



Training Manual

Psychological First Aid for Field Workers in Fiji



**Kuruleca Consultant
2021**

"Your job is not to judge. Your job is not to figure out if someone deserves something. Your job is to lift the fallen, to restore the broken, and to heal the hurting."
Joel Osteen

KURULECA CONSULTANTS

Psychological First Aid (PFA) is the first help that we offer to an individual when they are in need or when we perceive that they are in need, following a domestic, national or international (traumatic) event. It is not forced, it is not something that only the “professionals” do.

It is our intention that individuals, families, communities; the tokatoka, mataqali, yavusa and vanua all learn some of the basic fundamentals of PFA – offering support through the lens of Look, Listen and Link; practicing Love in Action when you see someone in need, by offering support whilst also ensuring that you are not being intrusive and directive.

Vinaka vakalevu to all those that participated in the pilot trainings, the reviews and the edits. As we go out to practice during these times, and particularly so, during this public health emergency of the COVID19 pandemic, I implore you to be resilient in your resolve to practice safely, ethically and competently – today and always.

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Disclaimer

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INTRODUCTION

The first recorded use of Psychological First Aid in Fiji was in 2012, post TC Evans. TC Evan was a category 3 severe tropical cyclone, that impacted Fiji, Wallis and Futuna, Samoa, American Samoa, Tonga and New Zealand.

Since then there has been many a natural disaster of landslides, flooding, cyclones, hurricanes, and public health emergencies such as the COVID19 pandemic.

This Fiji contextualized manual was initially drafted for CANDO partners as a result of the work done by the humanitarian arms of the various Christian denominations. However as the work progressed it became evidently clear that the training was needed for all responders, and not only Christian responders, and as such, the Christian component has been added as an Annex to this manual, whilst the entire manual is relevant and can be used to train all first responders in Fiji.

The primary objective of this manual is to train all first responders in line with

National Humanitarian Policy to :

(d) Conduct a national train- the - trainer program to progressively ensure that all communities have access to adequate local psycho-social assistance.

(o) To enhance recovery schemes to provide psychosocial and mental health services for all people and children, including children in need.

Sendai Framework:

Priority 4: Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation, and reconstruction.

National and Local levels: 33 (O)

To enhance recovery schemes to provide psychosocial and mental health services for all people in need.

Responders after being trained in PFA using this national standard, are expected to respond to affected individuals through lenses that are gender sensitive, gender neutral are to be used as applicable, disability inclusive – mental, physical, mental disabilities as well as sensory impairments, practices Principles of Do No Harm, Informed Consent, Confidentiality; that recognizes that individuals, families and communities have changing needs, particularly during a crisis situation, and that being able to respond in a manner that ensures the required services and support mechanisms are offered to those in need within the confines of Fijian legislation, guidelines, policies, protocols and SOP where applicable,

As First responders, the main task is to respond using the Principles of PFA without prejudice, discrimination and within your competency and abilities. First responders and PFA trained individuals representing organizations must have Codes of Practice and Codes of Ethics that they abide by, and if these Codes are compromised, disciplinary action within each responding organization must be instituted and protocols adhered to.

The training manual will be reviewed every two years to ensure that it remains relevant.



ACKNOWLEDGMENT

There were several consultations prior to the production of this manual. We acknowledge the following partners who participated and contributed to this manual are:

1. National Disaster Management Office (NDMO)
2. Ministry of Health and Medical Services (MoHMS)
3. Ministry of Women, Children and Poverty Alleviation
4. Fiji Council of Social Services
5. Fiji Red Cross Society
6. Empower Pacific
7. Seventh Day Adventist Church, Fiji
8. Methodist Church In Fiji
9. CARITAS, Suva, Fiji
10. International Planned Parenthood Federation, Pacific Region
11. UNICEF, Suva, Fiji
12. MHPSS TWG, Suva, FIJI
13. MHPSS Regional Cell Group
14. Safety & Protection Cluster Fiji
15. CANDO Partners, Fiji
16. Pacific Disability Forum, Suva. Fiji
17. ADRA Fiji

PLAN International
ADRA in partnership with Empower Pacific
January 2021

FOREWORD - MINISTER NATIONAL DISASTER MANAGEMENT OFFICE

The unprecedented level of destruction caused by tropical cyclones is a reality for Fiji. Between the years 2010-2020, the total damage and loss recorded is FJ\$2.42 billion which represents 1.25% of total Gross Domestic Product. During that time 9 tropical cyclones made landfall in different parts of Fiji causing 58 casualties. As average temperatures rise; acute hazards, such as cyclones and floods grow in frequency and severity; and chronic hazards, such as drought and rising sea levels, intensify.

For this reason, the Fijian Government took a proactive approach in committing to the Sendai Framework for Disaster Risk Reduction 2015-2030 and by developing and launching its first ever National Disaster Risk Reduction Policy (NDRRP) in December 2019. The NDRRP is a multi-stakeholder approach that commits all government ministries, Partners, CSOs and NGOs to work collectively and where the focus is shifting from relief and response to preparedness, mitigation, and disaster risk reduction.

The Facilitation Manual on Psychological First Aid for Field Workers is the first localised approach that is focused on building capacity in psychological first aid in the aftermath of disasters. Development of this manual was highlighted as a recommendation and a lesson learned from TC Winston response.

Psychological First Aid response in the past was normally conducted in an ad-hoc arrangement; this is one of the first attempts to bring everybody together under a standard structure.

The Facilitation Manual is the result of a participatory and inclusive exercise undertaken by ADRA and other partners. The Manual covers the full emergency cycle including preparedness, response, recovery, and rehabilitation. It articulates the processes involved in providing psychological first aid at the community level utilising a standardised approach.

People and children can experience a wide range of emotions before and after a disaster or traumatic event. There is no right or wrong way to feel. However, it is important to find healthy ways to cope when these events happen. The manual is an evidence-informed approach for assisting people and children in the immediate aftermath of disaster to reduce initial distress, and to foster short- and long-term adaptive functioning. The Manual promotes a sense of safety, a sense of self and communal control, connectedness, calmness, and hope. All these are critical life-saving skills that promote, maintain, and restore individual and community psychosocial well-being. These skills and approaches can be adapted to different contexts and disasters no matter the scale.

I would like to express my sincere appreciation to the many stakeholders who contributed to the compilation of this training manual with special thanks to ADRA for addressing one of the priorities under the current disaster framework. The National Disaster Management Office stands ready to work with partners in ensuring lives are saved and communities are better prepared for any type of disaster.

Hon. Inia Batikoto Seruiratu

*Minister for Defence, National Security and Policing, Rural and Maritime
Development and Disaster Management
Suva Fiji
May 1, 2020*





FOREWORD - WELLNESS FIJI

Wellness Fiji started in 2012 with the merging of the Non Communicable Diseases Unit with the National Centre of Health Promotion. In response to the Pacific declared NCD Crisis in 2011, Wellness FIJI is a proactive process of becoming aware and making choices towards a healthy and fulfilling life. There are 7 domains of health and wellbeing that are promoted in wellness in the following order of priority: breathing, thinking, moving, drinking, eating, resting, and reproducing. The 7 domains are promoted through the life course from pregnancy to senior citizens.

Wellness Fiji focuses on mental, physical, and sexual/reproductive health and well-being in the first 18 years of life. It is preferred that parents, though in Fijis context, it has been predominately mothers who are empowered to teach and train children on positive thinking or positive mental attitude and how these may translate to healthy body and well-being. It helps nurture the human mind from the second week of pregnancy to the 18 year of life in accordance with brain growth, physical growth, and sexual/reproductive growth.

Wellness Fiji is a creative and prospective approach as opposed to the reactive and retrospective approach to health and well-being – wellness more than illness. We believe that a Fijian parent who teaches and trains the child to have a proactive, creative mind is more likely to respond positively to challenges in life like sadness, anxiety, and depression.

Wellness Fiji acknowledges the work of all our partners, and we acknowledge the work of ADRA and its partners in promoting and working extensively in this area. We congratulate you on the publication of this manual and are confident that the training of our first responders using this Psychological First Aid Manual will further strengthen their mental well-being and those of the communities that they serve.

Dr. Isimeli Tukana

National Advisor NCD
Head of National Wellness Centre
Ministry of Health & Medical Services
Suva Fiji
May 1, 2020

OVERVIEW

This Facilitation Manual has been prepared to assist the training of Field Workers in Fiji on Psychological First Aid. The manual has been adapted from “Psychological First Aid: Guide for Field Workers,” prepared by the World Health Organization (WHO), War Trauma Foundation and World Vision. Relevant Fijian guidelines and policies, including “The Fiji National Humanitarian Policy on Disaster Risk Management,” has also been used to guide the development of this manual to ensure that it is aligned to Fiji’s national policies. This manual is to be used with the WHO Psychological First Aid: A Guide for Fieldworkers. Other relevant documents have been referenced at the end of this manual, and it is recommended for additional readings.

During the development of this manual, the coronavirus, later renamed to COVID-19 was declared a pandemic by the WHO. The Interagency Standing Committee (IASC) on Mental Health Psychosocial Support (MHPSS) then developed and released the MHPSS Briefing Note dated February 2020 (v1.1). Where appropriate and relevant, references have been made to addressing COVID19 and the application of PFA considering this pandemic.

This facilitation manual has been designed taking into consideration, the specific country context informed by the leading agencies (Ministry Women, Children and Poverty Alleviation, Ministry of Health and Medical Services and National Disaster Management Office) and intended to be used by National Disaster Management Officials, Health Officials, Government department officials, Civil Society Organizations, Church Agencies Network of Disaster Operations (CANDO) Partners and their affiliates, Community Based Organizations, Minority groups and their affiliates such as Persons Living with Disabilities and their representatives and the LGBTIQ representatives, Divisional and District officers and all those who are conducting training or being trained on PFA as first responders in a time of disaster.

The facilitation manual recognizes the varied capacities of first responders in Fiji, with responders ranging from village headmen, women’s group leaders, youth leaders, minority groups and their leaders, NGO, CSO workers as well as Civil Servants from various sectors and has been designed as a simple tool using adult learning techniques to communicate the key themes of PFA and its action principles.

This contextualized Fiji manual is guided by international recommended standards and protocols that aim:

1. **To promote sense of safety**

- Help people and children meet basic needs for food and shelter and obtain emergency medical attention if needed.
- Provide simple and accurate information on how to get these basic needs met.
- Stress may alter the individuals’ ability to process information, repeat information as often as necessary.
- Acknowledging that vulnerable groups such as children, women, elderly, persons living with disability, sick and minority groups may have additional needs, and providing simple and accurate information on how to get their specific needs met.
- Promote child safety and their protection in all situations.

2. **Promote calming**

- Listen to people and children who wish to share their stories and emotions and remember that there is no right or wrong way to feel.
- Being professional yet friendly and compassionate even if people and children are being difficult.
- Obtain and offer accurate information about the disaster or distress, and the relief efforts underway to help affected persons and children understand the situation.

3. **Promote sense of self and communal control**

- Give practical suggestions that steer people and children toward helping themselves.
- Help people and children regain their sense of control by engaging them in activities to meet their own needs

4. Promote connectedness

- Help people and children contact friends and loved ones.
- Keep families together.
- Keep children with parents or other close relatives whenever possible.

5. Promote hope

- Find out the types and locations of government and nongovernment services and direct people and children to those services that are available.
- When they express fear or worry, remind people and children that more help and services are on the way (only if you are sure they are).

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Pre and Post Workshop Questionnaire

Prior to the commencement of the workshop, it is recommended that the participants understanding of PFA be assessed through a brief pre-workshop questionnaire. The same questionnaire is to be circulated at the end of the workshop to assess participants' learning. *This is a tear out page and must be returned to the facilitators at the end of the training.*

Name: _____

Place: _____ Date: _____

Please read each statement below carefully.

