TRAINER'S GUIDE

TECHNICAL COMPETENCY UNIT

ADM.TEC 027.1

Provide Technical Assistance on Core Public Health Promotion and Behaviour Change Concepts

ASCEND

AHA CENTRE
asean
ONE ASEAN
ONE RESPONSE

ASEAN Standards and Certification for Experts in Disaster Management

ASEAN Standards and Certification for Experts in Disaster Management

PROVIDE TECHNICAL ASSISTANCE ON CORE PUBLIC HEALTH PROMOTION AND BEHAVIOUR CHANGE CONCEPTS
ADM.TEC.027.1

Trainer's Guide

ONE **ASEAN**
ONE **RESPONSE**

Project Sponsors:

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The Association of Southeast Asian Nations (ASEAN) was established on 8 August 1967. The Member States are Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Viet Nam. The ASEAN Secretariat is based in Jakarta, Indonesia.

The "ASEAN Standards and Certification for Experts in Disaster Management (ASCEND)" is under Priority Programme 5: Global Leadership of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) Work Programme 2021-2025 that envisions ASEAN as a global leader in disaster management.

The ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre) implements the ASCEND project in collaboration with the Korean National Fire Agency (KNFA) and support from the ASEAN Secretariat and the Republic of Korea.

The publication of this document is part of the "ASEAN Standards and Certification for Experts in Disaster Management (ASCEND) Toolboxes Development for Five (5) Professions" project.

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Table of Contents

The ASCEND Programme and Toolbox Development:

Overview

ASCEND

1.1 The ASCEND Programme

Southeast Asian governments, through the ASEAN Committee on Disaster Management (ACDM), continue to invest in strengthening disaster management systems for a more secure and resilient region. However, the compounding of risks and increasing uncertainty of disasters in our new climate reality threaten to set back the socio-economic development gains of ASEAN societies. Widespread and recurring disaster damages and losses can overwhelm national capacities and worsen regional transboundary effects.

The Declaration on One ASEAN One Response (OAOR) at the 2016 ASEAN Summit in Vientiane, Lao PDR, reaffirms ASEAN's vision to move towards faster and more integrated collective responses to disasters inside and outside the region. However, ASEAN's past experiences of responding to large-scale disasters showed that realising the OAOR can be challenging. Various responders from different countries, institutions, organisations, and companies seek to contribute to the overall response. Their goodwill is appreciated, and several provide much-needed assistance. But ASEAN and affected Member States sometimes found it challenging to determine what knowledge and skills responders have and how they can effectively contribute to national and regional efforts.

Learnings from past experiences and shared commitment to realising the OAOR vision increased the need to develop regionally recognised Competency Standards and a certification process for disaster management professionals. The increased support led to initiatives that eventually created the ASEAN Standards and Certification for Experts in Disaster Management (ASCEND) Programme. ASCEND is now part of Priority 5: Global Leadership of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) Work Programme 2021-2025, a programme that envisions ASEAN as a global leader in disaster management.

1.2 The objectives of ASCEND

- To enhance the capacity of the ASEAN countries in the implementation of ASCEND.
- To establish regionally recognised Competency Standards and assessment processes covering five professions in disaster management.

- To improve the capacity of the AHA Centre to serve as the ASCEND Secretariat.
- To promote understanding of the ASCEND Framework among the ASEAN Member States (AMS) and other ASEAN sectors in preparation for the inclusion of ASCEND into the ASEAN Mutual Recognition Arrangement (MRA).

1.3 Advantages and benefits of an ASCEND certification

For ASEAN

The ASCEND certification can assist Member States in ensuring that competent disaster management professionals handle emergency assistance and disaster relief across the region. It also supports mutual recognition of disaster management competencies to facilitate acceptance of external aid and faster response.

For AHA Centre

ASEAN, a rapidly developing and hazard-prone region, will need more competent disaster management professionals. The ASCEND certification can narrow current knowledge and skills gaps. It can also enable stronger cooperation and interoperability between disaster managers in their home countries and across regions.

For disaster management professionals

Disaster management professionals can use their ASCEND certification to promote themselves professionally and serve as evidence of their experience and qualifications. It can also make it easier for organisations to determine the ability of certificate holders to perform critical work functions of specific occupations in the disaster management sector.

These ASCEND toolbox documents support the ASEAN Member States in identifying, building the capacity of, and mobilising competent disaster managers across Southeast Asia that are highly capable of contributing to reducing disaster risks and disaster losses in the region through timely and effective response.

1.4 The ASCEND Toolbox

A set of technical requirements must exist before it is possible to implement the ASCEND programme in participating ASEAN Member States. The first requirement is the ASCEND Competency Standards that contains forty-three (43) regionally recognised core and technical competencies in selected disaster management professions. The Competency Standards outline the work elements and performance criteria that guide for certification of disaster management professionals across the region.

Another requirement is the development of an ASCEND Toolbox for five professions. These professions are Rapid Assessment, Humanitarian Logistics, Information Management, Water, Sanitation and Hygiene (WASH), and Shelter Management. The ASCEND Toolbox consists of an SOP, Certification Schemes, Assessor Guides, Trainer Guides, and Learner Guides. The ASCEND Competency Standards, approved by the ASEAN Committee on Disaster Management, is the primary basis of the Toolbox documents.

The SOP defines the basis of ASCEND, describes the institutional arrangements and mechanisms, and details the certification procedures. Certification Schemes presents an overview of the standards of each profession-occupation and certification requirements, the rights and obligations of candidates and certificate holders, and general guidelines on the certification process. Assessor Guides provides assessors with tools to validate, evaluate, and determine whether a candidate meets the Competency Standards. Trainer Guides come with PowerPoint slides and presenter notes to help trainers prepare candidates for certification. It also offers a list of tools that trainers may use to encourage interactive learning. Learner Guides assist candidates preparing for ASCEND certification in their chosen disaster management profession and occupation. It contains learning resources and complementary readings that can help prepare them to undergo the required assessment.

The ASCEND Toolbox documents can assist the ASEAN Member States to identify, build the capacity of, and mobilise competent disaster managers across Southeast Asia to help reduce disaster risks and disaster losses in the region through timely and effective response.

Figure 1: *Overview of ASCEND Toolbox Documents*
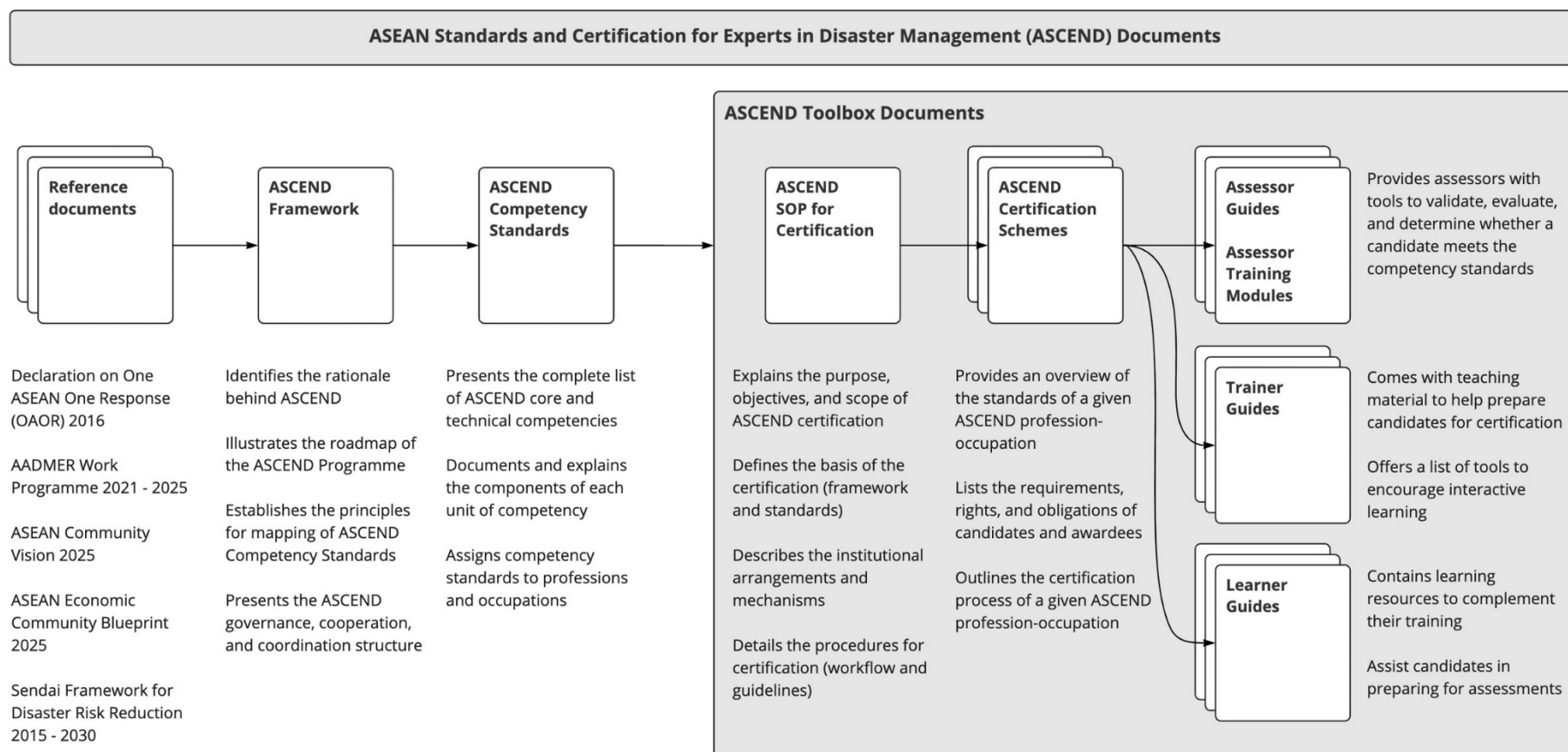
Competency-based Training (CBT):
Introduction for Trainers

ASCEND

Important: Training is not a mandatory activity of the ASCEND certification process. Applicants or prospective candidates are expected to prepare themselves before the assessment by self-studying the Learner Guides provided to them when accepted for ASCEND certification.

In case Authorised/Licensed National Certification Institutions decide to conduct training on material related to ASCEND, their trainers can use the contents of this guide to develop their courses or programmes. Candidates seeking certification may also use the "PowerPoint slides and presenter notes" section of this guide for self-study.

Competency-based learning and assessment

Competency is the characteristic and ability to use or apply knowledge and skills-sets to perform critical job functions in a defined work setting.

Table 1:   *Competency areas and descriptions*

Competency area	Description
Experience	Refers to the qualifications of the candidate that make them eligible to pursue certification. It includes the candidate's formal education, work experience, professional training, and job-relevant life experiences.
Knowledge	Refers to what the candidate needs to know to make informed decisions on how to perform the work effectively.
Skills	Refers to the ability of the candidate to apply knowledge to complete occupational tasks and produce work outcomes or results at the standard required.
Attitudes	Refers to associated beliefs, feelings, motivations, and values that influence a candidate to make decisions and act according to occupational standards and the professional work setting.

Competency-based methods help ensure that the ASCEND certification process is relevant, valid, acceptable, flexible, and traceable – in alignment with the ASEAN Guiding Principles.

The relevance principle confirms that the ASCEND certification reflects the current professional needs in the disaster management sector. The validity principle relates to the consistency and equitability of the assessment process. The acceptability principle is about aligning the ASCEND certification to other disaster management professional standards and good practices. The flexibility principle refers to the responsiveness of the ASCEND certification to changes or differences in disaster management work settings and job requirements. The traceability principle ensures that evidence is sufficient to grant the ASCEND certification.

Competency-based training (CBT) is a teaching strategy that aims to develop the candidate's knowledge, skills, and attitudes to become qualified and competent to perform in a particular occupation. CBT builds on the candidate's experience and uses different modes of instruction to assist them in meeting the standards and performance criteria defined in a unit of competency.

What do trainers do?

A trainer is someone who structures and facilitates the training of candidates to develop or increase their ability to communicate or demonstrate that they are competent in a specific unit of competency.

The role of trainers is to:

- interpret the scope and adapt the ASCEND competency standards to fit the context of where the training is taking place,
- adjust the training method and delivery of material to cater to learner diversity and needs, and
- assist candidates in preparing for competency-based assessments with the learning resources available.

Using the trainer's guide

The material in this trainer guide is designed to assist trainers in conducting learner-centric activities that recognise prior experience, maximise engagement, teach for understanding, and build on learner strengths. The guide provides suggestions on how to prepare training sessions that enhance candidate participation and minimise disruptions during the session. It also offers a list of equipment and tools that trainers may use to encourage interactive learning and supplement traditional methods like lectures, case discussions, demonstrations, group exercises, simulation games, role-playing, and independent research. Finally, it includes a copy of PowerPoint presentation slides and presenter notes to guide trainers on what key messages to highlight during sessions.

Remarks: *Trainers also need to consider the diverse backgrounds (e.g., cultural, linguistic, social) and needs of candidates when planning and delivering the training. Trainers may have to adapt their training style to suit student preferences, use alternative activities for different levels of ability, and provide opportunities for various forms of participation.*

ASCEND Competency Standards

3.1 Competency standards

Competency standards are a set of industry-accepted benchmarks that defines the experience, knowledge, skills, and attitudes professionals need to perform well in an occupation. It also reflects the requirements of work settings and considers the developments in the disaster management profession.

3.2 ASCEND Competency Standards

The ASCEND Competency Standards identifies the key features of work in selected disaster management professions, and performance standards professionals need to meet to be deemed competent. It also provides the list of the forty-three (43) core and technical competencies that serve as the basis for defining the regionally recognised disaster management qualifications across the ASEAN Member States. The five (5) professions covered by the ASCEND Competency Standards include Rapid Assessment, Humanitarian Logistics, Information Management, WASH, and Shelter Management. Under these professions are five (5) categories of occupations: Manager, Coordinator, Officer, Promoter, and Engineer. Overall, there are fifteen (15) profession-occupation combinations (e.g., humanitarian logistics manager, information management coordinator, WASH promoter).

