



FACILITATOR'S GUIDE

PANDEMIC INFLUENZA

Community Planning and Response Curriculum

for COMMUNITY RESPONDERS,
VOLUNTEERS, and STAFF



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Table of Contents

| | |
|--|-----------|
| Introduction and User Guide | 1 |
| Overview | 1 |
| User Guide | 2 |
| What is Pandemic Influenza? | 15 |
| Annex 1: Pre-Test | 21 |
| Annex 2: Answer Cards for Sorting Activity | 23 |
| Annex 3: Presentation Content | 33 |
| Annex 4: Post-Test | 39 |
| Teaching Preventive Messages about Influenza | 43 |
| Annex 1: Pre-and Post-Test Version 1—Show of Hands | 55 |
| Annex 2: Pre-and Post-Test Version 2—Written Questionnaire | 57 |
| Annex 3: The Four Flu Fighters... and a Word about Masks | 59 |
| Infection Control for Community Health Responders | 65 |
| Annex 1: Pre-and Post-Test Version 1—Show of Hands | 71 |
| Annex 2: Pre-and Post-Test Version 2—Written Questionnaire | 73 |
| Annex 3: Infection Control Window Lecture Content | 75 |
| Annex 4: Guided Vision Script | 81 |
| Annex 5: How to Make a Thick, Tightly-Fitting Mask | 85 |
| Home-Based Care of Persons Ill with Influenza | 89 |
| Annex 1: Handout | 101 |

A MESSAGE TO FACILITATORS

The Humanitarian Pandemic Preparedness Initiative (H2P) is pleased to provide you with this training package to build skills for community-level preparedness and response in the event of an influenza pandemic. Facilitator guides are available to address two important groups: 1) district and community leaders and 2) community responders, including health workers, staff of health and humanitarian agencies, and volunteers. These guides are available at www.pandemicpreparedness.org.

The combined training package covers the following topics:

- What is Pandemic Influenza?
- Teaching Preventive Messages about Influenza
- Actions Local Leaders Can Take to Fight Pandemic Influenza
- Infection Control for Community Health Responders
- Home-Based Care for Persons Ill with Influenza

The training package is designed to promote adult learning through interactive sessions. Sessions can be conducted separately or together, depending on each country's needs. Facilitators are encouraged to conduct the sessions in full. Should time be limited, (as it could be in the case of a severe pandemic), some activities within each session have been marked optional. If time permits, however, facilitators are encouraged to try to include them, as these are also some of the more interactive activities that will maximize learning.

Suggested Time to Conduct Training Tracks

| Training Track | Suggested Time to Conduct Track |
|---|---|
| District and Community Leaders | 1½ days (9 hours) (If time is limited, track can be shortened to 1 day) |
| Community Responders, Staff, and Volunteers | 1½ days (10 hours) (If time is limited, track can be shortened to 1 day) |

A number of other useful planning exercises are also available at www.pandemicpreparedness.org including:

- Guidance on securing availability of food and livelihoods at the community level (1 hour)
- Tabletop simulation exercise for sub-national planning purposes (2-3 hours)
- Guidance and templates for incorporating pandemic influenza in district emergency preparedness and response plans (1 day or more)
- Emergency communication planning (2-3 days)

Introduction & User Guide with Guidance on Adapting the Package for Local Use

OVERVIEW

What is H2P?

The H2P Initiative helps countries prepare for a pandemic influenza emergency by helping them develop ready and deployable (“off-the-shelf”) capacity to train and support **first responders** during an influenza pandemic. **First responders** include a wide variety of district and community representatives, staff, and volunteers who will provide critical information, care, and leadership during the pandemic influenza crisis.

This capacity will enable countries to provide rapid, coordinated, and effective responses that will minimize sickness and death, safeguard livelihoods, and maintain societal cohesion and integrity.

This capacity may also help national-, district-, and community-level people respond effectively to other types of emergencies.

Why was this training package created?

The goal of this training package is to help countries get **prepared** for a pandemic influenza outbreak. Then, when an influenza pandemic arrives, each country will be **ready to respond** rapidly. This package is designed to be customized **before** a pandemic breaks out, and then “rolled out” quickly **as soon as** a pandemic begins to move around the world.

