World Health Organization
Country Office for PAKISTAN

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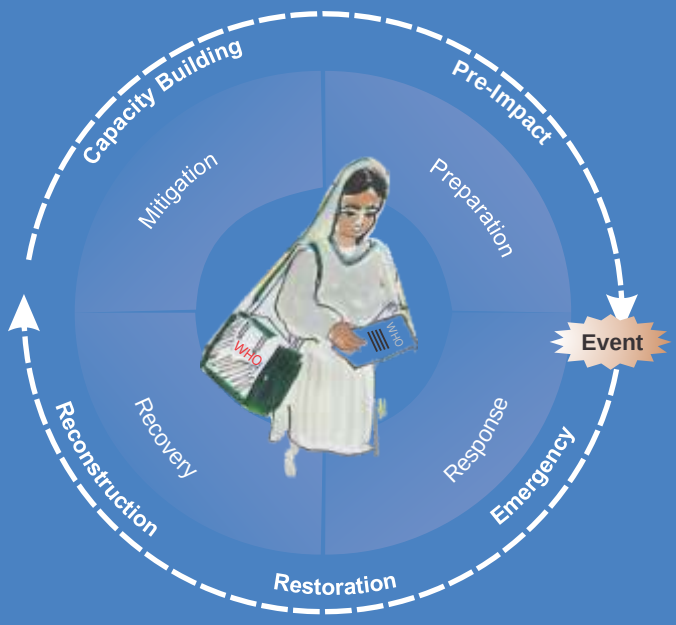
NHEPRN

World Health Organization-Pakistan

A Training Took Kit for Community Health Workers on

Community Based Disaster Risk Management

Trainer's Guide Book



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Acknowledgments

CBDRM Training Tool Kit for Community Health Workers i.e. Participants' Work Book and Trainer's Guide Book area product of collaborative efforts, consultations and contributions from World Health Organization Pakistan - DRM, National Health Emergency Preparedness and Response Network (NHEPRN) and Network of Disaster Management Practitioners (NDMP). In addition numerous publications and articles published under different projects in Pakistan and internationally were utilized for accumulating technical information and requisite data, duly acknowledged in References.

Material Development, Data Collection and Compilation

WHO, Pakistan would like to thanks Mr. Amjad Ahmad, Mr. Falak Nawaz CEO, NDMP, Dr. Farah Riaz and Dr. Riaz-Ul-Haq from NDMP who contributed to the technical concept, designing, writing and data collection for the preparation of this manual.

Technical Contribution, Reviewing & Supervision

Dr. Martinez Jorge EHA Coordinator and Amjad Ahmad, Program Officer DRM World Health Organization, EHA, WHO Pakistan.

Special Thanks

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Preface

In the past decade more than 2.6 billion people were reported to be affected by disasters, an increase in 1 billion over the last decade. 90% of the deaths from natural disasters were in developing countries disproportionately affecting the poorest and most vulnerable. In addition to large-scale disasters at the local level emergencies such as epidemics, floods, droughts, and on-going conflicts affect communities (rural and urban) on a regular basis in Pakistan. These crises significantly threaten the health of communities (including loss of life, injury, illness and disability), and adversely impact livelihoods, destroy health facilities and disrupt basic essential services further increasing crisis related morbidity and mortality as well as putting health providers at risk. In Pakistan, additional factors like trends in climate change and rapid and unplanned urbanization are also putting a greater number of people at risk and is challenging the response capacity of communities and national and international actors.

The key to emergency preparedness and risk management is the involvement and commitment of all relevant individuals and organizations at every level community, provincial, national, and international. This multi-sectoral approach means that all stakeholders accept clearly-de?ned responsibilities and the need to coordinate their efforts. Without their involvement and commitment, emergency preparedness becomes fragmented, inefficient, and poorly coordinated. Communities are at the front line of disasters. Over the last two decades it has become apparent that top-down approaches to disaster risk management alone fail to address the specific local needs of vulnerable communities, often ignoring the local capacities and resources. At times this approach further increases the vulnerability of the community. In response to the limitations of this top-down methodology, the community based disaster management emerged as an alternative approach in developing a "culture of prevention" and creating safer communities. In 2005, World Health Assembly passed a resolution to provide technical guidance and support to countries for building their emergency response capacities. The resolution stressed upon strengthening the preparedness capacities of vulnerable communities through awareness, education and training.

World Health Organization Pakistan along with other UN agencies is working to achieve community and local level risk reduction in Pakistan. The National Disaster Risk Management Framework identifies "Community and Local Level Risk Reduction Programming" as foremost of the nine priorities outlined in the strategic document. Consequently, the One UN Joint Program for Disaster Risk Management-DRM was designed in line with the national priorities and international obligations. As an integral part of Joint Program WHO Pakistan's is striving for community level capacity development through information, education and risk communication for households and communities at risk to promote healthy behaviors to reduce risks and prepare them for disasters. The purpose of community and local level risk reduction program by WHO in Pakistan is to ensure community-based health workers and community volunteers are able to effectively participate in community level disaster risk reduction efforts by playing an active role in district-level DRM committees and also responding to community health needs before, during and after a crisis.

Introduction to CBDRM Training Tool Kit

The role of community-based workforce in emergencies will depend on their level of training and their capacities, national policy and health service delivery, and health-system support at the community level. This was taken as the focal point in the development of this tool kit so that the actions and skills developed through the training would match the capacity of the community-based health workers being trained.

Another important consideration in developing the training tool kit was that within the cadre of community-based health workers diversity of education, experience and skills exist. For example, Lady Health Workers are required to have completed at least 8 years of basic education, in addition to completing one year of classroom-based basic education and nine months of field and classroom education. In addition, they regularly visit their linked health facility each month to submit reports and be provided with new supplies and refresher or updated information; moreover, annual training for 8 days per year is also provided to them. On the other hand social mobilizers, community health workers and volunteers do not have same levels of education. While many will have completed their basic education some may have completed university studies, others may have completed only a minimum level of education and be able to barely read and write. Often these community-based health workers complete some in-house training from their organization and often guided by supervisors and medical professionals in their organization in providing community-based health care and preventive services. That is why the developed toolkit is in a simplified manner to address the diversity of education, experience and skills.

This training tool kit for community-based health workers will become part of a larger group of NDMA and NHEPRN community-based disaster risk management training tools, some of which have or are being developed by other UN, government and non-government organizations/agencies. For this reason, the CBDRM toolkit has referred to, but has not duplicated, training sessions or topics already contained in other United Nations training material unless necessary for actions by community-based health workers.

Target Audience

The Joint statement on Scaling up the community-based health workforce for emergencies, developed by WHO, GHWA, UNICEF, IFRC and UNHCR is the basis of this training tool kit. According to the Joint Statement, "The community-based health workforce comprises all those at the community level who contribute to better health outcomes by promoting health and providing primary health care. This workforce traditionally comes from and works in the community, has relevant cultural and linguistic skills, and can be from migrant communities and populations displaced due to emergencies".

The Community Based Health Workforce (CBHWF) in any setting primarily consists of community-based health workers, including volunteers (such as those affiliated with Red Cross/Red Crescent societies) and other actors supporting the health sector are first responders who play a critical role in organizing and providing emergency services, ensuring that lifesaving public health measures are in place in collaboration with all relevant sectors and by helping communities in all phases of a crisis (prevention/mitigation, preparedness, response and recovery) resulting from all hazards. The community-based health work force in Pakistan includes:

- Lady Health Workers & Visitors - LHW & Vs
- Community-based midwives
- Community-based health workers
- Government public health or health promotion/health education staff
- NGO and CBO-based Health promoters, health educators and social mobilizers
- Volunteers, such as those affiliated with health care facilities, health service providers such as Red Crescent
- Representatives from key sectors: such as education; water and sanitation; and agriculture and food security, that contribute to promoting and improving community health

Proposed Minimum Standard for Participants

- Have completed at least 10 years of basic education

  OR

- Have completed the Lady Health Worker basic training program, or some other basic community health-related training/s or courses with a combined minimum duration of at least one month.

  OR

- With basic education have at least six months of field experience in working with communities in the area of community health promotion or disaster risk management

Duration of Training Courses

Maximum duration of training is suggested to be 3 -4 days. This is recommended to reduce the risk of employers not releasing community-based health workers for training. However, adequate time is required to cover all of the modules in manual.

CBDRM Training Tool Kit Format

The training Tool Kit comprises of two main manual i.e. Participants' Work Book and Trainer's Guide Book. The Participants' Work Book will be utilized as a reference book for community based health workers force training. The focus of the work book is on ensuring community based health workers are able to effectively participate in community disaster risk reduction efforts before during and after the crises. The Trainer's Guide Book is training facilitation guide for community level master trainers. This guide has been formulated on the principals of adult learning principles & strategies to maintain interest in the training for participants at all levels and allow sharing of knowledge, experience and skills.

The CBDRM Training Tool Kit is in 3 parts:

- Participants' Work Book
- Trainer's Guide Book
- Pre- and Post-assessment tools Part of Trainer's Guide Book

About the Trainer's Guide Book

Trainers or facilitators of the training will be the successful participants of CBDRM training courses or experienced trainers of community based health workers or Disaster Management. Ideally they should have undergone a TOT Training of Trainer from WHO or other UN partner/INGO or the NIDM, NDMA or PDMAs. The Trainer's Guide Book has been presented in a user-friendly and clear manner that easily guides trainers through delivery of the program. The Trainer's Guide Book prepares facilitators/trainers for delivering the training session, providing guidance on the selection of participants and a checklist of preparations required in advance of delivering the training session. This guide book also cover aspects such as logistics, equipment, resources, set-up and pre-planning, lesson plan, presentations and other material i.e. handouts and group works. For each training module, the Trainer's Guide Book provides:

- Clear learning objectives of the session
- A checklist of actions and resources required for the session
- An estimate of the time required for delivery of the session
- Estimates of the time required for delivery of each of the main activities in the module
- Step by step guidance on delivery of the module, including:
    - Approach
    - Instructions for participants
    - Mode of delivery
    - Action points for the facilitator
    - Reference to handouts and tools included in the participant training resource instructions of the required materials with page/ paragraph number
    - Strategies for ensuring participants are understanding and achieving the objectives
    - Power Point Presentations, handouts and group works
    - Clear and concise instruction for hands-on /practical work stations
    - Pre- and Post-assessment tool both written and practical/ hands on

The Trainer's Guide Book will be utilized as a reference book for training the community based health workers force - CBHWF consisting of community based health workers including volunteers and other actors supporting the health sector in Pakistan. Therefore, the focus of the guide book is on ensuring the quality training of the community-based health workers which will enable them to effectively participate in community disaster risk reduction efforts.

Acronyms

ANC	Antenatal Care
BHU	Basic Health Unit
CBDM	Community Based Disaster Management
CBDRM	Community Based Disaster Risk Management
CERTs	Community Emergency Response Teams
CHW	Community Health Worker
CM	Community Mobilization
CPR	Cardio Pulmonary Resuscitation
DDMA	District Disaster Management Authority
DHQ	District Headquarter
DMC	Disaster Management Committee
DR	Disaster Risk
DRA	Disaster Risk Assessment
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
EIC	Emergency Information and Coordination
EMS	Emergency Management System
ERM	Emergency Response Management
FATA	Federally Administered Tribal Areas
GHWA	Global Health Workforce Alliance
HIV	Human Immuno Deficiency Virus
HVCA	Hazard Vulnerability Capacity Assessment
HVA	Hazard Vulnerability Analysis
ICS	Incidents Command System
IFRC	International Federation of Red Cross and Red Crescent Societies
KP	Khyber Pakhtunkhwa
MFR	Medical First Responder
NDMA	National Disaster Management Authority
NDM-Act	National Disaster Management Act
NIDM	National Institute of Disaster Management
NDMC	National Disaster Management Commission
NGO	Non Governmental Organizations
NHEPRN	National Health Emergency Preparedness & Response Network
NIH	National Institute of Health
PATA	Provincially Administered Tribal Areas

PDMA	Provincial Disaster Management Authority
PDMC	Provincial Disaster Management Commission
PHC	Primary Health Care
RHC	Rural Health Centre
RTI	Respiratory Tract Infection
SWOT	Strength Weaknesses Opportunity Analysis
TB	Tuberculosis
THQ	Tehsil Headquarter
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNISDR	United Nation International Strategy for Disaster Reduction
VCA	Vulnerability and Capacity Assessment
VDMC	Village Disaster Management Committee
VHDMC	Village Health Disaster Management Committee
VLDRRP	Village Level Disaster Risk Reduction Plan
WHO	World Health Organization

How to Use the Trainer's Guide Book?

Trainer's Guide Book on Community Based Disaster Risk Management (CBDRM) is developed for public health professionals and experienced trainers of community-based health workers, to impart basic conceptual understanding and practical techniques with regards to CBDRM. It is designed for a 4-day training workshop; however, facilitators may adjust the content according to their own specific schedules.

Before using the Guide Book, it needs to read this manual carefully by the facilitator in order to smooth and effectively facilitate the sessions.

1. Follow the Trainer's Guide Book

This training guide has been carefully designed to provide the necessary sequence of activities to help facilitator to build the knowledge and skills of the participants which they need to do their work. It has five modules with further nineteen sessions. Each session provides objectives, required time and material, key discussion points, facilitation methodology and useful tips for trainers. The guide also includes group-work exercises to be facilitated through scenarios and other similar techniques.

Efforts have also been made to provide basic information about each technical session in the Trainer's Guide Book. However, the facilitators would need to read and consult participant book and power point presentation separately before conducting the training sessions.

2. Training Methods

Participatory training method to be followed to conduct this course. Whereas it is a Training of Trainer (TOT) course , so that the training methods used in this course are given in details in each session. The methods used in this course are:

1. Discussion
2. Question-Answer
3. Chart / Picture Demonstration
4. Group Discussion
5. Brain Storming
6. Group Work and Panel Discussion
7. Experience Sharing
8. Exercise
9. Ice Breaker/ Energizers
10. Audio/Video Clips

3. Adhere to the Training Schedule

The training week is 4 days long from the morning around 9am until the early evening, between 5pm. The day schedule will start with the discussion of key learning from previous day.

For lunch, 1.30pm is a good time to hold a mid-day break and allow the Participants to socialize with each other. However, before that time, and after, there are many opportunities to fall behind schedule or get off track. It is important to remember this during the training. One common source of this is the Facilitators themselves. It is not uncommon that a Facilitator takes more time than he or she is allocated. Although, time has been specified for each session but the facilitators can make slight adjustments in case the situation demands more time to be spent to a particular session.

4. Trainee Interaction

Having portions of each teaching session involve participant interaction (e.g.,small group work, trainee-involved demonstrations) addresses different learning styles, offers variety to the trainee sessions and helps to improve information retention. Furthermore, offering interaction creates more dynamic training sessions and therefore enjoyable sessions for the Participants making them eager to come each day.

5. Probe for Answers from the Participants

Similarly, almost each session starts with an interactive discussion between the facilitator and the participants. The key to useful discussion is to ask pertinent questions and let the participants take major chunk of the time to respond. For example, you may ask, "Can you think of anyone else?" "Where else can you look?" "How else can it be done?" Asking open-ended questions rather than closed-ended questions ("yes" or "no" answers) help make the training more of a discussion allowing Participants to feel they have something to contribute.

Facilitators have to ensure that all the participants are taking part in the discussion. It has usually been observed during training courses that just a few participants start dominating the proceeding and the majority remains mere recipients.

All this will help them stay participative and retain more information.

6. Give Participants Time to Answer

Participants may be shy about answering, or they may need some time to decide what to say. Each time you ask a question, give them at least 7 seconds before you begin to probe. However, it is also important to keep in mind the overall length of time each Facilitator has to present a topic. Therefore, allow Participants time to provide answers, while at the same time being attentive to when they no longer have answers to provide (e.g., either because they do not know anymore answers, or because they are tired). At this point, it is the Facilitator's job to progress the topic onto the next issue.

7. Listen and Repeat

When each participant gives an answer, repeat the answer. This will show that you are listening and it will ensure that everyone has heard the answer. This is especially important when participants speak softly and when the group is large. Also, never discourage an incorrect answer. Sometimes, an answer is not related to the question you have asked, at which point the question should be repeated. If this occurs, do not ever laugh at or ignore the Participant's answer. Instead, first thank the Participant for contributing, offering a neutral response, such as, "Well, that's not the answer I was looking for right now." If the answer is a common myth or misconception, use the opportunity to clarify it. This also contributes to the overall teaching of the topic.

