

Module 5

# Community Based Health Workers: Review and Risk Reduction Process



# Community Based Health workers: Review and Risk Reduction Process



## Introduction

This module contains three sessions, each reviewing the concept of disaster risk reduction cycle/process and its management , the community health worker and the community response before, during and after the disaster and identify areas for improvement and Roles, Responsibilities and functions for community health workers in relation to disaster risk management.



## Module's Objectives

1. Understand the continuous nature of the disaster risk reduction cycle/process and its management
2. Understand the need to review the community health worker and the community response before, during and after the disaster and identify areas for improvement
3. Know the Roles, Responsibilities and functions, including the Do's and Don'ts, for community health workers in relation to disaster risk management



## Sessions to be covered in this module:

Session 5.1: The Disaster Risk Reduction Cycle and Its Management

Session 5.2: Reviewing the Community Health Response and Identifying areas for Improvement

Session 5.3: Roles, Responsibilities and Functions of Community Health Workers in Disaster Risk Management



Session 5.1:

The Disaster Risk Reduction Cycle and Its Management

Session Objectives

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

- ✓ Understand the continuous nature of the disaster risk reduction cycle/process and its management



5.1.1. Disaster Risk Reduction - A Continuous Process:

Disaster risk reduction cycle is a continuous process of planning and implementation of measures aimed at preventing or reducing the risk of disasters; mitigating the severity or consequences of disasters; emergency preparedness; and rapid and effective response to disasters and post-disaster recovery and rehabilitation.

Figure 5.1:  
Disaster Management Cycle



In the post- disaster phase, after providing required response, there is a need to start the disaster risk management planning again to further minimize the harm in future by assessing;

COMMUNITY RISKS *Are proportional to*

HAZARDS

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VULNERABILITIES

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READINESS FOR RESPONSE

- Community risks are a function of the relationship between hazards, vulnerabilities and capacities. The health consequences are the result of this interaction
- Capacity refers to the capacity to reduce hazards, reduce vulnerability and the capacity to respond and recover from emergencies and disasters
- If hazards increase, the risk increases
- If vulnerability increases, the risk increases
- If capacity decreases, the risk increases
- To reduce risk, we need to reduce hazards, reduce vulnerability, and increase capacities - therefore risk is lower

CHW as a member of emergency response team is primarily concerned with protecting community health. As your clients are threatened and injured/damaged communities so your key role is to involve in re-assessing and responding to community needs and planning for future.

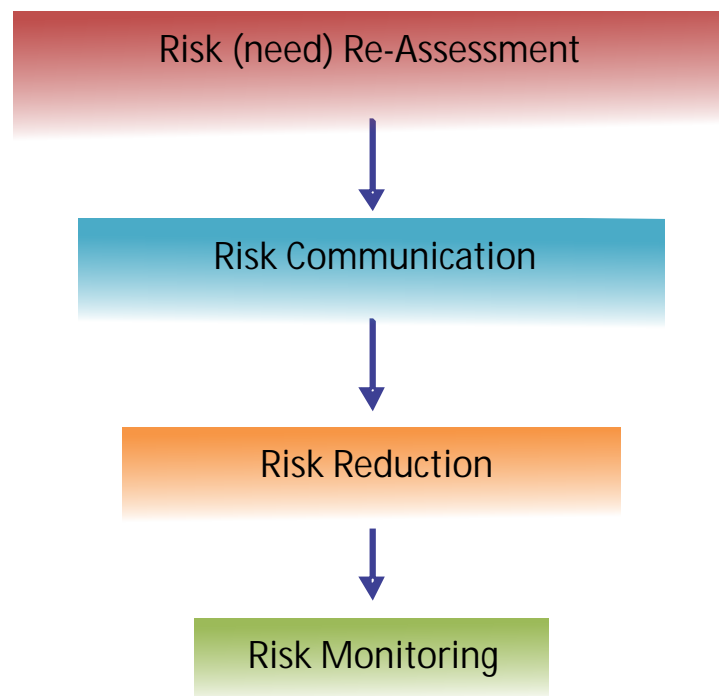
*Figure 5.2: Re-assessing and Responding to Community Needs*

*Risks must be assessed.*

Risks must be communicated to communities and to health Professionals.

Measures to reduce risk should be identified and implemented.

