

**ASIAN DISASTER PREPAREDNESS CENTER
US AID – Project
PROGRAM DESCRIPTION**

PROGRAM FOR ENHANCEMENT OF EMERGENCY RESPONSE (PEER)

1. BACKGROUND

Past experience shows that well developed Search and Rescue (SAR) capabilities of First Responders and medical assistance by them can significantly reduce the loss of life and serious disabilities after a natural disaster. While large areas and populations of many Asian countries are exposed to natural disasters, the SAR capabilities of the First Responders have not been systematically developed to undertake this critical life saving task. Recognising this gap, and in consultation with the respective governments, the United States Office of Foreign Disaster Assistance (OFDA) has offered to assist in the process of capacity building for medical first response and urban search and rescue in selected Asian countries of India, Nepal, Indonesia and the Philippines. The Asian Disaster Preparedness Center (ADPC), with its expertise in training, capacity building and managing regional programs in disaster management, will manage the program. Miami-Dade Fire Rescue Department (MDFRD), Miami, Florida, USA will provide technical inputs to this capacity building program. The program will be implemented in 4 countries – India, Nepal, Indonesia and the Philippines.

2. Program Purpose

The program will improve the search and rescue capability and performance of first responders from government and non-government agencies. This training will enable these first responders to effectively assess, treat and transport victims of a disaster, and to plan for, undertake and manage effective search and rescue operations in the event of building collapse in earthquakes and other situations. The program will also develop the capacity in each of the four countries to organise and conduct their own training in Medical First Response (MFR) and Collapsed Structure Search and Rescue (CSSR).

3. Key Objectives

3.1 Train personnel of government and non-government agencies to respond to the immediate medical needs of victims of disasters.

3.2 Train personnel of agencies that have a key role to play in urban search and rescue techniques and skills to locate, stabilise, and rescue victims trapped in collapsed structures, using the most appropriate and safest procedures.

3.3 Equip first responders with skills and information on how to develop, train and employ special task canines and handlers to locate trapped victims within collapsed structures.

3.4 Assist agencies to organise and conduct their own training for emergency medical response and for urban search and rescue response and management.

3.5 Develop, adapt and translate training courses and material that are relevant to the local context.

3.6 Strengthen coordination linkages amongst target agencies in respect to planning for and managing response efforts for urban search and rescue operations.

3.7 Enhance the national disaster management system in its ability to effectively plan and coordinate the implementation of the government's activities in disaster preparedness and response.

4. Target Audience

Training will be directed to those who currently are most likely to be first on the scene of a disaster and/or who are expected to perform medical first response and urban search and rescue functions when a disaster strikes, primarily government and non-government organisations eg. Police, Fire and Rescue Services, Emergency Medical Services, Civil Defence, Red Cross and Red Crescent, Army.

5. Program Components

The program will have four main components:

5.1 Course Development and Adaptation

This will involve adaptation of OFDA's Training for Instructors (TFI) and MDFRD's Medical First Responder (MFR), Collapsed Structure Search and Rescue (CSSR). Courses will be tailored to the context and requirement of each of the four countries. During PEER implementation, new courses will be identified by partner institutions. These courses will be

designed and developed for Asia. At present, two new courses have been identified: Facilitators Skills Course and a Training course on Hospital Disaster Preparedness (HosDiP), the Facilitators Skills Course is undergoing its first review and envisioned to be piloted by January 2001. The HosDiP course will be designed and developed later this year.

5.2 Training

Regional, Sub-Regional and National Training courses will be conducted for respective national training institutes of the four countries. Initially, training will be conducted by officials from OFDA, MDFRD and ADPC. Increasingly, trained personnel who have participated in initial courses will assist with and eventually take over conduct of training in country. The training and adaptation of courses will go through an iterative process as shown in the following diagram.

MATERIALS ADAPTATION

After each course, whether TFI, MFR or CSSR, the course materials will be reviewed to assess the applicability of the course materials, content in the Asian context. The materials will then be revised and tested. The iteration will continue until an acceptable Asia version is produced.

CADRE OF PEER TRAINERS

One of the major outputs of PEER is the establishment of a cadre of regional and national trainers. Each potential trainer goes through the Training for Instructors (TFI) or MFR or CSSR. Those who would be selected to become part of the cadre of trainers will go through the Instructors Workshop. They then will be given assignments on the next training course with monitor and will be evaluated. The successful trainers will be able to act as full pledge trainer. Those who are not successful will go through more exposure and coaching from the monitor until they have successfully passed the evaluation.

It is imperative that each instructor of content courses (MFR and CSSR) undergo the TFI (for training methodology) and then the MFR (or CSSR) Instructors workshop.

5.3 Support for local level training agencies to organise and conduct their own training

Limited technical and financial assistance will be made available to organise and conduct CSSR and MFR in-house training. Support would cover training equipment, computer software, funds for material reproduction and translation costs and instructor charges.