8. Move Around During Group Work

For group-work exercises, facilitators are encouraged to oversee the whole process by spending brief time with each group in order to ensure that the participants are working in line with specified guidelines and to answer any questions they may have. This also allows you to take note of common issues that arise during the group work and address these when each of the small groups have gathered together again.

9. Use Simple Language

It is also suggested that the facilitators conduct their sessions in simple language without using too much technical terminologies. The underlying objective is to make participants understand the CBDRM concepts and relate them with different disaster-related situations in real life.

10. Training Evaluation

Discuss about pre-test as assessment to know the present level of knowledge of the participants and post-test to know how much knowledge and skills of the participants are improved. Assure them that there is no matter of pass or fail, it is just to justify the relevant of the training with the participants.

The training team should have feedback session at the end of the training to consider the comment from the trainees, to assess their effectiveness and to review plans for the next training. The facilitator should take their own notes during the training to improve next trainings.

11. Enhance Participants Leadership Skill

During the training sessions, get as many trainees involved in sharing leadership roles. In fact, part of the morning on the first date is best used to select individuals who will be class leaders during the training week (e.g., president, energizer, time keeper, and secretary). Giving leadership roles to the participants is a good way to tap different skills and resources of Participants while building their confidence.

Preparation before Training

Before the beginning of a CBDRM Training, a systematic organization should be done to ensure that all the required training materials are available, participants' invitations should have been sent and a training timetable prepared. In addition to the above, time management and co-ordination skills are equally desirable. A minimum of two facilitators should be present for each training session. One facilitator is responsible for presenting the session, while the other performs the back-up duties, such as observing participants reactions, assisting in monitoring small group work, prepare participants for role plays and demonstrations, and attending to practical matters (e.g., flip charts and other related issues).

Participants

Potential committed and interested people in the disaster prone and project areas having leadership and facilitation capacity are the targeted participants of this course. The trainer and project staff together will select the participants according to the set criteria and invite them.

Venue of the Training and Sitting Arrangement

The venue will be such as place where 15 participants can sit as U shape and comfort.
The training venue should have space for group activates, it is important for the training.

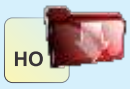
Logistics / Stationeries Require for Course

Name-tags, Folders, Pens, Pads, Flip-chart, Poster-Markers, Board-Markers,
White board, Projector, screen, laptop for PPT.

Training Materials

1. Attendance Sheets
2. Trainer's Guide Book
3. Participants' Work Book
4. Copies of Training Agenda/Time table
5. Pre and post assessment sheets

Each Training Session has the Following Parts:

Session Objectives 	Explain what the session aims to achieve
Suggested Time 	Time is pre-defined to complete the session as per agenda
Required Material 	List of all material is provided which will require for conducting the session
Key Discussion Points 	Provide a brief definition of concepts
Facilitation Methodology 	Provide instruction step by step to cover the session topic
Exercise 	Contain questions/ activities to enhance participants' learning
Sessions Handout 	Contain the reference material
Training Aids Needed 	Agenda to be shared and equipments to be used during the course.
Useful Tips for Trainers 	Useful tips have been given to instructors for effective delivery of the cost

Contents

Introduction and Inauguration

Objectives

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

- ✓ Introduce with each other and with their facilitators
- ✓ They can explain the objectives of the training
- ✓ They express their exceptions
- ✓ They set the training norms and give commitments to follow

Suggested Time: 2 hours

Training Aids Needed

- o Registration form
- o Name-tacks
- o folders, pens, note book
- o Cards
- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book
- o Pre-test question paper

Facilitation Methodology

Trainers are encouraged to follow the steps outlined below while they facilitate the session:

1. Welcome the participants

2. Inaugurate the training course by some senior official of the organization

3. Give thank to him / her after inauguration over

4. Tell the participants that we will introduce each other, but no individual will give his / her identity by own-self. One will give other identity, so every one needs a friend. That means two people will make pair and friend and one friend will give other identity in this forum.

5. After forming pair instruct that how they should give their introduction. In the introduction one will give information of other i.e. name, place, designation, his/her experience in disaster is, so it require to know these information from one another. So give 5 minutes time for exchanging such information.

6. You and all other facilitator (if any) will also introduce themselves in same game.

7. After finishing this event, give thanks to all and go for next step.

8. Present the course outline, its objectives and discuss the training schedule one by one.

9. Ask feedback on schedule whether anyone have any comments or suggestions.

10. Distribute the schedule saying to follow it.

11. Provide cards to each participant with appropriate instruction for writing their expectations.

12. Collect the written cards and hang on the board. In this case keep away the irrelevant and duplication cards.

13. After hanging read out the cards and express hope to fulfill the expectations and close the session by giving thanks.

14. Discuss with the participants whether some norms and principle are need or nor for smooth functioning of training activities.

15. Ask them to say that what type of norms should have.

16. Write down their opinion in a flip chart as training norms and hang it in the training room to see by all and go for next step by giving thanks to all.

17. Discuss about pre-test as assessment to know the present level of knowledge of the participants. Assure them that there is no matter of pass or fail, it is just to justify the relevance of the training with the participants.

18. Give them the question sheets. The time for pre-test is 30 minutes.

19. At the beginning of this step tell them about group formation, its importance and roles & responsibilities.

20. Form the groups and explain their responsibilities and give name to each group.

21. Write down the responsibilities of each group in flipchart and hang it on the wall.

22. Close this session by giving thanks and give break for tea.

Module 1

Community Based Disaster Risk Management in Pakistan

Modular Learning Objectives:

- Understand the basic terms and concepts used in Community Based Disaster Risk Management
- To become familiar with the disaster risks, their characteristics and impacts in Pakistan
- To know the working organization of DRM structure and system in Pakistan
- To know the roles and responsibilities of community health workers within the overall DRM system in Pakistan

Number of Sessions: 4

Session 1.1:	Introduction to Community Based Disaster Risk Management
Session 1.2:	Disaster Risks, Characteristics and Impacts in Pakistan
Session 1.3:	DRM Structure and System in Pakistan
Session 1.4:	Roles and Responsibilities of Community Health Workers within the overall DRM System in Pakistan

Session 1.1

Introduction to Community Based Disaster Risk Management

Objectives

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

- ✓ Explain basic terms and concepts used in CBDRM
- ✓ Understand the potential and importance of CBDRM
- ✓ Understand the purpose, process and characteristics of CBDRM

Suggested Time: 1 Hour & 30 minutes

Training Aids Needed

- o Multi Media Projection System with screen
- o White board
- o Multi-color markers for flip charts
- o Multi-color markers for white board (Erasable)
- O Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

1.1.1. Terms and Concept Used in CBDRM

Key Discussion Points

a. *Hazard:* A possible source of danger may cause;

- Injury
- Death
- Harm

b. *Disaster:* A sudden and unexpected event causing great loss of life and resources which exceed the community's ability to deal with it.

c. *Risk:* The possibility of suffering harm or loss.

d. *Vulnerability:* It is the inability to resist a hazard or to respond when a disaster has occurred. There are several situations that can increase our vulnerability to disasters.

Example: when people cut down too many trees at a faster pace than nature can replace them. This is what we call deforestation. It increases the vulnerability of many communities due to unprotected soil, cause mudslides, landslides, floods and avalanches.

e. *Capacity:* Ability to perform by using available resources to reduce the effects of disaster. Some examples of resources are;

- Knowledge
- Skills
- Institutions
- Money
- Power
- Responsive local government

f. *Relationship of hazard, vulnerability and capacity of community to disaster*

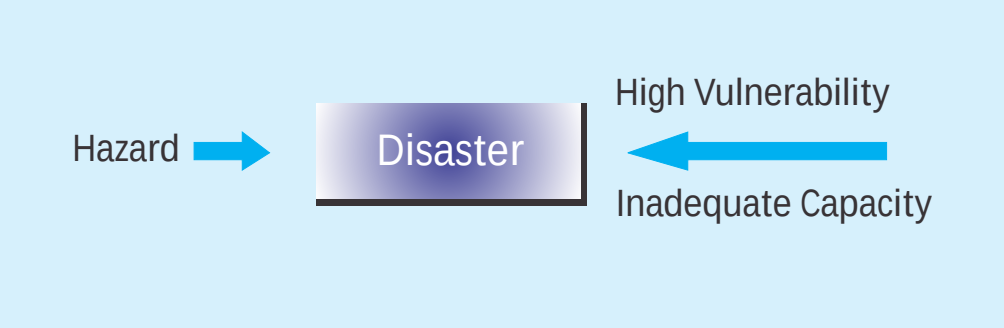


Figure 1.1: Hazard, Vulnerability and Disaster Relationship

g. *Disaster Risk Management (DRM)*

It is a series of actions to;

- Reduce the risk of disaster
- Minimize the effect of disaster
- Facilitate a rapid recovery

Facilitation Methodology

Trainers are encouraged to follow the steps outlined below while they facilitate the session:

1. Give session's introduction to participants. You may show the slide of the 3 objectives. Also, inform participants that the session will have group work and brain-storming exercises in addition to interactive lecture and questions/answers.

2. Introduce the terms and concepts of hazard and disaster by showing the slides.

3. Ask the participants about the difference between hazard and disaster to check their understanding.

4. Introduce the term of "Risk" and ask the participants at least one practical example of hazard and risk that is you or your community is exposed to?

5. Present the other key terms and concepts one by one by giving examples.

6. Explain the relationship of hazard, vulnerability and capacity through figure 1.1 given on page 7 of participant work bookl.

7. Emphasize that capacities enable households and communities to cope with, withstand, prepare for, prevent, mitigate, or quickly recover from a disaster and introduce the term of DRM by showing the slide.

1.1.2. Disaster Risk Management Phases/Cycle

Key Discussion Points

Actions will be taken before, during and after the occurrence of a disaster in four phases:

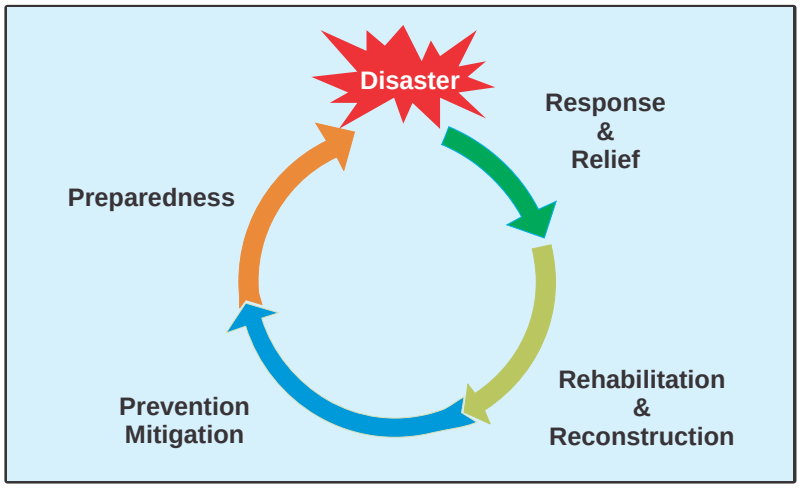


Figure: 1.2: Disaster Management Cycle

a. Prevention/Mitigation Phase:

This phase include taking action to reduce damages to a community before a disaster happens. Activities like;

- Educating the public on the risk of potential disasters and their effects
- Building codes
- Public safety regulations etc.

b. Preparedness Phase:

A set of actions that enhance the ability of communities and governments to respond to a disaster.

Preparedness steps may include;

- Developing plans of action in response to disasters
- Practice drills and exercises for emergency personnel
- Putting warning systems in place
- Developing evacuation plans and
- Installing emergency communications systems

c. Response & Relief Phase:

The response phase occurs during and after the disaster occurs. Quick actions are taken to provide emergency support to the community in order to maintain its health, safety and morale until permanent solutions can be put in place. This phase includes providing emergency;

- First aid & Medical Care
- Food
- Water& Sanitation
- Shelter
- Transportation of disaster victims
- Safety & Security

d. Rehabilitation & Reconstruction Phase:

Actions taken to restore the community to a normal state through;

- Re-construction of houses, damaged roads and basic infrastructure
- Restore livelihood

Facilitation Methodology

1. Ask the term of DRM to reinforce the concept clarity.
2. Show the figure 1.2 given on page 7 of participant work book and explain the each phase one by one.
3. Ask the participants to give example of each phase to check their understanding.

1.1.3. Disasters and Communities

Key Discussion Points

- In case of disasters, the people at the community level have more to lose because they are the ones directly hit by disasters, whether major or minor.
- Some people residing in the same disaster-hit area suffer more than others like; Women, children, elders, poor, special people
- On the other hand, community has the most to gain if they can reduce the impact of disasters by effectively using their capacities.
- This concept gave rise to the idea of community-based disaster management where communities are put at the forefront for risk reduction and mitigation.

a. Community Based Disaster Risk Management (CBDRM)

A process of disaster risk management in which at risk communities are actively engaged to reduce their vulnerabilities and enhance their capacities through;

- Identification
- Analysis
- Treatment
- Monitoring and
- Evaluation of disaster risks

b. Community Based Disaster Risk Management (CBDRM) Process

The CBDRM have six steps:

1. Selection of the community where DRM project is to be implemented
2. Rapport building and understanding the identified community
3. Participatory community risk assessment
4. Participatory action planning
5. Community-led implementation of the project
6. Participatory monitoring and evaluation of CBDRM project

Facilitation Methodology

1. Remind the relationship of disaster and community by showing the slide of figure 1.1 given on page 7 again.
2. Ask the participants who suffer more than others and invite one trainee to write the participant's answers on flip chart.

3. Probe to get the following answers:

   a. Children
   b. Women
   c. People with disabilities
   d. Elders

4. Add if any vulnerable group is missing by showing slide.

5. Introduce the concept of CBDRM

6. Ask the participants to define the term CBDRM in their own words to check their understanding

7. Explain the process of CBDRM by elaborating its six steps with the help of slides

Conclude the Session

1. Wrap up the session by summarizing key points.

2. Ask for question or points of clarification

3. Conclude the session by review Lesson Objectives

Useful Tips for Trainers

- When explaining the definitions, share simple and local examples so that participants could understand and relate the information easily.

- Encourage participants to share relevant examples with regard to any specific definition of terms and concepts.

- During the session, make participants realize the significance of developing understanding with DRM terms and concepts as it will enable them to grasp other DRM-related technical issues with ease.

- Make sure enough time is left for questions at the end of this session.

Session 1.2

Disaster risks, characteristics and impacts in Pakistan

Objectives

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

- ✓ Understand the risk profile of Pakistan
- ✓ Learn about the most frequent hazards and their impacts in the country

Suggested Time: 1 Hour & 30 minutes

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

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1.2.1. Disaster Risk Profile

Key Discussion Points

Pakistan is exposed to various types of natural and human- induced hazards coupled with vulnerable conditions putting lives and properties of millions of people at risk due to;

- Diverse topographical features
- Varied Climate in different regions
- Uneven population density
- Over populated cities/areas
- Vulnerability of population segments
- Unplanned development practices especially in disaster prone areas
- Poverty and other vulnerable factors
- Pressure on natural resources
- Lack of awareness on Disaster Risk Management

The most frequent and damaging natural hazards in Pakistan are;

- Earthquakes
- Flooding
- Droughts
- Cyclones
- Landslides

In addition to the natural hazards, the most frequent human-induced hazards are;

- Transport
- Urban fires
- Terrorism
- Civil conflicts and internal displacements of communities etc.

These hazards pose a greater threat to the lives, livelihood, physical and mental health of susceptible communities.

Facilitation Methodology

1. Give session's introduction to participants by describing the objectives.
2. Introduce the disaster risk profile of Pakistan by showing the slide.
3. Elaborate the factors behind the high risk profile.
4. Divide the participants into two groups.
5. Give them a task to enlist some of the most common Natural & Human induced hazards, Pakistan is exposed to, on flip chart and present it.
6. After their presentations, recap the list by showing slides.

