Module-3

National Disaster Management Training Module

Psychosocial Preparedness

March 2023

Jointly Developed by

National Disaster Management Authority
(NDMA)

National Institute of Mental Health and Neuro Sciences
(NIMHANS)

National Disaster Management Training

Module-3

Psychosocial Preparedness

Authors

Dr. K. Sekar
Dr. Jayakumar C
Dr. Patrick Jude

NDMA, New Delhi
NIMHANS, Bengaluru

National Disaster Management Training Module-3
Psychosocial Preparedness

Supported by
National Disaster Management Authority,
Government of India,
NDMA Bhawan,
A-1, Safdarjung Enclave,
New Delhi – 110029.

Published by
NIMHANS, Bengaluru
NDMA, New Delhi.

Layout & Printed by::
Futura Digital Colour Press
4/4, 3rd Main, Tata Silk Farm
Near Yediyur Lake
Bengaluru - 560 082, INDIA.
E-mail: futuradigital1@gmail.com

Edition First, March 2023

When citing this manual, the following citation should be used:
National Disaster Management Training Module-3, Psychosocial Preparedness.

www.nimhans.ac.in
www.ndma.gov.in

CONTENT

FOREWORD

Irrespective of the type of disaster, be it natural or human-made a crisis event often affects the entire community and call for emergency situation. When a disaster takes place, it invariably yields significant biopsychosocial consequences on the affected community. Such consequences could even last for a long period of time having deep impact on physical, psychological and social lives of the affected community. Therefore, being prepared to any such alarming crisis event plays a significant role in curbing the long-lasting impact well in advance.

Better psychosocial preparedness during a disaster leads to more efficient resource allocation, rebuilding of physical structures, strengthening the individual's coping abilities, adaptation and resilience. Hence, there is a need to develop a culture appropriate module on psychosocial preparedness for disaster in India with special focus on vulnerable groups.

National Disaster Management Authority (NDMA), New Delhi in collaboration with National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru taken the initiative to develop psychosocial preparedness module through a large research project titled 'The preparation of psychosocial care, preparedness modules and IEC materials'.

This module aims to provide hands-on training for the stakeholders in capacitating individuals, families and communities on psychosocial competencies that help in minimizing the impact of psychosocial issues that arise with the disaster, build better coping abilities, better psychosocial response and adaptation

Sh. Kamal Kishore
Member Secretary
Incharge

Sh. Krishna S. Vatsa
Member

Sh. Rajendra Singh
Member

Lt.Gen. Syed Ata Hasnain (Retd.)
Member

PREFACE

Disaster is a crisis which occurs over a short or long period of time, causing damages to the environment, people and communities. Prolonged emotional distress can be experienced by people who have lived through disasters. In order to help them cope and enable their physical and emotional competencies, preparedness is crucial. Preparedness enables people and groups to predict, respond, and recover from the effects of an impending disasters by enhancing their physical and emotional competencies. These are measures intended to plan and facilitate prompt and efficient rescue, relief, and rehabilitation efforts following disasters. Communities that are vulnerable to disasters need to be made aware of potential psychological risks, actual dangers, and psychosocial vulnerabilities. Understanding the psychological dangers, risks, and vulnerabilities that exist in the society requires community participation. These methods support effective community disaster management by assisting in the identification of felt needs and concerns around disaster threats, risks, and vulnerabilities.

Individuals, families, and communities can be empowered by improving their psychosocial competency, which in turn enables quick and sensible responses to crises. It has been acknowledged among the professionals, stakeholders and community that psychosocial care in disaster management is an important and inevitable intervention for normalising the community. Psychosocial care, along with preparedness could complete the disaster intervention cycle. It has been noted that majority of the psychosocial intervention starts with relief and stops with rehabilitation phase excluding the major component of coping and resilience which often remains untouched, resulting in incompleteness and reduce effectiveness of intervention.

Many of the post disaster or pre-disaster support frameworks, speak about structural, ecological and environmental aspects of the individual and community. They notably leave out the emotional component of community preparedness. NIMHANS identified this gap and initiated a novel program of integrating psychosocial care into preparedness and risk reduction for strengthening coping and resilience of the community. This was also acknowledged by the WHO Mental Health division as a first of its kind in the area of disaster management.

The manual takes into account hazard and different types of vulnerability affecting individuals associated with disasters. Assessment tools along with approaches to psychosocial preparedness are elucidated for easier use of the reader. Case studies, flowcharts, and research models are used to explain the same. The ethical principles to be followed, along with the challenges in working with vulnerable groups have also been described. I extend my heart felt congratulations and wishes to the team for having developed this module.

Dr. Pratima Murthy
Director,
NIMHANS,
Bengaluru.

AUTHORS NOTE

Globally there is a paradigm shift in disaster management plan from the relief centric approach to emphasis on preparedness. It requires a sequential planning and continuous resource evaluation to design the strategic preparedness program. India is prone to different types of disaster because of the geo-climatic condition and social structure. Therefore, introducing a pan-disaster psychosocial preparedness program which can be adopted across the states irrespective of the type and nature of disaster is the need of the hour.

This module on 'Psychosocial Preparedness' developed with the support of National Disaster Management Authority (NDMA), New, Delhi aims to provide a pan-disaster psychosocial preparedness activities that can be implemented through the targeted stakeholders. This is the 3rd module developed as a part of larger project titled 'Development of Psychosocial Care and Preparedness Module and IEC Materials'.

This module is given in three parts. Part-1 is the information module. This part is divided into 2 sections. Section-1 has 10 chapters on 'Psychosocial Preparedness' activities. Section-2 is on the 'Implementation of PSS and Preparedness' activities, which is been elaborated in 4 chapters. Facilitator's guide is given in part-2. Altogether it has got 21 hours programme plan (section-1: 15 hours; section-2: 6 hours), developed in line with information module. Part-3 has got a workbook having exercises that can be practices by the readers/participants. Culture appropriate illustrations have been given in the information module. Participatory methodology has been adopted for the training module (facilitators guide). An activity is given for each session which can be used both in the online and/or offline platforms. Participants with under-graduation/post-graduation degrees may be considered eligible for the training program, who could be the psychosocial caregivers especially in the implementation of disaster preparedness activities.

We would like to extend our sincere gratitude to National Disaster Management Authority (NDMA), New Delhi for the funding support, methodical inputs and periodical review meetings in developing this module. We sincerely thank Shri Sanjeeva Kumar, IAS, Former Member Secretary, Shri Kamal Kishore, Member Secretary, Lt. Gen. Syed Ata Hasnain (Retd) PVSM, UYSM, AVSM,SM,VSM & BAR, Shri Rajendra Singh, PTM, TM, Former Director General, Indian Coast Guard, Shri Krishna S. Vatsa, Member, Shri Alok, IAS, Additional Secretary, Ravinesh Kumar, former financial advisor, Col Kirti Pratap Singh Joint Secretary (Mitigation), Ms. Sreyasi Choudry, Shri Harsh Gupta, IAS Former Joint Advisor, Mitigation, Shri Biswarup Das, Joint Advisor (Mitigation) and Ms. Maithreyee Mukherjee, Senior Consultant, Psychosocial Care and Social Vulnerability Reduction for their constant support.

We are thankful to the Director, National Institute of Health and Neuro Sciences (NIMHANS), Bengaluru Dr. Pratima Murthy and Former Directors Dr G Gururaj and Dr B N Gangadhar for their constant guidance and administrative support. We would also like to extend heartful thanks to Dr. Vivek Bengal, Prof. and Head, Department of Psychosocial Support in Disaster Management (DPSSDM) for his continuous support and guidance. Special thanks to Dr. D. Dinakaran, Assistant Professor, DPSSDM for his valuable inputs in shaping this manual.

The insightful discussions from the consultation meeting with different stakeholders, SDMA, DDMA, NGO and experts greatly helped in planning the content of this module. We thank each and every member from SDMAs, DDMAs, first responders, and volunteers who took part in the consultation meeting.

Mr. Rins Thomas has done a meticulous job on simplifying the language for the better comprehension of the target population. Mr Govindaraju has contributed in developing the artwork. We thank them both for their time and effort.

We would like to acknowledge all the direct and indirect support received from all the team members of DPSSDM, NIMHANS, Bengaluru. We thank Ms Christella Sowmya for representing different illustration in this module. We would like to appreciate the support rendered by Dr. Balashanthi Nikketha, Dr. Rajamanikandan Savarimalai, Dr. Lithin Zakharias, Mr. Allen Daniel Christopher, Ms. Sandhya P D, Ms. Jane Maria, Mr. Kannan. M, Mr. Sathish and Ms. Sharmila.

LIST OF TABLES

LIST OF FIGURES

Section - 1

PSYCHOSOCIAL PREPAREDNESS

CHAPTER 1 PREPAREDNESS IN DISASTERS

Preparedness is a collective effort by the different stakeholders to enable individuals and groups to anticipate, respond and recover from the impact of forthcoming disaster by building their physical and psychosocial competencies. These are actions designed to organise and enable timely and effective rescue, relief and rehabilitation efforts post-disasters.

Preparedness cycle

Plan: Planning is a continuous and sequential process. Planning has to focus on the preparedness activities that need to be done, who are the target population, how and when it can be done. Principles of disaster preparedness planning include;

Figure 1.1: Preparedness cycle

Adapted from FEMA., 2010

- Sharing of information on meetings.
- Conducting disaster drills, simulations and rehearsals.
- Developing techniques for conducting training and assessments .
- Creating mutual aid agreements.
- Sharing of education to community in the planning process.
- Positioning and preserving appropriate resources.
- Forming connections with formal and informal groups.
- Disseminating information on upcoming dangers and hazards.
- Forming structural and organisational disaster plans and reconnecting with public emergency plans.

Organise: Grouping of resources, technology, people and skills that are essential to execute the plan.

Train: Building capacity of individuals, families and communities on preparedness.

INDIVIDUAL LEVEL PREPAREDNESS

- Being informed about the possible hazards, risks and vulnerabilities.
- Enhancing social support.
- Having adequate knowledge on escape. routes and early precautionary measures.
- Maintaining an emergency kit.
- Having the habit of saving (food, money and other essentials).
- Maintaining emergency resource directory.
- Enrolling in insurance schemes.
- Safeguarding important documents.
- Understanding personal and community capabilities and vulnerabilities.
- Being trained on first aid.

FAMILY LEVEL PREPAREDNESS

- Identifying physical vulnerabilities at home and correcting them.
- Informing family on disaster preparedness.
- Ensuring participation in mock drills and other community activities.
- Developing an emergency family evacuation plan.
- Understanding the needs of vulnerable groups in the family.
- Make plans for livestock or pet management.
- Maintaining an emergency essentials kit for family.
- Orienting family on response plans and responsible usage of resources.

COMMUNITY LEVEL PREPAREDNESS

- Formulating a community preparedness plan.
- Identifying evacuation routes and safer settlement places.
- Participating in field exercises, psychosocial and routine mock drills.
- Understanding the hazards, risks and vulnerabilities in the community.
- Identifying community resources and plan resource management.
- Instilling community we feeling and oneness.
- Congregating as a community to discuss about the community needs and concerns and devising systems to deal with them.

GOVERNMENT LEVEL PREPAREDNESS

- Installing mechanisms to dispense early warning systems.
- Devising plans and programmes aiming at disaster preparedness.
- Establishing monitoring and evaluation systems to oversee and refine preparedness plans.
- Investing on capacity building of the community on disaster preparedness.
- Identifying stakeholders and fostering communication and coordination among them.
- Enabling livelihood preservation and enhancement programmes.
- Responding promptly to the needs and concerns of the community.

Exercise: This focuses on testing of plans, protocols and capacities, and identifying strengths, weakness, threats and opportunities. This should aim at the existing institutional structures, policies and schemes related to preparedness, resources available, preparedness measures on board, capacity of the community on disaster management or disaster risk reduction, involvement of the stakeholders and intersectoral collaboration.

MAKING A PREPAREDNESS PLAN

Prepare a telephone tree: The tree must contain contact details of disaster response teams, first responders, mental health professionals, administrators, volunteers and other stakeholders.

Identification of supplies, services and experts: Resources available in the community, available manpower, systems and costs involved. Community's utilization of resources and steps taken to preserve and enhance resources.

Purchase and distribute in-house supplies: Supplies needed for effective response and plans for distribution and maintenance of the same. Measures taken to purchase the resources, stakeholders responsible for purchase, distribution and maintenance.

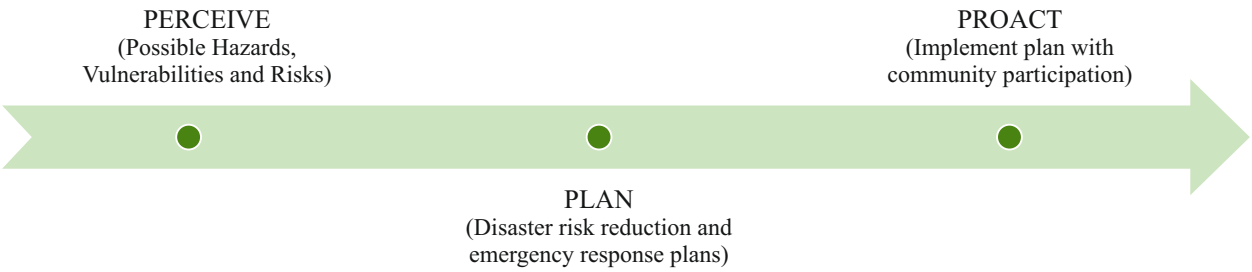
Preparedness Documentation: Disaster response plans, information on preparedness, emergency services, emergency exit maps, ready reference guides, HRV analysis and resources.

Write an elaborate disaster plan: Basics, examples, guidelines and constantly updating plan based on the emerging needs. The plan must be clear, have adequate reliable information and must be updated on time.

Capacity Building Programmes: Responsibility sharing, open meetings, usage of effective communicative tools, training programmes on responding to disasters and preparedness.

Evaluate and improve: Revising the plans and protocols to fill in the identified gaps and strengthening individual, family and community roles in timely execution of preparedness plans. The evaluation should help in revisiting the policies, laws, stakeholders responsible for preparedness activities in disasters based on the identified hazards, risks and vulnerabilities. These help in effecting workable hazard, risk and vulnerability mitigation plans. Understanding on resources help in installation of resource management systems, improving early warning signs, disaster communication mechanisms and need for capacity building programmes

PSYCHOSOCIAL PREPAREDNESS IN DISASTERS



Psychosocial preparedness aims at capacitating individuals, families and communities on psychosocial competencies that help in minimising the impact of psychosocial issues that arise with the disaster, build better coping abilities, better psychosocial response and adaptation. Psychosocial preparedness in disaster prone communities can be nourished by ensuring the following:

- Understand their psychosocial issues, prevailing coping abilities and resources.
- Improving social support systems.
- Creating opportunities for disaster prone communities to enrich psychosocial competencies.
- Instilling community spirit and oneness (understanding the cultural, linguistic and other social differences, accepting one another despite differences and co-existing).

Principles of psychosocial preparedness

- **Collective response -** refers to integrated multisectoral psychosocial preparedness policy, plans and programmes. The response should be from nodal as well as line departments, institutions, civil society organisations, volunteers and the communities.

- **Freedom of expression -** each individual contributor have liberty and freedom to stake/opinion in planning, designing and implementing psychosocial preparedness.

- **Non-discrimination -** during the psychosocial preparedness phase, where all the members of the community are respected and treated equally irrespective of their age, gender, caste economic status, education, for an inclusive psychosocial preparedness.

- **Community participation -** every psychosocial preparedness plan must involve the participation of all it's constituent (individual family, community, govt., non-govt., volunteers, organisation, association, groups, first responders, professionals, spiritual organisations) members.

- **Effective resource utilization -** optimal use of (internal and external) structural/human, utilising existing and creating new resources, capacity building and training of various stakeholders needs to be balanced.

- **Community determination -** the impact and response of the community towards psychosocial preparedness is determined by the inclusive participation of community.

- **Collaboration and coordination -** effective psychosocial care preparedness requires robust collaboration and coordination between various stakeholders (individual family, community, govt., non-govt., volunteers, organisation, association, groups, first responders, professionals, spiritual organisations).

- **Community advocacy -** sustained community advocacy on psychosocial care preparedness including rights-based opinion, awareness campaigns, and community outreach.

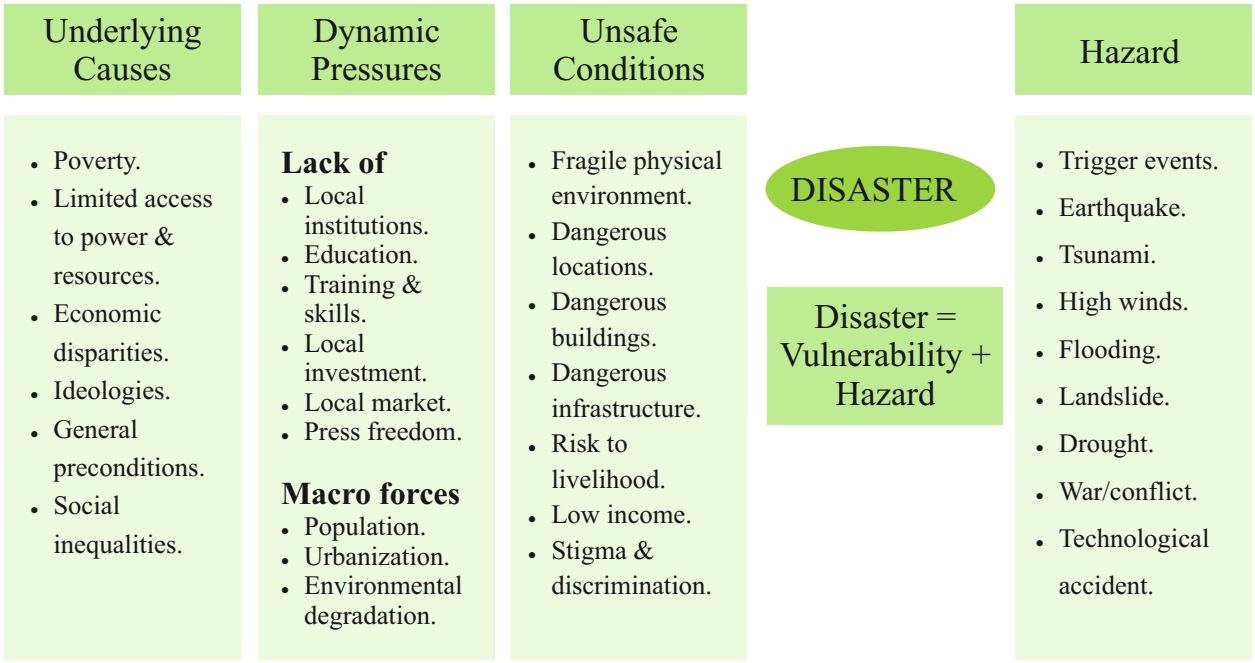
Remember

- Psychosocial preparedness has five phases.
- Psychosocial preparedness requires assessment, resource plan, feedback, evaluation and policy implementation.
- Capacity building programmes are essential for enabling psychosocial preparedness in disaster prone communities.

CHAPTER 2 PSYCHOSOCIAL HAZARD, RISK AND VULNERABILITY (PS-HRV) ANALYSIS

Disaster prone communities need to be sensitised about the possible psychosocial hazards, pre-existing risks and psychosocial vulnerabilities. Knowledge of psychosocial hazards, risks and vulnerabilities nurture disaster preparedness and psychosocial adaptation skills. Understanding the PS-HRV of communities enable planning and implementation of appropriate psychosocial interventions to mitigate hazards, eliminate risks and minimise psychosocial vulnerability. Community participation is essential for understanding the psychosocial hazards, risks and vulnerabilities existing in the community. Participatory Community Appraisal techniques like transect walk, Venn diagram, mapping, interviewing, seasonal calendar and problem census are effective information elicitation techniques. These techniques help in identifying the felt needs and concerns related to disaster hazards, risks and vulnerabilities and foster effective community disaster management.

Figure 2.1: Progression of psychosocial vulnerability



Adapted from Blaikaie et al., 1994

Hazard

According to United Nations International Strategy for Disaster Reduction (UNISDR) hazard can be a harmful phenomenon, human-made activity, situation or a condition that can lead to loss of life, injury, damage to property and services, livelihood loss, disturbance in social and economic elements and significant destruction to environment/ecosystem. Natural hazards like floods, earthquakes, tsunami, hailstorms, landslides, etc., arise out of environmental response and are difficult to prevent and predict. Whereas, human-made hazards (technological/sociological) are the result of human activity due to failure of technology, structure, transport, nuclear accidents, riots, war and criminal acts.

Psychosocial vulnerability

Psychosocial vulnerability is a condition in which a person or a group of people due to various factors are not in a position to anticipate, cope, resist and recover from the impact of a natural or human-made hazard due to varied physical, social, economic and environmental reasons. It is the degree to which an individual, community, structure, provision or topographical area are likely to get exploited or disturbed by the effect of particular event (hazard).

Table 2.1: Types of psychosocial vulnerability with examples

Types of vulnerability	Examples
Physical vulnerability: Vulnerability created by physical structures (house plans, materials used, lack of protocols, etc.).	Fire destroys homes made out of wood but during earthquake, these homes remain comparatively safer.
Social vulnerability: Social markers that make individuals vulnerable (age, gender, caste, financial, education, health condition, etc.).	During any disaster, all people in the community get affected but vulnerable groups like older adult, children, pregnant women, etc., have larger impact than other groups.
Economic vulnerability: Vulnerability due to lack of financial resources (poor job opportunities, poverty, etc.).	Densely populated or overcrowded places due to lack of economic stability.
Environmental vulnerability: Vulnerable conditions posed by the environment (Deforestation, exploitation of natural resources, lack of natural resources, etc.).	Damage to ecosystem affects the equilibrium.

