# ROLL OUT AND INTEGRATION OF THE EPIDEMIC CONTROL FOR VOLUNTEERS TOOLKIT

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**This document aims to provide focal persons of National Societies – and of their partners – few possible steps in the adaptation and roll out of the IFRC Epidemic Control for Volunteers (ECV) Toolkit, as well as in ensuring that the tools and initial capacity developed through this process are integrated and built into National Society risk reduction programmes and emergency response plans/contingency plans. This document is based on experience from community-based pandemic preparedness projects, and recent ECV roll out by National Societies.**

## 1. The ECV toolkit and training manual

Many national Red Cross & Red Crescent societies in Asia Pacific operate in countries which are continuously faced with infectious disease threats with outbreak and epidemic potential. Through their networks of branches and volunteers, they have assumed key roles in responding to these threats – such as outbreaks of diarrhoea, dengue, chikungunya, or malaria – by mobilising communities for action through the timely communication of risks, the prevention and care measures in communities, among others.

The ECV Toolkit was developed to reinforce the IFRC Community-based Health and First Aid (CBHFA) Toolkit, a comprehensive training and resource package for volunteers in community health development and health risk reduction programming. The toolkit ensures that volunteers have the proper training and essential communication tools (among other materials) before they are engaged in outbreak and epidemic response in their communities. It is designed as practical and action-oriented, simple, and easy-to-follow tools considering that volunteers have limited time to remember everything they have learned during trainings or to develop effective response materials in the middle of an outbreak or epidemic.

The *ECV Toolkit* consists of three major components:

- *Disease tools.* A set of 17 sheets with each sheet describing a disease with outbreak or epidemic potential, such as mode of transmission, symptoms, prevention measures, people vulnerable to infection, as well as suggested questions during community assessment. The disease tool also outlines a list of actions which volunteers can carry out in and with communities.

- *Action tools.* Consists of 35 sheets, each describing a specific action that needs to be done in outbreaks and epidemics. Each sheet includes an overview of the specific action, guidance on how these actions – which are preventive, home care and community mobilisation in nature – are properly and effective carried out. Each action tool is also linked to a list of messages which communities need to know.

- *Community message tools.* A compilation of 27 sheets with each sheet containing a message which volunteers need to disseminate in communities to contain or prevent the further spread of an outbreak or epidemic. Each sheet contains illustrations, and concise and simple statements.

Please see Annex 1 for the complete list of disease, action and community message tools.

The toolkit comes with a *training manual* which details a three-day workshop that provides volunteers an understanding on what an epidemic is, how it spreads and the conditions that help it to spread, and what actions to take in the event of an epidemic. The manual is split into modules and sessions, and elaborates the delivery of small group activities, scenario analyses and role plays, including exercises on the assembly and use of the toolkit. Please see Annex 2 for the outline of modules and sessions.

The complete ECV Toolkit is available in the FedNet: https://fednet.ifrc.org/en/resources-and-services/health-and-care/emergency-health/communicable-diseases-in-emergencies/epidemic-control-for-volunteers/ (registration needed in order to access the intranet), while the CBHFA Toolkit is available in the IFRC public website at: http://www.ifrc.org/en/what-we-do/health/community-based-health/.

## 2. Pre-conditions for roll-out

Like any other initiative, the following are to be in place if the ECV roll out and integration are to be successful:

a. A designated *focal person* who is responsible for a relevant programme where the tool can be integrated – most likely a community-based health programme; who can dedicate a proportion of her/his time and who has the support to lead and coordinate the planning and implementation of a roll out/integration workplan. The focal person will also work with relevant departments within the national society – particularly the disaster management, or the community development department – and with the Ministry of Health and other health partners. It is also essential that the focal person has, or will have, a thorough knowledge and understanding of the toolkit, the accompanying training manual, and an appreciation of how the tools can be used in outbreak/epidemic situations and mainstreamed in national society community-based programmes.

b. *Buy-in and support from the leadership and relevant sectors of the national society.* The roll out process will undoubtedly develop initial capacity – consisting of human resources and communication materials – which the national society may mobilise in an outbreak or epidemic event. To appropriately build and sustain this capacity, they need to be nortured and institutionalised through relevant programmes/departments of the national society. It is important for the latter to be convinced of the value of said capacity, and for the national society to reinforce such process. This can be attained by engaging and involving them in sensitisation sessions, consulting them in outlining a roll-out and integration plan of action, and keeping them informed of the progress.

c. A *workplan* which is developed with the active involvement of relevant programmes/departments of the national society with roles and contributions in the ECV toolkit adaptation, roll out and integration processes. The workplan outlines the key activities, timeline, budget, and names of responsible persons/departments tasked to carry out specific activities and tasks.