*Risk must be monitored to assess changes in hazard, vulnerability and capacities over time.*



a. Risk Assessment Process

1. Prepares hazard profiles
2. Maps the distribution of those hazards
3. Identifies the elements of the community exposed to those hazards (vulnerabilities)
4. Predicts the consequences of a hazard (risk)
5. Analyses each of the risks
6. Assesses risk reduction capacities within communities

The information from a Risk Assessment is used to undertake immediate measures to tackle the problems during recovery phase as well as plan future interventions to reduce risks by reducing exposure to hazards, reducing vulnerabilities and building capacities.

The actual and potential health problems resulting from the disaster are multifaceted and do not all occur at the same time. The re-assessment find out health risks/ problems might be related to food and nutrition, water and sanitation, reproductive or mental health, climatic exposure and communicable diseases.

The ultimate goal of CHW is to prevent the transmission of disease to generally healthy populations by using the following actions:

- Community mobilization



- Health education





- Promoting healthy practices



*Healthy Practices*

- Implementing public health measures that reduce a population's exposure to risk factors such as ensuring a safe drinking water supply to prevent diarrhoea, an Adequate food supply to minimize malnutrition and distributing mosquito nets to prevent malaria

- Conducting medical interventions such as chemo-prophylactics against malaria and Measles immunization.



*Medical Interventions*

In addition to preventive measures, identifies and refer as early as possible diseased people for treatment to prevent the infection from progressing to serious complication or death.

This is done using the following:

- Alleviating symptoms of diseases such as giving Oral Rehydration Solution early to a child with diarrhoea to prevent dehydration and possible death



*Alleviating Symptoms of Diseases*

- Referring patients with diseases through early detection for treatment of TB, dysentery etc



*Referring Patients for Treatment*

The purpose of risk re-assessment is also to guide communities and concerned stakeholders in planning for community risk reduction activities (protecting health and safety) for future by developing and maintaining 3 sets of plans:

- Hazard Reduction Plans
- Vulnerability Reduction Plans
- Emergency Preparedness Plans (increase capacity for response and recovery)

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**Exercise:**

Q: What activities do you want to plan as a result of re-assessment to protect your community's health?

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Q: What is the role of risk re-assessment in future disaster risk reduction plan?

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## Session 5.2:

# Reviewing the Community Health Response and Identifying Areas for Improvement



### Session Objectives

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

- ✓ Understand the need to review the community health worker and the community response; before, during and after the disaster and identify areas for improvement.



### 5.2.1. Why do You Need to Review the Emergency Response?

An emergency plan is not complete without post-incident review procedures.

After emergency, there are several things you should ask yourself:

- What can be learned from what happened?
- How do you avoid repeating mistakes?
- How do you assess what is and is not working?
- What are the implications of what just happened not only on you, but also on your community?
- Are program and plan revisions needed?



*CHW Reviewing the Emergency Response*

How do these questions get answered? The best way to answer these and more is to conduct a post-incident review.





### 5.2.2. Reviewing of Emergency Response - A Process of Improvement:

Review will help the CHW and the community members to assess the achievements, results and effects of a disaster risk reduction project or activity.

The purpose is to find out whether the activity or project is successful or not in achieving its objectives of disaster risk reduction.

Review results will inform the CHW, local authorities and the community members about the effects of the risk reduction activities on vulnerability reduction of the target groups. If vulnerability is not significantly reduced, the reasons for this should be analyzed.

Review will also help them in learning about successful strategies that were applied. They would like to continue the good practices in future activities and promote them to other areas.

Review can also analyze if some groups in community are affected negatively by the project activities. Identify the appropriate actions to rectify the situation to avoid negative impact upon people.

On the basis of review and analysis the CHW, local authorities and the communities can identify lessons to improve their future disaster risk reduction activities.

*Box: 5.1: In order to conduct a good review it is important to focus on the following:*

- Clearly defined purpose of the review.
- Participation of multiple stakeholders in review process; e.g. local authorities, community groups, project beneficiaries, other local organizations e.g. NGOs, mass organizations.
- Commonly agreed methodology for review.
- Actions taken before, during and after emergency.
- Positive aspects of how the response occurred.
- Aspects identified for improvement.



### 5.2.3 How to Conduct Review?

Different tools can be used to review and improve the emergency response plan such as;

- Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis
- Collecting data through surveys, statistics, etc.
- Exercise/drill followed by discussion
- After Action Review

#### 1. SWOT Analysis

A SWOT analysis lets you gain a better understanding of your emergency plan's strengths, weaknesses, opportunities and threats. This section describes how a SWOT analysis can help your emergency planning team understand potential vulnerabilities.