Circle T if you think the statement is **True**.

Circle F if you think the statement is **False**.

Pre test is to be completed BEFORE the workshop; the post test AT THE END of the workshop.

	Statement	Pre – Test		Post-Test	
1.	The goal in providing PFA is to provide an environment of safety, connectedness, and empowerment	T	F	T	F
2.	PFA involves helping people meet basic emotional and physical needs such as food, shelter and obtaining emergency medical care.	T	F	T	F
3.	During a traumatic event it is helpful to provide immediate psychotherapy.	T	F	T	F
4.	Headaches, nausea, dizziness, fatigue, and loss of appetite are common reactions to stress.	T	F	T	F
5.	Children may feel more secure in a structural environment (such as school) after a traumatic event.	T	F	T	F
6.	PFA involves listening to people who wish to share their stories and emotions	T	F	T	F
7.	Forcing people to share their stories, especially personal details is part of PFA	T	F	T	F
8.	Active Listening includes informing the person the 'I know how you feel' and avoiding asking clarifying questions.	T	F	T	F
9.	Many emotions and reactions that would appear unusual in a stable situation are common and can be anticipated during a disaster.	T	F	T	F
10.	Effective communications during times of trauma includes avoiding repeating information.	T	F	T	F
11.	Disasters are more traumatic when they are expected, and the cause is known	T	F	T	F
12.	The 3 main principles of PFA is LOOK LISTEN LINK	T	F	T	F

Draft Program

PSYCHOLOGICAL FIRST AID TRAINING

	TIME	TOPICS	MODE OF TRAINING	PRESENTER	
DAY 1	8.00 - 8.30am	REGISTRATION			
	8.30 - 9.00am	<p>Session 1- Welcome Introduction, Housekeeping</p> <p>Objectives of the workshop and what we hope to achieve.</p>	Presentation on Workshop.	Facilitator	
	9.00 - 9.45am	Session 2- Understanding the context of PFA.	Facilitated large group discussion		
	9.45 - 10.30am	Session 3- What is PFA? Who, When & Where?	PowerPoint Presentation	Facilitator	
	10.30 - 11.00am	MORNING TEA			
	11.00 - 1pm	<p>Session 4- Key Considerations when providing PFA. Ethical & Cultural Considerations</p>	Presentations Small group work Reporting back	Facilitator	
	1.00 - 2.00pm	LUNCH			
	2.00pm	Energizer – Values clarifications on a key learning outcome from the morning.	Group Activity.	Facilitator	
	2.15 - 3.00pm	Session 4 - Cont.	Preparation for role play.	Facilitator.	
	3.00 - 3.15pm	AFTERNOON TEA			
	3.15 - 4.30pm	Role playing; discussions of days' work & wrap up	Demonstration role play.	Facilitator	
	Summary of Days Proceedings.				

	TIME	TOPICS	MODE OF TRAINING	PRESENTER	
DAY 2	8.00 - 8.30am	REGISTRATION			
	8.30- 9.00am	Overview Day 1 Home-work review	Presentation on Workshop.	Facilitator	
	9.00-9.45am	Session 5 - Communication A key aspect of PFA	Facilitated large group discussion		
	9.45-10.30am	Communication cont'd	Facilitator	Facilitator	
	10.30-11.00am	MORNING TEA			
	11.00-1pm	Session 6- Prepare, Prepare, Prepare.	Presentations Small group work Reporting back	Facilitator	
	1pm - 2pm	LUNCH			
	2.00pm	Energizer – Values clarifications on a key leaning outcome from the morning.	Group Activity.	Facilitator	
	2.15-3.00pm	Session 7- Providing PFA Group 1- Look, feedback & demonstration.	Preparation for role play.	Facilitator	
	3.00-3.15pm	AFTERNOON TEA			
	3.15-4.30PM	Session 7- Providing PFA Group 1- Look, feedback & demonstration.	Demonstration role play.	Facilitator	
	Summary of Days Proceedings.				

	TIME	TOPICS	MODE OF TRAINING	PRESENTER
DAY 3	8.30 - 8.30am	REGISTRATION		Facilitator
	9.00-10.30am	Session 8- People and children who are likely to need special attention. -Children, persons including children living with disabilities. People and children at risk of Discrimination and violence	Small group work.	Facilitator
	10.30-11.00am	MORNING TEA		
	11.00-11.30pm	Session 9- Crisis and Spirituality	Group work and Feedback	Participants.
	11.30-12.30pm	Spirituality cont'd	Group work and Feedback	Participants.
	12.30-1.00pm	Session 10- Taking care of Yourself.	Facilitators wrap up.	
	1pm - 2pm	LUNCH		
	2.00-3.00pm	Discussions and recommendations	Group work and Role Play.	
	3.00-3.15pm	AFTERNOON TEA		
	3.15-4.15pm	Presentation of recommendations	Group work	Facilitator.
	4.15-4.45pm.	Summary of Days Proceedings Evaluation and Certificate Presentation	Facilitated Session	Facilitator.

SESSION 1: MHPSS AND PFA

Session Objectives

- Mental Health Psychosocial Support (MHPSS) – defining MHPSS and its wider role in emergency situations
- Psychological First Aid: Understanding the background and defining it
- Identifying how to help responsibly
- Considerations for providing PFA in Fiji
- Identifying linkages with appropriate agencies in Fiji
- Implementing self-care strategies
- Using role plays, practice PFA

Learning Outcomes

At the end of this 3 day workshop, participants will be expected to:

- Identify MHPSS in the broadest sense
- Understand what PFA is
- Be competent in using PFA along with the IASC guidelines
- Effectively demonstrate how PFA is used with different populations
- Recognize their own limitations and refer a client as necessary
- Effectively network with other agencies in PFA post crisis in Fiji

Introductions

At the beginning of the workshop the facilitator can divide the participants into two groups and give each person in group 1 a number from 1 onwards and each person in group 2 a letter from A upwards. The facilitator is to ask each participant from Group 1 to find their corresponding alphabet in Group 2 i.e. 1 – A, 2 – B, 3-C and so forth. Once the pairs have been created, each participant should spend some time getting to know their partner. Each participant should then introduce their partner to the bigger group, identifying the following

Name: _____

Organization: _____

Recent crisis responded to: _____

The facilitator is to list all the events mentioned on a white board or butcher paper for reference.

When outlining the overall Workshop Objectives, the facilitator can refer to the following workshop objectives and learning outcomes

What we will cover in the training

- What PFA is and is not
- Place of PFA in overall response
- Key resilience factors

- PFA - Who, when and where of PFA
- Frequent needs of affected persons and children
- Action principles: Prepare, Look, Listen and Link
- Good communication skills
- People and children who are likely to need special attention
- Caring for yourself and your team members

House keeping

- Role play – Always de-role after each role play.
- De-roling is the process by which a person who has been acting in a role play publicly declares at the end of the role play,
- 3 ways in which they are different from the person that they role played.
- Confidentiality – some people and children may share personal stories/ experiences during this workshop, please keep this information confidential
- Always use child friendly language and child safe practices
- Respect for each other - must always be demonstrated through our words and actions
- If at any time during the training you feel overwhelmed, uncomfortable, or stigmatized and need to stop or leave the training, Please advise the trainers, and professional assistance can be made available to you as required.
- If you are ever unsure – ASK! ASK! ASK!

Definitions

- Psychological First Aid – this is the first help that is given to someone who is experienced some form of trauma or distress.
- Mental health & psychosocial support (MHPSS) is used to describe any type of local or outside support that aims to protect
- or promote psychosocial well-being and/or prevent or treat mental disorder.

Acronyms

- ADRA – Adventist Development & Relief Agency
- IASC – Inter Agency Standing Committee
- WHO – World Health Organization?
- CANDO – Church Agency Network of Disaster Operations

It is vitally important to understand that PFA exists in a wider framework that is termed as Mental health and Psychosocial Support (MHPSS). PFA is the broadest range of intervention that is offered to protect and or promote psychological wellbeing.

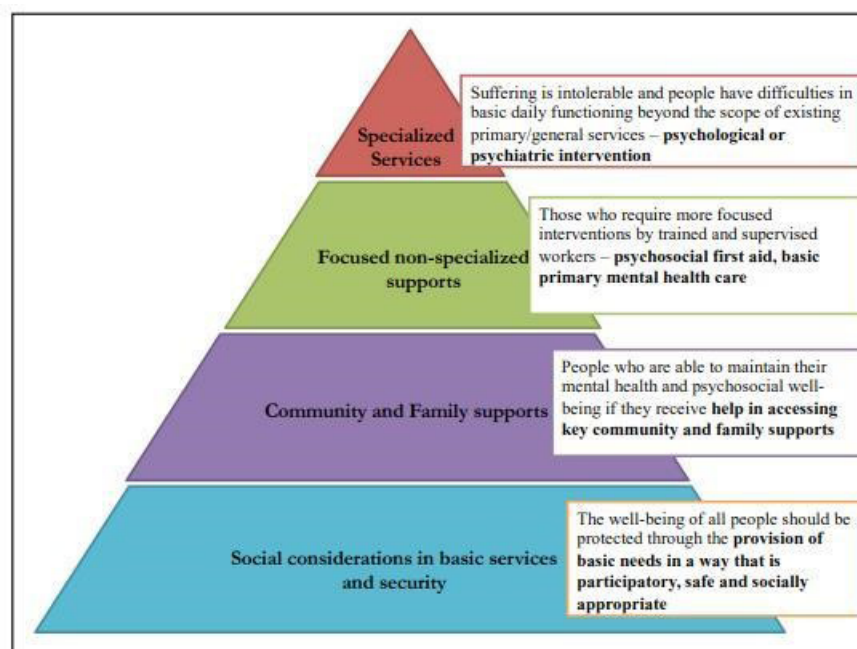
The composite term ‘mental health and psychosocial support’ (MHPSS) is used in the Inter Agency Standing

Committee (IASC) Guidelines for MHPSS in Emergency Settings to describe ‘any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health condition’. The global humanitarian system uses the term MH. PSS to unite a broad range of actors responding to emergencies such as the COVID-19 outbreak, including those working with biological approaches and sociocultural approaches in health, social, education and community settings, as well as to ‘underscore the need for diverse, complementary approaches in providing appropriate support’.

The IASC Guidelines for MHPSS in Emergency Settings recommends that multiple levels of interventions be integrated within outbreak response activities. These levels align with a spectrum of mental health and psychosocial needs and are represented in a pyramid of interventions ranging from embedding social and cultural considerations in basic services, to providing specialized services for individuals with more severe conditions.

Core principles include do no harm, promote human rights and equality, use participatory approaches, build on existing resources and capacities adopt multi-layered interventions and work with integrated support systems.

