respective scenario and the injections and write them on the provided flip charts.
- Once the scenario background and injections are completed, each group is given another 15 to 20 minutes to finalize all the answers.
- The total time allocated for the entire group work is 90 minutes.

DISCUSSION FOLLOWING GROUP WORK

- Following the completion of the group work, each group is expected to present their work to the entire forum and a discussion is initiated.
- Facilitators and other invited experts should take part in the discussions in addition to the participants.
- A moderator should moderate the discussion to ensure each group is given equal and adequate time to present their group work and the discussion is rich in knowledge and is held with active participation of the entire forum.
- On completion of the programme all participants will gain knowledge and practical experience in handling multi-hazard scenarios.
- Feedback of the programme from the participants would be useful for future training programmes.

SAMPLE SCENARIOS AND INJECTIONS FOR THE MULTI-HAZARD SITUATION AND COMPLEX EMERGENCIES TRAINING

The case-based scenarios were developed, taking into consideration the multi-hazard nature in the Sri Lankan context.

Actual district, MOH area, PHI, PHM and GN division names were included to make the scenarios more realistic. The facilitators are encouraged to change these names to capture the local areas as relevant, during the training sessions, to make the scenarios more meaningful for the participants. 'Actual time' represents the timing of the real life situation, while 'Exercise Time' represents the timing which has to be adhered to during the training (e.g: Scenario 1 - Actual time - Injection day 2 - 20th minute means day 2 in the actual situation after start of event and 20th minute after start of table top exercise).

Selection of the case-based scenarios from the total scenarios for any training session too should be done taking into consideration the common multi-hazards in the area and the importance for the participants.

Scenario 01

Ambagamuwa MOH area has been receiving continuous rains for three days. The National Building Research Organization(NBRO) has issued a landslide early warning for the Norton PHM area. Over 150 mm rainfall was recorded for the last 24 hours. Meteorological department predicted that rainfall would continue further. (Actual Time: Day 0, Injection Time: 0 min)

ACTUAL TIME	EXERCISE TIME	EVENT
Injection Day 1	10 th Min	People have been questioning public health staff during their field visits, whether they need to evacuate from the area.
Injection Day 2	20 th Min	The road leading to the Ginigathhena hospital has been blocked by a huge boulder. An expectant mother is complaining of reduced fetal movements and needs to be transferred. Medical Officer In Charge (MOIC) has requested help from the MOH to transfer the mother to Nawalapitiya hospital.
Injection Day 7	40 th Min	Field MOH polyclinic at Brookeland estate is scheduled for tomorrow. However, NBRO has warned that the estate is vulnerable to landslides.
Injection Day 14	60 th -75 th Min	Local Pradeshiya member accuses MOH of increasing dengue cases in Brookeland estate.

Scenario 02

The Meteorology department has issued a warning today at 06.00 hours, about a tropical storm over the Jaffna peninsula two days from now. They have predicted a wind speed over 85 km/h and expected landfall at around midnight. The predicted pathway of the storm is directly over Jaffna city and Nallur areas. Meanwhile over 2000 visitors, both local and foreign, have gathered in the city for the annual festival of the Nallur Kovil which happens in three days' time. (Actual Time: Day 0, Injection Time: 0 min)

ACTUAL TIME	EXERCISE TIME	EVENT
Injection 10 hours Day 0	10th Min	An emergency meeting has been convened by the District Secretary to discuss the situation and make urgent measures to save both lives and property. The meeting will start in 4 hours from now. Both Jaffna Municipal Council (MC) and Nallur MOHs have been invited for the meeting. Provincial Director of Health Services (PDHS) have requested both MOHs to update their disaster preparedness and response plan accordingly and be ready to present at the meeting. He has requested them to make a special note on the large contingent of pilgrims present within the city limits and ensure health and safety of evacuation sites for any eventuality.
Injection Day 1	25th Min	During the meeting it was decided to evacuate people living in low lying areas of MC Jaffna and Nallur due to risk of an impending flash flood during the immediate aftermath of the tropical storm. MC authorities have tried to convince people to evacuate to temporary shelters but they overwhelmingly refused. MC authorities have requested the help of MOH and public health team to prioritize whom to evacuate and convince them to follow the instructions.
Injection Day 2	35th Min	Rough seas and gale force winds have occurred in the seas off Jaffna peninsula. Disaster Management Center has issued a red alert to fishermen to return to shores. Meanwhile, in Delft Island, a mother expecting her 3rd child has gone into labour and was admitted to Delft divisional hospital. Since she has a bad obstetrical history, the doctor has decided to immediately transfer her to Jaffna Teaching Hospital. He has requested PHM to prepare for immediate transfer.
Injection Day 10	45th Min	During the storm that occurred in day 02, Jaffna/Nallur Mankaiyarkarasi Vidyalam has been used as a temporary shelter to house displaced persons. Around 75 families are inside the shelter. The government has now decided to open the school for routine work in three days' time as the weather has improved. RDHS has requested MOH and a team to attend the relocation of the displaced families to their place of residence and to ensure a safe environment for opening of the school.
Injection Day 21	55th-70th Min	Uduvil MOH has noticed a sharp rise in dengue cases following the storm and subsequent flash flood. Meanwhile residents have blamed the local authorities and the MOH for not attending to blocked drains and debris within the city limits. The biggest school in the area has reported several dengue cases among school children as well. Local Pradeshiya Saba (PS) Chairman has requested the help of the MOH to organize a mass fogging campaign.

Scenario 03

Ocean View Mega Residencies project is a large-scale apartment project consisting of five 20 story apartment buildings. Four buildings have been completed and occupied (Section A, B, C and D). Fifth (E) is under construction. A leaked gas line has caused a sudden fire in building B, initiating a massive evacuation of 80 households (Around 400 people).

Health and safety officer has requested the public health team at the MOH to guide them in providing temporary accommodation for the evacuated. (Actual Time: Day 0, Injection Time: 0 min)

ACTUAL TIME	EXERCISE TIME	EVENT
Injection Day 0	10th Min	The Public Health team suggested evacuating people to the nearest temple, but people are insisting on staying at the premises maintaining a safer distance from the damaged building.
Injection Day 2	25th Min	43 people are sheltered in the lobby of building A, including two breast feeding mothers. They have complained to the visiting PHM about the lack of privacy for breastfeeding.
Injection Day 5	35th Min	Permanent residents of building C have handed over a letter to local PHI, stating that the presence of evacuees from building B has caused immense hardships to their daily routine.
Injection Day 10	45th Min	Several fever cases have been reported among children evacuated to building D. Three children have been hospitalized with symptoms of fever, muscle, and joint pain. Two have been diagnosed as Dengue fever.
Injection Day 11	55th-70th Min	Public health teams who are on an inspection for possible dengue breeding sites have found a partially built lift well in building E with water collections full of larvae.

Scenario 04

Akurana MOH area has been receiving continuous heavy rain for the last 5 days (over 100mm daily). Forty seven homes in a PHM area have been damaged due to floods and as a result 184 people have been displaced. They have taken shelter at the community hall nearby. (Actual Time: Day 0, Injection Time: 0 min)

ACTUAL TIME	EXERCISE TIME	EVENT
Injection Day 1	10th Min	The MOH comes to the temporary shelter for field visit and meets the priest of the nearby temple. He tells the MOH that 4 years back with heavy rains there were landslides in this area where the families are temporarily located (community center).
Injection Day 5	20th Min	The area PHM gets an urgent call saying that one pregnant mother has gone into labor. It is 8.00 in the night and the road to hospital is blocked (as mentioned in the 7.00pm news bulletin) due to floods. Her records show that the mothers EDD is 5 weeks away.
Injection Day 12	40th Min	The range PHI of Dodangolla is visited by a villager, saying that his father is admitted to the nearby hospital with dengue. He also says that three more persons from the same village were diagnosed with dengue last week.
Injection Day 15	50th-70th Min	Dodangolla PHI has initiated field visits to dengue patients reported from the area and found out that none of the patients were notified to MOH, as admitted patients by Akurana Divisional Hospital (DH). PHI has informed this situation to Akurana MOH

Scenario 05

Following the recent violence between two underworld fractions in the Matara PS, PHI area of Matara MOH area, health services are disrupted. Health staff are unable to do field visits due to the tense situation. It is the paddy cultivating season and the PHI tells the MOH that he scheduled three awareness programmes to the farming community and that he is unable to conduct them. (Actual Time: Day 0, Injection Time: 0 min)

ACTUAL TIME	EXERCISE TIME	EVENT
Injection Day 2	10th Min	Member of the local mother support group has requested the support of the MOH team to provide services to expectant mothers in the area.
Injection Day 5	20th Min	Police have cordoned off the area due to security issues. When requested access by the PHM, they offered to escort her to the office to take essential items for continuation of the field clinic, but refused to give permission to open the field clinic.
Injection Day 10	35th Min	Several people living among the agriculture community have complained of fever and severe body aches.
Injection Day 20	50th-70th Min	After clashes subsided local authorities have decided to reopen the village and start the area school within a week. Education authorities have asked for the guidance of MOH team to make school environment health hazard free prior to opening.

Scenario 06

Agunakolapelessa is a MOH in the semi-arid zone in Hambantota district. Severe drought that has been on-going for more than 6 months in 2022 has resulted in a reduction of crop yield by 60 to 70 percent compared to last year. More than 75% of the people in this village depended on agriculture for livelihoods and their own food production for consumption. Fuel shortages that have been affecting the whole country, has affected food coming from outside of the village.

For both consumption and general purposes, the village depended on the well water in the adjoining village which has run dry due to the drought. Only source of clean water is a stream running around 15km away from the village.

Total population of the village is around 47000 with 2800 under 5 children and about 170 pregnant and lactating women. Even before the crisis, there was scarcity of food. Fuel shortages have affected the mobility of the health workers and as a result disrupted the delivery of field level health care including nutrition Services. (Actual Time: Day 0, Injection Time: 0 min)

ACTUAL TIME	EXERCISE TIME	EVENT
Injection Day 1	10th Min	RDHS has requested a report from the MOH on the current situation of the village.
Injection Day 7	30th Min	MOH was informed by the DMO of DH Agunakolapelessa that most reports in recent times, taken from Pregnant mothers show high proportion of them having low Hb levels. During the monthly conference MOH has taken this up and it requested to PHNS to develop a plan this situation at PHM level.
Injection Day 12	50th Min	DH Angunakolapelessa has reported four children with fever and headache. Clinicians have diagnosed it as dengue fever. All are from Yakagala PHI area, and they have a custom of collecting water in small buckets at households due to scarcity.
Injection Day 15	50th-70th Min	Local Community Based Organizations (CBOs) have offered help to uplift the nutritional standard of village children. They have suggested building a community kitchen and requested the public health team's support.

Scenario 07

Continuous heavy rains over the last three days have resulted in several earth slips in Devunagala PHI area of Aranayake MOH. Major Road connecting the hospital with the village has been blocked due to fallen rocks.

Five houses have been buried due to the landslide and another 20 houses were given evacuation notices. Area PHM's house is also within the vulnerable zone. Mahindaramaya, has been converted to a temporary camp to shelter the displaced.

Suwodaya, the local CBO has mobilized their cadre to help. (Actual Time: Day 0, Injection Time: 0 min)

ACTUAL TIME	EXERCISE TIME	EVENT
Injection Day 0	10th Min	RDHS has called MOH at 6am in the morning and requested to send a brief report on the ground situation and condition at the temporary shelter. District secretariat has called for an emergency meeting to discuss the situation at 10.00am and he has requested RDHS to provide necessary details.
Injection Day 2	25th Min	104 displaced persons are currently in the temporary shelter including three pregnant mothers and five infants. People are complaining about inadequate toilets and washing facilities at the temple. Grama Niladhari has requested the help of the MOH team to find a solution.
Injection Day 5	40th Min	During a visit to the temple, MOH team has observed one lady dumping leftover rice and two yogurt cups to an overflowing garbage bin. A bad odor is being spread across the camp.
Injection Day 8	50th Min	A pregnant mother has complained of fever and abdominal pain for two days. Upon inquiry she has refused to be hospitalized. Member of the mother support group who is also displaced, requested Public Health Midwife's help to convince her to go to the hospital.
Injection Day 12	60th-70th Min	Several mothers have complained that their children are suffering from high fever and headache. One pregnant mother has complained the same. She is expecting delivery soon. Head prelate has requested help to clean up the waterlogged gutters at the temple. Many water collected containers could be found inside the temple premises.

Scenario 08

People living in Korale Pattu South municipality have started an agitation, citing a public health and safety threat due to a garbage dump within the city limit. Further, solid waste and other garbage collection activities by the Municipal Council have completely ceased, prompting many local government agencies, local hospitals and public agencies to send an urgent request to rectify the situation.

The prevailing tense situation has resulted in several quarrels between the Municipal Council workers and the public. Meanwhile, Korale Pattu is receiving unusually heavy rains and drains have been blocked due to accumulation of garbage. (Actual Time: Day 0, Injection Time: 0 min)

ACTUAL TIME	EXERCISE TIME	EVENT
Injection Day 3	10th Min	Mayor of the Municipal Council has urged the Medical Officer of Kiran to intervene immediately, to resolve the situation, stating that the situation is a grave health risk.
Injection Day 5	25th Min	Due to flash floods following heavy rains, many areas of the city have been inundated, including the community well, used for drinking water purposes. A local faith based organization attached to the mosque has come forward to clean the well and requested the instructions from the Public Health Inspector.
Injection Day 7	45th Min	A physical altercation between the Municipal Council workers and city dwellers has resulted in several injuries for both sides. Mayor has requested the MOH Kiran to intervene since the MOH office has a good rapport with the public.
Injection Day 14	60th-75th Min	Meanwhile several people have been admitted to hospital with symptoms of fever, headache, joint pain and vomiting. A field investigation by the public health team has revealed that water collecting items are dispersed everywhere within the city due to cessation of garbage collection by the Municipal Council.

Scenario 09

Thissapura, Rajanganaya is a small hamlet, frequently threatened by wild elephant attacks. This has resulted in the loss of three human lives and five elephants within the last three months. There is a huge uproar among the village community on this issue and they have threatened public servants to not enter the village, until they provide a permanent solution to the situation.

