

ESTABLISHING COMMUNITY DISASTER RECOVERY CAPACITY IN HEALTH FOR COMMUNITIES IN 22 PACIFIC ISLAND COUNTRIES AND TERRITORIES



The Problem and Current Situation

It is in the recovery phase of disasters that communities often fare the worst and are most vulnerable to preventable primary and public health problems. Currently, there are no organized disaster health committees at the community level in any of the 22 Pacific Island States and Territories.

Overall Project Goal

The overall goal of this two-year project is to empower local communities through the training of National Disaster Recovery Trainers (NDRT) and the establishment of Local Disaster Recovery Planning Committees. The Recovery Planning Committees will manage the primary and public health problems during the recovery phase of disasters in the 22 island nations.

Objectives, Activities and Indicators

Objective 1: Establish Regional Disaster Recovery Planning Committees (RDRPC) to oversee project development, design, planning, and implementation

1. RDRPC will be formed and an initial planning meeting will be held.
2. A consultant or a consortium with disaster preparedness and response experience will be identified and hired to direct this project.
3. Materials for two National Disaster Recovery Trainers regional workshops will be developed in English and in French by the consultant.

Objective 2: Conduct two National Disaster Recovery Trainers regional workshops

1. Dates for the regional workshops will be set by the consultant and the RDRPC
2. RDRPC will select trainers to attend the regional workshops

3. The consultant will notify participants and make travel arrangements
4. The number of future local workshops will be determined by the consultant and the participants.

Objective 3: National Disaster Recovery Trainers (NDRT) to develop their own local disaster recovery programs

1. Each NDRT will hold national and local workshops on disaster recovery planning in their own nation
2. NDRTs will establish a Local Disaster Recovery Planning Committee (LDRPC) in their own nation
3. With the support of the NDRT, LDRPC will develop a plan for disaster recovery in their communities.
4. The consultant will write a final report stating the number of NDRTs trained, number of LDRPC formed, and status of local disaster recovery plans.

Collaborating Agencies

CDC Atlanta through the Pacific Emergency Health Initiative (PEHI); the World Health Organization/WPRO (Emergency and Humanitarian Action); and SPC (with all Pacific Islands Countries/States/Territories/Jurisdictions Ministries and Departments of Health) will collaborate and provide regional and national-level support (in kind) to ensure that this project is completed (Disaster Health Recovery Committees established and functional) in two years.

- * Ministries of Health of Pacific Islands States/Territories/Jurisdictions: policy decisions, logistics and manpower
- * Western Pacific Regional Office / WHO: technical support and materials
- * CDC/PEHI: technical support and materials
- * Secretariat of the Pacific Community: technical support and materials
- * SOPAC: technical support and materials
- * Forum Secretariat
- * United Nation Office for the Co-ordination of Humanitarian Affairs (UNOCHA): technical support and materials
- * Universities in New Caledonia, French Polynesia, and Wallis and Futuna: logistics and manpower

- * School of Public Health & Primary Care / Fiji School of Medicine: logistics and manpower

Monitoring/ Evaluation Methodology

The Consultant/Consortium will be required to provide monthly reports of progress and reports on all workshops held. The Consultant/Consortium will report on the anniversary dates the following:

1. Development of the Training of Trainers curriculum and action plan by month 3.
2. The completions of the Training of Trainers Regional Workshop and an analysis of the strategy completed at this workshop on how the local/national workshops will be conducted by the 8th month.

3. The consultant/consortium will provide monthly reports on the number of local/national workshops held, staff trained and Community health recovery Committee formed, from month 8 - 20
4. The Consultant/Consortium will produce a final report at the end of the project indicating the number of local/national workshops provided, the number of Local Community Health Recovery Committees forms and the number of trained National Disaster Recovery Trainers. Recommendations will be made on mechanisms for sustainability of this network, either through an existing organization or regional agency.

Budget Summary

Category	Project Expenses (US\$)	In-kind Contribution (US\$)	Total Budget (US\$)
1. Full-time Consultant			
1.1 Salary & benefits	200,000		200,000
1.2 Travel costs	120,000		120,000
1.3 Office costs	150,000		150,000
2. Workshops			
2.1 Regional Workshops - Staff salaries	470,000	350,000	820,000
2.2 National Workshops - Staff salaries	360,750	150,000	510,750
2.3 National Workshops - venue costs - staff salaries	233,500	100,000 50,000	383,500
2.4 Local Workshops - community contribution	117,250	20,000	137,250
Sub Total	1,651,500	670,000	2,321,500
Contingency 10%			232,150
Total Project Expenses			2,553,650

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