Since this curriculum was written, the world has begun to experience a pandemic of the novel influenza A (H1N1) virus. Therefore, it is even more urgent for communities to prepare now. When rolled out, the outreach created by these trainings will enable districts and communities in the country to equip themselves with the information and planning tools that history has shown can save many lives.

Who are the trainers and planners who will run this training?

The trainers and planners will be different in different countries. Each country program should identify the appropriate trainers to reach both the district and community levels. Some should be appropriate to train District and Community Leaders. These trainers might be members of national, provincial, or district disaster preparedness teams, health officials, H2P partner staff, or experienced health volunteers. They may be staff of national Red Cross/Red Crescent societies, nongovernmental organizations, the Ministry of Health, or others. But they will all have one thing in common: they will be part of an emergency preparedness plan to reach out, country-wide, to the community level in a short period of time.

USER GUIDE

When do we use this package?

Pandemic influenza programs consist of two major components: preparedness and response.

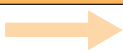
- During the **preparedness stage**, each country readies itself to deal with the complex emergency of a widespread, severe influenza outbreak.
- The **response stage** is what happens during the pandemic outbreak, which may include as many as three waves of illness.

Each country will develop a **preparedness plan** according to its own context and resources. **Preparedness** refers to the readiness to predict, prevent, lessen, respond, and cope with the effects of the disaster. This package provides key tools that need to be adapted to each setting and put into place (with materials adapted, roles and responsibilities assigned, actions and policies planned), ready for the response phase. Good **preparedness** means creating a system that can be easily rolled out whether an influenza pandemic arrives locally in one year, or ten years.

As with other emergencies, the general population of the country will not be fully mobilized until “post-trigger”—that is, until pandemic influenza has been identified and is spreading around the world. This is the **response** phase. Pandemic outreach to the general public may include sensitization, raising awareness, and some training—much of which can be used for general infection control, community health care, and/or during other disasters.

The timing of the training of the district-level trainers, and then the community-level representatives, will be different in each place, depending on funding, availability of staff and volunteers, and other factors. The timing below is only a suggestion. **Actual timing decisions should be made in consultation with local, district, and national authorities.**

H2P PROGRAM TIMELINE

| Preparedness Stage | Trigger | Response Stage |
|--|--|--|
| |  | |
| Getting ready | WHO announcement of sustained human-to-human transmission of a new influenza virus anywhere in the world triggers ROLL-OUT response in every H2P country | Handling the crisis: Pandemic influenza is in your district or a nearby district |
| Program Planning | | |
| <ul style="list-style-type: none"> H2P partners adapt district/ community planning tool to organizational context (including field testing) District-level planning, per country choice, either: <ol style="list-style-type: none"> District/community representatives (including government, H2P partner staff, members, and volunteers) undergo planning and readiness activities at district level in all or most districts <p>OR</p> <ol style="list-style-type: none"> Country pilot tests and adapts planning tools in several districts, makes tools available to all districts now, and rolls out detailed planning process at trigger <ul style="list-style-type: none"> Designated national and district staff annually review plan and update as necessary, including orientation of new staff | <ul style="list-style-type: none"> District/Community Representatives (including government, H2P staff members, and volunteers) review and update plan, begin and complete urgent roll out as per plan timeline (unless WHO or national government informs otherwise) At trigger, designated district-level staff orient any staff who have not received orientation to planning | <ul style="list-style-type: none"> Rapidly adapt and update plan, as needed Implement planned activities for as long as necessary, per plan timelines and instruction of national authorities |
| Training Using These Sessions | | |
| <ul style="list-style-type: none"> Adapt all sessions, including annexes and handouts Train national-, district-, and provincial-level trainers | <ul style="list-style-type: none"> Train Community Representatives, Community Responders, and Community Leaders Community Representatives, Community Responders, and Community Leaders then conduct community training about the Four Flu Fighters | <ul style="list-style-type: none"> Ongoing training of Community Representatives, Community Responders, Community Leaders, and community members Follow up and supervision Disseminate regularly updated information and guidance |

How severe will the influenza pandemic be?¹

The World Health Organization (WHO)'s pandemic alert phases consider the geographical spread of a pandemic virus and are intended as a global call to countries to increase their alertness and readiness. Within each WHO phase, countries can assess national or regional pandemic severity to best use limited resources and interventions aimed at lowering pandemic-associated health impacts.