1.2.2. Most Frequent Hazards in Pakistan and their Impacts

Key Discussion Points

1. Most Frequent Hazards in Pakistan

1.1. Natural Hazards

a. Earthquakes

- Pakistan lies upon Indo-Australian plate which is continuously moving and causing earthquakes
- The Koh-e-sulieman, Hindu Kush and Korakuram mountain ranges are particularly vulnerable and the resulting devastation can be immense because of the poor construction of the buildings
- Pakistan history of major earthquakes: Quetta earthquake of 1935, the 1945 earthquake of the coast of

Makran, the 1976 earthquake in Gilgit-Baltistan province, the October 2005 Kashmir earthquake and the Chamman Earthquake 2008

- Districts prone to earthquake are;

  - Northern areas and Chitral district in Khyber Pakhtunkhwa Province,
  - Muzaffarbad, Neelum, Bagh and Rawlakot in Azad Kashmir region,
  - Whole of Gilgit-Baltistan province,
  - Quetta, Chaman, Sibi, Zhob, Khuzdar, Dalbandin, the Makran coast
  - including Gawadar and Pasni in Balochistan Province,
  - Murree in Punjab Province,
  - Whole of Federally Administered Trbal Areas (FATA)

b. Droughts

- Drought is a condition of severe climatic dryness causing reduction to soil moisture below the minimum level necessary for sustaining plant, animal and human life

- The incidence of drought in Pakistan is becoming increasingly common due to low rainfall and extreme variations in temperature

- The most susceptible regions experience a drought 2 or 3 years every decade

- The drought of year 2001 was termed as worst in the history of the country that destroyed the livelihoods of people, thousands of people were forced to migrate and millions of livestock were killed

- Districts prone to Droughts are;

  - Umerkot, Tharparker, Mirpur Khas in Sindh Provincem
  - Dera Ghazi Khan and Bahawaplpur districts in Punjab Province,
  - D.I.Khan, and some part of Bannu district in Khyber Pakhtunkhwa Province,
  - Kohlu, Dalbandin, Turbat, Kharan, Panjgur in Western Baluchistan

c. Floods

- Pakistan is one of the most flood prone countries in south Asia

- The largest river of Pakistan is Indus River with its branches Kabul, Jhelum, Chenab, Ravi, Beas and Sutlej

- Generally major floods in these rivers occur in late summer (July to September) due to heavy monsoon rains but flooding can also occur as the result of glacial lakes breaking that are caused by high summer temperatures

- Floods in Pakistan can also occur due to the dam bursts. For example in February 2005, the floods hit Pasni in Baluchistan due to the ShadiKot dam burst, resulting from a week of heavy rains

- Floods caused a significant amount of damage, a large number of deaths, severe loss of property and livelihoods

- Districts prone to floods are;

  - Hyderabad, Sukker, Nawab Shah districts in Sindh Province
  - Dera Ghazi Khan, Multan, Muzaffargargh, Jhelum, Rahim yar khan,and Lahore districts in Punjab Province
  - D.I. Khan, Peshawar, Nowshera, Charsadda, Swat, Mardan and Dera Ismail Khan district in Khyber Pakhtunkhwa Province
  - Kech, Jaffarabad, Nasirabad districts in Baluchistan Province

d. Landslides

- Landslide refers to a down slope movement of soil and rock triggered by earthquake, flood or heavy continuous rainfall

- Landslide caused by earthquake, flood or heavy continuous rainfall

- For all types of slope failure, soil moisture plays a vital role because water reduces the soil strength and increases the stress

- Cutting of trees (deforestation) is a major cause of landslide

- It causes significant damages and losses at the local level

- Districts prone to landslides are;

  - Bagh, Bhimber, Neelum and Muzaffarabad in Azad Jammu & Kashmir region
  - Astore, Diamer, Gilgit & Ghanche in Gilgit-Baltistan Province
  - Kaghan, Naran & Chitral in Khyber Pakhtunkhwa Province
  - Murree in Punjab Province

e. Tsunami

- A very large ocean wave caused by an underwater earthquake or volcanic eruption

- Pakistan also has a history of tsunami disaster

- Tsunami usually occurs due to earthquake in sea and produced high sea waves

- It causing losses to life, property and environment

- Districts prone to Tsunami are;

  - Gwadar, Lasbela, Pasni, Jiwani in Baluchistan Province
  - Thatta, Badin and Karachi in Sindh Province

f. Cyclones/storms

- When the cyclone strikes the land, high winds, exceptional rainfall, and storm surges cause damage with secondary flooding and landslide
- The frequency of cyclones is low along Pakistani coast, but they can cause considerable damage in the area
- Strong winds create disaster by destroying human settlements, electric, communication installations and trees
- As the result of cyclones, the areas are left water logged where cultivation is not possible for months due to the soil conditions
- Districts prone to Cyclone/Storm are;
  - Kech, Gwadar, Lasbela, Pasni, Jiwani in Baluchistan Province
  - Thatta, Badin and Karachi in Sindh Province

g. Epidemic

- An outbreak of a contagious disease that spreads rapidly and widely affecting many individuals in an area or a population at the same time
- Natural disasters that result in population displacement are associated with increased risk for epidemics
- Overcrowding in temporary settlements and disruption of water supply and sanitation, are mainly associated with increased risks for communicable disease transmission such as diarrhoea, acute respiratory infection, measles, malnutrition and malaria

1.2. Human Induced Hazards

a. Transport accidents

- Transport accidents are very common in Pakistan. Hundreds of people have been killed in train and road accidents
- Recent incidences of Air Blue crash during 2010 and Bhoja air crash 2012 in Islamabad cause heavy loss of lives

b. Urban fires

- Recently Pakistan has experienced major urban fire incidents in Karachi causing deaths and heavy financial damages to property

- The chances of fire increases with urbanization, unplanned CNG gas filling stations in urban areas and unauthorized LPG gas stores
- The sale of petroleum products in the residential areas is also widespread in the cities
- These practices combined with mass culture of smoking cigarettes could pose a major fire risk
- The fire services in urban centres are poorly equipped

c. Terrorism

- Pakistan for last few years has been turned into land of casualties or victims where all time people are at risk of hazard of terrorism
- Psychological causes, unemployment, lack of education, Poverty and use of Islamic extremism groups are the main causes of terrorism
- Most common types of terrorism are bombing, kidnapping, arm attack and assassination

d. Civil conflicts and internal displacement of communities

- Pakistan is a diverse society, ethnically, linguistically, religiously and culturally
- This diversity has sometimes led towards civil conflicts amongst various social groups
- These conflicts caused loss of life and damage to property
- Creating insecurity for various social groups in the affected areas and causing internal displacement of communities
- Regions vulnerable to IDPs;
  - FATA, PATA regions
  - Gilgit-Baltistan Province
  - Swat, Dir in Khyber Pakhtunkhwa Province
  - Southern Punjab Province
  - Balochistan Province
  - Azad Jammu & Kashmir Regions

2. Impact of Disasters on Health Services

Disaster whether natural or human made, create particular problems for health services

a. Damage to health infrastructure

- Disaster can cause serious damage to health facilities, water supplies and sewage systems. The damage can severely limit health systems provision of medical care to the population in the time of the greatest immediate need.

- The supply chain (medical equipment and pharmaceutical supplies) for the health facilities is often temporarily disrupted.
- Disaster victims face difficulty to reach health facilities due to limited road access
- Pre-hospital coordination and communication is crucial in emergency situations. Disrupted communication systems lead to a poor understanding of the various community health needs which may required immediate care

b. Increased demands for medical attention

- Harsh climatic exposure puts a further strain on the health system
- Inadequacy of food exposes the population especially vulnerable groups such as children, elderly to malnutrition
- If there is mass causality incident, health system can be quickly overwhelmed and unable to cope with the excessive demands

c. Population displacement

- A mass population displacement cause additional stress and demands on the local health services
- Mass migration can introduce new diseases into the host community

d. Outbreaks of communicable diseases

- Natural disaster does not always lead to infectious disease outbreaks but there is increased risk of disease transmission. Disruption of water and sanitation services combined with population density and displacement, all leads to an increased risk of disease outbreak.
- The incidence of vector-borne diseases may increases due to poor sanitation and disruption of vector control activities.

Facilitation Methodology

1. Divide the participants into groups by pairing them.
2. Assign one topic to each group to prepare presentation on frequent hazards & its impact on Pakistan.
3. Give them fifteen minutes for preparation and five minutes for presentation.
4. Tell them to use Participant's Work Book as a resource material (page 13-20).
5. At the end of each presentation, add any missing point by probing.

6. Ask participants about the impact of disaster on health services and write down their response on white board.

7. Add any missing points by showing slides.

Conclude the Session

1. Wrap up the session by summarizing key points.

2. Ask for question or points of clarification.

3. Conclude the session by review Lesson Objectives

Useful Tips for Trainers

- Provide assistance or guidance as the teams preparing their presentations
- Give clear instruction about the time of group work activity
- If you feel that the participants' interest level is decreasing or they are getting tired, try to make the environment more conducive by engaging them in some ice-breaking activity. It may be a song by any participant or some couplets, etc
- Make sure enough time is left for questions at the end of this session

Session 1.3

DRM System and Structure in Pakistan

Objectives

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

- ✓ Understand the DRM system of Pakistan
- ✓ Describe the function of key organizations involved in DRM

Suggested Time: 1 Hour

Training Aids Needed

- o Multi Media Projection System
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

1.3.1. National Disaster Risk Management System

Key Discussion Points

- Pakistan is vulnerable to a range of hazards- both natural as well as man-made
- Reactive emergency response (Calamity Act of 1958) approach was the main way of dealing with disasters in Pakistan till 2005
- The Earthquake, 2005 highlighted the need for establishing appropriate policy and institutional arrangements to reduce losses from disasters in future

- National Disaster Management Ordinance, 2006 and National Disaster Management Act 2010 enable the Federal Government to put in place a comprehensive system of disaster management at the national, provincial and district level
- New system is based on holistic approach to disaster risk reduction through prevention, mitigation and preparedness

Facilitation Methodology

1. Start the session by describing its objectives.
2. Introduce the National Disaster Risk Management System of Pakistan by giving its brief history.
3. Ask the participants which organization is dealing with disasters at the National level?
4. Explain the new system currently working in Pakistan.

1.3.2. Disaster Risk Management Structure

Key Discussion Points

- Ministry of Climate Change earlier called as Ministry of National Disaster Management
- National disaster Management Commission (NDMC) is the highest policy and decision making body for disaster risk management
- National Disaster Management Authority (NDMA) is the executive arm of the NDMC and it functions to implement, coordinate and monitor disaster management policies and strategies. Office is situated in Islamabad
- Provincial Disaster Management Commission (PDMC) is working in each province
- Provincial Disaster Management Authority (PDMA) has been established in each province headquarter
- District Disaster Management Authority (DDMA) at the district level
- The National Health Emergency Preparedness and Response Network (NHEPRN) is responsible for all aspects of health related emergency management including preparedness, response and recovery

Facilitation Methodology

1. Explain the Disaster Risk Management Structure by showing figure 1.3 given on page 23 of participant's work book.
2. Ask the participants what is the difference between NDMC and NDMA?
3. Reinforce the knowledge after getting their answers

Conclude the session

1. Wrap up the session by summarizing key points.
2. Ask for question or points of clarification.
3. Conclude the session by review Lesson Objectives

Useful Tips for Trainers

- Make sure enough time is left for questions at the end of this session

Session 1.4

Roles and Responsibilities of Community Health Workers (CHW) within the overall DRM system in Pakistan

Objectives

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

- ✓ Understand the concept of CHW
- ✓ Explain the roles, responsibilities of the CHW in the overall DRM system of Pakistan

Suggested Time: 1 Hour 30 Minutes

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

1.4.1. Disaster and Community Health Workers

Key Discussion Points

Today's communities are at greater risk, due to;

- Increase in number and frequency of emergencies
- Changing hazards (e.g. conflicts and the effects of climate change) and
- Growing vulnerabilities (e.g. rapid and unplanned urbanization, Lack of resources and poverty)

To address these challenges, Community based Health Workers are the front line force of protection against emergencies including disasters and other crises because they;

- have local knowledge of local risks which is necessary for addressing the actual needs of the community
- are able to take local actions with the help of community o prevent risks at the source, by avoiding exposure to local hazards
- can help the community to prepare and well-organized to reduce risks and the impact of emergencies
- can save many lives in the first hours after an emergency before external help arrives

Facilitation Methodology

1. Introduce the session by describing its objectives
2. Elaborate that today's communities are at greater risk
3. Emphasize Community based Health Workers are the front line force of protection against emergencies
4. Probing why they are front line force?

1.4.2. Who are they?

The community based health workforce comprises all those at the community level who can contribute in promoting health by providing preventive & promotional health care.

The community-based health workforce includes:

- Community Health Workers (CHW) who are appropriately trained and accredited according to National policy
- Trained volunteers (e.g. those affiliated with the Red Cross or Red Crescent Societies)
- Social moblizers of community-based organizations that promote health through behaviour change communications, health education and social mobilization
- Actors from key sectors (e.g. water, sanitation and hygiene, agriculture, food security, shelter and education) that contribute to promoting and improving the health of communities

Facilitation Methodology

1. Ask participants who are CHWs?
2. Invite one trainee to enlist their responses on white board.
3. Recap their answer by showing slide.

1.4.3. Role of Community Health Workers in Disaster Prone Communities

Key Discussion Points

Before an emergency/disaster

Key responsibilities/tasks include;

- Become the part of the Disaster Committee as a local health representative of the community
- Identify committed and willing community members to become part of the Disaster Committees
- Take part in developing of community preparedness and mitigation plan
- Contribute to risk assessments to identify hazards, vulnerabilities, high risk groups and capacities
- Contribute to the detection, prevention (e.g. preventing an influenza epidemic by reducing exposure to infected animals) and control of diseases of epidemic potential
- Provide risk awareness and health education (e.g. by promoting clean water, sanitation and hygiene), and contribute to social mobilization
- Contribute to emergency preparedness planning for households, communities and health systems (e.g. risk communication, early warning, community emergency response)
- Insuring the resources like equipment and materials needed for the management of a disaster should be in place
- Coordinating with their community disaster risk management team members

During an emergency /disaster

Key responsibilities/tasks include;

- Inform local health & other authorities, NGO's and other organizations working in the area through immediate supervisor about you and your area situation
- Involve committee members and start search and rescue operation
- Provide first aid and basic life support to injured and refer cases to health facility or disaster relief centers

- Guide and provide support to affected population in transport arrangements for reaching relief camps and shelters
- Assist community in camp registration
- Contribute to community health needs assessment and ongoing monitoring in shelters or camps
- Provide priority PHC services including referral, behaviour change communication, and health promotion and education to target population
- Assist local authorities and other working organizations in supply of essential items to the affected communities
- Provide basic maternal, newborn and child care to affected population like ANC, immunization
- Conduct community-based surveillance and early warning of diseases of epidemic potential
- Provide psychosocial services, community support and psychological first aid
- Keep record of logistics provided to the affected population

<u>After an emergency /disaster</u>

Key responsibilities/tasks include;

- With the support of committee members provide psychosocial services, community support and psychological first aid
- Assess basic needs of the affected community like food and safe water requirement, health needs and shelter
- Continue to provide critical PHC services like ANC, Immunization, and health education for safe delivery practices, child health and breast feeding practices etc.
- Prevent epidemics by providing health education to the affected communities
- Help re-establish and strengthen pre-existing health services
- Assist in logistic authorities in proper storage of food items, medicines and other relief items
- Ensure supply and utilization of safe drinking water and safe disposal of waste
- Prepare report on prescribed form and submit to local authorities as and when required
- Support community-based rehabilitation activities

- Help to integrate prevention and preparedness into community recovery and development programs
- Participate in reviewing and improving the existing emergency/disaster plan
- Store the essential medicines

Facilitation Methodology

1. Introduce this part of the session by emphasize the role of the community health workers in emergencies will depend on their level of capacities i.e. trainings, national policy and health service delivery, and support for health-system at the community level.
2. Elaborate that in addition to provide Primary Health Care (PHC) services, the community-based health workers are important in all phases of community based disaster risk management.
3. Divide the trainees into three groups and assigned the task to work out the role & responsibilities of CHW before, during and after disaster.
4. Give fifteen minutes for group work and five minutes to each group to present it.
5. At the end of each presentation, probe any missing element.
6. Summarize key role & responsibilities of CHW after their presentations by using the information given in boxes 1.1, 1.2 & 1.3 on page 26. 27 & 28 of participant's work book.

Conclude the Session

1. Wrap up the session by summarizing key points.
2. Ask for question or points of clarification.
3. Conclude the session by review Lesson Objectives

Useful Tips for Trainers

- Provide assistance or guidance as the teams preparing their presentations
- Give clear instruction about the time of group work activity
- Make sure enough time is left for questions at the end of this session

Module 2

Community Based Health Workers: Actions before a Disaster

Modular Learning Objectives:

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

Number of Sessions: 4

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

Objectives

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

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

Suggested Time: 1 Hour & 45 minutes

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

2.1.1. Background

Key Discussion Points

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.

