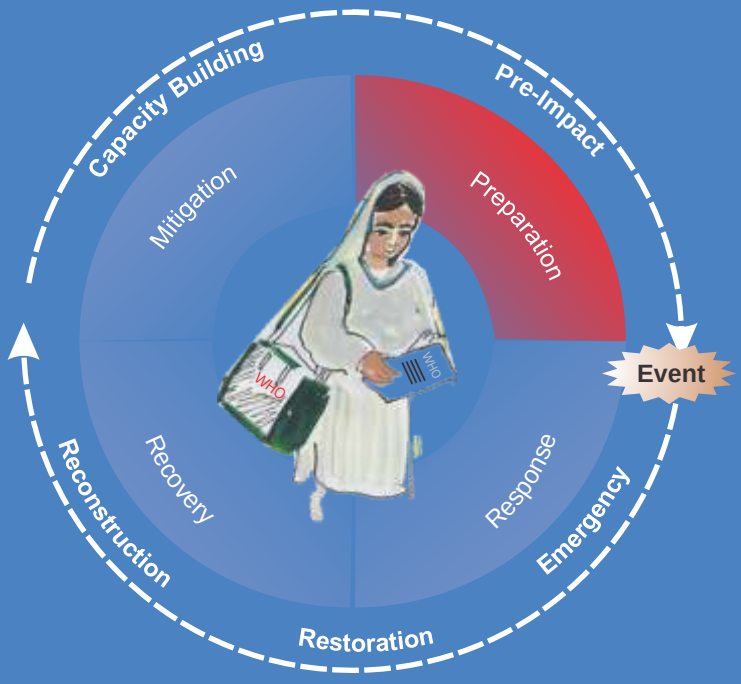
Module 2

Community Based Health Workers: Actions Before a Disaster



Community Based Health Workers: Actions Before a Disaster

Introduction

This module contains four sessions, discussing the essentials of community emergency preparedness planning, conduction health risk assessment, preparing health risk reduction plan and shedding light on health risk reduction through awareness, mobilization, and education.

Module's Objectives

1. Understand the essentials of community emergency preparedness planning
2. To become familiar with health based risk assessment
3. Learn the components of village-level health risk reduction plan
4. To know the importance of Care, Mobilization, Awareness, and Education for reducing the community health risk in a disaster prone community

Sessions to be covered in this module:

Session 2.1:	An Overview of Community Emergency Preparedness Planning
Session 2.2:	Conducting a Health - Based Hazard , Vulnerability and Risk Assessment
Session 2.3:	Developing a Village - Level Health Risk Reduction Plan
Session 2.4:	Reducing Community Health risk through Care, Mobilization, Awareness, and Education

Session-2.1

An Overview of Community Emergency Preparedness Planning

Session Objectives

This session aims at briefly describing the essential component of emergency preparedness planning process at community level.

At the end of the session, participants are expected to:

- ✓ Understand the basics of emergency preparedness planning;
- ✓ Identify the planning strategies.

2.1.1. Some Useful Terms Used in Emergency Preparedness Planning

a. *Emergency / Crises*

A condition of urgent need for action or assistance.

b. *Emergency Management*

The organization and management of resources and responsibilities to deal with emergencies, in particular preparedness, response and initial recovery steps.

The term "disaster management" is sometimes used instead of emergency management.

Fire at residential building

c. *Preparedness*

Measures taken in advance by communities and individuals to effectively predict, respond to, and recover from, the impacts of likely or current hazard or emergency conditions.

d. *Contingency Planning*

A list of activities taken by the people to prevent/ mitigate the loss of life, livelihoods and property in case a disaster occur.

Communities are participating in preparedness activities

2.1.2. Background

September 11, 2012, would remain a nightmarish date in the disaster history of Pakistan. Over 315 people burnt alive when fire ripped through a garment factory in Karachi and an illegal shoe factory in Lahore. The response to the fire exposed lax attitude of the people accountable to the health and safety of people in both the provincial headquarters.

In addition to this disastrous recent events, Pakistan had lost 80,000 lives and displacing around 3.5 million people as a result of earthquake in 2005 and about 2 million people affected by destruction of property, livelihood and infrastructure with the death toll of nearly 2000 in 2010 flood.

It can be said that more people die not only because of the disaster event, but due to their vulnerabilities and lack of planning to cope with susceptibility to calamities. An effective response to any emergency is dependent on the ability of communities to determine the appropriate functional planning. Lives may be saved and suffering lessened, if people accountable for the safety and well-being of the population during a disaster are well aware of their responsibilities and have the resources and well- designed in place.

2.1.3. Essential Components of the Community Preparedness Planning Process

The essential components of an effective community-based emergency management planning process are outlined here along with recommended strategies. These components can be considered steps, with the caveat that the sequence of the activities may need to be varied or repeated based on the community's unique needs. The components are as follows:

Step 1: Define the Community

Community is a diverse collection of different interests, social groups, and sectors.

