Support Programme to Integrate National Action Plans for Avian and Human Influenza

SPINAP-AHI

Lesson One AU / IBAR SPINAP-AHI

1. What is SPINAP-AHI?
   Answer ______________
AVIAN AND HUMAN INFLUENZA COMMUNICATION

TRAINING OF TRAINERS MANUAL

Nairobi
June, 2009
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ACP</td>
<td>African, Caribbean and Pacific</td>
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<tr>
<td>AHI</td>
<td>Avian and Human Influenza</td>
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<td>AI</td>
<td>Avian influenza</td>
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<tr>
<td>AU/IBAR</td>
<td>African Union’s Intercontinental Bureau for Animal Resources</td>
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<td>BCC</td>
<td>Behaviour Change Communication</td>
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<td>CBO</td>
<td>Community based organization</td>
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<tr>
<td>FBO</td>
<td>Faith based organization</td>
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<tr>
<td>HPAI</td>
<td>Highly Pathogenic Avian Influenza</td>
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<tr>
<td>IBAR</td>
<td>Intercontinental Bureau for Animal Resources</td>
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<tr>
<td>ICT</td>
<td>Information and Communication Technology</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>INAPs</td>
<td>Integrated National Action Plans</td>
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<tr>
<td>KAP</td>
<td>Knowledge, Attitude and Practice</td>
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<tr>
<td>KAPB</td>
<td>Knowledge, Attitude, Practice and Behaviour</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
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<td>PCU</td>
<td>Programme Coordination Unit</td>
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<td>SMART</td>
<td>Specific, Measurable, Attainable, Reasonable and Time-bound</td>
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<td>SPINAP-AHI</td>
<td>Support Programme to Integrated National Plans for Avian and Human Influenza</td>
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<tr>
<td>TOR</td>
<td>Terms of Reference</td>
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<td>TOT</td>
<td>Training of Trainers</td>
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<td>TV</td>
<td>Television</td>
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<tr>
<td>VIPP</td>
<td>Visualization in Participatory Programmes</td>
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Acknowledgement

We would like to thank Nicholas Dondi, the lead communication consultant who developed this document. Others who contributed to its development include include the 90 communication officers from 44 African, Caribbean and Pacific countries who attended three SPINAP communication trainers’ workshops in Kigali, Douala and Windhoek in November 2009. Alimasi Okoko, the co-communication consultant and Eric Kimani, the AU/IBAR Communication Assistant, reviewed the document and made valuable contributions. This document was field tested through use in the three workshops and some units revised or added as a result of the participants’ comments and needs. We are most grateful to the AU/IBAR staff who contributed to the success of the workshops. The SPINAP Continental Coordinator, Dr Samuel Muriuki provided overall guidance to the process and Drs Baboucar Jaw and Oumou Sangare, IBAR Regional Coordinators for Southern and Western Africa provided invaluable support to the workshops. Drs Gift Wanda, Nesru Hussein and Zacharie Compaore, SPINAP Coordinators for Southern, Eastern and Western Africa and their able staff provided the administrative and logistical support that ensured the success of the activities that led to the development of this document. Dr Hiver Boussini, the Animal Health Officer at AU/IBAR attended the Kigali workshop and made very encouraging remarks on behalf of the Director.

The financial support of the European Union and contribution of the African Union are acknowledged with gratitude.

Finally, the support and enthusiasm of African Union Member States and their staff who took part in this exercise is acknowledged and kindly appreciated. This work would not have been possible without their participation.
The African Union’s Interafrican Bureau for Animal Resources (AU/IBAR) is implementing the Support Programme to Integrated National Plans for Avian and Human Influenza (SPINAP-AHI). The goal of the programme is to strengthen the capacity of African, Caribbean and Pacific (ACP) countries to plan and implement activities to prevent and contain animal and human influenza in the event that it occurs. The programme focuses on H5N1 and is built on three pillars – disease surveillance and reporting, laboratory diagnosis and communication for behaviour change for promotion of the recommended preventive and containment behaviours.