It can be said that more people die not only because of the disaster, 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.

Some useful terms used in emergency preparedness planning

1. *Emergency/Crises:* A condition of urgent need for action or assistance.

2. *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

3. *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.

4. *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.

Facilitation Methodology

Trainers are encouraged to follow the steps outlined below while they facilitate the session:

1. Give session's introduction to participants. You may show the slide of objectives. Also, inform participants that the session will have group work and brain-storming exercises in addition to interactive lecture and questions/answers.
2. Give background of emergency preparedness planning by using real example of disaster situations given under discussion points.
3. Introduce the terms and concepts of emergency preparedness planning.
4. First of all ask participants to define Emergency/Crises.
5. Write their responses on white board and reinforce the definition by showing slide.
6. Enquire what is Emergency Management?
7. Get their answers through probing and at the end show the slide for exact definition.
8. Ask how you can define Preparedness?
9. Through brain storming its definition will be find out.
10. At the end, define the Contingency Planning with the help of slide.

2.1.2. Essential Components of the Community Preparedness Planning Process

Key Discussion Points

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:
1. Define the community
2. Identify and establish the emergency management preparedness and response team
3. Determine the risks and hazards the community faces
4. Set goals for preparedness and response planning
5. Develop the integrated plan
6. Ensure thorough planning related to vulnerable populations.

Step 1. Define the Community

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. 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 mock exercises, identify appropriate planning partners and consider the logistics issues.

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.

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 HVA process.

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

- Ensure that planning covers basic societal functions
- Make the planning process as doable as possible

- Address the four phases of emergency management
- Address human resources requirements
- Plan for convergent responders
- Involve the public in community preparedness efforts
- Enable people to care for themselves
- Plan for layered preparedness and response
- Link to district, province and country plans and planning initiatives
- 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 HVA, 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. 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.

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

Facilitation Methodology

1. Introduce the essential components of an effective community based emergency management planning process.

2. Explain that 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.

3. Ask participants to define community in relation to disaster management?

4. Get their answers through brain storming exercise and note down on flip chart.

5. Add any missing points to complete the definition.

6. Explain how Community Emergency Response Teams (CERTs) will be formed at the community level.

7. Ask the key stakeholders should be considered during CERT formation as given in box 2.1 in participant's work book on page 35 of module two.

8. Describe 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.

9. Give examples of hazard, vulnerabilities and capacities as given in table 2.1 to make understand the participants completely.

10. Explain how to Set Goals for Preparedness and Response Planning.

11. Give details of the other steps by using slides.

12. Clarify query of participants if any.

Box 2.1: 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

2.1.3. Essential Components of the Household Preparedness Planning Process

Key Discussion Points

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.

By preparing ones family, this will greatly reduce the risk of:

- Death
- Infection
- Loss or damage of property
- Loss of livelihoods

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.

The following are the suggested contents of the disaster supplies kit;

1. Water

A normally active person needs to drink at least 2.5 to 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 liter for drinking, 2 liters for food preparation/ sanitation)

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

2. 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:

- 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

3. Kitchen Items

- Manual can 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

4. Clothing and Bedding

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

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

5. Household Documents and Contact Numbers

- 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

6. Personal Care and Hygiene

- Soap for bathing
- Soap for washing clothes
- Small sachets of shampoo
- Toothbrush with toothpaste

7. Special Items

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

*For Baby**

- Formula (prevention of diarrheal disease)
- Diapers
- Bottles
- Powdered milk
- Medications

*For Adults with special needs**

- Heart and high blood pressure medication
- Insulin
- Prescription drugs
- Contact lenses and supplies

- Extra eye glasses
- Entertainment-games, magazines and books

Note: Items marked with an asterisk are recommended for evacuation.

Facilitation Methodology

1. Explain that 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.

2. Describe the four steps to prepare household plan by showing the slide.

3. Ask participants what are the essential contents of emergency/disaster supplies kit?

4. Get their responses through brain storming exercise.

5. Refer them to complete list of suggested contents, including items and quantities, for community and household response kits in Box: 2.3 of participant's work book.

Conclude the Session

1. Wrap up the session by summarizing key points
2. Ask for question or points of clarification
3. Conclude the session by review Lesson Objectives

Useful Tips for Trainers

- When explaining the definitions, share simple and local examples so that participants could understand and relate the information easily

- Encourage participants to share relevant examples with regard to any specific definition of terms and concepts

- Endorse the participants to read the referring material to grasp the concept completely

- Make sure enough time is left for questions at the end of this session

Session 2.2

Conducting a Health-Based Hazard, Vulnerability and Risk Assessment

Objectives

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

Suggested Time: 2Hour & 30 minutes

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

2.2.1. Background

Key Discussion Points

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 (WHO), 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 (NIH) 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.

As a member of community based disaster management team, one of the main responsibilities of community health workers is to assess the health-based hazards, their vulnerability and associated risks.

Facilitation Methodology

Trainers are encouraged to follow the steps outlined below while they facilitate the session:

1. Give session's introduction to participants by showing the slide of objectives.

2. Give introduction by giving brief background and emphasized the role of CHW in assessing the health-based hazards, their vulnerability and associated risks of the community.

2.2.2. Process of Disaster Risk Assessment

Key Discussion Points

Risk is defined as the expectation of loss.

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.

It can be denoted as Hazard + Vulnerability Capacities = Disaster Risk

a. *Identify the hazards by using "All hazard Approach:*

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.

In addition to common risks, different types of hazard cause different sort of threats to the population.

Thus, In the process of hazard assessment, all hazard approach should be adopted: 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.

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

Table 2.2.1: 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	

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

c. 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, assign the probability of occurrence to each hazard. List associated diseases as well keeping in view the frequency, scope 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.

Probabilities are classified from 0 to 4 based on the following scale;

0 =	Improbable The probability of the occurrence of the hazard is zero.
1 = Remote	The hazard is not likely to occur in the system lifecycle, but it is possible
2 = Occasional	The hazard is likely to occur at least once in the system lifecycle.
3 = Probable	The hazard is likely to occur several times in the system lifecycle.
4 = Frequent	The hazard is likely to occur cyclically or annually in the system lifecycle.

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 (improbable); thus, to save time and prevent redundancy, these hazards will be excluded from further analysis.

Probability of occurrence format:

Table 2.2.2: 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. 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.

Facilitation Methodology

1. Start the session by asking what is risk?
2. Reinforce the definition after getting their responses.
3. Explain 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.
4. Introduce the risk assessment process and describe each step in detail with the help of slides.
5. Divide the participants into four groups and ask them to identify the most common hazard faced by their community and enlist health hazard against each threat in the given format.
6. Provide format which is given in Table 2.11 of participants' work book.
7. After this exercise help them to assess the frequency of disease against each hazard by asking the questions given under key discussion point and using the matrix given in Table 2.12 of participants' work book.
8. Explain how to prioritize the hazard and associated diseases through ranking.
9. As a review ask participants to define the term hazard assessment in your own words.

Step 2: Vulnerability & Capacity Assessment (VCA)

Key Discussion Points

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.

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.

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.

The decision about risk management can be done y using Risk Treatment Key.

Facilitation Methodology

1. Describe VCA by using slide.
2. Explain disasters do not affect the whole disaster prone community equally. Some are more vulnerable than others due to their socio-economic conditions.
3. Ask who are more vulnerable to disaster?
4. Write their answers on white board.
5. Explain 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?
    - 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.

6. Tell them that 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.

7. Ask the participants to divide them into two groups and do the Risk analysis by using hazard probability (chances of hazard) and damage potential (vulnerability) matrix as given in the Table 2.13 of participants' work book.

8. Use Risk assessment key given in Table 2.14 of participants' work book to evaluate the risk.

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

Conclude the Session

1. Wrap up the session by summarizing key points
2. Ask for question or points of clarification
3. Conclude the session by review Lesson Objectives

Useful Tips for Trainers

- When explaining the definitions, share simple and local examples so that participants could understand and relate the information easily
- Give clear timeline for the exercise
- Encourage participants to actively participate in the exercise
- Facilitate the groups during exercise
- Make sure enough time is left for questions at the end of this session

Session 2.3

Developing a Village-Level Health Risk Reduction Plan

Objectives

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

Suggested Time: 1 Hour & 15 minutes

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

2.3.1. Disaster risk reduction plan

Key Discussion Points

"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". (UNISDR)

The DRR 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

a. Organize to prepare the plan

b. Involve stakeholders

c. Coordinate with other agencies

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

e. Formulate objectives and targets for the plan

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

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

h. Delegate responsibilities and set implementation deadlines

i. Elaborate operational modalities and procedures

j. Identify constraints and challenges that may hamper the implementation of DRR Plan

k. Seek support and commitment from relevant stakeholders for implementation purposes

l. Develop monitoring and evaluation mechanism

m. Revise the plan

Facilitation Methodology

Trainers are encouraged to follow the steps outlined below while they facilitate the session:

1. Give session's introduction to participants by showing the slide of objectives.

2. Start the session by giving definition of Disaster risk reduction plan by showing slide.

3. Explain 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.

4. Conduct brain storming exercise to enlist important steps to be taken for preparing Village-Level Health Risk Reduction Plan.

5. Write these steps on white board and compare it with your presentation to avoid any missing point

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

Key Discussion Points

- 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 that can be included hazard, risk maps, 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

Table 2.3.1 Template for Village-Level Health Risk Reduction Plan

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 2.3.2: 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 2.3.3: 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	----------	----------	----------	----------	----------

Facilitation Methodology

1. Explain parts of the Village-Level Health Risk Reduction Plan.

2. Introduce the template for Village-Level Health Risk Reduction Plan for Pr-disaster Preparedness, Response during the Disaster and Post Disaster Action.

3. Give homework to design contents for your health focused DRR plan by using given template in Table 2.16, 2.17, 2.18 of participants' work book and present it next morning.

Conclude the session

1. Wrap up the session by summarizing key points.

2. Ask for question or points of clarification

3. Conclude the session by review Lesson Objectives

Useful Tips for Trainers

- When explaining the definitions, share simple and local examples so that participants could understand and relate the information easily

- Encourage participants to actively participate in the discussion

- Make sure all trainees prepare their DRR plan

- Make sure enough time is left for questions at the end of this session

Session 2.4

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

Objectives

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

Suggested Time: 1 Hour & 15 minutes

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

HO

2.4.1. Community Mobilization, Awareness and Education for Better Health

Key Discussion Points

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.

There are various methods to reduce community health risks:

1. *Community Mobilization*

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.

a. *Why Community Mobilization?*

Many health risks are preventable by relatively simple and inexpensive interventions such as CM, health care education and awareness.

CM promotes consideration of the needs of specific populations and localities. In particular, under served populations, such as youth and men, can be reached more effectively through community mobilization.

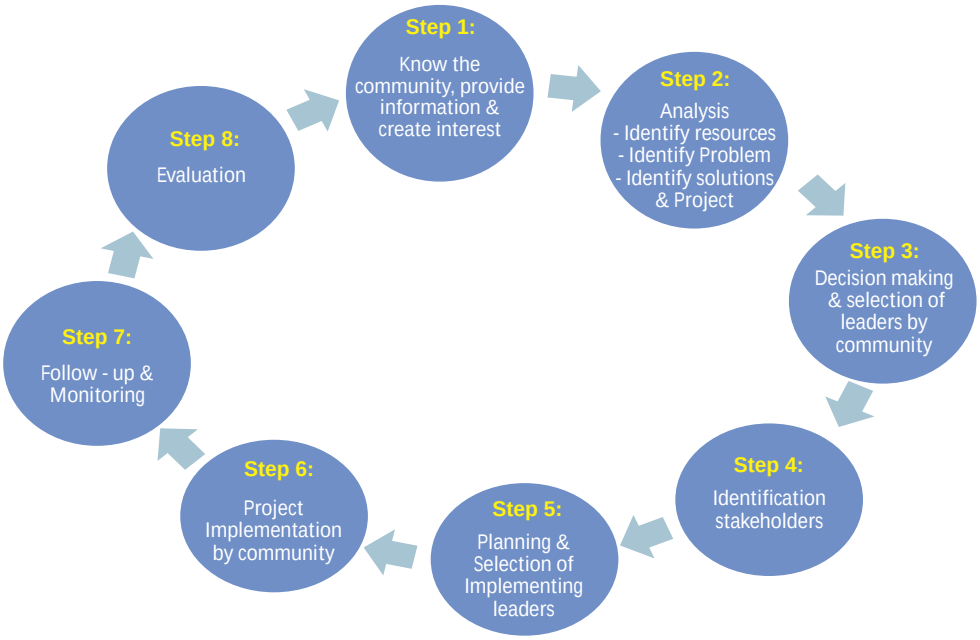
b. *Community Mobilization: a tool to creating awareness*

CM 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. CM 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 CM 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 2.1: Steps to Mobilize the Community



Facilitation Methodology

Trainers are encouraged to follow the steps outlined below while they facilitate the session:

1. Give session's introduction to participants by showing the slide of objectives.
2. Describe there are various methods to reduce community health risks. CM & HE are most commonly used methods.
3. Ask participants to define the term community Mobilization in your own words?
4. Complete the definition through probing.
5. Recap the definition so trainees can understand it completely.
6. Explain why community Mobilization?
7. Describe CM Cycle by showing slide.
8. Ask participants to point out the stakeholders who can support CHW to organize social mobilization.
9. Refer them to Box 2.5 for complete list of stakeholders given in participants' work book on page 57.

2.4.2. Health education

Key Discussion Points

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.

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.

Formal Education: Health Education at Schools is very crucial. Schools by themselves cannot, and should not be expected to, address the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved. However, schools could provide a critical facility in which many agencies might work together to maintain the well-being of young people.

Informal Education: Common approaches to informal education in awareness-raising include:

- Train the trainer workshops and programs
- Enhanced information literacy skills, thereby enabling more effective information finding and use within communities
- Static and traveling exhibitions and displays
- Home visits, group discussions, awareness walks, seminars, posters, theater, school
- Based talks, sharing ICT material (pamphlet, posters, drawings etc.)

Facilitation Methodology

1. Describe Health education and its types.
2. Through brain storming explain informal and formal education.
3. Recap the main points by showing slide and highlighting common approaches to informal education in awareness-raising.

2.4.3. Health Education

Key Discussion Points

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 needs 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. 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. Tool for awareness-raising

Following are some tools for raise awareness:

- Workshops: members of the community are invited to workshops where they learn about the importance and need for proper sanitation, as well as health care
- Community activities, such as games or competition for children, could be organized to present and discuss issues on health
- Popular event to launch the project by an official (Minister, Major, Parliamentary, etc.)
- Essay competitions could be organized in schools where students are invited to write about the need for heath care
- Posters containing information about sanitation, hygiene and health care could be placed in town centers and markets
- Flyers could be distributed
- Photo exhibitions highlighting good and bad sanitation practices
- 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; initiatives
- Presented orally and preferably illustrated also by photos/poster
- Drawings, talks and monitored discussions to promote hand washing with soap
- 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)

Facilitation Methodology

1. Explain 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.
2. Define the awareness-raising showing slide.
3. Ask what are the benefits of awareness-raising of the community about health care?
4. Invite one trainee to write participant's responses on white board.
5. After understanding the benefits, discuss the various tools used for awareness-raising.

Conclude the session

1. Wrap up the session by summarizing key points.
2. Ask for question or points of clarification.
3. Conclude the session by review Lesson Objectives.

Useful Tips for Trainers

- When explaining the definitions, share simple and local examples so that participants could understand and relate the information easily
- Encourage participants to actively participate in the discussion
- Make sure enough time is left for questions at the end of this session

Module 3

Community Based Health Workers - Action During Emergencies

Modular Learning Objectives:

- Know about the basic concepts, aims, and elements of emergency response management, including Search and Rescue and First Aid
- Understand the basic concepts, types and various stages involved in evacuation before or during disasters and emergencies and the health needs that may arise
- Understand the need for coordination with health service providers and local authorities in the area, and know strategies for coordination

Number of Sessions: 3

Session 1.1:	Understanding Emergency Response Management, including Search and Rescue and First Aid
Session 1.2:	Evacuation Management and health needs
Session 1.3:	Coordination with Health Service Providers and Local Authorities

Session 3.1

Understanding Emergency Response Management, Including Search and Rescue and First Aid

Objectives

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

- ✓ Define the different concepts in emergency response
- ✓ Understand the different phases and key elements needed for emergency response management including local level Search and Rescue and First Aid activities

Suggested Time: 2 Hour & 15 minutes

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers for flip charts
- o White board
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

HO

3.1.1. Basic concepts of ERM

Key Discussion Points

a. *What is an Emergency?*

An event, actual or imminent, which endangers or threatens to endanger life, property or the environment, and which requires a significant and coordinated response.

b. What is Response?