A community can be taken as a group of people in define area that may share one or more things in common such as living in the same environment, similar disaster risk exposure, or having been affected by a disaster. Common problems and concerns bring them together to work for solving the issues.

Step 2: Identify and Establish Emergency Preparedness and Response Team

Community Emergency Response Teams (CERTs) may be formed at the community level by self help basis and CHW can play vital role in their formation. DDMAs can also support in linking and strengthening the capacities of the newly form committees. Sub-committees can also be formed like Evacuation committee, Early warning System Committee and Search and Rescue Committee etc. All the committee should have regular coordination, meeting, professional trained and conduct regular moc exercises, identify appropriate planning partners and consider the logistics issues.

Box: 2.1: Some of the key stakeholders should be considered during the CERT formation;

- People who are at greater risk.
- Community leaders.
- Representatives of the local public service provision departments like health, education, disaster management authority, civil defense, Agriculture, forestry and revenue.
- District/Tehsil/Union Council administration authority.
- Citizen Community Board.
- Village council.
- CBOs/NGOs.

Step 3: Determine the Risks and Hazards the Community Faces

When the team is in place, the emergency management planning team's first task is to conduct a detail risk assessment which may include assessing the hazard, vulnerabilities and capacities of the target community.

Table 2.1: Example of hazard, vulnerabilities and capacities

Hazard	Vulnerabilities	Capacities
Drought	Nutritional status of women and children are poor	Preventive & promotional health services like immunization & health education services on breast feeding, healthy nutritional habits and hygiene are
Flood	Poor sanitation conditions	Knowledge of health risks due to poor sanitation, BHU, health workers, herbal medicines, quality of services etc.

Step 4: Set Goals for Preparedness and Response Planning

Risk can never be totally diminished through the planning process as some level of ongoing risk will always be present. However, planning based on specific goals and realistic activities have all the capacity to minimize the suffering from a potential disaster. Preparedness must be based on a real assessment of hazard risk conducted through the HVCA process.

Preparedness Activities

Table 2.2: Some of the key strategies should be considered during the planning process;

1.	Ensure that planning covers basic communal functions.
2.	Address the phases of Disaster Risk Management as described in module one.
3.	Make the planning process as doable as possible.
4.	Address human resources requirements.
5.	Plan for weak responders.
6.	Involve the public in community preparedness efforts.
7.	Enable people to care for themselves.
8.	Plan for layered preparedness and response.
9.	Link to district, province and country plans and planning initiatives.
10.	Establish mutual aid agreements.

Step 5: Develop the Integrated Plan

The integrated emergency management plan is designed to meet the needs defined for and by the community, based on its hazard, vulnerability assessment, its goals for preparedness and response planning, and its current capacities and capabilities. Through the HVCA, goal setting, and capabilities identification processes, the community emergency response team determines what is being planned for and what assets might be needed and allocated. In view of the scares resources the plan must be realistic.

Preparation for emergency response plan

The integrated plan's objectives include achieving a level of preparedness and response that is sustainable and building capabilities for the future as needs evolve.

Step 6: Ensure Thorough Planning Related to Vulnerable Populations

Children, women, women headed households; older and special people, mentally challenged people are considered vulnerable population. These individuals can easily suffer harm disproportionately during or following an emergency because they may not be able to seek help, care for themselves, or pursue other survival and recovery strategies pursued by non vulnerable populations. The needs of vulnerable populations should be considered by planning teams.

Planning for vulnerable population

Box 2.2: Some of the key strategies should be considered are;

- Identify special-needs of populations to support effective communication, outreach, and planning.
- Include a cross section of partners in planning and response efforts related To vulnerable populations.
- Consider the unique needs of children.
- Involve the school teachers in emergency preparedness and response.

2.2.4. Essential Components of the Household Preparedness Planning Process

As a community based first responder, one needs to look at his own home and family first making sure that when a disaster strikes, his/her own family is safe and secured. This will enable the responder to perform his/her role worry free resulting to a more efficient response.

The four steps to prepare household plan are:

1. be informed (Know who to call / where to find help and Know what to do if someone is hurt or sick)
2. make a plan on individual household needs
3. get an Emergency kit
4. know your neighbors

Every household should assemble an Emergency/ disaster supplies kit and keep it up to date. An Emergency/ disaster supplies kit is a collection of basic items a family would probably need to stay safe and be more comfortable during and after a disaster. Disaster supplies kit item should be stored in a portable container(s) in an accessible area. Also consider having emergency supplies in each vehicle and at your place of work.

Emergency First Aid Box and other essential components

A list of suggested contents, including items and quantities, for community and household response kits is attached as an annexure.

