District Preparedness & Response Plan Summary: Guidance and Template

This document provides guidance and a template for partners to use to develop district preparedness plans. The district plans derive directly from the H2P country plan and complete the next level of the template used for national planning.

Table of Contents

I. Introduction and Background
- A. The H2P Initiative
- B. District Pandemic Preparedness Plan and Government Emergency Preparedness
  - 1. Scope of the District Plan
  - 2. Plan's Contribution to Overall Emergency Preparedness
- C. Assumptions about Pandemic Influenza
  - 1. Uncertainties
  - 2. Expected General Impact
  - 3. Impact at the Household Level

II. Developing the District Plan
- A. Planning for Three Intervention Stages
- B. Suggested Plan Outline
- C. Instructions for Completing the Plan
- D. References
  - 1. Key H2P/Partner Documents
  - 2. Key Global Guidance Documents

III. Selected Background References on Pandemic Influenza

Hope for the best and prepare for the worst.

I. Introduction and Background

A. The H2P Initiative

The H2P Initiative is a USAID-funded program that develops humanitarian response networks in preparation for pandemic influenza. The initiative works within the framework of national emergency response and pandemic preparedness plans. It builds national, district, and community-level response capability in order to minimize excess morbidity and mortality and potential massive social disruption in the event of a pandemic. The H2P Initiative is supporting the incorporation of planning for pandemic influenza into national and district emergency preparedness plans and structures.

B. District Pandemic Preparedness Plan and Government Emergency Preparedness

1. Scope of the H2P District Plan

This tool is meant to guide the district-level planning of H2P partner agencies in the program's priority areas of health, food security, and livelihoods. Many other important pandemic preparedness and response issues should be covered in the emergency plans of government and other organizations.

The tool includes a brief overview of the need and process for planning as well as a matrix to guide specific planning steps. H2P suggests that the district plan consider all sections in the matrix, and take out or include activities according to the local context need. Organizations and/or persons responsible for each action should be included in the cells of the matrix.

H2P should harmonize with government and U.N. plans so that all aspects of emergency pandemic preparedness are addressed and overall planning is coordinated and clear. In all cases, the District Plan document should describe how this plan relates to government plans, what interaction has taken place with government to decide on respective roles, and the extent of government endorsement of the H2P plan.

2. Plan's Contribution to Overall Emergency Preparedness

District planners may not see planning for a hypothetical pandemic as a priority. District authorities face multiple immediate, pressing problems and may doubt the likelihood or severity of the threat. Developing the district plan within the context of overall emergency preparedness can help support:

- General district resilience to emergencies
- Strengthening of collective response to various threats
- Good hygiene practices that help protect from a range of illnesses
- Food security practices that improve communities' capacity to address hunger and malnutrition
- Practices that help secure livelihoods and family income in the face of economic disruption
- Effective coalitions for non-pandemic humanitarian and development initiatives
- Application of models and techniques, such as simulation exercises, to other emergency

preparedness planning.

C. Assumptions about Pandemic Influenza

1. Uncertainties

Scientists are predicting, based on history and current types of influenza infection, that the world will experience an influenza pandemic within the next several years. There are many uncertainties about pandemic influenza, or a new influenza virus with potential to affect the entire world.

- The exact arrival time, length, and severity of the next pandemic are not known.
- However, the present threat to global health is serious enough that districts need to make emergency action plans now to provide the greatest level of protection and preparedness as quickly as possible.
- A new influenza virus could cause high death rates all around the world. No health emergency on the scale of a severe influenza pandemic has confronted the international community in many years, so all countries need to prepare.
- It is unclear to what extent current antiviral drugs, vaccines, and antibiotics will be effective against the new virus or available to all those that need them.

This district planning document assumes the following, based on educated guesses.

2. Expected General Impact

a. Once the pandemic starts, geographical spread will be rapid: time for final planning and preparations will be limited to a few weeks at most.

b. Virtually all communities on earth will experience outbreaks: roughly 1 person in three in the world will become ill during a period of up to approximately 1 ½ years.

c. Communities will experience one to three outbreaks ("pandemic waves") of 6–12 weeks duration each.

d. The pandemic will cause many deaths: at least 2 of 100 people infected (and possibly many more) will die from it.

e. Although some groups within the population will be more likely to get sick and others may be more likely to die from the new virus, it is impossible to say which ones in advance.

f. Supplies of vaccines and antiviral drugs will be inadequate in developing countries.

g. Healthcare systems will be overwhelmed and not able to care for most sick people: care for most flu victims will have to be provided at the community and household level, as will many routine, non-flu-related health services.

h. In general, government, economic, and social services will be severely disrupted.

i. In many countries, security problems ranging from failure of law and order to open conflict triggered by the pandemic crisis cannot be ruled out.

j. Because the pandemic could affect the entire world, international assistance on a large scale will not be an option. Districts and communities need to plan to rely on themselves during the crisis.

k. Massive absenteeism of staff (because of illness, need to care for family, school closures, fear, etc.) and difficulties with movement, communications, and basic services will substantially limit the response of district governmental structures and civil society organizations.