"Response is a reaction to such a situation or event".

Response can from an individual to national level. The response phase of an emergency may commence with search and rescue but in all cases the focus will quickly turn to fulfilling the basic life saving and humanitarian needs of the affected population.

c. Importance of a Timely and Coordinated Response

Depending on injuries sustained by the victim, outside temperature, and victim's access to air and water, the vast majority of those affected by a disaster will die within 72 hours after impact.

d. Activities Included in Emergency Response Management

- Search & Rescue
- Fire Fighting
- Emergency Medical Assistance including first aid, mass casualty management and physiological first aid etc
- Transportation of victims
- Need Assessment Survey
- Hospital Preparedness
- Evacuation
- Provision of food and non-food items
- Temporary shelter
- Emergency repair of critical facilities
- Security measures/tracing/family reunification

e. Emergency Response Management

A range of activities, which took place for managing the risks eminent to the communities and the environment.

f. Preparedness for Effective Response

Preparedness measures can take many forms including the construction of shelters, installation of warning

devices, creation of backup life-line services (e.g. power, water, sewage), and rehearsing evacuation plans.

In the preparedness phase, emergency managers develop plans of action for when the disaster strikes.

g. Principles of Emergency Response Management

- Comprehensive risk assessment, prevention, preparedness, response and recovery
- All hazards managing the large range of possible effects of risks and emergencies
- All agencies & integrated
- Appropriate resource

Facilitation Methodology

Trainers are encouraged to follow the steps outlined below while they facilitate the session:

1. Give session's introduction to participants. You may show the slide of the objectives. Also, inform participants that the session will have group work and brain-storming exercises in addition to interactive lecture and questions/answers.
2. Firstly, do brainstorming with the participants on basic concepts of ERM
3. Reinforce the basic concepts of ERM by showing slides
4. Emphasize that effective coordination of disaster assistance is often crucial, particularly when many organizations respond and local emergency management agency's capacity has been exceeded by the demand or diminished by the disaster itself.
5. Explain the following characteristics of emergency:
    - Disruptive to individuals and communities
    - Not part of day-to- day experience
    - Unpredictable in occurrence and effects
    - Requires a response
    - local resources may be inadequate
    - Wide range of destructive effects and impacts on the humans, animal and/or plant life, health, property and/or the environment

- Complex needs in dealing with them
- Can be of sudden onset
- Overwhelm normal prudent protective measures

6. Describe the aim of Emergency Response Management.
7. Highlight the importance of timely and coordinated response.
8. Ask participants one by one what activities included in Emergency Response Management?
9. Write their answers on white board.
10. Compare their answers with your own slide and highlight the missing activities.
11. Explain Emergency Response Management by telling following measures which is given in Box 3.2 of participant's manual:
    - Plans
    - System & Policies
    - Administrative decisions
    - Operational activities which pertain to the various stages of an emergency at all levels
    - Resource availability
12. Ask participants what are preparedness measures should be taken for effective response?
13. Probing them and after then discuses and conclude it by emphasizing the following measures;
    - Communication plans with easily understandable terminology and methods
    - Proper maintenance and training of emergency services, including mass human resources such as community emergency response teams.
    - Development and exercise of emergency population warning methods combined with emergency shelters and evacuation plans.
    - Stockpiling, inventory, and maintain disaster supplies and equipment
14. At the end, describe the Principles of Emergency Response Management

3.1.2. Local Level Search and Rescue Techniques

Key Discussion Points

a. Introduction

Search and rescue functions are broken into two aspects:

a. Search: to carefully look for victims in order to find someone missing or lost
b. Rescue: to free a trapped victim/casualty from confinement or from under a rubble

b. Components of Search & Rescue operation

1. Rescuers: includes trained personnel and volunteers.

2. Tools: depend on their availability and the needs of the situation. For example, storm or earthquake damage may require tools for lifting debris whereas flood damage may require boats, ropes, and life preservers.

3. Time: may be very limited for some victims. The first 24 hours after a disaster are called the "Golden hours" where injured or trapped victims has an 80 percent chance of survival, if rescued.

c. Principles of the Search and Rescue

These are;

- Search and Locate Victim
- Gain Access to the Victim
- Stabilize the Victim
- Extricate the Victim

d. Steps for rescuer's safety

These steps are;

- Survey the scene (i.e. prevent further injuries by identifying potential environmental or other risks to the rescuer, victim or bystanders)
- Determine first aid needs
- Plan your course of action
- Build the rescue system

e. Basic principles to be followed during the search and rescue operation

These principles are;

- How to approach the damaged buildings
- Damaged buildings and facilities should only be approached from the least dangerous side
- While surveying indoor space in buildings, do not use open fire (torches, kerosene lamps) for lighting
- When searching for casualties DO NOT walk or stay near badly damaged and collapse-prone buildings
- Do not allow many people to gather in one spot, in shafts, or floors
- Do not go near collapse-prone walls or other constructions
- Do not step on wires
- Initiate your plan (i.e. administer first aid, self rescue and/or locate assistance)

f. Basic rescue evacuation techniques

There are many types of rescuing techniques but below are few important and improvised techniques;

g. Ankle pull

The ankle pull is the fastest method for moving a victim a short distance over a smooth surface. This is not a preferred method of patient movement.

h. Shoulder pull

The shoulder pull is preferred to the ankle pull. It supports the head of the victim. The negative is that it requires the rescuer to bend over at the waist while pulling.

i. One-person lift

This only works with a child or a very light person.

j. Pack-strap carry

When injuries make the rescuer carry unsafe, this method is better for longer distances than the one-person lift

k. *Two rescuers*

l. *Human crutch / two-person drag*

For the conscious victim, this carry allows the victim to swing their leg using the rescuers as a pair of crutches. For the unconscious victim, it is a quick and easy way to move a victim out of immediate danger.

m. *Four-handed seat*

This technique is for carrying conscious and alert victim's moderate distances. The victim must be able to stand unsupported and hold themselves upright during transport.

n. *Two-handed seat*

This technique is for carrying a victim longer distances. This technique can support an unconscious victim.

o. *Chair carry*

This is a good method for carrying victims up and down stairs or through narrow or uneven areas.

p. *Improvised stretcher*

This technique requires two poles/pipes strong enough to support the victim's weight and at least two shirts.

Facilitation Methodology

1. Give introduction of search & rescue and describe component of its operation.
2. Explain the principles of search & rescue by showing slide.
3. Elaborate steps for rescuer's safety.
4. Show slide of basic principles to be followed during the search and rescue operation.
5. Introduce Basic rescue evacuation techniques by emphasizing that Evacuation and safe rescuing of victim by applying simple manual techniques can save the life of the victim. Regular hands on practice and drills will help the rescuer to safe lives in quicker and safer manners.
6. Tell the following rescue techniques and give demonstration one by one:
    - Ankle pull
    - Shoulder pull
    - One-person lift

- Pack-strap carry
- Human crutch / two-person drag
- Four-handed seat
- Two-handed seat
- Two-handed seat
- Chair carry
- Improvised stretcher

3.1.3. Basic Medical First Aid Techniques

Key Discussion Points

a. Definition

First Aid is the initial immediate assistance or treatment given to someone who is injured or has suddenly fallen ill before the arrival of an ambulance, doctor or other appropriately qualified person.

b. First Aid Priorities

- Assess the situation quickly and calmly
- Protect yourself and casualties from danger
- Assess the conditions of all casualties
- Comfort and reassure the casualties
- Deal with any life threatening conditions first
- Obtain medical aid if necessary

c. Preventing Cross Infection

Following good practice guidelines will help to prevent the spread of infection:

- If facilities are available, wash your hands thoroughly with soap and water before and after treating a casualty

- If possible, carry protective disposable gloves with you at all times and use them when you are giving first aid, if gloves are not available ask the casualty to dress his/her own wound or enclose your hands in clean plastic bag (shopping bag)

- Dispose off all waste safely

d. Whom to approach first?

There are three conditions that immediately threaten life:

- Breathing problems

- Heart problems

- Serious Bleeding

When there is more than one injured person, go to the quiet one first. They may be unconscious and need attention.

For Unconscious as well as conscious person: Follow the steps given under Action at an Emergency.

e. Action at an Emergency (DRABC)

D: Danger: Assess the situation: are there any dangers to yourself or the injured person? If it is there, either remove the danger or take the casualty out of danger.

R: Response: Assess the person for responsiveness: do they respond to your voice and being gently shaken?

A: Airway: Check and open the airway; place one hand on the forehead, tilt the head back and lift the chin.

B: Breathing: Check breathing, Look, Listen and feel for breathing. Look for chest movement, listen for sounds of breathing and feel for breath on your cheek. Do this for no more than ten seconds.

If the person is breathing normally, assess for life threatening injuries and then place in the recovery position and maintain an open airway.

C: Compressions: If they are NOT Breathing normally, send a helper to call an ambulance and start Cardio-pulmonary resuscitation (CPR), cycles of 30 chest compression followed by 2 rescue breaths or only continue chest compression at the rate of 100 compression per minute.

Circulation: Look for blood pumping or pouring out of a wound, control it with direct pressure, look for normal tissue color.

Recovery Position: If an adult or child is unconscious but breathing normally place them on their side in the recovery position.

1. Place arm nearest you at a right angle with palm facing up

2. Move other arm, palm upwards against the person's cheek. Then get hold of knee furthest from you and pull up until foot is flat on the floor

3. Pull the knee towards you, keeping the person's hand pressed against their cheek and position the leg at a right angle

Bleeding:

Your main aim is to stem the flow of blood. If you have disposable gloves available, use them if not then wear any plastic bag (Shopping bag)

- Check whether there is an object embedded in the wound
- If there is nothing embedded, press on the wound with your hand, ideally over a clean pad and secure with bandage
- Raise the wounded part above the level of the heart

Burns and Scalds:

Burns and scalds are among the most common injuries requiring emergency treatment.

- Cool the burn area as quickly as possible by placing the affected area under cold running water for at least 10 minutes
- Cover the injury using a clean pad or cling film and seek medical advice.
- Call for help in severe cases

Strains & Sprains:

Strain & sprain should be treated initially by the "RICE" procedure as given below;

R: Rest the injured part

I: Apply ice or a cold compress for first 30 min

C: Compress the injury with a compression bandage

E: Elevate the injured part

Fractures:

A fracture is a break or crack in a bone.

Management: Encourage the casualty to keep still steady and support the injured limb. If the fracture is open, cover with sterile dressing Immobilize the limb in two joints (before the fracture and after the fracture).

Facilitation Methodology

1. Ask one participants to tell the group what she /he understands by First Aid.
2. After listening answer, give definition of First Aid and explain its priorities.
3. Ask trainees how cross infection will be prevented while giving first aid.
4. By probing come up with the following points;
    - If facilities are available, wash your hands thoroughly with soap and water before and after treating a casualty
    - If possible, carry protective disposable gloves with you at all times and use them when you are giving first aid, if gloves are not available ask the casualty to dress his/her own wound or enclose your hands in clean plastic bag (shopping bag)
    - Dispose off all waste safely
5. Explain there are three conditions that immediately threaten life:
    - Breathing problems
    - Heart problems
    - Serious Bleeding
6. Ask whom to approach first?
7. Describe Action at an Emergency (DRABC) by showing slides followed by demonstration
8. Give demo on Recovery Position.
9. Introduce the Bleeding topic by telling them blood loss can be serious and should be treated as quickly as possible.
10. Ask trainees how you can stop bleeding?

11. Write their answers on white board.
12. Reinforce the key steps to control bleeding.
13. Ask what type of first aid will be given in case of burns & scalds?
14. Explain the key first aid steps after listening their answers by showing slide.
15. Describe the first aid of strains, sprains and fracture one by one.

Conclude the Session

1. Wrap up the session by summarizing key points.
2. Ask for question or points of clarification.
3. Conclude the session by review Lesson Objectives.

Useful Tips for Trainers

- When explaining the definitions, share simple and local examples so that participants could understand and relate the information easily
- Encourage participants to share relevant examples with regard to first aid given for bleeding & burn patient
- During the session, make participants realize the significance of developing First Aid skills will enable them to save lives of people in case of emergency
- Make sure enough time is left for questions at the end of this session

Session 3.2

Evacuation Management and Health Needs

Objectives

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

- ✓ Define the basic concepts, types and various stages involved in evacuation before or during disasters and emergencies
- ✓ Understand the health needs that may arise as a result of evacuation

Suggested Time: 1 Hour

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

3.2.1. Basic Concepts

Key Discussion Points

a. Evacuation

Evacuation is a temporary movement of people from identified danger zones to the designated safe houses/centers in order to protect their lives.

b. Preventive evacuation

Preventive evacuation refers to evacuating when the flood water and other hazards or threats have not yet reached the houses of peoples at risk.

c. *Warning system:*

Warning system includes actions to alert people about an upcoming hazardous event or circumstances in their location, which may threaten their safety and security, and which requires adaptive response.

Facilitation Methodology

1. Give session's introduction to participants. You may show the slide of the objectives.
2. Introduce the basic concepts through brain storming.
3. Reinforce the definitions.

3.2.2. Stages of Evacuation

Key Discussion Points

a. *Pre-evacuation*

Evacuation can be an important component of prevention, preparedness and response. It involves the temporary transfer of a population (and to a limited extent, property) from areas at risk of disaster to a safer location and do not create health hazards.

- Evacuation planning is an important part of the community disaster risk management plan
- This helps a greater number of people to escape and at a faster rate, it lessens the panic and confusion typically associated with evacuations, and it allows for a quicker return to normalcy once an emergency is dealt with
- Community health worker has to organize an Evacuation Committee among community members

b. *Task of Evacuation Committee*

i. Pre-evacuation:

- Prepare evacuation plan including warning system
- Training and education of community members
- Identify and prepare logistical needs for evacuation
- Networking, coordination and resource generation for the purpose of evacuation

ii. During Evacuation:

- Give order to move
- Manage logistical needs for the evacuation
- Ensure orderly evacuation
- Identify a safe place for evacuation
- Act as marshals/guides during evacuation
- Search and rescue
- Identify health needs

iii. In Evacuation Center:

- Coordinate with health, food, sanitation, security, information committee
- Manage relief operations while in evacuation center
- Networking, public information, advocacy, resource generation

c. *Pre-evacuation planning*

- Establish early warning system
- Identify shortest and safest route
- Identify and prepare alternative routes
- Identify pick up points or assembly points for people
- Place "road signs" along evacuation routes
- Give special consideration for personal situations which may affect an individual's ability to evacuate
- Prepare master list of evacuees and check at each pick-up point if the group is complete
- Prepare evacuation schedules and groupings in case transportation will be used
- Set provisions and plan evacuation of animals and other properties of evacuees
- Identify and prepare requirements during evacuation (transport, gasoline, emergency kit, road signs, communication systems, etc.)

EARLY WARNING

A. What is Early Warning?

Early warning is the relay of messages about the existence of danger and what they need to do to prevent, avoid or minimize the danger.

B. Why do we give warning?

1. To inform about:

- Hazards
- Elements at risk (who and what might be affected)
- Risks
- The environment
- Potential needs

2. To advise on:

- means of protection

Example: *warning on contamination of water sources either from natural or human made activities (contamination due to parasites/bacteria)*

- Means of preparedness

Example: *Preventive evacuation due to severe weather forecast/warning*

- Means of mitigation

Example: *sandbagging to reinforce the dikes*

- Means of response to threat

Example: *warning that flood water is about to breach dike and there is a need to reinforce dike (sandbag)*

3. To instruct:

- what
- when
- how
- who
- where

C. Different forms of giving warning and/or receiving warning

- Village/community meetings
- Notices/posters/billboards
- Verbal or pictorial messages
- Sirens
- Radio
- Television
- Newspaper
- Announcements
- Other indigenous forms and channels

D. Things to consider when giving warning

1. Inform the people of the different phases of warning and their meaning

2. Inform or update the evacuees/community of the forecast and the warning using symbols or sounds that everybody can understand.

   a. If symbols are to be used, these can be painted or mounted in plywood or boards that can be read or seen even from afar

   b. Make sure to change the symbol or sound when a change in the warning or forecast is made by warning agencies or by the Evacuation Committee

3. "Information Boards" can be placed in strategic or conspicuous areas/places like:

- Mosque, schools or government buildings mountains or high places
- Stores / transportation facilities
- Other places where people frequently pass or gather

4. Organize a committee on information

The task of this committee will be to monitor and prepare all things for the dissemination of information regarding the warning/forecast or the monitoring of all hazards(natural or man-made).