IASC MHPSS Intervention Pyramid



Mental health and psychosocial responses to COVID-19

In any epidemic, it is common for individuals to feel stressed and worried. Common responses of people and children affected (both directly and indirectly) might include:

- Fear of falling ill and dying
- Avoiding approaching health facilities due to fear of becoming infected while in care
- Fear of losing livelihoods, not being able to work during isolation, and of being dismissed from work
- Fear of being socially excluded/placed in quarantine because of being associated with the disease (e.g. racism against persons who are from, or perceived to be from, affected areas)
- Feeling powerless in protecting loved ones and fear of losing loved ones because of the virus
- Fear of being separated from loved ones and caregivers due to quarantine regime
- Refusal to care for unaccompanied or separated minors, people, and children with disabilities or the elderly due to fear of infection, because parents or caregivers have been taken into quarantine

- Feelings of helplessness, boredom, loneliness, and depression due to being isolated
- Fear of reliving the experience of a previous epidemic
- Emergencies are always stressful, but specific stressors particular to COVID-19 outbreak affect the population. Stressors include:
 - Risk of being infected and infecting others, especially if the transmission mode of COVID-19 is not 100% clear
 - Common symptoms of other health problems (e.g. a fever) can be mistaken for COVID-19 and lead to fear of being infected
 - Caregivers may feel increasingly worried for their children being at home alone (due to school closures) without appropriate care and support.
 - Risk deterioration of physical and mental health of vulnerable individuals, for example older adults (Intervention 1) and persons with disabilities, and children with disabilities (Intervention 2), if caregivers are placed in quarantine if other care and support is not in place
- Some reactions that may be specific to Children include:
 - become angry/aggressive, withdrawn, sad,
 - demanding of caregivers' attention,
 - have nightmares,
 - change in behaviour, appetite
 - have trouble falling and staying asleep,
 - lose their toilet training skills/bed-wetting
 - revert to speaking in baby-like language,
 - refuse to speak
 - substance use

SESSION 2: UNDERSTANDING THE CONTEXT OF PFA

Session Objectives:

- To help field workers understand how crisis events affect people and children differently

Learning Outcomes:

- Participants understand the different ways in which a crisis affects people and children

Preparation and understanding the emergency

Understanding the emergency/disaster is vital to better prepare first responders on the appropriate interventions. The type and range of support activities will be informed and targeted therefore minimizing gaps in implementation and ensuring ALL are reached. It is crucial during the preparation phase of the emergency to identify the unique characteristics of the emergency; the nuances that are specific to the emergency that would impact the response and responders in delivering services or mitigating the associated risks of the emergency.

Activities that may be drafted/developed at each phase/stage of the disaster risk management cycle:

Pre-Disaster and Preparedness Phase activities:

- On-going meetings with the National Disaster Management Office (NDMO) and other relevant stakeholders to advocate for psychosocial support to be included in National Disaster Response Protocols and determine how responding agencies interventions can assist in effective disaster responses.
- To keep involved in a network and up to date contact details of all organizations involved in disaster response including their role, and activities.
- To be involved in Inter-Agency Committee meetings to ensure mutual understanding of various roles and responsibilities during and after a disaster, for strong collaboration.
- To train first responders and other community leaders in Psychological First Aid
- To develop and maintain crisis response teams (CRT) in various organizations, ensuring staff are trained, vaccinated, medically prepared to respond and are aware of all procedures and communication structure.
- To ensure that logistical and financial procedures for emergency response are in place and understood amongst relevant staff.
- Ensure that the correct terms and language is used when addressing persons or communities that have experienced or are experiencing the disaster, trauma or disease to reduce stigma e.g.: They are “people and children who have COVID-19”, “people and children who are being treated for COVID-19”, “people and children who are recovering from COVID-19.” “person living with HIV/AIDS.”

Response Phase:

- CRT that are PFA trained in each organisation is activated and meet to establish specific response plan (resources needed, target area, etc.)
- Establish contact with the NDMO team
- Assessment in affected area is undertaken, in collaboration with the NDMO team, other first responders and respective community leaders.
- Assess the situation of the communities or evacuation centres; what is lacking, where are the gaps in terms of basic needs and psychological support
- How active are community members, what do they do to restore normality?
- Based on assessment information, make emergency request to key donors for emergency response funds where possible/ necessary.
- Engage with most vulnerable groups through PFA (individual or in groups)
- Provide further counselling as follow up from PFA if needed

- Group sessions are organised with leaders, teachers, health professionals, youth, women, religion, law enforcement, and minority groups (persons including children living with disability, LGBTIQ) to raise awareness of natural reactions and support needed for community and their members.
- Community activities are identified that could restore normality and promoted amongst leaders such as prayer groups, replanting, community clean up campaigns, talking/ sharing groups, sports, safe spaces for children etc.

Recovery Phase Activities:

- Follow up visits
- Psychological First Aid (individual, group)
- Counselling and social work sessions, including referrals to professionally qualified counsellors and social workers (individual, group)
- Training community members and community leaders
- Income generating activities
- Community activities; rituals, memorials, etc.
- Support setting up of Self-help groups
- Group information sessions
- Feedback to donor
- Outreach work for most vulnerable
- Engage in specific community activities

Activity: Large Group Discussion

Purpose: To discuss the different ways in which crisis affects people and children

Time: 30 minutes

You could say:

In this session we will discuss the different kinds of distressing events that happen in Fiji and the world and how individuals, families and entire communities may be affected. Although everyone is affected in some way by these events, there are a wide range of reactions and feelings each person can have.

Step 1:

As the first activity of the training, the facilitator can start by placing three sheets of vanguard paper at the front of the room and request a volunteer from the group to assist with the note taking.

Step 2:

The note taker is to write Events on the top of the first sheet as the facilitator leads the participants through the process of identifying different distressing events that happen in the world.

Step 3:

The facilitator is to ensure that events such as floods, cyclones, fires, interpersonal violence, (sexual violence) war, tsunamis etc. are included in the list.

Step 4:

The facilitator is to invite another volunteer to assist with the note taking, and to write Effect or Impact on top of the second sheet. The facilitator can then lead the participants through the process of identifying the Effect and Impact of the different events on people and children. This can include losing household belongings, death of loved ones, destruction, separation from loved ones etc.

Step 5:

The facilitator is to follow a similar process for the listing of Reactions/Feelings on the third vanguard sheet. This can include fear, anxiety, detachment, confusion, anger.

Tip: If participants are not forthcoming with responses, the facilitator can ask the participants to close their eyes and imagine that they have just been affected by a very bad flood and they have just witnessed all their household belongings washed away in the floods. The facilitator is to ask the participants to articulate their feelings and reactions for the list.

The facilitator can discuss the wide range of reactions and feelings each person can have and how many people and children can feel overwhelmed, confused or very uncertain about what is happening. They can feel fearful or anxious or numb or detached. The facilitator can invite contributions from the participants in this discussion and refer to Page 20 of the PFA Manual for a list of descriptive reactions.

Some people and children may have mild reactions, whereas others may have more severe reactions. How someone reacts depends on many factors including:

- The nature and severity of the events they experience
- Their experience with previous distressing events
- The support they have in their life from others
- Their physical health
- Their personal and family history of mental health problems
- Their cultural backgrounds and traditions
- Their age (for example, children of different age groups react differently)

The facilitator is to highlight the strength and ability of each person to help them cope with life's challenges, whilst also recognizing that some people and children are particularly vulnerable in a crisis and may need extra help.

As part of the same group discussion, the facilitator is to ask the participants to highlight those who may be more vulnerable in disaster situations.

This is also to be listed on a sheet of paper to be referred to during one of the later sessions.

The list can include:

- Children – pre school, school aged, adolescent, youth
- Young adults
- Elderly
- Those living with physical impairments
- Those living with social impairments
- Those living with speech, visual and or additional impairments
- Those living with chronic/ terminal illness
- Women
- Members of the LGBTIQ minority group

Resources Needed

- Vanguard Sheets/Butcher Paper
- Marker pens
- Blue Tack
- White Board
- Copy of the PFA Manual for each participant

Activity: Individual Work

How do crisis events affect people and children?

- a) Think about the different distressing events that happen in Fiji, events such as floods, cyclones, fires, accidents, interpersonal violence (for example sexual violence). Reflect on how communities and families may be affected by the events. List some of the things that are likely to happen to people and children because of the distressing events.

1. _____

2 _____

3. _____

- b) In reflecting on the distressing events, think about the wide range of reactions and feelings that a person may have. You may have already witnessed and or experienced this as a first respondent to a recent crisis. List some of the reactions and feelings that a person may have

1. _____

2 _____

3. _____

c) Now think about some of the factors that determine the way someone reacts or responds during a crisis. List these factors below.

1. _____

2. _____

3. _____

d) Every person has strengths and abilities to help them cope with life's challenges. However, some people and children are particularly vulnerable in a crisis and may even need extra help. This includes people and children who may be at risk or need additional support because of their age (children, elderly) because they have a psycho social impairment or because they belong to groups who may be marginalized or targeted for violence. List some of these more vulnerable groups and state why they would be more vulnerable during a crisis event

1. _____

2. _____

3. _____

SESSION 3: WHAT IS PSYCHOLOGICAL FIRST AID?

Session Objective

- To help field workers understand what Psychological First Aid is, what it is not, who it is designed for, when and where it should be applied.

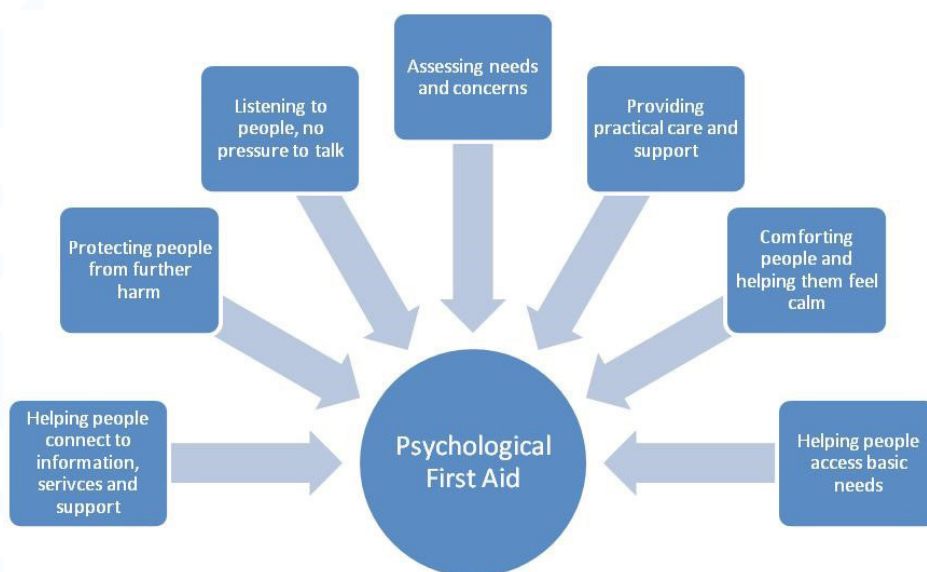
Learning Outcomes

- Participants understand PFA and can articulate who it is designed for, when and where it should be applied.

Definition of PFA

- Psychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support.
- Developed by WHO in 2011.
- Assists those in the community affected by the crisis and those providing the support

PFA Themes



What PFA is not

- It is not something that only professionals can do
- It is not professional counselling
- It is not “psychological debriefing” in that PFA does not necessarily involve a detailed discussion of the event that caused the distress
- It is not asking someone to analyse what happened to them or to put time and events in order
- Although PFA involves being available to listen to people and children’s stories, it is not about pressuring people and children to tell you their feelings and reactions to an event.

PFA is an alternative to “psychological debriefing”. (Refer to Page 4 of PFA Guide)

Core Actions in Psychological First Aid

Contact and Engagement - The first contact with a survivor is important. If managed in a respectful and compassionate way, it can establish an effective helping relationship and increase the person's receptiveness to further help. First priority should be to respond to affected persons and children who seek you out. If several people and children approach you simultaneously, contact as many individuals as you can. Even a brief look of interest and calm concern can be grounding and helpful to people and children who are feeling overwhelmed or confused.

Some affected persons and children may not seek your help but may benefit from assistance.

When you identify such persons, timing is important. Do not interrupt conversations. Do not assume that people and children will respond to your outreach with immediate positive reactions. It may take time for some affected persons and children or bereaved persons to feel some degree of safety, confidence, and trust. If an individual declines your offer of help, respect his/her decision and indicate when and where to locate a Psychological First Aid provider later.

Introduce yourself and ask about immediate needs.

Introduce yourself with your name, organization, and describe your role. Ask for permission to talk to him/her and explain that you are there to see if you can be of help. Invite the person to sit, try to ensure some level of privacy for the conversation, and give the person your full attention. Speak softly and calmly. Refrain from looking around or being distracted. Find out, whether there is any pressing problem that needs immediate attention. Immediate medical concerns have the utmost priority.

