

# REDUCING VULNERABILITY TO HEALTH RISKS DURING DISASTER EMERGENCIES FOR COMMUNITIES IN TUVALU AND TOKELAU THROUGH COMMUNITY EMPOWERMENT



## The Problem and Current Situation

Many Pacific communities live in rural and relatively isolated areas, are highly vulnerable to disasters, and unfortunately not well prepared to prevent the unnecessary loss of lives and injuries caused by these disasters. Tuvalu and Tokelau are among the most vulnerable communities of the Pacific to natural disasters especially cyclone, storm surge and sea rise.

## Overall Project Goal

The overall goal of this two-year project is to reduce the disaster vulnerability of two isolated Pacific Island Countries, Tuvalu and Tokelau, through improved preparedness and community empowerment in health disaster management. This project will become a model for other Pacific island nations.

## Objectives, Activities and Indicators

**Objective 1:** One Community Disaster Management Team (CDMT) will be in place for each target community

1. A stake holders meeting will be organized in Tokelau and Tuvalu to select and appoint the CDMT for each of these two communities.
2. The CDMT will be composed of men, women and young people as well as a community health worker and will be responsible for:
  - a. informing the community members about health risks in case of disasters and how to reduce the risk of loss of lives and injuries
  - b. leading and participating in preparation, response and recovery activities in the community
  - c. integrating existing traditional coping mechanisms in case of disasters
3. Likely partners will be identified and contacted.
4. Expected Outcome: A report produced by the Ministries of Health of Tuvalu and Tokelau including the number of stakeholders attending the planning sessions, a completed stakeholder analysis, the list of members on the community disaster management team, and their terms of reference.

**Objective 2:** A community profile is developed by the Community Disaster Management Team (CDMT) to include hazard identification and risk prioritization.

1. Training on risk assessment and health emergency management will be organized by the Fiji School of Medicine for the Community Disaster Management Teams. National and regional technical assistance will be used.
2. The CDMT will identify community hazards, prioritizes risks and develops a community profile. Indicators will include emergency health hazards and risks listed, mapped and prioritized
3. Expected Outcome: A report from the CDMT including a prioritized list of emergency health hazards and risks.

**Objective 3:** A Disaster Management Plan will be developed by the communities

1. The plan will involve all stakeholders and take into consideration all traditional disaster coping mechanisms.
2. A health emergency action planning workshop will be held for each community using participatory planning process.
3. The action plan will include preparedness and response, traditional coping mechanisms and will be linked to the national disaster management plan.
4. Expected Outcomes: 1) Action plan produced by each Community Disaster Management Team. The plan will include sections on preparedness and response and will be linked to the national disaster management plan. 2) Minutes from the meetings held in the Tuvalu and Tokelau.

**Objective 4:** Target communities understand the Disaster Management Plan

1. Awareness workshops will be organized by each Community Disaster Management Team.
2. Meetings will be organized two times a year to familiarize the community with the Disaster Management Plan and to better prepare them for disasters.

3. The whole community will be invited to participate in the awareness workshop.
4. Expected Outcome: Minutes from the meetings

the latest version of the Community Disaster Management Plan, minutes from the meetings, reports from the exercises and lessons learned.

**Objective 5:** The communities are familiar with the Disaster Management Plan

1. Exercises will be organized by the CDMT from each community.
2. The exercise will take place once a year in each community to keep the communities up to date with the Community Disaster Plan.
3. Expected Outcome: Report on each exercise produced by the Community Disaster Management Teams. The report will include a list of participants, goals, indicators, lessons learned and areas requiring improvement.

**Objective 6:** Development of a Community Disaster Management Manual

1. The manual will be developed by the Community Disaster Management Team using lessons learned and local knowledge from the communities in Tokelau and Tuvalu. These lessons will be shared with other Pacific Island Countries facing the same disaster risks.
2. Results from the exercises will be used to improve the Plan.
3. Expected Outcome: A manual that includes

### Collaborating Agencies

- The Ministries of Health on Tuvalu and Tokelau will coordinate the project and monitor its implementation.
- The Community Health Workers will take important role in the CDMT and the project implementation.
- Tuvalu Red Cross will participate in all steps of the project implementation
- Fiji School of Medicine will provide technical guidance to the national and community authorities.
- All other non-governmental organizations (NGOs) present in the field will be involved in all steps of the project implementation.

### Monitoring/ Evaluation Methodology

1. The Ministries of Health of Tokelau and Tuvalu will assign a project coordinator to be involved in all steps of the project implementation.
2. Semi-annual reports will be provided by the Community Disaster Management Teams.
3. A Project evaluation will be done at end of the 2 years. The evaluation will include feedback from collaborating agencies and donor(s).

## Budget Summary

Category	Project Expense (US\$)	In-Kind Contribution	Total Budget (US \$)
Personnel (Salary/Benefits)		4,000	4,000
Technical consultants: 10 weeks@1,200USD	12,000		12,000
Project officer in Tokelau (20,000USD)	20,000		20,000
Project officer in Tuvalu	20,000		20,000
Travel & accommodations of consultants	30,000	1,000	31,000
Direct Implementation Costs	20,000		20,000
Equipment (computers)	4,000	1,000	5,000
Operational Costs	2,000	1,000	3,000
<b>SUBTOTAL</b>			<b>115,000</b>
Contingency 10%			11,500
<b>Total Project Expenses</b>			<b>126,500</b>

Contact person: Dr. Sitaleki Finau, Auckland, New Zealand,  
e-m ail: s.a.finau@massey.ac.nz