Each ASCEND Competency Standard has its dedicated Toolbox documents: an SOP, Certification Scheme, Assessor Guide, Trainer Guide, and Learner Guide. One SOP applies to all profession-occupation combinations covered by the ASCEND certification. The Certification Schemes, one for each of the profession-occupation combinations. Both these documents align with the AQRF Level Descriptors, Section 4: Guiding Principles and Protocols for Quality Assurance of the AGP, and ASEAN Disaster Management Occupations Map. The Certification Schemes also outline the ASCEND competencies under selected professions and occupations, eligibility criteria, basic requirements and rights of candidates, and obligations of certification holders. Assessor Guides describe the components of particular competency standards and offer tools to determine the candidate's qualifications. Trainer and Learner Guides expound on a given competency standard's elements and performance criteria for learning and assessment preparation purposes.

The ASCEND Competency Standards and its derivative Toolbox documents will be reviewed and updated every five (5) years to ensure it reflects changes

in the disaster management profession and remains relevant. The Toolbox documents may also serve as a reference for ASEAN Member States' seeking to develop and implement national-level competency-based certification processes based on their respective capacities and needs. Table 2 describes its main components.

Table 2: *Components of the ASCEND Competency Standards*

Component	Description
Unit title	Describes the critical work function to be performed in an occupation.
Unit number	A coding system to organise the units of competency. It also indicates the types of competency standards. • ADM.**COR**.000.0 are core competencies. These are general professional knowledge and skills related to international humanitarian principles and disaster management standards, including ASEAN mechanisms and procedures. • ADM.**TEC**.000.0 are technical competencies. These are specific knowledge and skills needed to perform effectively in work areas under their chosen disaster management profession and occupation.
Unit description	Provides information about the critical work function covered by the unit.
Elements	Presents the occupational tasks required to perform the critical work function in the unit.
Performance criteria	Lists the expected outcomes or results from the occupational tasks to perform and the standard required.
Unit variables	Advises on how to interpret the scope and context of this unit of competence.
Assessment guide	Outlines the evidence to gather and evaluate to determine whether the candidate is competent in the unit.
Linkages to other units	Explains the connection of the competency standard to other units of competency.

Critical aspects of assessment	Lists the types of evidence or demonstrated abilities assessors need to observe to determine the candidate's competency.
Context of assessment	Notes the settings or situations in which candidates need to demonstrate their ability during ASCEND assessments.
Resource implications	Identifies the resources needed to conduct the assessment.
Assessment methods	Describes the different assessment methods to assess the competency of candidates in the specific unit.
Key competencies	Presents the specific knowledge, skills, and attitudes related to the unit of competency that assessors need to evaluate to confirm whether the candidate for certification is qualified and competent.

3.3 | Unit of Competency

Unit title : **Provide Technical Assistance on Core Public Health Promotion and Behaviour Change Concepts**

Unit number : ADM.TEC.027.1

Unit description : This unit deals with the knowledge and skills required to implement a project in public health promotion during emergencies, including promoting good hygiene practices in the affected community.

ELEMENT AND PERFORMANCE CRITERIA	UNIT VARIABLE AND ASSESSMENT GUIDE
Element 1. **Provide technical guidance on hygiene promotion**	**Unit Variables**

Element 1.

Provide technical guidance on hygiene promotion

1.1 Identify and analyse standards related to hygiene promotion

1.2 Conduct hygiene promotion needs assessment and prioritisation in emergency situation

1.3 Identify and analyse different elements and relevance of measures for hygiene promotion in emergencies

1.4 Identify key aspects on developing a sustainable hygiene promotion campaign and awareness

1.5 Identify key issues and good practices on hygiene promotion measures in different types of emergencies

1.6 Identify key issues and good practices in establishing WASH committee in emergencies

1.7 Identify key issues and good practices in menstrual hygiene management

1.8 Identify key issues and good practices related to behaviour

Unit Variables

This unit provides advice to interpret the scope and context of this unit of competence. It relates to the unit as a whole and facilitates holistic assessment.

This unit applies to leading and managing a project dealing with a wide range of issues related to public health and may include:

Hygiene promotion is a planned, systematic approach to enable people to take action to prevent and/or mitigate water, sanitation and hygiene-related diseases (Sphere, 2011).

Sustainable approach is an intervention that meets the needs of the present without compromising the needs of future generations to meet their own needs (adopted from Brundtland, 1987).

Hygiene promotion intervention are influenced by the following key factors:

- A mutual sharing of information and knowledge
- The mobilisation of affected communities
- The provision of essential materials and facilities

Menstrual hygiene defined as women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a

change communication in emergency

Element 2.
Provide technical guidance on vector control

2.1   Identify and analyse standards related to vector control on health risks in an emergency

2.1   Conduct needs assessment and prioritisation on vector control in emergency situation

2.2   Identify and analyse different elements and relevance of measures for vector control in emergencies

2.3   Identify key aspects on operation and maintenance of vector control system and facilities for continued health benefits

2.4   Identify key issues and good practices on vector control measures in different types of emergencies

menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials.

Moreover, they understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear (WaterAid, 2017).

Behaviour change communication is the use of communication to change behaviours, including service utilisation, by positively influencing knowledge, attitudes, and social norms (John Hopkins, 2017).

Vector control is a set of measures being undertaken to control vector- borne diseases. According to Sphere (2011), standards should be uphold in individual and family protection, 2) physical, environmental, and chemical protection measures; 3) ensuring safe chemical storage and handling.

Assessment Guide

The following skills and knowledge must be assessed as part of this unit:

- Knowledge of standards related to vector control and hygiene promotion, including menstrual hygiene management, behaviour change communication
- Ability to set up WASH committee at the community level
- Ability to conduct various types of need assessments related to vector control and hygiene promotion
- Understanding the range of appropriate interventions related to hygiene promotion and vector control to address public health needs

Linkages to other Units

This unit is a core unit for a WASH manager and must be delivered with other technical competencies of WASH Manager.

Critical Aspects of Assessment

Evidence of the following is essential:

Demonstrated ability to implement an effective WASH intervention during emergencies, specifically to address issues related to vector control and hygiene promotion, including:

- Relevant humanitarian standards at national, regional, and international level
- Need assessment
- Implementation
- Operation and Maintenance
- Documentation of learning and good practices

Context of Assessment

This unit may be assessed on/off the job

- Assessment should include practical demonstration of working effectively with colleagues and assesses either in the workplace or through a simulation activity, supported by various methods to assess underpinning knowledge.
- Assessment must relate to the individual's work area or area of responsibility.

Resource Implications

Training and assessment to include access to a real or simulated workplace; and access to workplace standards, procedures, policies, guidelines, tools and equipment

Assessment Methods

The following methods may be used to assess competency for this unit:

- Case studies
- Observing of practical performance by participant
- Oral and written questions
- Portfolio evidence
- Problem-solving
- Roleplays
- Third-party reports completed by a supervisor
- Project and assignment work

Key Competencies in this Unit

Level 0 = irrelevant, not to be assessed
Level 1 = competence to undertake tasks effectively
Level 2 = competence to manage tasks
Level 3 = competence to use concepts for evaluating

Key Competencies	Level	Examples
Collecting, organising, and analysing information	2	Identifying the most appropriate WASH measures
Communicating ideas and information	2	Conduct WASH need assessment
Planning and organising activities	0	n/a
Working with others and in teams	0	n/a
Using mathematical ideas and techniques	3	Calculating WASH needs
Solving problems	3	Identifying the most appropriate WASH measures
Using technology	2	Using technology to support WASH activities

Preparing for Training Sessions:

Equipment, Material, and Tools

4.1 Onsite training

Please refer to the checklist and table below when conducting onsite training.

Checklist Tick box (✔) when completed	Training resource requirements Equipment and material
☐	Secure a computer (desktop or laptop) installed with the latest Windows Operating Systems and Microsoft Office Apps (Word, PowerPoint, Excel).
☐	Gain access to a stable internet connection and printer, if needed.
☐	Reserve a conducive training facility with a dedicated workspace (large desk and chair with back support), projector, and black/whiteboards.
☐	Obtain a copy of the Trainee Guide, including PowerPoint (PPT) presentation and presenter notes. Test if the PPT presentation is working before sessions.
☐	Request a list of confirmed attendees (candidates) and their contact details.
☐	Send training invitations to all confirmed attendees through email. It includes a brief overview of the training, date, schedule, training venue, information about the trainer, email support, and a copy of the Trainee Manual (PDF version).
☐	Print out copies of the Trainee Manual, if needed.

4.2 | Online training

Please refer to the checklist and table below when conducting online training (remote).

Checklist Tick box (✔) when completed	Training resource requirements Equipment and material
☐	Secure a computer (desktop or laptop) installed with the latest Windows Operating Systems and Microsoft Office Apps (Word, PowerPoint, Excel).
☐	Gain access to a stable internet connection.
☐	Purchase a licensed video conferencing account, if needed (e.g., Zoom Meetings, Webex).
☐	Reserve a dedicated workspace (large desk and chair with back support).
☐	Obtain a copy of the Trainee Guide, including PowerPoint (PPT) presentation and presenter notes. Test if the PPT presentation is working before sessions.
☐	Request a list of confirmed attendees (candidates) and their contact details.
☐	Send training invitations to all confirmed attendees through email. It includes a brief overview of the training, date, schedule, Zoom log-in details, information about the trainer, email support, and a copy of the Trainee Manual (PDF version).

The list below recommends apps and tools that trainers may find helpful when planning and delivering the training. Trainers need to register and create their accounts before using the apps and tools.

Apps and tools	Description
Zoom	Zoom is a software program that provides a multi-user platform for video and audio conferencing. It has built-in collaboration and presenter tools

useful in planning and delivering online training sessions like calendar integration, group chat, screen sharing, breakout rooms, and whiteboard functions.
https://zoom.us/

For collaboration, group exercises, lectures, and demonstrations.

Lucidspark   Lucidspark is a virtual whiteboard where training attendees can come together to create, develop, and present their ideas. It can be used for brainstorming, group presentations, and organising notes.
https://lucidspark.com/

Ziteboard   Ziteboard is a collaboration software ideal for discussing topics visually and online real-time tutoring. It works seamlessly on different devices (laptops, tablets, and mobile devices) and web browsers (Apple Safari and Google Chrome).
https://ziteboard.com/

For activities that test student understanding (quizzes) and decision-making (simulation games)

Kahoot   Kahoot is a game-based learning platform that allows users to generate multiple-choice quizzes for distance education. Users can create a learning game on any topic in any language, and they can host a live game and share it with users.
https://kahoot.com/

Quiz It! Live   Quiz It! Live is an app similar to Kahoot that allows users to create and host live quizzes for groups. It also comes with automated timing, scoring, and marking.
https://www.quizit.net/

For gathering feedback, ideas, or responses

Google Forms   Google Forms is a survey administration software for collecting and organising different kinds of information. Responses are automatically gathered and neatly presented in charts, sheets, and more.
https://www.google.com/forms/about/

Survey Monkey   Survey Monkey is the world's most popular free online survey tool. Similar to Google Forms, users can create, send, and edit questionnaires.
https://www.surveymonkey.com/
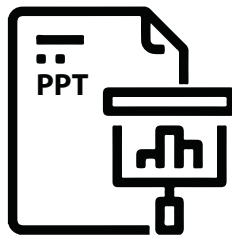
PowerPoint Slides and Presenter Notes

5.1 | Instructions for using PowerPoint presenter

The PowerPoint **Presenter View** allows you to view your presentation together with the presenter notes on your computer's monitor, while attendees view the note-free presentation on another monitor. It allows you to move the slides, control the pace of the presentation, see the elapsed time of your presentation, and use a tool to draw on point or highlight parts of the presentation.

Connect your computer (desktop or laptop) to a projector. Double click on the PowerPoint presentation to open the file. In PowerPoint, click on the **Slide Show** tab and select the **Use Presenter View** checkbox. Choose which monitor to display Presenter View **ON**. Finally, select **From Beginning** or press f5.