The flow of information from the "field" until it is processed and packaged for information dissemination to the community should be clear.

5. The warning should be:

- Area specific and target sector/people specific
- Hazard specific
- Based on the Hazard, Capacity and Vulnerability Assessment
- Give advise on what to do
- Inform community of the possible effects / risks that may cause them if they don't follow
- or do what is advised

6. Community should know the meanings of actions to be taken. Or recommended action should be specific like: pack-up things, proceed to pick-up point or proceed to evacuation site

7. Warning is given in simple form and in the local dialect

Even if the warning creates awareness of an impending danger, people may fail to react, and it is likely that community health workers will be part of a broad effort to convince the affected population that the warning must be taken seriously.

Evacuation

Evacuations are carried out before, during and after disasters.

When is the Right Time to Evacuate?

When . . .

- Inundation of living areas by flood, storm surge or tsunami
- Volcanic eruption
- Serious damage to construction of homes (typhoon, earthquake, etc)

- Fire
- Situation of armed conflicts/civil war

Phases of Evacuation

1. Warning
2. Order to Move
3. Actual Evacuation
4. Evacuation Center/shelter
5. Return to former or new place

Types of Evacuation

i. Pre Impact Organized Evacuation

Organized, pre-impact evacuation is commonly carried out on a massive scale in some countries in response to warnings of tropical storms or volcanic eruption (e.g. India, Bangladesh, Philippines). Various forms of evacuation may be organized as a precautionary measure in response to an impending threat like typhoon and slow onset floods.

ii. Post Impact Spontaneous Evacuation

Post-impact spontaneous evacuation occurs in response to the loss of shelter or essential services in the affected area. In tropical storms and flooding, there is a tendency to move to the periphery of an affected area, especially where some existing services remain, or to higher ground or raised roads. In many emergencies, affected people will move quickly to stay with friends and relatives, in preference to staying in public facilities (public buildings, schools, stadiums, military camps, tents, etc.).

Facilitation Methodology

1. Start the topic by giving the definition of evacuation.
2. Elaborate the importance of evacuation and role of CHW to organize an Evacuation Committee among the community members.
3. Describe the stages of evacuation.
4. Divide the participants into three groups and assigned them to discuss the task of Evacuation Committee before, during and in Evacuation Center.

5. Each group gives presentation one by one.
6. Reinforce the main tasks.
7. Brian storming with the participants on pre-evacuation planning.
8. Explain what is Early Warning & why do we give warning?
9. Ask participants one by one how warning can be given?
10. Emphasize things to consider when giving warning.
11. Explain evacuations are carried out before, during and after disasters.
12. Ask participants what is the right time to evacuate?
13. Listen the discussion of participant and explain the phases of evacuation.
14. Illustrate the types of evacuation in brief by using the slide.
15. Ask what is the existing evacuation plan in your community?
16. In case of a major emergency, what are the possible places where you can evacuate?

3.2.3. Health Needs of the Population Displacement in Emergencies

Key Discussion Points

Any large-scale population movements into an area are of primary concern for health workers. Such movements involve settlement in low conditions, usually away from basic services.

Below are the problems that have great impact on the health of the displaced population during evacuation:

- No reliable water supply for drinking water which may cause water born diseases
- Increase risk of fecaloral transmission of diseases related to poor hygiene
- Presence of disease vectors (e.g. malaria mosquitoes)
- Increase risk of communicable disease transmission due to overcrowding in shelters. Measles is a particular risk when the population has low immunization coverage. Health conditions and nutritional status before displacement are also a contributing factor.
- Random defecation due to limited or no access to proper latrines spread different diseases

- Insufficient supply of proper food that will lead to nutritional deficiencies
- Psycho-social problems due to traumatic experience from the disaster
- Disruption of health care delivery system (people with existing medical conditions will be affected, maternal and child care services limited)

Facilitation Methodology

1. Explain any large-scale population movements into an area are of primary concern for health workers because such movements involve settlement in low conditions, usually away from basic services.
2. In temporary shelters, what are the possible health needs of the displaced population?
3. Do brainstorming with the participants to come up with the major points as given in Box 3.2 of participants' work book.

Conclude the Session

1. Wrap up the session by summarizing key points.
2. Ask for question or points of clarification
3. Conclude the session by review Lesson Objectives

Useful Tips for Trainers

- Provide assistance or guidance as the teams preparing their presentations
- Give clear instruction about the time of group work activity
- If you feel that the participants' interest level is decreasing or they are getting tired, try to make the environment more conducive by engaging them in some ice-breaking activity. It may be a song by any participant or some couplets, etc
- Make sure enough time is left for questions at the end of this session

Session 3.3

Coordination with Health Service Providers and Local Authorities

Objectives

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

- ✓ Understand the need for coordination with health service providers and local authorities in the area
- ✓ Recognize strategies for coordination

Suggested Time: 1 Hour 15 minutes

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

3.3.1. Importance of coordination

Key Discussion Points

The key role of community health worker during emergency and within 2-3 days of disaster is to;

- contribute to community emergency needs assessments and ongoing monitoring during emergencies
- provide priority PHC services including referral, behavior change communication, and health promotion and education
- conduct community-based surveillance and early warning of diseases of epidemic potential
- Provide first aid and basic life support, and support mass casualty management including essential trauma and surgical care

- Provide psychosocial services, community support and psychological first aid

This all requires coordinated efforts among all key stakeholders especially with local health service providers and other local authorities in areas.

- Coordination is even more important in emergency assistance operations than in development work because;
  - lives might be at risk
  - logistic and other resources are likely to be limited, and
  - decisions are made quickly
- There are many possibilities for duplicating effort, wasting resources, and leaving gaps in both geographic and sectoral coverage
- Timely, reliable information is crucial to planning and implementing emergency and post disaster assistance operations, and to mobilizing local and national and resources
- The regular dissemination of relevant information is a precondition for effective coordination and co-operationat local and national levels-between sectors, operational agencies and donors

Facilitation Methodology

1. Give session's introduction to participants by showing the slide of the objectives.
2. Explain as front-line health workers and first responders, the community health workforce plays a pivotal role in emergencies.
3. Do brainstorming with the participants to come up the key role of community health worker during emergency.
4. Elaborate the importance of coordination.

3.3.2. Coordination role of community health worker

Key Discussion Points

- Maintain frequent, direct contacts with local health focal point and service providers
- Establish linkages with Emergency Information and Co-ordination (EIC) support unit
- Maintain close contact and exchange information with the local authorities and other concerned parties like donors, NGOs
- Participate in and support local health cluster

- Disseminate health information regularly to all concerned departments, and local authorities
- Help direct the attention of NGOs to areas and activities where they can make the greatest contribution

Facilitation Methodology

1. Ask participants the coordination role of CHW.
2. Write down the answer of trainees in board and after then discuses and conclude it.
3. Ask when there's disaster in your community, what is the coordination mechanism that you follow in terms of:
    - Reporting of incident
    - Providing assistance to affected people
    - Who do you report to?
    - What is your role when there's a disaster?
    - What are the other organizations involved in the response operations?

3.3.3. Strategies for coordination

Key Discussion Points

There are different coordination mechanisms during emergency and after disaster for improving the effectiveness of humanitarian response by strengthening partnerships between government, NGOs, international organizations, the International Red Cross and Red Crescent Movement and UN agencies.

3.3.4. Cluster Approach

The "cluster approach" is a mechanism that can help to address identified gaps in response and enhance the quality of humanitarian action through partnership and coordination. Cluster is a group of organizations providing services within the same 'theme', e.g. health or protection with ONE lead.

a. The Health Cluster

- First set up in June 2005, with WHO as lead agency
- Members involve key UN and non-UN humanitarian actors
- A joint action plan developed to support implementation in pilot countries and strengthen health response during crises

- First implemented during the South Asia earthquake, October 2005.

b. Health cluster Coordination

- Health cluster works closely with Nutrition Cluster and WASH Cluster in all emergencies
- Depending on the situational context, the Health Cluster is also closely linked to the Shelter Cluster and the Camp Coordination and Management Cluster
- Due to health sectors commitment to cross-cutting issues, the Health Cluster also works with the Protection Cluster on issues of mental health and psychosocial support and with the Early Recovery Cluster on the health aspects of the recovery phase
- Through cluster approach, emergency response become more effective to fulfill the immediate health needs as well as to provide long term solution for affected population

Facilitation Methodology

1. Explain the strategies of coordination by elaborating that as a member of local emergency response team, CHW should be familiar with these strategies in order to play active role.

2. Ask have you ever had a chance to become part of local health cluster? If yes;

- *Who was lead that cluster?*
- What are the other organizations involved in the cluster?
- What is your role in the cluster?

Conclude the Session

1. Wrap up the session by summarizing key points
2. Ask for question or points of clarification
3. Conclude the session by review Lesson Objectives

Useful Tips for Trainers

- If you feel that the participants' interest level is decreasing or they are getting tired, try to make the environment more conducive by engaging them in some ice-breaking activity. It may be a song by any participant or some couplets, etc.
- Make sure enough time is left for questions at the end of this session

Module 4

Community Based Health Workers - Action After a Disaster the Humanitarian Response

Modular Learning Objectives:

- Understand the increased exposure of the community to certain health risks and the response required from community-based health workers, with a focus on the most vulnerable
- Understand the elements of camp management and SPHERE standards
- Be able to provide basic psychosocial support
- Be able to coordinate with other health service providers for making referrals and reducing treatment gaps
- Know the basic concepts, aims and elements of the recovery, rehabilitation and reconstruction

Number of Sessions: 5

Session 4.1:	Health Risk Exposure and Community - Based Health Worker Responses
Session 4.2:	Camp management and SPHERE standards
Session 4.3:	The Bsics of Providing Psychosocial Support
Session 4.4:	Coordination, Referral and Reducing Treatment Gaps
Session 4.5:	Recovery, Rehabilitation and Reconstruction

Session 4.1

Health Risk Exposure and Community-Based Health Worker Response

Objectives

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

- ✓ Understand the increased exposure of the community to certain health risks
- ✓ Recognize the response required from community-based health workers, with a focus on the most vulnerable

Suggested Time: 1 Hour

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

4.1.1. Importance of CHW in Post-emergency Phase

Key Discussion Points

- In a disaster's recovery and post-emergency phases, CHWs are community members who are trained to act as direct intermediaries between the beneficiary population and the health care system
- The reasons for setting up a network of CHWs are to extend emergency health care coverage through mobilizing the community for public health initiatives and through preventive health activities such as disease control and surveillance

- CHWs reduce health facilities' patient burden by increasing the population's awareness of how to improve their own health and take preventive health measures such as proper water and sanitation practices. This allows staff at health facilities to concentrate on more serious conditions

Facilitation Methodology

Trainers are encouraged to follow the steps outlined below while they facilitate the session:

1. Give session's introduction to participants. You may show the slide of the objectives. Also, inform participants that the session will have group work and brain-storming exercises in addition to interactive lecture and questions/answers.

2. Start the session by highlighting the importance of CHW in post-emergency phase

3. Introduce the terms and concepts of hazard and disaster by showing the slides.

4.1.2. Consequences of Disaster on Health Services

Key Discussion Points

- Disasters can cause serious damage to health facilities, water supplies and sewage systems. The damage can severely limit health systems' provision of medical care to the population in the time of the greatest need

- The supply chain (medical equipment and pharmaceutical supplies) for the health facilities is often temporarily disrupted.

- Limited road access makes it at least difficult for disaster victims to reach health care Centre

- Climatic exposure because of rain or cold weather puts a particular strain on the health system

- Inadequacy of food and nutrition exposes the population to malnutrition particularly in the vulnerable groups such as children and the elderly

- Mass migration can introduce new diseases into the host community

- While natural disasters do not always lead to massive infectious disease outbreaks, they do increase the risk of disease transmission. The disruption of sanitation services and the failure to restore public health programmes combined with the population density and displacement, all culminate in an increased risk for communicable disease outbreaks

- The incidence of endemic vector-borne diseases may increase due to poor sanitation and the disruption of vector control activities

Facilitation Methodology

1. Start the session by explaining that for CHWs, it is very important to understand the impact of disaster on health so they can understand the increased exposure of the community to certain health risks and take appropriate measure against them.

2. Ask the participants what are the consequences of disaster on health services?

3. Write down the answer of trainees in board and after then discuses and conclude it.

4.1.3. Health Risks for Vulnerable Population and Role of CHW

Key Discussion Points

Children are particularly vulnerable to disasters. They are more likely than adults to be injured or separated from their families and unable to access care. Children under five have the highest rates of morbidity and mortality in an emergency.

The main causes of child mortality are;

- Diarrhea,
- Acute respiratory infections,
- Malaria and
- Malnutrition

For this reason, it is essential that CHW focused on children under five for their preventive services that are geared to lowering excess mortality, such as measles immunization and Vitamin A dosing, improvement of sanitation, oral re-hydration therapy, and malaria treatment as per protocols.

When disasters strike, women are often the most affected. Moreover, after the disaster, they bear the responsibility of caring for their children, the elderly, the injured, and the sick. Besides the effects of the disaster, women become more vulnerable to reproductive and sexual health problems and are at increased risk for physical and sexual violence.

CHW should disseminated preventive public health messages amongst the pregnant women and mothers in the population through home visits about breast feeding and the early treatment for symptoms of potentially dangerous diseases such as diarrhea and fever as well as antenatal care referral for pregnant women to improve women's health outcome.

Older people are among the most vulnerable populations to the direct impact of natural disasters. Following a disaster, chronic illness can easily worsen due to lack of food and water, extreme heat or cold, stress and exposure to infection.

CHW should pay special attention to older people and communicate their special needs to the relevant authorities.

Individuals with disabilities are disproportionately affected in disaster, emergency, and conflict situations due to inaccessible evacuation, response (including shelters, camps, and food distribution), and recovery efforts.

CHW can provide assistance to such people on priority basis and link them with organizations who deal with disabled people.

Facilitation Methodology

1. Start the session by explaining that Women, children, older persons, people with disability and minorities, and indigenous groups are widely recognized as particularly vulnerable and in need of specific protection in disaster situation.

2. Equally divide participants into 4 groups and give them flip charts and markers.

3. Ask each group to discuss and write what special measure should be taken by CHW for:

    - Children
    - Women
    - Elderly people
    - Special people

1. Ask each group to make respective presentations within ten minutes. At the end of each presentation, encourage participants to identify any additional responses.

4. Wrap up the session by explaining key responses.

Conclude the Session

1. Wrap up the session by summarizing key points
2. Ask for question or points of clarification
3. Conclude the session by review Lesson Objectives

Useful Tips for Trainers

- When explaining the vulnerable groups, share simple and local examples so that participants could understand and relate the information easily

- Encourage participants to share relevant examples with regard to any specific risk for vulnerable people

- During the session, make participants realize the significance of developing understanding the impact of disaster on health so they can take appropriate measure to protect their community

- Try to stick to the allocated time. Politely remind participants if they are exceeding the allocated time

Session 4.2

Camp Management and SPHERE Standards

Objectives

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

- ✓ Understand the elements of camp management
- ✓ Know the SPHERE standards

Suggested Time: 2 Hours

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

4.2.1. Camp Management

Key Discussion Points

- In large scale disasters in which existing structures are not safe to use as shelters like in floods, earthquake or conflict leads to massive population movement
- Emergency settlements for refugees and displaced people need to be established rapidly
- One possibility is to use tents or shelters made of plastic sheets or local materials in a secure location where these people can live safely on temporary basis and water, sanitation and food can be provided

4.2.2. Managing camps during emergencies

- Based from careful assessment of the need to establish camps and the existing environmental condition
- Available resources for shelter management
- Coordination with local authorities
- Services needed in camps or shelters

Facilitation Methodology

1. Give session's introduction to participants. You may show the slide of the objectives.
2. Start the session by introducing Camp Management.
3. Explain management of camps during emergencies by using slides.