*Process of Conducting a Review*

##### a. Strengths

- What assets do you currently have in terms of emergency readiness? Are you near a hospital facility? Do your members have first aid training? Do you already have good relationships with your local emergency authorities?
- What resources are available for your emergency plan? Do any of your community members have family members who could provide emergency training? Do you have a back-up power source?
- What steps have you already taken to increase your readiness for emergencies? Think about the condition of your facility, training programs available in your community, etc.

##### b. Weaknesses

- What could you improve, in terms of emergency preparedness? Do all of your community members know where they have to gather in case of emergency? Do they know first aid? Do they know how to respond to an early warning system?
- In what areas is your emergency preparedness plan particularly deficient? For example, do you need to develop a relationship with your local disaster authorities? Does your emergency plan cover all the types of care required by vulnerable population if emergencies you might face? Is the coverage adequate for these emergencies?

c. Opportunities

- What opportunities exist that you can take advantage of? Is there a local Community Emergency Response Team program that you can team up with? Are any other organization such as Red Crescent Society currently developing emergency plans that you can use as examples and inspiration?
- What local events could provide opportunities for raising community awareness of emergency preparedness? Does your community have street fairs or seasonal festivals?

d. Threats

- What obstacles do you face in terms of planning? Some obstacles could be lack of money or time, low enthusiasm from other community members etc.

What are the specific hazards and threats that your community faces? Keep in mind that such threats could be natural, such as earthquake or flood, as well as man-made, such as terrorism and crime. Is your community particularly susceptible to any of these due to the nature of your locality? Make this list as detailed as possible. Your plan needs to address all potential hazards and threats.

*Table 5.1: Strengths, Weaknesses, Opportunities and Threats (SWOT):*

	Helpful (to achieve the goals)	Harmful (to achieve the goals)
Internal Origin (attributes of the community)	▪ Strengths	▪ Weaknesses
External Origin (attributes of the environment)	▪ Opportunities	▪ Threats

The strengths, weaknesses, opportunities and threats listed in your SWOT analysis will be the framework for determining the future priorities.





Exercise:

Q: How do you conduct SWOT analysis to improve your community emergency response plan?

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Q: What activities do you want to plan as a result of SWOT analysis to protect your community's health in case of emergency?

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## Session 5.3:

# Roles, Responsibilities and Functions of Community Health Workers in Disaster Risk Management



### Session Objectives

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

- ✓ Know the Roles, Responsibilities and functions, including the Do's and Don'ts, for community health workers in relation to disaster risk management



### 5.3.1. Roles, Responsibilities and Functions of CHW in Disaster Risk Management

Community health workers are an integral part of disaster planning and implementation efforts. They are involved as planners, educators, direct care givers and assessment supervisors.

They serve as a community survey assessment officer after the disaster has occurred. Hence participate actively in disaster management as a community health worker and protect the health of the community before, during and after disaster.



### 5.3.2. CHW Role Before Disaster

#### a. In Community Assessment

- Assess the community past history of disaster
- Determine the actual and potential disaster threats
- Identify community disaster risks
- Personal available in the community
- Local agencies
- Health care facilities available
- Mobilize the community



*Assessment of the Community*



b. Community Disaster Planning

- Identify community volunteers for emergency response team
- Mobilize the community
- Identify & coordinate with local back up agencies and personnel
- Identify specific responsibilities for various personnel involved in the disaster plan
- Identify local community communication system
- Identify location and accessibility of equipments and supplies
- Storage of equipment and supplies

Identify the protocol of notification

c. In Community Risk Reduction

- Get first aid and rescue training
- Create awareness about disaster
- Training to people
- Mass health education
- Education about warning signs of disaster
- Help in forming emergency kit at household and community level



*Risk Reduction Awareness at Community Level*



### 5.3.3. CHW Role During Disaster

#### a. In Disaster Phase

- Coordinate with the nearby hospitals
- Getting ready with emergency equipment
- Passing warning messages in the community
- Helping in evacuation
- Coordinate activities with emergency response team



*Role of CHW in Disaster Phase*

#### b. In Response Phase

- Care for injured persons
- Transporting patients
- Arranging for physical facilities for the victim
- Help vulnerable population in getting the basic facilities
- Supply of food ,water
- Help in rescue operation
- Monitor the outbreak of any infectious disease
- Co-ordinate activities



*Role of CHW in Response Phase*



### 5.3.4. CHW Role After Disaster

#### a. In Recovery Phase

- Counseling
- Continuing care
- Behavior modification
- Rehabilitation
- Creating awareness
- ? Co-ordinate activities
- Re-assess the community's health needs



*Role of CHW in Recovery Phase*

#### b. In Evaluation Phase

- Participate in determine disaster impact on community and surroundings regions
- Help in evaluation of all aspects of disaster plans
- Participate in practice drills to test the DRR plan



*Role of CHW in Evaluation Phase*



#### Exercise:

Q: What are the main role, responsibilities and function of CHW before disaster?