For more information, visit the Microsoft PowerPoint help & learning website:
https://support.microsoft.com/en-us/powerpoint

A video tutorial is available here:
https://support.microsoft.com/en-us/office/use-presenter-view-in-powerpoint-fe7638e4-76fb-4349-8d81-5eb6679f49d7

5.2 PowerPoint slides and presenter notes

Trainer's
Guide

Technical Competency Unit

ADM.TEC.027.1

Provide Technical Assistance on Core Public Health
Promotion and Behaviour Change Concepts

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ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **1**
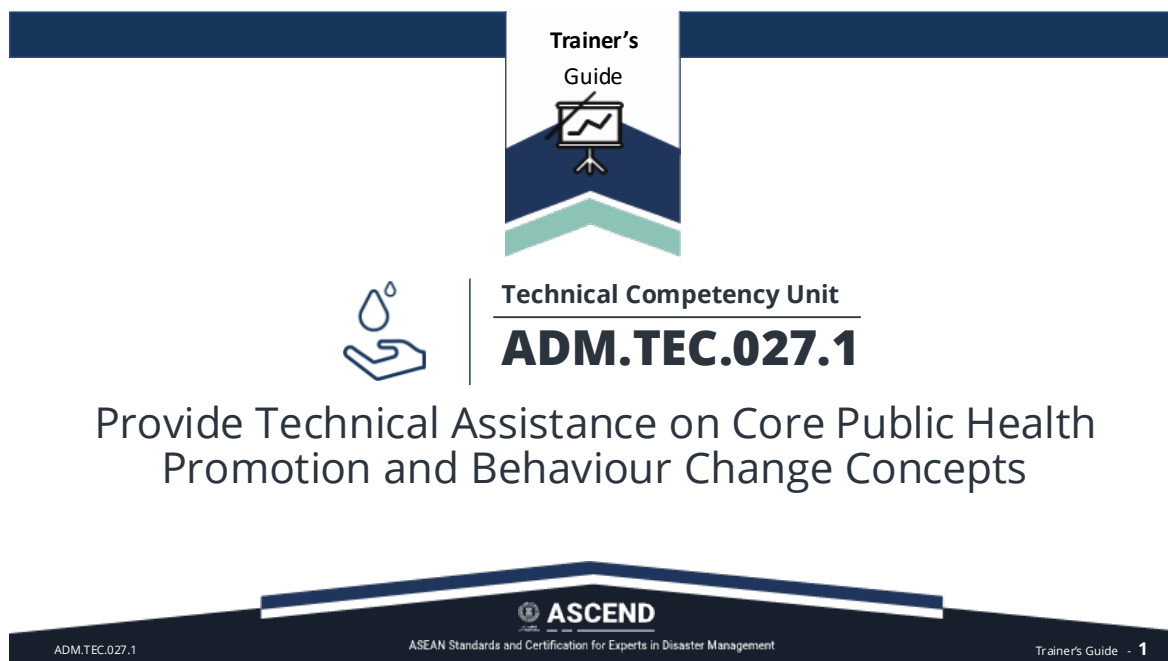
Slide No.	1
Trainer Notes	Trainer welcomes students to class.

Image 2:   *Slide 2*

Elements of this Competency Unit

1 | Element 1.
Provide technical guidance on hygiene promotion

2 | Element 2.
Provide technical guidance on vector control

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| ADM.TEC.027.1 | ASEAN Standards and Certification for Experts in Disaster Management | Trainer's Guide - **2** |

| **Slide No.** | **2** |

| **Trainer Notes** | Trainer advises participants this Unit comprises two Elements, as listed on the slide explaining: |

- Each Element comprises a number of Performance Criteria which will be identified throughout the class and explained in detail
- Participants can obtain more detail from their Learner's Guide
- At times the course presents advice and information about various protocols. Still, where their workplace requirements differ from what is presented, workplace practices, standards, policies, and procedures must be observed.

Element 1

Provide technical guidance on hygiene promotion

Performance Criteria

1.1 Identify and analyse standards related to hygiene promotion

1.2 Conduct hygiene promotion needs assessment and prioritisation in an emergency situation

1.3 Identify and analyse different elements and relevance of measures for hygiene promotion in emergencies

1.4 Identify key aspects of developing a sustainable hygiene promotion campaign and awareness

1.5 Identify key issues and good practices on hygiene promotion measures in different types of emergencies

1.6 Identify key issues and good practices in establishing a WASH committee in emergencies

1.7 Identify key issues and good practices in menstrual hygiene management

1.8 Identify key issues and good practices related to behaviour change communication in emergency

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ADM.TEC.027.1	ASEAN Standards and Certification for Experts in Disaster Management	Trainer's Guide - **3**

Slide No.	**3**

Trainer Notes	Trainer identifies for participants the Performance Criteria for this Element, as listed on the slide.

1.1

Identify and analyse standards related to hygiene promotion

Hygiene Promotion

Hygiene promotion is a type of WASH response that seeks to prevent disease outbreaks related to inadequate sanitation and unhealthy behaviours.

There are three key factors related to the hygiene promotion, namely:

a mutual sharing of information and knowledge,

the mobilisation of communities and

the provision of essential materials and facilities

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ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **4**

Slide No.	4
Trainer Notes	Not limited to only identify the problem, hygiene promotion also as basis to design, implement, and monitor a program to deal with the problems.

1.1

Identify and analyse standards related to hygiene promotion

Key principle of hygiene promotion (Curtis,1999):

- Target specific audiences
- Work on a particular intervention
- Positive hygiene messages
- Find out what motivates behavioural change
- Decide on a cost-effective mix
- Use appropriate communication channels
- Apply hygiene promotion indicators

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ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **5**

Slide No.	5

Trainer Notes

List of general steps conducted when carrying out hygiene promotion (Curtis,1999):

- Target specific audiences: These could be children, mothers, leaders, or other groups.
- Work on a particular intervention: For instance, to control diarrhoea cases, the priority of hygiene behaviour should be handwashing with soap after contact with faeces
- Craft positive messages: People learn best when they are encouraged and entertained. Avoid frightening your audiences.
- Find out what motivates behavioural change: The motive may not be directly related to health. It can be for socio-economic, political, religious, and many other reasons.
- Decide on a cost-effective mix: Face-to-face communication can be effective, but it costs a lot of money. Meanwhile, mass media can be cheaper, but their messages can be soon forgotten. So, it is important to reach a trade-off between effectiveness and cost.
- Use appropriate communication channels: This depends on the audience. Traditional and existing communication channels tend to be effective. But WASH programme staff need to analyse its reach (e.g., whether it reaches marginalised and vulnerable groups).
- Apply hygiene promotion indicators to evaluate the impact and make improvements

1.1

Identify and analyse standards related to hygiene promotion

Hygiene Promotion Standards
Hygiene promotion standard 1: Use of facilities and hygiene behaviour

Critical indicators for this standard, include:

water supply	excreta disposal	vector control
solid waste management	drainage	funerals

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ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **6**

Slide No.	**6**

Trainer Notes	**Hygiene promotion standard 1: Use of facilities and hygiene behaviour** • All groups of the affected population should be aware of the need to adopt good hygiene behaviours and have adequate information on sanitation facilities. • Waste should be placed in containers and disposed of daily or buried in a pit for solid waste management. For funerals, the funeral should be carried out according to the culture but take extra measures not to increase risks to public health. Infectious waste (including medical waste) should be appropriately handled and segregated far from community areas to enhance vector control.

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Identify and analyse standards related to hygiene promotion

1.1

Hygiene Promotion Standards

Hygiene promotion standard 1: Program implementation

Key Indicators

Identifying public health key hygiene risks	Design and implement mechanism for taking input
Resources or facilities should be accessible	Hygiene promotion activities should be addressed priority groups
The audience should understand and willing to accept the behaviour	The users should take responsibility for the maintenance and management

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ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **7**

Slide No.	**7**

Trainer Notes	**Hygiene promotion standard 2: Program implementation** Key indicators: • Identifying public health key hygiene risks in the objectives and the assessment for hygiene promotion purpose • Design and implement mechanism for taking input from all users and programmes related to WASH • Resources or facilities should be accessible for all groups in the population • Hygiene promotion activities should be addressed priority groups and the importance of public health • The intended audience should understand and willing to accept the hygiene and behaviour messages • The users should take responsibility for the maintenance and management of the facilities

1.1

🖐️ **Identify and analyse standards related to hygiene promotion**

Hygiene Promotion Standards

The main hygiene promotion-related Sphere standards focus on increasing knowledge and motivating behavioural change

Hygiene promotion	Identification and access to hygiene items	Resources or facilities should be accessible

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ADM.TEC.027.1 | ASEAN Standards and Certification for Experts in Disaster Management | Trainer's Guide - **8**

Slide No.	**8**

Trainer Notes	The main hygiene promotion-related <u>Sphere</u> standards focus on increasing knowledge and motivating behavioural change:

1. **Hygiene promotion:** Awareness of people on the importance of proper hygiene for taking of one's health and public health
2. **Identification and access to hygiene items**: Items that support hygiene and health are appropriate and available
3. **Menstrual hygiene management:** Hygiene products that support the well-being and dignity of women and girls are encouraged and provided

1.1

Identify and analyse standards related to hygiene promotion

Post-emergency Standards

Minimum hygiene standards:

Number of persons per bath	Number of persons per hygiene promoter:	% of households with access to soap

% of reproductive-age women who are satisfied with menstrual hygiene facilities	Soap (for personal and menstrual hygiene)

ASCEND

ADM.TEC.027.1 | ASEAN Standards and Certification for Experts in Disaster Management | Trainer's Guide - **9**

Slide No.   **9**

Trainer Notes

In post-emergency settings, minimum hygiene standards should be reported once a month for monitoring purposes or once a year for household indicators through WASH KAP (knowledge, attitude, and practices) surveys.

- **Number of persons per bath**: The maximum capacity per bath/shower in a shelter is 50. Facilities should also be structurally safe, easy to maintain and provide privacy.
- **Number of persons per hygiene promoter**: At least one promoter should be available for every 500 affected people.
- **% of households with access to soap**: 70% of households should have access to soap. RAPID WASH assessment can be conducted
- **% of reproductive-age women who are satisfied with menstrual hygiene facilities**: 70% of women should be satisfied with menstrual hygiene facilities
- **Soap**: At least 450 grams should be available per person per month (250g for personal hygiene and 200g for washing purposes). An additional 250g should be available for women and girls for menstrual hygiene purposes.

1.2

Conduct hygiene promotion needs assessment and prioritisation in emergency situation

Hygiene promotion needs assessment

A general needs assessment report will contain the following information:
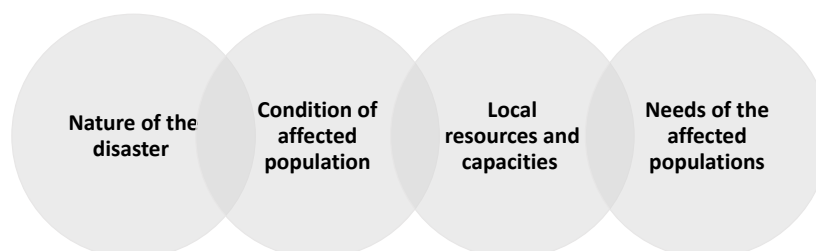
| Nature of the disaster | Condition of affected population | Local resources and capacities | Needs of the affected populations |

ADM.TEC.027.1 — ASEAN Standards and Certification for Experts in Disaster Management — Trainer's Guide - **10**

Slide No.	**10**

Trainer Notes	A successful emergency response begins with a good assessment. A disaster needs assessment has two purposes:

- inform the response plans and priorities.
- identify the external capacities and resources needed to close the gap if unavailable within the organisation.

It is essential to consider several factors when ranking hygiene promotion needs and determining priorities, like seasonal changes, the incidence of diseases, availability of water sources, and kinds of sanitation practices.

1.2

💧 **Conduct hygiene promotion needs assessment and prioritisation in emergency situation**

Need Prioritisation

Emergency response ideally consist of three stages:

Assessing the situation   **Implement the response**

Choose the objectives and propose alternatives

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - 11
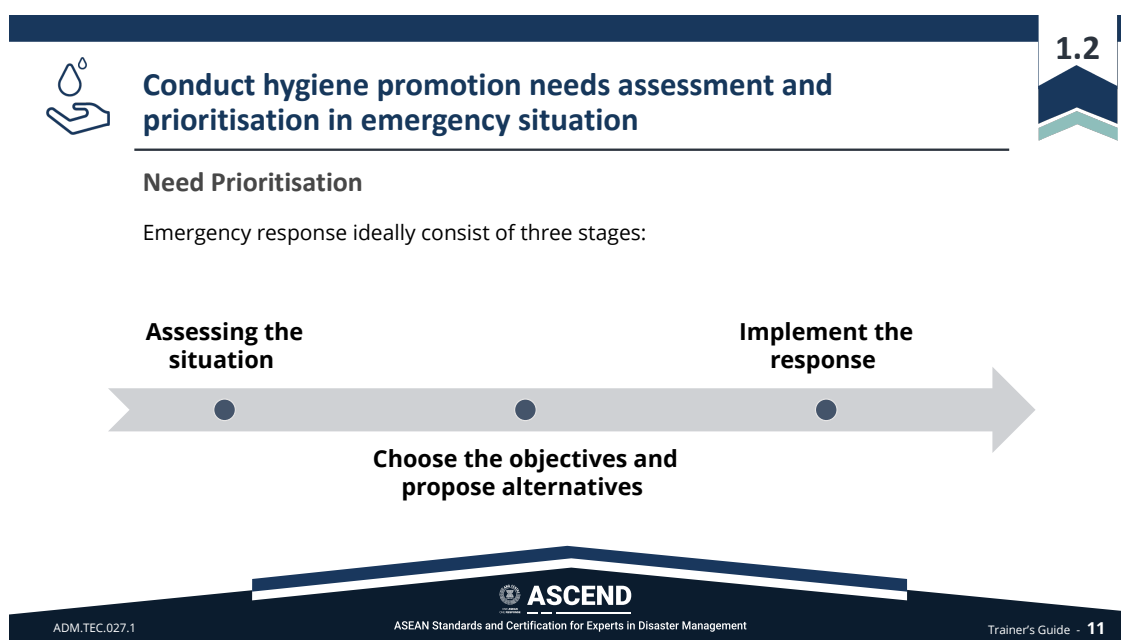
Slide No.	11

Trainer Notes	After evaluating disaster impacts and evaluating the condition of the affected population, the next step is to identify risks and the WASH needs, including:

- looking out for secondary hazards that may worsen the situation of those in disaster sites,
- determining the available resources and capacities (e.g., clean and accessible water supply), groups of the community to target and their specific needs.

Another way to determine priorities is through s**cenario-building and forecasting based on needs assessment data**. For instance, people living in densely packed shelters without adequate sanitation facilities may be at high risk of disease outbreaks.