A pandemic occurs when a new influenza virus emerges to which people have no prior exposure. People, therefore, do not have immunity to the virus. Instead of 5-10 percent of the population becoming ill (as with seasonal influenza), approximately 35 percent of people will become ill during a pandemic.

Because people have no immunity, the virus may cause more severe illness than is normal from seasonal influenza. The severity of a pandemic depends mostly on the virus that causes it, and severity may change over time during the course of the pandemic. While seasonal influenza causes death in less than 1 of 1,000 people who become ill, a pandemic virus may cause moderately higher to much higher rates of death. For the worst influenza pandemic we witnessed last century, the Spanish Flu of 1918, in the United States approximately 2 of every 100 who fell ill died. There were from 40-100 million deaths worldwide from the 1918 pandemic.

Assessment of pandemic severity is complex.

- Severity can vary from one pandemic to the next, from country to country, and among different population groups or geographical areas. Therefore, a single assessment of severity at the global level may not be relevant or helpful to countries.
- Second, severity will likely change as an event unfolds over time. As a result, monitoring is essential to detect changes in how the disease is developing.
- Third, the accuracy of a severity assessment will reflect the quality and availability of information about the virus and the people who are susceptible to infection. Such information is most limited at the beginning of a pandemic and takes some time to develop.

At the country level, three things will determine the impact of a pandemic on a population:

1. The pandemic virus and its characteristics,
2. The vulnerability of the population, and
3. The capacity of the population for response.

This curriculum addresses issues (2) and (3) above. It will help Community Leaders to plan to respond in a pandemic, including providing assistance to community members most likely to need help. It will also allow leaders to prepare in advance for different levels of response depending on pandemic severity.

For each session in this curriculum, trainers and participants should **consider how the information in the sessions would differ based on pandemic severity in their community.**

They should be as clear as possible, in advance, about where they will get guidance on decisions such as closing schools and supporting the neediest families with home health care, food, and other necessities.

Who will be trained?

This curriculum is designed in two tracks: one track for District and Community Leaders to prepare and plan, and a second track for Community Responders, Community Representatives, and other staff or volunteers to educate and support communities.

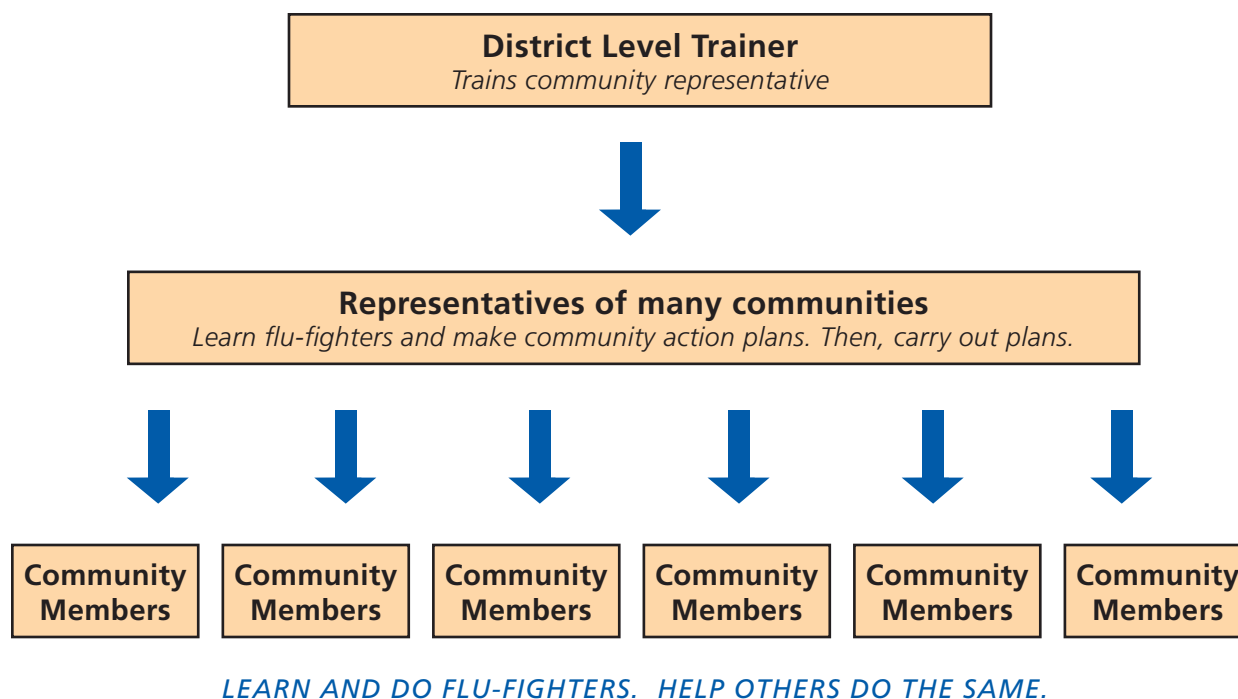
A Community Responder is a person who will provide care and education at the community level during a local outbreak on topics including health, food security, and protection of livelihoods. She or he may be a trained health worker, a community volunteer, or someone else. Community Responders will be different in different places, depending on what volunteer networks and programs already exist. Their roles and responsibilities will change depending on whether they work in cities, slums, villages, the countryside, big countries or small, and depending on local systems for healthcare, water, food, electricity, police, and more.