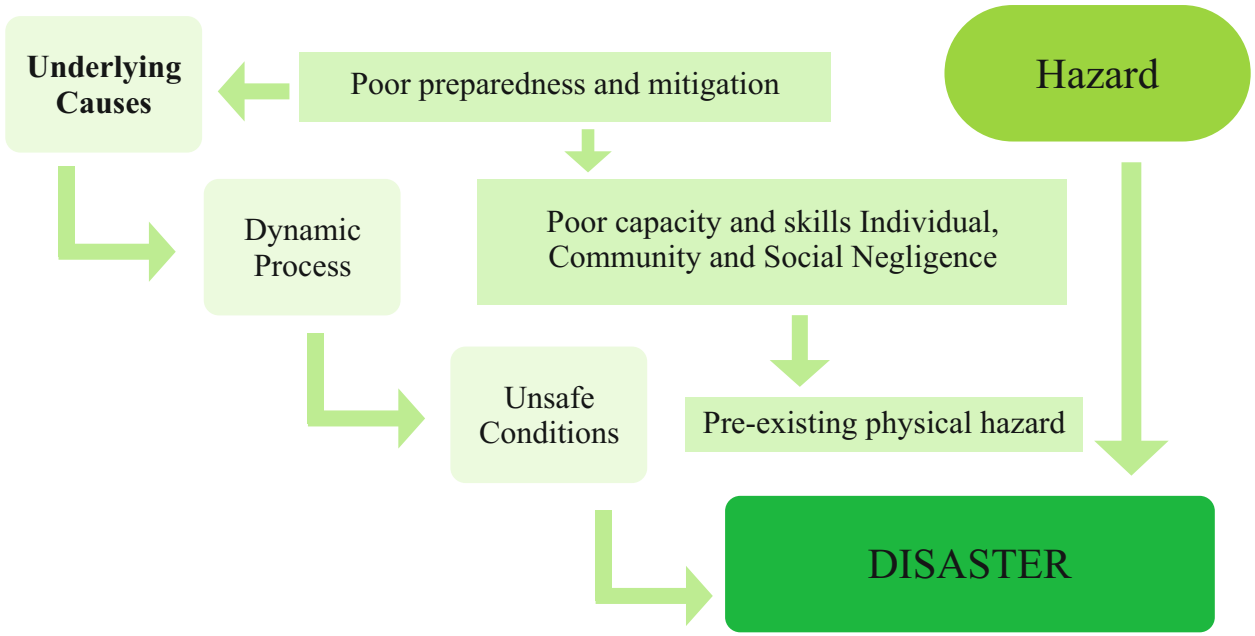
Psychosocial vulnerability assessment

Key areas to be explored as a part of psychosocial vulnerability assessment is depicted in the figure 2.2.

Fig 2.2: Key areas of psychosocial vulnerability with Assessment

The positive factors that minimise psychosocial vulnerability are called capacities. Some examples for capacities are internal and external coping resources, trained human resource, adequate awareness and preparedness measures, etc. The figure below depicts the linear progression from vulnerability to disaster.

Figure 2.3: Progression of psychosocial vulnerability



Disaster Risk

Along with understanding the hazards and psychosocial vulnerability, it is also vital to be mindful of the psychosocial risks in the community. Disaster psychosocial risk is the product of three important elements namely exposure to hazard, severity and frequency of the hazard and psychosocial vulnerability. Risks can be the possible loss of livelihood, injury (physical/mental) or devastation and impairment following a disaster in a given time period.

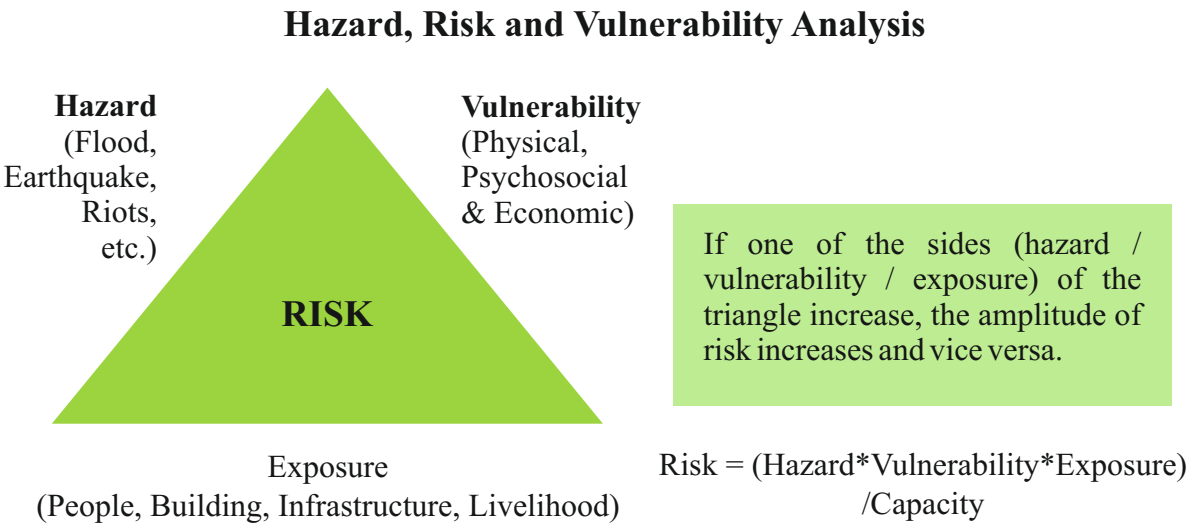
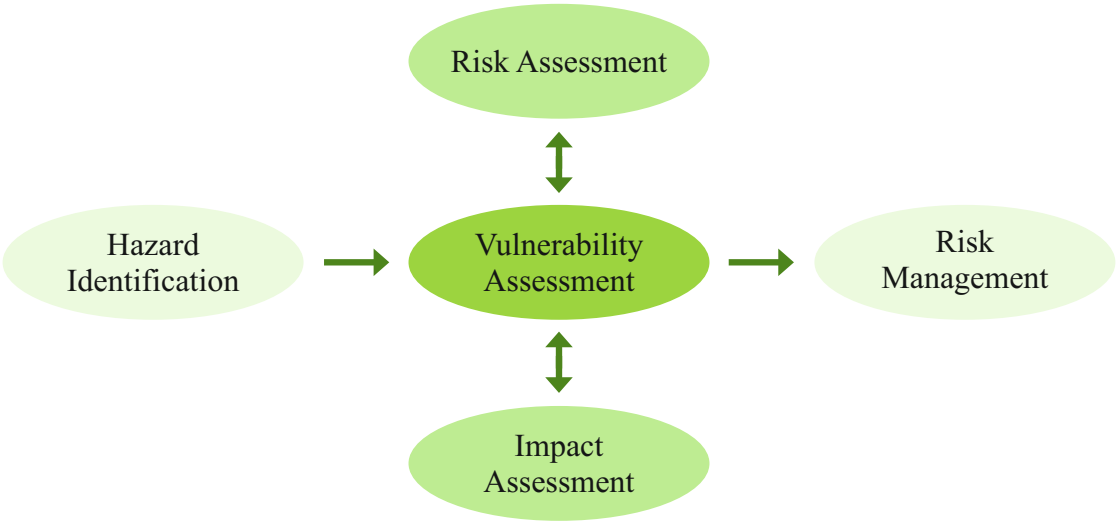


Figure 2.4: HRV analysis



Phases of PS-HRV Analysis

1. **Hazard identification:** Historical account of disasters that has happened in the locality and reviewing of the possible hazards that can occur in the future. Both the expert team and the local community should join for this activity. The expert team facilitates the activity using participatory appraisal methods and the local community provides the required information.

2. **Psychosocial risk assessment:** The psychosocial risk assessment aims at understanding the potential risks. For this, the larger community can be divided into smaller groups of neighbourhoods. Then the probable occurrence of possible hazard in the smaller neighbourhood is discussed through historical recounting (remembering disasters in the past). During this process along with identification of possible future hazards, the community should also look for the risks that would increase the likelihood of hazard occurrence. Currently prevalent social evils like inequality poverty, unemployment, marginalisation, stigma and discrimination needs to identified and managed.

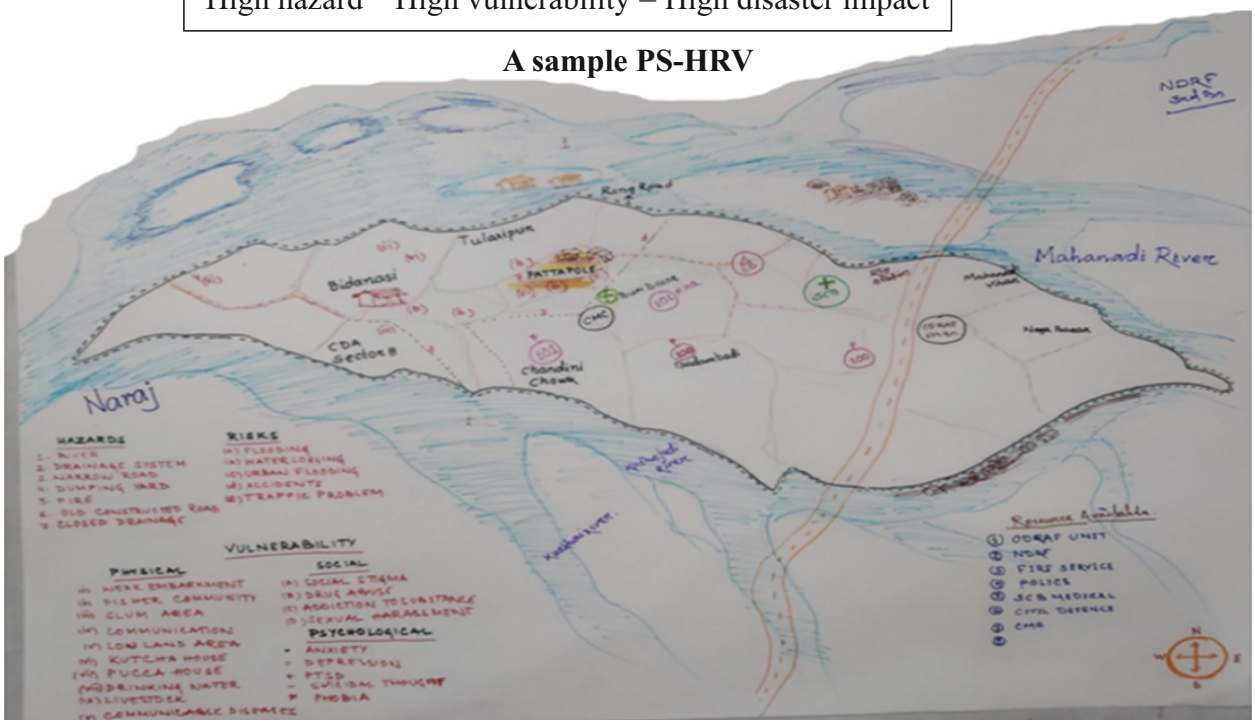
3. **Psychosocial vulnerability assessment:** This phase aims at the identification of vulnerabilities for each hazard. The vulnerability can be based on person (age, gender, population density, ethnicity and socioeconomic condition), place (buildings, critical buildings, ecological spheres, historical, economic zones, cultural and tourist sites), preparedness (capacity to respond, community education, mitigation measures and warning systems) and period (time).

4. **Impact assessment:** Psychosocial impact assessment covers physical, psychological, social and economic impact that can be triggered by a hazard.

5. **Management of risk:** The PS-HRV analysis helps in understanding the hazard, risk and vulnerability and install systems, protocols and mechanisms aiming at reducing disaster risk in the communities. PS-HRV analysis helps in codifying communities as communities with low and high disaster impact as given below:

Low hazard * Low vulnerability = Low disaster impact
High Hazard * Low vulnerability = Low disaster impact
Low hazard* High vulnerability = High disaster impact
High hazard * High vulnerability = High disaster impact

A sample PS-HRV



PS-HRV Analysis provides crucial information on community's hazards, mitigation and psychosocial preparedness practices with the involvement of community as first responders in disaster management. It enhances community safety and prompt response.

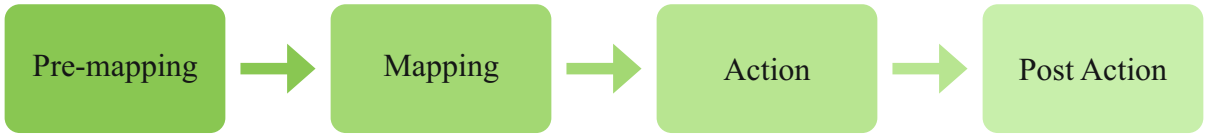
Remember

- Hazard can be natural or human-made.
- Psychosocial vulnerabilities can be physical, social, economic, and environmental.
- Psychosocial risk is a combination of hazard, exposure and psychosocial vulnerability.

CHAPTER 3 RESOURCE MAPPING

Community Resource Mapping or asset mapping is a systematic process in which the community members are involved in developing an inventory of the resources that are available in the community. The goal is to identify resources and enhance skilful utilisation of available resources during crisis and to look in to ways to strengthen or add on community resources. Understanding the available resources and gathering information on optimal utilization of community resources helps in prompt response during emergencies. This would minimize vulnerability and maximise adaptation during the different phases of the disaster management cycle.

Figure 3.1: Steps in Resource Mapping



Pre-mapping

- Formation of task force who would facilitate the resource mapping process.
- Identifying key stakeholders who have complete awareness about the resources available in the community. Participants need to be from diverse socio-demographics, e.g., gender, class, religion, age, ethnicity, etc.
- Building the agenda for the activity and setting the goals.
- Developing tools, checklists or discussion points for the activity.
- Prepare the community in advance by providing prior information about the activity.

Mapping

1. **Orientation about the activity:** The community members are informed about the significance, scope and relevance of resource mapping and how it would help in minimising the severity of the impact and foster resilience among community members.

2. **Transect walk:** The resource mapping team goes in person or help community members recall from historical memory on the available community resources.

3. **Picturing the resource:** The community members are helped to draw a map of the community using the available materials (chalk/limestone powder, different colours, etc.) and asked to mark the resources available in the community using symbols. Some examples of resources that can be mapped are: safer evacuation sites, services available, organisations and local institutions available, programs that are happening in the community, community gathering sites, health facilities, support groups available, mental health support facilities, etc.

4. **Discussion:** How the resources can be utilised during emergencies i.e., optimising community's resource utilisation during emergencies. The discussion should also focus on: identifying new resources, ensuring that the resources are accessible to all community members, duplication of services, coordination and collaboration among stakeholders.

5. **Corrective Feedback:** The facilitator provides insight on how the resources can be used, enhancing faster recovery of resources, understanding gaps in utilisation, steps to be taken to minimise gaps and efforts aiming at preserving and enriching community resources and follow-up systems that have to be installed for the community to monitor and enhance resource preservation, utilisation and upgradation.

6. **Designation:** Designating responsible persons as community resource team for following up the resolutions taken during the resource mapping activity.

7. Documentation: The process involved, stakeholders who participated, the resource map that evolved and discussion that followed post mapping activity and resolutions taken are documented in detail.

Action

- Arriving at a common agreement on the resolutions that were taken during the mapping activity.
- Creating plans and strategies to reach the goals.
- Periodic follow-up on the resolutions taken.

Post action

- Critical evaluation of the activities carried out by the community resource team.
- Revision of plans and continuation of resource preservation and enhancement.

Remember

- Resource mapping helps in canvasing the community resources and creating an inventory of assets available in the community.
- It helps in ensuring optimal utilization of available resources during emergencies.
- It identifies gaps and creates mechanisms to rectify them.

CHAPTER 4 PSYCHOSOCIAL COMPETENCY

Stress in life is unavoidable and varies during every phase of life. Everyday living imposes multiple stressors and disasters increase the magnitude of distress experienced by individuals, families and communities. It is essential to capacitate individuals, families and communities with psychosocial competencies that help individuals to cope effectively with the daily stressors. Psychosocial competency empowers individuals, families and communities and enable prompt and rational reactions in response to disasters. The skills that disaster prone communities need to develop during the life course to enhance the psychosocial competencies are mentioned below:

Figure 4.1: Skills required to enhance psychosocial competency

Emotional Skills	Self-awareness; Empathy; Adaptability; Coping; Resilience.
Cognitive Skills	Problem solving; Decision making; Critical thinking; Creative thinking.
Social & Civic Skills	Interpersonal Relationship Skills; Effective communication; Cross cultural sensitivity; Social responsibility.
Leadership Skills	Planning; Organising; Collaborating; Influencing; Conflict resolution.
Information Skills	Information literacy; Media literacy; Information Communication literacy.

A. EMOTIONAL SKILLS

1. **Self-awareness:** Self-awareness refers to absolute awareness a person has about oneself/others and why a person behaves in a certain way. It involves awareness about one's strengths and limitations, coping strategies and internal resources.

   a. *"Flood takes place commonly during rainy season in my locality. So, during the rainy season, I take my family to my sister's house. We stay there until the flood situation gets better."* (32 years old male)

2. **Empathy:** Empathy is putting oneself into another person's position. When one person understands another person's situation and tries to think from the other person's perspective, it enriches understanding between the individuals. During disaster when individuals understand persons, especially vulnerable and marginalised groups, the relief centric activities can be promptly made available to the needy.

   a. *"Me and my family need support. However, my neighbour has two children with disability and she lost her husband in the landslide. They need more support. Kindly help them".* (45 years old woman)

3. **Adaptability:** Adaptability is an individual's/family/community capacity to adjust and adapt to the changes caused by an event. Disasters create physical and psychosocial impact. Adaptation skills help the individual/family/community to cope, respond better to the changes and move forward. Here the individual/family/community foresees the event, understands the warning signs and prepares adequately in advance. These adaptation skills fuel faster recovery.

   a. *"I know that COVID is going to continue for another six months or one year. I cannot stop going out. I will follow all the necessary precautions and continue going for work. If I stay at home, who will feed my family". (39 years old male).*

4. **Coping:** Coping with stress and coping with emotions are essential for every individual / family / community. Disaster triggers a wide range of emotions that might induce stress. Individuals / family / community have both adaptive (receiving support, talking out, planning, accepting) and maladaptive coping patterns (consuming alcohol, denial, being withdrawn). Maximizing the use of adaptive patterns and minimising the use of maladaptive patterns would limit the negative consequences of disaster.

   a. *"Whenever I feel stressed, I don't talk about my feelings to others. Talking to you has helped me a lot. I am feeling much better". (18 years old female).*

5. **Resilience:** All the skills aim at building resilience among individuals / family / community. Resilience is a skill that helps individuals resist to the loss incurred subsequent to disaster, recover, and move forward.

   a. *"I lost my house but I know I can rebuild it". (43 years old male).*

B. COGNITIVE SKILLS

1. **Problem solving:** Disaster situations impose lot of challenges to individuals / family / community. Having skills to deal effectively with the challenges would foster better adaptation. Individuals need to first understand the problem, break complex problems into simpler units, brainstorm alternative solutions and execute to deal with the problem/s.

   a. *"Every year our community gets affected by floods. Government comes and provides relief when water overflows. Our community wanted to find some solution to this recurring problem. We had consecutive discussions and decided to build water banks and passages for water to go swiftly. Now the condition is better".* (39 years old female).

2. **Decision Making:** During disasters, people need to make many decisions. Effective decision-making skills help individuals/family/community to assess the severity of the situation and respond better. Individuals need to brainstorm decisions and assess the pros and cons of each decision. After analysing the actions and consequences of each decision, the individual can select one.