## 3. Possible steps and actions

a. First, **localise the ECV Toolkit** to ensure that the material focuses on diseases which are relevant to the country, is translated to national language (and/or regional languages widely spoken by certain regions in the country), and uses terms and illustrations which consider (and are sensitive to) local norms and culture. This step may also consider the development of relevant tools for diseases of national importance but not yet included in the toolkit – chikungunya and leptospirosis, for example, are important to many countries in Asia Pacific. This may also involve the following actions:

- Appointment of one or two technical persons from health and relevant departments at NS headquarter who will support the designated focal person in carrying out the above and the

overall roll out and integration process.

- Consultation and seeking guidance from the health ministry on the relevance, appropriateness or alignment of the messages and measures contained in the toolkit and training manual with relevant national programmes, guidelines and protocol.

  It is very likely that health ministries – through their health education or communication departments, or national disease prevention and control programmes – have already produced risk and outbreak communication materials which health partners are encouraged to adapt and use in their programmes and activities. Health authorities in some countries are also leading and coordinating inter-agency health communication committees or task forces – consisting of representatives from line ministries, UN agencies, civil society and non-governmental organisations – where strategies, approaches and tools related to public awareness and communication are agreed upon.

  It is recommended that the different aspects of the localisation/adaptation process elaborated below take into account the above-mentioned mechanisms and materials.

- After determining which diseases are important to the country, translate the relevant sections of the toolkit and training manual. Many national societies have developed internal capacity to translate English resources to their national language; they may also opt to engage a translation company with proven track record in the translation of health or medical materials. Illustrators/artists may also be considered to adapt drawings and pictures to local context.

  For additional details on the translation and adaptation of materials, please refer to *Translating and adapting the CBHFA in action materials*, Chapter 7 in  Implementation Guide for Community-based Health and First Aid in Action, pages 29-31, and which can be accessed via: http://www.ifrc.org/PageFiles/53437/145600-1-CBFA-IG-en_LR.pdf?epslanguage=en.

- Field test the translated/adapted material with a few groups of branch and community volunteers to see whether the language and illustrations are understandable and appropriate. This may involve the focal person with support of the technical persons asking branch and community volunteers to go through the translated toolkit and training manual, to demonstrate the assembly and use of the toolkit, and to facilitate feedback sessions. On the basis of the field test, finalise the material and produce templates of the toolkit and training manual for reproduction.

b. ***Reproduce the localised toolkit and training manual*** and distribute to selected master trainers and priority provincial/district branches.

c. ***Develop a group of ECV master trainers by updating national society CBHFA facilitators and master trainers***. The CBHFA in action trainings include modules on 'community mobilisation', 'assessment-based action in my community', 'community mobilisation in major emergencies' and 'disease prevention and health promotion' which are important foundations for the modules and topics covered in the ECV training. Hence, the most efficient approach in quickly rolling out the ECV toolkit is through the involvement and mobilisation of CBHFA facilitators and master trainers in the process.

  The same is true with the training of community volunteers – the assimilation of the toolkit in community health efforts will be more expedient in prioritiy areas and communities with CBHFA trained volunteers. Volunteers trained in CBHFA in action have also received modules which are important foundations in understanding epidemic control.

d. ***Engage with programmes to institutionalise and expand epidemic control capacity.*** There is no point of undertaking the roll out if the initial gains – localised tools and volunteers trained – in absence of a strategy and plan to deepen and expand the capacity particularly in vulnerable communities, and to integrate and mainstream into the national society's routine programmes and services. There may be two possibilities for national societies to secure this –

- ***National society contingency planning and emergency preparedness priorities*** – While it has been a long-standing desire for national societies to be more engaged in outbreak and epidemic prevention and control, the ECV toolkit along with relevant tools and guidelines (such as the business continuity and preparedness guideline developed through the Humanitarian Pandemic Preparedness programme) will be valuable resources for national societies in integrating these public health issues in its emergency plans.

  Beyond the localisation of the toolkit and training of staff and volunteers, management and operational mechanisms need to be in place to guide national society actions at headquarter and branch levels before, during or after an outbreak or epidemic. Resources – financial, human and materials – also need to be identified to put these mechanisms into motion in effective and efficient manner. All these need to be reflected as part and parcel of a national society's emergency response plan/contingency plan.

- ***Community-based risk reduction programmes*** – Many risk reduction programmes, with health or disaster as entry points, have identified outbreaks and epidemics as important public health issues in many communities in Asia Pacific, considering that the latter are usually under-invested and weak. The ECV toolkit along with other guidelines and tools will be valuable resources for communities in the development of emergency response plans/contingency plans, the preparation of community members are responders, and the mobilisation of communities in carrying out initiatives to prevent, mitigate or respond to occurrence of outbreaks and epidemics.

e. ***Review and document ECV toolkit rollout, integration and utilisation*** to capture practices and lessons that will guide and inform similar processes in the future, in other countries and regions. This may lead to the production of factsheets and case studies on outbreak and epidemic preparedness and response capacity development, and which will be utilised by IFRC in its knowledge management/sharing initiatives.