Box: 2.3: Essentials for emergency response kits

• Three day supply of non perishable food	• First aid kit	• Eating utensils
• Three day supply of water	• Matches / lighter	• Photocopy of ID and legal documents
• Portable battery powered radio with extra batteries	• Whistle	• Cash
• Flashlight with extra batteries	• Extra clothing and blankets	• Prescription medications
• Infant formula, bottles	• Warm clothing	• Other personal needs

a. Water

A normally active person needs to drink at least 2.5-3 liters of water each day. Store water in plastic containers such as soft drink bottles or mineral water containers. Avoid using containers that will decompose or break, such as milk cartons or glass bottles. Hot environments and intense physical activity can double that requirement. Children, nursing mothers, and ill people will need more.

- Store 7.5 liters of water per person per day (2.5 liters for drinking, 2 liters for basic hygiene practices and 3 liters for food preparation)

- Keep at least a 3-day supply of water for each person in your household

If you have questions about the quality of the water, purify it before drinking. You can heat water to a rolling boil for 1 minute or use commercial purification tablets to purify the water. (e.g. one Chlorine tablet will purify 2 liters of water)

How long do I boil?

- *Low elevation one minute rolling, bubbling boil.*
- *High elevation three minute rolling, bubbling boil.*

Reference: household water treatment and safe storage in Emergencies; IFRC

Table 2.3: Water Needs during Emergencies

Survival Needs: water intake (drinking & food)	2.5 - 3 liters / person / day	Depends on climate and individual physiology
Basic hygiene practices	2 - 6 liters / person / day	Depends on social and cultural norms
Basic cooking needs	3 - 6 liters / person / day	Depends on food type and cultural norms
Total basic water needs	7.5 - 15 liters per day	

NOTE:
The quantities of water needed for domestic use is context based, and may vary according to the climate, the sanitation facilities available, people's habits, their religious and cultural practices, the food they cook, the clothes they wear, and so on

Reference: Sphere Minimum Standards on Water Supply Access and Quantity

b. Food

Store at least a 3-day supply of nonperishable food. Select foods that require no refrigeration, preparation, or cooking and little or no water. Select food items that are compact and lightweight. Include a selection of the following foods in your family disaster survival kit:

Table 2.4: Items for a 3-day supply of nonperishable food

Ready-to-eat canned meats, fish, fruits, and vegetables	
Canned juices, milk, soup (if powdered, store extra water)	
Staples: sugar, salt, pepper	
High-energy foods: peanut butter, jelly, crackers, mixed nuts, dried fruits	
Foods for infants, elderly persons, or persons on special diets	
Comfort foods: cookies, hard candy, cereals, instant coffee, tea bags.	

c. Kitchen Items

Table 2.5: Essential Kitchen Items

Manual cane opener	
Mess kits or paper cups, plates, and plastic utensils	
All-purpose knife	
Household liquid bleach to treat drinking water	
Sugar, salt, pepper	
Aluminum foil and plastic wrap	
Re-sealing plastic bags	
If food must be cooked, small cooking stove and a can of cooking fuel	

d. Clothing and Bedding

Include at least one complete change of clothing and footwear per person.

Table 2.6: Essential Clothing and Footwear Items

Sturdy shoes, work boots and socks	
Rain gear	
Blankets or sleeping bags	
Hat and gloves	
Sunglasses	
Warm clothing	

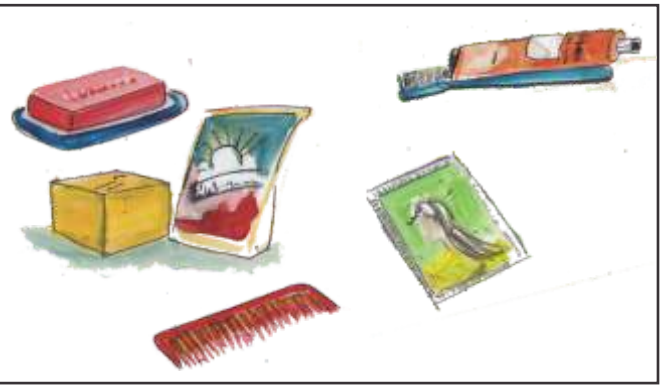
e. Household Documents and Contact Numbers

Table 2.7: A list of Household Documents

Personal identification, cash (including change)	
Copies of important documents: birth certificates, marriage certificate, driver's license, social security cards, passport, wills, deeds, inventory of household goods, insurance papers, immunizations records, bank and credit card account numbers. Be sure to store these in a watertight container.	
Emergency contact list and phone numbers	
Map of the area and phone numbers of places you could go	
An extra set of car keys and house keys	

f. Personal care and hygiene

Table 2.8: Essential Items for Hygiene Care

Soap for bathing	
Soap/detergent for washing clothes	
Small sachets of shampoo	
Toothbrush with toothpaste	
Comb	

g. Special Items

Remember family members with special needs, such as infants and elderly or disabled persons.