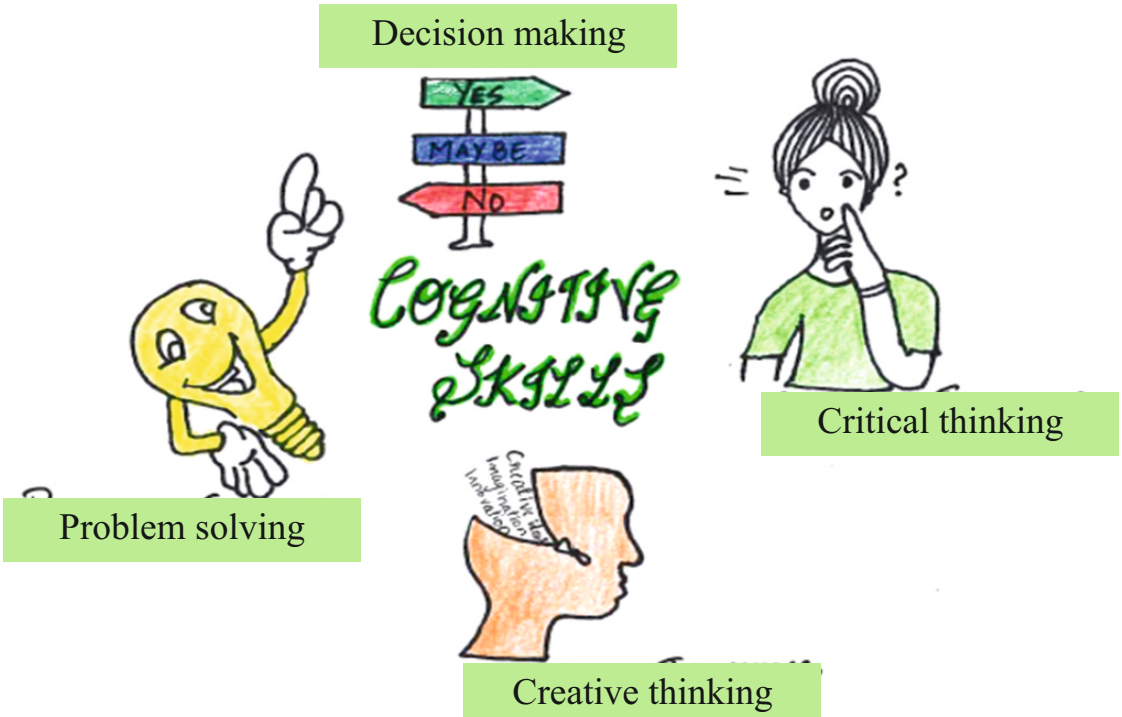
   a. *"Whenever early warning signs regarding cyclone are announced, I decide not to go for fishing. My home is near the shore. We also shift to safer zones created by the Government". (28 years old male).*

3. **Critical Thinking:** Thinking critically enables better decision-making and problem- solving abilities. Individuals/family/community need to think rationally, understand the logical connections, analyse the implications and come to a conclusive action.

   a. *"Being a farmer, we need to be dependent on mother nature. I decide what to do based on the climate. Even if I do not have much yield or my crops dry off because of extreme heat, I will think on what can be done to save the crop". (52 years old male).*

4. **Creative Thinking:** Though critical thinking is vital, thinking out of the box is also essential. Using resources differently or using available resources to solve existing problems is vital to build resilient communities.

   a. *"We have water scarcity during drought seasons and we need to travel long distances to fetch water. It would be heavy to carry the water pots on our heads. One NGO helped us with these circular water carriers which we can roll on the roads and reach our homes without much burden". (32 years old female).*



C. SOCIAL & CIVIC SKILLS

1. **Interpersonal relationship skills:** People in general need support from one another. Interpersonal relationship skills help in forming and maintaining relationships and social connections. During emergencies, community need the support of one another. These interpersonal skills help in identifying persons who can be trusted, forming meaningful relationships and sustaining relationships that would add support during difficult times.

   a. *"I maintain cordial relationship with my neighbours. Whenever I have any trouble, they come for my assistance. When my neighbours undergo any difficulty, I offer support". (42 years old female).*

2. **Effective Communication:** Communication is passing of information from a sender to a receiver. During emergencies, providing meaningful communication is crucial as a wrong communication can even result in casualty or major accident. Enabling direct and open verbal/non-verbal communication would facilitate better understanding among individuals and minimise chaos/commotion.

   a. *"Passing clear messages will minimise confusion. I generally tell clearly, what I expect. It would help the other person to understand better". (33 years old male).*

3. **Cross-cultural sensitivity:** The Indian subcontinent has people from diverse communities, class, creed, language and religion. It is essential to understand the sentiments of persons from other cultures, respect them and tolerate. It will foster unity and minimise culture specific tensions.

   a. *"When we lost our homes during the earthquake, we were allowed to stay in temple halls, churches and mosques. We were from different religions. Based on our religious customs, food was offered. They treated us with respect and regard. We also share eatables and sweets during our festivals". (63 years old female).*

4. **Social Responsibility:** People need to be responsible. Government issues early warning signs to ensure people safety. People need to adhere to the instructions. During disasters, community members act as the first responders. Along with securing their personal and familial needs, individuals should also work towards attaining the collective needs of the community. It would help in restoring the community.

   a. *"We gather as a community every three months, to discuss about the issues that affect the community's well-being. We have set up systems to ensure the safety of our people and property". (52 years old male).*

D. LEADERSHIP SKILLS

1. **Planning:** Proper planning is essential for prompt action. Adequate planning results in accurate implementation. Every individual should possess adequate planning skills. Certain disasters can be anticipated and certain occur without any warning. Planning in advance helps in developing readiness to face disasters with vigour. The plans need not be rigid but need to be flexible based on the circumstances.

    a. *"Whenever there is an evacuation alarm, I keep ready with essential things to carry and safeguard all important documents"*. (27 years old female).

2. **Organising:** Individuals need to have a clear idea on what to do and how they are going to do. Once they have clarity, it has to be communicated to others and effective action need to be taken in alliance with others. Proper prioritisation is also essential while implementing. Timely monitoring and evaluation of the work initiated would help in tracking the progress.

    a. *"After the chemical poisoning, we gathered as a group and protested, till the company was shifted from our community. During the protest, we also made sure that the company follows the essential safety procedures"*. (43 years old male).

3. **Collaborating:** A single individual cannot do all the work. It is essential to coordinate, collaborate and cooperate. Tasks need to be assigned and delegated based on individuals' or organisations' expertise, skills, resources and interests. During disaster situations, multiple hands coming together is essential to restore the lives of shattered hearts.

    a. *"I cannot do everything by myself. I sought the help of the community volunteers in our village and we started preserving and expanding the mangrove"*. (39 years old male).

4. **Influencing:** Positive change need to be replicated and sustained. Individuals need to influence community members positively for community action, collaboration and negotiation.

    a. *"I motivate people to group together and people listen to me"*. (26 years old female).

5. **Resolving:** In any group, conflicts arise and it is essential to resolve those conflicts with adequate dialogues, open, direct and non-violent communication. A conflict rich group will be a sick group in which collaboration and implementation would be a difficult task. It is essential to understand reasons that cause conflict and resolve them with appropriate strategies. Individuals should have conflict resolution skills that would help them deal effectively when conflicts arise between groups or individuals during disasters.

a. *"Our community was not coming together to discuss about disaster risk reduction plans, I started bringing children together and through children, I was able to reach the parents".* (39 years old male).

E. INFORMATION SKILLS

1. **Information literacy:** Authentic and adequate information on disaster risk reduction strategies, coping skills, resources available, preparedness and mitigation measures, response action in the wake of disaster enables risk reduction. Individuals/family/community need to capacitate themselves with knowledge related to what to do, whom to approach, what are the services available, what are the early warning signs, cultural and natural cues in case of emergencies.

   a. *"The early warning signs are really helping us. We are cautioned and we know what we are supposed to do and what we are not supposed to do".* (42 years old female).

2. **Media literacy:** In today's era, the entire world has become a global village. Information passes faster through media. Individuals/family/community need to know how to access information through multiple media options available (traditional and new age media).

   a. *"I feel that the social media is helping us in getting information from the authorities. It is also helping us in gathering relief, seeking help and providing support".* (19 years old male).

3. **Information Communication literacy:** We are able to access ocean of information. Assessing the authentic information and passing it on to the needy is another skill that every individual should possess. During emergencies lot of rumours, unauthorised and fake messages are circulated. With the arrival of social media, information gets forwarded easily and people need to be sensitised on evaluating the authenticity of information before circulating.

   a. *"Before circulating any information to another person, I make sure that the information is authentic".* (43 years old female).

It is essential for caregivers to provide understanding among communities on psychosocial competencies and create opportunities to build psychosocial competencies.

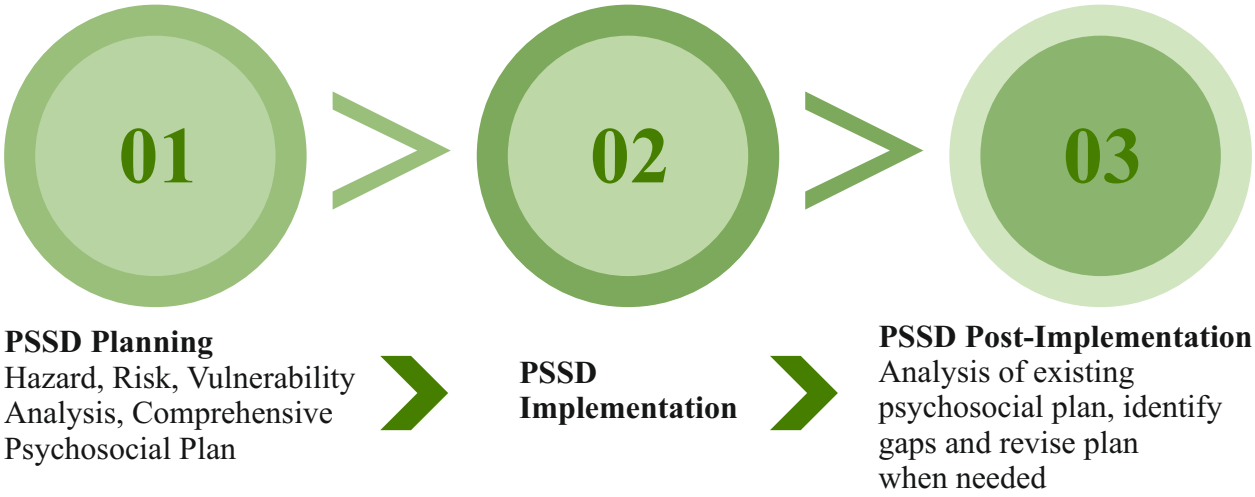
Remember

- Stressors are unavoidable and disasters magnify distress.
- It is essential to capacitate individuals / family / community with psychosocial competencies that are necessary to deal with life stressors.
- Psychosocial competencies can be grouped into emotional, cognitive, social, leadership and information skills.

CHAPTER 5 PSYCHOSOCIAL SKILL DEMONSTRATION (PSSD)

Psychosocial Skill Demonstration (PSSD) helps in reviewing the psychosocial preparedness plan existing in the community or the organisation. This structured reviewing helps in evaluating the readiness to psychosocial care activities in the community during disaster times. It aims at evaluating the efficacy of psychosocial response plans during emergencies.

Phases in psychosocial skill demonstration



Psychosocial skill demonstration helps in formation and strengthening of psychosocial response teams. It also helps in assessing the knowledge and skills of psychosocial response teams on how efficiently they act in the provision of psychosocial care activities during disasters using the available resources. Along with assessment of knowledge and skills, it should focus on evaluation of existing protocols for psychosocial care services or formation of new protocols aiming at standardising psychosocial care activities.

The objectives of psychosocial skill demonstration are:

- To review and revisit (if needed) the psychosocial care readiness plans during emergencies.
- To evaluate the systems available to cater psychosocial care services.
- To frame or strengthen Standard Operating Procedures (SOPs) for psychosocial care during emergencies.
- To sensitise multiple stakeholders on the roles and responsibilities in the provision of psychosocial care services.
- To foster coordination among stakeholders.
- To form psychosocial response teams.
- To generate public awareness on psychosocial care during emergencies.
- To identify the gaps in existing structures (resources including both structural and human resource, interaction and coordination).
- To enhance faster psychosocial response during emergencies.

Steps in conducting psychosocial skill demonstration

- **Activities to be conducted prior to psychosocial skill demonstration**
  Identify place and stakeholders (Government/ non-government organisation/ school/ community/ other agencies).
- Communicate to the agency.

Activities to be conducted on the day of psychosocial skill demonstration

- Assess the psychosocial knowledge and skills of stakeholders.
- Evaluate the available SOPs on administration of psychosocial care activities.
- Identify resources, systems and existing manpower.

Activities to be conducted post psychosocial skill demonstration

- Identify gaps in the existing structures.
- Reformulate SOPs and action plans.
- Create or recreate psychosocial response teams with updated knowledge and skills.

Significant components to be focused during psychosocial skill demonstration

- Psychosocial needs assessment.
- Trauma assessment.
- Psychosocial triage.
- Resources available.
- Effective use of resources.
- Awareness on Psychosocial Support and Mental Health Services.
- Staff efficiency in rendering Psychosocial First Aid and Psychosocial Care.
- Emergency Psychosocial Response.
- Coordination and Communication among Stakeholders.
- Stakeholders' Knowledge, Attitude and Practice related to Psychosocial Support and Mental Health Services.
- Available SOPs, Protocols, Plans and Systems related to planning, implementation and evaluation of psychosocial support and mental health services during emergencies.

How to conduct a psychosocial skill demonstration?

After adequate planning, the resource team visits the agency where the demonstration is planned, the psychosocial skill demonstration will be conducted. Following are the steps for psychosocial skill demonstration;

Step 1: Review of existing systems, resources, plans and protocols: The resource team interacts with the stakeholders on the available systems, resources, plans and protocols available in the agency in extending psychosocial support and mental health services during emergencies. A detail reviewing of the available documents would help in understanding the existing facilitators and barriers to planning and implementing PSSMHS. The team also assesses whether a Hazard, Risks and Vulnerability (HRV) analysis and Resource mapping (RM) is done in the agency and reviews the blueprint of the HRV analysis and RM.

Step 2: Assessment of Participants' Knowledge on PSSMHS:This can be a structured interaction or evaluation of participants' knowledge on PSSMHS using appropriate assessment measures. This would reveal the stakeholders' actual understanding and awareness about the concepts related to PSSMHS.

Step 3: Practice based Stakeholder Skill Evaluation: Using case-based discussions and roleplays, participants' skills related to conducting psychosocial needs assessment, psychosocial triage, psychosocial first aid, psychosocial care, facilitating referrals and follow-ups are evaluated.

Step 4: SWOT Analysis: Based on the understanding from steps 1 to 3, the resource team identifies the strengths, weakness, opportunities and threats available in the agency with respect to planning and implementing PSSMHS during emergencies.

Step 5: Communication of the results: The resource team communicates the identified strengths, weakness, opportunities and threats to the agency. The communication should also provide information on stakeholder knowledge and skills, available resources, limitations and gaps identified.

Step 6: Strengthening of systems: Future plan of action to enhance stakeholders' knowledge and skills, establishment of systems, creation of service lines, encouraging stakeholder collaboration, updating or revisiting the plans and protocols related to planning implementation of PSSMHS.

Outcomes of Psychosocial Skill Demonstration

- Psychosocial skill demonstration acts as a medium to validate the psychosocial contingency plans and test the existing facilities and personnel responsible for administration of psychosocial care services.
- It helps in understanding the field challenges, shortages in the system, knowledge / skill deficits among stakeholders, predictive indicators of confusion and lack of SOPs.
- Understanding these limitations prior to impact will help in installing better protocols.
- It also provides hands on experience for stakeholders to improve their knowledge and skills.
- Conducting psychosocial skill demonstration strengthens the quality of psychosocial care services and enhances productivity of psychosocial care activities.
- It boosts confidence among stakeholders in planning and implementing psychosocial support and mental health services.
- It increases the level of preparedness and accelerates prompt response.
- It develops critical thinking, assessment skills and provides hands on experience.
- It fosters better communication and coordination between stakeholders and system.

Remember

- Psychosocial skill demonstration helps in reviewing the existing structures to cater psychosocial care activities.
- It identifies gaps and aims at looking into alternatives to minimize or eliminate the identified gaps.
- It helps in formulating a comprehensive psychosocial plan.

CHAPTER 6 CULTURAL SENSITIVITY IN DISASTERS

Culture refers to integrated patterns of human behaviour that includes language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious, or social groups. It's a set of dynamic rules passed across generations with evolutions based on the time on the attitudes, values, beliefs, norms, and behaviours of the people concerned. Being culture sensitive is one of the important elements in psychosocial management of disaster.

Cultural sensitivity is a series of techniques that helps one learn about different cultures existing in the society, appreciate people from other cultures and accept their cultural practices. It helps in generating awareness on cultural distinctions and similarities. The significance of local knowledge and local experience in a form of various coping strategies and mechanism is crucial as they are ingrained in people's behaviour. They have been regarded as an important factor that support disaster risk reduction.

The disaster response team must be culturally aware and recognize that appropriate risk levels are cultural constructs that vary from culture to culture, and that the goals for mitigation efforts will differ from group to group. This sensitivity would help caregivers to be mindful of the prevailing cultural norms and would aid in devising better disaster management initiatives. It would also foster community acceptance and would encourage community participation.

Implementing a 'toolkit' which consists of shared values, traditions, worldviews, local everyday experiences or collective memories that are culturally significant to specific groups or populations can be expected to be more successful in fostering culturally sensitive management in disaster scenarios. Thus, awareness of local culture is crucial in local emergency planning process as it plays a key role in effectively responding to disasters in a community.

Why caregivers need to be sensitive towards local culture?

- Influences people's knowledge, attitude and behaviours towards a given phenomenon.
- Creates a sense of community.
- Moderate people's perception and readiness to accept services.
- Regulates daily practices.
- Fosters decision making processes and involvement.

CULTURE AND DISASTERS

Rituals

All human societies practice different rituals appropriate to their culture starting from birth to death in everyday life. These are purposeful, generally repetitive and symbolic activities. A sense of community "we feeling" and shared values can be strengthened by these rituals, but their baffling diversity can also alienate and divide people, particularly when the valued rituals of one culture are considered bizarre by another. The rituals help individuals respond/adjust to disaster disturbances, and assist individuals in recovering from disasters over longer periods. Cultural traditions and ritualized acts are passed on through the generations and they help communities to cope with the repeated hazards.

Religious belief

Religion and culture are intertwined in most societies. Religious beliefs can determine how individuals interpret disaster risk, respond to disasters and recover from its consequences especially in coping with the psychological distress churned by any disaster. Positive views and beliefs give individuals a sense of hope, power over the unrestrained time during and after the disaster and a reason to recover from their losses. Religious practices contribute to relaxation and emotional well-being. Disasters can either shake or strengthen individual's faith and existence of a supreme power. Religious and spiritual beliefs play a significant role in recovery following a disaster.

Bereavement practices

In every culture, the last rites performed to the deceased individual is inextricably connected to religious values and sentiments. It prevails as an act of respect to the deceased one and also acts as a system for grief alleviation for the family members. Funerals are believed to be an essential step in the transition from the physical to the spiritual realm, whether it was by reincarnation of the soul, as in Hindu religion, or a life after death in another world, as Muslims and Christians believe. During the COVID-19 pandemic, people were not allowed to follow the usual cultural practices as a homage to the deceased individual and was not allowed to congregate. These would affect the grieving process. The caregiver has to be mindful of the cultural practices and allow minimal exercise of such practices while adhering to the protocols. Individuals and families need to be taught to adopt a variety of approaches to cope with the memories of the loved one. For initiating such practices, sensitivity towards the local culture is very essential.

Along with the above-mentioned elements, language, traditions, values, beliefs and mores also form integral part of culture. The caregivers need to have adequate sensitivity towards the cultural underpinnings of the community. This can be done during mock drills and psychosocial preparedness initiatives where the caregivers can initiate structured dialogue with the community to understand the local culture. The caregiver needs to be open in understanding the cultural elements. This openness helps in minimising personal biases and in instilling community cooperation.

INDIGENOUS PRACTICES AND CUES IN PREPAREDNESS

Indigenous knowledge forms its base from the advanced understanding of a group of people on local environment. Beyond understanding, the indigenous practices are a way of life in the adaptation process or means of survival from the crisis. This is because of the fact that indigenous knowledge originates in the community and gets disseminated non-formally as it is collectively owned by the community. Such body of knowledge stemming from various methods and practices are been followed by generations hailing from that community to reduce the risk, adapt and thrive from the recent natural disasters. Having knowledge on indigenous practices and cues for disaster risk reduction/preparedness plays an important role in effective care delivery for the disaster workers/practitioners and policy makers.

Four primary arguments on significance of indigenous knowledge on disaster risk reduction are (ISDR., 2008);

1. The indigenous knowledge and practices embedded in community which proved its effectiveness in managing a disaster, can be adopted other communities encountering similar situation.
2. It helps in increasing the participation of the community members from the affected community to take leading role in disaster risk reduction activities.
3. Incorporating valuable knowledge existing in the indigenous practices from a local context in planning a policy/program, enhances its effective implementation.
4. Non-formal means by which indigenous knowledge is disseminated provides a successful model for other education on disaster risk reduction.

Indigenous practices in India as a means of DRR/preparedness

Just like every other country even in India people from different communities' practice some of the strategies embodied in the indigenous knowledge specially in response to natural disaster. India being a culturally diverse country has unique practices across the sates from Kashmir to Kanyakumari. Some such practices are listed in the table below;

State	Indigenous practice
Jammu and Kashmir 	**Earthquake safe housing construction** • Taq (Window) - Large pieces of wood or timber are used as horizontal runners embedded into the masonry walls to prevent spreading and cracking of masonry. • Dhajji-Dewari (upper story walls) - timber frames for confining masonry in small parcels and use of lean mud mortar.
Rajasthan 	Environment friendly shelter / housing construction to get protection from the heavy wind, sun and sand storm which are the common local threats.
Assam 	Soil and water conservation through Bamboo Plantation: Floods often breach bunds (embankments) and damage roads that are important links between villages. Planting bamboo helps to protect the bunds from being breached and prevent rapid run off from the river channel when the river overflows during heavy rainy days.
Arunachal Pradesh 	Prevention of natural disasters: The Aka tribe considers the mountain VojoPhu as sacred and those who invades it will be punished by the supreme power. This helps in forest conservation and indirectly has helped in mitigating various natural disasters like floods, drought and landslides.
Kerala 	Prediction of coastal hazards: 'Kolu' is a socially constructed phenomenon related to forecasting and prediction of hazards. Some of the predictors of Kolu especially in the fisherman's community connecting the inter-relatedness includes; smell of the sea and cyclonic storm, color of the crab and storm (white crab: storm surge, red crab: rain/wind etc.), presence of worms and rain/turbulent sea etc.
Orissa 	Prevention of water born disease: In the months of October–November (Kartika months), the Oriyans refrain from catching and eating fish. The reason is that the fish breed during these months and may also be prone to disease.

Every state and different communities within the states have their own indigenous practices. Some of them may be even common. For example, unusual barking of dogs, chirping of birds, change in the color and movement of the clouds etc. are the cues to predict the natural disasters like storms, cyclone, heavy rain falls, tornado, earthquake etc. The relationship between indigenous knowledge and natural disasters has developed more interest in recent years. While applying the indigenous knowledge, practices and cues the disaster worker should be careful in distinguishing between the misconceptions which would do more harm than good and the workable practices.

Remember

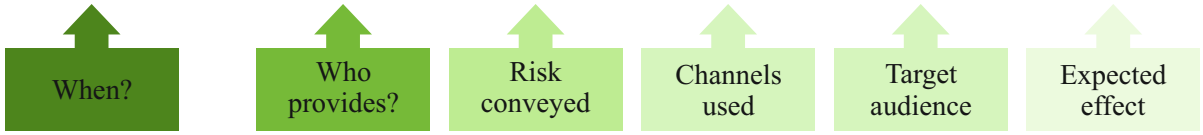
- Cultural sensitivity refers to understanding the culture of others, appreciating them and accommodating them.
- Understanding the local culture helps in easy planning, implementation and evaluation of services.