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Q: What are the main role, responsibilities and function of CHW during disaster?

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Q: What are the main role, responsibilities and function of CHW after disaster?

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## Annexures:

### *Annex 4.1: Minimum Standards for Communicable Disease Prevention and Control*

Intervention	Minimum standards	Target diseases
Shelter and site planning	Existing shelter and settlement solutions are prioritized via the return of hosting of disaster – affected households and the security, health, safety and well -being of the affected population are ensured.	Diarrhoeal diseases, ARI, meningitis, TB, HIV
Water supply	All people have safe and equitable access to sufficient quantity of water for drinking, cooking and personal and domestic hygiene.	Diarrhoeal diseases, typhoid, scabies
Sanitation and hygiene	People have adequate numbers of toilets, sufficiently close to their dwellings to allow them rapid, safe and acceptable access at all times of the day and night;  Each disaster -affected household has access to sufficient soap and other items to ensure personal hygiene, health, dignity and well -being.	Diarrhoeal diseases, polio
Food safety	People have access to adequate and appropriate food and non -food items that ensures their survival, prevents erosion of assets and upholds their dignity;  Food is stored, prepared and consumed in an appropriate manner at both the household and community levels;  Moderate and severe malnutrition is addressed.	Top killer diseases since malnutrition increases risk of disease
Health education	People have access to information and services that are designed to prevent the communicable diseases that contribute most significantly to excess morbidity and mortality.	Diarrhoeal diseases, malaria, Sexually Transmitted Infections (STIs), TB, HIV

Health services	<p>All people have access to health services that are prioritized to address the main causes of excess mortality and morbidity;</p> <p>People have access to clinical services that are standardized and follow accepted protocols and guidelines;</p> <p>All children aged 6 months to 15 years have immunity against measles.</p>	All diseases
Vector control	<p>All disaster affected people have the knowledge and means to protect themselves from disease and nuisance vectors that are likely to represent a significant risk to health and well-being;</p> <p>Number of disease vectors that pose a risk to people's health and nuisance vectors that pose a risk to people's wellbeing are kept to an acceptable level;</p>	Malaria, trypanosomiasis, leishmaniasis, dengue, yellow fever, typhus, chikungunya, Japanese encephalitis
Environmental control	<p>People have an environment that is acceptable, uncontaminated by solid waste, including medical waste, and have the means to dispose their domestic waste conveniently and effectively;</p> <p>People have an environment in which health and other risks posed by water erosion and standing water including storm water, floodwater, domestic wastewater and wastewater from medical facilities are minimized.</p>	Malaria, dengue, yellow fever
Epidemic preparedness and response	<p>Measures are taken to prepare for and respond to outbreaks of infectious diseases;</p> <p>Outbreaks of communicable diseases are detected, investigated and controlled in a timely and effective manner.</p>	All diseases

Table 5.1: Annexure

Do's	Don'ts
Always be alert to respond immediately	Don't wait for external help
Be aware to whom contact in case of emergency	Do not become panic
Call for help.	
Know how to communicate with emergency response team	Don't create and believe in rumors
Have disaster supplies in hand	Don't put your life in danger
Know when & how to evacuate	Don't take responsibilities of others
Give first aid where appropriate	Do not move seriously injured persons unless they are provided with first aid to avoid further injury.
Help vulnerable people who may require special assistance - children, women, the elderly, and people with disabilities.	Don't leave serious patient unattended
Keep surrounding clean and hygienic in camps	Don't focus on health needs only
Make referral to the nearest health facility	Don't refer without referral slip
Keep record of all the activities	Don't breach the confidentiality
Watch on any disease outbreak	Don't go beyond your scope of work
Provide psychosocial support to victim	
Focus on preventive measures and available resources	



WHO  
Country Office for PAKISTAN