

**Results:** A total of 50 patients (mean age of  $32.98 \pm 12.61$  years) were included in the study. Majority (86%) had blunt abdominal trauma, (14%) had penetrating injuries and associated polytrauma was seen in 34%. Majority of patients were brought by personal vehicles (42%) followed by ambulance only 34%. The mean duration of injury till hospitalization was  $17.68 \pm 21.78$  hrs, with 50% patients getting hospitalized within 6 hrs. Prehospital Care, by ambulance, police or referring hospitals could only be offered in 68%. The most common cause was road traffic accidents (42%). Mean GCS and Revised Trauma Score were found to be  $13.76 \pm 2.33$  and  $7.28 \pm 0.92$ . Mean hospital stay was  $11.5 \pm 3.64$  days while mortality was 2%.

**Conclusion:** A young productive age group is more vulnerable to abdominal trauma. Considering the fact that road-related accidents are quite predictable and controllable; therefore, the quality promotion of traumatic patients care, and road safety should be strengthened, as the majority still come in late beyond golden hours.

*Prehosp Disaster Med* 2017;32(Suppl. 1):s62–s63

doi:10.1017/S1049023X17001704

### Budgeting of a Local Government for Disaster and Health Crisis in Indonesia

Bella Donna<sup>1</sup>, Muhammad F. Kurniawan<sup>2</sup>, Budi E. Siswoyo<sup>2</sup>, Madelina Ariani<sup>1</sup>, Ina A., Isturini<sup>3</sup>

1. Health Policy And Management, Center for Health Policy and Management, Faculty of Medicine, Universitas Gadjah Mada, Sleman, Yogyakarta/Indonesia
2. Public Health, Center for Health Policy and Management, Faculty of Medicine, Universitas Gadjah Mada, Yogyakarta/Indonesia
3. Health Crisis Center Ministry of Health, Indonesia., Jakarta/Indonesia

**Study/Objective:** To describe a disaster and health crisis budget by local government in Indonesia; to see if districts with a higher disaster risk had been developing adequate budgets for preparedness and disaster management.

**Background:** Adequate financing is one of the main facets of implementing disaster and health crisis management. It is not just a national responsibility, it must be a local responsibility also. In the past 5 years (2009–2013) the 'prone' districts have experienced many disasters and health crisis, and must have a good plan, including a budget for preparedness and disaster management.

**Methods:** This study used descriptive, with cross sectional design. The subject study was in 6 districts in North Sumatra, South Sulawesi, and Papua Province. Three provinces were representative of Regional Health Crisis of Indonesia for east, central, and west part. Unit analysis of this study was budget allocation from a program planning and budgeting document of the health district office 2012–2013.

**Results:** There was no budget for disaster in the Health District Office (HDO), because it was allocated in Local Emergency and Management Authority (LEMA). Whereas, many health issues are impacted due to a disaster event. Commonly, they just budgeted for preparing and managing out-break diseases (0.26% of local expenditure and 7.37% from eliminating communicable diseases program in HDO) and some districts have a budget for emergency incidents (0.32% of local expenditure and 7.71%

from eliminating communicable diseases program in HDO). In fact, just some districts had allocated a budget for outbreak diseases due to disaster, particularly in 2012.

**Conclusion:** An inadequate budgets for disaster and health crisis by District Health Offices (DHO). Budgeting for disaster and health crisis still depends on the government's will to do so. It must be considered by local disaster and health crisis analysis; by local governments. Disaster experiences have not been a basis for planning and budgeting disaster programs yet.

*Prehosp Disaster Med* 2017;32(Suppl. 1):s63

doi:10.1017/S1049023X17001716

### Overview of the Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project)

Yasushi Nakajima<sup>1</sup>, Phumin Silapunt<sup>2</sup>

1. Technical Advisor, System Science Consultants, Tokyo/Japan
2. National Institute of Emergency Medicine, Nonthaburi/Thailand

**Study/Objective:** Through the three-year period (July 2016 – August 2019), the Project aims to strengthen regional coordination capacity on disaster health management in the Association of Southeast Asian Nations (ASEAN).

**Background:** In the ASEAN region, a total of 425,000 people were dead due to natural disasters from 1975 to 2015 [1], which disturbed economic growth and human security. The ASEAN has continued to attach the importance of cooperation related to the prevention of, and response to disasters. In addition, disaster health management was defined as one of the priority issues in the ASEAN Post-2015 Health Agenda. Through the preliminary survey and discussions, all ASEAN Member States (AMS) reached a common understanding on the importance of a regional collaboration mechanism in disaster health management. Based on that, the Project of Strengthening the ASEAN Regional Capacity on Disaster Health Management (the Project) was formulated. The Project was officially endorsed by Senior Officials Meeting on Health Development (SOMHD) of ASEAN in September 2015, and the Committee of Permanent Representatives (CPR) in January 2016.

**Methods:** To achieve the above objective, the following four activities will be conducted in cooperation between National Institute of Emergency Medicine (NIEM) of Thailand and Japan International Cooperation Agency (JICA) with involving all AMS: (1) Discussions on strengthening coordination capacity on disaster health management at the regional coordination meetings; (2) Cooperation and experience sharing through conducting regional collaboration drills; (3) Development of tools on effective regional collaboration on disaster health management; (4) Designing and conducting trainings on disaster health management.

**Results:** The Project has commenced in July 2016 and the first regional coordination meeting was held on September 29–30, 2016. In the meeting, all of the stakeholders shared the objective and methodology of the Project, and agreed to continue collaborating to share an idea on future regional coordination on disaster health management.

**Conclusion:** The start-up drill will be held in January 2017. Based on the lessons learned, recommendations and discussions