However, one of the most **effective ways to prioritise** is to i**nvolve affected community members in identifying and deciding which needs to prioritise and the ideal ways of addressing them**.
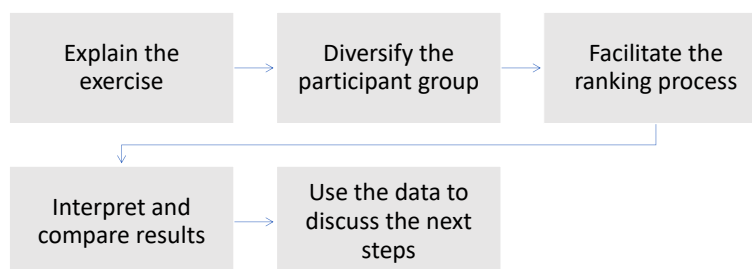
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1.2

💧 **Conduct hygiene promotion needs assessment and prioritisation in emergency situation**

Need Prioritisation

A general ranking process used in hygiene promotion:

```
Explain the        →    Diversify the        →    Facilitate the
exercise                participant group         ranking process
                                                        │
       ┌────────────────────────────────────────────────┘
       ▼
Interpret and      →    Use the data to
compare results         discuss the next
                        steps
```

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ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - 12

Slide No.	**12**

Trainer Notes	When determining priorities, **ask participants** to rank their WASH needs based on their needs. It is essential to **use diagrams** or other visual tools during the discussion to gain insights into the relationships between time, space, resources, capacities that may affect the spread of diseases or time to build WASH facilities. It is also essential to **discuss the challenges and constraints** to programme implementation.
	Step 1: Explain the exercise The ranking process has five steps: • Knowing the participants • Use a standard matrix • List items in the matrix and rank them • Calculate and compare the scores • Conduct discussions on the results
	Step 2: Diversify the participant group The WASH team can establish different priorities, activities, facilities, and services needed when participants come from and represent various segments of the affected population.
	Step 3: Facilitate the ranking process The facilitator can help the group identify each need's weight and priority levels, but the decision should come from the participants. The facilitator can divide the participants into sub-groups of three people. Then, ask each sub-group to choose one interviewer, one informant, and one recorder. Finally, each sub-group presents its results to the whole group.

Step 4: Interpret and compare results

Results of different sub-groups may vastly differ from each other. It is okay. What is important is that participants learn to identify needs and determine priorities. Differences in results also enable sub-groups to discuss their perspectives among each other. The process may lead to consensus or at least buy-in.

Step 5: Use the data to discuss the next steps

After the discussion, the facilitator will consolidate and present the data so that disaster-affected participants, along with the facilitator, can agree on the priority needs and their final ranking.

1.3

Identify and analyse different elements and relevance of measures for hygiene promotion in emergencies

Elements of Hygiene Promotion

1. Reducing high-risk hygiene practices

A comprehensive understanding of the connections between hygiene risks, tasks of the programme team, and responsibilities of the affected group should be used as the **plan's basis and prioritise assistance**
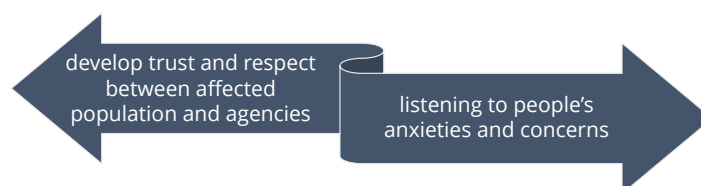
develop trust and respect between affected population and agencies

listening to people's anxieties and concerns

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ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **13**

Slide No.	13

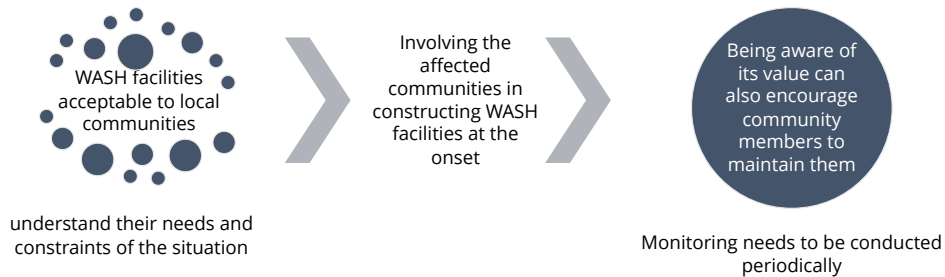| **Trainer Notes** | During the emergency phase, the lack of access, difficult living conditions, and overcrowding pose a significant health risk and trigger disease outbreaks. **Developing trust and respect** between affected populations and agencies is essential to the success of health promotion activities. This can be done by **listening to people's anxieties and concerns.**

In the early stage of a disaster, mass media and social media are the primary tools WASH promoters can use to ensure affected populations receive important health risk information. |

1.3

💧 **Identify and analyse different elements and relevance of measures for hygiene promotion in emergencies**

Elements of Hygiene Promotion

2. Promoting appropriate use and maintenance of facilities

WASH facilities acceptable to local communities

Involving the affected communities in constructing WASH facilities at the onset

Being aware of its value can also encourage community members to maintain them

understand their needs and constraints of the situation

Monitoring needs to be conducted periodically

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **14**

Slide No.	**14**

Trainer Notes	Once WASH facilities are available, the next step is to **educate the participant on using and maintaining them properly.**
	A promoter needs to convince community members that the proper use of facilities is essential to health. Hygiene promotion activities should consider the local cultural norms, religious beliefs, and social structures. It should ensure privacy and convenience and be adapted according to the suggestions or complaints of the communities.
	Some factors that affect the design and implementation of WASH efforts:
	• Preferences
	• existing infrastructure
	• access to water sources
	• availability of construction material, and
	• time

1.3

💧 **Identify and analyse different elements and relevance of measures for hygiene promotion in emergencies**

Promoting participation in programs

One of the focus on hygiene promotion is **drive active participation**.
Tips for driving engagement for project:

Create urgency	Be hyper-relevant	Use vital local informants	Raise the bar high	Try different calls to action

Some activities that drive local participation are:

- Exploratory walks
- Unstructured or structured observations
- Interview key informant

- Focus Group Discussion (FGD)
- Community mapping
- Three pile sorting

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - 15

Slide No.	15

Trainer Notes

WASH promoters need to strive to ensure all the representative groups in the affected community are included in implementing WASH efforts.

Tips for driving engagement for the project:
- Create urgency, so the participants feel a sense of urgency
- Be hyper-relevant by linking the programme with the community grievances and complaints
- Use vital local informants to identify the best method to communicate with the affected population
- Raise the bar high by not only making the goal specific but also using motivational tools
- Try different calls to action - test multiple options and identify what works for each target audience

Some activities that drive local participation are:
- Exploratory walks – Study team with/without participants walking through the study area to become familiar with the context. This purpose is to get specific information.
- Unstructured or structured observations could be structured by making a what-to-do list or without. The purpose is to find out existing information on water and sanitation.
- Interview key informant – Obtain context-relevant and specific information about the community that can help make WASH efforts more acceptable and accessible.
- Focus Group Discussion (FGD) – Useful for engaging particular segments of a community.
- Community mapping – Ask participants to create a map to present their area. It should identify places and elements that interest you.
- Three pile sorting

1.3

Identify and analyse different elements and relevance of measures for hygiene promotion in emergencies

Promoting participation in programs

According to OXFAM, hygiene promotion is related to elements:

Handwashing and hygiene kits	Menstrual hygiene management
• Promotion should suit the context • Method and language that are acceptable • Identify the target's population • Consider women's duties related to caring and cooking. • Include all latrine attendants • Find the most important motivator for the community	• Education and demonstration on how to use and clean sanitary materials • Encourage girls and women to use disposable pads or underwear • Support girls and women to use disposable pads or underwear • Demonstrate how to dispose of sanitary materials while ensuring the privacy

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **16**

Slide No.	**16**

Trainer Notes

According to OXFAM, hygiene promotion is related to several elements: handwashing, distribution of hygiene kits, and menstrual hygiene management.

Handwashing and hygiene kits
- Promotion should suit the context (e.g., culture, environment, gender)
- Method of communication use the mode and language that are acceptable and understood by the targeted community
- Identify the target's population's existing condition, behaviour, and promotional preferences (e.g., using local games or music to communicate messages to children).
- Consider women's duties related to caring and cooking.
- Include all latrine attendants in handwashing promotion activities.
- Find the most important motivator for the community. Health may not become their priority; religious or cultural norms could be the best motivator.

Menstrual hygiene management
- Provide education and demonstration on how to use and clean sanitary materials.
- Encourage girls and women who never used disposable pads or underwear to use them (e.g., how to insert the pads into underwear).
- Support girls and women who usually never use disposable pads or underwear to use them. For example, by demonstrating how to insert the pad into underwear, store and dry them.
- Demonstrate how to dispose of sanitary materials while ensuring the privacy of women and girls.

1.3

Identify and analyse different elements and relevance of measures for hygiene promotion in emergencies

Promoting participation in programs

Hygiene promotion indicators

Indicators for monitoring the effectiveness of hygiene promotion interventions are different for each hygiene behaviour:

Safe Excreta Disposal	Safe Drinking Water	Hygiene practices

Women's privacy and dignity around menstrual hygiene	Community participation & representation

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **17**

Slide No.	**17**

Trainer Notes	Measures for hygiene behaviour and their indicators:

Safe Excreta Disposal
- % of people babies and children faeces disposed
- % of people used toilets (men, women, children)

Safe Drinking Water
% of people water handling practices to decrease contamination practices

Hygiene practices
- Availability of soap for handwashing in all household
- Availability of handwashing facilities in the homes and latrines

Women's privacy and dignity around menstrual hygiene
Availability of sanitary materials and underwear

Community participation & representation
- All sections of the community represent and consult all stages of the project
- The community members are satisfied with the facilities
- Responsibility is taken for the management and maintenance of water supply and sanitation facilities

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1.4

💧 **Identify key aspects on developing a sustainable hygiene promotion campaign and awareness**

Key aspects of sustainable hygiene promotion campaigns

A key aspect of sustainable hygiene promotion is the **integration of both the hardware (facilities) and software (behaviours)** requirements of WASH efforts

Critical indicators in designing a hygiene promotion programme:

Identify health risks related to hygiene	Use participatory methods	Make resources and facilities accessible

Ensure that hygiene promotion and messages reachable and address behaviours	Encourage affected community members to take ownership

ASCEND

ASEAN Standards and Certification for Experts in Disaster Management

ADM.TEC.027.1   Trainer's Guide - 18

Slide No.	**18**

| **Trainer Notes** | The goal of sustainable hygiene promotion campaigns is to set up capacities and structures in the local community to help change behaviours in the long term. Increasing hygiene awareness in the community can be done by Participatory Hygiene and Sanitation Transformation (PHAST)

Designing a hygiene promotion programme should be based on specific vulnerabilities, preferences, and needs of the affected communities. Some of the critical indicators are (UNICEF,2006):
• Identify health risks related to hygiene
• Use participatory methods that gather input from different groups of the community
• Make resources and facilities accessible for all groups to practice and continue proper hygiene practices
• Ensure that hygiene promotion and messages reach all people and address their behaviours
• Encourage affected community members to take ownership for maintaining facilities and spread responsibility equitably |

1.4

Identify key aspects on developing a sustainable hygiene promotion campaign and awareness

Key aspects of sustainable hygiene promotion campaigns

Some indicators for measuring good hygiene practices in the community:

People using toilets in a proper and hygienical way

People understand correct handwashing and engage in this behaviour

People wash their hands after defecation and handling children's faeces

Understand how to dispose of children's faeces safely

Toilets are maintained and cleaned

The family participates in family latrine programmes

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **19**

| **Slide No.** | **19** |

Trainer Notes	Some indicators for measuring good hygiene practices in the community (UNICEF,2006):
	• People using toilets in a proper and hygienical way
	• People understand correct handwashing and know how to engage in this behaviour
	• People wash their hands after defecation and handling children's faeces
	• Parents understand how to dispose of children's faeces safely
	• Toilets are maintained and cleaned by all intended users
	• The family participates in family latrine programmes

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1.4

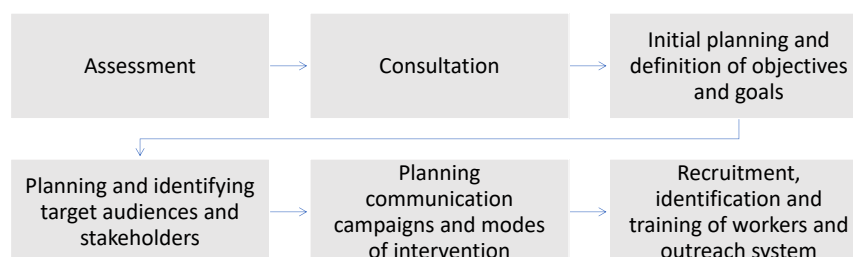### Identify key aspects on developing a sustainable hygiene promotion campaign and awareness

Steps in a hygiene promotion campaign

Assessment	→	Consultation	→	Initial planning and definition of objectives and goals
Planning and identifying target audiences and stakeholders	→	Planning communication campaigns and modes of intervention	→	Recruitment, identification and training of workers and outreach system

ASCEND
ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - 20

Slide No.	**20**

| **Trainer Notes** | **Step 1: Assessment** |

Step 1: Assessment
- Identify critical risks in current practices and their level of understanding of the risks
- Determine which current practices transmit diseases
- Identify the current practices that are harmful to human health

Step 2: Consultation
Include women, men, children, PWDs, the elderly and other groups of communities

Step 3: Initial planning and definition of objectives and goals
- Define the aim of the entire campaign
- Choose measurable indicators and means of verification
- Identify areas for intervention
- Set out action plans

Step 4: Planning and identifying target audiences and stakeholders
- Decide which segments of the affected population will be targeted
- Determine important stakeholders to influence

Step 5: Planning communication campaigns and modes of intervention
- Decide on initial key messages and modes of communication
- Define the initial interventions for media campaigns, define the best locations and platforms to reach target groups
- Choose advocacy and training needs for stakeholders

Step 6: Recruitment, identification and training of workers and outreach system
- Base training and recruitment (skills, systems, and approaches)
- Interview stakeholders and key informants
- Implementing defined actions and continued assessment
- Evaluate hygiene promotion campaigns related to safe access to quality sanitation to satisfactory living conditions. The relevant indicators for the early emergency stage include (UNHCR 2015a):
  - ≥90% of households have soap exist in the house (which can be presented within 1 minute),
  - ≥60% of households can name 3 of the 5 circumstances in which it is critical to wash hands
  - ≤ 500 affected people/IDPs per hygiene promoter
  - Availability of 450 grams/person/month of soap.
- Reassess, adapt and redesign hygiene promotion campaigns

Planning timelines: The hygiene promotion needs to be completed within three months of the displacement emergency. It also needs to be redesigned every six months based on the monitoring.