What does a Community Responder do during an influenza outbreak?

- Educates to prevent spread of influenza and other illnesses
- Cares for those sick with influenza
- Assists needy families and community with food, water, and other necessities
- Brings reliable news: influenza information, closures, and government updates and recommendations
- Links sick or needy people to the health system, community care, and government through referrals, care, and reports
- Collects information and news from the community to share with health system, leaders, and data collectors

Community Representatives and other volunteers can be trained with the Community Responders. These community-level volunteers will be educated about the pandemic, and trained in how to slow the spread of illness and how to offer guidance and care in communities during the crisis.

These volunteers don't need to be health or agricultural experts. They should be trusted by the public, and skilled at planning, helping, and communicating with others. They might be traditional leaders and healers, headmasters and headmistresses, teachers, civil servants, health professionals, journalists, radio DJs, entertainers, religious leaders, youth leaders, or business and other professionals.



District and Community Leaders are both leaders and members of the community. They will educate and inform the people in the community, and represent their needs to higher authorities, if necessary. They will also help make plans for how to handle problems and complications resulting from the pandemic.

Why focus on the district and community levels?

Preparedness will ensure that districts and communities can respond rapidly with necessary information and guidelines, clear policies, detailed plans, key supplies, and more. Communities that have planned in advance will be better able to function independently if communications, transportation, or other larger systems are interrupted during local outbreaks.

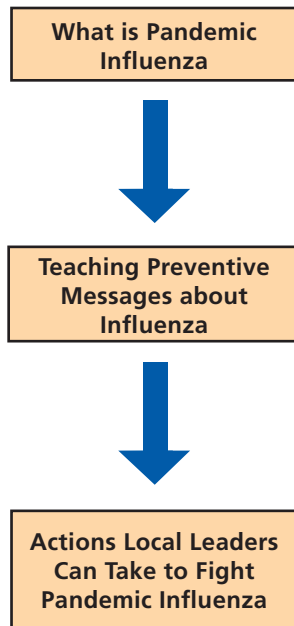
What does this curriculum contain?

The training materials included in this package are divided into two tracks:

1. Sessions for **District and Community Leaders**, to understand and plan necessary actions to prevent and mitigate (that is, reduce the impact of) the spread of influenza.
2. Sessions for **Community Responders, Representatives, and other volunteers**, to guide them in educating and assisting their communities in both prevention and care.

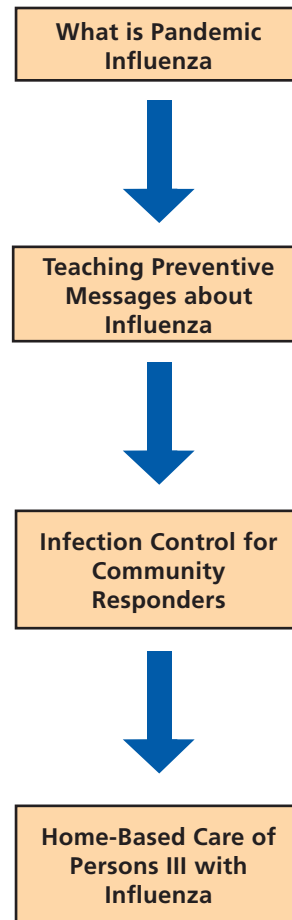
Track 1 for District and Community Leaders

1½ days*



Track 2 for Community Responders and Other Volunteers

1½ days*



* Should time be limited, each track could be shortened to 1 day

Other Useful Planning and Training Tools for District and Community Leaders:

- Guidance on Food Security and Livelihoods (1 hour)
- Tabletop Pandemic Simulation (2-3 hours)
- District Planning Guidance and Template (1 day or more)
- Emergency Communication Workshop (2-3 days)

TRACK 1 FOR DISTRICT AND COMMUNITY LEADERS

Time to complete track: Completing the sessions described below will take 9 hours. (If time is limited, omitting activities marked optional could reduce the time to 6¾ hours).

