

# INCREASED COMMUNITY CAPACITY FOR ESTABLISHING AND MANAGING EMERGENCY SETTLEMENTS

A Proposal Serving the Needs of Twenty-Two Pacific Island Countries and Jurisdictions



## The Problem and Current Situation

Studies have identified serious shortcomings in the Pacific related to emphasis placed on inclusion of health issues in the establishment and management of emergency settlements. The lack of capacities and capabilities within Pacific communities often results in the unnecessary loss of life due to infectious diseases. In fact, past experience shows that the consequences of poor health service delivery in emergency settlements can actually be more damaging than the actual disaster experienced. The provision of basic shelters, water supply, toilet facilities, refuse disposal pits, waste water drainage are minimum health services required to prevent or contain the outbreak of infectious diseases that often devastate such settlements. These emergency settlements are expected to provide necessary support for affected populations during the process of response and until they can move back to their homes, for a period that may vary from a few days as much as two years.

## Overall Project Goal

The overall goal of this two-year project is to raise awareness and empower communities of 22 nations of the Pacific to address key health issues related to the establishment of emergency settlements. At the conclusion of the awareness raising program, communities will be expected to have prepared a basic manual of Emergency Operation Plan (EOP) in their own language. The EOP manual will provide standard operation procedures (SOPs) that have to be accomplished to ensure proper management of health issues in emergency settlements. The project will be managed by the School of Public Health of the Fiji School of Medicine, a Pacific institution that has the capacity to deliver empowerment programs in environmental health issues.

## Objectives, Activities and Indicators

**Objective 1:** Training will be provided to trainers from the respective 22 nations.

1. The Health Ministries of the 22 nations of the Pacific will nominate individuals to serve as representatives for their nation. Upon completion of the training, the nominees will be expected to become trainers<sup>2</sup> in their own nation. Those nominated may include, but is not restricted to, current practitioners of the respective nations.
2. A two week-long program will be offered by the Fiji School of Medicine to the representatives selected by the Health Ministries. The program will cover the following topics: underlying rationale for including good shelter, water supply, toilets, refuse pits and waste water drainage; knowledge and skills required to effectively supervise local implementation activities, and vector borne diseases. The trainees will develop the necessary skills to: conduct an assessment of current knowledge in their own community, modify the content of the training to fit the current knowledge of their community, develop an Emergency Operation Plan (EOP) that integrate Sphere and NIMS guidelines, and lead training sessions in their own community. All trainees will receive a manual containing: all pertinent content and recommended teaching methodologies; evaluation forms; and references. Trainees will also receive a copy of the Sphere manual<sup>3</sup> in English or French, according to each trainee's preference.
3. Expected Outcomes:
  - 1) List of trainees compiled from the names provided by Health Ministries
  - 2) Attendance records and grades of trainees for the 2-weeks training of the Fiji School of Medicine
  - 3) Evaluation forms filled by trainees, attesting they have received all promised materials and training

**Objective 2:** Conduct community empowerment programs to assure the inclusion of health issues in the establishment and management of emergency settlements.



1. Each Health Ministry will organize and advertise training sessions in communities of their nation.
2. Newly qualified trainers will offer the training. The empowerment programs will be conducted in individual communities and will emphasize local participation.
3. The trainers will serve as a focal point of the community empowerment programs and will help the local communities to
  - 1) develop the skills and knowledge promoted by the Fiji School of Medicine program
  - 2) appraise the existing health services that are available on sites that would serve as emergency settlements during a disaster situation or identify other potential emergency settlement sites
  - 3) identify the health service gaps that would need to be filled and make recommendations on how the gaps might be filled.
4. Expected Outcomes:
  - 1) a list of attendees for each of the sessions provided in the communities of each nation
  - 2) a one-page report on the health services and gaps of each emergency settlement site
  - 3) evaluation forms filled by the participants

**Objective 3:** Develop Community-based Emergency Operation Plans (EOPs) to ensure proper management of health issues in emergency settlements.