# 4. Further roll-out

Opportunities for the roll out of the ECV toolkit in a country may be constrained by time, financial and human resources, and may result to covering only a limited number of provincial or district branches or reaching to a few number of partners. National society focal persons may consider the following as possibilities for the further roll out of the ECV toolkit –

a. If not done so yet in line with Section 3.d, engage with Movement and other partners for the potential integration of epidemic prevention and control, and the introduction of the ECV toolkit, in their relevant programmes.

b. Consider the inclusion of ECV-related activities as part of the health component of an emergency operation supported the IFRC disaster emergency response fund (DREF) or emergency appeal (EA).

## How we work

*Strategy 2020* voices the collective determination of the International Federation of Red Cross and Red Crescent Societies (IFRC) to move forward in tackling the major challenges that confront humanity in the next decade. Informed by the needs and vulnerabilities of the diverse communities with whom we work, as well as the basic rights and freedoms to which all are entitled, this strategy seeks to benefit all who look to Red Cross Red Crescent to help to build a more humane, dignified, and peaceful world.



Over the next ten years, the collective focus of the IFRC will be on achieving the following strategic aims:

§ Save lives, protect livelihoods, and strengthen recovery from disasters and crises

§ Enable healthy and safe living

§ Promote social inclusion and a culture of non-violence and peace

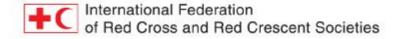## Annex 1. List of diseases, actions and community messages tools

### Disease tools
1. Acute watery diarrhoea
2. Cholera
3. Bloody diarrhoea
4. Polio
5. Yellow fever
6. Meningitis
7. Measles
8. Malaria
9. Dengue fever
10. Respiratory infections
11. Ebola
12. Marburg
13. Rift valley fever
14. Avian influenza
15. Pandemic influenza
16. Hepatitis A
17. Hand, foot and mouth disease (HFMD)

### Action tools
1. Assessment of dehydration
2. Preparing oral rehydration solution (ORS)
3. Giving oral rehydration solution
4. Managing fever
5. Preparing disinfectants
6. Cholera kit
7. Breastfeeding
8. Clean water
9. Sanitation
10. Building latrines
11. Hygiene promotion
12. Handwashing with soap
13. Handwashing in epidemics
14. Routine vaccinations
15. Mass vaccination campaigns and social mobilisation
16. Clean food
17. Vitamin A supplementation
18. Vector control
19. Mosquito nets
20. Volunteer protection
21. Personal protection equipment (PPE)
22. Handling dead bodies
23. Isolating sick people
24. Building an incinerator
25. Waste disposal and clean-up campaigns
26. Social distancing
27. Respiratory etiquette
28. Shelter and ventilation
29. Health promotion
30. Surveillance and reporting

31. Community mapping
32. Communicating with the community
33. Referral to health facilities
34. Psychological first aid
35. Handling and slaughtering animals

## Community message tools

1. Preparing and giving oral rehydration solution (ORS)
2. Managing fever
3. Breastfeeding
4. Storing water properly
5. Protected well and pump for water
6. Using latrines
7. Proper sanitation
8. Handwashing with soap
9. When to wash hands
10. Handwashing in epidemics
11. Cleaning up the community
12. Keeping food safe for eating
13. Proper bathing
14. Vaccinations for children
15. Using vaccination cards
16. Attending vaccination campaigns
17. Using mosquito nets (bed nets)
18. Vitamin A supplementation
19. Putting on personal protection equipment (PPE)
20. Taking off PPE
21. Safe funerals
22. Waste disposal
23. Social distancing
24. Good ventilation
25. Health promotion
26. Finding sick people
27. Handling and slaughtering animals

## Annex 2. Outline of modules and sessions, ECV training

### Module 1. Epidemics
Session 1.1. Introduction and definitions
Session 1.2. Diseases that cause epidemics
Session 1.3. Special issues in epidemics

### Module 2. Principles of epidemic control
Session 2.1. Understanding an epidemic
Session 2.2. Epidemic response cycle
Session 2.3. Understanding risk
Session 2.4. Volunteers and epidemic control

### Module 3. Actions in epidemic control
Session 3.1. Before an epidemic
Session 3.2. Epidemic alert
Session 3.3. During an epidemic
Session 3.4. After an epidemic

### Module 4. Using the epidemic control toolkit
Session 4.1. Introduction to the toolkit
Session 4.2. Disease tools
Session 4.3. Action tools
Session 4.4. Community message tools
Session 4.5. Assembling and using the toolkit