AU/IBAR places great emphasis on communication because we recognize that disease prevention and containment cannot happen unless people practice behaviours that can prevent and contain those diseases. If people understand the issues and practice the correct behaviours, the disease may be contained. And the diseases will spread if the people continue to engage in behaviours that encourage the spread of the disease.

This manual presents the guide that may be used to train the trainers responsible for training the change agents who disseminate messages and promote behaviours that can prevent and contain avian and human influenza. The manual may also be modified for lower level training. It may be used in its entirety or with modifications to suit the country situation and the needs of the categories under training.

This manual is issued together with the Prototype Communication strategy for Avian and Human Influenza and asset of SPINAP-AHI print materials. This set of materials should help countries implementing SPINAP activities to strengthen and accelerate implementation of their communication activities.

I would like to take this opportunity to thank the many individuals who contributed to the development of these materials. We hope the materials will be used widely in initiatives to prevent and contain the H5N1 and H1N1, and to alleviate their adverse effects where the diseases have already occurred.

Prof Ahmed El-Sawaly
Director, AU/IBAR
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- Unit 4: Bird flu

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ANNEXES

One: Timetable
Two: Communication strategy matrix
Three: Message framework
Four: Sample monitoring templates
Five: Sample supportive supervision checklist
Six: Sample pretest question guide
Seven: Pre and post workshop questionnaires
This manual is developed to provide guidance to countries implementing avian and human influenza communication training activities with funding from SPINAP. The manual is broadly written and consolidates the basic avian and human influenza content that trainers should know and the participatory methods that may be used to deliver behaviour change communication (BCC) training and interventions on the ground. The broad approach was taken at the request of the communication officers implementing SPINAP activities at the country level. These communication practitioners expressed the need for a one-stop guide to avian and human influenza communication which the manual tried to work towards. The manual contains six (6) main modules:

- Facts about H5N1 and H1N1
- Communication strategies and messages
- Facilitation methods
- Planning and facilitating BCC training and community activities
- Topics of general interest
- Monitoring and supervision

The manual also includes units on workshop opening activities, Plan of Action, recommendations and next steps and closing.

The manual is developed primarily for training trainers in H5N1 and H1N1 communication. Country programmes are encouraged to review the content of the manual and decided whether they will use it in its entirety or in part. The manual may also be modified for use in lower levels of communication training.

The main goal of communication is to provide the relevant knowledge, and promote positive attitudes and practice of the recommended behaviours. This goal is best achieved through participatory message learning events. Effective behaviour change events incorporate games, demonstrations, discussions, hands-on events and question/answer sessions.

Users of this manual are encouraged to identify and use the tools that may make learning as participatory as possible. A few of those stools are used in this manual, but many more are needed. This manual integrated discussion questions which should promote discussion.
• Ask the question to help participants bring on the table what they know and feel
• Write all the contributions on a flipchart
• Stimulate discussion round the contributions to evaluate and make corrections
• Summarize and link back to the content below

Module III discusses Facilitation methods in greater detail. We urge communication trainers and practitioners to use the methods discussed to enhance programme achievements.
INTRODUCTION
The Welcome session is the session that starts off the workshop. It could, therefore, be handled well to set a good mood for the workshop. The session should be used to set a relaxed, reassuring environment, and motivate participants to look forward to the rest of the workshop with enthusiasm.

OBJECTIVES
By the end of this session, participants should:

- Be better acquainted with one another
- State their expectations and fears for the workshop
- Be settled and ready to start the workshop

Adequate time should be provided at the beginning of the workshop to:

- Make Welcome remarks
- Administer the pre-workshop questionnaire
- Introduce participants
- Collect participant expectations and fears
- Do the official opening

1.1 WELCOME REMARKS
The goal of this session is to help participants feel welcome and appreciated. Welcome remarks are usually made by the head of the organization, the head of the department organizing the workshop, or a senior member of the workshop organization team. The remarks may include a formal welcome to the country, town and workshop as appropriate. The person presiding usually commends participants for coming and invites them to feel at home. Other remarks may include housekeeping details or information on when housekeeping issues will be addressed.