Meanwhile, crops have failed due to unavailability of fertilizer. Several farmers have started a fast unto death calling for food rations to be given to the villagers due to prevailing scarcity of food. (Actual Time: Day 0, Injection Time: 0 min)

ACTUAL TIME	EXERCISE TIME	EVENT
Injection Day 2	10th Min	The Divisional Secretary of Rajanganaya has called an emergency stakeholder meeting to discuss the situation. She has also requested the Medical Officer of Health to see whether there is an actual food insecurity issue within the village and confirm. However, due to the prevailing tense situation, she is unable to provide the support of social security officers attached to the DS office for the proposed field food security assessment.
Injection Day 7	25th Min	A wild elephant attack has been reported in Aliwanguwa Public Health Midwife division, closer to the field office and field weighing post of the Public Health Midwife (PHM). Meanwhile, a special weighing campaign for under five-year-old children has been organized tomorrow at the same field office, in line with National Nutrition Month. The Regional Director of Health Services has requested the results of this campaign from this PHM area and others, which will be used as a basis for distribution of food aid.
Injection Day 14	45th Min	A Non-Governmental Organization has requested assistance from the MOH to conduct a dengue awareness campaign in Tissapura. MOH has convened a special meeting of his public health team to discuss this proposal. During the discussion, MOH expressed his willingness to expand the programme beyond a conventional awareness programme with larger stakeholder participation. He has instructed the Public Health Inspector (PHI) to draft an action plan for the purpose, after discussing with Grama Niladhari and other relevant government officials.
Injection Day 21	60th-75th Min	It was revealed during the District Development Committee meeting that the irrigation water will be released for agriculture purposes within the next few weeks. Meanwhile, farmers have prepared their paddy fields in anticipation of irrigation water. Further, local hospitals have recorded several admissions to the hospital with symptoms of fever, muscle aches and red eyes. All who have admitted are farmers involved in preparing their paddy fields to harvest.

Scenario 10

Ayagama MoH division is very prone to floods historically and with the given monsoon prediction most of the GN areas are expected to be inundated in June 2023. It comprises 6300 families and 1400 are in high-risk areas for flooding and landslides. Further, ongoing food shortage is felt by the whole division making hardship for most vulnerable families living under the poverty line. The District Hospital of Ayagama is also situated in the flood prone area. (Actual Time: Day 0, Injection Time: 0 min)

ACTUAL TIME	EXERCISE TIME	EVENT
Injection Day 0	10th Min	The district coordinating meeting chaired by the District Secretary, convened on 18 th April 2022 and Ayagama food shortage was discussed. One member of the committee pointed out that each year a certain area of Ayagama goes under floods in June and the food situation may worsen in such circumstances. RDHS of Ratnapura too participated in the meeting. Following the meeting (19 th April 2022), RDHS informed the MOH Ayagama to ensure nutrition of the population is not compromised even in an event of floods.
Injection Day 7	30th Min	When the MOH team presented the nutritional plan for the event of floods, at the community organization of the local area, they pointed out that the main road with access to the main bus stand and pola always gets inaccessible during floods. It was decided to be well prepared for the flood event.
Injection Day 14	40th Min	DMO of Hospital welcomed the preparedness plan. However, he pointed out that if there are flash floods and need to evacuate the patients and staff of hospital, there should be a proper mechanism highlighted in the preparedness plan.
Injection Day 21	55th-70th Min	Local Agriculture office came up with a plan to introduce flood resistance, high yield crops to the area. But farmers have resisted saying it's a waste of funds and a threat to their livelihoods. Agriculture department has requested MOH team support to convey the importance of these crops during their community engagement programmes.

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සිද්ධි දාමය 01

අඹගලුව ප්‍රාදේශීය ලේකම් කොට්ඨාශයට දින තුනක සිට නොකඩවා දැඩි වර්ෂාපතනයක් ලැබෙමින් පවතී. මේ හේතුවෙන් එම ප්‍රදේශයට අයත් නෝටන් පවුල් සෞඛ්‍ය නිලධාරී වසමට ජාතික ගොඩනැගිලි පර්යේෂණ ආයතනය, නායයාම් පිළිබඳ පූර්ව අනතුරු ඇගවීමේ නිවේදනයක් නිකුත් කර ඇත. අවසන් වූ පැය 24 තුළදී පමණක් මිලිමීටර 150 කට ආසන්න වර්ෂාපතනයක් ප්‍රදේශයේ වාර්තා වී ඇත. කාලගුණ විද්‍යා දෙපාර්තමේන්තුව පුරෝකථනය කර ඇත්තේ ඉදිරි දින කිහිපයේදී පවා දැඩි වර්ෂාපතනයක් අපේක්ෂා කල හැකි බවයි. (කාලය: 0 වන දිනය, අතුරු පණිවුඩ: 0 වන මිනිත්තුව)

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අතුරු පණිවුඩ - 1 වන දිනය	10 වන මිනිත්තුව	තමන් ආරක්ෂාව පතා ප්‍රදේශයෙන් බැහැර විය යුතු දැයි සිය ක්ෂේත්‍ර රාජකාරි සඳහා ගෙයින් ගෙට යන මහජන සෞඛ්‍ය පරීක්ෂක හා පවුල් සෞඛ්‍ය සේවා නිලධාරීන්ගෙන්, පවතින තත්වය යටතේ ජනතාව විමසයි.
අතුරු පණිවුඩ - 2 වන දිනය	20 වන මිනිත්තුව	මේ අතර ප්‍රදේශයේ ඇති එකම රෝහල වන ගිනිගත්තේන ප්‍රාදේශීය රෝහලට යන මාර්ගය විශාල ගලක් හා පස් කන්දක් පෙරලීම හේතුවෙන් අවහිර වී ඇත. රෝහල්ගත වී සිටින ගර්භණී මවක් දරුවා දැගලීම අඩු යැයි වෛද්‍ය නිලධාරීන්ගෙන් පවසා ඇත. රෝහල භාර වෛද්‍ය නිලධාරීන්ගෙන් මේ මව නාවලපීටිය දිස්ත්‍රික් මහා රෝහල වෙත මාරු කර යැවිය යුතු බවට තීරණය කර ඇත. පවතින තත්වය යටතේ මේ සඳහා සහය ලබා දෙන ලෙස එතුමා සෞඛ්‍ය වෛද්‍ය නිලධාරීන්ගෙන් ඉල්ලා සිටී.
අතුරු පණිවුඩ - 7 වන දිනය	40 වන මිනිත්තුව	බිරුක්ලන්ඩ් ප.සෞඛ්‍ය නිලධාරී වසමේ ක්ෂේත්‍ර සායනය හෙට දිනට යෙදී ඇත. මේ අතර මෙම ප්‍රදේශය සඳහා ජාතික ගොඩනැගිලි පර්යේෂණ ආයතනයේ ප්‍රාදේශීය කාර්යාලය නායයාම් අනතුරු ඇගවීමක් නිකුත් කර ඇත.
අතුරු පණිවුඩ - 14 වන දිනය	60-75 වන මිනිත්තුව	බිරුක්ලන්ඩ් ප්‍රදේශයේ ඩොංගු රෝගය සිග්‍රයෙන් පැතිරීගෙන යන බවත් මේ සම්බන්ධයෙන් සෞඛ්‍ය වෛද්‍ය නිලධාරී කාර්යාලයේ මැදිහත්වීම ප්‍රමාණවත් නොවන බවටත් එම ප්‍රදේශයේ ප්‍රාදේශීය සභා මන්ත්‍රී වෝදනා කර සිටී.

සිද්ධි දාමය 02

කාලගුණ විද්‍යා දෙපාර්තමේන්තුව අද දින 6 වෙනි පැයේදී, අනතුරු ඇඟවීමක් නිකුත් කරමින් පවසන්නේ තව දින දෙකකින් යාපනය අර්ධදිවිපයට ආසන්නයේ සුළු කුණාටුවක් ඇතිවීමේ අවදානමක් ඇති බවයි. පැයට කිලෝමීටර් 85 කට ආසන්න වේගයකින් සුළං හැමිය හැකි බවටත් මධ්‍යම රාත්‍රියේදී ගොඩබිම වෙතට ලගාවිය හැකි බවටත් කාලගුණ විද්‍යා දෙපාර්තමේන්තුව පුරෝකථනය කර ඇත. විමේන්ම යාපනය නගරය හා නල්ලූර් ප්‍රදේශය හරහා සුළගේ ගමන් මාර්ගය වැටී ඇති බවද එම දෙපාර්තමේන්තුව තවදුරටත් පවසයි. මේ අතර දින තුනකින් පැවැත්වීමට නියමිත යාපනය නල්ලූර් මහා කෝවිලේ වාර්ෂික මංගල්‍ය සදහා දෙදහනකට අධික දෙස් විදෙස් සංචාරකයින් පිරිසක්ද මේ වන විට යාපනය නගරයට ඒකරාශී වී ඇති බවට තතු සැලවී ඇත. (කාලය: 0 වන දිනය, අතුරු පණිවුඩ: 0 වන මිනිත්තුව)

කාලය	අහසාස කාලය	සිද්ධිය
අතුරු පණිවුඩ - 10 පැය, 0 වන දිනය	10 වන මිනිත්තුව	පවතින හදිසි තත්වය පිළිබඳ සාකච්ඡා කිරීමට සහ ජීවිත හා දේපල රැකගැනීමට වැඩපිළිවෙලක් සකස් කිරීමට දිස්ත්‍රික් ලේකම්තුමා විශේෂ රැස්වීමක් කැඳවා ඇති අතර, තව පැය 4 කින් මෙම රැස්වීම ආරම්භ වීමට නියමිතය. මේ සදහා යාපනය හා නල්ලූර් සෞඛ්‍ය වෛ. නිලධාරීන් කැඳවා ඇති අතර, පළාත් සෞඛ්‍ය සේවා අධ්‍යක්ෂකතුමා උපදෙස් ලබාදී ඇත්තේ එම සෞඛ්‍ය වෛ. නිලධාරී කාර්යාලවල ආපදා පෙරසූදානම් හා ප්‍රතිචාර දැක්වීමේ සැලසුම් පවතින තත්වයට ගැලපෙන පරිදි යාවත්කාලීන කර, රැස්වීමට අතරතුරදී ඉදිරිපත් කිරීමට සූදානම් වන ලෙසයි. එලෙසම මේ වනවිට නගරයට රැස්වී ඇති ජනතාව සම්බන්ධයෙන් අවධානය යොමු කර, හදිසියේ ජනතාව ඉවත් කිරීමට සිදුවුවහොත්, එම තාවකාලික රැදවුම් මධ්‍යස්ථානවල සෞඛ්‍යරක්ෂාව පිලිබඳව විශේෂයෙන් සැලකිලිමත් වන ලෙසද ඔහු දන්වා ඇත.
අතුරු පණිවුඩ - 1 වන දිනය	25 වන මිනිත්තුව	දිස්ත්‍රික් ලේකම් කාර්යාලයේ පැවැත්වුණු හදිසි රැස්වීමේදී යාපනය මහා නගර සභා සහ නල්ලූර් ප්‍රදේශයේ පහත බිම්වල ජීවත් වෙන ජනතාව සුළු සුළගට පසුව ඇතිවිය හැකි හදිසි ගංවතුර තත්වයක් අපේක්ෂාවෙන් තාවකාලික රැදවුම් මධ්‍යස්ථාන වෙත ඉවත්කිරීමට දැඩි ප්‍රතිවිරෝධයක් දක්වන බව පවසන මහා නගර සභා නිලධාරීන් සිය ප්‍රයත්නය කිහිපවිටක්ම අසාර්ථක වූ බව පවසයි. මෙම ජනතාව අතරින් ප්‍රමුඛතාවයේලා සලකා ඉවත් කල යුත්තේ කවුරුන්ද යන්න හදුනාගැනීම සහ ඒ සදහා ඔවුන්ගේ කැමැත්ත ලබා ගැනීමට නාගරික බලධාරීන් සෞඛ්‍ය වෛ. නිලධාරීන්ගේ සහය අපේක්ෂා කරයි.
අතුරු පණිවුඩ - 2 වන දිනය	35 වන මිනිත්තුව	යාපනය අර්ධදිවිපය අවට මුහුදු ප්‍රදේශය රළු වී ඇති අතර දැඩි සුළංද වාර්තා වී ඇත. මුහුදු ගොස් සිටින ධීවරයින්ට වහාම නැවත ගොඩබිම කරා පැමිණෙන ලෙස ආපදා කළමනාකරණ මධ්‍යස්ථානය රතු නිවේදනයක් නිකුත් කර ඇත. මේ අතර ඩෙල්ටා දූපතේ සිය තුන්වන දුරුවා අපේක්ෂාවෙන් සිටින මවක් ප්‍රසූත වේදනා සහිතව ඩෙල්ටා ප්‍රාදේශීය රෝහලට ඇතුලත් කර ඇත. ඇයගේ ගර්භණී ඉතිහාසය සලකා බැලූ වෛද්‍ය නිලධාරීවරයා ඇය වැඩිදුර ප්‍රතිකාර සදහා යාපනය ශික්ෂණ රෝහලට මාරුකර යැවිය යුතු බවටත් ඒ සදහා රෝහලේ පවුල් සෞඛ්‍ය සේවා නිලධාරීන්ගේ සුදානම් වන ලෙසත් පවසා ඇත.
අතුරු පණිවුඩ - 10 වන දිනය	45 වන මිනිත්තුව	දින කිහිපයකට ඉහතදී ඇතිවූ සුළු සුළගට පසුව අවතැන් වූ පුද්ගලයින් සදහා තාවකාලික රැදවුම් මධ්‍යස්ථානයක් ලෙස නල්ලූර් මන්ගෙර්කරසි විද්‍යාලය භාවිතා කරන ලදී. අවතැන් වූ පවුල් 75ක් පමණ මෙහි රඳවා තැබිණි. කෙසේ වෙතත් හදිසි තත්වය පහව යමින් පවතින නිසා දින තුනකින් නැවත අවතැන් වුවන් සිය මුල් වාසස්ථාන සදහා පිටත් කර යැවීමටත්, පාසල අධ්‍යයන කටයුතු සදහා නැවත විවෘත කිරීමටත් රජය තීරණය කර ඇත. පවුල් නැවත පදිංචි කිරීමේ කටයුත්ත සදහා මැදිහත් වෙන ලෙසත්, පාසල නැවත සෞඛ්‍යාරක්ෂිතව විවෘත කිරීමට කටයුතු කරන ලෙසත් ප්‍රාදේශීය සෞඛ්‍ය සේවා අධ්‍යක්ෂකතුමා සෞඛ්‍ය වෛ. නිලධාරීන්ගෙන් ඉල්ලා ඇත.
අතුරු පණිවුඩ - 21 වන දිනය	55-70 වන මිනිත්තුව	පසුගියදා ඇතිවූ අයහපත් කාලගුණ තත්වයෙන් හා හදිසි ගංවතුරින් පසුව උඩුවිල් සෞඛ්‍ය වෛ.නිලධාරී කාර්යාල ප්‍රදේශයේ ඩොංගු රෝගීන් වාර්තාවීම ඉහළ ගොස් ඇත. මේ අතර ප්‍රාදේශීය සභාව හා සෞඛ්‍ය වෛ.නිලධාරී කාර්යාලය, වර්ෂාව නිසා අබලි දවස හා කැලිකසල නිසා අවහිර වූ කානු හා අගල් සම්බන්ධයෙන් කිසිදු පියවරක් නොගන්නා බවට මහජනතාව චෝදනා කරයි. මේ අතර ප්‍රදේශයේ ඇති විශාලතම පාසලේ සිසුන් කිහිප දෙනෙකුද ඩොංගු රෝගයට ගොදුරු වී ඇත. මේ තත්වය ගැන සලකා ප්‍රදේශය ආවරණය වෙන පරිදි මුමානනය කිරීමට අවශ්‍ය පහසුකම් සලසන්න යයි ප්‍රාදේශීය සභා සභාපති සෞඛ්‍ය වෛ.නිලධාරීතුමාගෙන් ඉල්ලා සිටී.

