

PACIFIC LEARNING FROM EMERGENCIES AND DISASTERS (PLEAD)

A concept proposal for Recovery



The Problem and Current Situation

Health effects (e.g. injuries, drowning) of natural disasters can be due to the event itself or can follow on from secondary events such as disruption of physical infrastructure or health service delivery, significant movements of populations, or problems with accessing sufficient and safe food and drinking water.

Pacific Island Countries and Territories (PICTs) differ in their capacity to prepare for and respond to natural disasters. Resource availability, access to external aid, disaster response organizations, existing national organizational structures, and legal and planning frameworks—as well as how a community has traditionally dealt with particular disasters—all have an impact on how a nation will choose to and be able to respond.

The need to strengthen disaster preparedness, response, and recovery in the Pacific is now widely recognized, given impetus by the 2004 Indian Ocean tsunami. Efforts are being made to strengthen both regional and national responses to health disasters and emergencies.

It is also recognized around the world that effective preparedness, response, and recovery actions can make a real difference to the health impacts of natural disasters. If these benefits are to be maximized in the Pacific, it is important that responses be evaluated, and that lessons learned be disseminated throughout the region. Doing so, future responses will be further improved, and thus, the health of communities better protected.



Overall Project Goal

The aim of the proposed three-year project is to strengthen health disaster management in PICTs through an evaluation of efforts undertaken and the

dissemination of lessons learned. More specifically, an evaluation methodology will be developed, a network of peer evaluators will be identified and trained, the responses to 5 events in PICTs will be evaluated by small teams of these peer evaluators, and lessons learned will be disseminated both electronically throughout the region and in summary form via publication in the Pacific Health Dialog. Using a peer evaluation process will also have the secondary benefit of providing ongoing training opportunities for those PICT emergency management staff undertaking the evaluations, further strengthening disaster management in countries throughout the region.

Objectives, Activities and Indicators

Objective 1: An evaluation tool will be developed.

1. The project coordinator will establish a Project Coordinating Committee (PCC) that will gather available evaluation tools, adapt them to a Pacific setting, produce a draft for distribution to and comment by PICT governments, and then will finalize the tool based on the feedback received.
2. The emphasis will be on producing a tool that is simple to use, and that optimizes the identification of key practical disaster management issues. Within 6 months a draft evaluation tool will be disseminated to pre-designated PICT locations.



3. Expected Outcomes:

- 1) A month after the start of the project, a Project Coordinating Committee will have been formed.
- 2) Within six months of the start of the project, a draft evaluation tool will be disseminated to the pre-designated PICT.
- 3) Within a year of the start of the project, a standard evaluation tool will have been developed for all participating PICTs.

Objective 2: Peer evaluators will be identified and trained in evaluation methodology.

2. The project coordinator will ask the PICT governments to identify 1-2 staff who will become peer evaluators. Guidance will be provided on the types of staff or qualifications required for the PICTs to nominate an individual. Emphasis will be placed on: on-going involvement in emergency management issues in country and on maximization of on-going training benefits through involvement in evaluation processes.
3. The nominated peer evaluators will be brought together for a regional workshop. They will be trained in the evaluation methodology. The workshop will also be an opportunity to begin building a network of emergency managers for the region.
4. Expected Outcomes:
 - 1) Within 6 months of the start of the project, designated peer evaluators will have been selected and contacted.
 - 2) Within 18 months of the start of the project, 1-2 peer evaluators from each participating PICTs will have been trained.

Objective 3: An electronic dissemination network will be established.

1. Beginning with the nominated peer evaluators themselves, an electronic dissemination network will be developed for use in sharing the evaluations and, most importantly, the lessons learned.
2. The evaluators and key regional organizations such as the Secretariat of the Pacific Community (SPC), the South Pacific Applied Geoscience Commission (SOPAC), and the World Health Organization (WHO), will be asked to list individuals and organizations that should be included in the network.
3. Using SPC's experience in operating networks and communication procedures, the Project Coordinating Committee will use other means of communication (mail, fax), for islands where it is deemed necessary.
4. Expected Outcome: By the end of the three-year project an electronic dissemination network will be in place.

Objective 4: Responses to five different events will be evaluated, and lessons learned will be identified and disseminated in the region.

1. The project coordinator will inform the PICT governments of the availability of the peer evaluators and of their role (and value for the PICT). PICT governments will be encouraged to contact the coordinator about events they think are suitable for evaluation.

2. Upon notification of an event, the coordinator will identify a 3- person team, nominate a team leader, and make the logistical arrangements for the team to conduct an evaluation visit. It is anticipated that approximately 1 week will be necessary for the visit.
3. At the conclusion of the visit, the team will prepare a report and provide it to the coordinator.
4. The coordinator will send the report to the host government to give its officials an opportunity to provide comments and clarifications.
5. The coordinator and team leader will integrate the comments and clarifications provided, finalize the report, and disseminate it via the network.
6. Expected Outcomes: By the end of the project:
 - 1) Five event reports will have been produced by the Project Coordinating Committee
 - 2) The coordinator will have prepared a summary report discussing overall lessons learned. The summary report will have been disseminated and published in the Pacific Health Dialog.

Collaborating Agencies

The project will be implemented region-wide and will be coordinated by SPC through its Public Health Program based in Noumea, New Caledonia. A number of regional and national organizations will be involved in the effort.

- * PICTs governments: will nominate staff to be trained as peer evaluators, and will make them available to undertake these evaluations. They will also advise the coordinator of events suitable for evaluation. The project coordinator will ask some PICTs to provide members of the Project Coordinating Committee (PCC)
- * WHO: will provide technical support and a member for the PCC
- * SOPAC will provide technical support and a member for the PCC
- * SPC: will host the project and provide in-kind technical and other support. Through the Project Coordinator, SPC will also provide the secretariat for the PCC.

Monitoring/ Evaluation Methodology

The Project Coordinating Committee will oversee the implementation of the project. Over the three-year project, five project reports will be provided to the donor organization. Key milestones will include the preparation of the evaluation methodology, the nomination by PICTs of peer evaluators, the training of these evaluators via a regional workshop, the production of evaluation reports concerning 5 health emergencies in PICTs, the production of a summary report of lessons learned, and the dissemination of information via the network and via a publication in the Pacific Health Dialog.

Budget Summary

The total cost of the project is estimated to be \$915,000 USD, including an in-kind contribution of \$230,000 (mainly for personnel costs, associated with providing

technical input). Funds are needed for a project coordinator; travel in the region by the coordinator and evaluation teams; and costs associated with the training workshop and communication/publication.

Category	Project Expense	In-Kind Contribution	Total Budget (US \$)
Personnel (Salary/Benefits): 1 full-time coordinator	300,000	200,000	500,000
Travel: travel by coordinator to PICTs; travel by 3 evaluators to each of 5 events.	80,000	-	80,000
Direct Implementation Costs 1 regional training workshop for evaluators Project Coordinating Committee meetings (2 per year for 3 years)	100,000 150,000	-	250,000
Equipment (laptop etc)	15,000	10,000	25,000
Operational Costs (communication etc)	40,000	20,000	60,000
Contingency 10%			91,500
Total Project Expenses	685,000	230,000	1,006,500

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