CHAPTER 7 DISASTER RISK COMMUNICATION (DRC)

Disaster Risk Communication (DRC) helps in empowering the disaster-prone communities with knowledge and skills to mitigate disaster impact. DRC is an ongoing process that can be implemented before, during and after any disaster. Effective communication can be ensured by initiating interactive communication flow between the system and the beneficiaries. The importance of DRC and integrating the same with community preparedness activities has got much attention in recent years. The disturbing off shoots of disaster can be managed or minimised through prior DRC. Hence, it should not only aim at providing risk information to individuals/communities but also empower them to adapt appropriate strategies at individual and community levels.

Table 7.1: Disaster Risk Communication Framework

	Communicator	Content	Medium	Beneficiaries	Outcomes
Before Impact					
During Impact					
After Impact					



Adapted from Rahman & Munadi, 2019

Steps in DRC Planning and implementation

Step 1 – Design
- Talk to the community and understand the purpose.
- Assess the target population (their knowledge, language & culture).
- Decide upon the medium for providing information on risk.
- Plan schedule for communication.
- Develop tools to assess the impact of DRC.

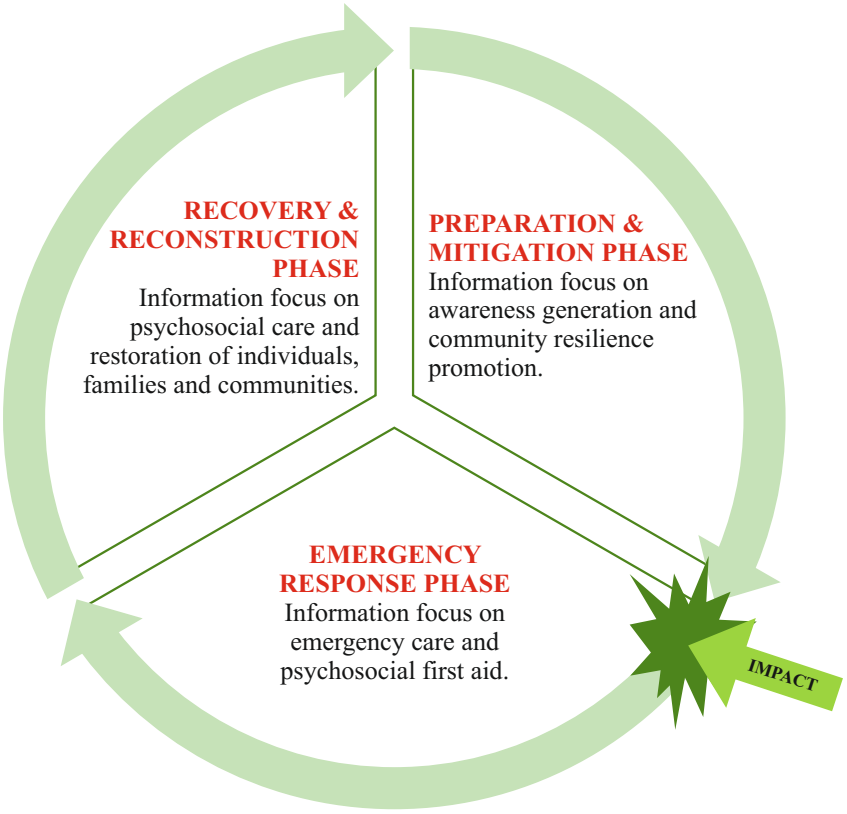
Step 2 - Pre-test
- Provide the developed information to a sample of population.
- Evaluate the impact of the communication.
- Do modifications if necessary.

Step 3 - Implement
- Coordinate with community people and other voluntary organisations.
- Use the pre-decided mediums and drive disaster risk communication.

Step 4 - Evaluate
- Analyse whether the field level implementation has achieved the purpose.
- Look for change in indicators (knowledge, attitude, beliefs and practices).
- Replicate or relook DRC based on the evaluation.

Step 5 - Make a policy
- Based on the results of the evaluation, create policy level changes for sustainability of the intervention on DRC in the community.

Figure 7.1: Types of Disaster Information



(Adapted from Kondo, Hirose &Shiroshita, 2019)

Figure 7.2: Medium for DRC.

Importance of DRC in different phases

PREPAREDNESS

- Collaborate with local community and governmental/non-governmental organisations.
- Provide consistent information repeatedly.
- Use appropriate media.
- Be open, clear and honest.
- Respect the community's local sentiments.
- Use understandable and appropriate language.
- Deliver prompt and authentic information.
- Enforce rumour reduction/prevention measures.

RESPONSE

- Ensure communication to enhance hope, security and social connectivity.
- Use crisp and clear communication.
- Avoid flooding of disturbing materials.
- Use affirmative and self-reliance instilling information.
- Have a check on rumours and focus on minimising them.

RECOVERY

- Build awareness and instil hope.
- Communicate on work done and intended plan of action.
- Maintain transparency.
- Emphasis on community participation and ownership.
- Provide authentic information on rebuilding services.
- Deliver information on alternative living strategies.
- Give opportunities for transparent feedback.

(Adapted from Dodgen, Hebert & Kaul, 2017)

Outcomes of DRC

- Educates people on risks, hazards, vulnerabilities and existing capacities.
- Instils community belongingness, participation and cohesiveness.
- Unveils innovative, local, cost effective, culturally specific prevention or mitigation measures.

Remember

- Prompt and active DRC enhances individual/family/community resilience.
- DRC should be a continuous process in all the phases of disaster.
- Effective community participation builds efficient DRC.

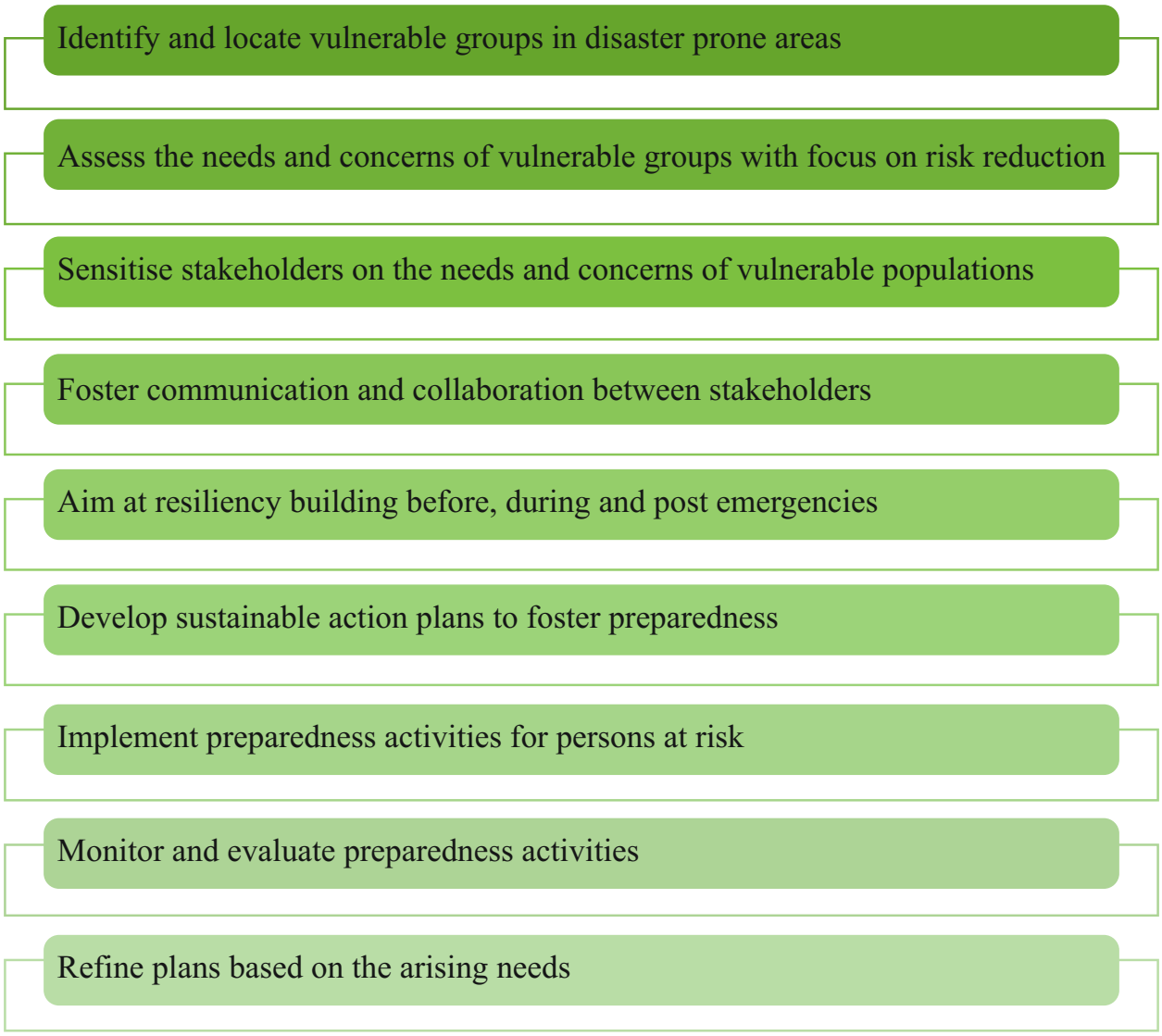
CHAPTER 8 PREPAREDNESS FOR VULNERABLE GROUPS

Vulnerable groups are individuals who have reduced capacity than the general population due to certain genetic, physical and psychosocial determinants *(age, physical, psychological, emotional or cognitive predispositions, socio-cultural, linguistic, religious, geographical or socioeconomic conditions)* that create barriers while receiving or processing information. Some examples of persons who are at risk are women, children, older adult, sexual minorities, persons with disabilities and so on. The biopsychosocial pre-existing conditions these individuals have make them vulnerable even before disaster impact. Disasters amplify the intensity of vulnerability among these populations and it would be difficult for them to access services during and post-disasters if they are not adequately prepared in advance. Hence, appropriate preparedness measures are essential to empower these groups to respond promptly and diligently during emergencies. These preparedness activities aim at creating emergency escape and contingency plans, building resource centres where they can access information and can be trained on targeted skills, periodic assembly and skill building, resource mapping and allocation, identification of needs and concerns, preparation of emergency kits based on the vulnerability and fostering psychosocial competencies to cope effectively. Meticulous preparedness measures for this population would minimise casualty and worsening of psychosocial issues during and post disasters. It would also enable better coping, adaptation and resilience. Pre-existing vulnerability does not mean that these individuals do not have any strengths. Care should be taken to validate and enhance their strengths despite difficulties.

Steps in accelerating preparedness among vulnerable groups

The planning should focus on ways to identify and constantly keep in touch with vulnerable groups using modalities (means) that are accessible to them, assess their needs and enable key functionaries in planning and implementing preparedness measures.

Figure 8.1: Steps in accelerating preparedness among vulnerable groups



Barriers to conduct preparedness activities for vulnerable populations

- Difficulty in identification of vulnerable population.
- Poor availability of preparedness measures for vulnerable groups.
- Inadequate coordination among stakeholders.
- Lack of policies and plans promoting preparedness among vulnerable groups.
- Lack of trust towards the stakeholders due to past negative experiences.

Table 8.1: Vulnerable groups, nature of vulnerabilities and activities that foster disaster preparedness		
Vulnerable Groups	**Nature of Vulnerabilities**	**Preparedness Activities**
Children	• Dependency • Lack of support • Poverty • Age • Poor knowledge and skills • Poor vigilance measures in the society • Accessibility to substances • Crime prone areas	• School safety programmes (mock drills) • School safety plans • Home safety plans • Psychosocial preparedness using life skills approach • Disaster related information in curriculum • Educating parents and teachers on disaster preparedness • Child safety education
Women	• Gender differences • Lack of mobility • Societal restrictions • Poor support • Problems associated with reproductive and sexual health	• Formation of support groups • Disaster risk reduction measures in self-help groups • Gender specific training on preparedness
Older adult	• Age • Being alone • Increased dependence • Easy vulnerability to diseases and infections • Living in non-supportive families	• Enhancing support • Education on older adult abuse • Taking the experience of older adults in disaster preparedness • Enabling psychosocial services for older adults
Persons with disability	• Poor mobility • Poor understanding • Poor accessibility to resources or communication • Extreme dependence on others • Poor psychosocial competencies • Increased caregiver burden	• Involving persons with disability in planning • Providing training on disaster risk reduction and prompt response • Enabling communication using multiple modalities

Function based approach for preparedness planning during emergencies

This framework focuses on enabling five basic functional needs for vulnerable populations during emergencies, namely:

(1) Communication.
(2) Medical Essentials.
(3) Enabling Functional Autonomy.
(4) Supervision and.
(5) Transportation.

Function based approach for preparedness planning

COMMUNICATION: Vulnerable groups need different modalities for communication that would help them to understand and respond better. The limitations these individuals (to see, hear, access or understand) have in accessing and assimilating information pose greater challenge. This should also include persons who have no or decreased ability to read, understand or communicate in a particular language. Multiple modalities of communication via different mediums that can be easily accessed and understood by vulnerable groups need to be developed and disseminated. For example, giving verbal announcements along with simple posters with easily understandable pictorial content, deputing sign language interpreters and persons who speak multiple languages in the resource centre or places where these individuals assemble periodically can minimise barriers in communication.

MEDICAL ESSENTIALS: It is essential to cater to the health needs of vulnerable groups. While doing the psychosocial triage, the primary focus should be given to non-ambulatory (persons who are not able to move) patients, persons with chronic health conditions/ terminal illness/ contagious illness that mandate immediate medical attention/ persons undergoing treatment and persons in immunocompromised state. Care should be taken to make medicines, dialysis facilities, arrangement of containment zones, facility to monitor vital signs regularly, ventilators and other medical essentials available.

ENABLING FUNCTIONAL AUTONOMY: Early identification of persons with vulnerabilities and screening for deterioration in the functional autonomy skills within 48 hours of the impact would enable faster recovery and help cater prompt medical services. This prompt screening will also help in identifying and ensuring that they receive essential medications, arranging for assistive devices (wheel chairs, crutches, walking canes, hearing aid, etc.) that were lost or repaired during the disaster and connecting with services or persons that would enable support in activities of daily living and enable functional autonomy. Special attention needs to be given to those persons who have lost their caregivers during the disaster.

SUPERVISION: Not all persons with vulnerabilities need support in activities of daily living. As already told, it is essential to identify whether vulnerable groups have adequate support from family, friends, community and other social units. It is essential to understand the concerns of persons with constant supervision needs (Ex: persons with dementia, intellectual disability disorder, chronic mental disorders, children, etc.). Thereby identifying support services for such individuals and connecting them to resources or individuals that are capacitated to help such individuals.

TRANSPORTATION: Prompt mobility during impact is essential. Certain vulnerable groups especially older adult, persons with disabilities, children who have no support, etc., might have significant difficulty in responding quickly or moving to safer zones during impact. Emergency response plans should also include plans for enabling movement of individuals who have compromised mobility or who are dependent on others for their ambulatory needs.

Strategies to empower vulnerable groups in disaster preparedness

Developing Registry

One of the barriers identified in rendering preparedness activities for vulnerable groups is difficulty in identifying and locating vulnerable populations. A registry can be developed which will have basic information about the vulnerable groups (name, address, contact details, type of vulnerability, contact information of immediate caregiver and so on). The purpose of the registry should be clearly communicated so that persons would feel free to register and confidentiality of the details collected need to be maintained strictly.

Utilisation of NGOs and CBOs

Nationwide different Non-Governmental (NGO) and Community Based Organisations (CBO) cater to the needs of diverse populations with vulnerabilities. The local understandings, cultural and linguistic coherences these organisations share, help them in reaching faster to the vulnerable groups. The long association in rendering services for these groups help in building their trust and it would be easy for these groups to reach them. The NGOs and CBOs can be encouraged to integrate disaster preparedness for vulnerable populations along with their routine services. These can also act as resource centres for disseminating information pertaining to disaster risk reduction and enhancing resilience.

Resource Centres

Resource centres can be created where persons can drop in periodically and gain awareness on preparedness measures. These centres can act as portals to conduct periodic rehearsals and capacitate vulnerable groups on psychosocial competencies. These agencies can also periodically assess the needs and concerns of vulnerable populations and design early warning messages that aid life-saving support during emergencies. These also should aim at creation of accessible zones and should liaison for policy generation and implementation, aiming at addressing the needs and concerns of vulnerable populations during emergencies.

Risk Communication

It is essential to communicate risk and ways to safeguard oneself before, during and after emergencies. Vulnerable populations have compromised ability to access disaster related information. It is essential to deliver risk communication to targeted vulnerable groups using modalities that can reach these groups easily or those modalities to which these groups have access.

Use of Technology

In today's era, most people are becoming at ease with technological devices. Technology can be used to disseminate information related to disaster risk reduction. Mobile applications can be used to enable registration of vulnerable groups. Early warning signs, disaster preparedness related information, information related to training or capacity building, information on resources, etc., can be passed on through these applications. This also would help in locating the person with vulnerability during emergencies. It does not mean that traditional methods of communicating should be avoided or minimally used as there might be significant number of persons who might not be able to access technological devices.

Legislations, Policies and Programmes

The existing legislations favouring disaster preparedness for vulnerable populations need to be implemented and new legislations need to developed. SDMAs and DDMAs need to be sensitised on the implementation of programmes and services focusing on enriching the knowledge and skills of vulnerable groups on disaster preparedness. Proper sensitisation measures need to be tailored to capacitate community in responding better to the needs of vulnerable groups living in the community.

These strategies help in enabling vigilance among vulnerable groups and build better response among them in the walk of disasters.

Remember

- Identification of vulnerable groups, lack of preparedness measures and poor coordination among stakeholders are some of the barriers to aid vulnerable groups.
- Function based approach enables preparedness planning among vulnerable groups.

CHAPTER 9 CAREGIVERS AND PREPAREDNESS

Caregivers play a crucial role in planning, implementation and evaluation of psychosocial care services before, during and after disaster. Generally, care responders' machinery is activated during and post disasters. It is vital to involve caregivers in the preparedness phase also. They can speedup community preparedness by bringing the community together in the preparedness assessment, planning and implementation of preparedness strategies.

What can Caregivers do in the Preparedness Phase?

1. Formation of Response Teams

Identification of community resource team who will be responsible for planning and overseeing preparedness activities. It is essential to involve representatives from all the parts of the community.

2. Evaluation of hazards, risks, vulnerabilities and resources

Conduct HRV analysis and Resource Mapping using Participatory Rural Appraisal techniques.

3. Prepardness Planning

Determining priorities and formation of a preparedness or emergency response plan. Framing goals, objectives and strategies to achieve the goal.

4. Implementation and Evaluation

Training local community on disaster preparedness through mock drills and exercises. Periodic reviewing of plan and facilitating revisions if necessary.

Table 9.1: Enriching the efficiency of caregivers	
Areas	**Recommendations**
Attitude/Behaviour	• Being prepared to face adversity. • Being persistent and consistent with the roles and responsibilities. • Having a sense of control and coherence. • Working as a team. • Knowing about the local culture.
Caring for themselves	• Adapting healthy lifestyle practices. • Following routine. • Monitoring health status (physical and mental). • Having a sound social life.
Systematic formulation	• Standardisation of reports/ protocols/ SOPs. • Maintaining a library of all documents and other essentials.
Training	• Disaster Risk Reduction. • Disaster Response Planning. • Emergency Communication. • Participatory Rural Appraisal. • Psychosocial Triage. • Psychosocial First Aid. • Psychosocial Care. • Psychosocial Competencies.

Strategies for enhancing the roles of caregivers in the preparedness phase

- First responders or caregivers should have proper orientation about their roles and responsibilities.
- Caregivers need training in effective leadership skills, planning, enhancing community participation and involving multisectoral collaboration.
- Caregivers need to be sensitive to the psychosocial needs and demands of the community they are working with.
- Caregivers need to foresee challenges that can arise during emergencies and plan diligently to deal with them.
- Psychosocial preparedness needs to be given equal importance.
- Caregivers need to be trained on psychosocial assessments to understand the varied and vibrant needs of the community.
- They should act as bridge between the needs and the services.

- Caregiver must be culturally competent in training the community in preparedness using local practices.
- The caregivers should aim at personal and community safety while carrying out preparedness activities.
- They should have adequate knowledge about the community resources, existing policies, organizations and programmes.
- They should collaborate with different governmental and non-governmental organizations.
- They should be well versed with technology and other assistive devices that help in spreading disaster risk communication.
- They should be able to train the community on preparedness, effective response during emergencies, psychosocial care and other capacities.

Vulnerabilities among caregivers and caring for carers

Caregivers perform heroic tasks in the rescue, relief and rehabilitation phases. The constant exposure to adversity in these phases would make them vulnerable to psychosocial issues and mental health problems as discussed earlier. It is essential to train caregivers to monitor personal as well their peer's mental health status periodically. Caregivers are vulnerable to burnout, exhaustion and other mental health issues due to non-cooperation from the community during the preparedness phase, systemic challenges, policy level hindrances, poor collaboration between agencies and so on. It is essential to have adequate debriefing and support from the peers, higher authorities and associated systems. The caregivers need to have periodic trainings and refreshers focusing on boosting their resilience and working ability in responding to emergencies and preparing the community to cope with adversities. The caregivers also need to learn the importance of working as team while prioritising, planning, positively influencing the community and acting as a change agent in driving individuals, families and communities towards the road to recovery.