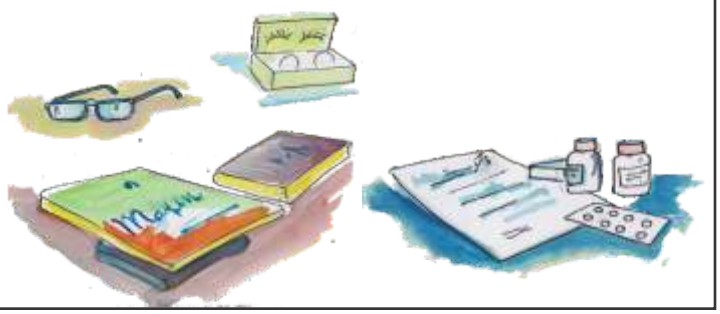
i. For Baby

Table 2.9: Baby Care Items

Formula (prevention of diarrheal disease)	
Diapers	
Bottles	
Powdered milk	
ORS Sachet, Medications	

ii. For Adults with special needs

Table 2.10: Essential Items for Adults with special needs

Doctor's prescribed drugs	
Contact lenses and supplies	
Extra eye reading glasses	
Entertainment-games, magazines and books	

Exercise:

Q: Define the essential components / steps of an effective community-based emergency management planning process?

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Q: What are the essential components of emergency/disaster response kit?

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Session-2.2

Conducting a Health-Based Hazard, Vulnerability and Risk Assessment

Session Objectives

This session aims at defining the process and tool of health-based hazard, vulnerability and risk assessment.
At the end of the session, participants are expected to:

- ✓ Understand the risk assessment process;
- ✓ Identify Risk Assessment Tools;
- ✓ Conduct Health-based hazard, vulnerability and risk assessment in a selected community.

2.2.1. Background

Every hazard accelerates many secondary hazards. However, the secondary or associated hazards vary according to the nature and intensity of the disaster. For example, fire can be classified as secondary hazard to earthquake (primary hazard). But, it is not an associated hazard to flood. Nonetheless, health hazard is a secondary hazard to any type of primary hazard. The 2010 flood is a recent example in this regard. According to World Health Organization, the Ministry of Health in Pakistan reported laboratory confirmation of 99 cases of Vibrio cholera 01 in the country. These cases were laboratory-confirmed by the National Institute of Health since the beginning of the flood until 30 September 2010.These cases were reported sporadically from a wide geographical area in the flood-affected provinces of Sindh, Punjab and Khyber Pakhtunkhwa.

Sometimes, health related hazards can be of primary nature. For instance, outbreak of pandemics might occur in isolation due to different reasons but not because of flood, earthquake, tsunami, or drought. In this session, focus is given to health-based risk assessment.

Role of CHW as a member of community based disaster management team would be to:

- assess the health-based hazards,
- their vulnerability and
- associated risks.

2.2.2. Process of Disaster Risk Assessment

Risk is defined as the expectation of loss. Disaster risk reduction planning rests upon risk assessment, which includes a determination of the propensity of things to be damaged (vulnerability) and an assessment of the community resources that will diminish impact. The risk assessment focuses on the identification of potential hazards, vulnerabilities, and resources in the community (capacity). This provides the foundation for additional planning and specifies potential losses so that communities are able to prioritize funding and programming.

Health-based DRA process begins with analyzing type, frequency, and potential of health hazard, before, during and after the occurrence of a disaster. If the selected area is prone to flooding the community may be susceptible to waterborne diseases, malaria, and cholera as, it happen during the 2010 floods.

2.2.3. Step 1: Hazard Assessment

Hazard is nothing more than a word until it meets the vulnerable conditions turning into a disaster.

Figure 2.1: Disaster Risk Assessment

a. *Identify the hazards*

Any disaster, regardless of type, has the potential of increasing disease transmission if it results in either direct or indirect changes in the human ecology. Disasters are a threat to the public's health because they cause abrupt increases in illness, injury, or death; destruction of the healthcare infrastructure; and instigate psychological stress. Thus in the process of hazard assessment, all hazard approach should be adopted i.e. identify the nature, location, intensity and likelihood (probability or frequency) of all the hazard, a community is exposed to. Then enlist the health hazard against each identified hazard.

b. How you can Identify the hazards by using "All hazard Approach"

You may use the following format to Identify the most common hazard faced by the selected community and enlist health hazard against each threat.