2. Impact at the Household Level

a. At least one family member will contract the disease: there will be many families in which all potential care givers are ill at the same time.

a. Because of (such as reductions in movement/transportation), many people will be confined at home during peak infection waves due to illness, the need to care for the ill, fear, or governmental restrictions on movement.

b. Children will be out of school for extended periods of time.

c. Most families will not be able to count on hospital-level health care, even for severe cases.

d. Some families will be able to count on at least some community-level health care services, but many won't.

e. Even for rich families and in wealthy countries, the family's food security may be challenged.

f. In many places, key essential services may be interrupted (i.e., water, energy, telecommunications, transport, education, energy, finance).

g. The family may not be able to produce an income or to protect its assets.

h. The family may experience security problems, such as lawlessness and conflict.

II. Developing the District Plan

A. Planning for Three Intervention Stages

The country and district planning processes focus on three intervention stages, as outlined in the table below. It is also important to consider the *inter-wave stage,* the period of time between any two pandemic waves, which should be used to recover and prepare for the next wave. Activities at this point might include assessment and correction of response weaknesses from previous wave and re-supply of drugs, supplies, food stocks, etc. The H2P Country Plan will designate when elements of District/Community Plans are to be developed and implemented in each country.

Table 1: Pandemic Influenza Intervention Stages		
Intervention Stage	**When to Implement**	**What to Implement**
Preparedness	Now	• Comprehensive planning and assignment of responsibilities • Development and testing of national training package and communication plan • Stockpiling of drugs, supplies, and food
Roll-out	When the World Health Organization [WHO] announces sustained human to human transmission anywhere in the world	• Immediate, urgent, and rapid rollout at scale of H2P interventions listed in the attached matrix • If outbreak country manages to contain transmission, country authorities may announce slow down or halt of roll out
Local response	When there is a cluster of cases in a geographic area in or near the district/area[1]	Activities in each H2P-supported district, as listed in the district plan matrix.

B. Suggested Plan Outline

Like the H2P **Country Plans,** the **District/Community Plans** should include designated names and/or roles of authorities responsible for the implementation of all activities required to organize,

[1] The country planning team will need to define "in or near the district/area" and give clear guidance on when this implementation stage will occur. This is most likely to be the district level, but may be a bigger administrative region (i.e., the country), as need dictates.

coordinate, and deliver an effective humanitarian response in different parts of the country in a pandemic influenza outbreak.

The **District Plans** should include all activities required to organize, coordinate, and deliver an effective humanitarian response in a pandemic influenza outbreak down to the household level. Each cell in the plans should include designated names and/or titles of authorities responsible for the implementation of the specific activity.

The attached template is a generic document that *outlines* suggested interventions in a district plan, *reminds* H2P actors of the best perceived actions to be taken according to evidence and, to some extent, allows comparisons of H2P plans across project countries. It includes some questions to help planners start thinking about what will be needed. This template should be used to add to or adapt existing district disaster preparedness plans. Planning teams should revise the matrix to reflect the local situation before guiding appropriate teams to fill them in. The adapted matrix will then give a snapshot of the district plan. The plan document will include both the completed matrices and explanatory narrative providing more detail, as needed.

Together the country and district plans will constitute the "off-the-shelf" capability to be rolled out when WHO announces there has been sustained human-to-human transmission of a new virus anywhere in the world.

Suggested Outline for District Plan

I. Background

A. Describes the following:
- District context
- Emergency preparedness partners
- Relevant national and district government actions to date
- Government policies, structures, and planning documents, if they exist
- H2P country plan, with reference to district-level activities supported by the project

B. Reviews planning assumptions in Section I.C. above, outlining local adaptation or adjustments

II. **District Plan**

Completes the district-level activities in the matrix

- Detailed by response phase
- Assigned to different agencies, by staff function/title

III. References

Specific references such as detailed plans of each individual organization, government plan(s), or other necessary documents should be attached to the plan.