1.2 PRE-WORKSHOP QUESTIONNAIRE
The goal of the pre-workshop questionnaire is to help gauge the level at which participants are on the key issues of relevance to the workshop. The questionnaire may include questions in the following areas:

- How long participants have worked in communication
• Participant’s strengths and challenges working in avian and human flu influenza communication
• What participants expect to learn from the workshop
• Questions to gauge participants’ knowledge, attitudes and behaviours on key areas of content

Responses to the question should help workshop organizers to focus the workshop to the needs of participants. The responses should ideally be analyzed at the beginning of the workshop and the workshop modified to accommodate some of the concerns raised to the extent possible. Facilitators should keep participant concerns in mind and seek to accommodate them as the workshop proceeds.

1.3 PARTICIPANT INTRODUCTIONS
At the beginning of a workshop, people may not know one another. They may be tense and apprehensive, and in need of help to feel secure, relax and in interaction with other participants. Planned well, the introduction session can help greatly to establish the needed environment. The introduction session should be considered as an opportunity to break the ice and help participants to feel secure and looking forward to starting the workshop. The introduction process should, therefore, be as interactive, lively and humorous as possible.

Many approaches may be used to achieve effective introductions. The table below presents two examples.

<table>
<thead>
<tr>
<th>INTRODUCTIONS</th>
<th>Example 1</th>
<th>Example 2</th>
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<tbody>
<tr>
<td>Make large name tags for participants (names only – no other details. Do not distribute any other name tags before the exercise)</td>
<td>Write the names of half the number of participants on small pieces of paper and put the papers in a bowl</td>
<td></td>
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<tr>
<td>Distribute the names to participants at random. Be sure that participants do not get cards with their own names or with names of the people they know.</td>
<td>Ask one half of the class to go to pick a name from the bowl. If you pick his/her own name, he/she folds it, returns it into the bowl and pick different one.</td>
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</tr>
<tr>
<td>Ask participants to walk round the room until they find the owners of the names they have</td>
<td>The people with named from the bowl go round the room to find the owners of the names.</td>
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</tr>
<tr>
<td>When they find the owners of the names, they interview them to find out the agreed details to use in introducing them (full name, designation, marital status, likes, dislikes, hobbies, etc. as agreed in class)</td>
<td>The people who have picked the names pair up with the ones whose names they have and interview each other to gather information about one another (full name, designation, marital status, likes, dislikes, hobbies, etc. as agreed in class)</td>
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<tr>
<td>Participants introduce their partners when the plenary reconvenes.</td>
<td>Participants introduce one another when the plenary re-convenes</td>
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</table>
1.4 EXPECTATIONS AND FEARS

An invitation to a workshop always sets the invitee thinking. The person invited wonders what the workshop will cover and how it will benefit him/her. The participants invited may have attended other workshops before and may fear that the negative things that may have happened in previous workshops may happen again. The expectations and fears session is designed to bring out participant expectations and fears. Knowledge of participant expectations and fears should help facilitators make the adjustments needed to meet participant needs. The following process may be used to generate expectations and fears:

- Ask participants to get two pieces of paper each
- On one piece of paper, write 1-2 positive things you expect to get from the workshop
- One the second piece of paper write one thing that you do not like, but fear may happen during the workshop
- Collect the pieces of paper
- One person reads the expectations as the facilitator writes on a flipchart
- If an expectation is already on the flipchart or one similar to it comes up, add a stroke to record the fact that the expectation has been repeated a second, third or fourth time.
- Tally the strokes to establish the frequency and, therefore, the importance of each expectation
- Repeat the exercise with fears

1.5 OFFICIAL OPENING

It is customary for workshops to be opened by a high ranking official. This gives the workshop a sense of importance and a higher profile. Secondly, the official opening provides an opportunity to highlight the importance of the programme in general and the workshop in particular. Endorsement by a high ranking official gives the programme a sense of importance and communicates the fact that the workshop is not just a small side show, but an important component of the overall programme. The dignitary needs to be briefed adequately by workshop organizers to be able to make appropriate remarks. Many of the dignitaries request a speech to read. Workshop organizers should find out the preference of the dignitary and brief him or prepare the appropriate speech in time, and take the advantage of the occasion to ask the senior official to make favourable remarks about the project and its importance. Some dignitaries invite and answer questions after the official opening speech while others do not. It is beneficial to schedule the official opening just before the tea break and to invite the official opening to join participants for tea. Interacting with participants during tea time may help the dignitary to understand the programme better and give participants an opportunity to ask some of the questions that they may have. Although short, the interaction could be very motivating.
Unit 2  Objectives and Timetable