Table 2.11: All hazard Approach

Biological	Geophysical	Health Hazard	Hydrological	Health Hazard	Metrological	Health Hazard	Climatological	Health Hazard
Epidemic - Viral infectious diseases - Bacterial infectious diseases - Parasitic infectious diseases - Fungal infectious diseases - Prioninfectious diseases - Insect infestation	Earthquake Volcano Mass Movement (dry) - Avalanches - Landslide - Rockfall	-------- --------	Flood - flash flood, - riverineflood - storm surge - costal floods - tsunami Mass Movement (wet) - Avalanches - Landslide - Rockfall - river erosion		Storm - tropical storm - extra tropical storm - local storm		Extreme temperature - heat wave - cold wave Drought /wild fire - forest fire - land fire glacial lake outbursts	

c. Assess the frequency of disease against each hazard

Consider the following questions to assess the frequency of diseases in your area;

- Which disasters result in disease outbreaks?
- Events that cause population dispersion may actually decrease disease transmission
- The level of population immunity, either via vaccination or prior disease exposure, can play an important role in deciding whether or not a disaster results in a disease outbreak

Flooding and crowding both have a high probability of increasing disease transmission, if not responded to immediately with sound public health measures.

Most common disaster associated diseases are diarrhea, Respiratory Tract Infection (RTI), skin infection, malaria, polio

- Use the matrix given in 2.12 to assess the frequency of occurrence of associated diseases in each disaster

Table 2.12: Assessment of diseases in each disaster

Disaster	Associated disease	Frequency of Occurrence of disease

d. Prioritize the hazard and associated diseases through ranking

- First, decide the time span of the occurrence of disaster. You may want to use a period of 15 years. After the period is determined, find the probability(chances) of occurrence to each hazard.
- List associated diseases as well keeping in view the frequency, range and intensity.
- When classifying hazards, it is important that you look at those that have the potential to become disasters, but not necessarily the "worst case scenario". Therefore, you should identify those hazards that are large-scale and most likely to occur (based on the geographic, meteorological, and demographic conditions that exist in your community).
- To assess the health hazard, CHW must also need to consider hazards that exist in surrounding areas that may have impacts on your community.
- After frequencies for each hazard have been determined and the probability for each has been entered into a format, hazards that pose no credible risk to the community may be deleted. For instance, in the assessment example of Punjab that follows, hazards such as volcano and tropical cyclones reveal a score of 0 (unlikely); thus, to save time and prevent redundancy, these hazards will be excluded from further analysis.

e. Probability (chances) of occurrence format

Table 2.13: Probability Matrix

Geographical Area Punjab	
Period of Assessment 15 years	
HAZARDS	SCORE: (0 -4) 0 = Unlikely 1 = very rare 2 = Occasional 3 = Possible 4 = Frequent
TROPICAL CYCLONE	0
FLOOD	4
EARTHQUAKE	3
REVER EROSION	2

- Prepare the health hazard probability of occurrence and level of severity of the consequences on the same pattern by using the following matrix. While preparing the probability of occurrence you might consider: fatalities, injuries requiring EMS transport, outpatient injuries, skin diseases, Trauma Center, interruption of healthcare services, impact on public health agency infrastructure, and water supply contamination duration etc.

Step 2: Vulnerability and Capacity Assessment

It is the process to determine the existence and degree of vulnerabilities and exposure to a threat(s) and community's coping capacities to deal with disaster in an efficient manner.

Once the hazards in the geographic area have been categorized according to their probability and severity, the vulnerability and capacity of the selected community to each of those hazards must be assessed. Disasters do not affect the whole disaster prone community equally. Some are more vulnerable than others due to their socio-economic conditions. People living in same area may have fewer resources than others to get medical help in a disaster.

Box 2.4: How to conduct VCA

While conducting the VCA process, consider the following;

- Where are the most vulnerable populations, health facilities and services exposed to these hazards?
- Which diseases are prevalent in the community?
- How far the nearest health facility is situated?
- Does the population get medical help in time? What is the response time?
- Are there any informal health workers available in the community?
- Number of other health workers available in the area.
- What and where are the existing local capacities for emergency preparedness and response?
- Do the local hospitals have sufficient staff and resources to deal with emergencies?
- How many specialist doctors, nurses and LHVs are available in the area?
- Identify and prioritize critical live-saving interventions during the emergency response phase or to identify special populations that will likely require additional services.

Step 3: Risk Analysis

After the completion of hazard, vulnerability and capacity assessment, it would be essential to conduct risk analysis. The risk analysis will enable the community health worker to understand the potential impact of various health hazard events.

During risk analysis, identify what kind of a health hazard will have on various at-risk-elements; e.g. people (children, women, elder). It also identifies the extent of the impact; e.g. how many people might get sick, handicapped and dead.

Risk analysis can be done by using hazard probability (chances of hazard) and damage potential (vulnerability) matrix as shown in the table below.

Table 2.14: Risk Analysis

Disaster	Associated disease	Frequency of occurrence of disease	Probability (chances) of occurrence of disease(low, medium, high)	Element (people) at risk	Potential Risks (deaths, injuries, drowning)

Step 4: Risk Evaluation

The purpose of risk evaluation is to make decisions about what strategies should be followed for the reduction of various disaster risks.