Remember

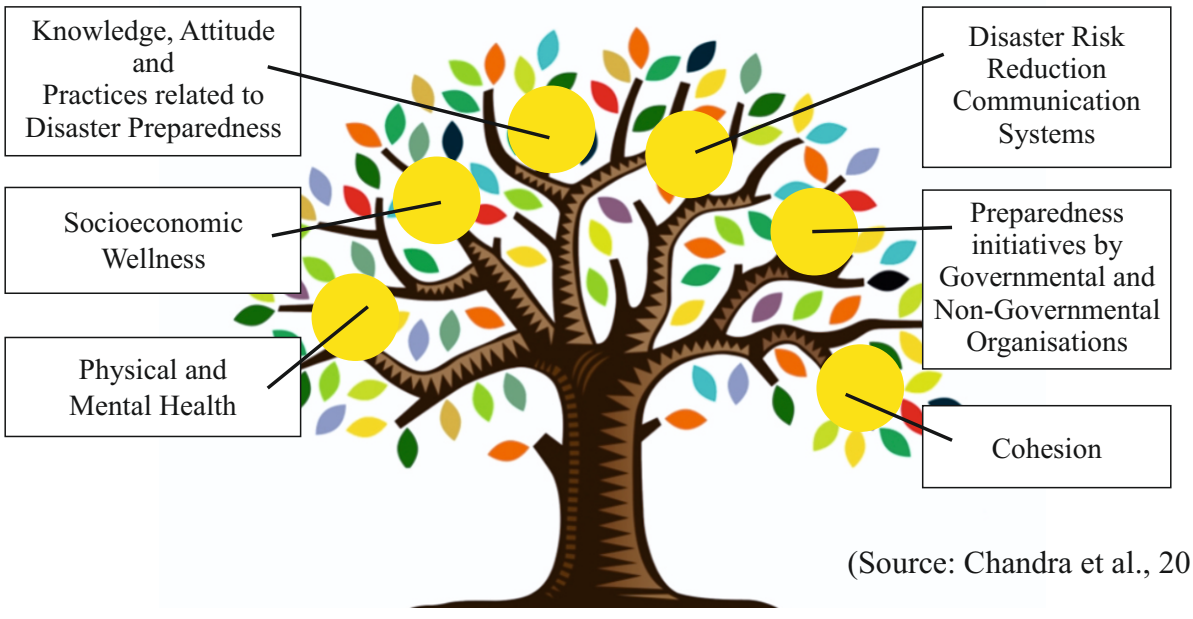
- Care providers need to be trained on preparing the community in coping with adversities.
- Care providers are also vulnerable to distress and need to be capacitated with skills and resources to deal with their personal vulnerabilities.

CHAPTER 10 COMMUNITY RESILIENCE BUILDING

Resilience is an individuals' or community's capacity to bounce back or deal effectively with distress and reach earlier level of functioning using adaptive coping patterns and resources. Though resilience might appear as a concept specific to an individual, community resilience is the summation of individual resilience. Community resilience is defined as the continual capacity of the community to withstand and recover from any calamity (natural disasters or human-made adversities). Every community has its own vulnerabilities and capacities. Resilience building aims at identifying strategies to mitigate vulnerabilities and enhance capacity to resist, anticipate, respond, cope and recover in the face of disasters. It focuses on three cardinal elements:

1. To avoid, endure and deal with the stressors created by a disaster using adaptive coping patterns.
2. To respond effectively as a community and recover diligently to the earlier level of psychosocial functioning.
3. To strengthen the community's preparedness using earlier experiences.

Indicators of Community Resilience



(Source: Chandra et al., 2011)

Awareness

Awareness generation should focus on two areas, namely: *ways to enhance the biopsychosocial well-being* (physical, mental and social wellness) and *disaster risk and preparedness communication.* Knowledge and adequate awareness on preserving and promoting one's well-being and disaster risk reduction initiatives will help individuals to respond better to disasters and foster prompt recovery post-disasters. The community need to be sensitised on ways to preserve and enrich one's physical and mental health, ways to build social ties/support, existing hazards, risks and vulnerabilities, resources available and measures to be taken to minimise the effect of disaster. Care should also be taken to ensure that the services designed are available to everyone, easily accessible and affordable.

Behaviour Change

Knowledge should bring change in the individual's attitude and practice. Providing awareness alone will not facilitate resilient communities but steps need to be taken to enable communities to adapt strategies, to enable biopsychosocial well-being and disaster preparedness. Community engagement and collective responsibility is essential for facilitating behaviour change. This will also enhance the community cohesion and belongingness. Communities should come together to discuss about their issues, reach a consensus on strategies to connect the concerns with resources and design individual, family and community plans to enhance resilience at all these levels.

Continuation through collaboration

The aim of resiliency building programmes is creating sustainable and self-sufficient communities. Building disaster resilient communities should be an ongoing activity. It should be a democratic process (of the people, by the people and for the people). The sustainability of pro-resiliency programmes in the community can be maintained through intersectoral collaboration. Governmental and Nongovernmental Organisations should collaborate with the local community to provide support and guidance. To ensure the quality of service, proper evaluation measures need to be positioned. Periodic reviews would aid in improving the resiliency building activities, identifying gaps and rectifying them.

Strategies to strengthen community resilience

- Undertake risk and resource analysis in a systematic manner on disaster specific future uncertainty, risky conditions and available resources.
- Foster coordination and collaboration between stakeholders.
- Identify gaps and accelerate systems to minimise vulnerabilities and risks.
- Enable equality of services and make sure the services reach all individuals in the community.
- Capacitate individuals on adaptive coping behaviours.

- Emphasise on prompt responsiveness.
- Maintain cultural coherence while designing activities.
- Build effective local governance systems.
- Ensure sustainability of services.

Community Resilience Building is not a one-time activity but is a timely activity. It has to be planned adequately with public participation and intersectoral collaboration.

Commemoration of events

Disaster anniversaries and International Day of Disaster Risk Reduction can be certain days in which specific assessments or review on community resilience practices can be considered.

Anniversaries help to commemorate and remember the events that happened in the past. Persons, places and circumstances associated to the adversity can induce re-experiencing of disaster experiences.

One such catalyst that triggers recounting of disaster experiences is time wherein people might have unpleasant emotional experiences (flashbacks, guilt, anger outbursts, nightmares, etc.) for weeks to days closer to the disaster anniversary. These reactions are normal responses to unresolved or pent-up negative emotions. Though disasters contribute to agonizing pain and loss, survivors also learn resiliency skills in the relief and reconstruction phases.

Why are Disaster Anniversaries Important?

- To evaluate the community's normalisation process.
- To acknowledge the pain and losses experienced by the community.
- To review prevention, mitigation and preparedness measures.
- To appreciate the efforts taken by different stakeholders who were involved in the response, relief and rehabilitation phases.
- To support community's march towards disaster resilience.

Similarly, **International Day of Disaster Risk Reduction** (October 13th) can be celebrated. Here, the community can come together to review the disaster risk reduction strategies that the community has adopted and revisit the working strategies aiming at efficient disaster risk governance.

Psychosocial Resilience

Psychosocial resilience refers to an individual's positive emotional and social response, and adaptation during situations (disaster, trauma, loss, etc.,) that cause significant distress. It emphases not only on appropriate psychosocial response during emergencies but also on reverting back to the earlier level of functioning.

Figure 10.1: Factors favouring psychosocial resilience

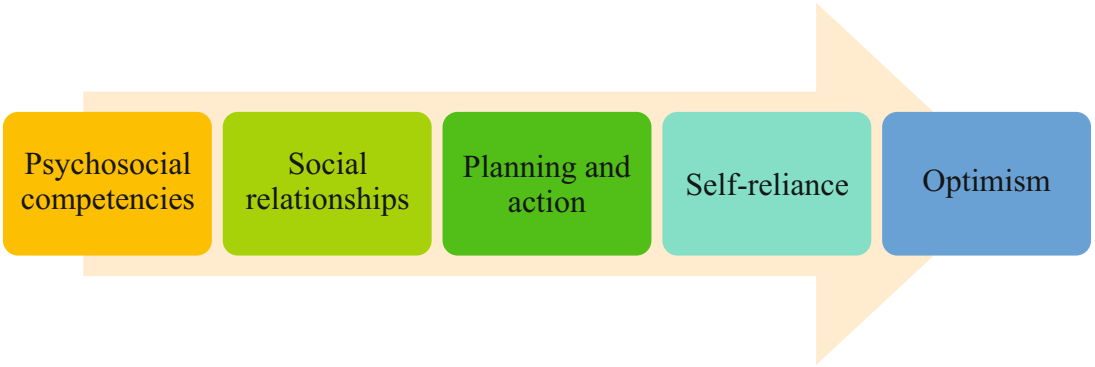


Table 10.1: Psychosocial Resiliency Timeline

BEFORE	DURING	AFTER
• Monitoring one's physical, mental and social health status. • Maintaining healthy physical, psychological and social life. • Having a family or community psychosocial plan. • Developing an emergency tool kit. • Assessing the hazard, risk and vulnerability. • Preparing disaster risk reduction strategies. • Understanding individual, family and community resources. • Testing the plan in mock drills. • Psychosocial preparedness. • Disaster risk. communication. • Resiliency building strategies.	• Accessing authentic information. • Following the rehearsal instructions. • Maintaining personal, family and community safety and security. • Accessing psychosocial first aid and psychosocial care services based on the need. • Adopting adaptive coping patterns. • Monitoring the physical and mental health status of the family members and community. • Being close to the family and community. • Rendering support to family and community.	• Reviving relationships. • Talking about disaster experiences through group interaction or individual sharing. • Understanding grief and moving towards acceptance. • Acknowledging the losses. • Participating in community rebuilding activities. • Appreciating the positives that happened after disaster and persons who were involved in the community rebuilding. • Working on weakness and threats. • Enhancing strengths and opportunities. • Reviewing and reworking on mitigation and preparedness plans based on the lessons learnt.

Remember

- Resiliency aims at capacitating individuals with skills that enable adaptation and better coping.
- Community resilience is the summation of individual resilience.
- Resilience can be built by focusing on the well-being, awareness building and sustainability of services.

Section - 2

IMPLEMENTATION OF PSYCHOSOCIAL SUPPORT AND PREPAREDNESS

CHAPTER 1 MULTISECTORAL COLLABORATION IN DISASTERS

Communities affected by disasters will be deprived of variety of psychosocial needs. These multi-faceted needs cannot be managed by a single entity. It is hence essential for different stakeholders to come together to foster better facilitation and operationalisation of services. This collaboration of stakeholders establishes a purposive relationship where organisations with diverse resources sharing a common purpose come together. In this process, the stakeholders share information, good will, resources and capacities.

Characteristics of intersectoral collaboration

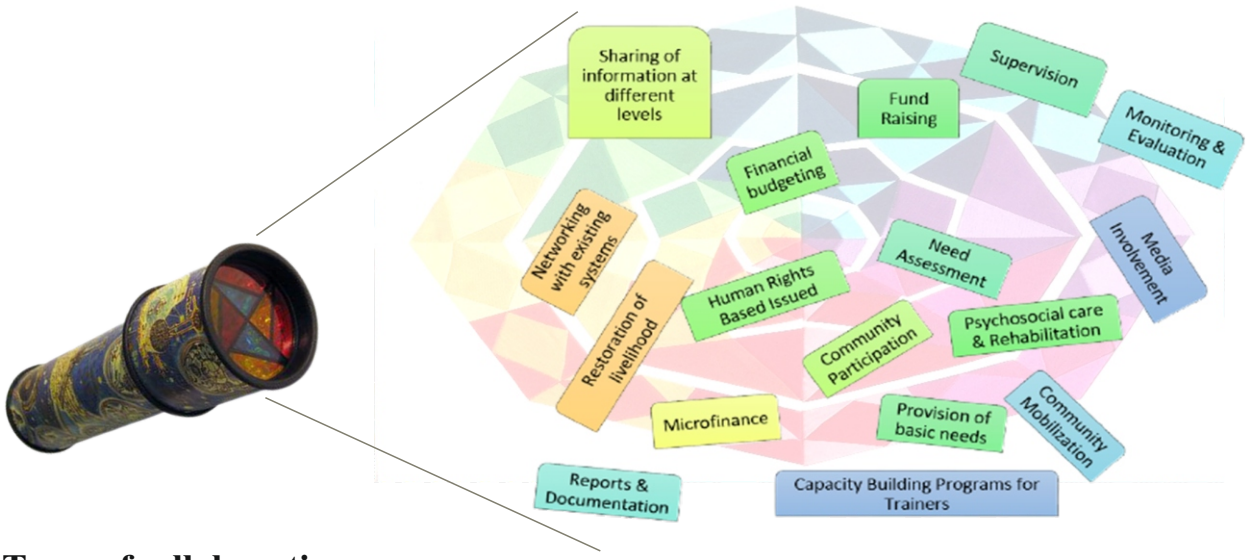
- Interdependence.
- Common goals.
- Mutual cooperation.
- Reciprocal benefit.
- Shared ownership.
- Collective responsibility.
- Long-term commitment.

Table 1.1: Different stakeholders and their roles

Stakeholder	Roles
Government	Framing rules, policies and programmes; enabling flow of activities; allotting funds and; conducting supervision.
NGOs	Assessing the psychosocial needs of communities; fund raising; programme planning; implementation and evaluation.
Donors	Gathering financial and other resources from different parts of the country or from other countries and reaching out to the needy.
Media	Circulating authentic information on impact and services (relief, helpline, risk reduction).
Academic Institutions	Knowledge sharing; capacity building and; research.
Community/citizens	Participation in planning, implementation and evaluation; resource preservation.

(Source: Al-Fazari&Kasim, 2020)

Overall roles in rendering psychosocial support



Types of collaboration

- **Vertical collaboration:** Flow of activities from a higher order to a lower order. Ex: From the state government to the local bodies.
- **Horizontal local collaboration**: Flow of activities between political institutions that fall under the same hierarchy. Ex: From Department of Health and Family Welfare to Education Department.
- **Horizontal sectoral collaboration**: Flow of activities between Governmental and Non-Governmental Departments.

Facilitating Multisectoral Collaboration

Political assertion

Government is responsible for taking care of the citizens. Government functions as different units/departments and the services are coordinated by/between them. Political underpinnings on collaboration are essential to foster collaboration between departments and with other stakeholders. Policies, legislations, plans and framework governing and easing collaboration will facilitate the involvement, commitment and continual action of multiple stakeholders in disaster management.

Identification and selection

Stakeholders who share common purpose need to be identified. Leaders need to be identified to facilitate coordination and cooperation. The leader can be any department who mainstream and oversee the planned activity. For example, in case of psychosocial support and mental health services, Department of Health can remain the nodal agency to plan, implement and monitor the services along with other departments like Department of Women and Child Development, Youth Affairs, Social Justice and Empowerment, etc., and other international, national and local NGOs. A systematic mapping of sectors sharing psychosocial preparedness goals is the first step to initiating collaboration.

Developing collaborative structures

Sustainability of planned activities is essential. Post emergencies multiple stakeholders come together to attend the diverse needs of the disaster affected population. The partnership between these agencies loosens as disaster management phases progress from relief to rehabilitation. For the better community resilience, it is essential to keep the psychosocial drill active through active involvement of multiple stakeholders. The nodal agency (preferably Department of Health in alliance with respective State Disaster Management Authorities) need to develop collaborative structures. This should focus on regular meetings between stakeholders that would foster understanding of mutual goals, avoid replication of services, facilitate intersectoral discussion and vibrant planning and execution. This should also create local response or resource teams that would help in reaching out the psychosocial preparedness plans to the local community.

Collaborative Activity

The participation of multiple stakeholders is vital in the following activities:

- Joint needs assessment (HRV analysis, resource mapping, mapping the psychosocial needs of disaster-prone communities, etc.).
- Sharing of information (exchange of information collected by multiple partners).
- Identifying focal parameters (areas to focus, solutions to fill the gaps, better preparedness and response initiatives).
- Planning (who is responsible, how the goals can be achieved, budget, etc.).
- Programme implementation (initiation of planned activities, dealing with barriers, moving towards the goal).
- Evaluation (whether the goal is achieved, future plans).
- Continuation (localisation of services and proceeding towards another goal).

During the entire process, it is essential to maintain transparency, trust, accountability, and effective communication.

Remember

- Stakeholders who share a common vision and purpose come together to achieve the common goal.
- Transparency, trust, effective communication and accountability are essential to maintain multisectoral collaboration.

CHAPTER 2 ETHICS IN DISASTER MANAGEMENT

Ethics are moral decisions or codes of conduct that help in judging what is right or wrong in any given social situation. Persons working in disaster situations might experience countless ethical dilemmas when resources are minimal and the target population is vast. Understanding ethics to be followed before, during and after disasters would help caregivers in enabling equity of services.

General Ethical Principles

(Adapted from Prieur, 2012)

Ethics to be followed prior to disaster impact

The community need to be adequately sensitised and trained on pre-disaster planning and preparedness to minimize risks in the event of disasters. Ethical principles help in modulating equality of services while carrying out pre-disaster activities. Essential ethical principles to be observed in the pre-disaster activities are explained below:

1. Equal accessibility of preventive strategies

The caregivers should aim at designing preventive strategies through participatory approaches discussed earlier. Care needs to be taken that communication and service pertaining to disaster risk reduction reaches all members in the community irrespective of their vulnerabilities.

2. **Enabling healthy ecosystem**
   Preservation of existing ecosystem and helping communities to restore polluted environment.

3. **Capacity building**
   Activities aiming at enhancing the resilience, adaptation and coping of individuals, families and communities.

4. **Adequacy in Information**
   Individuals need to be informed adequately about the hazards, risks, vulnerabilities and capacities existing in the internal and external environments.

5. **Community participation**
   Community needs to be encouraged to participate in planning, implementation and monitoring of preparedness activities through learning experiences.

6. **Right to expression**
   Community members need to be ascertained freedom of speech and expression while designing and implementing preparedness strategies.

7. **Equal access to services**
   Ensure equal access to preparedness services for every person in the community irrespective of their vulnerabilities.

8. **Exclusive preparedness**
   Focus on preparedness initiatives at workplace, recreational and tourist spots, schools, hospitals and public places through preparedness plans, drills and periodic trainings. Special attention to be given to the needs of vulnerable groups in the disaster-prone communities.

Ethics to be followed during the disaster impact

Any disaster would trigger chaos and disorder in the community. Along with the sudden confusion, the caregivers might experience increased ethical dilemmas. Appropriate triaging helps in minimising the ethical dilemmas. Some of the ethical principles that caregivers need to be mindful while dealing with survivors following a disaster are given below:

1. **Humanitarian assistance**
   Psychosocial first aid needs to be given to all the survivors of disaster.

2. **Dissemination of Information**
   Information in terms of immediate resources, services available and rescue operations need to be simple, precise, clear and consistent. Information should be culture and language specific.

3. **Evacuation**
   The community might have to move to relief centres or temporary shelters post-disaster. Care needs to be taken that the family or community does not disintegrate during the evacuation.

4. **Respect of dignity and worth**
   It is vital to respect the dignity and worth of survivors. Though the disaster survivors might be at the receiving end, the caregiver need to respect the rights of the survivors and aim at instilling hope.

5. **Focus on vulnerable groups**
   Any service should reach the persons in need of increased assistance (women, children, older adult, persons with disabilities, etc.)

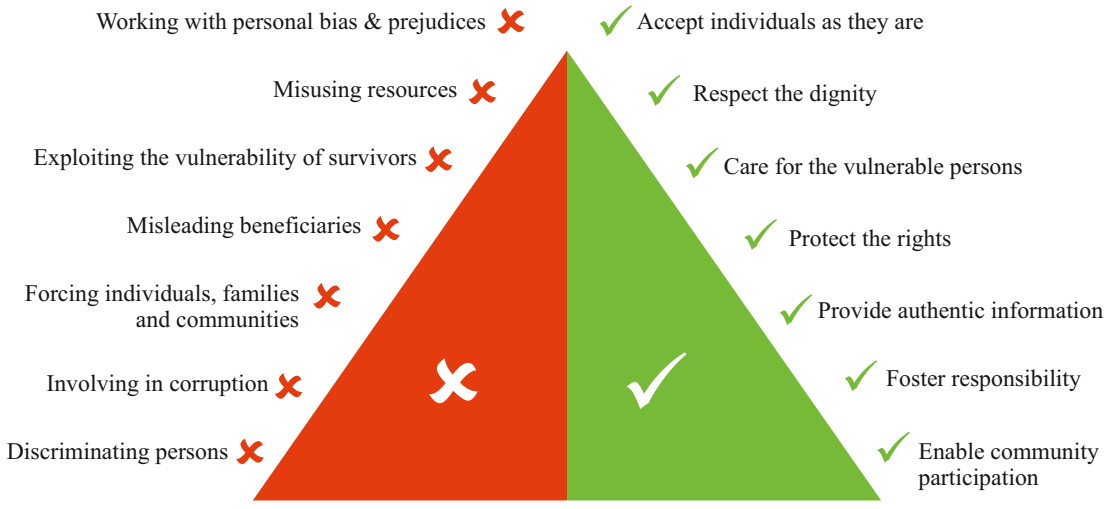
Ethics to be followed after disaster impact

After the impact, efforts focused on resiliency building accelerate and during this phase, the caregiver need to observe the following:

1. **Resilience building**
   Focus on sustainability of services and make the community own the activities initiated as a part of community restoration.

2. **Protection of rights**
   The economic, socio-cultural, civil and political rights of the individuals need to be respected and protected.

Do's and Don'ts while working with disaster prone or affected communities



Remember

- Ethics are set of values and moral principles that help in making right decisions.
- Care providers should focus on beneficence, non-maleficence, autonomy and justice while instrumenting services in disaster affected or prone communities.

CHAPTER 3 DOCUMENTATION IN EMERGENCIES

Documentation is the process of writing and recording the activities. It serves as a record for the work carried out, gives evidence of work done and acts as a resource for future reference during emergencies. Documentation plays a vital role in intervention settings. It is important to document all the key aspects and process that have taken place in the setting. Documentation gives a larger picture of who has done what. The process, human resource involved, activities carried out, plan proceeded, challenges faced are the main ingredients of documentation. It ensures continuity of care. Documentation helps in recalling events that took place in the past. It helps in getting the procedure of what needs to be done next and also serves as major evidence while dealing with complaints legally.

Why documentation?

Programme development	Gives expertise knowledge in guidance, supervision and decision-making.
Accountability	Creates responsibility among stakeholders and provides transparency in the work done.
As an information source	Documentation provides information for advocacy, awareness building, future projects, training and material development.
Learning material	Acts as a record for reference, identifies problems, opportunities, provides adequate information. It is useful for students, scholars, researchers and practitioners/stakeholders working in this area.
Evaluation	It provides information for monitoring and evaluation.