1.5

Identify key issues and good practices on hygiene promotion measures in different types of emergencies

Key issues on hygiene promotion in different types of emergencies

Health promotion activities should be aligned to the nature of the emergency and the local context. The general issues affecting hygiene promotion in emergencies are:

Health problems	Contamination risks
Appropriate use & maintenance of WASH facilities	Gender issues
Promotional method	Evaluation and monitoring activities
Communication gaps	Team integration
Traditional beliefs and practices	Action prioritising

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **21**

Slide No.	**21**

Trainer Notes	Hygiene promotion interventions also change depending on the phase of the emergency it is designed and implemented. In general, the early stages of the emergency will be characterised by the need to at least provide information to the affected population.

The general issues affecting hygiene promotion in emergencies are:
- Health problems related to sanitation
- Appropriate use and maintenance of WASH facilities
- Promotional method for delivering health messages
- Communication gaps
- Traditional beliefs and practices
- Contamination risks
- Gender issues
- Evaluation and monitoring activities
- Team integration
- Action prioritising

Image 22:   *Slide 22*

Slide No.	**22**

Trainer Notes	Hygiene promotion in emergencies generally aims to control the spread of diseases because of poor hygiene and sanitation practices. Hygiene promotion covers four main areas: domestic hygiene, personal hygiene, water hygiene, and food hygiene.

Domestic Hygiene:
- Build a latrine, use it properly, and keep it clean
- Dispose of baby and child faeces safely in the latrine
- Keep backyard and community areas free from standing water, rubbish, and animal waste
- Recycle rubbish as much as possible
- Dispose of medical waste safely

Personal Hygiene:
- Wash hand with soap after using the toilet and handling children's faeces
- Brush teeth every day
- Wash face with soap and water
- Keep clothes clean
- Keep fingernail short
- Change menstrual pads as much as needed

Water Hygiene:
- Protect water resource
- Cover water container
- Use a cup or big spoon to take water from the container, do not use your hands
- Wash water container regularly
- Treat water from all resources - it can be done with ceramic filter or boil water for drinking or cooking purposes

1.5

Identify key issues and good practices on hygiene promotion measures in different types of emergencies

Good practices on hygiene promotion in different types of emergencies

What promoter can do:

Initiate discussions with the community's members about hygiene

Familiarise themselves with the preferred method of the local community

Take care of households where people are sick

Be a good role model in the community

Work with local health or school

ASCEND
ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **23**

Slide No.	23

Trainer Notes	**What promoter can do:**

- **Initiate discussions with the community's about hygiene**, including community leaders, women, decision-makers, caregivers, etc. Make sure they understand the purpose of good hygiene to stop the spread of diseases.
- **Familiarise themselves with the preferred method of the local community for collecting and storing** water, keeping food, washing, disposing rubbish, and using latrines (if any).
- **Take care of households where people are sick.**
- **Be a good role model in the community** such as modelling desired behaviours (e.g., cleaning latrine after use, washings hands, throwing rubbish in its proper place
- **Work with local health or school** to improve their sanitation and hygiene.

Image 24:   *Slide 24*

1.6

Identify key issues and good practices in establishing WASH committee in emergencies

Key issues in establishing WASH committee in emergencies

WASH committee

- Regular maintenance of WASH infrastructure
- Sensitising the camp population on proper use
- Cleaning of WASH infrastructure

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - 24

Slide No.	24

| Trainer Notes | WASH committee is established to ensure regular maintenance and infrastructure sustainability, such as cleaning the latrine or taking care of water points to avoid breakdowns. All WASH infrastructure should be usable and well maintained. This can also be done by the involvement and support of the camp population. Any activities will be determined based on coordination between the WASH committee and other sector providers in the camp.

Camp management agency carries out the responsibility of the physical infrastructure of the camp. To ensure life-saving services, initial maintenance needs to be under the WASH provider's direct administrative and financial management. WASH committees support and play a critical role in the maintenance and operational tasks. In the longer term, the duty carried out by administrative and financial management of regular operations and maintenance work will be moved to WASH committees and national authorities. |
|---|---|

1.6

Identify key issues and good practices in establishing WASH committee in emergencies

Good practices in establishing WASH committee in emergencies

While establishing a WASH committee, it is important to **courage their sense of responsibility for and develop a capacity** to take care of operation and maintenance on their owns

Ethiopia case	Iligan City case
• The villagers will be trained in proper usage, maintenance, and management, to maintain the lasting effects. • They encourage women's leadership to facilitate shifts in attitudes toward gender equality.	• Establish three different WASH committees to help maintain the hardware aspect of WASH efforts. Each of the committees has different roles and responsibilities.

ASCEND

ADM.TEC.027.1	ASEAN Standards and Certification for Experts in Disaster Management	Trainer's Guide - 25

Slide No.	**25**

Trainer Notes	In the case in Ethiopia, Voss Foundation and its partners held training of water management committee as integral part in every proposal on the project.
	    • The villagers will be trained in proper usage, maintenance, management, to maintain the lasting effects on the health and development both for communities and individuals.
	    • One example in this program is how they elevate woman position where the composition of the committee members at least 50% are woman. They encourage women's leadership to facilitate shifts in attitudes of gender equality, which allowing greater social mobility. By serving water committees, woman get more power and influence which creates ripple effect of change in their community.
	
	Another example of a WASH committee is in Iligan City. The project supports three different WASH committees: BAWASA, CWA, and the school.
	    • BAWASA is a water committee consisting of community members responsible for operating and maintaining the sanitation and water facilities.
	    • The Community Water Association, established by Iligan City Water Works, monitors usage of piped water according to communal tap standards. They also contribute to proper and regular maintenance.
	    • The School Water and Sanitation Association encourages good hygiene behaviour to prevent diseases and proper use of WASH facilities like latrines.

1.7

Identify key issues and good practices in menstrual hygiene management

MHM in Emergencies

Some considerations when designing and implementing MHM programmes

Daily activity	Cultural norms	Environment
Water availability	Affordability	Access to facilities

ASCEND

ADM.TEC.027.1 — ASEAN Standards and Certification for Experts in Disaster Management — Trainer's Guide - **26**

Slide No.	26
Trainer Notes	Managing menstruation during emergencies may be more challenging because of the limited reproductive health services and safe menstrual hygiene materials right after a disaster. • Due to limited space also, women can't do MHM in private areas • Hygiene is also an issue because of poor toilet facilities and clean water for washing • They are also susceptible to attack or rape in the toilet facilities, especially at night

1.7

💧 **Identify key issues and good practices in menstrual hygiene management**

MHM in Emergencies

The practices that should be done to improve MHM among girls and women:

Do consultation with women and girls before	**Menstrual support items should also be included**	**Issues should be considered**
Reaching channels related to intervention delivery	**Create competent staff for assessment and delivery**	**Coordinate responses with other actors**
Adjust indicators	**Test tools to check effectiveness**	**Monitor and evaluate interventions**

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **27**

Slide No.	**27**

Trainer Notes	Based on peer-reviewed 51 papers related to menstrual response in an emergency, the practices that should be done to improve MHM among girls and women:

1. Do consultation with women and girls before implementing and designing interventions
2. Menstrual support items should also be included (soap, underwear, torches), also focus on providing adequate facilities
3. Issues such as sustainability, inclusion, and equity should be considered when designing MHM programmes
4. Channels related to intervention delivery should be researched
5. Train staff to create competent staff for assessment and delivery of MHM activities
6. Coordinate responses with other actors and share experiences
7. Adjust indicators in accordance with customary and cultural practices
8. To check their effectiveness, test tools first
9. Monitor and evaluate interventions with other relevant actors in the humanitarian community

1.7

💧 **Identify key issues and good practices in menstrual hygiene management**

The needs of menstruating adolescents' women during emergencies

The practices that should be done to improve MHM among girls and women:

Women need options on how to manage their menstrual flow hygienically and discreetly

Women need dedicated and private areas and facilities

Women should be able to have access to clean and affordable water

Women should have access to safe and private toilet facilities for women only

Information and education about MHM should be available

ASCEND
ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **28**

Slide No.	28

| **Trainer Notes** | Some needs should be prepared for women during emergencies, such as:
1. Women need options on how to manage their menstrual flow hygienically and discreetly. For example, providing affordable, accessible, and culturally acceptable menstrual hygiene pads.
2. Women need dedicated and private areas and facilities for washing clothing used during menstrual periods. They also need soap, buckets, drying lines, and underwear.
3. Women should be able to have access to clean and affordable water.
4. Women should have access to safe and private toilet facilities close to the camps and for women only.
5. Information and education about MHM should be available, especially for adolescent girls. The discussion should be interactive and consider the literacy level of the affected community and cultural acceptability. It should include using MHM products to manage period pain and smell. |

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1.7

Identify key issues and good practices in menstrual hygiene management

Critical issues in menstrual hygiene management

Some critical issues related to hygiene management during an emergency

Supply disruptions due to limited access to menstrual hygiene products

High demand and limited supply

Lack of privacy and limited access to facilities

Problems with accessing reliable information and support

Access to clean water to maintain good menstrual hygiene

Women may not prioritise water for their menstruation needs

Lack of disposal systems, stigma, etc.

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **29**

Slide No.	29

Trainer Notes	Meeting critical menstrual management needs of women and girls in an emergency is a response that promotes social inclusion and equality. Here are some critical issues related to hygiene management during an emergency:

- Supply disruptions due to limited access to menstrual hygiene products. Delivery of goods may be delayed because of the impact to supply chains. Individuals may resort to unhygienic alternatives.
- High demand and limited supply may drive up the price of sanitary products.
- Lack of privacy and limited access to facilities for changing, washing or cleaning during menstruation.
- Problems with accessing reliable information and support regarding menstrual health and hygiene.
- Access to clean water to maintain good menstrual hygiene may be more difficult.
- Women may not prioritise water for their menstruation needs, especially when women are responsible for collecting water.
- The environment is created for the disposal of products and waste management.
- Lack of disposal systems may make it hard for them to dispose of products and manage waste properly. This can increase health and environmental risks.
- Stigma is related to cultural practices associated with menstruation. In some cultures, menstruating women are considered impure and excluded from daily activities.

1.7

Identify key issues and good practices in menstrual hygiene management

Good practices in menstrual hygiene management

Several factors to consider when incorporating MHM

Water Supply	Latrines	Bathing units
• Safe location, accessible to PWDs • Water supply should be adequate	• Safe and private location • Has adequate lighting • Meets standards • Accessible for women and girls, including PWDs	• Private and safe to use for women • Has a door and internal lock • Has sufficient lighting and install a fence • Include seats for women and girls with disabilities • Add Hooks • Add extra drainage

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - 30

Slide No.	**30**

| **Trainer Notes** | There are several factors to consider when incorporating MHM when designing water supply, latrines, disposal facilities, and bathing units:

Water supply:
• Safe location, accessible to PWDs
• Water supply should be adequate

Latrines:
• Safe and private location, provided with door and internal lock
• Has adequate lighting
• Meets standards (SPHERE or UNHCR standard)
• Accessible for women and girls, including PWDs

Bathing units:
• Private and safe to use for women
• It has a door and internal lock
• Has sufficient lighting and install a fence around facilities for additional security
• Include seats for women and girls with disabilities
• Add Hooks for hanging clothes and drying towels
• Add extra drainage for menstrual blood |

1.7

Identify key issues and good practices in menstrual hygiene management

Good practices in menstrual hygiene management

Several factors to consider when incorporating MHM

Disposal facilities	Other good practices
• Provide disposal facilities inside the latrines • Disposal and collection process should be regular and sustained • Negotiate incinerators' shared use	• Consult girls and women in the terms of sanitary materials • Train shelter staff on the basics of MHM • Build shelter which ensures girls and women privacy • Gather feedback and manage challenges

ASCEND

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Slide No.	**31**

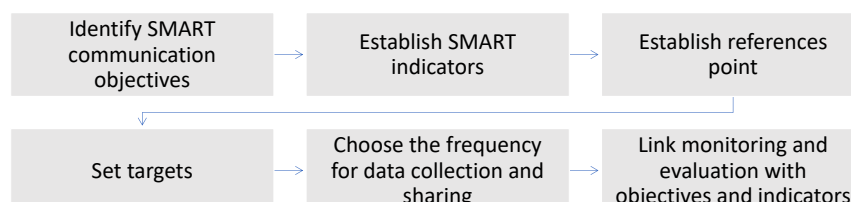| **Trainer Notes**	There are several factors to consider when incorporating MHM when designing water supply, latrines, disposal facilities, and bathing units:
	
	Disposal facilities:
	    • Provide disposal facilities inside the latrines such as a container with a lid or a chute from latrine to collection chamber
	    • If using containers, disposal and collection process should be regular and sustained
	    • If incinerators are available in medical facilities, negotiate its shared use. Otherwise, separate disposal and landfill can be built.
	