4.2.3. Important element of camp management

Key Discussion Points

The measures listed below are designed to provide healthy living conditions for disaster-affected people in both the short term and the long term;

a. *Communicable Disease Control*

- The site should be free of major water and vector borne disease
- If endemic diseases are present, care should be taken to avoid or control vector habitats and provide personal protection against mosquitoes, black flies, tsetse flies, etc.
- To facilitate the management and control of communicable diseases, camps should hold no more than 10,00012,000 people, or should be sub divided into independent units of no more than 1000 people

b. *Location and Topography*

- Should permit easy drainage and the site should be located above flood level.
- Rocky, impermeable soil should be avoided
- Land covered with grass will prevent dust, but bushes and excessive vegetation can harbor insects,

rodents, reptiles, etc., and should be avoided or cleared.

- Steep slopes, narrow valleys, and ravines should be avoided. Ideally, the site should have a slope of 24% for good drainage, and not more than 10% to avoid erosion and the need for expensive earthmoving for roads and building construction
- Area should be naturally protected from adverse weather conditions.
- Areas adjacent to commercial and industrial zones, exposed to noise, odors, air pollution and other nuisances should be avoided

c. *Water Sanitation and Hygiene*

- Drainage ditches should be dug around the tents or other shelters and along the sides of roads, especially if there is a danger of flooding
- Care should be taken to lead water away from shelters, latrines, health centers, and stores
- Persistent areas of stagnant water that are difficult to drain can be backfilled, or covered with a thin layer of oil to control insects
- Water points should also have adequate drainage to avoid mud
- The surface of roads can be sprinkled with water to keep dust down. Sullage wastewater can sometimes be used to keep down dust on dirt or gravel roads. Restricting traffic and imposing speed limits can also help to reduce dust
- Educational campaign should be promoting key messages about safe drinking water, sanitation and hygiene

d. *Layout and Design*

- Tents should face the upwind to avoid odors from latrines
- Ample space for the people to be sheltered and for all the necessary public facilities such as roads, firebreaks and service areas
- Areas for public spaces (e.g. market) should be defined
- Food distribution areas
- At least two access roads for security and safety
- Shelters should be arranged in rows or in clusters of 10-12 on both sides of a road at least 10 meters wide

- Built-up areas should be divided by 30 meters wide fire breaks approximately every 300 meters
- Shelters should be spaced 8 meters apart so that people can pass freely between them without being obstructed by pegs and ropes
- Minimum space of 3.5m^2 per person in warm climates
- Minimum space of 4.5-5.5 m^2 per person cold climates
- Plastic sheeting used as shelter, one piece, 4 meters by 67 meters, per household

Facilitation Methodology

1. Start the session by explaining important element of camp management.
2. After explaining Communicable Disease Control asks what advice do you want to give camp management authority to control communicable diseases in camps?
3. Check the given answers incorporate the provided information.
4. Describe location and topography for camps through power point presentation.
5. Ask participants what advise do you want to give camp management authority for site selection for camps?
6. Explain water sanitation and hygiene aspects of camp management.
7. What steps do you advise to camp management authority for proper water, sanitation and hygiene facilities for camps?
8. Their answers will reflect their understanding and you may reinforce any missing points.
9. Tell them the key educational messages regarding safe drinking water, hygiene and sanitation as given in Table 4.1 of participant's manual.
10. At the end, describe key points of layout and design of camps.

4.2.4. Health Risks in Camps

1. The risk of disease outbreaks in camps after floods and tsunamis is greater than for earthquakes, volcanoes, hurricanes and other high-wind natural disasters.
2. Risk of disease spread increases when populations live in crowded camps, lack access to safe water, latrines and health services have poor nutritional status or low immunity to vaccine-preventable diseases. The following table lists some diseases and factors that might have contributed to the outbreaks.

Table: 4.2.1. *Risk factors and diseases likely to occur in camps.*

Disease	Transmission	Risk factors
Cholera Typhoid Hepatitis A and E Dysentery	Water-related	Contaminated water Population displacement Overcrowding Malnutrition Water scarcity
Measles ARI	Airborne	Overcrowding Low baseline immunization coverage Disruption of electricity
Leptospirosis Malaria Dengue	Vector borne	Proliferation of rodents Seasonality Changed habitat Disrupted environmental control Changed human behavior
Tetanus Scabies Worms	Other	Injuries Low baseline immunization coverage Poor Hygiene

Facilitation Methodology

1. Explain the risk of disease outbreaks in camps after floods and tsunamis is greater than for earthquakes, volcanoes, hurricanes and other high-wind natural disasters.

2. Tell them the risk of disease spread increases when populations live in crowded camps, lack access to safe water, latrines and health services have poor nutritional status or low immunity to vaccine-preventable diseases.

3. Ask the participants which diseases are likely to occur in camps.

4. Write their responses on white board and refer them for further reading to Table 4.2 of participants' work book.

4.2.5. Sphere Minimum Standards

Key Discussion Points

- 1997 A group of humanitarian non-governmental organisations and the Red Cross and Red Crescent Movement aims to improve the quality of their actions during disaster response

- The Sphere Handbook sets clear benchmarks for what actions can be considered as humanitarian

- Define humanitarian response as one which is concerned with the basic rights of populations affected by disasters and conflicts

4.2.6. Minimum Standards for Camp Management

- Advise to read Minimum Standards for Camp Management which is attach as annexure.

Facilitation Methodology

1. Start the topic by asking *what is SPHERE?*
2. Explain there are Minimum Standards for Camp Management which is given on page 92-102 of your participants' work book.
3. Advice them to read it at home and ask any question if you have tomorrow.

Conclude the Session

1. Wrap up the session by summarizing key points.
2. Ask for question or points of clarification
3. Conclude the session by review Lesson Objectives

Useful Tips for Trainers

- Check the participants have read the Minimum Standards for Camp Management on next morning and clarify their questions
- If you feel that the participants' interest level is decreasing or they are getting tired, try to make the environment more conducive by engaging them in some ice-breaking activity. It may be a song by any participant or some couplets, etc
- Close the session by giving thanks to all

Session 4.3

The Basics of Providing Psychosocial Support

Objectives

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

- ✓ Understand the concept of psychosocial support
- ✓ Be able to provide basic psychosocial support

Suggested Time: 1 Hour 30 minutes

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

4.3.1. Basic Concept of Psychosocial Support

Key Discussion Points

- Disasters result in loss of property and lives; they may cause loss of loved ones or property
- The emotional effects may manifest immediately or may appear later
- The more severe the disaster i.e. greater the perceived threat to life, greater the exposure to destruction, hearing distressing things- the more negative the outcome
- Survivors and personnel working in such scenarios experience stress
- It is important to know the signs of burnout and how we can reduce the effects of stress through psycho-social support

- Psycho-social support refers to the actions that address both the psychological and social needs of individuals.

Facilitation Methodology

Trainers are encouraged to follow the steps outlined below while they facilitate the session:

1. Give session's introduction to participants by showing the slide of objectives.
2. Introduce the basic concept of psycho-social support.
3. Start the session by highlighting the importance of CHW in post-emergency phase.

4.3.2. Psychological Responses to a Disaster

Key Discussion Points

The psychological responses to a disaster can be divided into three different categories, which are: thoughts, feelings, and behavior.

a. Thoughts

The major thoughts responses are;

- Recurring dreams / nightmares
- Reconstructing the events in mind
- Difficulty in concentration
- Repeated thoughts or memories of the disaster

b. Feelings

For feelings, the major response can include the following:

- Fear and anxiety when reminded of disaster
- Lack of involvement and enjoyment
- Depression
- Feeling irritable
- Sense of hopelessness/emptiness/deep loss

c. *Behavior*

In regards to behavior, this includes:

- Overprotective about safety and self and family
- Startling easily
- Experiencing problems falling sleep
- Tearful for no apparent reason

Spirituality is a major coping mechanism in our society. Many people look to their faith in times of crisis. It is important to understand the role of religion as a coping mechanism.

4.3.3. Steps to Acceptance of Situation

- Denial Stage "Not me!"
- Anger Stage "Why me?"
- Bargaining Stage "Okay, but first let me..."
- Depression Stage "Okay, but I haven't.."
- Acceptance Stage "Okay, I'm not afraid anymore"

Facilitation Methodology

1. Explain that the psychological responses to a disaster can be divided into three different categories, which are: thoughts, feelings, and behavior.

2. Divide the participants into three groups and ask them to discuss psychological responses in term of thoughts, feeling and behavior.

3. Time allocated for this group activity will be fifteen minutes.

4. Ask them to write their key discussion points on flip chart and present it one by one.

5. Recap their points by emphasizing that as a CHW, you must be aware of the emergence of these thoughts, feelings and behaviors. This will help you to look at survivors' reactions as a natural reaction/response.

6. Describe People use various methods to come to acceptance of their situation. Usually starts with denial, anger, bargaining, depression and finally acceptance stage. The time taken by different individuals for these stages varies according to individuals. Many people cope and move on with their lives after accepting their situation.

7. Explain steps to acceptance of situation by showing slides.

4.3.4. Vulnerable Groups

Key Discussion Points

Although every individual is susceptible, there are groups which are more vulnerable to the psychological consequences of disasters. They are:

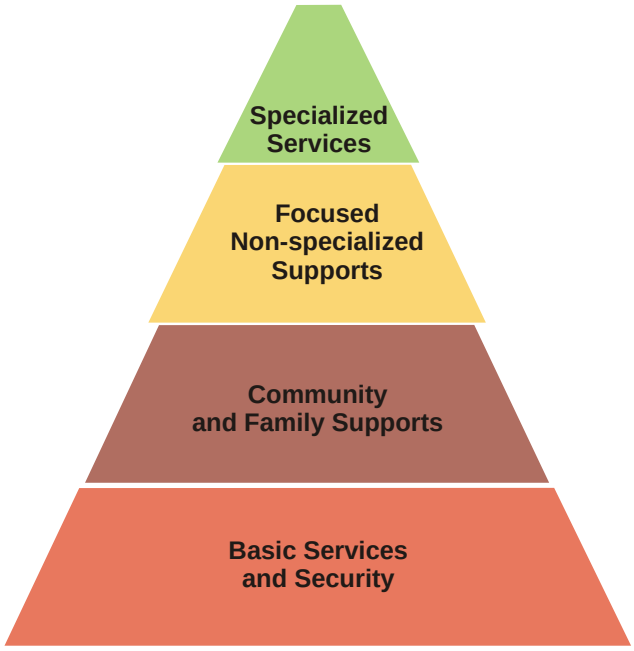
- Elderly persons
- Children and adolescents
- Women (especially pregnant or lactating)
- Single-parent families
- Extremely poor people
- People with disabilities or health conditions
- The bereaved
- Rescue and relief workers

4.3.5. Psychosocial Support Needs and Role of CHW

A key to organizing mental health and psychosocial support is to develop a layered system of complementary supports that meets the needs of different groups.

This can be illustrated by a pyramid. All layers of the pyramid are important and should ideally be implemented at the same time.

Figure 4.3.1: CHW Support at Different Levels of Pyramid



CHW supports offered at these levels are as follows:

a. Basic Services and Security

People's well-being is protected through meeting their basic needs and rights for security, governance, and essential services such as food, clean water, health care and shelter.

A psychosocial response by CHW here might be

advocating that these basic services and protections are put in place and are done in a respectful and socially appropriate way.

b. Community and Family Supports

A smaller number of people may need to be helped in accessing key community and family supports. Due to the disruption usually experienced in emergencies, family and community networks may be broken.

A psycho-social response by CHW here might be to involve in family tracing and reunification or it could involve the encouragement of social support networks.

c. Focused Supports

A still smaller number of people will in addition require supports that are more directly focused on psychosocial wellbeing. This might be individual, family or group interventions, typically carried out by trained and supervised workers.

A psychosocial response here may include activities to help deal with the effects of gender-based violence e.g. support groups for victims of rape.

d. Specialized Services

At the top of the pyramid is additional support for the small percentage of the population whose condition, despite the supports mentioned already, is intolerable and who may have great difficulties in basic daily functioning.

Assistance here could include psychological or psychiatric supports for people with mental disorders that cannot be adequately managed within primary health services.

Facilitation Methodology

1. Start the topic by describing that although every individual is susceptible, there are groups which are more vulnerable to the psychological consequences of disasters.

2. Make a list of vulnerable people through brain storming on white board.

3. Finalize the list after asking do you want to add any other group?

4. Describe psycho-social support needs and role of CHW in emergencies by explaining that people are affected in different ways and require different kinds of supports.

5. Explain a layered system of complementary supports and role of CHW offered at these levels by using slides.

4.3.6. Qualities Required for CHW to be able to Provide Basic Psychosocial Support

Key Discussion Points

- Active listening
- Good communication skills
- Trustworthiness
- Approachability
- Patience
- Kindness
- Commitment
- Caring attitude
- Non-judgmental approach
- A good knowledge of psychosocial issues

Active listening and good communication skills are the basic prerequisite for CHW for providing psychosocial support to affected people.

a. Active Listening

Hearing and listening is not the same thing. Hearing is the act of perceiving sound; it is involuntary. Listening is a selective activity which involves the reception and the interpretation of sound. Listening is divided into two main categories: passive and active.

Passive listening is little more that hearing. It occurs when the receiver or the message has little motivation to listen carefully, such as music, storytelling, television, or being polite.

b. Qualities of Active Listeners

- Spends more time listening than talking
- Does not finish the sentence of others
- Does not answer questions with questions
- Are aware of biases. We all have them...we need to control them

- Never daydreams or become preoccupied with their own thoughts when others talk
- Lets the other person talk
- Does not dominate the conversation
- Plans responses after the other person has finished speaking...NOT while they are speaking
- Provides feedback, but does not interrupt incessantly
- Keeps the conversation on what the speaker says...NOT on what interests them

Takes brief notes. This forces them to concentrate on what is being said

c. *Communication Skill*

CHW as a psychosocial support worker should consider the following key points for good communication;

- Ability to establish open, interactive relationship with the client
- When speaking or trying to explain something, ask the client if they are following you
- Ensure the client has a chance to comment or ask questions
- Consider the feelings of the client
- Be clear about what you say. Look at the client
- Make sure your words match your tone and body language (nonverbal behaviors). Vary your tone and pace
- Do not be vague, but on the other hand, do not complicate what you are saying with too much detail
- Do not ignore signs of confusion.

4.3.7. Activities through which Psycho-social Support can be Provided

Psycho-social support, whether provided as a specially designed activity or integrated within a broader programme, should involve people in participating actively in social networks. Sometimes this may mean re-establishing or strengthening the social support in the community to enable people to actively respond to crisis events.

Activities that provide psychosocial support are many and varied. Some examples are:

- Psychological first aid after a crisis (comforting and listening to the affected person)
- Discussion groups
- Visiting home
- Creating social networks
- Establish peer support groups
- School-based activities where children can play and regain trust and confidence
- Vocational training

Facilitation Methodology

1. Ask participants what qualities required for CHW to be able to provide basic psycho-social support?
2. Invite one trainee to write their answers on white board.
3. After this exercise, reinforce the key qualities of CHW and explain what is active listening?
4. Refer them to read the qualities of active listener from Box 4.1 of participants' work book.
5. Explain the key points of good communication.
6. At the end, describe activities that provide psycho-social support.

Conclude the Session

1. Wrap up the session by summarizing key points.
2. Ask for question or points of clarification
3. Conclude the session by review Lesson Objectives

Useful Tips for Trainers

- When explaining the vulnerable groups, share simple and local examples so that participants could understand and relate the information easily.
- Encourage participants to actively participate in discussion
- Try to stick to the allocated time. Politely remind participants if they are exceeding the allocated time.

Session 4.4

Coordination, Referral and Reducing Treatment Gaps

Objectives

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

- ✓ Be able to coordinate with other health service providers for making referrals and reducing treatment gaps

Suggested Time: 1 Hour

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

4.4.1. What is the meaning of Referral?

Key Discussion Points

Referral is the process in which CHW send people who needs health care beyond her treatment skills to a place where they can get additional care and treatment from a trained health provider.

4.4.2. When Should You Refer a Person to a Trained Health Worker at the Health Unit?

- Refer any pregnant woman, young children, or newborn if she or he has one or more Danger Signs
- Refer patients who do not respond to treatment at the community

4.4.3. Why is it Important to Make Referrals?

- To save lives
- To make sure that people get appropriate treatment

4.4.4. What Information Must you Know About your Nearest Health Unit?

As a CHW, it is important that you make yourself aware of the health care services available in your community for effective referral and reporting of major health problems and emergencies.