Additional planning tools and sessions for sub-national leaders, including emergency communication planning, actions leaders should take to address food security and livelihoods, district pandemic preparedness and response planning, and a pandemic simulation exercise can add up to 4½ additional days, depending on local needs.

SESSION 1: What is Pandemic Influenza?

Objective: To educate participants on the basic epidemiology and history of influenza pandemics.

Trainees: District and Community Leaders, Community Responders and Representatives, other volunteers.

Time required: 1 hour (45 minutes if all optional activities are omitted).

Rationale: This session is a basic introduction appropriate for all audiences. It can be used prior to pandemic preparedness planning to increase knowledge and capacity of community or district leaders to prepare high-quality preparedness plans.

This session is a prerequisite session for community-level volunteers to understand their roles and responsibilities during a pandemic.

SESSION 2: Teaching Preventive Messages about Influenza

Objective: To educate participants on the four basic messages on how to prevent the spread of influenza and how they can communicate these messages.

Prerequisite: *What is Pandemic Influenza?*

Trainees: District and Community Leaders, Community Responders and Representatives, other volunteers.

Time required: 4 hours and 45 minutes (3 hours if all optional activities are omitted).

Rationale: The objective of this session is to train on specific messages and behaviors to be implemented during Phase 6 of a pandemic.

SESSION 3: Actions Local Leaders Can Take to Fight Pandemic Influenza

Objective: To introduce District and Community Leaders to actions they need to take to slow the spread of influenza when a pandemic has reached their area.

Prerequisites: *What is Pandemic Influenza?* and *Teaching Preventive Messages about Influenza*. The Tabletop Simulation Exercise (see description below) would also be a useful introduction to this session.

Trainees: District and Community Leaders and other decision makers.

Time required: 3 hours and 15 minutes (3 hours if the optional activity is omitted).

Rationale: This session is an introduction to a district planning exercise for developing or updating pandemic influenza preparedness and response, within the context of overall district emergency preparedness plans.

Other tools: There are a number of supportive training sessions and exercises—particularly for sub-national leaders—that build on this basic material about pandemic influenza.

- **Food security and livelihoods:** The Guide on *How to Secure Food and Livelihoods of Communities in a Pandemic* contains an overview of basic actions Community Leaders and Responders should take to secure food and livelihoods during a severe influenza pandemic. It considers actions for the pre-pandemic and post-trigger periods and recovery in between pandemic waves. The guide is available at www.pandemicpreparedness.org.
- **Tabletop simulation exercise:** This activity models what might happen in an evolving influenza pandemic. This activity aims to increase participant awareness of the complexity and uncertainty of evolving pandemics and highlight specific areas for planning and coordination. This exercise is a lead-in exercise to district planning and meant to give leaders a feel for the rapidly changing circumstances in a pandemic situation and the need for clear advance planning. This exercise is available at www.pandemicpreparedness.org/uploads/2.H2P_curricula_simulation02_6091.pdf.
- **District planning guidance and template:** These tools can assist District Leaders in the development or revision of humanitarian-sector contributions to district-level pandemic preparedness and response planning. These are directly linked to the H2P guidance and template for national-level planning. Both country and district-level planning should be completed as soon as possible. Country and district planning tools and guidance can be found at www.pandemicpreparedness.org/categories/details.aspx?section_id=4.
- **Emergency communication:** There is an *Emergency Communication Workshop: Generic Facilitator's Guide* and *Two-and Three-Day Training Agendas*. This workshop provides guidance and planning tools to address the importance of clear and dependable communication during emergencies. More information can be found at www.avianflu.aed.org/globalpreparedness.htm.