By the end of this session, participants will be able to:

- Describe the importance of the workshop
- Discuss the scope, goals and objectives of the workshop
- Describe the workshop process and ground rules

2.1  GOALS AND OBJECTIVES
During this activity, the facilitator will take participants through the workshop objectives. Following are the recommended objectives for this SPINAP communication trainers’ workshop:

Goal
The goal of the workshop is to prepare a team of trainers in avian and human influenza behaviour change communication, who will plan and roll out training in their countries.

Objectives
The workshop objectives are to help participants to:

- Identify the key target audiences for avian and human influenza behaviour change communication, the information they ought to receive and the strategies to use to disseminate the information and promote disease prevention and containment behaviours.
- Reach consensus on the key behaviours to promote in order to prevent and contain avian and human influenza
- Develop skills for planning and implementing behaviour change communication events and providing training to staff and volunteers involved in communication activities
- Develop skills in effective use of information, education and behaviour change communication materials
- Develop skills for supervising behaviour change communication activities, as well as mentoring the individuals who carry out communication activities
- Develop skills for evaluating the quality of learning events

The objectives should then be compared with participant expectations and fears generated at 1.4, with the facilitator showing the extent to which participant expectation will be met within the objectives and indicate the expectations that may be outside the scope of the workshop. Adjust the objectives to accommodate the participant expectations that could be accommodated. Keep in mind
the participant expectations throughout the workshop, making adjustments to accommodate those that can be accommodated as the workshop proceeds.

2.2 TIMETABLE
During this session, a facilitator will provide an overview of the timetable, indicating how the various sessions will contribute to the achievement of the overall goal, objectives and participant expectations.

2.3 GROUND RULES
These are the rules that participants agree to abide by during the workshop, to ensure that the workshop runs smoothly in a participatory and active manner. The facilitator asks participants: “What rules shall we follow while at this workshop to ensure that the workshop runs smoothly?” The responses to the question are written on a flipchart and pasted on the wall in the room, where they remain throughout the workshop. A participant who breaks any of the rules is cautioned by pointing at the rule that he/she may have contravened. The rules that participants set may different from workshop to workshop, but typically include the following:

- Keep time
- Speak loudly
- Participate actively
- Keep your mobile cell phone on the silent mode
- Respect each other’s views
- Avoid holding side meetings during sessions
Module I  Facts About H5N1 and H1N1

Unit 3  Flu

INTRODUCTION
The world faces the threat of bird flu (H5N1) and the novel pandemic influenza (H1N1). H1N1 has been declared a pandemic flu by WHO. The two flus have many common characteristics. This session discusses the similarities between the two flus and how they can be addressed in an integrated communication initiative.

LEARNING OBJECTIVES
By the end of the session, participants will be able to:

- State the signs and symptom of flu
- Define a pandemic flu
- Give two examples of flus that are currently threatening the world
- Describe how flu is transmitted
- Describe how flu can be prevented and contained

PRESENTATION

What is flu?
Flu is an infection of the air passage (respiratory tract) caused by a virus. There are many kinds of flu. People get flu frequently during the cold season. Flu can spread quickly to many people in a short time. But seasonal flu is usually mild and does not cause much harm.

What is a pandemic flu?
A pandemic flu occurs
- When there is a worldwide epidemic of that flu
- There are more cases of the flu than normal or
- The flu is caused by a new pathogen in the world which people have not develop immunity against

The following pandemic flus killed people on a large scale: the Spanish Flu of 1918 (40 million), the Asian Flu of 1957 (1-2 million) and the Hong Kong Flu of 1968 (700,000).

What are the two new flus that are threatening the world today?
Bird flu caused by the H5N1 virus and the pandemic flu caused by the H1N1 virus.