What to document?

- Aim and objectives of the intervention/programme.
- Number of cases seen, type of intervention provided, process of intervention and outcome of the intervention.
- Specific observations in the process of intervention.
- Issues that might need further attention.
- Feedback from the clients/participants.
- Field experiences and challenges faced by the caregiver.

Types of documentation

Documentation formats

1. Goal, Response Intervention and Plan (GRIP)

Goal: The objective of the work to be emphasized.
Response: The feelings or emotions of the person/beneficiary.
Intervention: The details of services rendered.
Plan: Future course of action.

2. Data, Assessment and Plan (DAP)

Data: Both verbal and non-verbal communication/observation.

Assessment: Appearance, physical and mental health measures, family/social functioning, psychosocial indicators of change (knowledge/ attitude/ practice/symptoms).

Plan: The follow up or plan of action for the next visit/level is focused in this stage.

3. Needs, Observation, Strategies and Evaluation (NOSE)

Needs: This section should contain information on whom the caregiver saw and what was seen in the disaster survivor/community (issues and concerns). This helps in understanding the needs of the disaster survivor/community.

Observation: The caregiver should record in detail his/her observations in terms of the negative impact, strengths and resources.

Strategies: The detailed documentation of intervention provided to the individuals/families/communities.

Evaluation: Any intervention aims at certain outcomes. This section should focus on enlisting the outcomes that were achieved/not achieved, those that are in the process and way forward. Evaluative measures need to be designed in advance. Evaluation should be ongoing and should happen immediately after the intervention.

4. Subjective, Objective, Assessment, Plan (SOAP)

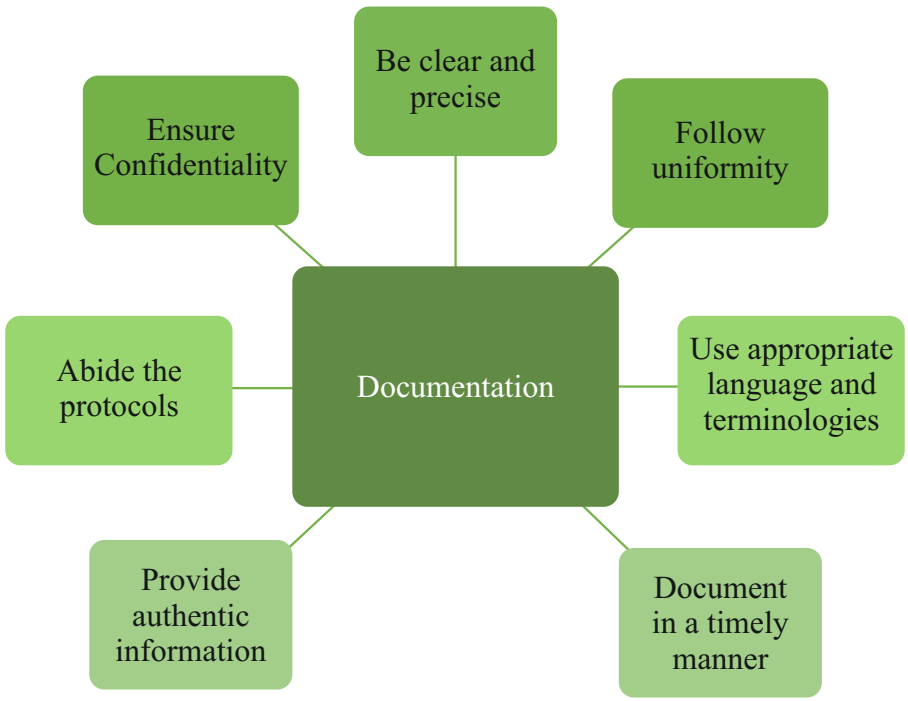
Subjective Data: The information provided by the beneficiary or the person to whom the care has been provided. These can be the person's explanation of pain or acknowledgement of fear, experiences during different phases of the disaster. Client's subjective input would help in creating a care plan.

Objective data: The subjective data obtained from the person can be viewed objectively where the caregiver adds his/her insights on the care plan. Care should be taken that personal biases need to be minimised while recording objective data.

Assessment: Assessment can involve both subjective and objective data and it helps in understanding the existing issues/concerns, the needs of the affected individual and it also provides an overview of a client's condition or improvement. The assessment can help the caregiver to understand the issue for which psychosocial support services initiated, if it got resolved and the goals/objectives were achieved. This gives direction to the future course of action.

Plan: Specific orders to handle the client's issue, the gathering of additional data about the problem, person or family and strategies to achieve the objectives.

Pointers for Documentation



THINGS TO REMEMBER WHILE DOCUMENTING

- Information must be presentable and understandable with salient points that the readers need to know.
- The documentation should include the personal details (name, age, education, occupation, socioeconomic condition, etc.), family details (number of members in the family, family relationships, family current functioning, etc.) and other details related to the service (dates, services, service providers, etc.).
- Strict confidentiality needs to be ensured at all levels especially while taking the beneficiaries' personal/family details.
- Informed consent (oral/written) need to be taken while taking any data (verbal statements/photographs/video) from the beneficiary.
- The beneficiary should also be informed in advance why the caregiver is taking such information and how it will be used.
- Appropriate masking needs to be done in case the documentation is a photograph or a video.
- Information taken should be protected in a password-protected file. Currently large number of computer applications are available to protect the safety/security of the documents. Such applications can be used.
- Though digitalisation of work is important, along with ensuring adequate backup for the information, old way of documenting (writing notes, maintaining records/logs, etc.) also need to be adhered.
- Documentation should facilitate cross learning and ensure peer problem solving.
- A review team has to be formed which supervises the quality of the document.
- Mechanisms need to be maintained to store, retrieve and use the documents created.
- Main purpose in documentation is to get a complete picture of interventions and programs carried out in the field. Hence, documentation should be an ongoing process.

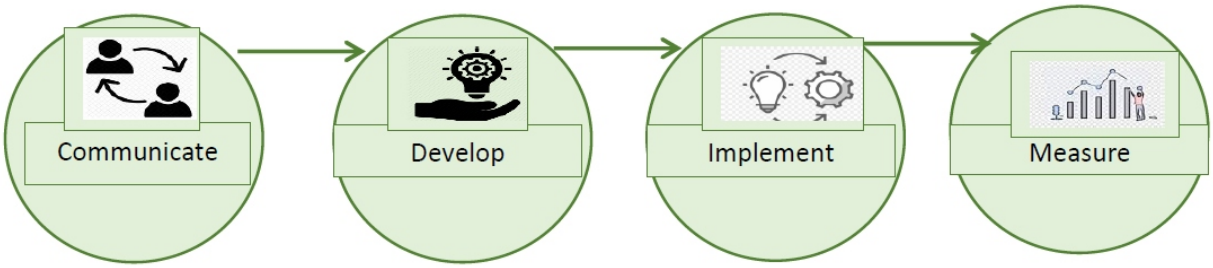
Remember

- Documentation is a systemic way of writing reports that educate about the work undertaken, its goals, progress, learnings and way forward.
- Documentation has to be an ongoing process.

CHAPTER 4 DEVELOPING ACTION PLAN

Any capacity building activity should aim at implementation of the objectives and marching towards the goals. Action plan serves as a blueprint for caregivers to orient them on what to be done, how it can be done, whom should they collaborate with, what indicators need to be focused and how it can be measured. It helps in planning the gradual stage-wise progression of the activity and ways to evaluate the implementation. It enlists comprehensive indicators that ensures the flow of the aimed goals and objectives. It should help caregivers identify tools that indicate the movement towards the goal across the stipulated timeframe.

The action plan model given below helps in understanding the process of action planning:



Here the caregiver has to communicate the findings of the needs assessment to the community so that s/he can confirm that the service envisaged helps in addressing the actual needs of the community. Then based on the feedback taken from the community on the needs identified, the caregiver along with other stakeholders develop strategies. The strategies developed gets translated to the local community and in this phase, the caregivers implement the designed strategy along with the community. Measures need to be identified and formulated in advance to evaluate the outcomes.

Process of developing action plan

1. Set objectives

The SMART framework helps in developing effective objectives. The objectives should be:

(i) **S**pecific with well-defined goals.
(ii) **M**easurable to keep a track of the progress.
(iii) **A**ttainable considering the time, money, experience and other resources.
(iv) **R**elevant to the objectives.
(v) **T**ime bound to the set time-frame/deadline.

2. Assess objectives

Once the objectives are set, break down complex and more difficult tasks into smaller parts that are easier to complete and manage.

Attention should be given to assess whether the objectives are in line with the goals of the aimed activity. The caregiver should also identify the required resources like funds, equipment and people to work towards achieving the goals.

3. Identify tasks to achieve objectives

The objectives designed to achieve the goal can be performed only through strategies or tasks. The caregiver must ensure that each task is well-defined and achievable. The tasks should be measured using indicators that would help in the evaluation process.

4. Plan activities

The caregiver has to prioritize the tasks and restructure the plan developed earlier. Before implementing the activities, foreseeing the challenges and obstacles are important. This helps to minimise the confusion in future and facilitate flow of the activities. The evaluation strategies also should be designed in advance to assess the final outcome.

5. Create a timeframe

The timeframe should be realistic. Before deciding on deadlines, the caregiver has to talk to the team/community/other stakeholders on their roles and responsibilities. It is also important to balance between the time and goals to be achieved.

6. Develop action plan

Action plans give the complete picture of tasks, target group, facilitators, time frame, expected outcome, possible challenges, and other resources included in the plan.

7. Midterm assessment

The caregiver has to assess the progress in completion of the tasks, towards achieving the goal. If the direction of the plan is not progressing as expected, the team can rethink the strategies and set alternative plans. The action plan can also be modified accordingly.

8. Monitoring and Evaluation

The caregiver has to identify positive, negative, direct or indirect changes took place in the process of implementing the action plans. This helps in keeping a track of the targets to see Well-designed action plan gives a framework for the caregiver to develop action plans. The caregiver should involve in collaborative discussion with all the stakeholders and the community before developing the action plan. This helps in identifying the indicators and implement the plan effectively.

Remember

- An action plan should involve communication, development, implementation and measurement.
- Evaluation should be an ongoing process.

Level -3: Certificate Course on Psychosocial Preparedness

The PSP module can be provided as a certificate course. This level would focus on enriching DRR skills and resilience among disaster prone communities. CLWs can be proportion of persons trained in level 2, DDMA and DMHP personnel, Schools of Social Work and University Departments of Psychology. The capacity building will be a three months virtual certification programme. The participants will be provided DRR and Resilience building manual cum facilitation guide and workbook. The capacity building will focus on DRR skills, resilience building, preparedness among vulnerable sections and caring for self. On completion of the course curriculum of 12 online sessions of two hours each and 17 resource material provided and completion of assignments, case studies and other requirements they will be provided a Certificate from NIMHANS and endorsed by NDMA/SDMA.

NATIONAL DISASTER MANAGEMENT TRAINING MODULE-3
FACILITATORS GUIDE

Psychosocial Preparedness

March 2023

Jointly Developed by

National Disaster Management Authority
(NDMA)

National Institute of Mental Health and Neuro Sciences
(NIMHANS)

CONTENT

PROGRAMME SCHEDULE

No	Name of Session	Methodology	Duration
1	Preparedness in disasters	Brain storming and discussion	90 min
2	Psychosocial Hazard, Risk and Vulnerability (HRV) analysis	Group activity and discussion	120 min
3	Resource mapping	Group activity	120 min
4	Psychosocial competency	Case presentation and discussion	90 min
5	Psychosocial Skill Demonstration (PSSD)	Role play and group discussion	150 min
6	Cultural sensitivity in disasters	Sharing of experience and Discussion	90 min
7	Disaster Risk Communication (DRC)	Brain storming and group activity	90 min
8	Preparedness for vulnerable groups	Group activity and Presentation	150 min
9	Caregivers and preparedness	Group activity and discussion	90 min
10	Community resilience building	Activity demonstration	90 min
11	Multisectoral collaboration in disasters	Group activity and discussion	90 min
12	Ethics in disaster management	Brain storming and case discussion	90 min
13	Documentation in emergencies	Activity and discussion	90 min
14	Developing action plan	Group presentation	90 min

Section 1
PSYCHOSOCIAL PREPAREDNESS

FACILITATORS GUIDE

Session 1: Preparedness in disasters.

Aim: To orient the participants on preparedness cycle and psychosocial preparedness.

Methodology: Brain storming and discussion.

Duration: 90 mins.

Process: Facilitator will give a brief introduction to preparedness in disasters and the activity 1 will be conducted. After the activity the facilitator continues to discuss about the disaster preparedness cycle and psychosocial preparedness in disaster.

Outcome of the session: Participants will understand the cycle of disaster preparedness.

Activity 1

Description of the activity: Planning for the disaster preparedness (group discussion).

Aim: To facilitate planning for the disaster preparedness at individual, family and community level.

Duration: 90 mins.

Materials required: Three chart papers and markers.

The participants will be divided into three groups. Each of the group will be given different topics, namely: (1) Individual level preparedness, (2) Family level preparedness and (3) Community level preparedness. The groups will be instructed to plan the activities for given topic. After discussion, the participants have to present the points to the whole group.

FACILITATORS GUIDE

Session 2: Psychosocial Hazard, Risk and Vulnerability (HRV) analysis.

Aim: To help participants understand Hazard, Risk and Vulnerability (HRV) analysis.

Methodology: Group activity and discussion.

Duration: 120 mins.

Process: Facilitator will discuss about the HRV through progression of vulnerability framework (figure 2.1). Following which the facilitator will discuss about the types of vulnerability, vulnerability assessment, disaster risk and HRV analysis. The session will be concluded with the activity 2 given below.

Outcome of the session: Participants will understand the concept of HRV and will be able to conduct HRV analysis.

Activity 2

Description of the activity: HRV Analysis.

Aim: To orient participants on conducting hazard, risk and vulnerability analysis.

Duration: 120 mins.

Materials Required: Chart paper, color pens, pencil, erasers.

The participants will be grouped based on their localities and will be asked to map the hazards, risks, and vulnerability using the materials provided. The facilitator guides them in the process of their activity. In the end all the groups will be invited to observe HRV analysis done by each group and clarify their doubts.

FACILITATORS GUIDE

Session 3: Resource mapping.

Aim: To facilitate understanding on resource mapping.

Methodology: Group activity .

Duration: 120 mins.

Process: Facilitator will give an introduction to resource mapping and facilitates the activity given below. Once the participants complete, the facilitator explains about the steps in resource mapping, its need, importance and relevance to disaster preparedness.

Outcome of the session: Participants will understand the process of doing resource mapping.

Activity 3

Description of the activity: Map the resource.

Aim: To facilitate understanding in participants on conducting resource mapping.

Duration: 120 mins.

Materials Required: Chart paper, color pens, pencil, erasers.

The participants will be grouped based on their place of stay (domicile). The groups will be asked to map the resources that are available in their community. Once the activity is completed each of the groups will be asked to present it to the entire groups of participants.

FACILITATORS GUIDE

Session 4: Psychosocial competency.

Aim: To create understanding about the psychosocial competency in the participants.

Methodology: Case presentation and discussion.

Duration: 90 mins.

Process: Facilitator discusses about the psychosocial competency and skills required to enhance psychosocial competency. An activity given below will be conducted and the session will be concluded.

Outcome of the session: Participants will develop the skills required to build psychosocial competency

Activity 4

Description of the activity: Psychosocial competencies building (role play).

Aim: To orient participants on the essential psychosocial competencies required for mitigating disaster risk.

Duration: 90 mins.

Materials Required: Case vignettes.

Facilitator shows the case vignettes and the participants will be encouraging to share their observations about the skills used. Discussion will be generated based on what is been observed by the participants and the facilitator adds on his/her points wherever required.

FACILITATORS GUIDE

Session 5: Psychosocial Skill Demonstration (PSSD).

Aim: To make the participants understand the significance of psychosocial skill demonstration and the steps to do it.

Methodology: Role play and group discussion.

Duration: 150 mins.

Process: Facilitator will give an introduction to PSSD, phases in PSSD and its objectives, steps in conducting PSSD and the significant components need to be focused. The activity given below will be conducted and outcome of the PSSD will be discussed.

Outcome of the session: Participants will understand the significance of PSSD and will be able to demonstrate it.

Activity 5

Description of the activity: Psychosocial skill demonstration (before, during and after).

Aim: To help participants understand the concept of PSSD.

Duration: 150 mins.

Materials Required: Nil.

The participants will be divided into three groups. The first group will be asked to do a role play on psychosocial support activities before the impact (focus on preparedness), second group to perform a role play on psychosocial support activities during the impact (response) and the third group on psychosocial support activities post disaster (reconstruction and restoration). Once each group finishes, the facilitator provides corrective feedback on role of psychosocial support services during each of these phases.

FACILITATORS GUIDE

Session 6: Cultural sensitivity in disasters.

Aim: To make the participants understand the need to develop cultural sensitivity in disasters.

Methodology: Sharing of experience and Discussion.

Duration: 90 mins.

Process: Facilitator will discuss about the culture sensitivity in disaster, indigenous practices and cues in preparedness, especially in India. The session will be concluded with the activity given below.

Outcome of the session: Participants will understand the significance of developing culture sensitivity in disaster.

Activity 6

Description of the activity: My Culture.

Aim: To encourage participants to learn from each other's culture.

Duration: 90 mins.

Materials Required: Nil.

The participants will be asked to talk about the unique cultural practices that they practice and its importance. Once participants finish, the facilitator connects from they shared about the significance of culture in disasters and why the caregivers need to culturally competent.

FACILITATORS GUIDE

Session 7: Disaster Risk Communication (DRC).

Aim: To facilitate understanding in the participants about the disaster risk communication (DRC).

Methodology: Brain storming and group activity.

Duration: 90 mins.

Process: Facilitator will give an introduction to DRC, steps in DRC planning and implementation, types of disaster information and mediums of DRC. After that, the activity 7 will be conducted. The facilitator continues discussion on importance of DRC in different phases and the outcome of DRC.

Outcome of the session: Participants will be able to do DRC.

Activity 7

Description of the activity: Preparing a DRC Sample (Group activity).

Aim: To educate participants on disaster risk communication.

Duration: 90 mins.

Materials Required: Three chart papers.

The participants will be divided into three groups and each group has to discuss and come up with a disaster risk reduction material. The DRC material should comprise of the following:

1. Who gives the communication for whom?
2. What will the DRC convey?
3. What mediums will be used to communicate disaster risk?
4. What are the expected outcomes?

The facilitator informs the participants to ensure cultural specificity and inclusion of vulnerable groups in the DRC. After each presentation, the facilitator provides insights on improving the DRC plan.

Facilitators Guide

Session 8: Preparedness for vulnerable groups.

Aim: To enhance the participants knowledge on preparedness for vulnerable groups.

Methodology: Group activity and Presentation.

Duration: 150 mins.

Process: Facilitator will give an introduction to preparedness for vulnerable groups, steps in accelerating preparedness among vulnerable groups, barriers to conduct preparedness activities for vulnerable populations, activities to foster disaster preparedness, function-based approach for preparedness planning and strategies to empower vulnerable groups in disaster preparedness. An activity given below will be conducted and the session will be concluded.

Outcome of the session: Participants will be able to plan strategies to empower vulnerable groups in disaster preparedness.

Activity 8

Description of the activity: Preparing vulnerable groups to deal with disasters.

Aim: To impart skills in participants on empowering vulnerable groups in disaster preparedness.

Duration: 150 mins.

Materials Required: Six chart papers and markers.

The participants will be divided into six groups and each group will be given the following vulnerable groups: (1) Children, (2) Women, (3) Elderly, (4) Persons with physical disabilities, (5) Persons with mental disabilities, (6) Sexual minorities. The groups will be asked to discuss and come up with a preparedness plan for the allotted vulnerable group. The plan should comprise of the activities that can be done, how it will be done, mediums that will be used, expected barriers and required resources. Once the groups present, the facilitator shares her/his observations.

Facilitators Guide

Session 9: Caregivers and preparedness.

Aim: To help participants understand the role of caregivers in disaster preparedness.

Methodology: Group activity and discussion.

Duration: 90 mins.

Process: Facilitator will discuss about the role of caregivers in preparedness phase. The activity 9 will be conducted. Followed by the activity the facilitator discusses about the areas to enrich the efficiency of caregivers, strategies for enhancing their roles, vulnerability among caregivers and caring for carers.

Outcome of the session: Participants will get an insight on the role of caregivers and also the need to care for the carers.

Activity 9

Description of the activity: Trust Walk.

Aim: To orient participants on the roles and functions of caregivers in the preparedness phase.

Duration: 90 mins..

Materials Required: Thick black ribbons/cloth for all.

The participants will be asked to group as pairs of two. One of the participants in the group is to be blindfolded and the other person has to take him or her around for three minutes. After three minutes, the roles get reversed and the activity continues for another 3 minutes. After the activity, the participants will be asked to share their experiences. The facilitator informs that during the preparedness phase, the care provider has to initially built trust among the community members and it serve as a base for all the other activities.

Facilitators Guide

Session 10: Community resilience building.

Aim: To orient the participants on building resilience in the community.

Methodology: Activity demonstration .

Duration: 90 mins.

Process: Facilitator will introduce the topic and activity 10 will be conducted. After which facilitator discusses the indicators of community resilience, ABCs of building disaster resilient communities, strategies to strengthen community resilience and psychosocial resilience.

Outcome of the session: Participants will understand significance of community resilience.

Activity 10

Description of the activity: The resilient bottle.

Aim: To teach participants on the importance of community resilience.

Duration: 90 mins.

Materials Required: Empty bottle, pebbles, sand and water.