C. Instructions for Completing the Plan

- Planning teams should use the country plan to guide completion of district plans.
- Review the suggested plan outline in the box above and the generic activities currently listed in the template.
- If this has not been done at the national level, adapt the outline and template content to reflect national policies, emergency preparedness structures and plans, and locally appropriate actions.
- Fill in the revised template, including the agency and, if possible, staff person responsible (by title) for each action.
- Write explanatory narrative to provide detail, as need

D. References

1. Key Partner Documents

This section should include any other documents that provide more detail about the activities summarized in the District Plan or will provide immediate guidance to districts when facing a pandemic. These could include the following, as examples:

a. H2P Country Plan

b. District Government planning documents, tools, training curricula, etc.

c. Advocacy Kit on Global Preparedness for Pandemic Flu (at http://www.avianflu.aed.org/globalpreparedness.htm)

d. Health Interventions, Tools, & Modules for Humanitarian Organizations & Local Partners for Pandemic Influenza Preparedness at Household & Community Levels in Developing Countries, H2P Health Working Group (at http://www.coregroup.org/h2p/)

e. Module I Content: Household Mitigation, H2P Health Working Group

f. Training Curricula, H2P Health Working Group

2. Key Global Guidance Documents

Some key reference documents are listed below.

a. Pandemic Influenza Preparedness and Response: A WHO Guidance Document, October 2008 (Currently being finalized by WHO. Not yet available via the Internet.)

b. February 2007 interim US strategy for community mitigation (detailed how-to guidance on non-pharmaceutical interventions & severity index): www.pandemicflu.gov/plan/community/mitigation.html.

c. Reducing excess mortality from common illnesses during an influenza pandemic: WHO guidelines for emergency health interventions in community settings, October 2008. (This includes recommendations for modification of existing health services, such as providing 12 weeks supply of medications to HIV & TB patients & focusing on only life-saving interventions, & recommendations for moving case management of childhood pneumonia, diarrhea, & malaria to the community level before and/or during a pandemic.) www.who.int/diseasecontrol_emergencies/common_illnesses2008_6.pdf

Template for District Plan Matrix

(to be based, where possible, on the completed Country Plan Matrix)

For each action, include activities, designation of organizations/persons responsible.

A. Overarching Actions			
H2P-Supported Actions	**Trigger for District Actions**		
	Preparedness: ***When to do:*** Now or as soon as possible	**Rapid Roll-Out at Scale:** ***When to do:*** When WHO announces sustained human-to-human transmission anywhere in the world	**Local Response:** ***When to do:*** When the first cluster of cases is identified in this district or nearby area
1. Establish district task force to develop preparedness plans and simulations, including communications plan for the task force that includes contact information for key players.	Can pandemic preparedness be integrated into existing district disaster preparedness activities?		
2. Conduct advocacy visits to engage local leaders in preparedness			
3. Create or update pandemic communication plan to inform community members about key pandemic information and address community perceptions and concerns.	Is there a national communications plan?		

4. Use government-designated spokespersons, such as celebrities or well-known community figures, to reach the community with key messages			
1. Keep communities informed – - numbers of cases - location of cases - severity of cases - best sources of information and guidance - feedback loops	Is it clear who would lead this activity? Is this role clearly designated in national plans or policies?		
2. Develop strategy to assist the neediest/ sickest households:	Will local volunteer groups be able to provide services or will more volunteers need to be recruited at "trigger"?		
Care			
Food	How much food are communities able to store at one time? How will food be distributed to families in quarantine? Are communities prepared to help each other during harvest, if farmers are ill?		
Water	Do you have enough volunteers to carry water to quarantined households?		

Psycho-social first aid	Does the community have a mechanism for identifying and caring for households whose members are in shock or are otherwise unable to care for themselves? Have volunteers been trained in psychosocial first aid[2]?		
Handling of the dead	Is there adequate capacity for handling of the dead: coroner, morgue services, coffins, gravediggers and sites, appropriateness of mass burials, alternatives to public gatherings for burial services during the pandemic, etc.?		
3. Other necessary district/community actions?			

[2] More information on psychosocial first aid can be found in IFRC'S *Community Based Health and First Aid Facilitators' Guide*, Module 4, Topic 2. Psychological First Aid and IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings www.who.int/hac/network/interagency/news/mental_health_guidelines/en/

B. Health			
H2P- Supported Actions	**Trigger for H2P Actions**		
	Preparedness: ***When to do:*** Now or as soon as possible	**Rapid Roll-Out at Scale:** ***When to do:*** When WHO announces sustained human-to-human transmission anywhere in the world	**Local Response:** ***When to do:*** When the first cluster of cases is identified in this district or nearby area
Family/household level prevention & care			

1. Actively disseminate the following messages to communities and households: **1a. Reduce transmission:** • Keep your distance, • Wash your hands • Cover your cough • Isolate your ill (including ventilation of room used for isolation of the ill, household cleaning of materials & surfaces contaminated by the ill, masks or scarves for the ill & for caretakers, & if pandemic is severe: HH members minimizing interaction with people outside the household). (All of the above are voluntary practices.) **1b. Care of those ill with flu/ILI**: (influenza-like illness): rest, fever, medications, fluids, nutrition, & care seeking	Do materials on these topics already exist that are appropriate for your area (language, illustrations, etc.)? Is there guidance for the community on who should be cared for at home and who should go to the hospital?		
2. Train staff and volunteers in care and prevention messages and behaviors		Do you know how long it will take to scale up with existing materials? How will you roll out the training? Will you use a training of trainers mechanism and rollout?	How will you do necessary training if flu is in your area and you should not be having public gatherings?