	Other good practices:
	    • Consult girls and women for changing, washing, thoroughly drying and/or disposing of sanitary materials
	    • Train shelter staff on the basics of MHM
	    • Build shelter which ensures girls and women privacy
	    • Gather feedback and manage challenges experienced by girls and women

1.8

Identify key issues and good practices related to behaviour change communication in emergency

Key issues related to behaviour change communication in emergency

Key steps for developing communication objectives in an emergency are:

Identify SMART communication objectives	→	Establish SMART indicators	→	Establish references point

Set targets	→	Choose the frequency for data collection and sharing	→	Link monitoring and evaluation with objectives and indicators

ASCEND
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Slide No.	**32**

Trainer Notes	In emergencies, behaviour change communication is a tool used to encourage positive changes in attitudes and behaviour intended to improve overall health and well-being.
	When establishing SMART objectives:

- Focus on the behaviour you seek to change
- Use only one action verb in each objective
- Specific to a target population and behaviour
- Considering the available products and services needed during the emergency phase
- Adapt objectives to the different phases of an emergency

1.8

💧 **Identify key issues and good practices related to behaviour change communication in emergency**

Key issues related to behaviour change communication in emergency

Challenges related to behaviour change during an emergency response and possible solutions are

| Accessing Marginalised Groups | Reaching Mobile Populations | Lack Of Trust | Stigma |
| Weak Health System | Psychological Effects of the Crisis | Reluctant to declare a state of emergency at the right time | Misinformation and rumours |

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **33**

| **Slide No.** | **33** |

| **Trainer Notes** | Some of the challenges related to behaviour change during an emergency response and possible solutions are: |

Accessing Marginalised Groups
People may be marginalised due to their ethnicity, race, religion, location, profession, and economic situation. These groups are not only less likely to be reached by the emergency response but also tend to be excluded in decision-making

Reaching Mobile Populations
Reaching mobile populations is challenging, but it is important to target them as they may be affected by the emergency and spread to other areas

Lack Of Trust
Anxieties and fears usually drive a lack of trust in information. This can reduce the effectiveness of behavioural change communication activities.

Stigma
Stigmatisation can lead to anxiety, distrust, and fear that undermine social cohesion

Weak Health System
A weak health system does not have sufficient structures, resources, personnel, and management systems to work effectively and sustainably.

Psychological Effects of the Crisis

A crisis, together with the damages and losses associated with it, can cause grief and psychological trauma. These issues should be considered when crafting a preparedness and response plan

Reluctant to declare a state of emergency at the right time
Delays in declaring the State of Emergency can delay response efforts

Misinformation and rumours
Inconsistent messaging may lead to confusion and misinformation. It is essential to design and implement an integrated information system

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🖐️💧	**1.8**

Identify key issues and good practices related to behaviour change communication in emergency

Key issues related to behaviour change communication in emergency

Communities can also be engaged by running various activities:

Public dialogue	Community meeting	Village literacy fair	Mobile cinema	Listening group
Print media	Door-to-door sessions	Storytelling	Quiz competition	Dance and concerts

ASCEND
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Slide No.	**34**

Trainer Notes	One of the most essential elements of behaviour change communication activities in emergencies is the communication channell.
	Communities can also be engaged by running various activities. Please see some examples below:
	1. Public dialogue – to address questions on a specific topic
	2. Community meeting – to discuss issues with community leaders
	3. Village literacy fair – to share information on a range of subjects
	4. Mobile cinema – to use film showing to convey a message, typically followed by a Q&A
	5. Listening group – to listen to people of influence discuss specific issues
	6. Print media – to distribute reading material such as cartoon strips and leaflets
	7. Door-to-door sessions – to conduct household visits to discuss concerns and inform family members about healthy behaviours
	8. Storytelling – to tell a story that captures essential massages and the importance of healthy behaviours
	9. Quiz competition – to see how much information is retained by the community about a specific topic
	10. Dance and concerts – to bring together communities and spread messages using events

Image 35:   *Slide 35*

1.8

Identify key issues and good practices related to behaviour change communication in emergency

Key issues related to behaviour change communication in emergency

Channel	The channel appropriate for...	
Mass Media	Modelling behaviour Suitable for communication with low literacy audiences	Reducing taboo and stigma Increasing awareness across audiences
Print Media	Support other communication tools Provide detailed information	Engaging with policy and decision-makers
MID Media	Engaging communities Modelling behaviour	Facilitating discussion and reflection within communities
Interpersonal Communication	Engaging two-way communication Creating community action plans	Imparting skills; Handling conflict Promoting dialogue
Social and Digital Media	Engaging young people Reaching remote audiences	Creating networks of communities

ASCEND

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Slide No.	**35**

Trainer Notes	Communication channels to use in emergencies

1.8

💧 **Identify key issues and good practices related to behaviour change communication in emergency**

Key issues related to behaviour change communication in emergency

Some of the determinants related to hygiene behaviours are:

External Determinants:

| Socioeconomic status |
| Environmental Constraint |
| Epidemiology |
| Policy |
| Access to technologies and services |
| Skill |
| Cultural norms |

Internal Determinants:

| Emotion |
| Intention |
| Practical Knowledge |
| Perceived consequences |
| Perceived Norms |
| Self-efficacy |

ASCEND

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Slide No.	**36**

Trainer Notes

Behavioural changes are influenced by an individual's background, history, physiology, education, cultures, norms, social standing and more. One of the key motivating factors for behavioural change is the potential for better health and disease prevention.

Some of the determinants related to hygiene behaviours are:
External Determinants:
- **Socio-economic status:** Education and literacy; Money
- **Environmental Constraint:** Access to and quality of technology; System problems such as funding or lack interest of stakeholders
- **Epidemiology:** Impact of current policies such as charge for services and taxes
- **Policy:** Current policies such as charge for services, taxes
- **Access to technologies and services:** Availability of essential hygiene products and technologies; Physical access including distances, availability of public transport, and road condition; Availability of drugs, blood, medical supplies, health personnel; Quality of services; Days and hours of services; How providers treat the clients
- **Skill:** Confidence and skill of the person who will adopt the new behaviour; Difficulty of adopting the new behaviour; Ease for people to remember what and how to do something
- **Cultural norms:** The fit of new behaviour to cultural beliefs, practices, and values

Internal Determinants:
- **Emotion**: Feelings towards why one should do something

- **Intention:** Awareness of feasibility and the challenges of doing something
- **Practical Knowledge:** Knowledge associated with how to do something
- **Perceived consequences:** Connection of the new behaviour to perceived benefits or adverse effects
- **Perceived Norms:** Perception of whether new behaviour is acceptable to prevailing norms
- **Self-efficacy:** Level of confidence of a person in themselves to adopt the behaviour

1.8

Identify key issues and good practices related to behaviour change communication in emergency

Key issues related to behaviour change communication in emergency

Behavioural change model's components and how change occurs at the individual, interpersonal, and community levels.

Level	Model/theory	Focus
Individual	Theory of reasoned action	Individual's behaviour intention
	Stages of changes	Needs to identify the stages first, readiness to change
	Health beliefs model	Individual's perception of a health problem, including how to manage and prevent this
Interpersonal	Social learning	Dynamic factors which environment, behaviour, and personal factors interact continuously
	Community organisation/participatory	Community drives with various levels of control. Changes depend on collective action and participation
Community	Diffusion of innovations	How new ideas, practices, products spread in society

ASCEND

Slide No.	**37**

Trainer Notes	Behavioural change model's components and how change occurs at the individual, interpersonal, and community levels.

Element 2

Provide technical guidance on vector control

Performance Criteria

2.1 Identify and analyse standards related to vector control on health risks in an emergency

2.2 Conduct needs assessment and prioritisation on vector control in an emergency situation

2.3 Identify and analyse different elements and relevance of measures for vector control in emergencies

2.4 Identify key aspects of operation and maintenance of vector control system and facilities for continued health benefits

2.5 Identify key issues and good practices on vector control measures in different types of emergencies

ASCEND
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Slide No.	38
Trainer Notes	Trainer identifies for participants the Performance Criteria for this Element, as listed on the slide.

Image 39:   *Slide 39*

2.1

Identify and analyse standards related to vector control on health risks in an emergency

Vector control on health risks

Various vectors related to the risks, retrieved from UNHCR Handbook for Emergencies (2007)

Vector	Risks
Flies	Eye infections, diarrhoea
Mosquitoes	Malaria, filariasis, dengue, yellow fever, encephalitis
Mites	Scabies, scrub typhus
Lice	Epidemic typhus, relapsing fever
Fleas	Plague (from infected rats), endemic typhus
Ticks	Relapsing fever spotted fever
Rats	Rat-bite fever, leptospirosis, salmonellosis, Lassa fever

ASCEND

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Slide No.   **39**

Trainer Notes

Inadequate waste management attracts rats and insects, which harbour and transmit pathogenic organisms. Poorly kept latrines can serve as a breeding ground for flies, while stagnant water can serve as a breeding ground for mosquitos. **It is important not to underestimate the psychological benefits of effective disease vector management.** The removal of waste and stagnant water, proper toilet usage, and practising good personal hygiene can lift the morale of affected community members.

2.1

Identify and analyse standards related to vector control on health risks in an emergency

Standard related to vector control in emergency

1. **Vector control at settlement level:**
   Indicator:
   Percentage of identified **breeding sites where the vector's life cycle** is disrupted

2. **Household and personal actions to control vectors:**
   Indicator:
   - Percentage of the affected people who can correctly **describe modes of transmission and effective vector control measure**s at the household level
   - Percentage of people who have **taken appropriate action to protect themselves** from relevant vector-borne disease
   - Percentage of households with **adequate protection for stored food**

ASCEND

ADM.TEC.027.1	ASEAN Standards and Certification for Experts in Disaster Management	Trainer's Guide - **40**

Slide No.	**40**

Trainer Notes	Planning and implementing vector control strategy requires setting impact objectives, timelines, and milestone.

Disease prevention and vector control begin at the household level but extend to all camp sectors, necessitating medical support from professionals to develop a suitable control plan. The quantity and density of vectors and human-vector breeding locations should be the focus of vector control measures. Sphere defines the standards related to vector control in an emergency.

Vector control at settlement level:
People live in an environment where vector breeding and feeding sites are targeted to reduce the risks of vector-related problems
Key actions:
- Assess vector-borne disease risk for a defined area
- Align humanitarian vector control actions with local vector control plans or systems and with national guidelines, programmes, or policies
- Determine whether the chemical or non-chemical control of vectors outside households is relevant based on an understanding of vector life cycles

Household and personal actions to control vectors:
All affected people have the knowledge and means to protect themselves and their families from vectors that can cause a significant risk to their health or well-being
Key actions:

- Assess current vector avoidance or deterrence practices at the household level as part of an overall hygiene promotion programme
- Use participatory and accessible awareness campaigns to inform people of problem vectors, high-risk transmission times and locations, and preventive measures
- Conduct a local market assessment of relevant and effective preventive measures
- Train communities to monitor, report and provide feedback on problem vectors and the vector control programme

Slide No.	41

Trainer Notes	Moreover, there are five key elements for vector control or also known <u>as Integrated Vector Management (IVG)</u> which consists of the following:
	Advocacy, social mobilisation, and legislation
	All relevant agencies, organisations, and civil society must promote these principles in their development strategies; regulatory and legislative controls for public health must be established or strengthened, and communities must be empowered.
	Collaboration within and between the health and other sectors
	All opportunities for collaboration within and between the public and private sectors are considered; planning and decision-making are delegated to the lowest administrative level feasible; and improving communication among policymakers, administrators of vector-borne illness prevention programmes, and other essential partners.
	An integrated approach to disease control
	Making the most efficient use of available resources by employing a multi-disease control strategy; integrating non-chemical and chemical vector control approaches; and integrating with other disease control measures.
	Evidence-based decision-making
	Adapt tactics and treatments to local vectors ecology, epidemiology, and resources, led by operational research and monitored and evaluated regularly.
	Capacity building

Based on the scenario analysis, the creation of needed infrastructure, financial resources, and appropriate human resources at national and local levels to run vector control programmes.

2.2

Conduct needs assessment and prioritisation on vector control in emergency situation

Vector control and needs assessment

Assessment and information needs

Lists examples of data needed for vector control assessments

Demographics

Vector disease transmission

Vector disease morbidity

Vector disease mortality

Vector disease outbreaks and control efforts

Population knowledge and practices

Health policy, planning, and services

ASCEND

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Slide No.	**42**

Trainer Notes	The affected community's demographics, vectors, endemicity, transmission, and response capability data is essential for planning and implementing control measures. Information is needed to:

- Identify existing health priorities and future health hazards;
- Assess the capacity and resources available to respond; and
- Gather baseline data for monitoring and assessing the efficacy of planned actions.
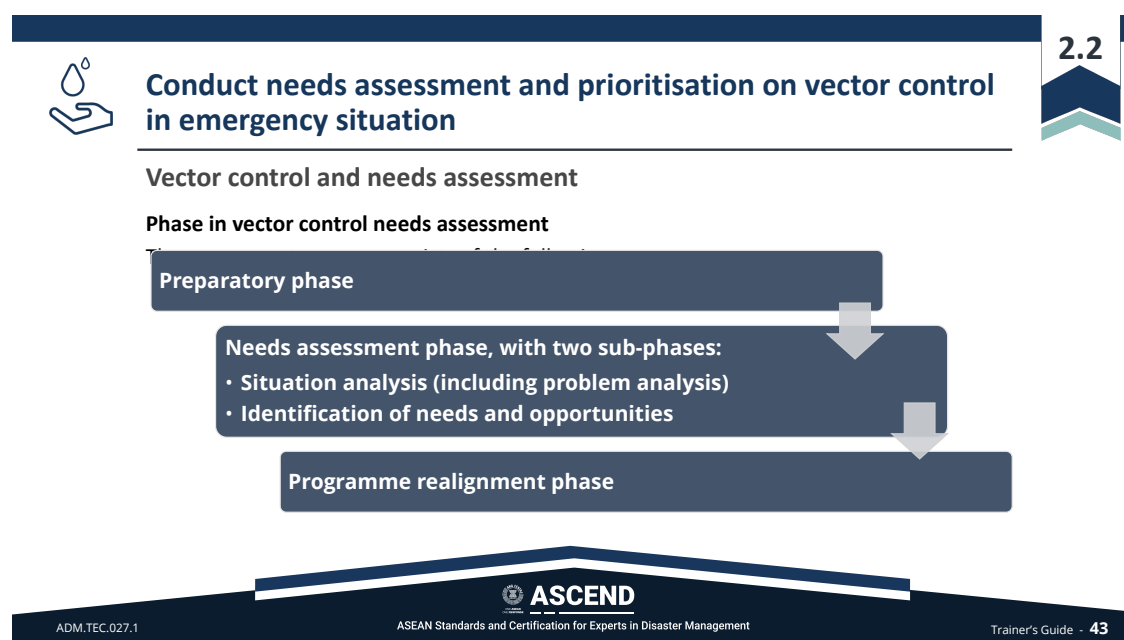
For a promoter, it is essential to gather the following information:

- The background of the emergency;
- Transport, roads and infrastructure, including access to the nearest airport;
- Security;
- Communications;
- Environments and climate;
- International and national partners' locations and activities;
- Coordination mechanisms in the assigned area.