The facilitator shows an empty bottle to the participants and some pebbles to put it in. Looking at the quantity of pebbles, the participants need to say how many pebbles needed to fill the bottle. Once the bottle is filled with pebbles the facilitator takes out sands and started pouring inside the bottle. Later the facilitator pour water inside the bottle until its full. Then the facilitator connects the activity to the importance of community resilience.

Section 2
IMPLEMENTATION OF PSYCHOSOCIAL SUPPORT AND PREPAREDNESS

Facilitators Guide

Session 1: Multisectoral collaboration in disasters.

Aim: To make the participants understand importance of multisectoral collaboration in disasters.

Methodology: Group activity and discussion.

Duration: 90 mins.

Process: The session begins with the activity 1. Followed by which the facilitator will discuss about the multisectoral collaboration in disasters, characteristics of intersectoral collaboration, different stakeholders, types of collaboration, and facilitating multisectoral collaboration.

Outcome of the session: Participants will understand the significance of multisectoral collaboration.

Activity 1

Description of the activity: Working together.

Aim: To orient participants on the importance of multisectoral participation.

Duration: 90 mins.

Materials Required: Puzzles (two sets).

The facilitator calls six volunteers. Five of the volunteers will be given one set of puzzles and the remaining one is given another set of the puzzle. The task is to see who completes the puzzle first.

Facilitators Guide

Session 2: Ethics in disaster management.

Aim: To understand the ethics in disaster management.

Methodology: Brain storming and case discussion.

Duration: 90 mins.

Process: The session begins with the following brainstorming exercise. After the activity the facilitator will discuss about the general ethical principles, and ethics to be followed prior, during and after disaster. The session will be concluded with the discussion on dos and don'ts while working with disaster prone or affected communities.

Outcome of the session: Participants will gain understanding on the ethics to be followed in disaster management.

Activity 2

Description of the activity: Ethics in Disaster Management (case discussion).

Aim: To brainstorm participants on disaster related ethics.

Duration: 90 mins.

Materials Required: List of cases.

The facilitator will generate discussion by exploring participants understanding on ethics related to disaster related work by giving some case examples given below;

Case 1: The psychosocial caregiver has developed disaster preparedness activities to a disaster-prone community without consulting any of the community member.

Case 2: Since a sudden red alert for tsunami was declared at a community, people were evacuated and shifted to relief centres. In the process many of the families got disintegrated to different relief camps.

Case 3: The caregiver knew that a woman who lost her husband and 9 years old child in the train accident had significant grief. However, she was not willing to share her distress. Hence the caregiver insisted her to share her concerns if she really wanted to be helped.

Facilitators Guide

Session 3: Documentation in emergencies.

Aim: To understand the documentation in emergencies.

Methodology: Activity and discussion.

Duration: 90 mins.

Process: The facilitator will introduce the topic and conducts the activity 3. Once the activity is done the facilitator discusses about the importance of documentation, types of documents, format of documentation and the things to remember while documenting.

Outcome of the session: Participants will understand the importance of documentation during emergencies.

Activity 3

Description of the activity: Documentation in emergencies.

Aim: To make the participants understand the importance of documentation.

Duration: 90 mins.

Materials Required: Cloth/news paper.

In a table various item (pen, book, paper, pencil, watch, clip, pins, stick notes etc) will be randomly placed. Participants will be invited to come in small groups and observe the items for 30 seconds and it will be covered in a newspaper or cloth. Some of the groups will be allowed to make a note of thins they have observed and some won't be allowed to make a list. Once everybody finishes their turn, the facilitator asks the participants who were not allowed to make a note to recall and tell what all they have observed. Then the participants who took note will be given a chance to tell. The activity will be concluded with the sharing of participants learning from the activity and connecting it to the importance of documentation.

Facilitators Guide

Session 4: Developing action plan.

Aim: To provide insight to the participants on development of action plan.

Methodology: Group presentation.

Duration: 90 mins.

Process: The facilitator will discuss about the model of action plan and the process of developing action plan. An activity given below will be conducted and the session will be concluded.

Outcome of the session: Participants will understand how to develop an action plan.

Activity 4

Description of the activity: Action plan and evaluation.

Aim: To orient participants on developing action plan.

Duration: 90 mins.

Materials Required: 3 Chart papers and markers.

Facilitator divides the participants into three groups of 5 to 6. The groups will be given the following topics:

Group 1: Action plan pre-disaster.
Group 2: Action plan during disaster.
Group 3: Action plan post disaster.

After discussion, the group leaders present their action plans to the wider group. The facilitator then provides corrective feedback on the presentation at different phases of disaster.

NATIONAL DISASTER MANAGEMENT TRAINING MODULE-3
WORK BOOK

Psychosocial Preparedness

March 2023

Jointly Developed by

National Disaster Management Authority
(NDMA)

National Institute of Mental Health and Neuro Sciences
(NIMHANS)

CONTENT

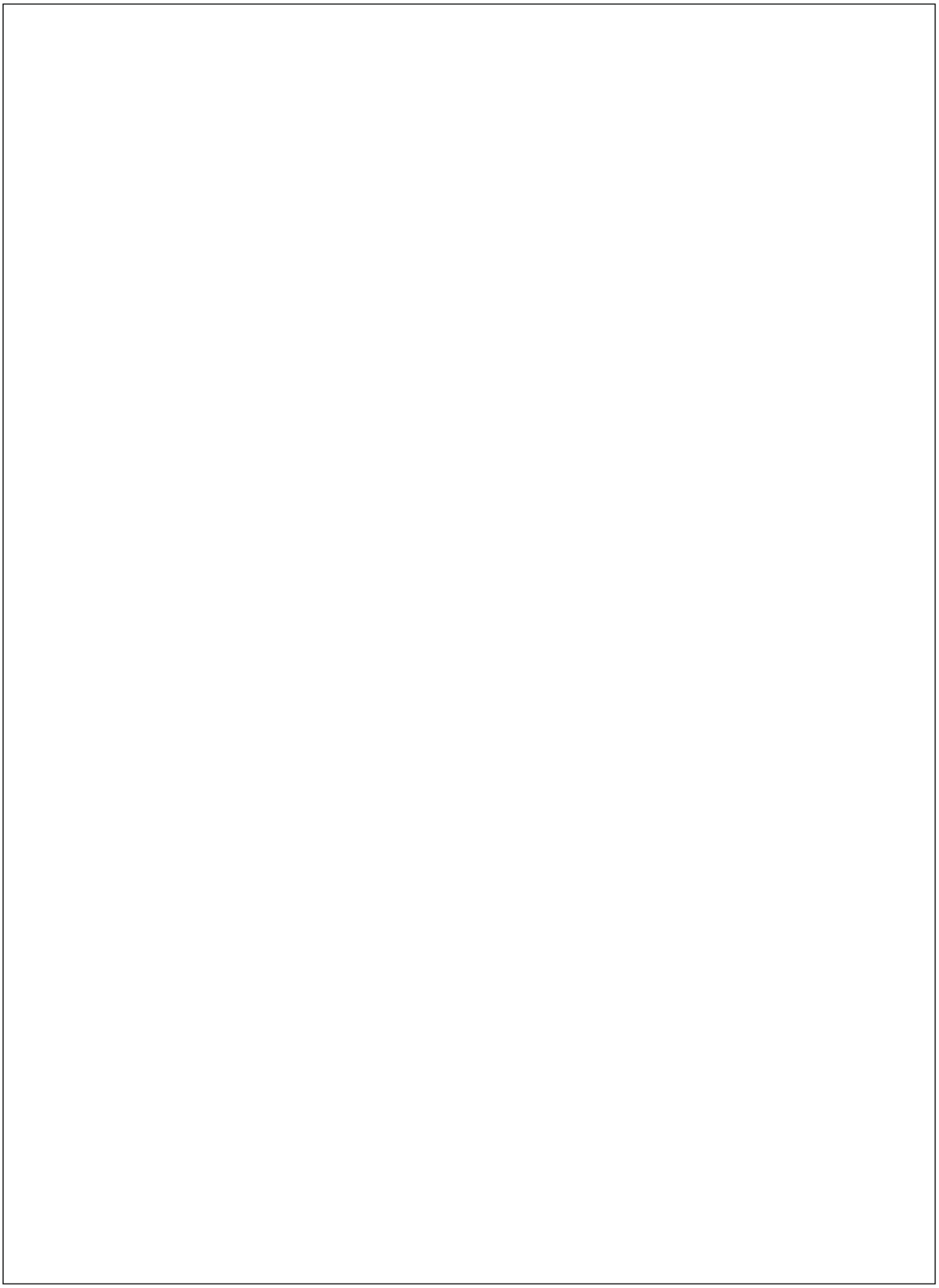
CHAPTER 1 PREPAREDNESS IN DISASTERS

Preparedness cycle

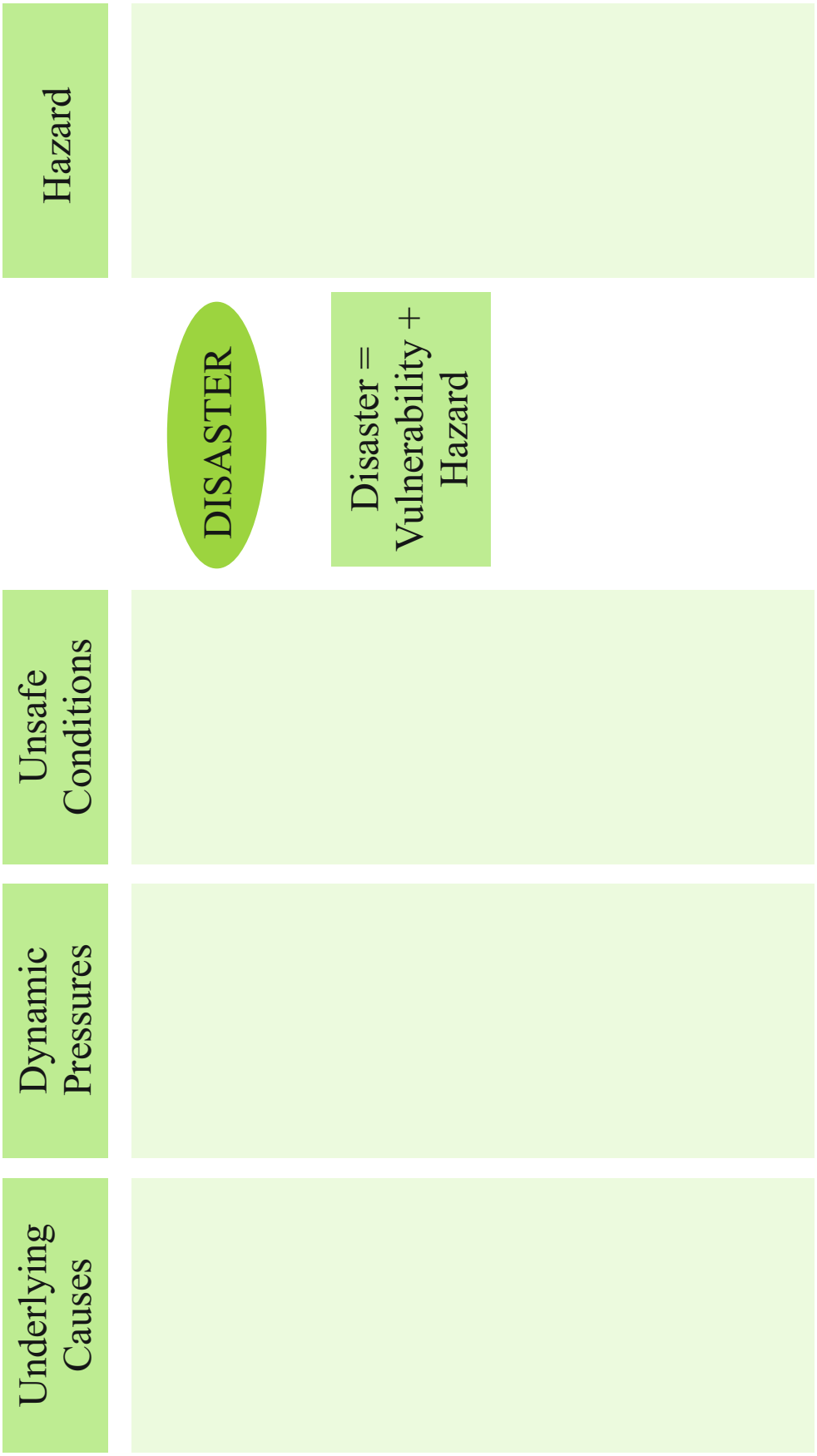
Building capacity of individuals, families and communities on preparedness

INDIVIDUAL LEVEL PREPAREDNESS	**FAMILY LEVEL PREPAREDNESS**
COMMUNITY LEVEL PREPAREDNESS	**GOVERNMENT LEVEL PREPAREDNESS**

Principles of psychosocial preparedness

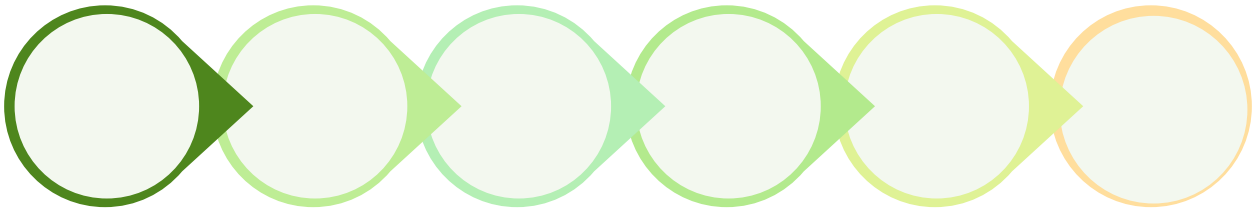


Progression of vulnerability

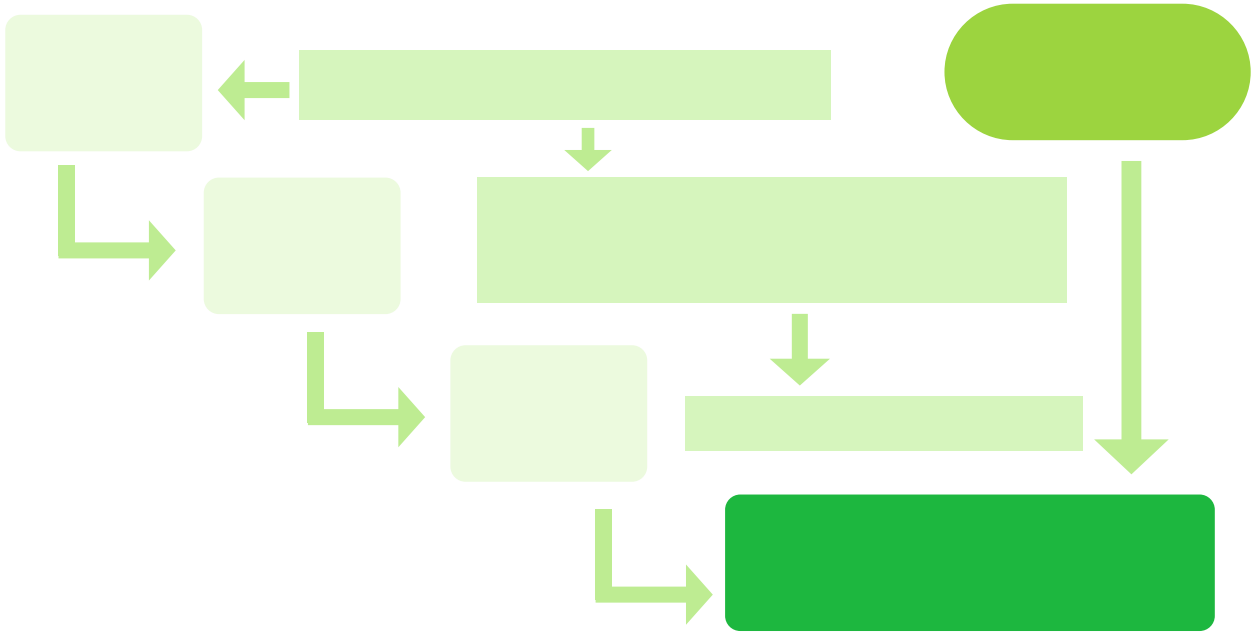


Types of vulnerability with examples	
Types of vulnerability	Examples

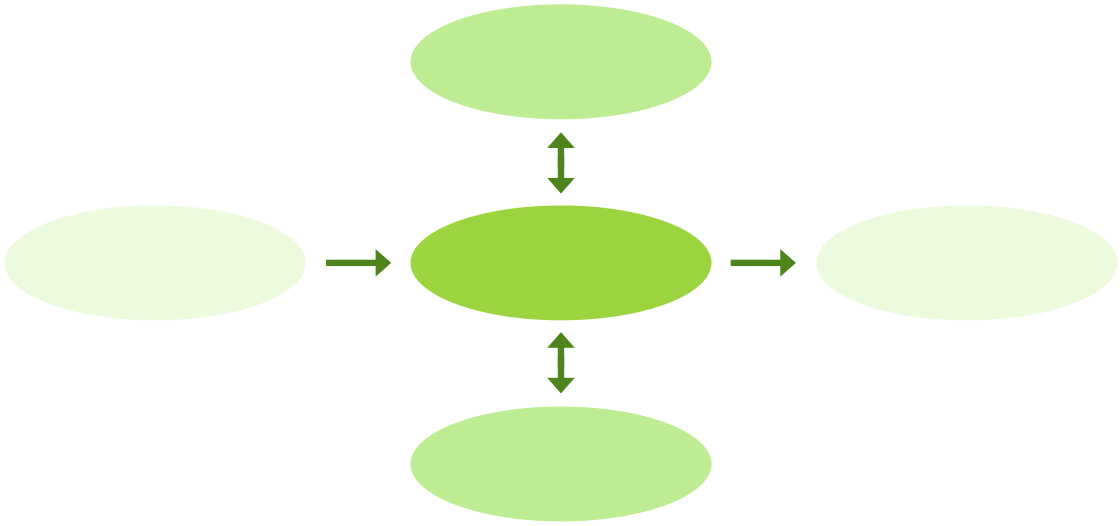
Key area of vulnerability assessment



Linear Progression from vulnerability to disaster



Psychosocial Hazard, Risk and Vulnerability Analysis



Phases of PS-HRV Analysis

PHASE 1

PHASE 2

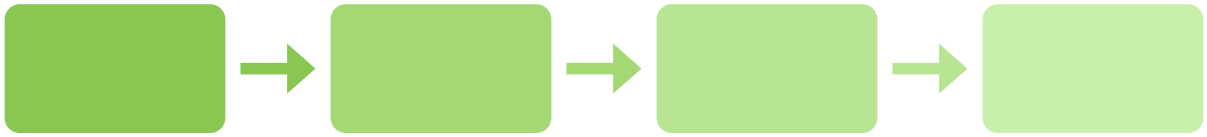
PHASE 3

PHASE 4

PHASE 5

CHAPTER 3 RESOURCE MAPPING

Steps in Resource Mapping



Pre-mapping

Mapping

Action

Post Action

CHAPTER 4 PSYCHOSOCIAL COMPETENCY

Skills required to enhance psychosocial competency

Emotional Skills

Cognitive Skills

Social & Civic Skills

Leadership Skills

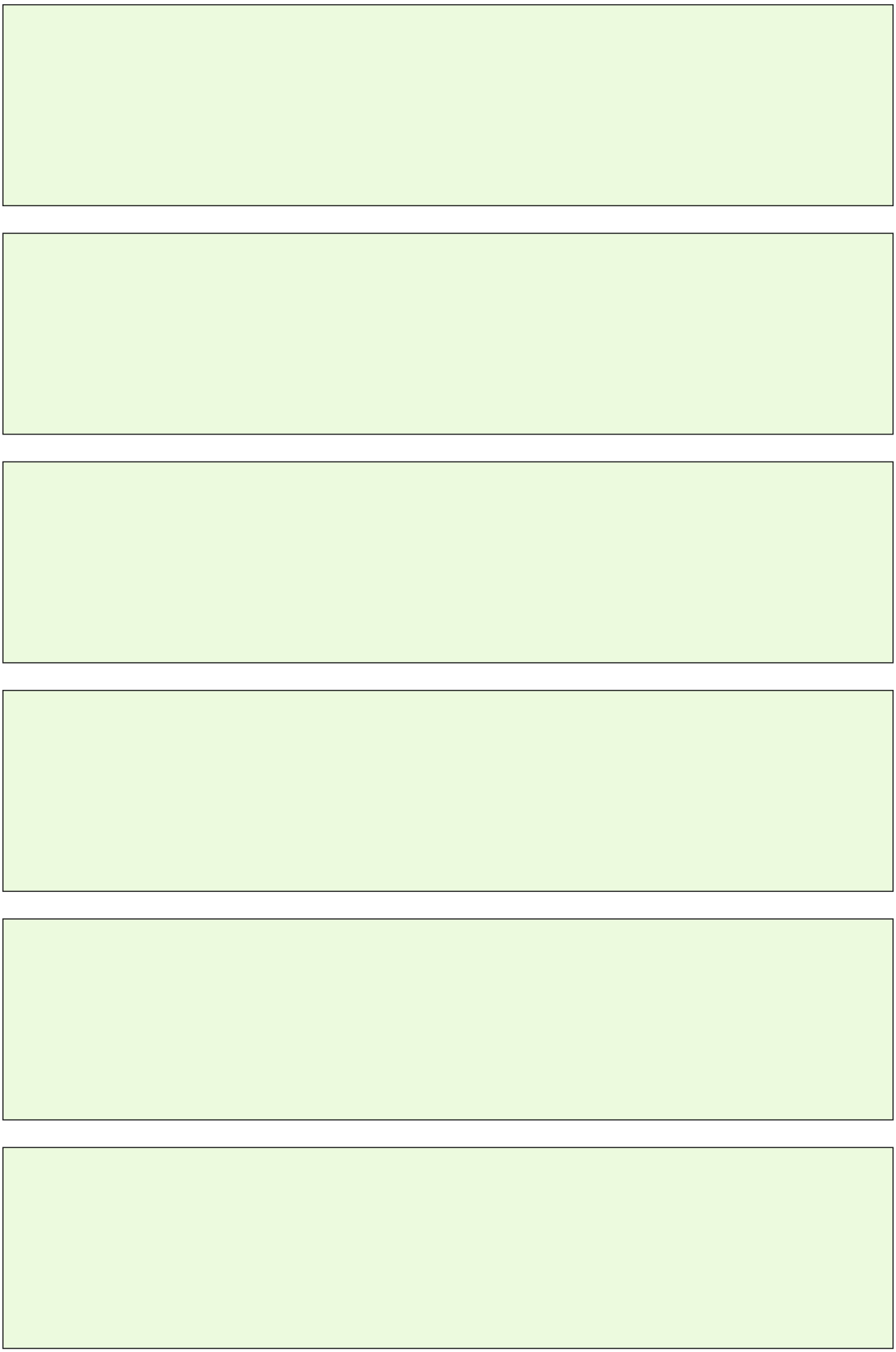
Information Skills

CHAPTER 5 PSYCHOSOCIAL SKILL DEMONSTRATION (PSSD)

Phases in psychosocial skill demonstration

Steps in conducting psychosocial skill demonstration

How to conduct a psychosocial skill demonstration?