සිද්ධි දාමය 03

"Ocean view Mega Residencies" නම් මහා පරිමාණ නිවාස සංකීර්ණ ව්‍යාපෘතිය තට්ටු 20කින් සමන්විත ගොඩනැගිලි 5ක් ඇති සංවර්ධිත ව්‍යාපෘතියකි. මෙහි ගොඩනැගිලි 4ක වැඩ දැනටමත් නිමාවී පදිංචිකරුවන්ද පදිංචි වී ඇත (Section A,B,C හා D). පස්වන ගොඩනැගිල්ලේ (Section E) ඉදිකිරීම් කරමින් පවතී.

Section B ගොඩනැගිල්ලේ ගෘහ කාන්දු වීමක් සමග ඇතිවූ ගින්නක් නිසා නිවාස 80ක පුද්ගලයන් 400ක් පමණ ඉවත් කිරීමට සිදුවිය.

ව්‍යාපෘති සෞඛ්‍ය හා ආරක්ෂණ නිලධාරී වීම පිරිසට තාවකාලික නවාතැන් ලබාදීම පිලිබඳ උපදෙස් සඳහා සෞ.වෛ.හි. කාර්යාලයේ සහය පතයි. (කාලය: 0 වන දිනය, ඇතුරු පණිවුඩ: 0 වන මිනිත්තුව)

කාලය	අහසාස කාලය	සිද්ධිය
ඇතුරු පණිවුඩ - 0 වන දිනය	10 වන මිනිත්තුව	සෞ.වෛ.හි. කාර්යාලයේ ප්‍රජා කණ්ඩායම ලගම ඇති කෝවිල තාවකාලික කඳවුරක් ලෙස යොදවා ගන්නා ලෙස නිර්දේශ කලද අවතැන්වුවන් වියට කැමති වී නැත. ඔවුන් පවසන්නේ තමාට ව්‍යාපෘතිය තූමියේම, හානිවූ ගොඩනැගිල්ලට ඇතින් හෝ සිටිය යුතු බවයි
ඇතුරු පණිවුඩ - 2 වන දිනය	25 වන මිනිත්තුව	අවතැන්වුවන් 43ක් section A බිල්ඩිමේ පහල ඇති සාලයේ (lobby) තාවකාලිකව සිටිති. මේ අතර මවිකිරි දෙන මවුවරුන් දෙදෙනෙක්ද ඇත. ඔවුන් තමාට මවිකිරි දීම සඳහා පෞද්ගලිකත්වය මදි බව පෞ.සෞ.සේ.නිලධාරිනිය පැමිණි විට පවසන ලදී.
ඇතුරු පණිවුඩ - 5 වන දිනය	35 වන මිනිත්තුව	Section D හි ස්ථිර පදිංචිකරුවන්, අවතැන්වුවන් සිටීම නිසා තමාට දෛනික වැඩ කිරීමේදී අපහසුතාවයක් ඇතිවන බව ම.සෞ.ප ට ලිඛිත පැමිණිල්ලක් ලබාදී ඇත
ඇතුරු පණිවුඩ - 10 වන දිනය	45 වන මිනිත්තුව	Building D හි තාවකාලිකව සිටින අවතැන්වුවන් අතරින් ළමුන් කීප දෙනෙක්ට උණ වැලදී ඇති බව වාර්තා විය. ඉන් ළමුන් තුන්දෙනෙක් උණ, ඇගපත රුදාව සමග රෝහල් ගතකර තිබුණි. ඉන් දෙදෙනෙක්ට ඩෙංගු උණ වැළදී ඇති බව තහවුරු විය.
ඇතුරු පණිවුඩ - 11 වන දිනය	55-70 වන මිනිත්තුව	මදුරුවෝ බෝවෙන ස්ථාන පරීක්ෂා කරන ප්‍රජා සෞඛ්‍ය කණ්ඩායමට, ඉදිවෙමින් පවතින Building E හි lift well වකෙහි ජලය රැස්වී මදුරු කිටයන් රාශියක් දක්නට ලැබුණි.

සිද්ධි දාමය 04

අකුරණ සෞඛ්‍ය වෛද්‍ය නිලධාරී කාර්යාල ප්‍රදේශයට පසුගිය දින පහක කාලයක පටන් මිලිමීටර 100 ඉක්මවූ අධික වර්ෂාපතනයක් ලැබෙමින් පවතී. නාපලන පවුල් සෞඛ්‍ය සේවා වසම තුළ නිවාස 47කට වර්ෂාව නිසා අලාභානි සිදුවී ඇති අතර පුද්ගලයින් 184ක් මේ හේතුවෙන් අවතැන් වී ඇත. මෙලෙස අවතැන් වූ පුද්ගලයින්ට යාබද ප්‍රජා ශාලාවක නැවතීමේ පහසුකම් සලසා ඇත. (කාලය: 0 වන දිනය, අතුරු පණිවුඩ: 0 වන මිනිත්තුව)

කාලය	අහසාස කාලය	සිද්ධිය
අතුරු පණිවුඩ - 1 වන දිනය	10 වන මිනිත්තුව	අකුරණ සෞඛ්‍ය වෛද්‍ය නිලධාරී තාවකාලික රැඳවුම් මධ්‍යස්ථානය නිරීක්ෂණයට පැමිණි අවස්ථාවේ ප්‍රදේශයේ විහාරාධිපති හිමියන් හමුවෙන අතර, මීට වසර හතරකට පෙර මෙලෙසම අධික වර්ෂාපතනයක් ඇතිවූ අවස්ථාවක මෙම ප්‍රජා ශාලාව පිහිටි පරිශ්‍රයේ නායයාමී තත්වයක් ඇතිවූ බවට උන්වහන්සේ පවසයි.
අතුරු පණිවුඩ - 5 වන දිනය	20 වන මිනිත්තුව	ප්‍රදේශය භාර පවුල් සෞඛ්‍ය නිලධාරියාට රාත්‍රී 8ට පමණ හදිසි ඇමතුමක් ලැබෙන අතර ගර්භනී මවක් ප්‍රසව වේදනා ඇතිව සිටින බවට අවතැන් මධ්‍යස්ථානයේ තරුණියක් පවසයි. රාත්‍රී 7 ප්‍රවෘත්ති විකාශයට අනුව රුඹුක්කන ප්‍රාදේශීය රෝහලට ගමන් කරනා මාර්ගයද හදිසි ගංවතුර තත්වය නිසා අවහිර වී ඇත. මේ අතර පවුල් සෞඛ්‍ය නිලධාරියා සතු වාර්තා පෙන්නුම් කරන්නේ එම මවගේ අපේක්ෂිත දිනය (EDD) තවත් සති 5 ක් ඉදිරියට ඇති බවයි.
අතුරු පණිවුඩ - 12 වන දිනය	40 වන මිනිත්තුව	දොඩන්ගොල්ල ප්‍රදේශය භාර මහජන සෞඛ්‍ය පරීක්ෂක මහතා හමුවීමට පැමිණෙන ප්‍රදේශවාසියෙක් පවසන්නේ සිය පියා බෙංගු රෝගය යයි සැක සහිතව රෝහල් ගත කල බවයි. පසුගිය සතිය තුළ තවත් පුද්ගලයින් තිදෙනෙක් මෙලෙස බෙංගු රෝගීන් ලෙස සිය ප්‍රදේශයෙන් හදුනා ගත් බවද ඔහු පවසයි.
අතුරු පණිවුඩ - 15 වන දිනය	50-70 වන මිනිත්තුව	පසුගිය දින කිහිපය තුළදී ප්‍රදේශයෙන් වාර්තා වූ බෙංගු රෝගීන් සම්බන්ධයෙන් මහජන සෞඛ්‍ය පරීක්ෂණ විසින් ක්ෂේත්‍ර පරීක්ෂාව සිදු කිරීමේදී මෙම රෝගීන් සියල්ලම හේවාසිකව ප්‍රතිකාර ලබාගෙන ඇති නමුත් අකුරණ ප්‍රාදේශීය රෝහලෙන් වාර්තා කර නොමැති බවට හෙළිවී ඇත. මේ සම්බන්ධයෙන් සෞඛ්‍ය වෛද්‍ය නිලධාරීවරයාට ඔහු විසින් වාර්තා කර ඇත.

සිද්ධි දාමය 05

පසුගිය දින කිහිපය තුළදී කලහාකාරී පාර්ශව දෙකක් අතර ඇතිවූ ගැටුමක් නිසා මාතර ප්‍රාදේශීය සභා ප්‍රදේශය තුළ සෞඛ්‍ය සේවා ඇතුළු මහජන සේවා අඩපණ වී ඇත. පවතින අනාරක්ෂිත තත්වය හේතුවෙන් සෞඛ්‍ය ක්ෂේත්‍ර කණ්ඩායම්වලට ප්‍රදේශය තුළට ගොස් ක්ෂේත්‍ර කටයුතුවල නිරත වීමට පවා නොහැකි වී ඇත. ප්‍රදේශයේ වී වගා කිරීමේ කටයුතු ආරම්භ වී ඇති අතර, මහජන සෞඛ්‍ය පරීක්ෂක මහතා යොදාගෙන තිබූ ගොවි ජනතාව දැනුවත් කිරීමේ වැඩසටහන් කිහිපයක් පවා අවලංගු කිරීමට සිදුවී ඇත. (කාලය: 0 වන දිනය, අතුරු පණිවුඩ: 0 වන මිනිත්තුව)

කාලය	අහසාස කාලය	සිද්ධිය
අතුරු පණිවුඩ - 2 වන දිනය	10 වන මිනිත්තුව	පවතින තත්වය හමුවේ ක්ෂේත්‍ර කටයුතු අඩාල වී ඇති බැවින් ප්‍රදේශයේ මව් හවුලේ සාමාජිකාවක් ගර්භනී මව්වරුන්ගේ ක්ෂේත්‍ර කටයුතු අඛණ්ඩව පවත්වාගෙන යාමට සෞඛ්‍ය වෛ. නිලධාරී කාර්යාලයේ සහය ඉල්ලා ඇත.
අතුරු පණිවුඩ - 5 වන දිනය	20 වන මිනිත්තුව	මහජන ආරක්ෂාව වෙනුවෙන් පොලිසිය විසින් ප්‍රදේශයට ඇතුල්වීම තහනම් කොට ඇත. ක්ෂේත්‍ර සායනයට ගොස් සිය සායන කටයුතු පවත්වාගෙන යාමට පවුල් සෞඛ්‍ය නිලධාරියා අවසර ඉල්ලා ඇතත්, පොලිසිය වී සදනා අවසර ලබා දී නොමැත. පොලිස් ආරක්ෂාව මධ්‍යයේ ක්ෂේත්‍ර සායනයට ගොස් සිය උපකරණ රැගෙන ඒමට පමණක් ඇයට අවසර ලැබී ඇත.
අතුරු පණිවුඩ - 10 වන දිනය	35 වන මිනිත්තුව	වී වගා කිරීමේ කටයුතුවල නිරත වෙන පුද්ගලයින් කිහිපදෙනෙකු උණ සහ තදබල ඇගේ පතේ වේදනාවකින් පෙළෙන බවට හා අසනීප තත්වයකින් පසුවෙන බවට පුවතක් ප්‍රදේශයෙන් වාර්තා වේ.
අතුරු පණිවුඩ - 20 වන දිනය	50-70 වන මිනිත්තුව	ගැටුම් සමථයකට පත්වීමෙන් අනතුරුව ප්‍රදේශයේ පාසල නැවත විවෘත කිරීමට බලධාරීන් තීරණය කර ඇත. පාසල් නැවත විවෘත කිරීමට පෙර වීම පරිසරයේ සෞඛ්‍යාරක්ෂිත තත්වය තහවුරු කර දෙන ලෙස අධ්‍යාපන නිලධාරීන් සෞඛ්‍ය වෛද්‍ය නිලධාරී කාර්යාලයෙන් ඉල්ලීමක් සිදුකර ඇත.

