The Health and Care Unit in the Africa Regional Office, through its Community Epidemic and Pandemic Preparedness Programme and Cholera Preparedness programme, have developed many resources which have been integrated into a single package to maximise the progress towards epidemic preparedness and response.

The package combines both existing and newly developed tools in the RCRC Movement, with flexibility for adaptation to fit different contexts. Depending on the country context and the epidemic profile, modules may be drawn from various standard RCRC tools to build a package tailored to specific country needs.

**Contents of the Package**

The package comprises 2 stages of training.

1. The first stage is comprised of the building blocks of knowledge that volunteers need to recognise health risks within their communities, as well as basic community level health activities.
2. The second stage builds on this knowledge and adds in more sophisticated rapid response actions that can be taken by volunteers with support from supervisors.

**Contact:** Bronwyn Nichol bronwyn.nichol@ifrc.org
Depending on country context, funding, number of volunteers, and existing National Response Teams capacity two scenarios are possible:

**Scenario 1** - All volunteers trained in both level one core package and stage two specialisations.

**Scenario 2** - All volunteers trained in the stage one core package to act as general community health volunteers, then only selected subsets of volunteers progress to be trained in the stage two specialised modules. In this case an NS may create specialised teams of volunteers, i.e. some specialised volunteers trained in CBS, and others specially trained in SDB, etc.

In both scenarios **all volunteers need to complete the stage one core training** before moving on to specialized training modules.

---

**Epidemic Preparedness and Response Package Training Stages**

**Stage 1 - CORE**
- CBHFA core modules
- ECV core modules
- CEA/RCCF for epidemics
- PFA for epidemics

Volunteers understand the basic principles of epidemics, disease prevention and control. They are capable of early action, effective communication with communities and collecting feedback. They are able to conduct local needs assessments, health education, behaviour and social change, and engage their communities for early action for potential outbreaks.

**Stage 2 - SPECIALISATIONS**

- **ORP if**
  - Recurring outbreaks or high risk of cholera
  - Government or lead agency approve NS for cholera response
  - NS is mandated to establish ORPs
  - NS has resources for ORP kits and volunteer protection

- **CBS if**
  - Volunteers engage communities for early action against cholera and can rapidly deploy ORPs in coordination with partners.
  - Government or lead agency approve NS for surveillance
  - Functional surveillance system at local level to connect with CBS
  - Response capacity for investigation at local level is sufficient
  - NS has resources to manage CBS system

- **MHPSS if**
  - Volunteers engage communities to identify and report on potential outbreaks in coordination with National surveillance systems.
  - NS has a defined Mental Health and Psychosocial Support response strategy
  - NS has clear procedures for referral of severe mental health conditions, connected with government structures
  - NS has a defined system for caring for frontline staff and volunteers

- **IPC if**
  - Volunteers engage communities to support people in distress, and connect affected people with National and partner services.
  - RCRC health facilities and ambulances are able to implement proper IPC protocols and activities in coordination with National IPC systems.

- **SDB if**
  - Volunteers engage communities and conduct safe burials for highly infectious deaths at the request of the Government or lead agency.
  - VHF, plague, or cholera are endemic to the area
  - NS is mandated by MoH to support SBDs
  - NS has resources to support SDB activities and required PPE
  - NS has developed a SBD SOP

---

**Impact**

Epidemic preparedness programming provides opportunities to increase the resilience of communities, as well as to develop stronger National Societies and community level response systems. Properly planned programming will result in:

- **‘Epidemic-ready’ National Societies, volunteers, and communities** - prepared with the skills for early detection and rapid response to control diseases at the outset, minimising the impact of large-scale epidemic outbreaks.

- **Enhanced collaboration between the National Society and government** for epidemic and pandemic preparedness and response at community level with a clearly defined role.

- **Strengthened Section and HQ capacity and partnerships** for epidemic preparedness and response.

---

**Contact:** Bronwyn Nichol bronwyn.nichol@ifrc.org