Image 43:   *Slide 43*

2.2

💧
🖐 **Conduct needs assessment and prioritisation on vector control in emergency situation**

Vector control and needs assessment

Phase in vector control needs assessment

Preparatory phase

Needs assessment phase, with two sub-phases:
· **Situation analysis (including problem analysis)**
· **Identification of needs and opportunities**

Programme realignment phase

ASCEND

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Slide No.	**43**

| **Trainer Notes** | The assessment process consists of the following:

Preparatory phase
An initial situational review is needed for screening and scoping of activities. In this phase, the promoter should form committees/working groups or networks, and then identify relevant key partners and representation from other organisations. Initiate meeting with them to develop a timeline and responsibilities matrix.

Needs assessment phase, with two sub-phases:
   • Situation analysis (including problem analysis)
   In situation analysis, the promoter must ensure that the assessor does a detailed scenario analysis and identifies significant obstacles preventing the present programme from operating and achieving its objectives. Recommendations on how to address these obstacles are also needed.
   • Identification of needs and opportunities
   In the identification phase, the assessor prepares a report based on the strategies to determine needs and opportunities and evaluates the need assessments report and publishes its views as an annexe. Also, it is a good idea to get feedback from supporting committees, working groups, or networks.

Programme realignment phase
In this phase, the vector control programme partners implement the strategic plan, mobilise resources, and regularly monitor and evaluate progress. Any programme realignment or restructuring should be well-planned and |

implemented in stages to ensure that the ability to respond to outbreaks and crises is maintained at all times.

2.2

🖐💧 **Conduct needs assessment and prioritisation on vector control in emergency situation**

Vector control and needs assessment

Types of need assessment

The vector need assessment includes three types of assessment

Epidemiological assessment	Vector assessment	Stratification
conducted to determine the main vector species and their characteristics	conducted to determine the incidence and prevalence of all diseases, and must include five aspects	conducted to classify geographical areas based on the burden of vector-borne diseases to guide resource allocation to the appropriate areas

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **44**

Slide No.	**44**

Trainer Notes	The vector need assessment includes three types of assessment:

Epidemiological assessment
Measuring the disease burden necessitates accurate, up-to-date information on disease incidence, prevalence, and mortality and information on missed workdays, school days, seasonal changes, subpopulations impacted, the proportion of outpatients affected, and other factors. For each vector-borne disease, data is required and overlay mapping to identify regions where two or more diseases coexist.

Vector assessment
Planning vector control methods and selecting the most effective approaches require a thorough understanding of potential vectors' biology, ecology, and behaviour. Professional entomologists and other trained individuals are needed for this, and their results must be communicated to decision-makers at the national, district, and village levels. This assessment must include these five aspects:
- The ecosystems
- The role in disease transmission;
- The habitat and seasonality;
- The behaviour; and
- The susceptibility to insecticides**.**

Stratification
In its most basic form, stratification is used to distinguish between locations within a country with varying illness incidence rates based on population

census data. In a more complicated kind of it, additional factors are included, such as vegetation and altitude of the areas.

2.2

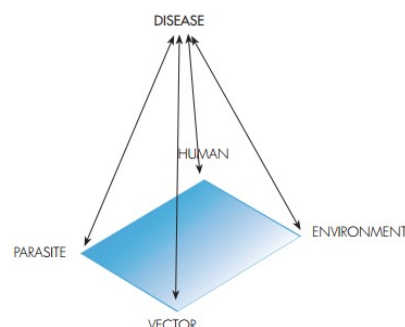## Conduct needs assessment and prioritisation on vector control in emergency situation

Prioritisation findings

Local determinants as a tool for prioritisation

Possible determinants for disease:
- Parasite-related
- Vector-related
- Human-related
- Environment-related

ASCEND

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Slide No.	45

Trainer Notes	**Prioritisation's meaning** The affected community consists of many groups, and there may be many needs among people. A comprehensive need assessment includes activities required to satisfy the fundamental rights and prioritises some problems and related actions. Prioritisation is essential for ensuring that critical requirements are met first, both short- and long-term. **Local determinants as a tool for prioritisation** All disease factors must be recognised to guarantee a complete approach to disease prevention and proper disease control measures. When identifying prioritisations for vector control, the focus is **to find out the local determinants.** After the local determinants are identified, the next step is to **map them**. Participatory mapping of the determinants is helpful for understanding which areas are more at risk for vector-borne disease and which are at most risk. This will be the basis for identifying which **determinants** to prioritise in the vector control programme in the short and long term.

2.3

💧 Identify and analyse different elements and relevance of measures for vector control in emergencies

Elements of vector control

Vector control principles

A vector control programme will be successful if the density and lifespan/longevity of the vector species are reduced.

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Slide No.	46

Trainer Notes	Disease vector management measures should be designed as part of a broader affected population preventative health strategy. Various vector control approaches in emergencies should be recognised and understood thoroughly.

Density reduction

Environmental management (e.g., drainage, filling, levelling of depressions and borrow pits) or the application of pesticides are used to reduce the population density of vectors and nuisance species at breeding locations (i.e. larvicides). The target organisms must be susceptible to the chemical in the latter scenario. Furthermore, this chemical should not harm non-target species (e.g., fish) or people who drink water from the same source.

Longevity reduction with pesticides

The application of pesticides that kill adult vectors is required to reduce longevity. Although environmental management is the recommended method for lowering vector density, emergencies frequently necessitate insecticides for lifespan reduction due to the urgency of the problem and the danger of vector-borne disease outbreaks among sensitive populations.

Adult insecticides must be used in areas where the vector would rest, such as the interior surfaces of houses (i.e., Anopheles mosquitoes) or cracks in walls and other hiding places in the case of triatomid bugs. Furthermore, the target species must be sensitive to the chemical, and the chemical must not pose a health risk to the general public or spraying employees. As a result, specialist individuals must be in charge of the design and execution of these measures

2.3

Identify and analyse different elements and relevance of measures for vector control in emergencies

Elements of vector control

Vector control methods

The main methods for vector prevention and control are as follows:

Personal protection	Environmental control and breeding site elimination	Environmental sanitation

Public awareness	Chemical control measures

The most common control methods for vector-borne diseases are divided into:

- Environmental methods
- Mechanical methods
- Biological methods, and
- Chemical methods.

ASCEND

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Slide No.	**47**

| **Trainer Notes** | A vector control programme aims to minimise disease transmission by making the environment unsuitable for disease vector growth and survival. Preventing vector issues should be considered while designing and building camps since prevention is preferable to management. Moreover, public awareness and participation are essential for the programme's success.

 . |

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2.3

Identify and analyse different elements and relevance of measures for vector control in emergencies

Elements of vector control

Selection criteria

Category	Question	Effectiveness	Safety	Risk of resistance	Community participation	Affordability	Logistic and policy support	Selected methods
Environmental	Source reduction	+	+	-	++	-	-	...
	Habitat manipulation	...	...	...	...	...	...	...
	Irrigation management and design	...	...	...	...	...	...	...
Mechanical	House improvement	...	...	...	...	...	...	...
Biological	Natural enemy conservation	...	...	...	...	...	...	...
	Biological larvicides	...	...	...	...	...	...	...
	Botanicals	...	...	...	...	...	...	...
Chemical	Insecticide-treated bed nets	...	...	...	...	...	...	...
	Indoor residual spraying	...	...	...	...	...	...	...
	Insecticidal treatment of habitat	...	...	...	...	...	...	...
	Chemical repellents	...	...	...	...	...	...	...

ASCEND

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Slide No.	**48**

| **Trainer Notes**	There are several vector control methods, and each of them has its advantages and disadvantages. Choosing the appropriate methods should consider **efficacy, human and environmental safety, the danger of resistance developing, cost, community engagement, and support for policy and logistics.**

2.3

Identify and analyse different elements and relevance of measures for vector control in emergencies

Elements of vector control
Methods for multiple diseases
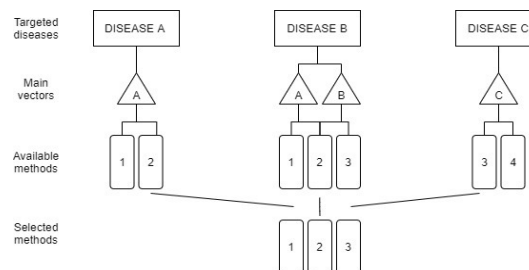
Slide No.	49

| Trainer Notes | **Multiple vector-borne diseases may occur in the same area**. Decisions must be made about the vector control method for each disease and the relative relevance of each disease. Opportunities to conduct synergistic effects must be discovered when several diseases are in the same region.
As a result, vector control might be used to combat more than one disease—even the low-priority diseases that would not justify the control effort. |

2.3

💧 **Identify and analyse different elements and relevance of measures for vector control in emergencies**

Relevance measures of vector control

Environmental control measures

Environmental control	Measures
Excreta disposal	• One cubicle for 20 persons (maximum) • Located 50 metres from any shelter • Consideration for pregnant women, children, and disabled people
Solid waste management	• Communal disposal at least 100 metres from the shelters • Garbage container or household refuse pit at least 50 metres from the shelters • A container of 100 litres per 10 families provided • Segregation and safe disposal of medical waste
Wastewater management and site drainage	• Less than 1 cm thick floating layer of expanded polystyrene beads to reduce the breeding of Culex mosquitoes
Water supply	• Quality: Meet the quality standards for drinking water • Quantity: 5 lcd temporarily, and 10 – 15 lcd for long-term

ASCEND

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Slide No.   **50**

Trainer Notes

Vector control programme depends on the appropriate **environmental control measures,** especially the safe facilities for the affected population, such as excreta disposal, solid waste management, wastewater disposal, site drainage, and vegetation control.
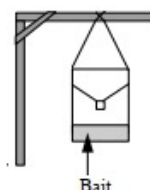
2.3

Identify and analyse different elements and relevance of measures for vector control in emergencies
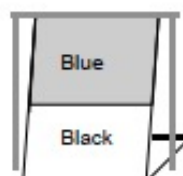
Relevance measures of vector control
Mechanical control measures

Non-biting fly traps

Tsetse fly traps

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Slide No.	51

| Trainer Notes | **The most popular mechanical control is traps**. Traps are designed differently depending on the species to be controlled. Some do not pollute, and it is possible to use them with or without pesticides. When there is no vector control programme in place, these techniques are very selective and effective. They may be employed to cover a vast region while only targeting certain insect groups, such as tsetse flies. |

Non-biting fly traps
- Consists of a plastic bottle which the upper side has been cut and placed down into the other part of the bottle
- Contains a mixed solution of water and glucose that attracts flies
- Hung minimum 2 metres above the ground, 15 metres from the health centre, and 5 metres from any larval sites
- The bait has to be changed regularly every 2 – 4 weeks

Tsetse fly traps
- Consists of two pieces of cloth. The upper piece is blue, and the bottom one is black
- The screen is impregnated with a synthetic pyrethroid compound which colours with attract the tsetse
- There may be added such as cow urine in a pocket of the screen
- It is required four traps for every km^2
- The screen has to be retreated every 2 – 3 months

2.3

Identify and analyse different elements and relevance of measures for vector control in emergencies

Relevance measures of vector control

Chemical control measures

Residual spraying	Space spraying	Larvicide	Dusting	Pesticides

Biological control measures
- Bacterial insecticides are **non-polluting and safe to use**
- The impact of biological control **may be minimal in overcrowded areas** where faeces matter accumulates quickly in pit latrines.

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **52**

Slide No.	**52**

Trainer Notes	**Chemical control measures** Chemical control requires a **thorough understanding of the ecology and behaviour of the species to be removed.** Good management, logistical organisation, and safety precautions are essential components of such a project **Biological control measures** A poison released by the bacterial larvicide kills mosquito and fly larvae that ingest it. This method may be effective in mosquito breeding areas, although it has a shorter permanence than synthetic larvicides.