සිද්ධි දාමය 06

අගුණකොලපැරැස්ස යනු හම්බන්තොට දිස්ත්‍රික්කයේ අර්ධ ශුෂ්ක කලාපයේ පිහිටි සෞඛ්‍ය වෛද්‍ය නිලධාරී කාර්යාල ප්‍රදේශයකි. 2022 වසරේ මාස 6කට වැඩි කාලයක් පවතින දැඩි නියඟය හේතුවෙන් පසුගිය වසරට සාපේක්ෂව, මේ ප්‍රදේශයේ, බෝග අස්වැන්න සියයට 60 ත් 70 ත් අතර ප්‍රමාණයකින් අඩු වී ඇත. මෙම ගම්මානයේ 75% කට වැඩි ජනතාවක් ජීවනෝපාය සඳහා කෘෂිකර්මාන්තයෙන් සහ පරිභෝජනය සඳහා තමන්ගේම ආහාර නිෂ්පාදනයෙන් යැපුනහ. මුළු රටටම බලපා ඇති ඉන්ධන හිඟය ගමට ආහාර පිටතින් වන ගෙන ඒමේ ක්‍රියාවලියට බලපෑම් විල්ල කොට ඇත. පරිභෝජනයට මෙන්ම සාමාන්‍ය අවශ්‍යතා සඳහාද ගම යැපුණේ නියඟය නිසා සිඳී ගිය යාබද ගමේ ලීටු ජලයෙනි. පිරිසිදු ජලය සඳහා එකම මූලාශ්‍රය ගමේ සිට කිලෝමීටර් 15 ක් පමණ දුරින් ගලා යන දිය පහරකි. ගම්මානයේ මුළු ජනගහනය 47000 ක් පමණ වන අතර වයස අවුරුදු 5 ට අඩු ළමුන් 2800 ක් සහ ගර්භනී සහ කිරි දෙන කාන්තාවන් 170 ක් පමණ වේ. අර්බුදයට පෙර සිටම මෙම ගම්මානයේ ආහාර හිඟයක් පැවතුනු බවට සාක්ෂි ඇත. ඉන්ධන හිඟය සෞඛ්‍ය සේවකයින්ගේ ගමනාගමනයට බලපා ඇති අතර විනි ප්‍රතිඵලයක් ලෙස පෝෂණ සේවා ඇතුළත් ක්ෂේත්‍ර මට්ටමේ සෞඛ්‍ය සේවා සැපයීම අඩාල වී ඇත. (කාලය: 0 වන දිනය, අතුරු පණිවුඩ: 0 වන මිනිත්තුව)

කාලය	අහසක කාලය	සිද්ධිය
අතුරු පණිවුඩ - 1 වන දිනය	10 වන මිනිත්තුව	පවතින තත්වය පිළිබඳ වහාම ස්ථානීය වාර්තාවක් සපයන ලෙස දිස්ත්‍රික් සෞඛ්‍ය සේවා අධ්‍යක්ෂ විසින් සෞඛ්‍ය වෛද්‍ය නිලධාරීන්ට දන්වා ඇත.
අතුරු පණිවුඩ - 7 වන දිනය	30 වන මිනිත්තුව	මෑත කාලයේ ගැබිණි මව්වරුන්ගෙන් ලබාගත් බොහෝ වාර්තා වල අඩු Hb (රුධිරගත හිමොග්ලොබින්) මට්ටමක් ඇති බව පෙන්නුම් කරන බව අගුණකොලපැරැස්ස ප්‍රාදේශීය රෝහලේ දිස්ත්‍රික් වෛද්‍ය නිලධාරී විසින් සෞඛ්‍ය වෛද්‍ය නිලධාරී වෙත දැනුම් දෙන ලදී. මාසික සම්මන්ත්‍රණයේදී සෞඛ්‍ය වෛද්‍ය නිලධාරී විසින් සිය කාර්යමණ්ඩලය දැනුවත් කර ඇති අතර මේ සම්බන්ධයෙන් පවුල් සෞඛ්‍ය සේවා නිලධාරීන් ක්ෂේත්‍ර මට්ටමෙන් ක්‍රියාකාරී සැලැස්මක් ඉදිරිපත් කරන ලෙස මහජන සෞඛ්‍ය හෙද නිලධාරීන්ට දැනුම් දෙන ලදී .
අතුරු පණිවුඩ - 12 වන දිනය	50 වන මිනිත්තුව	අගුණකොලපැරැස්ස ප්‍රාදේශීය රෝහලෙන් උණ සහ හිසරදය සහිත දරුවන් හතර දෙනෙකු වාර්තා කර ඇත. වෛද්‍යවරුන් විය බෙංගු උණ ලෙස හඳුනාගෙන ඇත. සියල්ලෝම යකාගල මහජන සෞඛ්‍ය පරීක්ෂක ප්‍රදේශයේය. එම ප්‍රදේශයේ පවතින ජලය හිඟකම හේතුවෙන් ජලය කුඩා බාල්දිවල එක්රැස්කර ගැනීමේ පුරුද්දක් එම ප්‍රදේශවාසීන් අතර පවතී.
අතුරු පණිවුඩ - 15 වන දිනය	60-70 වන මිනිත්තුව	ගමේ දරුවන්ගේ පෝෂණ තත්ත්වය හඟා සිටුවීමට ප්‍රජාමූල සංවිධානයක් ඉල්ලීමක් සිදුකර ඇත. ඔවුන් ප්‍රජා මුළුතැන්ගෙයක් ඉදිකිරීමට යෝජනා කර ඇති අතර මහජන සෞඛ්‍ය කණ්ඩායමේ සහාය ඉල්ලා ඇත.

සිද්ධි දාමය 07

දින තුනක් තිස්සේ ඇද හැලෙන දැඩි වර්ෂාව නිසා අරනායක සෞඛ්‍ය සේවකයන් කාර්යාලයේ දෙවනගල මහජන සෞඛ්‍ය පරීක්ෂක කොට්ටාශයේ නාය යෑම් කීපයක් පිලිබඳ වාර්තා විය. නාය යෑම් නිසා රෝහල හා අසල ගම්මානය අතර ප්‍රධාන මාර්ගය අවහිර වී ඇත.

නිවාස පහක් නාය යෑමෙන් යටවී ඇති අතර නිවාස 20 කට ඉවත් වීමේ දැනුම් දීම් කරන ලදී.

එම දැනුම් දීම් කර තිබූ නිවාස අතරට ප්‍රදේශයේ පවුල් සෞඛ්‍ය නිලධාරීන්ගේ නිවසද විය. තාවකාලික කඳවුරක් ලෙස මහින්දාරාමය යොදාගත ඇත. ප්‍රදේශයේ ප්‍රජා සන්කාරක සංවිධානයක් වන "සුවෝධය" අධ්‍යක්ෂවරයාට දැනුම් දීමක් තිබේ. (කාලය: 0 වන දිනය, අතුරු පණිවුඩ: 0 වන මිනිත්තුව)

කාලය	අනතුරු කාලය	සිද්ධිය
අතුරු පණිවුඩ - 0 වන දිනය	10 වන මිනිත්තුව	ප්‍රාදේශීය සෞඛ්‍ය සේවා, උදේ 10 ට දිස්ත්‍රික්ක ලේකම් කාර්යාලයේ හදිසි ආපදාව පිලිබඳ සාකච්ඡාවක් තිබෙන නිසා තාවකාලික කඳවුරක් විස්තර තමාට අවශ්‍ය බව උදේ 6.00 ට දුරකථනයෙන් අමතා දන්වන ලදී.
අතුරු පණිවුඩ - 2 වන දිනය	25 වන මිනිත්තුව	දැනට තාවකාලික කඳවුරක් ගර්හනී මව්වරු 3 දෙනෙක් හා පුද්ගලිකව 5 ක් ඇතුළු 104 දෙනෙක් සිටිති. එම අවතැන්වූවන් වැසිකිලි හා ජල පහසුකම් මදි බව ප්‍රකාශ කර ඇත. ප්‍රදේශයේ ග්‍රාම නිලධාරී මහතා, සෞඛ්‍ය සේවකයන්. කාර්යාලයේ කණ්ඩායමෙන් මේ පිලිබඳ උපදෙස් පතයි.
අතුරු පණිවුඩ - 5 වන දිනය	40 වන මිනිත්තුව	පන්සලේ ඇති තාවකාලික කඳවුරක් එක් කාන්තාවක් තම පිඟානේ ඉතිරිවූ බත් හා හිස් යෝගට් කෝප්ප දෙකක් පිරි ඉතිරි තිබූ කැලි කසල බදුනකට ඉවත දමන අයුරු නිරීක්ෂණය කරන ලදී. කඳවුර හරහා දුර්ගන්ධයක්ද පැතිරී ඇත.
අතුරු පණිවුඩ - 8 වන දිනය	50 වන මිනිත්තුව	ගර්හනී මවක් දින 2ක් තිස්සේ තමාට උණ හා උදර වේදනාව ඇති බව පැවසුවේයැයි කඳවුරේ සිටින මවු හවුලේ සාමාජික කාන්තාවක් පවුල් සෞඛ්‍ය නිලධාරීන්ට කියා ඇත. එම ගර්හනී මව රෝහල් ගත වීමට අකමැති බවත්, ඇයව කෙසේ හෝ රෝහල් ගත වීමට උනන්දු කල යුතු බවත් එම මවු හවුලේ සාමාජික කාන්තාව පවසන ලදී.
අතුරු පණිවුඩ - 12 වන දිනය	60-70 වන මිනිත්තුව	කුඩා දරුවන් කීප දෙනෙකුට තද උණ හා හිසරදය තිබෙන බව ලමුන්ගේ අම්මලා පවසන ලදී. එම මාසයේම දින ඇති ගර්හනී මවකටද එම රෝග ලක්ෂණ ඇතිබව කියන ලදී. මේ අතර එම පන්සලේ බොහෝ පිරි අවහිර වී ඇති බව පන්සලේ ලොකු හමුදුරුවෝ පැවසීය. එම පන්සල් භූමියේ වතුර එකතු වෙමින් පවතින හිස් භාජන බොහොමයක් දැකිය හැකි විය.

සිද්ධි දාමය 08

කෝරලේපත්තු දකුණ නගරවාසීන් නගරයේ ස්ථාපිත කර ඇති කසල බැහැර කරන ස්ථානයකින් සිය සෞඛ්‍යට හා පාරිසරික පවිත්‍රතාවයට තර්ජනයක් යයි පවසමින් උද්ඝෝෂණයක් ආරම්භ කර ඇත. නගරයේ ඝන අපද්‍රව්‍ය හා කසල එකතු කිරීමේ කටයුතු ඇණහිට ඇති අතර නගරය අවට ප්‍රාදේශීය සභා, රෝහල්, පොදු ස්ථාන හා විවිධ ආයතන මේ සම්බන්ධයෙන් නගර සභාවට හා ප්‍රාදේශීය බලධාරීන්ට පැමිණිලි කරමින් තත්වයට ඉක්මනින් පිළියම් යෙදිය යුතු යයි ඉල්ලීමක් සිදුකර ඇත.

පවතින ගැටළුකාරී තත්වය හමුවේ නගර සභා සේවකයින් හා පොදු මහජනතාව අතර ගැටුම් කිහිපයක්ද ඇතිවී ඇති අතර, කිහිපදෙනෙකු තුවාල ලබාද ඇත. මේ අතර ප්‍රදේශයට අනපේක්ෂිත ඉහල වර්ෂාපතනයක් ලැබෙමින් පවතින අතර කාණු පද්ධතියේ කුණු කසල එකතු වීම නිසා, අවහිර වී ජලය රැඳුණු ස්ථාන වැඩි වශයෙන් හදුනා ගත හැක. (කාලය: 0 වන දිනය, අතුරු පණිවුඩ: 0 වන මිනිත්තුව)

කාලය	අභ්‍යාස කාලය	සිද්ධිය
අතුරු පණිවුඩ - 3 වන දිනය	10 වන මිනිත්තුව	කෝරලේපත්තු දකුණ නගරාධිපතිතුමා ප්‍රදේශයේ පවතින තත්ත්වය හා ඉන් ඇතිවිය හැකි සෞඛ්‍ය අතුරු ප්‍රතිඵල සම්බන්ධයෙන් විමසිලිමත් වෙමින් මේ ගැන වහාම මැදිහත් වෙන ලෙස කිරාන් සෞඛ්‍ය වෛද්‍ය නිලධාරීතුමාගෙන් ඉල්ලා සිටී.
අතුරු පණිවුඩ - 5 වන දිනය	25 වන මිනිත්තුව	හදිසි ගංවතුර තත්ත්වය නිසා ප්‍රදේශයේ ජනතාව පානීය ජලය ලබාගන්නා පොදු ලිඳ ගංවතුරින් යටවී ඇති අතර, මේ හේතුවෙන් ප්‍රදේශයේ ජනතාව මහත් අපහසුතාවයකට පත්වී ඇත. ප්‍රදේශයේ ඉස්ලාම් පල්ලිය ස්වේච්ඡාවෙන් ලිඳ පිරිසිදු කිරීමට ඉදිරිපත් වී ඇති අතර ඒ සඳහා මහජන සෞඛ්‍ය පරීක්ෂකගේ සහය පතයි.
අතුරු පණිවුඩ - 7 වන දිනය	45 වන මිනිත්තුව	නගර සභා සේවකයින් හා ගම්වාසීන් අතර ඇතිවූ බහින් බස්වීමක් ගැටුමක් දක්වා වර්ධනය වී කිහිපදෙනෙක් තුවාල ලබා ඇත. මේ තත්වය තදාසන්න ප්‍රදේශවලට පැතිරෙයි යන බියෙන් මේ සම්බන්ධයෙන් මැදිහත් වී සහය දක්වන ලෙස නගර සභාවේ සභාපති සෞඛ්‍ය වෛද්‍ය නිලධාරීතුමාගෙන් ඉල්ලා සිටී. කිරාන් සෞඛ්‍ය වෛද්‍ය නිලධාරී කාර්යාලය හා ප්‍රදේශයේ මහජනයා අතර හොඳ සම්බන්ධතාවයක් ඇති බැවින් එම කාර්යාලයේ මැදිහත්වීම මේ අවස්ථාවේ අත්‍යවශ්‍ය බව ඔහු පවසයි.
අතුරු පණිවුඩ - 14 වන දිනය	60-75 වන මිනිත්තුව	මේ අතර ප්‍රදේශවාසීන් කිහිපදෙනෙක් උණ, හිසරදය, හන්දිපත් රුදාව හා වමනය නිසා රෝහල්ගත කර ඇත. ක්ෂේත්‍ර පරීක්ෂණ මගින් හෙළිවී ඇත්තේ, ඒකරාශී වී ඇති කැලි කසල ඉවත් නොකිරීම නිසා ජලය එකතුවෙන ඉවතලූ ද්‍රව්‍ය ප්‍රදේශය පුරා විසිරී ඇති බවයි.

සිද්ධි දාමය 09

රාජ්‍යාංගනය තිස්සපුර නිරන්තරයෙන් වන අලි තර්ජනයට ලක්වන උෂ්කර ගම්මානයකි. පසුගිය මාස කිහිපය තුලදී පමණක් පුද්ගල ජීවිත 3 ක් හා වන අලිත් 5 දෙනෙකුට මරු කැඳවීමට මෙම අලි මිනිස් ගැටුම හේතුවී ඇත. මේ හේතුවෙන් දැඩි මහජන විරෝධයක් පැන නැගී ඇති අතර, මෙම ගැටලුවට නිසි පිළිතුරක් ලබා දෙන තෙක් කිසිදු රජයේ නිලධාරියෙකුට ගම තුලට ඇතුළු නොවෙන ලෙස දන්වමින් දැඩි මහජන ප්‍රතිරෝධයක් විල්ල වී ඇත.