When contacting children or adolescents, it is good practice to first make a connection with a parent or accompanying adult to explain your role and seek permission. If you speak with a child in distress when no adult is present, find a parent or caregiver as soon as possible to let him/her know about your conversation. Always practice best practice of child safety and child protection guidelines, considering your own organization child protection guidelines.

Confidentiality Protecting the confidentiality of your interactions with children, adults, and families after a disaster can be challenging, especially given the lack of privacy in some post-disaster settings. However, maintaining the highest level of confidentiality possible in any conversation you have with affected persons and children or disaster responders is extremely important.

Safety and Comfort Restoration of a sense of safety is an important goal in the immediate aftermath of disaster. Promoting safety and comfort can reduce distress and worry. Assisting affected persons and children in circumstances of missing loved ones, death of loved ones, death notification and body identification is a critical component of providing emotional comfort and support.

Comfort and safety can be supported in several ways, including helping affected persons and children:

- Do things that are active (rather than passive waiting), practical (using available resources), and familiar (drawing on experience).
- Get current, accurate and up-to-date information (be cautious as well of information overload), while avoiding affected persons and children's exposure to information that is inaccurate or excessively upsetting.
- Get connected with available practical resources.
- Get information about how responders are making the situation safer.
- Get connected with others who have shared similar experiences.

Ensure Immediate Physical Safety:

Make sure that individuals and families are physically safe to the extent possible. If necessary, reorganize the immediate environment to increase physical and emotional safety. For example:

- Find the appropriate officials who can resolve safety concerns that are beyond your control, such as threats, weapons, etc.
- Remove broken glass, sharp objects, furniture, spilled liquids, and other objects that could cause people and children to trip and fall.
- Make sure that children have a safe area in which to play and that they are adequately supervised.
- Be aware and ensure the safety of affected persons and children in a particular subgroup that may be targeted for persecution based on their ethnicity, religion, or other affiliations.

To promote safety and comfort for affected persons and children who are elderly or disabled, you can:

- Help make the physical environment safer (for example, try to ensure adequate lighting, and protect against slipping, tripping, and falling).
- Ask specifically about his/her needs for eyeglasses, hearing aids, wheelchairs, walkers, canes, or other devices. Try to ensure that all essential aids that are regularly used and is essential for the user are kept with the person.
- Ask whether the survivor needs help with health-related issues or daily activities (for example, assistance with dressing, use of bathroom, daily grooming, and meals).
- Inquire about current need for medication. Ask if he/she has a list of current medications or where this information can be obtained, and make sure he/she has a readable copy of this information to keep during the post-disaster period.
- Consider keeping a list of affected persons and children with special needs so that they can be checked on more frequently.
- Contact relatives if they are available, to further ensure safety, nutrition, medication, and rest. Make sure that the authorities are aware of any daily needs that are not being met.
- If there are medical concerns requiring urgent attention or immediate need for medication, contact the appropriate unit leader or medical professional immediately. Remain with the affected person, the elderly, the person or child with disability or find someone to stay with him/her until you can obtain help.

Other safety concerns include

- **Threat of harm to/ and or from self or others**
Look for signs that persons may hurt themselves or others (for example, the person expresses intense anger towards self or others, exhibits extreme agitation). If so, seek immediate support for containment and management by medical or security team.
- **Shock**
If an individual is showing signs of shock (pale, clammy skin; weak or rapid pulse; dizzy; irregular breathing; dull or glassy eyes; unresponsive to communication; lack of bladder or bowel control; restless, agitated, or confused), seek immediate medical support.

Resources Needed

- Laptop
- Screen
- Projector

Individual Activity

Look through the following definition of PFA and in your own language, describe what PFA is

1. PFA describes a human, supportive response to a fellow human being who is suffering and who may need support.

2. PFA involves the following themes. Describe each theme in your own language or according to your understanding:

Providing practical care and support which does not intrude

Assessing needs and concerns

Helping people and children to address basic needs (for example, food and water, information)

Listening to people and children but not pressuring them to talk

Comforting people and children and helping them to feel calm

Helping people and children connect to information, services, and social supports

Protecting people and children from further harm

Read Page 3 of the WHO PFA Manual and list 3 things that PFA is not

Provide PFA

Read Section 1.3 of the WHO PFA Manual and list 2 events that have happened in Fiji recently, where people and children would have benefited from PFA

1. _____
2. _____

Circle what you understand to be the correct answer

1. Everyone who experiences a crisis will need PFA

- a) True b) False c) Not sure

2. People and children who do not want PFA should be forced to have it

- a) True b) False c) Not sure

3. As a first responder I should make myself easily available to those who need support

- a) True b) False c) Not sure

4. When attending to a crisis event, it is important to know my limits and to get help from others

- a) True b) False c) Not sure

Reflect on a certain crisis event that you had to attend to recently or think of a crisis event. List the types of people and children who need more immediate advanced support. One example is provided

1. People and children who are seriously injured and need medical care
2. _____
3. _____

Individual Activity

When to Provide PFA

As a first responder, it is important to understand when PFA is to be provided. Review and write the following statements in your own language.

1. PFA is aimed at helping people and children who have been recently affected by a crisis event. You can provide PFA when you first have contact with distressed people, including persons with disability, the elderly and children

2. Sometimes PFA may need to be provided days or weeks after a crisis, depending on how long the event lasted and how severe it was.

Where is PFA Provided?

1. PFA can be provided where it is safe to do so

- a) True b) False c) Do not know

2. Reflect on the recent crisis events that you have attended to. List a few places where you could have provided PFA.

E.g.: Village Community Hall

1. _____
2. _____
3. _____

3 It is ideal to provide PFA where you can have some privacy to talk with the person where appropriate.

- a) True b) False c) Don't know

4. Privacy is essential for confidentiality and to respect the person's dignity

- a) True b) False c) Do not know

SESSION 4: KEY CONSIDERATIONS WHEN PROVIDING PFA

Session Objectives:

To help field workers identify key considerations that first respondents need to consider when providing PFA

Learning Outcomes

Field workers can articulate ethical and cultural considerations and respect for safety, dignity, and rights.

Ethical Considerations: Activity Small Group Discussions

Step 1:

The facilitator is to divide the group into three groups and ask the participants to refer to Page 8 of the WHO PFA Guide and to read through the section on Respect Safety, Dignity and Rights.

Step 2:

Working in groups, each group is to provide an example of:

- How they could put people and children at risk of further harm because of the respondents' actions
- How they could treat people and children with disrespect
- How they could discriminate and not treat people and children fairly when helping people and children

Step 3:

Ask the groups to feedback to the bigger group and summarize the session by reviewing the Ethical Dos and Don'ts on page 9 of the WHO PFA Guide

Cultural Considerations: Activity Small group discussions

Step 1

Each group is to refer to the Considerations highlighted on page 10 of the PFA Manual and discuss the considerations within the context of the settings below.

Step 2

Each group is to spend 15 minutes discussing the considerations and each group is to provide feedback to the workshop, demonstrating how they would address each of the considerations outlined in this session. A volunteer from each group is to provide feedback to the bigger group.

Step 3

The facilitator is to receive all the feedback from the three groups and highlight the importance of cultural considerations when providing PFA.

Setting 1: Traditional ITaukei village, with many women and children affected.

Your group has been asked to go into the above village which has just been affected by a cyclone and you have been sent out to do an initial assessment. How will you do this based on cultural considerations?

Setting 2: Hindi speaking settlement, mixture of Hindu's and Muslims. Community organization not clear.

Your area has just been affected by flooding and you have been sent out to help people and children address basic needs. What cultural considerations does your group need to consider and how best will you get to all the members of this community?

Setting 3: There have been reported cases of the pandemic COVID19 in your area. People and children are anxious and do not fully understand COVID19, which is leading to some anxiety and panic.

Your group has been asked to go in and provide IEC materials, information, and advise to a rural predominately Itaukei community. How will you prepare prior to departure for the community where and how you will be doing an awareness program?

Setting 4: Remote village in Wainibuka. Mixed religious groups exist in the community. A lot of women and children are anxious for their loved ones buried in landslide.

Your group has been asked to go in and provide support to a village that has been affected by a landslide. How would you go into this village considering the cultural and traditional set up?

Setting 5: Evacuation center (EC): Evacuees have gathered here as TC Harold has destroyed their homes, there are some women, children, and elderly persons, persons with disability, in this particular EC. Some sick people and children have also moved to the EC. There is a lot of anxiety, frustration and needs in the EC. Some anger as well that the sick are also in the EC.

Your group has been asked to go in and provide support and do a needs assessment in the EC. How would you go into this EC considering the cultural and traditional set up?

Discuss and answer the following questions in your group

1. Do you need to dress a certain way to be respectful?
2. What sort of clothing items would you take to assist those impacted in the village/ community/ EC?
3. How would you approach the village?
4. What language would you speak?
5. Who would you approach when wanting to extend assistance to the women of the village?
6. What is the usual practice in the village around touching people and children?
7. Would you be able to hold someone's hand or touch their shoulder when helping?
8. Do you need to behave in a certain way around the elderly, disabled, children, women, or members of the LGBTIQ community?
9. State three specific concerns about the emergency that you need to prepare for.
10. How would you decrease the panic and anxiety associated with the COVID19?

Know the other Emergency Response Measures: Activity Individual

As highlighted in the first session, PFA is part of a broader response to large humanitarian emergencies. It is important to be aware of what services and support may be available so you can share information with people and children you are helping and tell them how to access practical help.

Reflect on a recent crisis that has taken place where you were required to help as a first respondent and answer the following questions.

1. Who is coordinating the Emergency Response Services?

2. Who is responsible for Search and Rescue Operations?

3. Who is responsible for Food Distribution?

4. Who is responsible for Child Protection in Emergencies?

5. Who is responsible for setting up Evacuation Centers?

6. Who is responsible for Water & Sanitation?

7. Who is responsible for Emergency Health Care?

8. Who is responsible for Counselling support services?

9. Who is responsible for Persons with Disability?

Read the following statements and circle the correct response

Whenever possible in responding to a crisis:

1. Follow the direction of the National Disaster Management office and the appointed NDMO authorities
a) True b) False c) Don't Know
2. Learn what emergency responses are being organized and what resources are available to help people and children
a) True b) False c) Don't Know
3. Insist on providing PFA even if you get in the way of search and rescue or emergency rescue or medical personnel
a) True b) False c) Don't Know
4. Know your role and the limits of your role
a) True b) False c) Don't Know
5. It is necessary to have a 'psychosocial background to offer PFA
a) True b) False c) Don't Know
6. It is important when offering PFA in crisis settings that you work through an organization or a community group
a) True b) False c) Don't Know
7. Acting on your own, may put yourself at risk and may have a negative effect on coordination efforts
a) True b) False c) Don't Know
8. If acting alone, it will be easy to link affected people and children with resources and support needed
a) True b) False c) Don't Know

SESSION 5: COMMUNICATION

Session Objectives

To create awareness amongst first responders on the importance of good communication as a key aspect of PFA

Learning Outcomes

Participants learn how to practice good communication in PFA

Communicating type of service providers and how it is provided

Communication is vital in helping to re-orient and comfort affected persons and children, and provide information about:

- What to do next
- What is being done to assist them
- What is currently known about the unfolding event
- Available services
- Common stress reactions
- Self-care, family care, and coping strategies

In providing information, use your judgment as to whether and when to present information.

Does the individual appear able to comprehend what is being said, and is he/she ready to hear the content of the messages?

Address immediate needs and concerns to reduce fears, answer pressing questions, and support adaptive coping. Use clear and concise language, while avoiding technical jargon.