What are the signs and symptoms of a flu?
Flu may cause fever, a runny nose, cough, sore throat, headache, body ache, chills and body weakness. It may also cause diarrhea and vomiting.
How do people get flu?
Flu gets from one person to another through droplets that come from the mouth and nose of an infected person during coughing, sneezing, spitting and even talking. These droplets can go as far as one metre away. The viruses in the droplets remain alive for several hours on hard surfaces such as tables, telephones, door handles, clothes, paper and key boards. The people who come in contact with these surfaces pick up the viruses. And the viruses get into their bodies when they eat or touch their noses, mouths and eyes. Flu viruses also get into the body through breathing in air contaminated with viruses.

How can I know whether a flu is serious or not?
When a flu starts, it is difficult to tell whether it will be an ordinary or dangerous one. However, flu should be considered dangerous when a person with flu-like symptoms begins to show any two of the following signs:

- A fever after contact with sick poultry, especially in an area where bird flu has been declared
- Pain or pressure in the chest
- Restlessness or tendency to get irritated easily (children)
- Flu-like symptoms which clear and return again

Patients with these signs should see a health worker for help immediately. They should also seek medical help immediately if they get flu-like symptoms after they have been in an area where bird flu or the H1N1 virus has been identified.

What is bird flu?
Bird flu is a disease that usually infects birds, but can also infect people. Bird flu has been identified in many countries on all the continents, including Africa. The signs of bird flu are similar to those of other flus.

Bird flu can be passed on to human beings by sick domestic and wild birds and people usually get bird flu through close contact with infected chicken and other domestic birds. Bird flu can probably be transmitted from one human being to another, although this is rare. People can also be infected with bird flu through:

- Contact with blood and fluids from an infected bird during slaughtering and preparing poultry for cooking
- Eating poultry and poultry products that are not cooked well
- Breathing in air with bird flu viruses
Can bird flu be treated?
Yes, there is treatment that can help. Patients who seek medical help early may be given medicines that can help the body to fight the disease and lead to recovery.

What is the H1N1 flu?
The H1N1 flu is usually a mild flu which can be transmitted from person to person easily. It is caused by the H1N1 virus. Most cases of H1N1 flu do not need treatment and patients recover fully after a short time. The disease can be treated easily, but can also become severe and cause complications and death. Seek medical help immediately if you suspect that you have the H1N1 flu.

Patients suspected to have the H1N1 flu are sometimes confined and monitored by health workers for some time to be sure that their condition does not get worse and that they are treated in good time when the need for treatment arises. Confining suspected cases of the H1N1 flu also ensures that the patients do not pass on the disease to other people.

Can I be infected with H1N1 if eat pig meat?
Although the H1N1 flu was initially called “swine” flu, it has nothing to do with pigs, so it is safe to eat pork and pork products which have been prepared hygienically and cooked well.

How can I protect myself and other people from flu?
You can protect yourself, your family members and other people from bird flu, the H1N1 flu and other flus in the following ways:

1 Wash your hands frequently
   - Wash your hands with water and soap frequently, especially after:
   - Coughing and sneezing
   - Shaking hands with people who have flu-like symptoms
   - Handling poultry and poultry products, such as eggs
   - Cleaning the poultry house or touch poultry droppings
   - Slaughtering and preparing poultry for cooking
   - Avoid touching your eyes, nose or mouth.
   - Encourage people in your household to wash their hands with water and soap frequently.

2 Cover your mouth and nose when coughing and sneezing
   - Sneeze in your sleeves or
   - Use tissue and throw the tissue in the waste basket

3 Keeping your distance
• Avoid crowded areas such as markets, public meetings and entertainment places
• Keep at least a metre away from a person with flu-like symptoms
• Stay home if you are sick with flu-like symptoms to avoid infecting other people
• Keep away from people with flu-like symptoms, especially if you have other health problems or you are pregnant. Flu can complicate your condition.

4 Separating the sick
• Keep a person sick with flu-like symptoms away from other people if you can
• Keep open the windows in the room in which a person with flu-like symptoms is
• Remind the sick person to cover his or her mouth and nose when coughing or sneezing

5 Maintain high standards of hygiene
• Maintain high standards of hygiene to protect yourself, your family and other people from flu.
• Clean common items used in the house with water and soap or wipe with a household disinfectant. The objects to clean regularly may include tables, telephones, key boards, door handles, clothing, bedside tables, kitchen counters and baby toys.