1. The Ministries of Health will call a meeting of the different agencies that would play a leading role in ensuring health measures in emergency settlements in disaster situations and will establish a community committee.
2. Using the input from these leading agencies, the community committee will develop SOPs for their nation. Trainees from the Fiji School of Medicine program will serve as facilitator.
3. The SOPs will build on and be informed by the traditional coping skills of the communities.
4. The SOPs will be compiled in a comprehensive EOP.
5. The committee will use the SOPs to develop a list of potential projects that should be undertaken in their community to facilitate the establishment of a community baseline that will facilitate the maintenance and adoption of appropriate health measures in emergency settlements in times of disaster.
6. A table top exercise will be held at the end of the project to test the EOP.
7. Expected Outcomes:
  - 1) Attendance list for the meeting of leading agencies organized by the Ministries of Health
  - 2) An EOP including a compilation of developed SOPs produced by the community committee under the guidance of the trainee; a National

Incident Management System (NIMS) structure; SPHERE standards targeted; and contact lists. The SOPs should cover issues related to water and food, sanitation, vector control, waste disposal and other health-related issues.

- 3) A list of potential projects
- 4) Evaluation of EOP under the guidance of the Centers for Disease Control and Prevention/ Pacific Emergency Health Initiative (CDC/PEHI).

### Project Collaboration

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

- \* Ministries of Health of Pacific Islands will authorize the implementation of the project, identify people to be trained by the Fiji School of Medicine, organize local trainings and local development of EOP and SOPs.
- \* Fiji School of Medicine (FSM) will provide the initial training of trainers and will monitor the progress of the project. FSM will be responsible for monitoring the production of the promised documents (meeting reports, emergency settlement evaluations, EOP, SOPs, etc.)
- \* Trainees of the FSM program will be responsible for conducting training in local communities, facilitate the development of SOPs at the local level and produce required reports for each event.
- \* The community committee will be responsible for producing the final EOP document
- \* Western Pacific Regional Office / World Health Organization (WHO) may provide training and learning materials and technical support.
- \* PEHI / CDC will assist in program design and provide technical assistance for the compilation of SOPs and the production of the EOP.
- \* UNICEF and International Federation of Red Cross and Red Crescent (IFRC) may be requested to provide technical assistance and guidelines.

### Monitoring/ Evaluation Methodology

At the beginning of the project and throughout its life, the FSM will provide periodic progress reports to donor organizations. The FSM will also periodically update the following organizations on the project progress:

- \* Ministries of Health of Pacific Islands
- \* Secretariat of the Pacific Community will receive regular reports and may provide expertise or other forms of input.
- \* South Pacific Applied Geoscience Commission (SOPAC) will receive medium term and end of project reports.

**Budget Summary**

The total cost of the project is estimated to \$3,500,000 US, with \$2,640,000 or 83% of the total being

composed of in kind contributions from the 22 countries. Funds in the amount \$860,000 are needed from donor organizations for the project to commence.

| Category  | Project Expense<br>US \$ | In-kind<br>Contribution US \$ | Sub totals<br>US \$ |
|---|--------------------------|-------------------------------|---------------------|
| <b>1. Conduct Community Empowerment programs</b>                                      |                          |                               |                     |
| 1.1 <i>Regional Training of Trainers</i>  | 100,000                  |                               | 100,000             |
| 1.2 <i>In Country training</i>  | 220,000                  | 880,000                       | 1,000,000           |
| <b>2. Develop Community SOP's</b>   |                          |                               |                     |
| 2.1 <i>Regional Training on Facilitation of SOP preparation and production of EOP</i> | 100,000                  |                               | 100,000             |
| 2.2 <i>In Country Facilitation</i>  | 220,000                  | 880,000                       | 1,000,000           |
| 2.3 <i>Compilation and testing of SOP's</i>   | 220,000                  | 880,000                       | 1,000,000           |
| <b>Sub Total</b>  | 860,000                  | 2,640,000                     | 3,200,000           |
| Contingency 10%   |                          |                               | 300,000             |
| <b>Total Project Expenses</b>   |                          |                               | <b>3,500,000</b>    |

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