Community/district-level prevention (Guidance should depend on severity of pandemic wave)			
2. **Reduce transmission among children & students:** Dismiss all school classes, close child care centers (Guidance should depend on severity of pandemic wave)	If you close the schools, how will you reduce out-of-school mixing of children & students?		
3. Reduce non-essential **travel** & avoid overcrowded transport.	What communication strategies can you use to have people maintain this difficult behavior over time?		
4. Other measures to limit public **gathering**. Specify: close, cancel, restrict, or modify • Entertainment venues? • Workplace practices? • Cultural and religious events and practices (i.e., funerals, weddings, festivals) • Markets? • Others?			
5. Infection control for community workers. (See training module on Infection Control for Community Health Responders	Do you have personal protection equipment for community workers? Do you have clear priorities for distribution of PPE (i.e., first facility level health workers, then community health workers)		
Community/district-level care			

Community case management (CCM) by Community Health Workers (CHWs)[3] • Advocacy for CCM and/or development of protocols for CCM during pandemic • Supply and support CHWs	Are there changes that should be made now to the CCM program for a pandemic situation: types of drugs distributed by CHWs, supplies and drugs delivered to quarantined HHs?		
Continuity of care for selected conditions (specify): • HIV & TB • Treatment of malnutrition • Key interventions for safe delivery • Essential newborn care • Contraception	Are there national policies in place for treatment of the ill during a pandemic: i.e., suspension of DOTS during a pandemic, three-month supply of drugs for chronically ill? Have you considered stocking enough drugs for a three-month period during a pandemic wave? Do you have a back-up plan of where to get supplies during a pandemic? Are there changes that should be made now re the types of drugs distributed by CHWs, supplies and drugs delivered to quarantined households?		

[3] Community case management is a WHO/UNICEF-endorsed approach that trains community health workers to treat common illnesses in the community. Countries that have adopted this approach may choose to adapt it for strategic use during a pandemic to treat pneumonia, fever, etc. Countries that do not currently have a CCM program might consider developing one. Refer to the H2P health module on Community Case Management for further information.

C. Food Security & Livelihoods			
H2P-Supported Actions	**Trigger for H2P Actions**		
	Preparedness: ***When to do:*** Now or as soon as possible	**Rapid Roll-Out at Scale:** ***When to do:*** When WHO announces sustained human-to-human transmission anywhere in the world	**Local Response:** ***When to do:*** When the first cluster of cases is identified in this district or nearby area
1. To strengthen capacities of communities and households to better cope with the impacts of a pandemic influenza.	• Identify population groups that may be at high risk. • Identify potential impacts of a pandemic on population groups. • Establish partnerships with key stakeholders. • Strengthen community volunteer networks.	• Update information on potential impacts of a pandemic on population groups. • Activate partnerships.	• Activate community volunteer networks. • Provide psychosocial support for people who may be experiencing grief and anxiety.

2. To build up food storage capacity and stockpile essential food and other resources.	• Map out existing capacities: - Inventory of public and private food storage facilities and their capacities. - Inventory of pre-positioned relief items by local authorities and RC/RC National Societies. • Design distribution systems for food and other essential resources applicable to different settings. • Establish sponsorship agreements with private sector for procurement of food and other resources.	• Update capacity mapping. • Activate/formalize partnerships. • Take immediate steps to protect essential goods. Prevent looting and be prepared for stealing and other hostile acts.	• Convey key messages (especially importance of social distancing, stockpiling non-perishable foods and avoiding hoarding.
3. To incorporate pandemic preparedness into community based disaster risk reduction activities.	• Review existing programs in terms of compatibility for pandemic preparedness and make necessary adaptations.		

4. To minimize loss of life due to mal-nutrition, lack of food and safe water.	• Identify population groups that will be affected by the pandemic in a similar way. • Build up food storage capacity and stockpile essential food. • Participate in local pandemic response simulations.	• Do a rapid assessment of severity of food and nutritional status of populations most at risk. • Identify and train community leaders. • Activate/formalize partnerships. • Develop food security and livelihoods response plans. • Inform the public about the response plans.	• Determine severity of the situation for different population groups. • Implement food security and livelihoods response plans and inform the public. - Mobilize community volunteers. - Activate food distribution systems. - Activate cash support for households • Maintain situational awareness about the severity of impacts of pandemic on households.