මේ අතර නිසි කලට පොහොර නොලැබීම හේතුවෙන් ගම්මානයේ වගා කටයුතු අඩාල වී ඇත. කඩලෙන් ලිපට වැටුණු තමන්ට අවම වශයෙන් රජය විසින් ආහාර සහනාධාරයක් ලබා දිය යුතු යැයි පවසමින් ගොවීන් කිහිපදෙනෙකු මාරාන්තික උපවාසයක් ආරම්භ කර ඇත. (කාලය: 0 වන දිනය, අතුරු පණිවුඩ: 0 වන මිනිත්තුව)

කාලය	අහසක කාලය	සිද්ධිය
අතුරු පණිවුඩ - 2 වන දිනය	10 වන මිනිත්තුව	පවතින තත්වය සම්බන්ධයෙන් සාකච්ඡා කිරීමට ප්‍රාදේශීය ලේකම්තුමිය විසින් හදිසි රැස්වීමක් කැඳවා ඇති අතර, සෞඛ්‍ය වෛද්‍ය නිලධාරීන් මේ සදහා ආරාධනා කර ඇත. ප්‍රදේශය තුල සැබවින්ම ආහාර සුරක්ෂිතතාවය පිළිබඳ ගැටළුවක් ඇත්දැයි තමාට තහවුරු කරගැනීමට අවශ්‍ය යයි පවසන ප්‍රා. ලේකම්තුමිය, ඒ සදහා සෞඛ්‍ය වෛද්‍ය නිලධාරීන්ගේ සහය පතයි. නමුත් ගම තුල ඇතිවී ඇති අනාරක්ෂිත තත්වය සැලකිල්ලට ගනිමින් සිය කාර්යාලයේ සේවයේ නියුතු සමාජ ආරක්ෂණ නිලධාරීන්ගේ සහය මේ කාර්ය සදහා ලබා දීමේ ගැටළුවක් ඇති බවද ඇය පවසයි.
අතුරු පණිවුඩ - 7 වන දිනය	25 වන මිනිත්තුව	අලිවංගුව පවුල් සෞඛ්‍ය සේවා නිලධාරී කොට්ඨාශය තුල වන අලි ප්‍රහාරයක් පිළිබඳව පුවතක් වාර්තා වී ඇත. ප. සෞ.නි ක්ෂේත්‍ර කාර්යාලය හා දරුවන්ගේ බර කිරින ස්ථානයට ආසන්නයෙන් මේ ප්‍රහාරය වාර්තා වී ඇත. හෙට දිනය තුලදී ජාතික පෝෂණ මාසයට සමගාමීව වයස අවුරුදු 5 ට අඩු දරුවන්ගේ බර කිරීමේ විශේෂ වැඩසටහන් වීම ක්ෂේත්‍රයේ සංවිධානය කර ඇත. එම සායනය ඇතුළු අනෙකුත් සායනවලින් ලැබෙන අඩු බර සම්බන්ධ දත්ත වහාම තමා වෙතට වාර්තා කරන මෙන් ප්‍රාදේශීය සෞඛ්‍ය සේවා අධ්‍යක්ෂතුමා දන්වා ඇති අතර ආහාර සහනාධාර බෙදා දීමේ වැඩසටහන මේ දත්ත මත පදනම්ව ක්‍රියාත්මක කිරීමට අපේක්ෂිතයි.
අතුරු පණිවුඩ - 14 වන දිනය	45 වන මිනිත්තුව	රාජ්‍ය නොවන සංවිධානයක් තිස්සපුර ප්‍රදේශය ආශ්‍රිතව ඩොංගු රෝගය සම්බන්ධයෙන් දැනුවත් කිරීමේ වැඩසටහනක් ක්‍රියාත්මක කිරීමට සෞ. වෛ. නිලධාරී කාර්යාලයෙන් අවසර ඉල්ලා ඇත. මේ ඉල්ලීම සම්බන්ධයෙන් සලකා බැලීමට සෞ. වෛ. නිලධාරීන් සිය කාර්ය මණ්ඩලය සමග විශේෂ රැස්වීමක් කැඳවා ඇත. එහිදී එතුමා පවසන්නේ මේ වැඩසටහන වීම රාජ්‍ය නොවන සංවිධානයට හා දැනුවත් කිරීමකට පමණක් සීමා නොවී පුළුල් බහුජාතික වැඩසටහනක් ලෙස සංවිධානය කල යුතු බවයි. මේ සම්බන්ධයෙන් ග්‍රාම නිලධාරී ඇතුළු අනෙකුත් රාජ්‍ය නිලධාරීන් සමග සාකච්ඡා කොට වැඩසටහනක් සැලසුම් කරන ලෙස මහජන සෞඛ්‍ය පරීක්ෂකගෙන් සෞ. වෛ. නිලධාරී ඉල්ලා සිටී.
අතුරු පණිවුඩ - 21 වන දිනය	60-75 වන මිනිත්තුව	පසුගියදා පැවැත්වුණු දිස්ත්‍රික් සංවර්ධන රැස්වීමේදී තීරණය වී ඇත්තේ ඉදිරි සති කිහිපය තුල වගා කටයුතු සදහා වාරි ජලය ගොවීන් වෙත නිකුත් කිරීමට නියමිත බවයි. ගොවීන් වාරි ජලය අපේක්ෂාවෙන් සිය ගොවිබිම් සුදානම් කිරීම ආරම්භ කොට ඇත. මේ අතර ප්‍රාදේශීය රෝහල වාර්තා කර ඇත්තේ පසුගිය දින කිහිපය තුලදී උණ, මස්පිඩු වේදනාව හා ඇස් රතු වීම ඇතුළු රෝග ලක්ෂණ සහිතව ගොවීන් කිහිපදෙනෙකු රෝහලට ඇතුලත් කර ඇති බවයි. මෙලෙස රෝගී වූ ගොවීන් සියලු දෙනා කුඹුරු සකස් කිරීමට සහනාභී වූ අය බවට වාර්තා වේ.

සිද්ධි දාමය 10

අයගම සෞඛ්‍ය වෛද්‍ය නිලධාරී ප්‍රදේශය අතීතයේ සිට නිරන්තරයෙන් ගංවතුර අවදානමට ලක්වන අතර, මෝසම් වර්ෂාව සම්බන්ධයෙන් ඇති පුරෝකථනයට අනුව , එම ප්‍රදේශයේ බොහොමයක් ග්‍රාම නිලධාරී කොට්ඨාශ ජුනි මාසය තුළදී ගංවතුරින් යටවීමට නියමිතය. ප්‍රදේශයේ ජීවත්වෙන පවුල් 6300 අතරින් , පවුල් 1400කම ජීවත් වන්නේ ගංවතුර සහ නායයාම් සදහා අධි අවදානමට ලක්වූ ප්‍රදේශවලය.

මේ අතර දැනට පවතින ආහාර හිඟය, ප්‍රදේශයේ ජීවත්වෙන දිළිඳු පවුල්වල ජීවන තත්වය කෙරෙහි දැඩි ලෙස බලපෑම් එල්ලකරමින් ඇත. අයගම ප්‍රාදේශීය රෝහලද ඉහත සදහන් ගංවතුර අවදානමට ලක්වූ ප්‍රදේශයේ පිහිටා ඇත (කාලය: 0 වන දිනය, අතුරු පණිවුඩ :0 වන මිනිත්තුව)

කාලය	අභ්‍යාස කාලය	සිද්ධිය
අතුරු පණිවුඩ - 0 වන දිනය	10 වන මිනිත්තුව	2022 අප්‍රේල් 18වන දින රත්නපුර දිස්ත්‍රික් ලේකම්තුමාගේ මූලිකත්වයෙන් දිස්ත්‍රික් සම්බන්ධීකරණ රැස්වීම පැවැත්වුණි. මෙහිදී අයගම ප්‍රදේශයේ දැනට පවතින ආහාර හිඟය පිළිබඳ සාකච්ඡා විය. මෙහිදී එක කමිටු සාමාජිකයෙක් පැවසුවේ ජුනි මාසය වන විට අයගම ප්‍රදේශයේ එක්තරා කොටසක් ගංවතුරින් යටවීමේ අවදානමක් පවතින බැවින් ආහාර සම්බන්ධ ගැටලුව තවත් උග්‍රවිය හැකි බවයි. රත්නපුර ප්‍රාදේශීය සෞඛ්‍ය සේවා අධ්‍යක්ෂකතුමාද මීට සහභාගී වූ අතර, පසුදිනම අයගම සෞඛ්‍ය වෛද්‍ය නිලධාරී අමතමින් ගංවතුර තත්වයක් හමුවේ වුවද ජනතාවගේ නිසි පෝෂණ තත්වය පවත්වාගෙන යෑමට දන්වන ලදී.
අතුරු පණිවුඩ - 7 වන දිනය	30 වන මිනිත්තුව	මේ අතර ගංවතුර කාලයේ වුවද ජනතාවගේ නිසි පෝෂණ තත්වය පවත්වාගෙන යාම සම්බන්ධයෙන් අයගම සෞඛ්‍ය වෛද්‍ය නිලධාරී විසින් යෝජිත සැලැස්ම සාකච්ඡාවට ලක්කළ අවස්ථාවකදී ප්‍රදේශයේ ප්‍රජා මූලික සංවිධානයක නියෝජිතයන් පවසා සිටියේ ප්‍රධාන බස් නැවතුම්පොළට හා පොලට ඇති ප්‍රධාන ප්‍රවේශ මාර්ගය ගංවතුර නිසා අවහිර විය හැකි බවයි. මේ හේතුවෙන් ගංවතුර සදහා මනා පෙර සූදානමක් ක්‍රියාත්මක කිරීමට තීරණය විය.
අතුරු පණිවුඩ - 14 වන දිනය	40 වන මිනිත්තුව	අයගම ප්‍රාදේශීය රෝහලේ ස්ථාන භාර වෛද්‍ය නිලධාරීතුමා ගංවතුර පෙර සූදානම් සැලැස්ම සම්බන්ධයෙන් සිය ප්‍රසාදය පලකරන ලදී. එනමුත් හදිසි ගංවතුරකදී රෝහලද අවදානමට ලක්විය හැකි බැවින්, රෝගීන් හා කාර්ය මණ්ඩලය මුදාගෙන ආරක්ෂිත ස්ථානයකට රැගෙන යාම සඳහාද සැලැස්මක් තිබිය යුතු බවට අවධාරණය කරන ලදී.
අතුරු පණිවුඩ - 21 වන දිනය	55-70 වන මිනිත්තුව	ප්‍රාදේශීය කෘෂිකර්ම කාර්යාලය ගංවතුරට ඔරොත්තු දෙන සහ ඉහල ඵලදාවක් ලබාගත හැකි බෝග ප්‍රදේශයට හදුන්වා දීමේ සැලසුමක් ක්‍රියාත්මක කිරීමට අපේක්ෂා කරයි. නමුත් ගොවීන් ඊට ප්‍රතිරෝධයක් දක්වමින් කියා සිටින්නේ මේ ව්‍යායාමය අනවශ්‍ය මුදල් නාස්තියක් හා සිය රැකියාව අහතුවේ හෙලන්නක් බවයි. කෘෂි දෙපාර්තමේන්තුව අයගම සෞඛ්‍ය වෛද්‍ය නිලධාරී කාර්යාලයෙන් ඉල්ලා සිටින්නේ සිය ප්‍රජා මූලික වැඩසටහන්වලදී, ගංවතුරට ඔරොත්තු දෙන සහ ඉහල ඵලදාවක් ලබාගත හැකි බෝගවල වටිනාකම සම්බන්ධයෙන් ජනතාව දැනුවත් කිරීමට සහය වන ලෙසයි.

பன்முக அனர்த்த நிலைமைகள் மற்றும் சிக்கலான அவசரநிலைமைகளிற்கான பயிற்சிநெறிகளின் போது பயன்படுத்தப்படும் சம்பவங்கள் அதற்கான அடுத்த கட்ட நடவடிக்கைகள் தொடர்பான மாதிரி

சம்பவம் 01

அம்பகமுவ MOH பகுதியில் மூன்று நாட்களாக தொடர்ந்து மழை பெய்து வருகிறது. NBROவினால் Norton PHM பகுதிக்கு மண்சரிவு முன்கூட்டியே எச்சரிக்கை விடுத்துள்ளது. கடந்த 24 மணி நேரத்தில் 150 மிமீ மழை பதிவாகியுள்ளது. மழை மேலும் தொடரும் என வானிலை ஆய்வு மையம் தெரிவித்துள்ளது. (நேரம்: 0 வது நாள், அடுத்த கட்டம்: 0 வது நிமிடம்)

நேரம்	செயல்பாட்டு நேரம்	நிகழ்வு
அடுத்த கட்டம் நாள் 01	10 வது நிமிடம்	பொது சுகாதார ஊழியர்களின் கள விஜயத்தின் போது, நாங்கள் அப்பகுதியிலிருந்து வெளியேற வேண்டுமா என்று மக்கள் கேள்வி எழுப்பினர்.
அடுத்த கட்டம் நாள் 02	20 வது நிமிடம்	கினிக்குடையேன வைத்தியசாலைக்கு செல்லும் பாதை பாரிய பாறாங்கல் ஒன்றினால் தடைப்பட்டுள்ளது. ஒரு கர்ப்பிணித்தாய் கருவில் பிள்ளைத்துடிப்பு குறைவதாக முறையிடுவதனால், அவரை இடம்மாற்ற வேண்டியுள்ளது. தாயை நாவலப்பிட்டி வைத்தியசாலைக்கு மாற்றுவதற்கு MOIC, MOHஇடம் உதவி கோரியுள்ளார்.
அடுத்த கட்டம் நாள் 07	40 வது நிமிடம்	புருக்லேண்ட் தோட்டத்திலுள்ள கள MOH இனால் polyclinic நாளை திட்டமிடப்பட்டுள்ளது. எவ்வாறாயினும், குறித்த தோட்டப்பகுதியானது மண்சரிவுகளால் பாதிக்கப்படக்கூடியது என்று NBRO எச்சரித்துள்ளது.
அடுத்த கட்டம் நாள் 14	60-75 வது நிமிடம்	புருக்லேண்ட் தோட்டத்தில் டெங்கு நோயாளர்கள் அதிகரித்து வருவதாக MOH மீது உள்ளூர் பிரதேச உறுப்பினர் குற்றஞ்சாட்டினார்.