Community health worker with the help of communities and local authorities jointly can agree on criteria to rank the risks. They can decide what levels of risk are acceptable about which no actions need to be taken.

The other risks would be ranked as high priority due to the potential damage and loss, which they may cause to people, their livelihoods or environment.

Prioritizing Risk

The decision about risk management can be done y using Risk Treatment Key as given in table 2.15;

Step 5: Risk Treatment Key

Table 2.15: Matrix for Risk Treatment

Risk level	Actions
Very high risk	Immediate action
High risk	Heightened action
Low risk	Work as usual

Upon the basis of risk analysis and risk evaluation the CHW should prioritize the communities based on the potential losses they may suffer. This will be essential for the launching of community-based disaster risk management.

Exercise:

Q: Define the terms hazard assessment in your own words?

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Q: What is the abbreviation of VCA?

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Session - 2.3:

Developing a Village-Level Health Risk Reduction Plan

Session Objectives

This session aims at describing the essential component of developing a village-level health risk reduction plan.

At the end of the session, participants are expected to:

- ✓ Understand the steps for risk reduction planning;
- ✓ Develop an outline for the village-level health risk reduction plan based on the risk assessment results.

2.3.1. Disaster Risk Reduction Plan

"A document prepared by an authority, sector, organization or enterprise that sets out goals and specific objectives for reducing disaster risks together with related actions to accomplish these objectives" United Nations International Strategy for Disaster Reduction (UNISDR).

A Village-Level Health Risk Reduction Plan is prepared on the bases of the outcomes of risk assessment carried out through community participation and using several participatory tools like Seasonal Calendar, Disaster Timeline, Hazard and Resource Mapping, Venn Diagram and Problem Tree etc.

2.3.2. Steps for Village-Level Health Risk Reduction Plan

Each hazard requires different measures and at time process for developing DRR plan. However some elements are essential in any type of plan, be it health-based risk reduction plan or other types of development plans. In a DRR plan, risk reduction actions are identified and prioritized on the bases of risk assessment results.

Health Risk

a) Organize to prepare the plan

b) Involve stakeholders

c) Coordinate with other agencies

d) Carry out risk, hazard, vulnerability and capacity assessment

e) Formulate goal, objectives and targets

f) Identify risk reduction measures for pre-, during and post-disaster phases

Involvement of Stakeholders

g) Assess available and determine required resources for the implementation of identified risk reduction measures

h) Delegate responsibilities and set implementation time frames

i) Identify constraints and challenges that may hamper the implementation of DRR Plan

j) Seek support and commitment from relevant stakeholders for implementation purposes

k) Develop monitoring and evaluation mechanism

l) Revise the plan

2.3.3. Parts of the Village-Level Health Risk Reduction Plan

- Community profile: location, population, livelihood
- Hazard profile: history of diseases in the area, and health-based risk assessment results
- Objectives and targets of the health DRR plan
- Strategies and activities for health risk reduction
- Roles and responsibilities
- Schedules and timetables
- Monitoring and evaluation mechanism
- Plan update schedule

- Annexes (Risk assessment Map, list of community resident, number and age group of the residents most vulnerable to health hazard, directory of organizations and important contacts, list of the members of the community disaster response team, contact details and number of health facilities in the area including Emergency Medical Service).

2.3.4. Template for Village-Level Health Risk Reduction Plan

Table 2.16: Pre-Disaster Preparedness at Village Level

The Village Health Disaster Risk Reduction Plan (Pre- Disaster Preparedness) Village ----------					
S#.	Activity	How to do	Who will do	Time-line	Status
1	Formation of Village Health Disaster Management Committee (VHDMC)	By establishing better coordination with Government & Non- Govt. Agencies	Community members & VHDMC	April – May	Formed
2	Formation of Women Committee for public health surveillance			April – May	Formed
3	Formation of Youth Club			April – May	In the process
4	Identifying Most vulnerable individuals			April – May	done
5	Rally to create Awareness about WASH (Water, Sanitation&Hygiene)			May-June	done
6	Meetings of all committees			Jan - Dec	Regular monthly
7	Arranging Health & Safety Training sessions for VHDMC, women and youth committees	By coordination with the organization working on Health	Community members & VHDMC	June -July	done
8	----------	----------	----------	----------	----------

Table 2.17: Response at Village Level During Disaster

The Village Health Disaster Risk Reduction Plan (Response During the Disaster) Village ----------					
S#.	Activity	How to do	Who will do	Time-line	Status
1	Provide Medical First Aid	By establishing better coordination with Government & Non- Govt. Agencies	Community members & VDMC		
2	To help pregnant and lactating mothers		Community Health Workers		
3	Establish Referral Centers	By coordination with public health department	Community Health Workers		
4	Create Awareness on Health & Safety	By visiting the victims and arranging focus group discussion	Community members & VHDMC, women and youth committees		
5	Provision of Medicines				
6	----------	----------	----------	----------	----------