Providing Services

In some settings, PFA may be provided in designated areas. In other settings, providers may circulate around the facility to identify those who might need assistance. Focus your attention on how people and children are reacting and interacting in the setting. Individuals who may need assistance include those showing signs of acute distress, including individuals who are:

- Disoriented
- Confused
- Frantic or agitated
- Panicky
- Extremely withdrawn, apathetic, or “shut down”
- Extremely irritable or angry
- Exceedingly worried

While PFA is primarily designed for working with individuals and families, many components can be used in-group settings, such as when families gather for information about loved ones and for security briefings. The components of providing information, support, comfort, and safety can be applied to these spontaneous group situations. In such settings it is critical that the person providing the communication has the most accurate and latest information that they are able and allowed to show. For groups of children and adolescents, offering games for distraction can reduce anxiety and concern after hours and days in a shelter setting.

When meeting with groups, ensure you:

- Tailor the discussion to the groups shared needs and concerns.
- Focus the discussion on problem-solving and applying coping strategies to immediate issues.
- Do not let discussion about concerns lapse into complaints.
- If an individual needs further support, offer to meet with him/her after the group discussion and refer for counselling if need be.

Maintain a calm presence

People and children take their cue from how others are reacting. By demonstrating calmness and clear thinking, you can help affected persons and children feel that they can rely on you. Others may follow your lead in remaining focused, even if they do not feel calm, safe, effective, or hopeful. PFA providers often model the sense of hope that affected persons and children cannot always feel while they are still attempting to deal with what happened and current pressing concerns.

Be sensitive to culture and diversity PFA providers must be sensitive to culture, ethnic, religious, racial, and language diversity. Whether providing outreach or services, you should be aware of your own values and prejudices, and how these may agree with or differ from those of the community being served. Helping to maintain or re-establish customs, traditions, rituals, family structure, gender roles, and social bonds is important in helping affected persons and children cope with the impact of a disaster. Information about the community being served, including how emotions and other psychological reactions are expressed, attitudes toward government agencies, and receptivity to counselling, should be gathered with the assistance of community cultural leaders who represent and best understand local cultural groups.

Be aware of At-risk populations

Individuals that are at special risk after a disaster include:

- Children, especially those:
 - Separated from parents/caregivers
 - Whose parents/caregivers, family members, or friends have died
 - Whose parents/caregivers were significantly injured or are missing
- Those who have been injured
- Those who have had multiple relocations and displacements
- Medically frail children and adults
- Those with serious mental illness
- Those with psycho-social impairments
- Those with physical impairments or illness
- Adolescents who may be risk-takers
- Adolescents and adults with substance abuse problems
- Pregnant women
- Mothers with babies and small children
- Disaster response personnel
- Those with significant loss of possessions (for example, home, pets, family memorabilia)
- Those exposed firsthand to grotesque scenes or extreme life threat
- Members of the LGBTIQ community

Especially in poor groups, a high percentage of affected persons and children may have experienced prior traumatic events (for example, death of a loved one, assault, disaster). Consequently, minority and marginalized communities may have higher rates of pre-existing distress-related mental health problems and are at greater risk for developing problems following disaster. Mistrust, stigma, fear, and lack of knowledge about disaster relief services are important barriers to seeking, providing, and receiving services for these populations. Those living in disaster-prone areas are more likely to have had prior disaster experiences.

Counselling

Counselling is a process where a client and a counsellor work together to come up with different ways to experience various situations. A professional activity utilizes interpersonal relationship to enable people and children to develop self-understanding and make positive changes in their life. For PFA, the basic skill of listening and referring to the professional as and when needed is extremely important.

Mental health interventions such as counselling during and after disasters are being discussed widely in the medical literature and popular media. It is well known that common mental problems (mood and anxiety disorder, trauma-related problems) increase after exposure to severe trauma and loss and those formal/informal services for people and children with pre-existing disorders often collapse during emergencies. A range of sound strategies for social and mental health interventions are available to reduce disorder and distress however it was shown that single-session psychological debriefing is not among the recommended strategies.

On the other hand, group counselling, where several individuals who have been through a major trauma are counselled together in a structured environment, remains vitally important.

People and children who have experienced a distressing incident should be assessed by a professional counsellor/mental health professional after about a month, as the delay makes it easier to distinguish people and children who are naturally coping well from those who are still experiencing stressful symptoms such as high anxiety, nightmares and panic attacks. Appropriate care and resources can then be focused on those people and children.

Unintentional Re-traumatization

Sometimes encouraging people and children to talk about the events may seem like something that can help them work through the pain, but it could have the opposite effect of extending their trauma. Therefore, If people and children do not want to talk about the events of the disaster, do not intrude. It is perfectly healthy for people and children to protect themselves. Helpful questions will encourage stories of survival, resilience, and strength since the disaster

What is the difference between PFA and counselling?

PFA is not the same thing as psychotherapy, professional counseling, or psychiatric treatment, but rather a form of directed support which has been informed by psychological understanding. It is a particular strategy that can be used to reduce stress reactions by providing additional support to those who have been affected by a traumatic or emergency incident. PFA does not rely on direct services by mental health professionals, but rather on skills that most of us already have.

PFA can help everyone—children, adolescents, adults, elders, persons with disabilities including children, families, and communities who have been exposed to a traumatic or emergency incident, including responders and support service providers. Children and adolescents use the same basic core strategies of safety; calm and comfort; connectedness; self-empowerment; and hope, but with modifications to make them developmentally and age level appropriate. PFA is designed to be simple and practical so that it can be used in any setting, and can be provided anywhere that trauma affected persons and children can be found - in shelters, schools, hospitals, private homes, the workplace, and community settings.

If you feel that, someone needs more help than you are qualified to provide, speak with your supervisor or a mental health professional on how to best assist the individual.

Psycho education

Psycho-education session is provided to educate leaders and other important community figures on the importance of restoring of safety, calming, self and communal control, hope and connectedness. Additionally, education on what can be expected in terms of emotional, behavioral, and physical reactions to a disaster should be provided.

Self Help Groups

When a large disaster has affected various communities, self-help groups can be effective to increase the ability to receive mutual emotional support, to diminish isolation and to activate persons to find strategies that will help them face the consequences of the disaster.

Steps to undertake are:

- For every gathering the group chooses a leader
- The group sets a suitable time limit for the gathering
- The group talks about the difficulties they experience in their day to day life
- The group explores different strategies for getting out of the difficult situation
- The group talks about what they can do to support each other or what activity they can jointly undertake to mobilize themselves

Role of the group leader:

- Lead the discussion
- Set ground rules
- Make sure everyone can talk
- Create an atmosphere of safety
- Makes sure that the group session is not used to vent negative feelings and does not create a low mood amongst all participants
- Make sure the group finishes positively and people and children leave reassured and supported

It is recommended that trained personnel guide the first few sessions.

Group Activity: Role Play

Step 1

In preparation for this activity, the facilitator needs to identify 2 pairs of volunteers who are willing to demonstrate key aspects of communication to the group. One set of volunteers is to demonstrate, what not to do and the other is to demonstrate what to do. Page 15 of the WHO PFA Manual identifies What to Do and What Not to Do.

Key aspects of good communication

- It is important to be calm and show understanding
- Do not pressure anyone to share their story
- Some people and children may value your presence with them quietly
- Don't talk too much – allow for silence
- Use both words and your body language, such as facial expression, eye contact, gestures, and the way you sit or stand.
- Speak in a way that considers, the person's culture, age, gender, customs, religion

Things not to do

- Showing those affected how anxious you are and not understanding their situation
- Forcing those affected to share their stories
- Talking too much and without giving those affected a chance to speak
- Looking away when the affected person is trying to communicate with you
- Being disrespectful in how you respond to the affected persons

Step 2: The facilitator can ask the participants to identify the aspects which should be done and not done during the role play and presentation which can be listed on a sheet of vanguard paper.

Step 3: In summing up, the facilitator can highlight the importance of listening properly to understand the situation and needs, to help people and children feel calm and to be able to offer appropriate help.

Learn to Listen with your

- Eyes > giving the person your undivided attention
- Ears > truly hearing their concerns
- Heart > With caring and show respect

Resources Needed

- Vanguard sheets or butcher paper
- Marker pens
- Engaging participants

SESSION 6: PREPARE, PREPARE, PREPARE

Session Objectives

Respondents to know how to prepare themselves before going in to provide PFA

Learning Outcomes

Respondents prepare themselves before going in to offer PFA

PREPARE

- Learn about the crisis event
- Learn about available services and support
- Learn about safety and security concerns

Activity: Group Sharing Experiences

Step 1:

In this session, the facilitator is to stress the importance of preparation before going to provide PFA

The facilitator is to refer to Page 16 and 17 of the WHO PFA Guide and lead a discussion on the key areas identified

The facilitator can invite one or two participants to highlight how they had prepared before entering an area to provide help, as part of the discussion in this session, referring to available services and support and safety and security etc.

Step 2:

The facilitator is to highlight the importance of learning about other response measures as well as the services and support that is available to those who have been affected and how they can access practical help, when preparing to go and offer PFA.

Step 3:

The facilitator is to invite the participants to work in three groups and work through the following questions, reflecting on a recent crisis event. Below are some guide questions for each group to work through.

1. What happened?
2. When and Where did it take place?
3. How many people and children are (were) affected and who are they?
4. Who provided basic needs like emergency medical care, food, water, shelter, transportation to Evacuation Centers?
5. How were people and children able to access those services?
6. Who else is (was helping)?
7. Are there specific ways that a responder will need to prepare to safeguard themselves against the crisis? (whether they are on site or at home).
8. Are community members involved in the response?
9. How do responders and community members safeguard themselves if there is a disease, e.g.: COVID19/ Measles outbreak?

10. Is the event over or continuing, such as more flash floods?
11. What dangers may be in the environment such as damaged infrastructure?
12. Were (Are) there areas to avoid entering because they are not secure or because you are not allowed to be there?

Step 4:

Allow each group 10 – 15 minutes to discuss the above and request one representative from each group to share feedback with the rest of the participants. The facilitator is to encourage each group to be as creative in their response and request that they demonstrate how they would carry out some of the above.

SESSION 7: PROVIDING PFA

Session Objectives

- To share key action principles of PFA
- To provide an opportunity for participants to demonstrate PFA

Learning Outcomes

Participants understand and can demonstrate the key action principles of PFA

Action Principles of PFA

LOOK → LISTEN → LINK

Look

- Check for safety
- Check for people and children with obvious urgent basic needs
- Check for people and children with serious distress reactions

Listen

- Approach people and children who may need support
- Ask about people and children's needs and concerns
- Listen to people and children and help them to feel calm
- Listening properly to people and children you are helping is essential to understand their situation and needs, to help them feel calm and to be able to offer appropriate help.

Link

- Help people and children address basic needs and access services
- Help people and children cope with problems
- Give information
- Connect people and children with loved ones and social support

Group Activity - Discussions

Step 1:

Refer to Page 18 of the WHO PFA Guide and go through the key action principles of PFA. Look, Listen and Link

Step 2:

Facilitator is to divide the group into 3. The facilitator is to give one group the task, to look, another group the task to listen and another group the task to link. The groups are to be given the following scenario and to use the following questions to guide their group discussions.

Scenario

Village Lebaleba in Ba has just been hit by a very bad landslide which has caused severe destruction. The village Primary school which is a short distance away from the village was unaffected but the children have heard about the landslide and are anxious about family members. There is also potential of a measles outbreak as people have had limited to no access to proper sanitation or vaccinations. The Measles outbreak had begun 2 months earlier, and though there is no indication that the Lebaleba has measles, your group needs to be aware of the risk of an outbreak. Your PFA responders has been asked to go in and assist. You are part of the group that has gone in to assist.