5.4 Support for the institutionalization of SAR planning, preparedness and response

Technical assistance will be made available for planning interventions that will support the integration of SAR measures into national and institutional operational mechanisms.

6. Methodology

The principal vehicle for achieving the program objectives and outcomes will be through training that utilises a "train the trainer" approach. This is designed to generate a large pool of trained instructors from emergency response agencies who will in turn train others from their organisations. Emphasis will be placed on joint multi agency training.

Trainers training on how to instruct and on how to teach the different SAR Courses will be conducted towards building up a cadre within the country that is capable of taking the lead on initiating and conducting SAR training. Training will be performance based, designed around a good definition of problems to be addressed. Use of highly interactive training methods will take advantage of the knowledge and skills of participants and will minimise differences in knowledge and skill level of the target audience. Local expertise will be sought for the development, adaptation, testing and revising of all training courses and materials. Provisions to translate courses and materials will be made so training can be conducted in the national languages, and further into local dialects where needed.

7. PROJECT PARTNERS

Office of U.S. Foreign Disaster Assistance (OFDA)/USAID

OFDA has successfully initiated disaster management training programs in Latin America in 1983, and the Caribbean and the South Pacific in the early 1990s. The methodology provides for the flexibility required for regions and countries to adapt the training content and methodology to their different disaster management context and training needs, cultural norms

and operational processes so that the program can be managed and sustained by them.

In addition to training support, OFDA will also be the primary source of funds for the program, which will be managed by ADPC.

Asian Disaster Preparedness Center (ADPC) Foundation, Bangkok, Thailand

ADPC, as the Program Manager, will be responsible for programming missions, program administration, monitoring and evaluation tools for the Program, training implementation and support to countries to institutionalise the training.

Miami-Dade Fire Rescue Department (MDFRD), Miami, Florida, USA

At OFDA's request, MDFRD initiated and implemented a training program for disaster first responders in Latin America and the Caribbean in 1990. MDFRD's Program uses OFDA's training methodology, and is directed towards preparing street-level emergency response personnel and disaster managers to respond effectively to routine emergencies and disasters. Two training courses, Medical First Responder (MFR) and Collapsed Structure Search and Rescue (CSSR), will be piloted and adapted to the four partner countries.

USAID Mission in Partner Countries

The USAID through its staff at the country office will act as liaison agencies between the implementing institutions and the partner government agencies.

Institutions in Partner Countries

Partners in each of the participating countries have been identified for the implementation of the project. These comprise the lead agencies at national level responsible for disaster management in the country; as well as emergency response services including, Police, Fire Services, Emergency Medical Services, Civil Defense, Army, Red Cross/Crescent Societies and Scouts; as well as other agencies involved in first response to a disaster.

Partner Institutions include:

Philippines: National Disaster Coordinating Council

Indonesia: BAKORNAS, PMI Pusat, Ambulan 118, Jakarta Fire Service, Indonesian Scout Movement

Nepal: Ministry of Homes

India: Ministry of Agriculture and Ministry of Homes

8.0 Program Implementation Approach

Activities in the program are implemented in phases:

- Phase I. Program start-up. This will concentrate on establishing a management unit within ADPC and identifying program partners in each of the target countries. This phase included beginning both the introduction of the OFDA training methodology to local institutions as well as the adaptation of OFDA training material. Training programs based on the adapted material will be conducted from early 2000.
- Phase II. Consolidation - 2001-2003, will concentrate on course development and adaptation, conducting courses in the regional, sub-regional, national, and local level, development of instructors and facilitators, technical support and promotion for the adoption and institutionalization of the training, and technical assistance for coordination and standardization of curriculum for MFR, CSSR, HosDiP, and other PEER courses and accreditation of instructors in the regional and national level.
- Phase III. Maintenance - 2004 to 2006, will expand the program to other Asian countries, while at the same time continuing to promote and support the integration of the program into all training institutions and their on-going programs. An evaluation of phase II that will form the strategic basis for this phase. The regional training team in ADPC will maintain technical support for existing programs with cycles of refresher training for instructors, specialized and advanced training for specific needs (local and international), organizing regional meetings and conferences.

PHASE I (1999–2000)

Activities under Phase I

Activity	Date
Regional Planning Meeting	April 1999
<i>Training Courses</i>	
TFI Regional	August 1999
TFI South Asia	October 1999
TFI Southeast Asia	February 2000
TFI Philippines	June 2000
TFI India	October 2000

MFR Pilot course	April 2000
MFR Southeast Asia	July 2000
MFR South Asia	December 2000()
CSSR Pilot Course	November 2000
<i>Course Development</i>	
HosDiP Planning Meeting	July 2000
<i>Material Adaptation</i>	
TFI Material Adaptation Workshop	November 2000
Baseline Data collection	June to October
Design of Monitoring and Evaluation	August to September
Group meetings	Last Quarter of 2000

The following are the key priority activities to be executed until the end of Phase 1.