- Name of the health unit
- Where the health unit is located
- Phone number of the trained health worker
- Services offered at the health unit
- Hours of operation

Mostly CHW refer the patient to first level of referral i.e. Basic Health Unit (BHU) but referral can be made to Rural Health Center (RHC) or Tehsil Head Quarter (THQ) hospital or District Head Quarter (DHQ) hospital depending upon the level of required services.

Facilitation Methodology

Trainers are encouraged to follow the steps outlined below while they facilitate the session:

1. Give session's introduction to participants by showing the slide of objectives.
2. Ask participants what is the meaning of referral?
3. Reinforce the definition of referral by emphasizing that referral is an important part of the work that a CHW does. A CHW gives people in his or her village valuable information about where to get treatment.
4. Enquire when should you refer a person to a trained health worker at the health unit?

5. Invite one trainee to write their answers on flip chart.

6. Add any missing point and elaborate the importance of referral.

7. Describe what information CHW must know about the nearest health unit through brain storming.

8. Emphasize for regularly update information about the addition of new health facilities, changes in working hours, new specialized health staff at your referral hospital.

4.4.5. How should you Refer Someone to a Trained Health Worker at the Health Facility?

Key Discussion Points

- To help health workers better understand why the person is coming who you have referred, CHW should fill out a basic Referral Form

- This will help the health worker to understand the health issue that patient is having and also know that a CHW has referred this person

- Remember to give the patient the referral form so that they can bring it with them to the health worker

4.4.6. How Do You Fill Out a Referral Form?

The Referral Form should be *filled out right away* and left with the patient or the parent of the patient, so that they can take it with them as they travel to the health unit as quickly as possible.

If CHW does not have a Referral Form, write a note for the person to take to the health unit, Include the following information in that note:

- Name of person being referred

- Sex

- Date of birth

- Village/town/city Name & Address

- Reason for referral

- Name of CHW making the referral

4.4.7. Following-up with Patients you referred to the Health Center

CHW should always follow-up with patients you referred to the health center for the following reasons:

- To check whether they have gone to the health center
- To check they have received the appropriate medication or treatment
- To check they are taking the complete dose of medication they have received (you can also take this opportunity to explain Drug Resistance, discussed later in this Training, and why it is important to take the full dose not just enough to make the person feel better
- To answer any health related questions they might have
- To provide health education about their illness, including ways to prevent it in the future

Facilitation Methodology

1. Ask participants how do you refer someone to near health facility?
2. After noting their answers, describe the standard procedure for referral.
3. Divide the participants into five groups and ask them to write referral slip if you do not have referral form.
4. Give ten minutes for this group activity.
5. Ask to present their work one by one.
6. Recap the main points of the presentation and explain the importance of follow up of referred patient.

Conclude the session

1. Wrap up the session by summarizing key points.
2. Ask for question or points of clarification
3. Conclude the session by review Lesson Objectives

Useful Tips for Trainers

- Encourage participants to actively participate in group work
- Try to stick to the allocated time. Politely remind participants if they are exceeding the allocated time

Session 4.5

Recovery, Rehabilitation and Reconstruction

Objectives

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

- ✓ Know the basic concepts, aims and elements of the recovery rehabilitation and reconstruction
- ✓ know the health priorities at each stage

Suggested Time: 1 Hour

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

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4.5.1. Basic concepts

Key Discussion Points

Actions taken during the period following the emergency phase is often defined as the recovery phase. It includes both rehabilitation and reconstruction. The precise time when one phase ends and another starts will vary in each situation.

Rehabilitation refers to the actions taken in the aftermath of a disaster to enable;

- Basic services to resume functioning,
- Assist victims' self-help efforts to repair physical damage and community facilities
- Revive economic activities and
- Provide support for the psychological and social well being of the survivors

It focuses on enabling the affected population to resume more-or-less normal (pre-disaster) patterns of life. It may be considered as a transitional phase between immediate relief and more major, long-term development.

Reconstruction refers to the full restoration of all services, and local infrastructure, replacement of damaged physical structures, the revitalization of economy and the restoration of social and cultural life.

Reconstruction must be fully integrated into long-term development plans, taking into account future disaster risks and possibilities to reduce such risks by incorporating appropriate measures.

To clarify the two definitions, following a damaging flood the rehabilitation of the power lines would aim to restore the system as rapidly as possible so that the essential services would continue to function. Whereas, reconstruction of the power lines should aim to rebuild the system to a higher or safer standard than before so that the future risks to the power lines from a similar damaging event would be reduced.

The processes of rehabilitation and reconstruction are complex and depend largely on the analysis of the disaster itself:

- The nature of the disaster (hazard type)
- The scale of the damage
- The location of the events
- The particular sectors affected

Planning for rehabilitation and reconstruction will depend on the losses sustained by the community. These are typically:

- Buildings
- Infrastructure
- Economic assets

- Administrative and political systems
- Psychological
- Cultural
- Social
- Environmental

Although rehabilitation and reconstruction are distinctive activities, they should not be seen in isolation from other pre- and post-disaster actions.

Reconstruction after a disaster provides many mitigation and development opportunities that may not be possible in 'normal' conditions. If properly utilized, these opportunities can, in return, improve the effectiveness of recovery from possible future disasters.

Similarly, integration of rehabilitation planning into local and national preparedness plans contributes to better recovery.

Facilitation Methodology

1. Give session's introduction to participants by showing the slide of objectives.
2. Introduce the session by defining Recovery Phase
3. Ask participants what does the term "reconstruction" mean?
4. Get their responses by probing and write it on flip chart.
5. Ask trainees what does the term "rehabilitation" mean?
6. Write their answer on flip chart.
7. Explain why the distinction between these terms important is.

4.5.2. Health Needs in Rehabilitation and Reconstruction Stages

Key Discussion Points

During recovery stage, usually mortality is controlled and basic health needs are met but the biggest challenge is the maximum integration into the pre-disaster primary health care system is critical.

In addition to emergency health services, CHW can support to

- Introduce psychosocial services
- Monitoring nutritional status of mothers & children
- Reintroduce programmes such as the Expanded Programme on Immunization (EPI)
- Re-establish the care and treatment of chronic illnesses and infectious diseases such as TB and HIV/AIDS

In addition to rebuilding health facilities seriously damaged or destroyed in a disaster, planning for reconstruction in the health sector should look to the future and prioritize other areas where strengthening contributes to improved preparedness and response, including:

- Strengthening the primary care level
- Procurement of basic equipment
- Water and sewerage networks
- Strengthening the sector's Emergency Operations Centers (health EOCs)
- Strengthening technical units and programs
- Updating guides, standards, and regulations

During this transition CHW must be coordinated with the health department and other organizations involved in the continued health care support in order to provide community-level health input on:

- Quality of health services required
- Access for community
- Special needs of vulnerable groups of the population
- Any additional health service
- Updating guides, standards, and regulations
- Disposal or treatment of hospital waste, in light of the potential risk of contamination to the environment.

Facilitation Methodology

1. Ask participants about the role of CHW in Rehabilitation and Reconstruction stages.

2. Invite one trainee to enlist their answers on white board.

3. Recap the key points and elaborate the coordinated role of CHW with other organizations.

Conclude the Session

1. Wrap up the session by summarizing key points.

2. Ask for question or points of clarification

3. Conclude the session by review Lesson Objectives

Useful Tips for Trainers

- Encourage participants to actively participate in discussion
- Try to stick to the allocated time

Module 5

Community Based Health Workers - Review and Risk Reduction Process

Modular Learning Objectives:

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

Number of Sessions: 3

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

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

Suggested Time: 1 Hour

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

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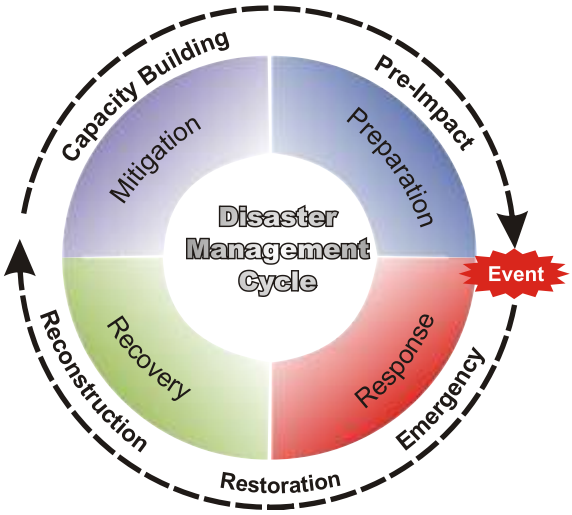
5.1.1. Disaster Risk Reduction - A continuous process

Key Discussion Points

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 5.1.1:
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
x
VULNERABILITIES

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.

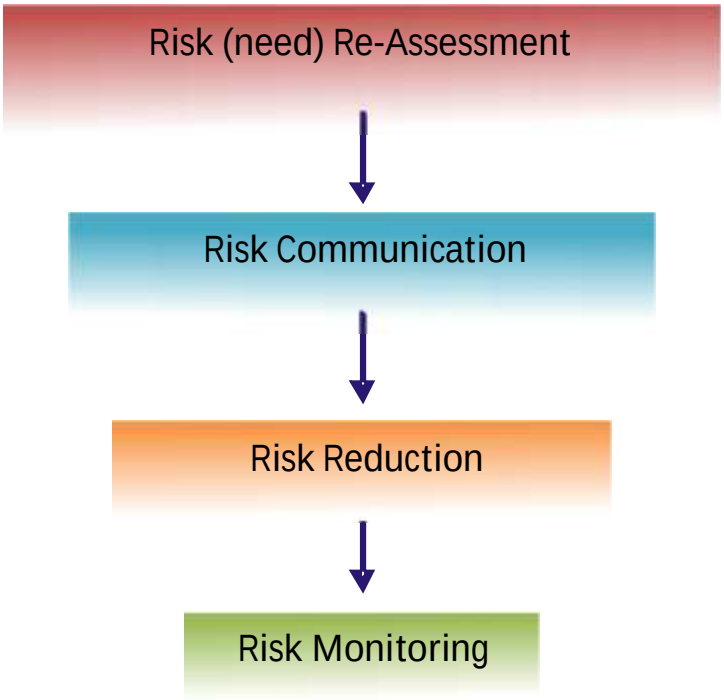
Risks must be assessed.

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.

Figure 5.1: Re-assessing and Responding to Community Needs



Facilitation Methodology

Trainers are encouraged to follow the steps outlined below while they facilitate the session:

1. Give session's introduction to participants. You may show the slide of objectives
2. Introduce the Disaster Risk reduction Cycle as a continuous process of planning and implementation of measures
3. Show the given picture of disaster management cycle which was described in module one
4. Ask participants its different phases to refresh their knowledge
5. Highlight that 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
6. Probe the following basic formula for disaster planning

COMMUNITY RISKS *are proportional to*

$$\frac{\text{HAZARDS} \times \text{VULNERABILITIES}}{\text{READINESS FOR RESPONSE}}$$

7. Re-call that ccommunity risks are a function of the relationship between hazards, vulnerabilities and capacities. The health consequences are the result of this interaction.

8. Ask what is capacity?

9. Probing to get the following definition;

Capacity refers to the capacity to reduce hazards, reduce vulnerability and the capacity to respond and recover from emergencies and disasters.

10. Explain;

- 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.

11. Describe the following with the help of power point presentation;

- Risk must be assessed
- Risk 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.

12. Ask what is the role of risk re-assessment in future disaster risk reduction plan?

13. Recap their answer and emphasize that CHW as a member of emergency response team is primarily concerned with protecting community health. As your community is threatened and people are injured/died and infrastructure has been damaged, so your key role is to involve in re-assessing and responding to community needs and planning for future.

Conclude the Session

1. Wrap up the session by summarizing key points.
2. Ask for question or points of clarification
3. Conclude the session by review Lesson Objectives

Useful Tips for Trainers

- Encourage participants to actively participate in discussion
- Make sure enough time is left for questions at the end of this session

Session 5.2

Reviewing the Community Health Response and Identifying Areas for Improvement

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

Suggested Time: 1 Hour

Training Aids Needed

- Multi Media Projection System
- White board
- Multi-color markers
- Flip charts
- Flip stand
- Participants' Work Book

Session Handouts

5.2.1. Why Do you Need to Review the Emergency Response?

Key Discussion Points

An emergency plan is not complete without post-incidence review procedures. After emergency, there are several things CHW should ask:

- 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?

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.

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

Facilitation Methodology

Trainers are encouraged to follow the steps outlined below while they facilitate the session:

1. Give session's introduction to participants by showing the slide of the objectives. Also, inform participants that the session will have group work and brain-storming exercises in addition to interactive lecture and questions/answers.

2. Start the session by telling that an emergency plan is not complete without post-incidence review procedures.

3. Ask the participants after emergency, there are several things you should ask yourself. What are those?

4. Probe to get the following;

    - 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?

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

6. Explain Reviewing of Emergency Response - a process of improvement by showing slides.

5.2.3 How to Conduct Review?

Key Discussion Points

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

- SWOT analysis
- Collecting data through surveys, statistics, etc.
- Exercise/drill followed by discussion
- After Action Review

SWOT Analysis

A SWOT analysis lets you gain a better understanding of your emergency plan's strengths, weaknesses, opportunities and threats.

i. 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.

ii. 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 response 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?

iii. 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?

iv. 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.

The results of the SWOT should be combined with information from re-mapping/re-assessing community needs and with this information you can re-plan your work in the community, focusing on the most vulnerable and the priority risk areas through providing health education, awareness and mobilization.

Facilitation Methodology

1. Start the session by explaining how to conduct the review?

2. Ask do you know what is SWOT analysis?

3. Divide the participants into four groups and tell each group to read SWOT analysis from their participant's book and discuss any one topic from strengths, weaknesses, opportunity, threat, and write them on the flip chart.

4. Mark the time limit for this exercise.

5. Now tell each group to present their written poster. Take opinion from the other groups while discussing.

6. Now to enhance the participants' knowledge, recap the important points.

7. Explain that the strengths, weaknesses, opportunities and threats listed in your SWOT analysis will be the framework for determining the future priorities. On the basis of priorities, task will be identified and improvement plan will be prepared by using the format given in Table 5.2 of participants' work book.

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

9. Elaborate the following points thorough slides;

    - Continuous reviewing and improvement is essential to ensure that our emergency response and recovery arrangements are reflective of contemporary practices and emerging trends in emergency management.

    - The level of preparedness will vary from one country to another, from one community to another, from one individual to another. This level of preparedness is often reflective of the number of times and frequency that they have been through a cycle or process of continuous improvement.

Conclude the Session

1. Wrap up the session by summarizing key points.
2. Ask for question or points of clarification.
3. Conclude the session by review Lesson Objectives.

Useful Tips for Trainers

- Encourage participants to actively participate in exercise
- Provide assistance or guidance as the teams preparing their presentations
- Give clear instruction about the time of group work activity
- If you feel that the participants' interest level is decreasing or they are getting tired, try to make the environment more conducive by engaging them in some ice-breaking activity. It may be a song by any participant or some couplets, etc.
- Make sure enough time is left for questions at the end of this session

Session 5.3

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

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

Suggested Time: 1 Hour

Training Aids Needed

- o Multi Media Projection System
- o White board
- o Multi-color markers
- o Flip charts
- o Flip stand
- o Participants' Work Book

Session Handouts

5.3.1. Roles, Responsibilities and Functions of Community Health Workers (CHW) in Disaster Risk Management

Key Discussion Points

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

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

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

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

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

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

Facilitation Methodology

1. Give session's introduction to participants by showing the slide of the objectives. Also, inform participants that the session will have group work and brain-storming exercises in addition to interactive lecture and questions/answers.

2. Introduce the session by telling that 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. Hence participate actively in disaster management as a community health worker and protect the health of the community before, during and after disaster.

3. Divide the participants into three groups and given them a task to discuss first in groups, the role of CHW before, during and after the disaster and write them on flip chart.

4. Give them fifteen minutes for discussion and preparation for their charts.

5. Now tell each group to present their written group work. Take opinion from the other groups while discussing.

6. Now to enhance the participants' knowledge recap the key points by showing slides and refer them to Annexure (Do's & Don'ts) given in Table 5.1 of participants' work book.

Conclude the Session

1. Wrap up the session by summarizing key points.
2. Ask for question or points of clarification.
3. Conclude the session by review Lesson Objectives.

Useful Tips for Trainers

- Encourage participants to actively participate in exercise
- Provide assistance or guidance as the teams preparing their presentations
- Give clear instruction about the time of group work activity
- Make sure enough time is left for questions at the end of this session

WHO

Country Office for PAKISTAN