The group “Look” is to answer the following questions

1. What dangers can you see in the environment?

2. Can you be there without likely harm to yourself or others?

3. Look and identify if anyone appears to be critically injured and in need of emergency medical help?

4. Does anyone need rescuing, is anyone in immediate danger?

5. Does anyone have obvious urgent basic needs, such as shelter, clothing?

6. Are there people and children who need help to access basic services and special attention to be protected from violence, discrimination, or exploitation?

7. Who else is available around you to help?

8. Are there people and children who are extremely upset, not able to move on their own, not responding to others or in shock?

9. Where and who are the most distressed people and children?

10. Who may benefit from PFA and how you can best help?

Group “Listen” Considering the key action principle of Listen

In your observations, you have come across a very anxious parent who is worried about their child, who they cannot contact because of the landslide. The parent is bordering on hysterical as they have been told that it might take all night to clear the landslide and the children are isolated at the school. Using the action principles of listening detailed on page 22 and the techniques outlined on page 23 of the PFA Manual, outline below how you would deal with the concerned parent.

Group “Link” Using the third PFA action principle of Link.

Outline how you would help the people and children in the village of Lebaleba address basic needs and access services, help them cope with lack of water supply and how you would connect them with loved ones and support. (Read page 24 – 25 of the PFA Manual before answering). You must also consider minimizing the potential for a measles outbreak. Remember that PFA is often a one- time intervention and you may only be there to help for a short time. It is important to help people and children to help themselves and to regain control of their situation.

Individual Activity

Linking people and children with loves ones and social support is an important part of PFA. Thinking about the Lebaleba village situation, outline how you would do the following

1. Help keep families together and keep children with their parents and loved ones

2. Help people and children to contact friends and relatives so they can get support. E.g. provide assistance with a phone call, identify other ways.

3. If a person lets you know that prayer, religious practice, or support from religious leaders might be helpful for them, what would you do?

4. How would you bring the affected people and children together and get them to help one another?

5. Outline how you would help the person cope with problems?

Step 3

Each group is to be asked to demonstrate to the bigger group how they would respond to looking, listening, and linking, stating what they would do, what they wouldn't do. The group who are tasked with looking, can do a quick assessment of the village situation and present their findings to the bigger group, linking it back to PFA.

Step 4

The group tasked with role playing the scenario can demonstrate confusion, crying, disorientation, injury, torn clothing, no basic services, vulnerability of women and children, concern for contracting measles.

Step 5

Each group is to explain how they would carry out the action principles of PFA following their role play for the benefit of the other members of the group.

Step 6

At the end of each group presentation, members of the bigger group can provide feedback and comments. The facilitator is to conclude the role play session by summarizing, key aspects of Look, Listen and Link. Participants to de-role, as necessary.

Facilitator to emphasize on opportunities that participants identify gender based violence, protection and inclusion issues to expand and link to the Service Delivery Protocol and the Community Response Referral Guidelines (Annex 7) to generate discussions to the next session

Providing Information: Activity Group Work

A key aspect of providing PFA is providing accurate information. Read page 27 of the WHO PFA Manual. Whilst still in your groups, where you would get the following accurate information for the people and children of Lebaleba village in Ba.

1. When and where would you get updates on the crisis?

2. Where would you get information about safety issues, available services and whereabouts and conditions of missing people and children?

3. How would you find out about the services available and how would you help people and children access them?

4. What about contact details for services?

5. How would you deal with people and children who become frustrated and angry because the emergency services have not met their needs? (Read page 28 of the PFA Manual)

6. How and who would you need to contact to get assistance for vaccines to minimize the potential for an outbreak?

SESSION 8: PEOPLE AND CHILDREN WHO ARE LIKELY TO NEED SPECIAL ATTENTION

Session Objective

To identify specific responses to children, women, persons including children living with disabilities, elderly, chronically ill, and vulnerable and marginalized groups during a disaster.

Learning Outcomes:

Participants demonstrate how to respond to those who are likely to need special attention.

Services aimed to promote safety and comfort for affected persons and children could include:

- Help make the physical environment safer (for example, try to ensure adequate lighting, and protect against slipping, tripping, and falling).
- Ask specifically about needs for eyeglasses, hearing aids, wheelchairs, walkers, canes, or other devices. Try to ensure that all essential aids are kept with the person.
- Ask whether the survivor needs help with health-related issues or daily activities (for example, assistance with dressing, use of bathroom, daily grooming, and meals).
- Inquire about current need for medication. Ask if the survivor has a list of current medications or where this information can be obtained and ensure readable copy of this information is available (pre and post-disaster period).
- Consider keeping a list of affected persons and children with special needs so that they can be checked on more frequently.
- Contact relatives if they are available, to further ensure safety, nutrition, medication, and rest. Make sure that the authorities are aware of any daily needs that are not being met.
- If there are medical concerns requiring urgent attention or immediate need for medication, contact the appropriate unit leader or medical professional immediately. Remain with the affected person or find someone to stay with them until you can obtain help.

Activity: Group Role Play

Purpose: To allow participants to demonstrate the themes of PFA towards those needing special attention.

Step 1: For this activity, the facilitator is to divide the participants into 3 groups, depending on the numbers in attendance. One group is to be given children including adolescents, another group is to be given people and children living with health conditions or disabilities and the third group are to demonstrate people and children at risk of discrimination or violence.

The following themes are to be given to the three groups and the groups encouraged to prepare short role plays relating to these themes:

Role Play 1: Children including adolescents

Saukawa Village has been affected by a landslide. The village Primary school which is a short distance away from the village was unaffected, but the children have heard and are anxious about family members. Your group has been asked to go in and assist. Using the principles of PFA and referring to Section 3.5 of the WHO PFA Manual, demonstrate how your group would respond to this situation.

Role Play 2: People and children with health conditions or disabilities

Sota Village has been affected by a landslide. There are several elderly people and children and persons living with disabilities in the village who have not been helped. Refer to page 35 of the WHO PFA Manual and demonstrate how you would respond to this need.

Role Play 3: People and children at risk of discrimination or violence

Likuliku village has been severely affected by a landslide. A group of young people and children, including several LGBTIQ villagers and girls, were swimming in the village creek when the incident happened and are trapped in that area, isolated from the village and close to a new building development. How would you respond to this group? Read Page 36 of the WHO PFA Manual and demonstrate your response.

Role Play 4: People and children at risk of being in contact with a COVID19 confirmed case

Paipai settlement has a little Back Packers accommodation. An individual who had stayed with his partner in the complex have returned to their home country and upon arrival have tested positive for COVID19. The contact tracing has led the authorities to the Back Packers complex in Paipai. Your PFA responders have been sent to provide PFA. Highlight some of the preparations you would need to make, as well as what you would say and do to the residents at the Back Packers and the host family of 7 that looks after the property.

Step 2: While each group is demonstrating their role play, the facilitator is to encourage the rest of the participants to observe carefully and to try and identify the key themes of PFA that are being demonstrated in the role play.

Step 3: At the end of the role plays, the facilitator is to list responses on the key themes from the participants and highlight the key themes provided to each group prior to the role play demonstration.

Resources Needed

Emergency items for role play

Engaging participants

SESSION 9: CRISIS AND SPIRITUALITY

Session Objective

To discuss some of the spiritual aspects of providing care and comfort after a distressing event.
 To help affected persons and children link to appropriate religious organizations as per annex 1

Learning Outcomes:

Participants are aware of some of the spiritual aspects of providing care and comfort

Activity: Individual Activity

Step 1: The facilitator can refer to Page 29 of the WHO PFA Manual and highlight some of the key aspects of crisis and spirituality.

Step 2: The facilitator can ask one or two participants to share their experiences in this area.

Step 3: The facilitator needs to stress the importance of not imposing spiritual beliefs or religious interpretations of the crisis and also not to agree or reject a spiritual belief or interpretation of the crisis, even if a person asks them to.

For example, the facilitator could say “It sounds/ looks like there is a spiritual interpretation/ understanding linked to the disaster,”

“It sounds/ looks like there are beliefs that you have formed about this event,”

“It sounds/ looks you have a particular interpretation/ explanation about this event,”

Re-write the following spiritual aspects of providing care in your own language or a language that you understand.

1. Be aware of and respect the person’s religious background

2. Ask the person what generally helps them to feel better. Encourage them to do things that help them cope, including spiritual routines if they mention these

3. Listen respectfully and without judgement, to spiritual beliefs or questions the person may have

4. Don't impose your beliefs, or spiritual, religious interpretations of the crisis on the person

5. Don't agree with or reject a spiritual belief or interpretation of the crisis, even if the person asks you to

Resources Needed

- PFA Manual
- Laptop
- White screen
- Engaged participants

SESSION 10: TAKING CARE OF YOURSELF

Session Objective:

Create awareness amongst participants of the importance of taking care of oneself when providing PFA.

Learning Outcomes

The participants know how to take care of themselves when providing PFA.

Self-care responsibilities

Individual self-care

- Take appropriate breaks
- Ensure proper food and drink intake
- Ask for supervision if needed
- Monitor own reactions and emotions
- Reflect on own practice
- Protect yourself through detachment on days off
- Debrief daily with the team

Team self-care

- Support each other psychologically and ensure safety
- Conduct daily debriefs in times of disaster responds
- Have same work ethic and share workload
- Vent to each other but remain respectful

Organizational self-care

- Mobilization of resources for the crisis team responders
- Ensure logistical procedures are supportive
- Clear policy and guidelines that outline SOP such as the amount of time that a responder can spend in the field, the mandatory debriefing with a competent supervisor before returning to the field.
- Ensure wellness and wellbeing for the team
- Ensure safety

Activity Looking After Yourself – Group Discussion

Refer to Chapter 4 of the PFA Guide and ask the participants to all contribute to what it means to look after oneself. Ask one or two participants to share their experiences in how they have looked after themselves whilst attending to a crisis.

- Pay extra attention to your own well being
- Are you physically and emotionally able to help others?
- Important to take care of yourself so you can take care of others
- If working in a team, be aware of the wellbeing of fellow helpers

Read page 26 of the PFA Manual and go through the following for the participants benefit. The participants can go through the tips and translate them in their own languages when they are reviewing the notes on PFA at a later stage.

1. Positive coping strategies

2. Get Enough Rest

3. Eat as regularly as possible and drink water

4. Spend time with family and friends

5. Discuss problems with someone you trust

6. Do activities that help you relax (walk, sing, pray, play with children)

7. Do physical exercise

8. Find safe ways to help others in the crisis and get involved in community activities

9. Negative Coping Strategies

10. Don't take drugs, smoke, or drink alcohol

11. Don't sleep all day

12. Don't work all the time without any rest or relaxation

13. Don't isolate yourself from friends and loved ones

14. Don't neglect basic personal hygiene

15. Don't be violent

16. Wipe assistive devices for those who use assistive devices

Wrapping Up

Step 1: The facilitator can conclude the two day session by going through what PFA is, its key themes and also the action principles of Look, Listen and Link, highlighting how through the practice of Look, Listen and Link, one is able to fulfil the key themes of PFA.

Step 2: The facilitator can also refer to the key considerations, which include the importance of good communication techniques, cultural considerations, and the importance of taking care of oneself

Step 3: The facilitator can also emphasize the importance of linking those affected by a disaster to assistance towards their basic needs and connecting them to loved ones etc.

Step 4: The facilitator can use the power point presentation in the Facilitator's Guide to wrap up the PFA training

Step 5: At the end of the day, the facilitator can take the participants through the post workshop evaluation process to assess their level of knowledge of PFA.

Resources Needed

- Laptop
- Screen
- Engaging participants

Annex

Annex 1:

The Faith Based Approach to providing PFA

“Faith is confidence in what we hope, and assurance about what we do not see.” Hebrews 11.1

For the purposes of this manual, several Faith Based Organizations (FBOs), most of whom are also members of the Fiji Council of Churches (FCC) participated in a series of conversations and completed a rapid assessment survey. Their input has informed this annex.