சம்பவம் 02

யாழ்ப்பாணக் குடாநாட்டில் இன்னும் இரண்டு நாட்களுக்குப் பின்னர் வெப்பமண்டலப்புயல் தாக்கும் என வளிமண்டலவியல் திணைக்களம் இன்று காலை 06.00 மணியளவில் எச்சரிக்கை விடுத்துள்ளது. காற்றின் வேகம் மணிக்கு 85 கிமீ வேகத்தில் வீசும் என்றும், நள்ளிரவில் நிலச்சரிவு ஏற்படும் என்றும் அவர்கள் கணித்துள்ளனர். புயலின் கணிக்கப்பட்ட பாதை யாழ்ப்பாணம் மற்றும் நல்லூர் பகுதிகளுக்கு நேராக உள்ளது. இதற்கிடையில், மூன்று நாட்களில் நடக்கும் நல்லூர் கோவிலின் வருடாந்த திருவிழாவிற்கு உள்ளூர் மற்றும் வெளியூர்களில் இருந்து 2000 க்கும் மேற்பட்ட பார்வையாளர்கள் நகரத்திற்கு வந்துள்ளனர். (நேரம்: 0 வது நாள், அடுத்த கட்டம்: 0 வது நிமிடம்)

நேரம்	செயல்-பாட்டு நேரம்	நிகழ்வு
அடுத்த கட்டம் 10 மணித்தி-யாலங்கள் நாள் 0	10 வது நிமிடம்	நிலைமை குறித்து ஆலோசித்து உயிர் மற்றும் உடைமை இரண்டையும் காப்பாற்ற அவசர நடவடிக்கை எடுக்க மாவட்ட செயலாளர் தலைமையில் அவசர கூட்டம் கூட்டப்பட்டுள்ளது. இன்னும் 4 மணி நேரத்தில் கூட்டம் தொடங்கும். யாழ் MC மற்றும் நல்லூர் MOHக்கள் இருவரும் கூட்டத்திற்கு அழைக்கப்பட்டுள்ளனர். PDHS இரண்டு MOHக்களையும் தங்களின் பேரிடர் தயார்நிலை (Disaster Preparedness) மற்றும் அதற்கான பதில்திட்டத்தையும் (response plan) கூட்டத்தில் முன்வைக்கத் தயாராக இருக்குமாறு கேட்டுக் கொண்டுள்ளார். நகர எல்லைக்குள் இருக்கும் ஏராளமான யாத்ரீகர்கள் குறித்து ஒரு சிறப்புக் குறிப்பை உருவாக்கவும், ஏதாவதொரு சந்தர்ப்பத்தில் அவர்களை வெளியேற்றும் நிலையேற்பட்டால் அவர்களின் ஆரோக்கியம் மற்றும் பாதுகாப்பை உறுதிப்படுத்திய இடங்களை தயார்நிலையில் வைத்திருக்குமாறும் அவர் கேட்டுக் கொண்டுள்ளார்.
அடுத்த கட்டம் நாள் 01	25 வது நிமிடம்	இந்த சந்திப்பின் போது, வெப்பமண்டல புயலின் உடனடி விளைவுகளின் போது வரவிருக்கும் திடீர் வெள்ள அபாயம் காரணமாக MC யாழ்ப்பாணம் மற்றும் நல்லூர் பிரதேசத்தின் தாழ்வான பகுதிகளில் வசிக்கும் மக்களை வெளியேற்ற முடிவு செய்யப்பட்டது. நகராட்சி மன்ற (Municipal Council) அதிகாரிகள் தற்காலிக தங்குமிடங்களுக்கு வெளியேற மக்களை சமாதானப்படுத்த முயன்றனர், ஆனால் அவர்கள் பெருமளவில் மறுத்துவிட்டனர். நகராட்சி மன்ற அதிகாரிகள், யாரை முதலில் வெளியேற்றுவது என்றும் அவர்களை சமாதானப்படுத்தி அறிவுறுத்தல்களைப் பின்பற்றும்படி ஆழூர் மற்றும் பொது சுகாதாரக் குழுவினரின் உதவியைக் கோரியுள்ளனர்.
அடுத்த கட்டம் நாள் 02	35 வது நிமிடம்	யாழ்ப்பாணக் குடாநாட்டுக்கு அண்மித்த கடற்பரப்புகளில் கடல் சீற்றம் மற்றும் பலத்த காற்று வீசுகிறது. மீனவர்கள் கரை திரும்புமாறு அனர்த்த முகாமைத்துவ நிலையம் சிவப்பு எச்சரிக்கை விடுத்துள்ளது. இதற்கிடையில், நெடுந் தீவில், 3 வது குழந்தையை எதிர்பார்க்கும் தாய் ஒருவருக்கு பிரசவ வலி ஏற்பட்டதால், நெடுந் தீவு பிரதேச மருத்துவமனையில் அனுமதிக்கப்பட்டுள்ளார். அவருக்கு மோசமான மகப்பேறு வரலாறு இருப்பதால், உடனடியாக அவரை யாழ்ப்பாண போதனா வைத்தியசாலைக்கு மாற்றுவதற்கு வைத்தியர் தீர்மானித்துள்ளார். உடனடியாக இடமாற்றத்திற்கு தயாராகுமாறு அவர் ிர்ஆ க்கு கோரிக்கை விடுத்துள்ளார்.
அடுத்த கட்டம் நாள் 10	45 வது நிமிடம்	02 ஆம் நாள் வீசிய புயலின் போது, இடம்பெயர்ந்த மக்கள் தங்குவதற்கு தற்காலிக தங்குமிடமாக யாழ்ப்பாணம், நல்லூர் மங்கையற்கரசி வித்தியாலம் பயன்படுத்தப்பட்டுள்ளது. சுமார் 75 குடும்பங்கள் காப்பகத்தில் உள்ளனர். தற்போது வானிலை சீரடைந்துள்ளதால், மூன்று நாட்களில் பாடசாலையை வழக்கமான பணிக்காக திறக்க அரசு முடிவு செய்துள்ளது. இடம்பெயர்ந்த குடும்பங்களை அவர்களது வசிப்பிடத்திற்கு மாற்றுவதற்கும், பாடசாலையைத் திறப்பதற்கான பாதுகாப்பான சூழலை உறுதி செய்வதற்கும், MOH மற்றும் குழுவினரை RDHS கேட்டுக் கொண்டுள்ளது.
அடுத்த கட்டம் நாள் 21	55-70 வது நிமிடம்	புயல் மற்றும் அதனைத் தொடர்ந்து ஏற்பட்ட திடீர் வெள்ளப்பெருக்கைத் தொடர்ந்து டெங்கு நோயாளர்களின் எண்ணிக்கையில் அதிகரிப்பை உடுவில் சுகாதார வைத்திய அதிகாரி அவதானித்துள்ளார். இதற்கிடையில், நகர எல்லைக்குள் அடைக்கப்பட்டுள்ள வடிகால் மற்றும் குப்பைகளை உள்ளூர் அதிகாரிகள் மற்றும் ஆழூர் கவனிக்கவில்லை என்று குடியிருப்பாளர்கள் குற்றம் சாட்டியுள்ளனர். இப்பிரதேசத்தில் உள்ள மிகப்பெரிய பாடசாலையின் பாடசாலை மாணவர்களும் டெங்கு நோயினால் பாதிக்கப்பட்டுள்ளனர். பாரிய fogging பிரச்சாரத்தை(massive fogging campaign) ஒழுங்கமைக்க MOH இன் உதவியை உள்ளூர் பிரதேச சபைத் தலைவர் கோரியுள்ளார்.

சம்பவம் 03

ஓஷன் வியூ மெகா ரெசிடென்சிஸ் (Ocean View Mega Residencies) திட்டம் என்பது ஐந்து 20 அடுக்கு அடுக்குமாடி கட்டிடங்களைக் கொண்ட ஒரு பெரிய அளவிலான அடுக்குமாடி திட்டமாகும். நான்கு கட்டிடங்கள் கட்டி முடிக்கப்பட்டு ஆக்கிரமிக்கப்பட்டுள்ளன (பிரிவு A,B,C மற்றும் D). ஐந்தாவது (E) கட்டுமானத்தில் உள்ளது.

கசிந்த எரிவாயு இணைப்பு B கட்டிடத்தில் திடீரென தீயை ஏற்படுத்தியது, 80 வீடுகளில் உள்ள குடும்பங்கள் (சுமார் 400 பேர்) வெளியேறத்தொடங்கின. வெளியேற்றப்பட்டவர்களுக்கு தற்காலிக தங்குமிடங்களை வழங்குவதற்கு வழிகாட்டுமாறு சுகாதார மற்றும் பாதுகாப்பு அதிகாரி MOH இல் உள்ள பொது சுகாதாரக் குழுவைக் கோரியுள்ளார். (நேரம்: 0 வது நாள், அடுத்த கட்டம்: 0 வது நிமிடம்)

நேரம்	செயல்பாட்டு நேரம்	நிகழ்வு
அடுத்த கட்டம் நாள் 01	10 வது நிமிடம்	பொது சுகாதாரக் குழு மக்களை அருகிலுள்ள கோயிலுக்கு வெளியேற்ற பரிந்துரைத்தது, ஆனால் சேதமடைந்த கட்டிடத்திலிருந்து பாதுகாப்பான தூரத்தில் உள்ள வளாகத்தில் தங்க அனுமதிக்குமாறு மக்கள் வலியுறுத்துகின்றனர்.
அடுத்த கட்டம் நாள் 02	25 வது நிமிடம்	இரண்டு பாலூட்டும் தாய்மார்கள் உட்பட 43 பேர் A கட்டிடத்தின் லாபியில்(Lobby) தங்க வைக்கப்பட்டுள்ளனர். தாய்ப்பாலுக்கான தனி இடம் இல்லாதது குறித்து அவர்கள் வருகை தந்த PHM க்கு புகார் அளித்துள்ளனர்.
அடுத்த கட்டம் நாள் 05	35 வது நிமிடம்	C கட்டிடத்தில் உள்ள நிரந்தர குடியிருப்பாளர்கள், B கட்டிடத்திலிருந்து வெளியேற்றப்பட்டவர்கள் தங்கள் அன்றாட வழக்கத்திற்கு பெரும் சிரமங்களை ஏற்படுத்துவதாக உள்ளூர் PHI க்கு கடிதம் ஒன்றை கையளித்துள்ளனர்.
அடுத்த கட்டம் நாள் 10	45 வது நிமிடம்	D கட்டிடத்திலிருந்து வெளியேற்றப்பட்ட குழந்தைகளிடையே காய்ச்சல் பரவுவதாக பதிவாகியுள்ளது. காய்ச்சல், தசை மற்றும் மூட்டு வலி போன்ற அறிகுறிகளுடன் மூன்று குழந்தைகள் மருத்துவமனையில் அனுமதிக்கப்பட்டுள்ளனர். இருவருக்கு டெங்கு காய்ச்சல் இருப்பது உறுதி செய்யப்பட்டுள்ளது.
அடுத்த கட்டம் நாள் 11	55-70 வது நிமிடம்	டெங்கு பரவக்கூடிய இடங்களை ஆய்வு செய்யும் பொது சுகாதாரக் குழு, E கட்டிடத்தில் பகுதியளவு கட்டப்பட்ட தூக்குக்கிணற்றில் லார்வாக்கள் நிரம்பிய நீர் சேகரிப்புகளைக் கண்டறிந்துள்ளனர்.

சம்பவம் 04

அகுறண சுகாதார மருத்துவ பணிமனை (MOH) பகுதியில் கடந்த 5 நாட்களாக (தினமும் 100அஅ க்கும் அதிகமான) கரும் மழை பெய்து வருகின்றது. வெள்ளம் காரணமாக ஒரு பொது சுகாதார மருத்துவச்சி (PHM) பகுதியில் உள்ள 47 வீடுகள் சேதமடைந்துள்ளதுடன், 184 பேர் இடம்பெயர்ந்துள்ளனர். அவர்கள் அருகில் உள்ள சமுதாய கூடத்தில் தஞ்சம் அடைந்துள்ளனர். (நேரம்: 0 வது நாள், அடுத்த கட்டம்: 0 வது நிமிடம்)

நேரம்	செயல்பாட்டு நேரம்	நிகழ்வு
அடுத்த கட்டம் நாள் 01	10 வது நிமிடம்	சுகாதார மருத்துவ அதிகாரிகள் விஜயத்திற்காக தற்காலிக தங்குமிடத்திற்கு வருகை தந்து அருகில் உள்ள கோவிலின் மதகுருவை சந்திக்கிறார். குடும்பங்கள் தற்காலிகமாக தங்கவைக்கப்பட்டுள்ள (சமூக நிலையம்) இப்பகுதியில் கடந்த 4 ஆண்டுகளுக்கு முன்பு பெய்த கனமழையால் மண்சரிவு ஏற்பட்டதாக சுகாதார மருத்துவ அதிகாரிக்கு அவர் கூறுகிறார்.
அடுத்த கட்டம் நாள் 05	20 வது நிமிடம்	ஒரு கர்ப்பிணித் தாய்க்கு பிரசவ வலி ஏற்பட்டுள்ளதாகப் பகுதிக்குரிய பொது சுகாதார மருத்துவச்சிக்கு அவசர அழைப்பு வந்தது. அப்போது இரவு 8.00 மணி ஆகிறது, வெள்ளம் காரணமாக மருத்துவமனைக்கு செல்லும் பாதை தடைப்பட்டுள்ளது (இரவு 7.00 மணி செய்தித் தொகுப்பில் குறிப்பிடப்பட்டுள்ளதற்கேற்ப). தாயின் EDD 5 வாரங்கள் தொலைவில் உள்ளதாக அவரது பதிவுகள் காட்டுகின்றன.
அடுத்த கட்டம் நாள் 12	40 வது நிமிடம்	தொடங்கொல்ல பகுதி PHI இடம் ஒரு கிராமவாசி வந்து, தனது தந்தை டெங்குவால் அருகில் உள்ள மருத்துவமனையில் அனுமதிக்கப்பட்டுள்ளார் என்று கூறினார். கடந்த வாரம் இதே கிராமத்தைச் சேர்ந்த மேலும் மூன்று பேருக்கு டெங்கு பாதிப்பு இருப்பது கண்டறியப்பட்டதாகவும் அவர் கூறுகிறார்.
அடுத்த கட்டம் நாள் 15	50-70 வது நிமிடம்	தொடங்கொல்ல PHI, பிரதேசத்தில் பதிவாகிய டெங்கு நோயாளிகளை களப் பார்வையிட்டதுடன், அக்குறணை பிரதேச வைத்தியசாலையில் அனுமதிக்கப்பட்ட நோயாளிகள் எவரும் MOH க்கு அறிவிக்கப்படவில்லை என்பதைக் கண்டறிந்தார். இந்த நிலைமையை PHI, அக்குறணை MOH க்கு அறிவித்துள்ளார்.

