familiarity. A post-training assessment was conducted to ensure that participants understood and were proficient in the skills and knowledge taught in the course.

In the final assessment, all participants passed, achieving a 100% success rate. In the technical skills section, participants were able to independently complete all tasks. During the lecture sessions, instructors engaged with participants in comprehensive drills to confirm their retention of the course content.

Building community resilience is not a short-term endeavor with immediate results. Starting from basic first aid education and gradually expanding to all-hazard response training, the long-term planning and implementation of frontline community responder training can strengthen the community's comprehensive response capabilities, equipping them to effectively handle both natural and human-made disasters in the future.

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Urgency Preparing Health Disaster Plan in Magelang District after Merapi Eruption

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Introduction: Mount Merapi erupted again in early 2021, impacting Magelang Regency. The Disaster Agency of Magelang District strengthened its early warning system and evacuation site after the largest eruption of Mount Merapi in 2010. Even though the data showed there were no fatalities in Magelang District, public health issues emerged at the refugee camp. Public health programs should always be available to refugees living in camp settings and settlements. The District Health Office (DHO) Magelang, as the coordinator of the Health Emergency Operation Center (HEOC), needs to prepare a health disaster plan to manage public health services, coordination, collaboration, and communication.
Methods: Training and mentoring in preparing the DHO Magelang disaster plan had been carried out for approximately eight months. During the mentoring process, many issues need to be prepared in health disaster planning, and in line with the Contingency Plan for Mount Merapi Eruption, which was arranged by the Disaster Agency of Magelang District.
Results: The Disaster Agency of Magelang District has already arranged a contingency plan for the Merapi Eruption. However, this document does not detail the role of the health sectors, so DHO Magelang needs to prepare an operational planning document (DHO disaster plan). Preparing for health disaster planning is very helpful in mobilizing resources to meet the basic needs of victims in refugee camps. DHO explores strategies that can be implemented to improve the role and function of HEOC. Resource arrangements, coordination, roles and functions, procedures, and strategy planning were urgent to manage and integrate into disaster planning documents.
Conclusion: The urgency of integrating the document contingency plan for the Merapi Eruption and the document DHO disaster plan lies in equalizing the scenarios used, coordinating the operation health cluster and arranging facilities, including evacuation sites, and preparing SOPs.

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Assessing Hospital Safety in Colombian Private Clinics: A Retrospective Analysis of the Results of the Application of the World Health Organization's Hospital Safety Index

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Introduction: Ensuring hospital functionality during and after disasters is crucial for global communities. The World Health Organization's (WHO) Hospital Safety Index (HSI) serves as a robust instrument for evaluating hospital safety to disasters in three components: structural, non-structural, and emergency and disaster management. This study leverages HSI scores to assess safety trends in 15 private clinics in Colombia.
Methods: A retrospective analysis was conducted on existing Hospital Safety Index (HSI) scores from 15 private Colombian clinics (2015-2023). Data was sourced from the safety index calculator tool of each institution, which reflects the evaluations by a multidisciplinary team (structural engineer, hospital architect, disaster management nurse). Results were contrasted with the evaluation team´s recommendations. Correlation analysis explored the relationship between specific HSI components and overall safety performance.
Results: The primary threats to all clinics were earthquakes and fires. Overall, the structural and non-structural components demonstrated adequate safety levels for both risks. Key areas of concern include insufficient knowledge about post-disaster water and energy autonomy and inadequate restrain of furniture, equipment, and pharmacy/warehouse contents to prevent tipping during an earthquake. The analysis revealed that emergency and disaster management was the weakest component across all clinics, with a prevalence of the "paper plan syndrome".
Conclusion: The results consistently show that while there are aspects of the structural and non-structural components that are common to all clinics that could be improved, the primary deficiency lies in the lack of a comprehensive emergency and disaster risk management plan. Such a plan should promote a gradual reduction of vulnerabilities, be based on an understanding of the real challenges posed by a disaster, and be developed in a multidisciplinary manner by decision-makers. Moreover, the plan should be disseminated to all employees, contractors, and patients, tailored to their specific roles.

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