TRACK 2 FOR COMMUNITY RESPONDERS, VOLUNTEERS, AND STAFF

Time to complete track: 10 hours. (If time is limited, omitting activities marked optional could reduce the time to 6½ hours).

SESSION 1: What is Pandemic Influenza?

Objective: To educate participants on the basic epidemiology and history of influenza pandemics.

Trainees: District and Community Leaders, Community Responders and Representatives, other volunteers.

Time required: 1 hour (45 minutes if all optional activities are omitted).

Rationale: This session is a basic introduction appropriate for all audiences. It can be used prior to pandemic preparedness planning to increase knowledge and capacity of community or district leaders to prepare high-quality preparedness plans.

This is a prerequisite session for community-level volunteers to understand their roles and responsibilities during a pandemic.

SESSION 2: Teaching Preventive Messages about Influenza

Objective: To educate participants on the four basic messages on how to prevent the spread of influenza and how they can communicate these messages.

Prerequisite: *What is Pandemic Influenza?*

Trainees: District and Community Leaders, Community Responders and Representatives, other volunteers.

Time required: 4 hours and 45 minutes (3 hours if all optional activities are omitted).

Rationale: The objective of this session is to train on specific messages and behaviors to be implemented during Phase 6 of a pandemic.

SESSION 3: Infection Control for Community Responders

Objective: To educate participants on how to lower their risk of infection while volunteering during an influenza pandemic.

Prerequisites: *What is Pandemic Influenza?* and *Teaching Preventive Messages about Influenza*.

Trainees: Community Responders and other volunteers, especially community health workers.

Timing: 1 hour and 45 minutes (1 hour if optional activity is omitted).

Rationale: This session trains on specific messages and behaviors Community Responders need to minimize the risk of becoming infected when caring for the sick during an influenza pandemic, the importance of keeping cases away from other people, and what to do if taken ill.

Session 4: Home-Based Care of Persons Ill with Influenza

Objective: To educate participants on the basic messages on how to treat simple influenza at home and the importance of keeping cases separated from other people.

Prerequisite Sessions: *What is Pandemic Influenza?*, *Teaching Preventive Messages about Influenza*, and *Infection Control for Community Responders*.

Trainees: Community Responders and other volunteers.

Timing: 2 hours and 30 minutes (1 hour and 45 minutes if all optional activities are omitted).

Rationale: This session trains on specific messages and behaviors relevant to caring for the sick when a pandemic threatens the community (i.e., WHO pandemic alert Phase 4 or higher).

LOCAL ADAPTATION

What parts of this package need to be adapted to the setting where they will be used?

- **Every session has special guidance for what needs to be adapted.** Give yourself time to prepare the session following that guidance.
- **You need to know what pandemic alert phase the spread of influenza is in at the time** of the trainings and planning exercises. Perhaps pandemic influenza has not yet broken out in your country. Maybe pandemic influenza has broken out in another part of the world and could arrive soon. Or maybe pandemic influenza is spreading in your country. Find out what the World Health Organization (WHO) or other authorities currently are reporting about this. You will need this important information for every session.
- If needed, all materials should be **translated and presented in the local language(s)**. Finding the right translator is very important to be sure that materials are translated properly.

Translators should be carefully chosen. The best translators aim for translation of ideas and concepts—not just a word-for-word translation. Use common, simple words, and culturally understandable terms and ideas. A “style sheet” that offers consistent language, terminology, and style should be developed. Short, clear sentences that are sensitive to issues of culture, gender, and age are best.²

- **If community members can’t read well or at all**, activities can be adapted using pictures, symbols, maps, spoken word, songs, poems, drama, storytelling, and other techniques. All adaptations must be carefully tested with the target audience—e.g., some people are even picture-illiterate, meaning they have not learned to recognize symbols, such as putting an X mark over the picture of an action to say “don’t do this”.

If you have access to the Internet, this publication may be helpful: *Clear & Simple: Developing Effective Print Materials for Low-Literate Readers*, available at: www.nci.nih.gov/cancerinformation/clearandsimple

- **Be creative!** Look for chances to make the materials as familiar and memorable as possible. For example, the training materials suggest singing a short song when handwashing to be sure to wash hands each time for 15 seconds. We’ve suggested the song “Happy Birthday,” because it is the most common song in the world. However, the trainers and/or trainees may enjoy choosing a local song, and even changing the words of that song to create a handwashing song—just be sure the length is about 15 seconds.