Table 2.18: Action to be taken after disaster

The Village Health Disaster Risk Reduction Plan (Post Disaster Action) Village ----------					
S#.	Activity	How to do	Who will do	Time-line	Status
1	Rapid Health and Needs Assessment	By establishing better coordination with Government & Non- Govt. Agencies	Community members & VHDMC		
2	Medical Measures – Resumption of Basic Health Services	With the help of government			
3	Establish trauma center	By coordination with public health department	Community Health Workers		
4	Create Awareness on Health & Safety	By visiting the victims and arranging focus group discussion	Community members & VHDMC, women and youth committees		
5	Environmental Health Measures – Proper Waste Disposal				
6	----------	----------	----------	----------	----------

Exercise:

Q: Enlist important steps to be taken for preparing health DRR Plan?

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Q: Design contents for your health focused DRR plan?

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Session - 2.4:

Reducing Community Health Risk through Care, Mobilization, Awareness, and Education

Session Objectives

This session aims at defining the mechanism for reducing health risks and vulnerabilities through different techniques, including mobilization, awareness and the provision of health care education.

At the end of the session, participants are expected to:

- ✓ Understand the importance of mobilization, awareness and education;
- ✓ Learn developing community mobilization and awareness strategy.

2.4.1. Community Mobilization, Awareness and Education for better Health

Most of the diseases are preventable through the provision of safe drinking water, better sanitation, hygiene practices, awareness and education.

In the context of village health disaster reduction plan, the role of community-based health workers become of paramount importance that they become change agents to reduce health risks and promote the culture of heath care at family level through mobilization, awareness and education.

1. Community Mobilization (CM)

Community mobilization is defined as "a capacity building process through which community individuals, groups, or organizations plan, carries out, and evaluates activities on a participatory and sustained basis to improve their health and other needs, either on their own initiative or stimulated by others.

Community Mobilization

a. *Why Community Mobilization?*

Many health risks are preventable by relatively simple and inexpensive interventions such as Community Mobilization, health care education and awareness. Community Mobilization promotes consideration of the needs of specific populations and localities. In particular, under served populations, such as women, children and youth, can be reached more effectively through community mobilization.

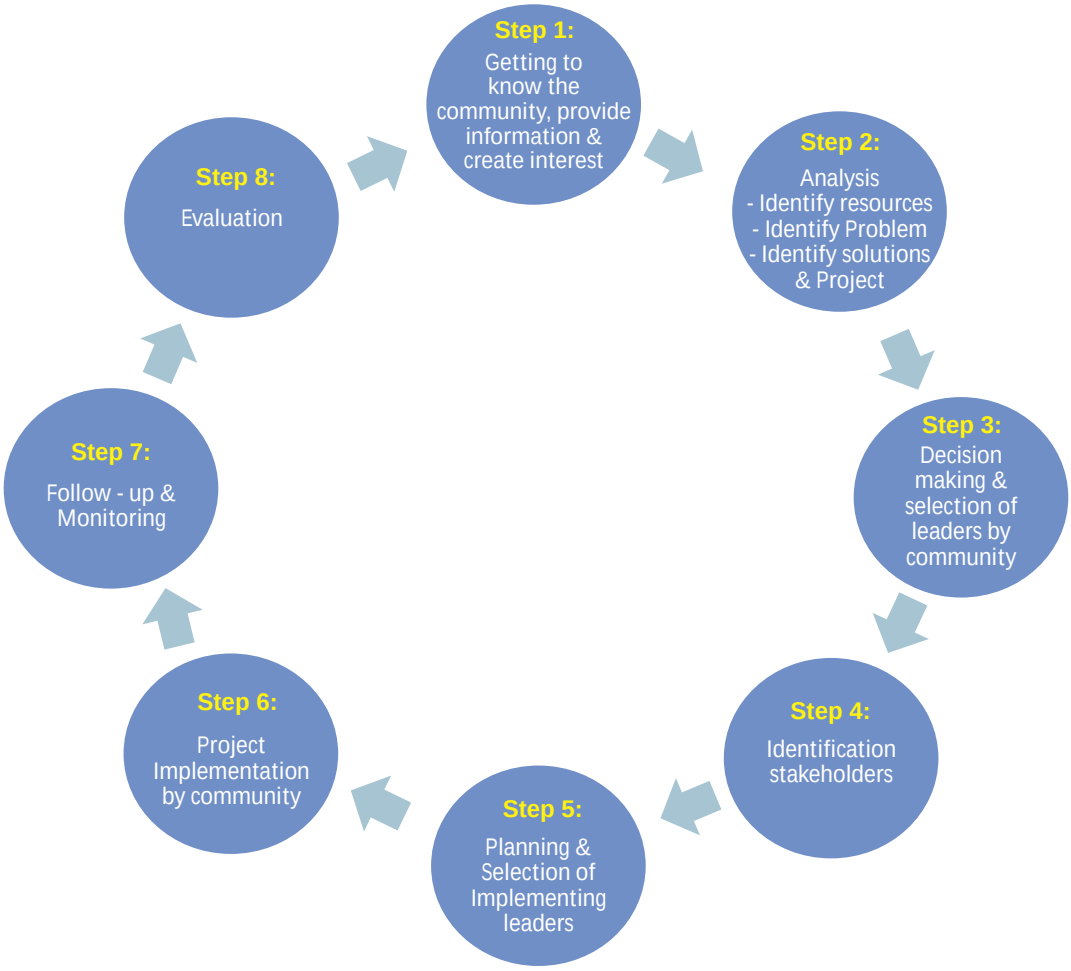
b. *Community Mobilization: a tool to creating awareness*