சம்பவம் 05

மாத்தறை MOH பகுதியின் மாத்தறை PS PHI பகுதியில் இரண்டு பாதாள உலகப் பிரிவினருக்கு இடையில் அண்மையில் ஏற்பட்ட வன்முறையைத் தொடர்ந்து, சுகாதார சேவைகள் பாதிக்கப்பட்டுள்ளன. பதற்றமான சூழ்நிலையால் சுகாதார ஊழியர்கள் கள ஆய்வு செய்ய முடியாத நிலை உள்ளது. நெல் பயிரிடும் பருவம் என்பதால், விவசாய சமூகத்தினருக்கு மூன்று விழிப்புணர்வு நிகழ்ச்சிகளை அவர் திட்டமிட்டதாகவும், அவற்றை நடத்த முடியவில்லை என்றும் PHI, MOH-யிடம் கூறுகிறார். (நேரம்: 0 வது நாள், அடுத்த கட்டம்: 0 வது நிமிடம்)

நேரம்	செயல்பாட்டு நேரம்	நிகழ்வு
அடுத்த கட்டம் நாள் 02	10 நிமிடம்	உள்ளூர் தாய் ஆதரவுக் குழுவின் (local mother support group) உறுப்பினர், அப்பகுதியில் உள்ள கர்ப்பிணித் தாய்மார்களுக்கு சேவைகளை வழங்க MOH குழுவின் ஆதரவைக் கோரியுள்ளார்.
அடுத்த கட்டம் நாள் 05	20 நிமிடம்	பாதுகாப்புச் சிக்கல்கள் காரணமாக அந்தப் பகுதியை போலீஸ் ஈர் சுற்றி வளைத்துள்ளனர். PHM ஆல் அனுமதி கோரப்பட்ட போது, கள நிலையத்தை தொடர்வதற்கான அத்தியாவசியமான பொருட்களை எடுத்துச் செல்லவும் அலுவலகத்திற்கு அழைத்துச் செல்லவும் அவர்கள் முன்வந்தனர், ஆனால் கள நிலையத்தைத் திறக்க அனுமதி வழங்க மறுத்துவிட்டனர்.
அடுத்த கட்டம் நாள் 10	35 நிமிடம்	விவசாய சமூகத்தில் வசிக்கும் பலருக்கு காய்ச்சல் மற்றும் கடுமையான உடல்வலி இருப்பதாக முறையிட்டுள்ளனர்.
அடுத்த கட்டம் நாள் 20	50-70 நிமிடம்	மோதல்கள் தணிந்த பின்னர் உள்ளூர் அதிகாரிகள் கிராமத்தை மீண்டும் திறக்கவும், ஒரு வாரத்திற்குள் பாடசாலையைத் தொடங்கவும் முடிவு செய்துள்ளனர். பாடசாலையைத் திறப்பதற்கு முன் சுகாதார கேடு இல்லாத சூழலை உருவாக்க ஆழர் குழுவின் வழிகாட்டுதலை கல்வி அதிகாரிகள் கேட்டுள்ளனர்.

சம்பவம் 06

அகனகொலபெல்லச என்பது அம்பாந்தோட்ட மாவட்டத்தின் அரை வறண்ட வலயத்தில் உள்ள MOH ஆகும். 2022 ஆம் ஆண்டில் 6 மாதங்களுக்கும் மேலாக நிலவும் கடுமையான வறட்சியின் விளைவாக கடந்த ஆண்டை விட பயிர் விளைச்சல் 60 முதல் 70 சதவீதம் வரை குறைந்துள்ளது. இந்த கிராமத்தில் 75% க்கும் அதிகமான மக்கள் வாழ்வாதாரத்திற்காக விவசாயத்தையும், நுகர்வுக்கு தங்கள் சொந்த உணவு உற்பத்தியையும் நம்பியுள்ளனர். நாடு முழுவதும் நிலவும் எரிபொருள் தட்டுப்பாடு காரணமாக, வெளியூர்களில் இருந்து வரும் உணவுப் பொருட்களும் பாதிக்கப்பட்டுள்ளது.

நுகர்வு மற்றும் பொது நோக்கங்களுக்காக, கிராமம் வறட்சியால் வறண்டு போன பக்கத்து கிராமத்தில் உள்ள கிணற்று நீரை நம்பியுள்ளது. கிராமத்தில் இருந்து 15 கிமீ தொலைவில் உள்ள ஓடை மட்டுமே சுத்தமான நீரின் ஆதாரம்.

5 வயதுக்குட்பட்ட 2800 குழந்தைகள் மற்றும் சுமார் 170 கர்ப்பிணி மற்றும் பாலூட்டும் பெண்களுடன் கிராமத்தின் மொத்த மக்கள் தொகை சுமார் 47000 ஆகும். நெருக்கடிக்கு முன்பே, உணவுப் பற்றாக்குறை இருந்தது. எரிபொருள் பற்றாக்குறை சுகாதார ஊழியர்களின் நடமாட்டத்தை பாதித்துள்ளது மற்றும் அதன் விளைவாக ஊட்டச்சத்து சேவைகள் உட்பட கள அளவிலான சுகாதார சேவைகளை வழங்குவதில் இடையூறு ஏற்பட்டுள்ளது. (நேரம்: 0 வது நாள், அடுத்த கட்டம்: 0 வது நிமிடம்)

நேரம்	செயல்பாட்டு நேரம்	நிகழ்வு
அடுத்த கட்டம் நாள் 01	10 வது நிமிடம்	கிராமத்தில் ஊட்டச்சத்து குறைபாடுள்ள குழந்தைகளின் தற்போதைய நிலைமையை அவதானிக்குமாறு RDHS கோரியுள்ளது
அடுத்த கட்டம் நாள் 07	30 வது நிமிடம்	அண்மைக் காலங்களில் கர்ப்பிணித் தாய்மார்களிடமிருந்து எடுக்கப்பட்ட பெரும்பாலான அறிக்கைகளில் அவர்களில் குறைந்த அளவு Hb இருப்பதாக DH அகனகொலபெல்லசவின் DMO, MOH க்கு தெரிவித்தார். மாதாந்த கூட்டத்தின் போது MOH இதை கருத்தில் கொண்டு இந்த நிலைமைக்கான ஒரு திட்டத்தை PHM மட்டத்தில் உருவாக்குமாறு PHNS இடம் கோரிக்கை விடுத்தார்.
அடுத்த கட்டம் நாள் 12	50 வது நிமிடம்	DH அகனகொலபெல்லச (Agunakolapellasa) நான்கு குழந்தைகளுக்கு காய்ச்சல் மற்றும் தலைவலி இருப்பதாக தெரிவித்துள்ளனர். டெங்கு காய்ச்சல் என மருத்துவர்கள் கண்டறிந்துள்ளனர். அனைவரும் யகாகல PHI பகுதியைச் சேர்ந்தவர்கள், மேலும் தட்டுப்பாடு காரணமாக வீடுகளில் சிறிய வாளிகளில் தண்ணீர் சேகரிக்கும் வழக்கத்தைக் கொண்டுள்ளனர்.
அடுத்த கட்டம் நாள் 15	50-70 வது நிமிடம்	கிராமத்து குழந்தைகளின் ஊட்டச்சத்து தரத்தை உயர்த்த உள்ளூர் சமூக அடிப்படையிலான அமைப்பு (Local Community Based Organization) உதவிகளை வழங்கியுள்ளது. அவர்கள் ஒரு சமூக சமையலறை கட்ட பரிந்துரைத்துள்ளனர் மற்றும் பொது சுகாதார குழுவின் ஆதரவையும் கோரியுள்ளனர்.

சம்பவம் 07

கடந்த மூன்று நாட்களாக தொடர்ந்து பெய்து வரும் கடும் மழையினால் அரநாயக்க MOH இன் தெவனாகல PHI பகுதியில் பல மண் சரிவுகள் ஏற்பட்டுள்ளன. ஆஸ்பத்திரியை கிராமத்துடன் இணைக்கும் பிரதான பாதை பாறைகள் சரிந்து விழுந்ததால் தடைபட்டுள்ளது. மண் சரிவு காரணமாக 5 வீடுகள் புதையுண்டுள்ளதுடன் மேலும் 20 வீடுகளில் இருந்து வெளியேறுமாறு அறிவுறுத்தல் வழங்கப்பட்டுள்ளது. குறித்த பகுதி PHM இன் வீடும் பாதிக்கப்படக்கூடிய மண்டலத்திற்குள் உள்ளது. இடம்பெயர்ந்தவர்களுக்கு தங்கும் தற்காலிக முகாமாக மகிந்தாராமய மாற்றப்பட்டுள்ளது. சுவோதயா, உள்ளூர் சமூக அடிப்படையிலான அமைப்பு (Suwodaya, the local CBO) அதன் பணியாளர்களை உதவிக்கு திரட்டியுள்ளது. (நேரம்: 0 வது நாள், அடுத்த கட்டம்: 0 வது நிமிடம்)

நேரம்	செயல்பாட்டு நேரம்	நிகழ்வு
அடுத்த கட்டம் நாள் 0	10 வது நிமிடம்	RDHS காலை 6 மணிக்கு MOH ஐ அழைத்து, தற்காலிக தங்குமிடத்தின் கள நிலவரம் மற்றும் நிலைமை குறித்து சுருக்கமான அறிக்கையை அனுப்புமாறு கோரியுள்ளது. காலை 10.00 மணிக்கு நிலைமை குறித்து ஆலோசிக்க மாவட்டச் செயலகம் அவசரக் கூட்டத்திற்கு அழைப்பு விடுத்துள்ளதுடன், தேவையான விவரங்களை வழங்குமாறு RDHS யிடம் கோரிக்கை விடுத்துள்ளது.
அடுத்த கட்டம் நாள் 02	25 வது நிமிடம்	மூன்று கர்ப்பிணித் தாய்மார்கள் மற்றும் ஐந்து கைக்குழந்தைகள் உட்பட 104 இடம்பெயர்ந்த நபர்கள் தற்போது தற்காலிக தங்குமிடங்களில் உள்ளனர். கோவிலில் போதிய கழிப்பறை, சலவை வசதிகள் இல்லை என மக்கள் முறைப்பாடு செய்துள்ளனர். தீர்வைக் காண MOH குழுவின் உதவியை கிராம சேவையாளர் கோரியுள்ளார்.
அடுத்த கட்டம் நாள் 05	40 வது நிமிடம்	கோவிலுக்குச் சென்றபோது, MOH குழுவினர், ஒரு பெண் எஞ்சியிருந்த சோறு மற்றும் இரண்டு யோகட் கோப்பைகளை நிரம்பி வழியும் குப்பைத் தொட்டியில் கொட்டுவதை அவதானித்துள்ளனர். முகாம் முழுவதும் துர்நாற்றம் வீசுகிறது.
அடுத்த கட்டம் நாள் 08	50 வது நிமிடம்	ஒரு கர்ப்பிணித் தாய் இரண்டு நாட்களாக காய்ச்சல் மற்றும் வயிற்றுவலி என்று முறைப்பாடு செய்துள்ளார். விசாரணையில் அவள் மருத்துவமனையில் அனுமதிக்க மறுத்துவிட்டாள். இடம்பெயர்ந்த தாய்மார் ஆதரவுக் குழுவின் உறுப்பினர், மருத்துவமனைக்குச் செல்லும்படி பொது சுகாதார மருத்துவச்சியின் உதவியை கேட்டுக் கொண்டார்.
அடுத்த கட்டம் நாள் 12	60-70 வது நிமிடம்	பல தாய்மார்கள் தங்கள் குழந்தைகள் அதிக காய்ச்சல் மற்றும் தலைவலியால் அவதிப்படுவதாக முறைப்பாடு செய்துள்ளனர். கர்ப்பிணி தாய் ஒருவரும் இதே போன்று முறைப்பாடு செய்துள்ளார். அவள் விரைவில் பிரசவத்தை எதிர்பார்க்கிறாள். கோவிலில் தண்ணீர் தேங்கி நிற்கும் வாய்க்கால்களை சுத்தப்படுத்த உதவி செய்ய வேண்டும் என தலைமை மதகுரு கோரிக்கை விடுத்துள்ளார். கோவில் வளாகத்தில் ஏராளமான தண்ணீர் சேகரிக்கப்பட்ட பாத்திரங்கள் காணப்படக்கூடும்.

சம்பவம் 08

அயல் சமூகங்கள் எதிர்நோக்கும் சுகாதார மற்றும் சுற்றாடல் பிரச்சினைகளை கருத்திற் கொண்டு கோரளைப்பத்து தெற்கு நகரில் அமைக்கப்பட்டுள்ள குப்பை மேட்டுக்கு எதிராக மக்கள் ஆர்ப்பாட்டத்தில் ஈடுபட்டுள்ளனர். இப்பகுதியின் திண்மக்கழிவு சேகரிப்பு நிறுத்தப்பட்டுள்ளது. மற்றும் அருகிலுள்ள நகர்ப்புறங்கள், ஆதார வைத்தியசாலைகள், நிறுவனங்கள் மற்றும் பொது இடங்களில் உள்ள மக்கள் நிலைமையைத் தீர்க்க உள்ளூர் அதிகாரத்திடம் வேண்டுகோள் விடுக்க ஆரம்பித்துள்ளனர். சமூகத்திற்கும் மாநகராட்சி ஊழியர்களுக்கும் இடையே எழுந்த அமைதியின்மை காரணமாக பல ஆக்ரோஷமான சம்பவங்கள் நிகழ்ந்தன, பலர் காயமடைந்தனர். மேலும், மோசமான மழையின் காரணமாக, அகற்றப்படாத கழிவுகள் நகரின் வடிகால்களை அடைத்து, தேங்கி நிற்கும் நீர் சேகரிப்புகளின் அதிகரிப்பின் விளைவாக தற்போதைய நிலைமை மோசமடைந்துள்ளது. (நேரம்: 0 வது நாள், அடுத்த கட்டம்: 0 வது நிமிடம்)

நேரம்	செயல்பாட்டு நேரம்	நிகழ்வு
அடுத்த கட்டம் நாள் 03	10 வது நிமிடம்	நகரின் மேயர் தற்போதைய சூழ்நிலையால் ஏற்படக்கூடிய சுகாதார சீர்கேடுகளைக் கருத்திற்கொண்டு கிரான் MOHயைத் தலையிடுமாறு கேட்டுக் கொண்டார்.
அடுத்த கட்டம் நாள் 05	25 வது நிமிடம்	கனத்த மழை காரணமாக அப்பகுதியில் திடீர் வெள்ளம் ஏற்பட்டுள்ளது. முக்கிய குடிநீர் ஆதாரமான சமுதாயக் கிணறு வெள்ளத்தில் முழுகியுள்ளது. உள்ளூர் பள்ளிவாசல் கிணற்றை சுத்தம் செய்ய முன்வந்து, பகுதி PHI களின் ஆதரவைக் கோரியது
அடுத்த கட்டம் நாள் 08	45 வது நிமிடம்	மாநகர சபை ஊழியர்களுக்கும் சமூகத்தினருக்கும் இடையில் ஏற்பட்ட மோதலில் பலர் காயமடைந்துள்ளனர். இது மற்ற பகுதிகளுக்கும் பரவுமா என்று மேயர் கவலைப்பட்டு, அவர்களின் சமூக செல்வாக்கைப் பயன்படுத்தி நெருக்கடியைத் தீர்க்க கிரான் MOH குழுவின் உதவியைக் கோரினர்.
அடுத்த கட்டம் நாள் 14	60-75 வது நிமிடம்	காய்ச்சல், தலைவலி, மூட்டுவலி, வாந்தி போன்றவற்றினால் பலர் நோய்வாய்ப்பட்டுள்ளனர். பலர் மருத்துவமனையில் அனுமதிக்கப்படும் உள்ளனர்.கழிவு சேகரிப்பு இல்லாததால், குப்பைகள் மற்றும் தண்ணீரை சேகரிக்கும் கொள்கலன்களை விட்டுச் சென்றிருப்பதாக கிரான் MOH குழுவின் கள ஆய்வுகள் மூலம் தெரியவந்துள்ளது.