How do we adapt the training sessions, messages, and educational materials for local use?

Make the materials and activities understandable to the trainees—whatever it takes. This may mean translating the materials into one or more local languages, adapting the way materials look, changing the words or drawings so that Community Responders and community members understand them correctly. Keep materials as clear and simple as possible. Field-test all materials with representatives of the actual people who would use them before making the final version.

- **Adapting the educational handouts is an important task.** Perhaps they will be useful as they are presented here. Or, they may need to be adapted. They should be as clear and basic as possible, using local language, terms, ideas, resources, and referrals. Drawings should be easy to understand and appropriate.
- **Test all materials** out with different kinds of people before making the final version. Do they understand the content? Can they explain it properly? If not, figure out how to make it better.

| Checklist for Ensuring Good-Quality Materials ³ | |
|---|--|
| <p>Are the messages:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accurate? <input type="checkbox"/> Consistent? <input type="checkbox"/> Clear? <input type="checkbox"/> Meaningful to the audience? | <p>Are sources trusted and believable?</p> <p>Are the messages and materials:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appealing? <input type="checkbox"/> Sensitive to gender differences? <input type="checkbox"/> Accessible to all groups? |

What technical information in this package might change?

All materials in this package are based on the latest information from the U.S. Agency for International Development (USAID), the World Health Organization (WHO), the Centers for Disease Control and Prevention and the expertise of other U.S. and global health organizations, including the International Federation of Red Cross/Red Crescent Societies, and Johns Hopkins Bloomberg School of Public Health.

Because each influenza outbreak is different, technical **guidance and recommendations may change as the situation regarding pandemic influenza emerges**. For example, we will know more about:

- Which people are at highest risk of serious illness or death (most likely infants, pregnant women, and people with ongoing medical conditions)
- How long a sick person is likely to be contagious
- What medications (including antibiotics) and treatments are most effective.

As in all emergencies, rumors and misinformation will spread rapidly. For this reason, users of this package must **identify a source of credible information for updates**—possibly within the WHO or the Ministry of Health. All changes and updates to these materials must be based on extremely reliable, high level sources. All changes should be consistent with national guidelines and policies.

TRAINING TIPS

Don't gather people together during a local outbreak

- When group gatherings are not possible find other ways to train and spread information—via telephone and text messages, radio, printed materials posted and distributed, or whatever works best in your setting.
- Use the time before, between, and after outbreaks for group training—following the advice of experts as to when it is safe to gather. During those gatherings, whenever possible meet outside, and spread out. Participants may wear masks.

Surroundings

- Create a comfortable learning environment: with plenty of space—yet everyone can hear the speakers, in comfortable seating, and the right temperature.
- Break regularly, and provide food if possible.

Learning atmosphere

- Set a friendly tone that encourages learning: open, relaxed, caring.
- Encourage trainees to ask questions, hold active discussions, and fully participate.
- Be sure the training is right for the literacy level, learning level, and language of the trainees.

Teaching techniques

- People learn best through a variety of techniques. Use words, pictures, songs, demonstrations, drama, stories, parables, and other interactive activities. Appeal to all of the senses.
- People learn less when they sit silently, listening to someone talking. They need to practice with the content. Lectures don't assure that learners really understand, don't imprint the memory well, and can be boring.
- As often as possible, give participants a chance to practice using the material, using techniques like small group work, teach-back, role plays, and more.

**Tell me, I will forget,
Show me, I will remember,
Involve me, I will learn.**

-Native American proverb

Measure if it's working

- Use pre-and post-tests to measure success. If time is short, think of simple ways to make sure participants understand the content, such as a show of hands for those who feel they need more help to use the material in the community. If participants are not learning what you are trying to teach, ask them for ideas about what is wrong, and how to improve. Get expert help too. Change the curriculum to make it work.

REFERENCES

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2. Adapted from: International Federation of Red Cross/Red Crescent Societies, Community-Based First Aid materials. A sample style guide can be found at: www.caribbeanredcross.org/what/dm/dipecho/eng-styleguide-mar08.pdf
3. Adapted from: Salem, RM and others (2008), Tools for behavior change communication. *INFO Reports* 16. Johns Hopkins Bloomberg School of Public Health, Baltimore, January. Available at: www.infoforhealth.org/inforeports/BCCtools/index.shtml