CHAPTER 6 CULTURAL SENSITIVITY IN DISASTERS

Cultural & Disasters

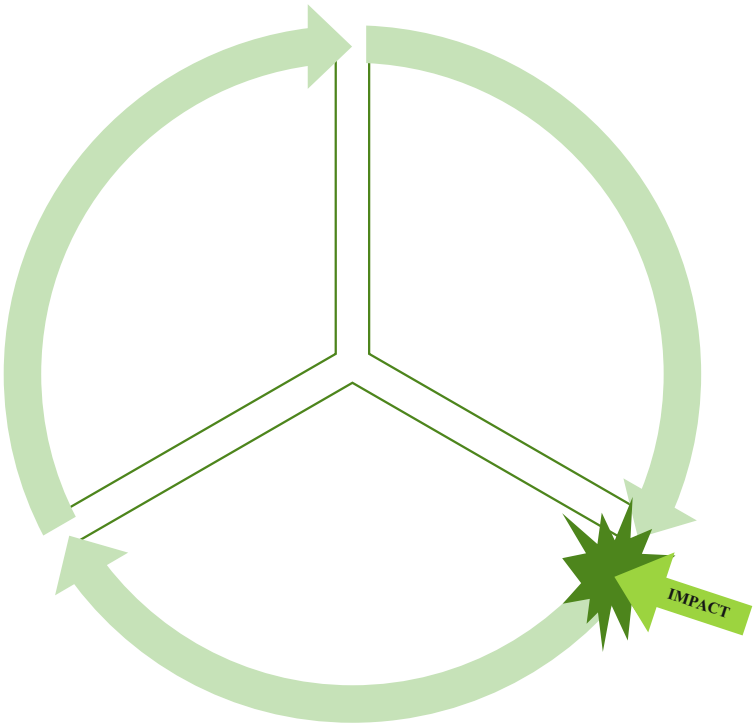
Indigenous practices in India as a means of DRR/preparedness

State	Indigenous practice
Jammu and Kashmir 	
Rajasthan 	
Assam 	
Arunachal Pradesh 	
Kerala 	
Orissa 	

CHAPTER 7 DISASTER RISK COMMUNICATION (DRC)

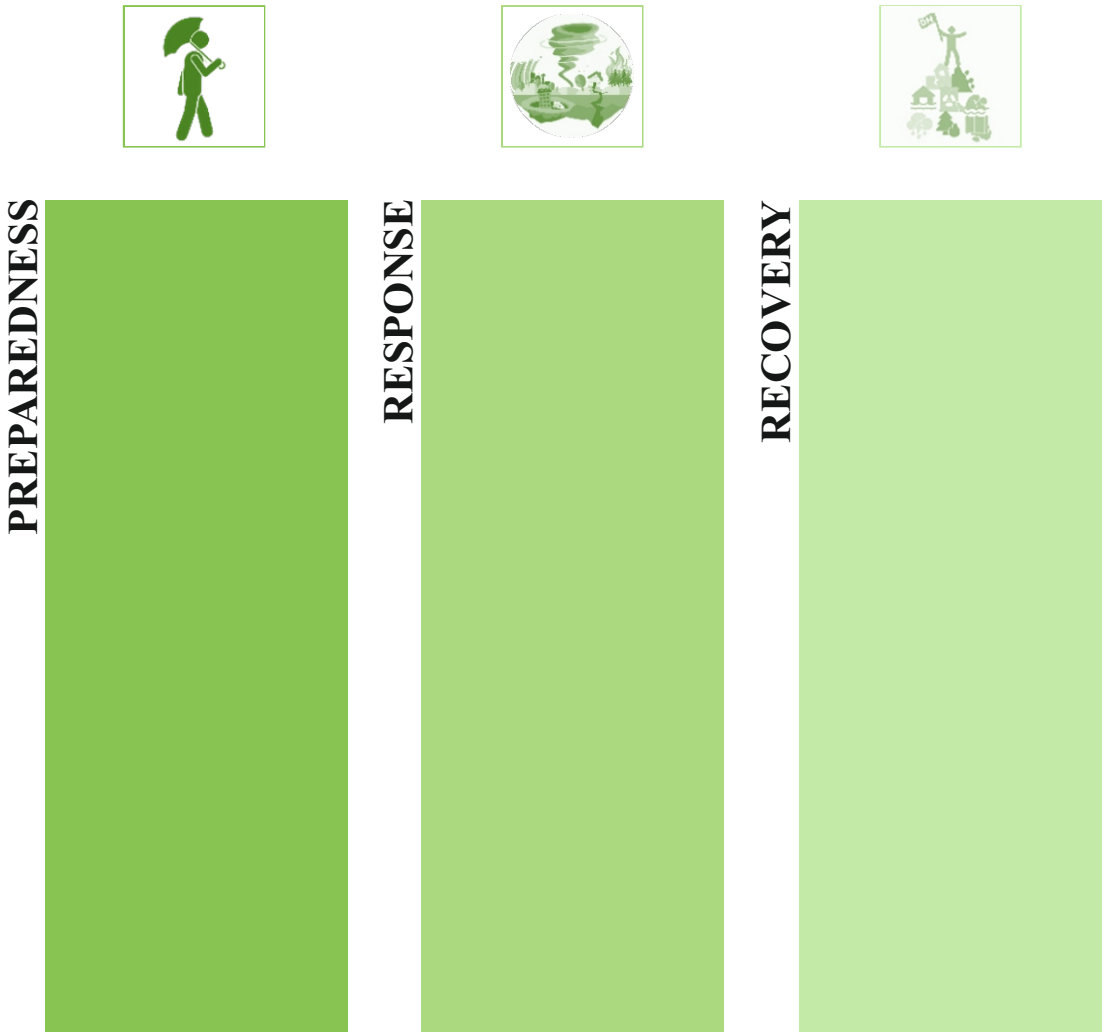
Disaster Risk Communication (DRC)

Types of Disaster Information



Mediums for DRC

Importance of DRC in different phases



CHAPTER 8 PREPAREDNESS FOR VULNERABLE GROUPS

Steps in accelerating preparedness among vulnerable groups

Vulnerable groups, nature of vulnerabilities and activities that foster disaster preparedness

Vulnerable Groups	Nature of Vulnerabilities	Preparedness Activities
Children		
Women		
Older adult		
Persons with disability		

Function based approach for preparedness planning

Strategies to empower vulnerable groups in disaster preparedness

CHAPTER 9 CAREGIVERS AND PREPAREDNESS

Enriching the efficiency of caregivers

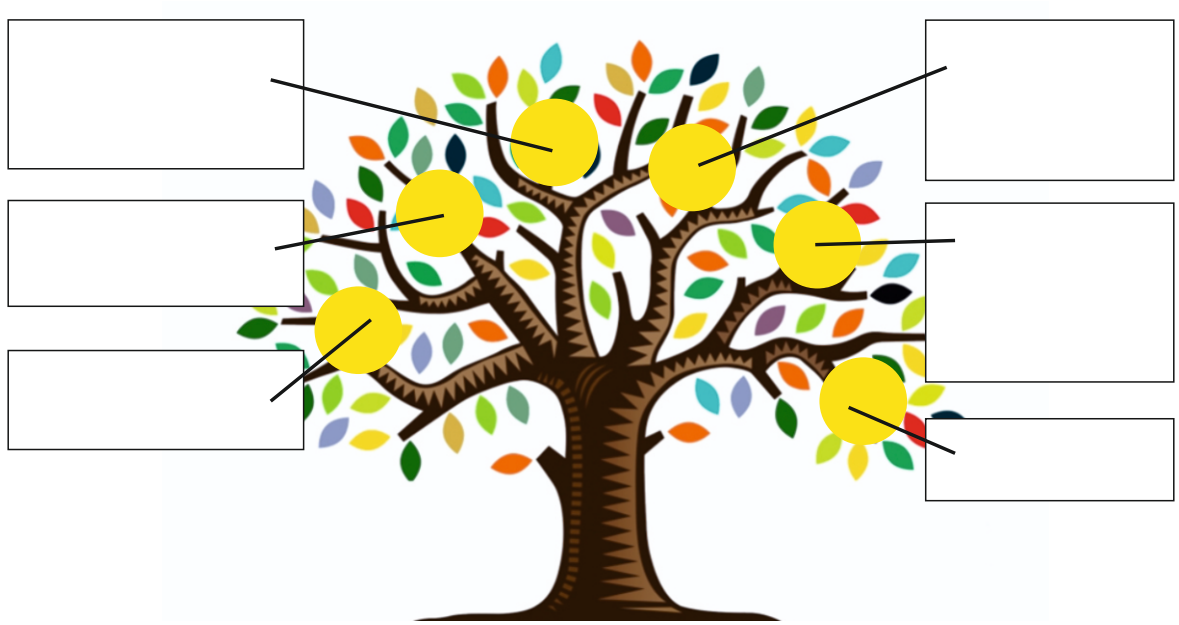
Areas	Recommendations
Attitude/ Behaviour	
Caring for themselves	
Systematic formulation	
Training	

Strategies for enhancing the roles of caregivers in the preparedness phase

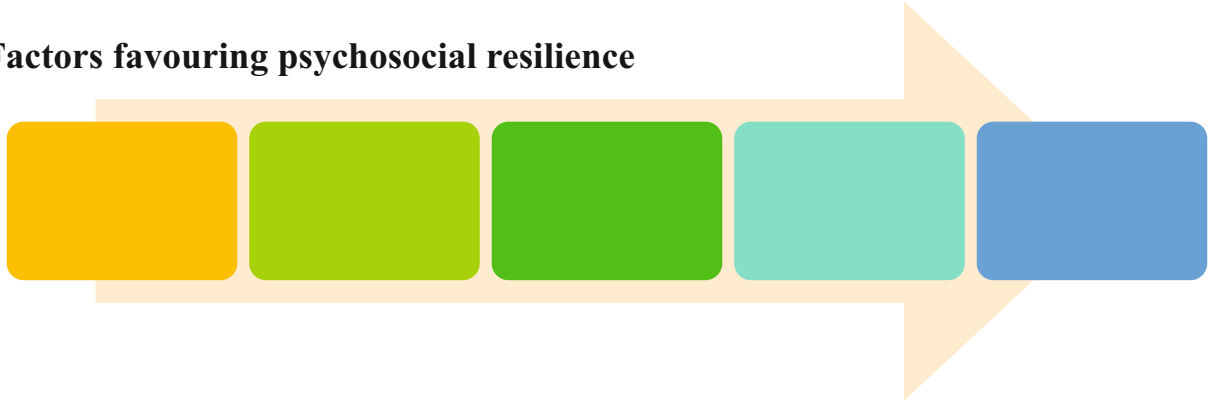
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-

CHAPTER 10 COMMUNITY RESILIENCE BUILDING

Indicators of Community Resilience



Factors favouring psychosocial resilience



Psychosocial Resiliency Timeline		
BEFORE	**DURING**	**AFTER**

Section - 2

IMPLEMENTATION OF PSYCHOSOCIAL SUPPORT AND PREPAREDNES

CHAPTER 1 MULTISECTORAL COLLABORATION IN DISASTERS

Different stakeholders and their roles

Stakeholder	Roles
Government	
NGOs	
Donors	
Media	
Academic Institutions	
Community/citizens	

Types of collaboration

Vertical collaboration	
Horizontal local collaboration	
Horizontal sectoral collaboration	

Facilitating multisectoral collaboration

-
-
-
-
-
-
-

CHAPTER 2 ETHICS IN DISASTER MANAGEMENT

General Ethical Principles

Ethics to be followed prior to disaster impact

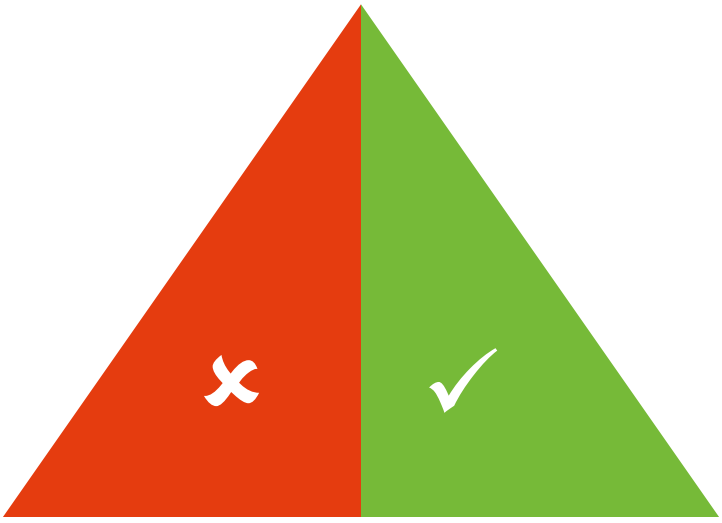
Ethics to be followed during to disaster impact

-
-
-
-
-
-
-
-
-
-
-
-

Ethics to be followed after disaster impact

-
-
-
-
-
-
-
-
-
-
-
-

Do's and don'ts while working with disaster prone or affected communities



CHAPTER 3 DOCUMENTATION IN EMERGENCIES

Programme development

Accountability

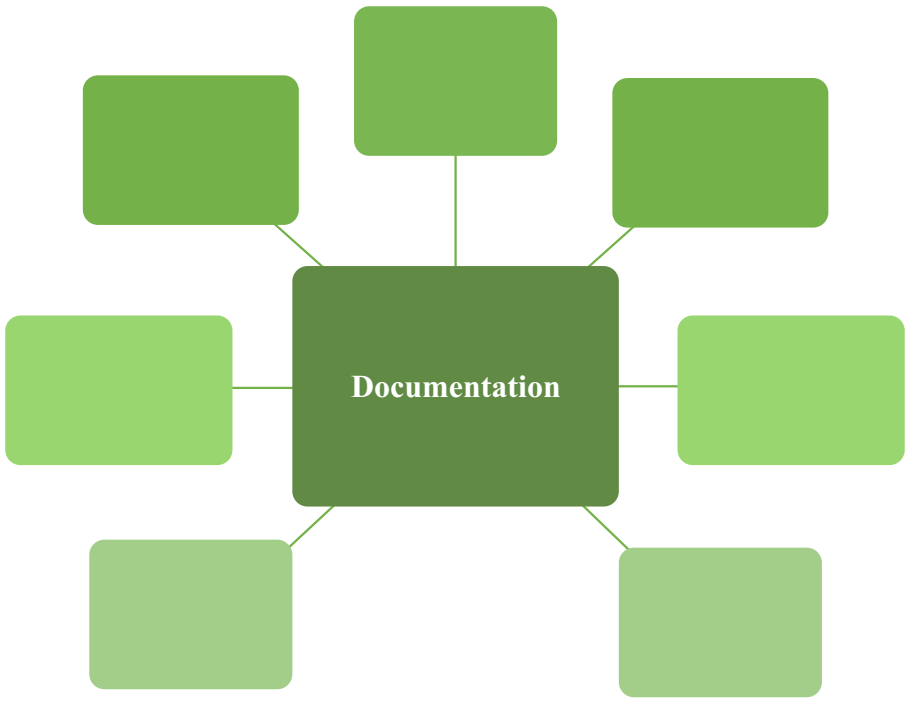
As an information source

Learning material

Evaluation

Types of documentation

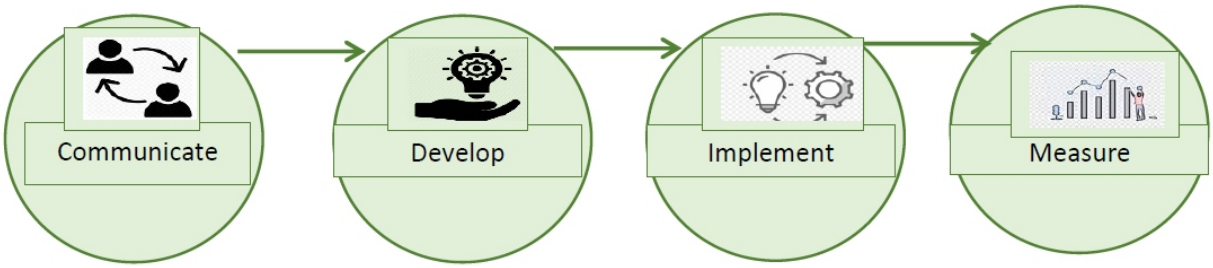
Pointers for Documentation



Things to remember while documenting

CHAPTER 4 DEVELOPING ACTION PLAN

The action plan model



Process of developing action plan

References

1. Blaikie, P., Cannon, T., Davis, I. & Wisner, B. 1994. At Risk: Natural Hazards, People's Vulnerability, And Disasters. London: Routledge. 284 P.
2. Chandra, A., Acosta, J., Howard, S., Uscher-Pines, L., Williams, M., Yeung, D., ... & Meredith, L. S. (2011). Building community resilience to disasters: A way forward to enhance national health security. Rand health quarterly, 1(1).
3. Dodgen, D., Hebert, W., & Kaul, R. (2017). Risk Communication in Disasters: Promoting Resilience. In R. Ursano, C. Fullerton, L. Weisaeth, & B. Raphael (Eds.), Textbook of Disaster Psychiatry (pp. 162-180). Cambridge: Cambridge University Press. doi:10.1017/9781316481424.012
4. Federal Emergency Management Agency. (2010). Declared disasters by year or state.
5. IASC Reference Groups MHPSS. IASC Guidance on Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programmes during the COVID-19 Pandemic; IASC: Geneva, Switzerland, 2020; Available online: https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-guidance-operational-considerations-multisectoral-mental-health-and-psychosocial-support (accessed on 6 May 2022)(In Multiple Languages).
6. Kondo, S., Hirose, Y., & Shiroshita, H. (2019). Risk communication and disaster information. Science of Societal Safety: Living at Times of Risks and Disasters, 129-140.
7. National Disaster Management Guidelines: Psycho-Social Support and Mental Health Services in Disasters, 2009. A publication of the National Disaster Management Authority, Government of India. ISBN 978-93-80440-00-2, December 2009, New Delhi.
8. NDMA. (2021). Annual Report. New Delhi: National Disaster Management Authority.
9. Prieur, M. (2012). Ethical principles on Disaster Risk Reduction and People's Resilience (2012).
10. Rahman, A., &Munadi, K. (2019, June). Communicating risk in enhancing disaster preparedness: A pragmatic example of disaster risk communication approach from the case of Smong Story. In IOP Conference Series: Earth and Environmental Science (Vol. 273, No. 1, p. 012040). IOP Publishing.
11. Saeed, A. F., &Kasim, N. (2019). Role of stakeholders in mitigating disaster prevalence: Theoretical Perspective. In MATEC Web of Conferences (Vol. 266, p. 03008). EDP Sciences.
12. World Health Organization. (2011). Psychological first aid: Guide for field workers. World Health Organization.

Project Advisory Committee (PAC)

1. **Shri. Krishana S Vatsa,** Member, National Disaster Management Authority, and PAC Chairman, New Delhi.
2. **Dr. Nimesh Desai,** Director, Institute of Human Behavior and Allied Sciences (IHBAS), Delhi.
3. **Dr. Jacqueline Joseph,** Professor, Centre for Disaster Management, Jamsetji Tata Institute of Social Sciences, Mumbai.
4. **Ms. Sindhuja Khajuria,** UNICEF, Communication Consultant, New Delhi.
5. **Dr. Atreyi Ganguli,** National Professional Officer, Mental Health and Substance Abuse, WHO, India.
6. **Dr. Saurabh Dalal,** National Professional Officer, Emergency Risk and Crisis Management, WHO, India.
7. **Shri. Maître Mukerji,** Senior Consultant, National Disaster Management Authority, New Delhi.

Project Team

Dr. K. Sekar, Former Prof. and Head, Department of Psychosocial Support in Disaster Management, National Institute of Mental Health and Neuro Sciences, Bangalore.

Dr. Jayakumar C, Associate Professor, Principal Investigator, Department of Psychosocial Support in Disaster Management, National Institute of Mental Health and Neuro Sciences, Bangalore.

Dr. Patrick Jude, Project Coordinator, Department of Psychosocial Support in Disaster Management, National Institute of Mental Health and Neuro Sciences, Bangalore.

Dr. Veena Sree, Project Coordinator, Department of Psychosocial Support in Disaster Management, National Institute of Mental Health and Neuro Sciences, Bangalore.

Mrs. Jayashree, Project Associate, Department of Psychosocial Support in Disaster Management, National Institute of Mental Health and Neuro Sciences, Bangalore.

Mrs. Aleena Mathai, Project Associate, Department of Psychosocial Support in Disaster Management, National Institute of Mental Health and Neuro Sciences, Bangalore.

Ms. Irien Joe, Project Associate, Department of Psychosocial Support in Disaster Management, National Institute of Mental Health and Neuro Sciences, Bangalore.