2.4

Identify key aspects on operation and maintenance of vector control system and facilities for continued health benefits
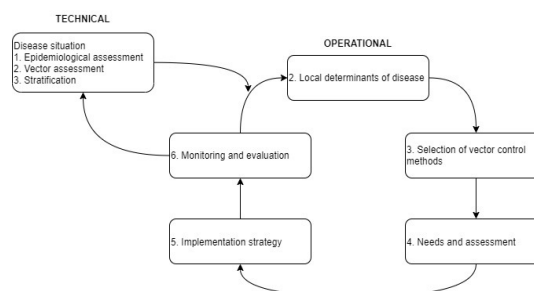
Key aspect on operation and maintenance of vector control system

Operation and maintenance strategy

Practical questions to help break down the vector control method:

1. Vectors targeted
2. When to implement
3. Where to implement
4. Who should implement
5. Responsible body
6. Who should monitor and evaluate

TECHNICAL

Disease situation
1. Epidemiological assessment
2. Vector assessment
3. Stratification

OPERATIONAL

2. Local determinants of disease

6. Monitoring and evaluation

3. Selection of vector control methods

5. Implementation strategy

4. Needs and assessment

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - 53

Slide No.	53

Trainer Notes	Maintaining vector control systems is an integral part of feedback mechanisms. Operating vector control systems involves determining the local determinants of disease, selecting vector control methods, defining needs and resources, implementing the chosen strategy, and monitoring and evaluation. The operational of vector control method should be detailed to the practical activities, such as when to implement, where to implement, who is responsible, and who should monitor and evaluate

2.4

Identify key aspects on operation and maintenance of vector control system and facilities for continued health benefits

Key aspect on operation and maintenance of vector control system
Requirements and resources

Example of participation present in vector control programme operation

Possible collaborations and linkages with other local programmes or government services

Stakeholders participation

Local community participation

Practical short training may increase the involvement of community

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **54**

Slide No.	54

Trainer Notes	After selecting the most appropriate vector control method, an inventory of the financial, human, and technological resources available for vector-borne disease management at the local level should be made.
	Stakeholders' participation
	Local stakeholders must be involved in the inventory of resources and organisational structures. Possible collaborations and linkages with other local programmes or government services so that actions may be coordinated to maintain uniformity and prevent duplication. Potential stakeholders include district health officers, local government, the private sectors, civil society organisations, the community, and other relevant organisations.
	Local community participation
	Local capacity-building requirements should also be recognised. Practical short training on vector biology, ecology, and control strategies may increase the involvement of community members, community health professionals, and algaculture extension workers.
	The selected vector control method involves a particular set of resources

2.4

Identify key aspects on operation and maintenance of vector control system and facilities for continued health benefits

Key aspect on operation and maintenance of vector control system
Monitoring and evaluation

Two indicators in monitoring and evaluation systems in vector control programmes:

process indicator	outcome indicator

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **55**

Slide No.	**55**
Trainer Notes	Monitoring and evaluation are required to determine and confirm whether or not the objectives have been fulfilled. During the implementation of a plan, intermediate objectives might provide direction. The aims must align with national vector control goals

Slide No.	56

| **Trainer Notes** | <u>Several challenges</u> can occur in vector control programmes divided into seven large groups: systemic, structural, informational, environmental, movement of humans and goods, political, financial, and ethical. |

Systemic challenges
Some countries may have limited public health entomology capacity and poor infrastructure that result in insufficient vector surveillance and control. Moreover, within the healthcare system, career structures for technical professionals and technicians are either non-existent or inadequate, resulting in high attrition of skilled personnel that can assist in vector control programmes.

Structural challenges
Many nations with endemic vector-borne diseases have disease-specific programmes and policies that do not fully utilise synergies and often compete for resources. While external organisations, such as research institutes hired to perform surveillance or study, are capable, their connections are typically poor, preventing data exchange for decision-making. There may also be a lack of capacity to ensure data and information security.

Informational challenges
Due to a lack of research funding, the evidence basis for vector control programmes to effectively tackle vector-borne diseases may be lacking. Despite pesticide resistance and changes in vector behaviour endangering the efficacy of existing treatments, vector surveillance remains poor in many countries.

Environmental challenges

Vector habitat changes, such as those caused by rapid urbanisation or changes in land use, water management, and farming methods, are frequently unforeseen, uncontrolled, and complicated. Climate change that expands the range of vectors to more temperate climates is also a cause for worry.

Movement of humans and goods challenges

Increased global human population movement, migration for employment, or displacement due to humanitarian crises, as well as increased global trade, is likely to accelerate the introduction of invasive species or exotic pathogens into receptive areas, exposing non-immune populations to new infections and diseases.

Political, financial challenges

Since 2000, substantial funding has been allocated to expand insecticide-treated nets and indoor residual spraying to combat malaria vectors. Other vector control measures and vector-borne diseases, on the other hand, have received less attention, especially in the absence of major outbreaks or high death rates.

Ethical challenges

The use of vector control methods and their execution, including new treatments, raises a number of ethical issues. Countries will need assistance in identifying and addressing ethical concerns and establishing practical ethics advisory bodies when vector control methods are scaled up, and innovative treatments become available.
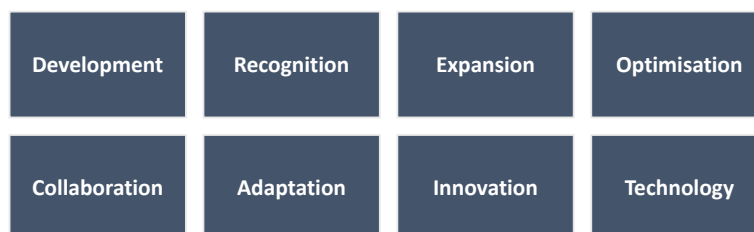

Slide No.	**57**

Trainer Notes	Some opportunities that can help maximise the impact of vector control programmes:

Development
Vector-borne pathogen transmission will be reduced through environmentally sustainable and resilient development in metropolitan areas to lower poverty and improve living standards. Furthermore, the SGDs goals to ensure good health and well-being depend on vector control programmes' effectiveness.

Recognition
Existing global and regional vector-borne disease plans demonstrate their relevance in the global health agenda and other sectors, as well as a high-level commitment to their reduction, elimination, and (in certain areas) eradication.

Expansion
Recent vector control achievements, such as against malaria, onchocerciasis, and lymphatic filariasis vectors, have significantly decreased vector-borne diseases. Sustaining and increasing the adoption of established vector control treatments might have more impact.

Optimisation
Re-aligning national programmes to improve vector control against numerous vectors and diseases across geographical areas and human populations can maximise available resources.

Collaboration

Improving timely access to information and resources for the most effective vector-borne disease management would require building on existing cooperation across ministries, sectors, partners, and networks to exchange data and knowledge.

Adaptation

Because social, demographic, and environmental factors strongly impact vector-borne pathogen transmission, flexible vector control delivery, monitoring, and evaluation systems that support locally tailored approaches that can be adapted to specific opportunities or challenges are critical. The local administrative structure should also adapt to increase community participation and mobilisation.

Innovation

Vector control programmes can lead to the development of relevant technologies such as new insecticides, vector traps and baits, and biocontrol.

Technology

Advances in evidence-based vector control, such as real-time data collection or social media, risk stratification, and predictive geo-informatics tools like geographic information systems, remote sensing, and climate models, may be used to improve planning and execution.
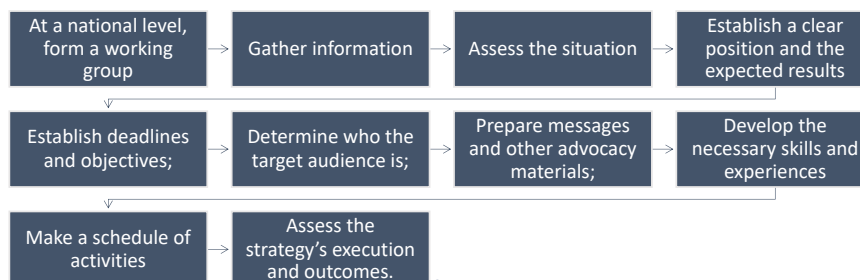
Image 58:   *Slide 58*

2.5

💧 **Identify key issues and good practices on vector control measures in different types of emergencies**

Good practices on vector control measures in different types of emergencies

Advocacy

The following steps can help promoters prepare for an advocacy strategy:

At a national level, form a working group	→	Gather information	→	Assess the situation	→	Establish a clear position and the expected results

Establish deadlines and objectives;	→	Determine who the target audience is;	→	Prepare messages and other advocacy materials;	→	Develop the necessary skills and experiences

Make a schedule of activities	→	Assess the strategy's execution and outcomes.

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - 58

Slide No.	58

Trainer Notes	Advocacy efforts assist in promoting the cost-effectiveness and efficiency of chosen vector control programmes methods. Associating the benefits of vector control measures with broader developmental concerns like improving health systems and empowering communities might help to increase support. The following steps can help promoters prepare for an advocacy strategy:

1. At a national level, form a working group;
2. Gather information on the prevalence of specific vector-borne diseases;
3. Assess the situation to identify issues with the present vector control system (i.e. lack of evidence-based decision-making), capacity, monitoring and feedback);
4. Establish a clear position and the expected results of implementing vector control programme;
5. Establish deadlines and objectives;
6. Determine who the target audience is;
7. Prepare messages and other advocacy materials;
8. Develop the necessary skills and experiences for strategic advocacy;
9. Make a schedule of activities (e.g. forums, alliance building);
10. Assess the strategy's execution and outcomes

2.5

Identify key issues and good practices on vector control measures in different types of emergencies

Good practices on vector control measures in different types of emergencies

Advocacy

The examples of advocacy tools are the following.

Messages	Examples from other countries and regions	Communicating successful results obtained locally
the most straightforward tool promoters can use to promote vector control programmes	Success stories from other countries and regions can help to illustrate the potential benefits of vector control programmes for policy-makers and donors	Monitoring and data evaluation may also be used for advocacy about the success and impact of programmes.

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - **59**

Slide No.	59

Trainer Notes	**Messages** Promoters can focus on evidence-based decision making behind the programme, the multi-disease approach to be adopted, the integrated vector control interventions to implement, and the communities and partners involved. When implementing the vector control programme, the challenges and opportunities should also be communicated to policy-makers and decision-makers. **Examples from other countries and regions** The examples will show the positive impact of a vector control programme with mixed interventions, interventions against several diseases, environmental management, evidence-based decision-making, collaboration with other sectors, and community participation. **Communicating successful results obtained locally** Monitoring and data evaluation, which are essential to enhance operations, may also be used for advocacy and show policy-makers and donors about the success and impact of programmes.

2.5

Identify key issues and good practices on vector control measures in different types of emergencies

Good practices on vector control measures in different types of emergencies

Communication and empowerment

Three methods for behavioural change and social mobilisation - retrieved from WHO (2012).

Attribute	Information, education, and communication	Communication for behavioural impact	Farmer field schools
Methods	Needs assessment, a strategy, use of mass media, group communication, interpersonal communication	Analysis of problems, definition of behavioural objectives, strategy with optimal mixture of activities, implementation, monitoring achievement's	Weekly group session for observation and analysis of local ecosystems, decision-making and experimentation, group exercise
Settings	Those requiring messages with general applicability	Those requiring messages with general applicability	Complex setting requiring locally adapted solutions
Strengths	Relatively low cost, rapid coverage, increases awareness	Focus on outcomes, impact on behaviour and mobilisation	Empowering, local adaption, group-building, possible intersectoral cooperation
Weaknesses	Limited effect on behaviour	Cost, human resources	Cost, human resources

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ADM.TEC.027.1 | ASEAN Standards and Certification for Experts in Disaster Management | Trainer's Guide - **60**

Slide No.	**60**

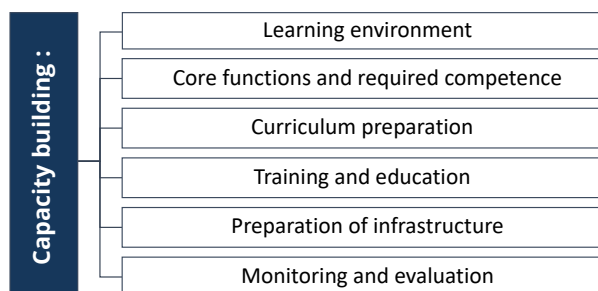| **Trainer Notes** | In this context, the primary of communication activities is to **improve access to vector-borne disease information and services** with the larger goal of changing behaviour. **People must be "empowered"** with the information they receive, not merely made aware of the disease |

Identify key issues and good practices on vector control measures in different types of emergencies

2.5

Good practices on vector control measures in different types of emergencies

Capacity building

Capacity building :

- Learning environment
- Core functions and required competence
- Curriculum preparation
- Training and education
- Preparation of infrastructure
- Monitoring and evaluation

ASCEND

ADM.TEC.027.1   ASEAN Standards and Certification for Experts in Disaster Management   Trainer's Guide - 61

Slide No.	61

| **Trainer Notes** | Capacity building is a **significant challenge in vector control programmes.** Many of the current approaches largely rely on the knowledge and skills of those in positions of power in government. Promoters can help facilitate capacity building by considering the following:

Learning environment
The vector control measures should create a supportive learning environment since the whole process is a problem-solving process in which analysis and decision-making are essential, and involvement is essential.

Core functions and required competence
Identify and build competencies of community and local partners in vector control management. Promoters can start by assessing current versus expected competencies to sustain vector control programmes.

Curriculum preparation
In this case, WHO developed a six-module Core framework for training curricula on integrated vector management to assist WHO areas in developing their own regional and national curricula on vector control programmes.

Training and education
Short courses for as many individuals as possible in districts and villages should be prioritised in training programmes. Following the development of a national curriculum, a cadre of national or provincial trainers can be created to provide in-service training to public health personnel in the health sector and personnel from other relevant public sectors, local governments, and civil society groups. |

Preparation of infrastructure

The infrastructure required for the capacity building includes entomology laboratories, insectaries, supplies, equipment, transport and communication technology.

Monitoring and evaluation

The capacity building's progress should be regularly monitored and evaluated to identify further iteration and intervention areas.

ASCEND

Slide No.	62

| Trainer Notes | This remarks the end of the training.

Trainer may advise learners with additional materials references or gives a sharing session related to the training materials.
Trainer gives closing statements. |
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ASEAN Standards and Certification for Experts in Disaster Management