6 Follow government advice
• Follow the advice given by the government and health officials on how to prevent the disease

Is it safe to travel to countries which have reported bird flu?
At the moment, health authorities do not advise any travel restrictions to countries with bird flu. But while in those countries, avoid contact with live animals and birds, especially in food markets. Avoid surfaces that appear to be contaminated with faeces from poultry and birds.
INTRODUCTION
This session introduces bird flu in greater detail.

LEARNING OBJECTIVES
By the end of this session, participants will be able to:

- Define bird flu
- Describe how bird flu is transmitted within birds and to humans
- Describe the signs and symptoms of bird flu in birds and in humans
- Identify the measures that can be taken to prevent and contain bird flu

PRESENTATION

What is bird flu?
Bird flu is a disease of birds, but can affect other animals and people as well. Bird flu is also called avian influenza and is caused by the H5N1 influenza virus. The disease can spread very quickly and kill many wild and domestic birds in a short time.

How does the virus pass from birds to people?
Most of the people who have been infected with bird flu have contracted the disease through close contact with poultry and poultry products. They got the disease through handling sick or dead birds, coming in contact with bird droppings (faeces), or coming in contact with blood and fluids from sick birds. People are more likely to be infected with bird flu during killing, plucking and preparing sick poultry for cooking. Infection can also occur when people come in contact with cages, houses, shoes, clothing and vehicles contaminated with the blood, fluids and droppings of sick poultry.

Can infected people pass on the virus to other people?
There is no evidence so far that bird flu can be transmitted from one person to the other. However, this can probably happen, since the disease has the ability to change character. People usually contract the disease from domestic and wild birds in the ways discussed above.

How would bird flu affect our country if it occurred?
An outbreak of bird flu would lead to the death of many wild and domestic birds and cause the collapse of the poultry industry. The many families that depend on poultry would make great loses. And if the disease crossed the species barrier and got into human beings, many people would die,
and the government would be forced to:

- Ban the movement of poultry and poultry products to and from the areas of the outbreak
- Close poultry markets
- Ban the export and import of poultry and poultry products
- Destroy all the poultry imports brought in during the ban
- Find out where the disease started and the route it followed and destroy (kill) all domestic birds along the route
- Cull (kill) large numbers of poultry to prevent the spread of the disease

**What are the signs and symptoms of bird flu in birds?**

Birds infected with bird flu may show the following signs and symptom:

- Fever
- Diarrhoea, sneezing, coughing
- A discharge from the nose
- Loss of appetite
- Swelling of the head, eyelids, comb and legs
- Blood spots on the legs
- Bluish or purple colouring on the legs, combs and wattle
- Wild and domestic birds dying in large numbers

**What should we do when we see birds with these signs?**

- Report sick birds and birds which have died of unknown causes to a veterinary or government officer immediately
- Avoid touching sick and dead bird with bare hands. If you have to remove them, use gloves or a polythene paper (Illustration)
- Ensure that sick birds are not sold, bought, slaughtered or eaten
- Avoid moving poultry or poultry products to and from areas with bird flu

**What are the signs and symptoms of bird flu in people?**

- Fever
- Sore throat
- General body pains
- Painful or difficult breathing
- Coughing out blood

**What can we do to prevent and control bird flu?**

- Keep poultry in an enclosure to stop it mixing with wild birds
• Keep new birds separate from the rest for two week to observe whether they are sick before mixing with the old ones
• Put footbaths with a disinfectants at the gate of the farm and at the entrance of poultry houses
• Wear protective clothing (gloves, aprons, gum boots) when working with poultry and keep the clothing clean
• Disinfect vehicles and equipment entering and leaving the farm
• Report sick birds and birds which have died of unknown causes to a veterinary or government officer immediately
• Burn to ashes or bury birds which have died of unknown causes
• Wash hands with soap and water frequently, especially after contact with poultry, eggs and other poultry products, and after preparing poultry for cooking.