சம்பவம் 09

திஸ்ஸபுர, ராஜாங்கனை ஒரு சிறிய குக்கிராமம், அடிக்கடி காட்டு யானைகளின் தாக்குதல்களால் அச்சுறுத்தப்படுகிறது. இதனால் கடந்த மூன்று மாதங்களில் மூன்று மனித உயிர்களும், ஐந்து யானைகளும் பலியாகியுள்ளன. இந்த விடயம் தொடர்பில் கிராம மக்கள் மத்தியில் பெரும் கொந்தளிப்பு ஏற்பட்டுள்ள நிலையில், இப்பிரச்சினைக்கு நிரந்தர தீர்வு காணும் வரை கிராமத்திற்குள்ளே வரவேண்டாம் என அரசு ஊழியர்களை அச்சுறுத்தியுள்ளனர்.

இதற்கிடையில் உரம் கிடைக்காமல் பயிர்கள் கருகிவிட்டன. நிலவும் உணவுத் தட்டுப்பாடு காரணமாக கிராம மக்களுக்கு உணவுப் பொருட்களை வழங்கக் கோரி பல விவசாயிகள் சாகும்வரை உண்ணாவிரதத்தைத் தொடங்கியுள்ளனர். (நேரம்: 0 வது நாள், அடுத்த கட்டம்: 0 வது நிமிடம்)

நேரம்	செயல்பாட்டு நிகழ்வு நேரம்	
அடுத்த கட்டம் நாள் 02	10 வது நிமிடம்	இராஜங்கனை பிரதேசத்தின் பிரதேச செயலாளர் நிலைமை தொடர்பில் கலந்துரையாடுவதற்காக அவசரமாக பங்குதாரர் (stakeholder) கூட்டத்திற்கு அழைப்பு விடுத்துள்ளார். கிராமத்திற்குள் உணவுப் பற்றாக்குறை உள்ளதா எனப் பார்த்து உறுதிப்படுத்துமாறு சுகாதார மருத்துவ அதிகாரியிடம் அவர் கோரிக்கை விடுத்துள்ளார். இருப்பினும், நிலவும் பதட்டமான சூழ்நிலை காரணமாக, கள உணவுப் பாதுகாப்பு மதிப்பீட்டிற்கு பிரதேச செயலாளர் அலுவலகத்தில் இணைக்கப்பட்டுள்ள சமூகப் பாதுகாப்பு அதிகாரிகளின் ஆதரவை அவரால் வழங்க முடியவில்லை.
அடுத்த கட்டம் நாள் 07	25 வது நிமிடம்	அலிவாங்குவ பொது சுகாதார மருத்துவச்சி பிரிவில், பொது சுகாதார மருத்துவச்சியின் (PHM) கள அலுவலகம் மற்றும் களத்தில் நிறை அளக்கும் பகுதிக்கு அருகாமையில் காட்டு யானை தாக்குதல் பதிவாகியுள்ளது. இதற்கிடையில், தேசிய ஊட்டச்சத்து மாதத்தை ஒட்டி, ஐந்து வயதுக்குட்பட்ட குழந்தைகளுக்கான விசேட நிறை அளக்கும் நிகழ்ச்சித் திட்டம் (Special weighing campaign) நாளை அதே கள அலுவலகத்தில் ஏற்பாடு செய்யப்பட்டுள்ளது. பிராந்திய சுகாதார சேவைகள் பணிப்பாளர் இந்த பிரச்சாரத்தின் முடிவுகளை அலிவாங்குவ PHM பகுதியிலிருந்தும் மற்ற பகுதியிலிருந்தும் கோரியுள்ளார், இது உணவு உதவி விநியோகத்திற்கான அடிப்படையாக பயன்படுத்தப்படும்.
அடுத்த கட்டம் நாள் 14	45 வது நிமிடம்	திஸ்ஸபுரவில் டெங்கு விழிப்புணர்வு பிரச்சாரத்தை நடத்துவதற்கு அரசு சார்பற்ற நிறுவனமொன்று MOH விடம் உதவி கோரியுள்ளது. இந்த திட்டம் தொடர்பாக கலந்துரையாட MOH தனது பொது சுகாதார குழுவுடன் சிறப்பு கூட்டத்தை கூட்டியுள்ளது. கலந்துரையாடலின் போது, பெரிய பங்குதாரர்களின் (stakeholders) பங்கேற்புடன் வழக்கமான விழிப்புணர்வு நிகழ்ச்சியை விட மேலும் இத்திட்டத்தை விரிவுபடுத்த MOH விருப்பம் தெரிவித்தார். கிராம உத்தியோகத்தர் மற்றும் சம்பந்தப்பட்ட அரசாங்க அதிகாரிகளுடன் கலந்துரையாடிய பின்னர், அதற்கான செயல்திட்டத்தை உருவாக்குமாறு பொது சுகாதார பரிசோதகருக்கு (PHI) அவர் பணிப்புரை விடுத்துள்ளார்.
அடுத்த கட்டம் நாள் 21	60-75 வது நிமிடம்	அடுத்த சில வாரங்களில் விவசாயத்திற்கு தேவையான நீர்பாசனம் திறந்து விடப்படும் என மாவட்ட அபிவிருத்தி குழு கூட்டத்தில் தெரிவிக்கப்பட்டுள்ளது. இதற்கிடையில், நீர்பாசனத்தை எதிர்பார்த்து விவசாயிகள் நெற்பயிர்களை தயார் செய்துள்ளனர். மேலும், உள்ளூர் மருத்துவமனையில் காய்ச்சல், தசைவலி மற்றும் சிவப்பு கண்கள் போன்ற அறிகுறிகளுடன் பலர் அனுமதிக்கப்பட்டுள்ளனர். அனுமதிக்கப்பட்ட அனைவரும் தங்கள் நெல் வயல்களை அறுவடைக்குத் தயார்படுத்தும் பணியில் ஈடுபட்டுள்ள விவசாயிகள் ஆவர்.

சம்பவம் 10

அயகம MOH பிரிவு வரலாற்று ரீதியாக வெள்ள அபாயமுள்ளதுடன், கொடுக்கப்பட்ட பருவமழை முன்னறிவிப்பின் மூலம் பெரும்பாலான GN பகுதிகள் ஜூன் 2023 இல் வெள்ளத்தில் மூழ்கும் என எதிர்பார்க்கப்படுகிறது. இதில் உள்ள 6300 குடும்பங்களில், 1400 குடும்பங்கள் வெள்ளம் மற்றும் நிலச்சரிவுகளுக்கு அதிக ஆபத்துள்ள பகுதிகளில் உள்ளனர். மேலும், நிலவும் உணவுப் பற்றாக்குறையானது வறுமைக் கோட்டின் கீழ் வாழும் பெரும்பாலான பாதிக்கப்பட்டக்கூடிய குடும்பங்களுக்கு கஷ்டத்தைக் கொடுக்கும் என்று சகல பிரிவினராலும் கருதப்படுகிறது. ஆயகம மாவட்ட வைத்தியசாலையும் வெள்ளம் சூழ்ந்த பகுதியில் அமைந்துள்ளது. (நேரம்: 0 வது நாள், அடுத்த கட்டம்: 0 வது நிமிடம்)

நேரம்	செயல்பாட்டு நேரம்	நிகழ்வு
அடுத்த கட்டம் நாள் 0	10 வது நிமிடம்	18 ஏப்ரல் 2022 அன்று மாவட்ட செயலாளர் தலைமையில் மாவட்ட ஒருங்கிணைப்பு கூட்டம் கூட்டப்பட்டு, அயகம உணவு பற்றாக்குறை குறித்து விவாதிக்கப்பட்டது. ஒவ்வொரு வருடமும் ஜூன் மாதத்தில் அயகம பிரதேசத்தின் ஒரு குறிப்பிட்ட பகுதி வெள்ளத்தில் மூழ்கும் எனவும், அவ்வாறான சூழ்நிலையில் உணவு நிலைமை மோசமடையக்கூடும் எனவும் குழுவினர் உறுப்பினர் ஒருவர் சுட்டிக்காட்டினார். இரத்தினபுரி RDHS அவர்களும் கூட்டத்தில் கலந்து கொண்டார். கூட்டத்தைத் தொடர்ந்து (ஏப்ரல் 19, 2022), வெள்ளம் ஏற்பட்டாலும் கூட மக்களின் ஊட்டச்சத்தில் மாற்றங்கள் ஏற்பட்டுவிடாமல் இருப்பதை உறுதி செய்யுமாறு RDHS அயகம MOH க்குத் தெரிவித்தது.
அடுத்த கட்டம் நாள் 07	30 வது நிமிடம்	MOH குழுவினர், உள்ளூர் பகுதியின் சமூக அமைப்பில், வெள்ளம் ஏற்படும் காலப்பகுதிக்கான ஊட்டச்சத்து திட்டத்தை முன்வைத்தபோது, பிரதான பேருந்து நிலையம் மற்றும் சந்தைப்பகுதிக்கு செல்லக்கூடிய பிரதான பாதை எப்போதும் வெள்ளத்தின் போது அணுக முடியாததாக இருப்பதை அவர்கள் சுட்டிக்காட்டினர். வெள்ள நிகழ்வுக்கு நன்கு தயாராக இருக்க முடிவு செய்யப்பட்டது.
அடுத்த கட்டம் நாள் 14	40 வது நிமிடம்	வைத்தியசாலையின் DMO தயார்நிலைத் திட்டத்தை வரவேற்றார். எவ்வாறாயினும், திடீர் வெள்ளம் ஏற்பட்டால், நோயாளிகள் மற்றும் வைத்தியசாலை ஊழியர்களை வெளியேற்ற வேண்டிய அவசியம் ஏற்பட்டால், தயார்நிலை திட்டத்தில் சரியான பொறிமுறையை முன்னிலைப்படுத்த வேண்டும் என்று அவர் சுட்டிக்காட்டினார்.
அடுத்த கட்டம் நாள் 21	55-70 வது நிமிடம்	உள்ளூர் விவசாய அலுவலகம் இப்பகுதிக்கு வெள்ள எதிர்ப்பு, அதிக விளைச்சல் பயிர்களை அறிமுகப்படுத்த ஒரு திட்டத்தை கொண்டு வந்தது. ஆனால் இது நிதி விரயம் என்றும், வாழ்வாதாரத்திற்கு அச்சுறுத்தல் என்றும் விவசாயிகள் எதிர்ப்பு தெரிவித்துள்ளனர். இந்த பயிர்களின் முக்கியத்துவத்தை அவர்களின் சமூக ஈடுபாட்டு நிகழ்ச்சிகளின் போது தெரிவிக்க விவசாயத் திணைக்களம் MOH குழுவினர் ஆதரவைக் கோரியுள்ளது.

BIBLIOGRAPHY

- Amaratunga, D., Haigh, R., Kamalrathne, T., Fernando, N., Jayasinghe, N., Siriwardana, C., Jayasekara, R., Herath, H., Ranaweera, P., Ariyasinghe, U., Rathnayake, S., Rupasinghe, C., Kodithuwakku, L.(2022), Policy Brief: Current status and recommendations on the integration of pandemics within national/local DRR strategies in Sri Lanka: Ministry of Health, Sri Lanka
- Desktop Simulation—A user’s guidebook on building successful simulations. World Food Programme
- IASC, Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance, 2007
- Kodituwakku KALC, Kamalrathne T, Amaratunga D, Jayasekara JHPRU, Siriwardana C, Fernando N, Samaraweera DSD, Jayasinghe KDNK Hetti NP Abeysekara I, Ariff N, Sangarapillai R, Sivakanthan S, Herath HDB, Ranaweera P, Ariyaratne V , Community Preparedness for a multi-hazard scenario amidst the pandemic; A simulation based training in Jaffna district, August 2022: Jaffna International Research Conference
- Merritt Schreiber, David S Cates, Stephen Formanski, Michael King, Maximizing the Resilience of Healthcare Workers in Multi-hazard Events: Lessons from the 2014–2015 Ebola Response in Africa, *Military Medicine*, Volume 184, Issue Supplement_1, March-April 2019, Pages 114–120, <https://doi.org/10.1093/milmed/usy400>
- Nadejda Komendantova, Roger Mrzyglocki, Arnaud Mignan, Bijan Khazai, Friedemann Wenzel, Anthony Patt, Kevin Fleming, Multi-hazard and multi-risk decision-support tools as a part of participatory risk governance: Feedback from civil protection stakeholders, *International Journal of Disaster Risk Reduction*, Volume 8, 2014, Pages 50-67, ISSN 2212-4209, <https://doi.org/10.1016/j.ijdr.2013.12.006>
- Ravindu Jayasekara, Chandana Siriwardana, Dilanthi Amaratunga, Richard Haigh, Evaluating the network of stakeholders in Multi-Hazard Early Warning Systems for multiple hazards amidst biological outbreaks: Sri Lanka as a case in point, *Progress in Disaster Science*, Volume 14, 2022, 100228, ISSN 2590-0617, <https://doi.org/10.1016/j.pdisas.2022.100228>.
- Rui Ba, Qing Deng, Yi Liu, Rui Yang, Hui Zhang; Multi-hazard disaster scenario method and emergency management for urban resilience by integrating experiment–simulation–field data; *Journal of Safety Science and Resilience* 2 (2021) 77 – 89
- Simulation Exercise Hand Book. Disaster Management Centre, Sri Lanka
- Thushara Kamalrathne, Dilanthi Amaratunga, Richard Haigh, Lahiru Kodituwakku (2022), Incorporating community engagement within multi-hazard preparedness: An evaluation of two community-based planning sessions in Sri Lanka, Book of Abstracts, APRU Multi-Hazard Symposium: Innovation toward sustainable growth and disaster risk reduction, November 29-30, 2022; Mandarin Hotel, Bangkok, Thailand, Edited by Natt Leelawatt. Available at: <https://www.eng.chula.ac.th/th/36709> and https://www.researchgate.net/publication/366965630_Incorporating_Community_Engagement_within_Multi-hazard_Preparedness_An_Evaluation_of_Two_Community-based_Planning_Sessions_in_Sri_Lanka
- UNDRR; <https://www.undrr.org/terminology/hazard>
- UNHCR Contingency Planning Training Module, United Nations High Commission for Refugees, 2011
- WHO Simulation Exercise Manual. Geneva: World Health Organization; 2017.



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