Community Mobilization is the first step for promoting health education and creating awareness that will reduce health risks in communities with limited access to health services and information. Community Mobilization processes helps communities in identifying barriers and generate solutions to reaching care through collective action.

c. *Steps to Mobilize the Community*

When working with the community, it is advised to apply the Community Mobilization Cycle. This cycle is composed of 8 steps and can regularly be used when enabling the community to solve their own problems and initiate their own projects. The cycle is build up as follows:

Figure 2.2: Steps to Mobilize the Community



Box 2.5: Stakeholders who can support CHW to organize social mobilization are:

- Local leaders
- NGO
- Government institutions
- Private institutions
- Local government
- Political institutions
- Teachers, Youths
- Educated peoples
- Other partners in development

2. Health Education

Health education is a combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.

Formal Health Education

a. *Types of Health education*

i. Formal Education: Content and skills that are included in school curricula and taught in the context of local issues and needs.

ii. Informal Education: Knowledge and skills will be impart to adults through a range of methods, including: home visits; group discussions; school-based talks; health-facility based individual and group sessions; media discussions; and sharing IEC materials.

Informal Health Education

3. Health Awareness & Education

The ultimate goal of CM is to create awareness and educate all the segment of the society about taking preventive health measures well before a hazard turns into disaster.

a. *Definitions of awareness-raising*

Generally, awareness-raising is understood to be a constructive and potentially catalytic force that ultimately leads to a positive change inactions and behaviors. These changes may be sought by individuals, groups, organizations, communities or societies. To raise public awareness of a topic or issue is to inform a community's attitudes, behaviors and beliefs with the intention of influencing them positively in the achievement of a defined purpose or goal: for example, improving public health or promoting Information Literacy.

b. *Why Awareness*

One of the basic need of the family is to keep all the family members healthy. The basic health care is possible through making all the members of the family aware of the basics of health education. A little attention on the matters related to sanitary and hygienic condition of the house and its surroundings eating fresh and balanced food and not necessarily expensive ones, and drinking fresh water could reduce majority of health hazards.

Public Education

Health hazards in the family occur due to the lack of awareness, so health status of the family depends on the level of health knowledge and levels of utilization of health facilities and services available.

c. *Strategies for awareness-raising*

Following strategies may be followed for community mobilization and creating health awareness among your community through health education;

Awareness Raising

- Individual/community meetings
- Group discussions
- Training workshops: members of the community are invited to workshops where they learn about the importance and need for proper hygiene as well as health care
- Community activities, such as games or competition for children, could be organized to present and discuss issues on health
- Essay competitions could be organized in schools where students are invited to write about the need for heath care
- Promotion in local radio stations with talk shows and other publicity
- Promotion among the private sector (private companies) to sponsor events
- Establishing learning alliances for sharing and spreading health information
- Lobbying with religious and socio-cultural leaders
- Case studies of successful implementation of sustainable health care program presented orally and preferably illustrated also by photos/poster

- Drawings, talks and monitored discussions to promote good hygiene practices like hand washing with soap

d. Tools for awareness-raising

Following are some tools to raise awareness:

- Posters containing information about sanitation, hygiene and health care could be placed in town centers and markets.
- Flyers could be distributed
- Stories
- Photo exhibitions highlighting good and bad health practices
- Street drama
- Use of Mobile technology to promote health, prevent diseases and provide health care. (The use of mobile phone is increasing rapidly in Pakistan and the text messages service can be used in creating health awareness)

Use of TV / Radio as a source of Public Awareness

Exercise:

Q: Define the term Community Mobilization in your own words?

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Q: What are the benefits of awareness-raising of the community about health care?

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Q: Name five tools used for health awareness?

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