The ECOs that participated are

1. Salvation Army
2. Fiji Baptist Convention
3. Methodist Church of Fiji
4. CARITAS Archdiocese of Suva (Humanitarian arm of the Roman Catholic Church)
5. Ola Fou
6. Seventh Day Adventist Church
7. Anglican Diocese of Polynesia

These ECOs range from small, grassroots organizations with simple structures and limited staff such as Ola Fou, to global institutions such as the CARITAS Archdiocese of Suva, with highly sophisticated bureaucracies, wide networks such as the Methodist Church in Fiji, and substantial financial and human capacity such as the Salvation Army, Seventh Day Adventists, large FBOs that are already working with their international community and overseas based missions. Some organizations are loosely inspired by faith principles, while others are formally linked to religious institutions. Even among FBOs in the same faith tradition, there is an inherent diversity.

However, a common thread for all the FBOs that were part of the survey is that they are all present in one form or another in their local domestic communities. As such all these FBOs have the capacity to deliver critical services, mobilize grassroots support, earn the trust of vulnerable groups, and influence cultural norms. With their leaders and in particular with the way the Fijian communities and indeed Pacific Communities are set up, faith leaders or religious leaders are moral leaders and command the respect of local and national authorities, which places them in a unique position to be invaluable influencers, mediators, service providers and peaceful responders, particularly during times of crisis.

FBOs, Religious leaders and PFA

The application of PFA would continue to follow the PFA action principles as outlined throughout this document., and summarized below:

LOOK	LISTEN	LINK
Safety of Self	Introduce yourself	Identify with them the services that they need
Safety of Others	Asking people and children if they'd like some assistance	Link them to the service provider to help them cope with their problems
Individuals who may need immediate support/ assistance/ medical attention	Listening to them and their needs	Linking them back to their loved ones, family, community, or other social supports
	Listening to help them feel calm	

The Christian perspective of providing PFA in Fiji highlights the following core elements:

1. That during crisis, those that are affected need help, irrespective of culture, ethnic or social origin, place of origin, sex, gender, sexual orientation, gender identity and expression.
2. That God's grace and mercifulness be extended to everyone.
3. That the provision of basic needs is necessary and though it remains at the forefront of disaster assistance, each FBO must continue to use the space provided to provide hope and mission to populations that they serve.
4. Disaster assistance should be based around the people and children and how best that they can and need to be assisted to return and or ensure a peaceful and decent living standard
5. Exploring indigenous and ethnic values and their way of communal living
6. That individuals have the heart to love, care and be responsible for each other, this must be nurtured within the communities and practised by helpers.
7. The teachings of Christ of being kind, loving, compassionate, helping, caring, and supporting of the vulnerable and most in need must take precedence over individual FBOs missions.
8. To strive to influence and positively impact lives of people and children, especially the vulnerable in the communities.
9. To promote resilience within communities by assisting individuals to recognize their strengths and resources within their communities.
10. That people and children are stewards of the environment and must work to protect the environment.
11. When in situations of challenge to an individual faith or the principles of a particular FBO, that the guiding principle of Human Rights of "Do No Harm" to be practiced in providing for the basic needs of an individual in crisis.
12. Individual FBOs may promote their own FBOs values, principles, and mission only when the most basic identified needs of the individual have been satisfactorily met.

The Faith Based Organizations PFA Action Principles SUMMARISED

LOOK	LISTEN	(AGAPE) LOVE
LOOK at life	LISTEN To God	LOVE in action AGAPE love – without any conditions come as you are Do not take advantage Do not give service with the anticipation of getting something back 2 Cornithans 5 – 14,15 Action need to be guided by love; the action needs to be founded in love.
-we ask several of us to relate to a recent experience	What does God think and feel about this event?	What does God want us to do? - Ability to discern - Strong in faith
What exactly happened?	If God could speak now about this event what would he say?	Who will do What and When? - Linking to relevant agencies
Why did it happen?	We reflect on bible verses (do not need to open bible)	
How do you feel about it?		

A common thread for all the FBOs that were part of the survey is that they are all present in one form or another in their local domestic communities.

As FBOs and religious leaders it is imperative that evidence based, global best practise are adhered to and that overarching principles of MHPSS is followed when applicable. For the Fijian Christian perspective and practice this would include:

- Building on local care structures such as National mental health, social care, and welfare program, educational settings
- Identifying the main sources of care (e.g. families, social groups, and in some contexts, religious leaders, and traditional healers) to collaborate with and work through.
- Working with local actors, including trusted and respected community leaders who may already be serving as frontline providers offering psychosocial support to their communities, including issues related to death, dying, grief and loss related to the disaster or pandemic.
- Support these actors by being able to refer individuals who may need more specialized support.
- Ensuring that sufficient personnel are equipped with knowledge and skills to deliver MHPSS, including PFA to children, people and children with disabilities and other vulnerable adults.

Case Study 1: A category 3 TC Lagi, has destroyed many homes in the local community. Local health center resources are stressed, and government assistance has been delayed due to flooding of low lying areas and the blocking of main access roads to the area. There are reports that several young adults have been victimized due to their feminine gender expression, and when in the EC, they have been asked to set up their own space, and also not to expect any special treatment. Your FBO is in the area and have been asked to provide PFA.

Individual Activity

Using the Action Principles of PFA, what are your priorities under:

Look: _____

Listen: _____

Link: _____

2. How would you reconcile the dictates of your FBO and the needs of the individual to be recognized and afforded their rights of freedom of expression as a member of the LGBTIQ community?

3. Members of the community are prejudiced against your FBO, as they do not think you are a “proper correct fit” for their community. What are some basic principles of PFA and or Christian beliefs that you would practice – e.g.: what are some things you can say, how would you say it and what would you say?

ANNEX 2: PSYCHOLOGICAL FIRST AID: GUIDE FOR FIELD WORKERS. 2011

https://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205_eng.pdf;jsessionid=9CB960AE53524E3743DF627D26085932?sequence=1

World Health Organization, War Trauma Foundation and World Vision International. Psychological first aid: Guide for field workers. WHO: Geneva. 2011

ANNEX 3: STANDARDIZED PFA INITIAL ASSESSMENT FORM

PFA INITIAL RAPID ASSESSMENT FORM

A: VISITATION AND NATURE OF VISIT

1. DATE OF VISITATION: _____
2. ADDRESS OF VISITATION: _____
3. NAME, GENDER & AGE OF HEAD OF HOUSEHOLD: _____
_____ ETHNICITY: _____
4. PURPOSE OF VISIT (routine visit/ follow up/ needs assessment post disaster)

5. MEMBER OF FAITH (NAME OF FAITH) Y / N _____
6. TYPE OF FAMILY: SINGLE/ NUCLEAR/ EXTENDED / BLENDED (circle relevant type)

B: FAMILY & HOUSEHOLD BACKGROUND

State Total Number in Household:

PLEASE ENTER NUMBERS FOR FAMILY COMPOSITION BELOW

NUMBER	0 - 18	19 - 30	31 - 55	55+	DISABLED
MALES					
FEMALES					

C. IMMEDIATE IDENTIFIED NEEDS OF THE FAMILY TICK ALL THAT APPLY

(*explain as relevant)

	Number in household that have:
* Physical disability	
* child protection: child is more vulnerable since TC Yasa	
* Mental health issues (specify if possible)	
* medical health issue (specify if possible)	
* Loss of income	
* protection issues	
* Trouble with the law	
* Difficulty meeting basic needs of food, shelter, water, clothing	
* Trouble with the inlaws	
Other	

D. OTHER IDENTIFIED NEEDS OF THE FAMILY TICK ALL THAT APPLY

	Number in household that have
Lack/ loss of access to education	
Loss of bread winner	
Lack of shelter/ loss of shelter	
Dependent on relatives	
Living with relatives	
Social welfare needs	

Lack of bank account	
No access to farming land	
Faith	
Trouble with employer	
Legal advise	
Counselling	
Other	

E. LINKAGE TO RELEVANT SERVICES

Which Service Below Have You Linked The Family With (Tick All That Apply)

Social Service Dept Within your community/ village/ faith	
Church Leader	
Dept Of Social Welfare	
Health Services	
Bank (Name)	
FNPF	
Road Works	
Potential Employers (Names)	
Fiji Police Force	
Fiji Military Forces	
Small Business Start Up	
FCOSS	
OTHER NGOs (NAMES)	
NDMO	
Telecommunications	
Service Providers	
Airlines	
Bus Company	
Food Company	
Local Self Help Groups	
Other Faith Based Organizations	
Other (Names)	

Assessor name, organization and signature: _____

DATE: _____

ALL INFORMATION IN THIS FORM IS CONFIDENTIAL. PROVIDE A SUMMARY ONLY THE MHPSS SUB CLUSTER VIA email to selina@kuruleca.com

Annex 4: Instructions to accompany the PFA Initial assessment Form

Below are guidelines to assist you in answering each of the questions in the form

A: VISITATION AND NATURE OF VISIT

DATE OF VISITATION: *date and time you visited*

ADDRESS OF VISITATION: *address of the person you visited eg: street, village, district, province*

SURNAME OF FAMILY VISITED: *self explanatory* ETHNICITY: *self explanatory*

MEMBER OF FAITH (NAME OF FAITH) : Y / N *if yes state the name of the faith the person visited belongs to*

TYPE OF FAMILY: SINGLE/ NUCLEAR/ EXTENDED/ BLENDED

Definition

Extended: other members outside of nuclear family living together

Blended: these are couples who have remarried and have formed the current family unit

Household: per house and may include multiple families living in the same home.

B: FAMILY BACKGROUND (self explanatory) please enter numbers for family composition below

The total number of persons in family / household must match with the total numbers in the table.

NUMBER	0 - 18	19 - 30	31 - 55	55+
MALES				
FEMALES				

C. IMMEDIATE IDENTIFIED NEEDS OF THE FAMILY TICK ALL THAT APPLY

*(*explain as relevant)*

Where possible, write details in the space provided. For example if you tick physical disability, state the need – eg: 1 adult amputee needs a wheelchair or mobility access

Eg 2: Loss of income – how long been unemployed and how many breadwinners in the home.

Protection issue – this includes any ongoing form of violence or abuse in the home

D. OTHER IDENTIFIED NEEDS OF THE FAMILY TICK ALL THAT APPLY (*explain as relevant)

E. LINKAGE TO RELEVANT SERVICES – *where possible identify by name the person is being referred to, eg: Church Minister – Talatala Qase, Nabua ; eg: Social welfare – Director Social Welfare, Suva*

NAME & SIGNATURE: *person completing the form needs to sign and date the form before returning within their own organization. The organization is to provide ONLY a summary via email to selina@kuruleca.com*

Annex 5: Evaluation form

This is a tear out section and must be completed and handed to the facilitators at the END of the workshop

First Name:		Surname:		
Date:		Workshop attended:		
Venue:	Sex: Please circle	Male	Female	Other
Age:				
Have you provided direct assistance to people during a crisis?	Yes	No	Unsure	
Please circle				
If yes, what was the crisis?				
Did you know what PFA was prior to this workshop?	Yes	No	Unsure	
Feedback on Content of PFA Training (Circle your answer, and explain as necessary your response)				
Training met my expectations		Yes	No	Unsure
I now understand what PFA is		Yes	No	Unsure
I am confident to apply PFA in the field		Yes	No	Unsure
Feedback on Training Material: PFA , PFA Manual, Powerpoint etc				
Was the written material clear and easy to understand?	Clear	Not Clear		Very clear
Examples used were appropriate?	Appropriate	Not Appropriate		Very appropriate
Training material provided was useful	Useful			Not Useful

Feedback on the Facilitator – Did the facilitator?	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	No opinion
1. Communicate all concepts clearly					
2. Engage participants to contribute clearly					
3. Understand the subject					
4. Respond to the questions and provide everyday examples					
5. Assist you to learn					
6. Use material appropriately					
7. Adapt pace of session to participants					
8. Include time to reflect on learning					
9. Equip you with enough knowledge to mentor your communities					

Annex 6: Certificate Template

Australian Aid 



AHP Australian Humanitarian Partnership

Certificate of Participation

presented to









For Participation in the 3 day Psychological First Aid (PFA) Training for Fieldworkers in Fiji - CAN DO partners conducted at

Vasiti Soko
 Director
 National Disaster Management Office

Selina Kuruleca
 Trainer

Daniel Taufaga
 Manager CAN DO

Annex 7: Referral Guidelines



COMMUNITY RESPONSE & REFERRAL GUIDELINES

BASIC GUIDELINES FOR RESPONDING TO CASES
OF GENDER-BASED VIOLENCE AND CHILD
WELFARE REPORTS DURING COVID-19

Version 2, updated as of 24 April 2020

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Guidance Note

This resource kit is a supplementary document to the [Fiji National Service Delivery Protocol for Responding to Cases of Gender Based Violence: Standard Operating Procedures for Interagency Response among Social Service, Police, Health and Legal/Justice](#).