BASELINE DATA COLLECTION. To have a reliable basis for evaluation of impacts, the benchmark situation in each country will have to be assessed and established. Information related to first responders and search and rescue activities, legal framework under which the first responders operate, training activities on MFR and CSSR, who provides training, the target participants, training impact evaluation and other will be collected. Data collection will also include data on hospital preparedness in disaster events with emphasis on collapsed structure due to earthquakes. A follow-up review in Nepal with those who attended the Earthquake Medicine Training Course in Kathmandu will also be done. The framework and parameters for data collection will be designed by a Senior Consultant in collaboration with OFDA and ADPC, supported by a team with training, MFR, SAR, and medical expertise. This framework will be modified for each country. OFDA will be requested to share the cost of the data collection team by providing the Senior Consultant. Several channels can be used for data collection: country visits, questionnaire, on site interviews, and review of documentation ADPC will be involved in all stages of data collection. OFDA, will also be consulted, on the data collection and type of data to be collected. The data collection and processing, the resultant baseline situation, and the M&E design will likely take up to 3-4 months and should be undertaken as a priority activity of Phase Extension. Scope of Work for the data

collection team is in the process of being finalized. Baseline data collection exercise is expected to begin in May 2000.

DESIGN AND IMPLEMENTATION OF MONITORING AND EVALUATION SYSTEM.

Long-term and short-term impacts of PEER can be identified based on a well designed Monitoring and Evaluation (M & E). Impacts can be measured through carefully defined performance indicators that take into account the baseline status of emergency response in each country.

A monitoring plan will be designed for the entire program based on the baseline data collection exercise. The Monitoring will be done to track Program Progress against milestones. Monitoring will be useful as part of the management responsibility of the partner countries. Sample of illustrative monitoring activities include: training database, on-site interviews at the time of disasters to assess utility of training, tracking of a sample group over the life of the PEER, development of country priorities and programs for each target country.

PEER management also need to monitor the presumptions made in the initial program design. These presumptions are the bases for identifying impact indicators. Critical assumptions represent both opportunities and constraints. Monitoring provides the information necessary for Program managers to determine the degree to which they can influence these actions or the options that can be taken to avoid or overcome a constraint before it becomes a major obstacle to achievement

Evaluation is programmed to be held as part of the OFDA/ADPC and other partner countries annual review. Evaluation will be made against pre-identified performance indicators. A mid-term review and a final evaluation are also recommended. A post-program review, which could be done even two or three years after Phase II, during the program maintenance phase, is also recommended. The post program review is essential especially for the institutionalization component when each partner country, with minimum technical contribution from ADPC, and/or OFDA, will implement the program on their own and using resources tapped from other funding institutions or using national resources. This will be finalized as part of the design of the M&E system.

CONDUCT OF TRAINING COURSES AND ADAPTATION OF MATERIALS. Medical First Response (MFR) and Collapsed Structure Search and Rescue (CSSR) Courses will be piloted in the regional and sub-regional levels to be followed by course materials assessment.

The Training for Instructors (TFI) course has already been conducted in various levels. Two national courses will be held to be followed by the TFI materials adaptation workshop. This workshop will start the process of materials adaptation to produce the Asia version.

NEW COMPONENT – HOSPITAL DISASTER PREPAREDNESS (HosDiP). While the PEER is originally addressing the need for medical first response in the scene of the disaster, it does not address the readiness and/or preparedness

issues of hospitals. Medical doctors in hospitals and clinics are used to treating patients on individual basis. They are not used to treating patients "*en masse*". Thus, the questions remain. Are the hospitals or other medical facilities capable of handling mass casualty for earthquake as well as other disasters. Are the hospitals in earthquake prone areas structurally sound? Do they have operational plans in cases of earthquake disaster, and in cases of hospital collapse?

The victims of disasters can be given the pre-hospital treatment by the medical first responders but these victims will eventually be taken to hospitals for further treatment. Therefore, the complete procedure would require not only the medical first responders but also the hospital medical staff and administration. Logically, in order for the hospital to effectively respond, it has to have its capacities to respond intact after a devastating earthquake or other major disasters. In the event that the hospital is also a victim of disaster, the hospital should have a disaster response plan that allows it to still function as a hospital. To address these, it is recommended that Hospital Disaster Preparedness (HosDiP), become another component of PEER. To introduce this component, a program design workshop is planned to take place in May 2000 while the HosDiP training course design workshop to start the course development process for a training course designed to establish HosDiP in Asia is planned to take place in October 2000 as one of the priority activities under the Phase I extension.

HosDiP will utilize some of the recommendations from the Earthquake Medicine Training Courses and other related exercise conducted in Nepal.

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