

# EMPOWERING COMMUNITY WITH TRAINING ON PSYCHO-SOCIAL SUPPORT IN DISASTERS

Pilot project in Pohnpei, Federated States of Micronesia



## The Problem and Current Situation

Micronesian islands are among the most frequently hit by typhoons in the Pacific. In 2002, Typhoon Chata'an hit Chuuk State with very heavy rain. Surface flooding occurred in low lying areas of the state capital, causing breakdown of normal public utilities. In 2004, Typhoon Sudal passed through Yap State causing widespread damage to residences, public structures, infrastructure, and agriculture facilities. The physical damages caused by these disasters and many others are well known and documented. In recent years, plans have been developed to help mediate the physical impact of natural disasters in Micronesia.

Disasters have also psychological consequences. Everyone who faces a natural disaster is psychologically affected by it. The psychological trauma has effects on individual health, family interactions, and stress-related risk behaviors. At the moment, psycho-social consequences of disasters are not being addressed in the planning efforts of the Federated States of Micronesia (FSM).

## Overall Project Goal

The two year project is designed to build the capacity of the communities of Micronesia to deal with the psycho-social impact of disasters. The project will be conducted and sustained by communities of Pohnpei, a Micronesian State with a population of 30,000 persons. Eventually, this project could be expanded to all states in FSM and other Pacific countries.

## Objectives, Activities and Indicators

**Objective 1:** The initiative is approved and awareness is raised through a consultative meeting with stakeholders.

1. A consultative meeting with stakeholders and expert consultants will be organized by the Centers for Disease Control and Prevention/Pacific Emergency Health Initiative (CDC/PEHI). The importance and need for psychological support related to disaster will be emphasized. As this project targets the community, the involvement of the community at an early stage is crucial to the success of this project.
2. At the meeting, a task force will be formed. Its function will be to monitor and advise the project officer on the implementation of the program.
3. The task force will be responsible for selecting a project officer.
4. The project officer will be responsible for coordinating and managing the program and for implementing the recommendations of the task force
5. Expected Outcomes: List of members of the task force, minutes from each consultative meeting, selection of project officer.

**Objective 2:** Pilot communities are identified and prospective trainees are selected by the community.

1. Communities will be selected by the task force.
2. The project officer will contact the selected communities and meets with the community leaders to identify prospective trainees for the program. Trainees should be selected to represent the different segments of the actual population and culturally appropriate providers of psycho-social help.
3. The project officer will compile a list of the communities approached and a list of potential trainees. The project officer will then make a preliminary contact with the potential trainees to assess the level of interest, offer the opportunity to get involved in the development of the curriculum that will be used, and receive a commitment on their part for the time of the project.
4. Expected Outcomes: No later than three months after the start of the project, target communities will be selected, and a list of potential trainees will be compiled and the trainees will be contacted.

**Objective 3:** Traditional coping mechanisms and information related to psycho-social issues are identified and documented.

1. A meaningful intervention cannot be developed without strong consideration of the traditional coping mechanisms of the targeted communities. Culturally relevant information will be collected through a literature review, observations, and interviews of key informants of the communities targeted and people with relevant expertise on Pohnpei.
2. The information will be tabulated by the task force and analyzed by the project officer. A cultural inventory matrix listing the mechanism, the agencies and the people will be compiled.
3. Expected Outcomes:
  - 1) Report including a summary of the literature review and a record of conclusions from observation and interviews.
  - 2) Cultural inventory matrix of the mechanism, agencies and people who could provide psycho-social support in Micronesia in disaster situations.

**Objective 4:** Guidelines for psychological support interventions and training modules are developed.

1. The inventory matrix is used by the project officer, the task force, and the expert consultant to produce guidelines that will guide the making of the training modules.
2. Curricula that are used in the region will be reviewed and used. Through a collaborative effort between the project officer, the task force, and the expert consultants, training modules on culturally appropriate psycho-social support will be produced for Pohnpei.
3. Expected Outcomes: By the end of the first year of the project, guidelines and training modules will have been produced.

**Objective 5:** Training is provided to people who need to be empowered to provide psychological services (e.g. first responders, community volunteers, spiritual and traditional leaders, public health personnel)

1. The developed modules will be used in workshops on disaster psycho-social support given to people who need to be empowered to provide psychological services.
2. Expert consultants will assist in the facilitation of the workshops.
3. Expected Outcome: Number of training sessions and demographics of participants will be collected.

**Objective 6:** Trained personnel provides community awareness sessions

1. The newly trained personnel from each community will organize and facilitate awareness sessions according to the action plan developed in the workshop.
2. According to each community, the awareness sessions might be done in a communal setting, home setting, etc.
3. Expected Outcome: Demographics of people participating in each session will be collected and awareness sessions will be provided in a predetermined number of communities.

### Collaborating Agencies

A number of agencies and organizations at various levels of government will be involved in the effort as follows, the:

- \* Ministry of Health: member of the task force, lead agency: manpower, legal authority, technical assistance
- \* CDC/PEHI: potential lead agency, technical assistance
- \* Non-governmental organizations (NGOs): collection of information
- \* Red Cross - part of the National Disaster Preparedness plan for FSM. Collaboration: existing training material on Psychological Support, Red Cross network and partnership according to the Red Cross disaster management plan.
- \* Fiji School of Medicine: technical assistance
- \* Local police and fire department (first responders)

### Monitoring/ Evaluation Methodology

The training program will be reviewed by the Fiji School of Medicine, the CDC/PEHI or another appropriate lead agency. The evaluation process will include: regular monitoring of planning and implementation by the project officer; a consultant and donor bi-annual progress report; and a summative project evaluation at the end of the 2nd year by internal and external evaluators. A final report will be disseminated through the Secretariat of the Pacific Community (SPC), the South Pacific Applied Geoscience Commission (SOPAC), World Health Organization (WHO), etc. for future use in other Pacific Island countries and territories.

**Budget Summary (USD)**

<b>Category</b>	<b>Project Expense</b>	<b>In-Kind Contribution</b>	<b>Total Budget (US\$)</b>
Personnel (Salary/Benefits) (incl. full-time project officer 15,000USD per year and Technical assistant/consultant 5 weeks @)1,200USD	36,000		36,000
Travel& accommodation	28,000	2,000	30,000
Direct Implementation Costs (training/awareness)	8,000	2,000	10,000
Equipment (computer)	2,000		2,000
Operational Costs	2,000	1,000	3,000
Sub Total			81,000
10% Contingency Expenses			8,100
<b>Total Project Expenses</b>			<b>89,100</b>

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