The purpose of this **community referral and response kit** is to provide community workers and others who may come across disclosures of gender-based violence (GBV) or child welfare cases and some very simple guidance on how to handle these disclosures and refer cases appropriately.

This is a simplified, community based version of a more detailed Resource Kit for Gender and Protection Cases during the period of COVID developed by the Fiji Ministry of Women, Children Alleviation in partnership with the Fiji Women's Crisis Centre, Medical Services Pacific, Empower Pacific, Salvation Army, Social Welfare and other key frontline service providers.

UN Women¹ and UNICEF provided technical support in the development of the materials.

¹ UN Women's technical support is through the Pacific Partnership to End Violence Against Women and Girls, supported by the European Union, and the Governments of Australia and New Zealand.

Fiji Community Referral Guide for Women and Children



Discloses abuse

1. Ask the survivor if she feels safe talking to you in your current location.
2. Listen to her story, **be kind and do not blame** her.
3. Comfort the survivor and **believe** her.
4. **Ensure her safety** by treating the information with confidentiality and referring her for immediate protection if needed.
5. For information or guidance on how to best support her, ask for the survivor's permission to **REFER her directly for support**.

Give her information and encourage her to call for counselling support/ or any other support

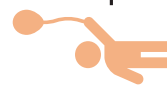
FREE 24-hr DV HELPLINE
(toll free)
1560

FREE 24-hr CHILD HELPLINE
(toll free)
1325

COVID-19 FREE Helpline 158
Other Ministry of Health numbers for other services
Central Division - 221 9905
Eastern Division - 221 9906
Western Division - 221 9907
Northern Division - 221 9908

Other 24-hour free counselling lines
Medical Service Pacific
1325/9910894/9282434
Empower Pacific (24-hr)
7765626/ 2937141
Fiji Police Force National Command Centre (24-hr)
9905296

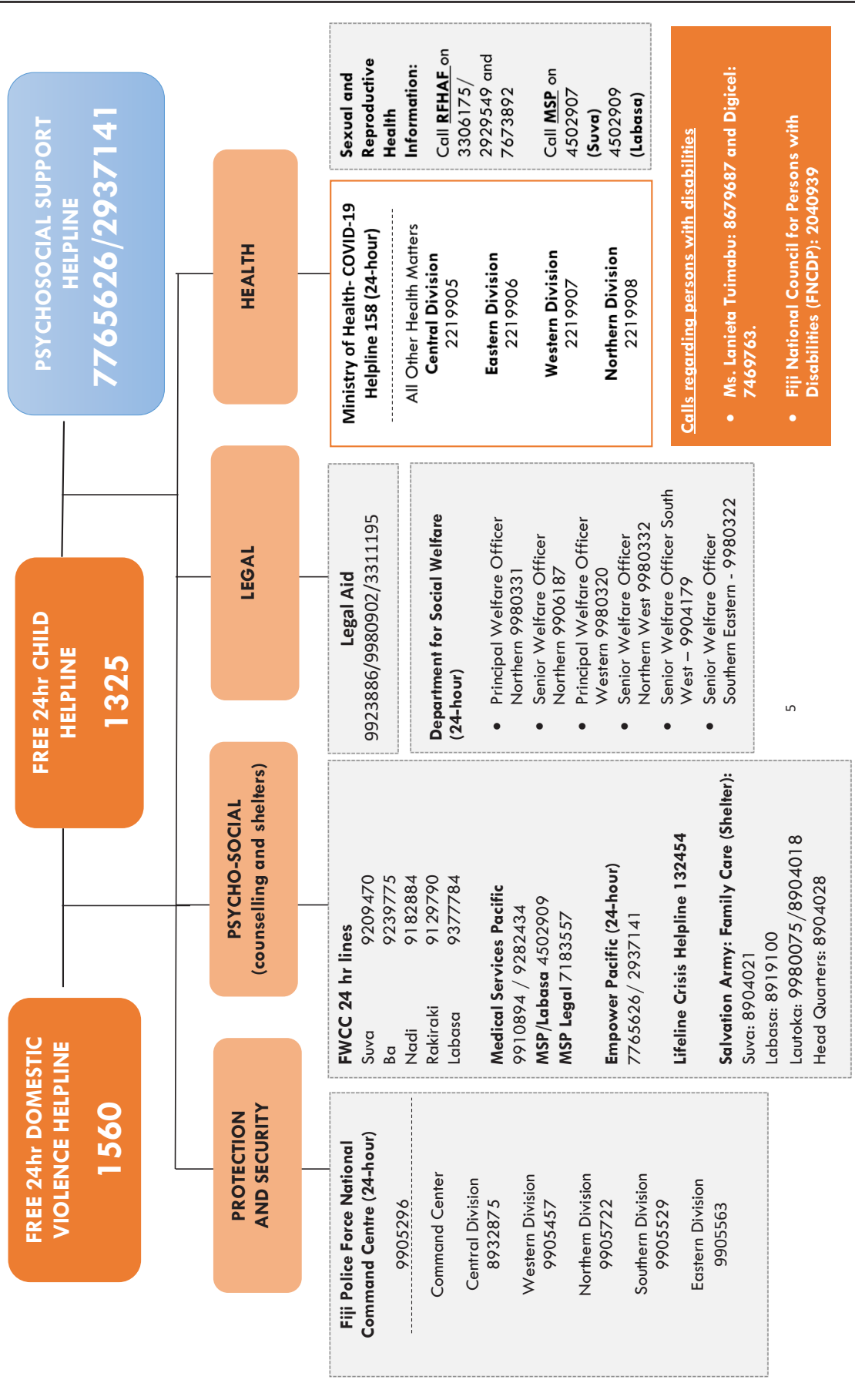
Police Command Center
Central Division
8932875
Western Division
9905457
Northern Division
9905722
Southern Division
9905529



Discloses abuse

1. Check how the child is feeling about their safety. Ask the child gently, 'Do they feel safe?' Who is with you?
2. Be calm, **PATIENT** and listen carefully to how/ what they are saying.
3. Acknowledge their feelings, 'I know this is hard. But talking about it helps.'
4. Tell them: **YOU BELIEVE THEM AND THAT IT'S NOT THEIR FAULT.**
5. Take the child's details and refer or assist the child to call the help line.
6. Follow up with child help line operator to ensure action was taken.

Gender & Protection Emergency Phone Tree





Steps to Obtain Domestic Violence Restraining Order (DVRO) Over the Phone

Keep the survivor online. Service Provider calls the police nearest to them and provides the details of the violence. The police may need to speak to the survivor.


FIJI POLICE FORCE

 DVRO application form to be completed before applying.


 **If possible, without** causing delay in making the application, transmit a copy of the completed form to the magistrate/judge by fax


 If the Respondent is at the location then invite him/her to be present, or if he/she is in custody then unless there is a reason not to, then arrange for him/her to be present.


When on the phone with the Magistrate/Judge inform them if the Respondent is present or not.

 It is important to highlight to the Magistrate or Judge the reason you are making the DVRO application over the phone.


JUDICIARY


 In the event that Police cannot fax the form to the Magistrate/Judge, the Magistrate/Judge can fill the DVRO form with information received over the phone.


 Once an order is given, they will inform the police officer by phone and fax (if possible) the terms of the Order, the reasons for making it and the next court date and time.

 If the Respondent is present, then the above explanation will also be given to him/her.

FIJI POLICE FORCE

 The Police Officer must, during the phone hearing, write on the DVRO application any additional information that was provided to the Magistrate/Judge.

 If the orders cannot be faxed over then police may have to fill out the orders as directed by the Magistrate/Judge in the prescribed form.

 The orders must then be served to the Respondent and a copy to be given to the Applicant.

FIJI National Gender-Based Violence (GBV) Guidance Note

Guide for Case Referrals of GBV survivors during Emergencies

Ensure a **survivor centered approach**. Refer survivors of GBV to essential services, using key guiding principles of **respect, safety, confidentiality and non-discrimination**. This is not intended to replace existing protocols, but rather to guide first responders during emergencies.

A survivor discloses an incident of gender-based violence (rape, sexual assault, domestic violence, exploitation, stalking, verbal abuse): Please take the following steps:

DO'S

1. **Provide immediate emotional support.** Comfort the survivor and tell her it is not her fault. Believe her.
2. **Provide a safe environment for her.** If a woman is with her partner it will not be safe for her. Do not talk to her partner.
3. **Be attentive and listen carefully,** give the person/woman time to say what they want to say.
4. **Remember confidentiality** is crucial to her safety. Keep her personal information confidential. Do not share with friends, family or acquaintances.
5. **Respect the woman's right to decide for herself** what action she wishes to take.
6. **The safety of the survivor is paramount at all times.**
7. **Refer the survivor to trained professionals as per the 'GBV Referral Guidelines'** (below).

DON'TS

1. Don't ignore the disclosure
2. Don't blame the survivor
3. Don't make choices for her
4. Don't offer advice under any circumstance or attempt reconciliation
5. Don't insist on a joint meeting with her and her partner.
6. Don't recommend couple counselling
7. Don't discriminate for any reason such as age, disability, religion, ethnicity, class and sexual orientation.
8. When children disclose, don't ignore.
9. Don't touch survivors.
10. Stay calm, don't overreact.
11. Do not take photos of the survivor.

If the woman is extremely vulnerable (woman with a disability, lesbian or transgender, or elderly) and needs support to take action, **with her permission** accompany her to a designated service provider or appropriate leader.

Contact: DV HELPLINE 1560 / CHILD HELPLINE 1325

Handling Child Cases (under 18 years):

Call Child Help Line (1325)

1. Ensure the child is referred to a mandated professional (Social Welfare Officer, Medical Practitioner, Police, School Teacher) as cited in the *s4 Child Welfare Decree*.
2. Follow the **'GBV Referral Guidelines'** process below.

Benefits and Risks for Seeking Help: For survivor information/informed consent

BENEFITS

- Immediate help and support from a trained GBV Counsellor.
- Medical care within 3 days for treatment against possible HIV infection, and within 5 days for Emergency Contraception/STI prevention.
- Immediate help with safety and security.

RISKS

- Possibility that confidentiality will be compromised in the referral process. Referral to trained providers can help to lessen this risk.
- Possible safety risk so need to discuss with the survivor specific details about their situation.
- Possible insensitive response by service providers who are not trained properly.

GBV REFERRAL GUIDELINES: IF THE SURVIVOR HAS GIVEN PERMISSION TO REFER: FOLLOW GUIDELINES BELOW FOR PRIORITISING CARE REFERRALS



After an immediate response, follow up actions and services may include:

- Ongoing counselling and support
- Police
- Access to legal aid.
- Medical, or counselling support
- Legal aid
- Livelihood opportunities for rehabilitation

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Thank you