Is it safe to eat poultry and poultry products?
Yes, it is safe to eat poultry and poultry products. Prepare poultry, eggs and other poultry products hygienically and cook thoroughly before eating. Cook until the meat turns brown and has no traces of blood. Cook eggs until they are hard. Heat kills bird flu viruses. Avoid mixing raw poultry meat with cooked food or foods that are eaten raw.

Can bird flu be treated?
Yes, there is treatment that can help. Patients who seek medical help early may be given medicines that can help the body to fight the disease and lead to recovery.
INTRODUCTION
Whether a disease is prevented and contained or not depends largely on what people do or fail to do. In disease prevention programmes, communication promotes behaviours that can prevent and contain diseases. It makes available information in order to provide the correct facts, influence what people know and believe and support adoption and practice of preventive and containment behaviours. Communication for prevention of avian flu and H1N1 falls in the category of risk and emergency communication.

LEARNING OBJECTIVES
By the end of this session, participants will be able to:
• Define risk and emergency communication
• Describe the role of emergency communication in prevention and control in H5N1 and H1N1, and INAPs
• State the objectives of risk and emergency communication
• State the principles of risk and emergency communication
• Identify the key target audiences in avian flu communication
• Describe the goals and content of communication during the various avian flu outbreaks

FACILITATION METHODS
• Improved with questions/answer to increase participation
• Power point presentation

PRESENTATION
What is communication?
Possible answers
• Transmitting information
• Transfer of messages and meaning from one person to another
• Transfer of messages and meaning from one person to another and interacting round the messages
• Sending and receiving information

Why do people communicate?
• To give and receive information
• To understand and know
• To develop rapport
• To get and maintain companionship
• To satisfy the need to share information
• To get ideas
• To get basic human needs

What is behaviour change communication (BCC)
Communication for behaviour change goes beyond giving information and seeks to bring about specific changes in behaviour and support development of the recommended behaviours. In disease prevention, communication promotes behaviours that can prevent and contain the disease in question. Communication that focuses on behaviour is described as behaviour change communication (BCC). In avian flu and H1N1, BCC focuses on promoting the recommended behaviours, such as hand washing, reporting sick and dead birds, and wearing protective clothing.

What is risk communication?
Risk communication may be defined as communication about a potential health risk designed to promote the taking of informed decisions and action. In countries where avian flu and H1N1 have not occurred, risk communication should focus on raising awareness about the potential risk and encouraging people to take preventive measures. Where these flus have already occurred, communication should keep alive awareness about the risks that the diseases poses, reduce panic and promote specific preventive behaviours.

What is emergency communication?
Emergency communication may be defined as communication about a health threat that requires an urgent response. The communication initiative highlights the need for urgent action to address the disease threat.
The world has been under the threat of avian flu since the disease first broke out in Asia in 2003 and under the threat of H1N1 since March 2009. Countries have been busy developing and implementing avian flu Integrated National Action Plans (INAPs) and developing strategies for addressing H1N1. Fortunately, many of the countries have been lucky and are still free of avian flu. This luck has led many countries to relax and question the rationale for continuing to devote resources to activities to prevent and contain a disease that may never come. Avian flu communication needs to send out messages that will convince the relevant people that the flu can spread with devastating effects, and countries need to urgently develop prevention and containment plans and simulate and revise them to be sure that they can be effective when they are needed. These should include emergency communication plans.

What are the objectives of risk and emergency communication?
The objectives of risk and emergency communication include the following:

- Increase the relevant knowledge
- Promote risk perception
- Promote behaviours that can prevent and control the disease, including
- Promoting the recommended prevention and containment behaviours
- Reinforcing the existing positive behaviours
- Strengthen communication infrastructure and networks

**What is the role of communication in INAPs?**

Communication provides the link between the authorities and technical departments on the one side and the public on the other. It should, therefore, occupy a central role in initiatives to prevent and contain avian and human flu. The following should strengthen communication in INAPs:

- Make communication an integral part of INAPs
- Treated communication as a specialized area, just like surveillance and diagnosis and give it the emphasis it deserves
- The technical departments (which have the messages to communicate) and the stakeholders (who have the infrastructure for disseminating the messages) should be involved in planning and implementation of communication activities to be sure that the activities are adequately owned and supported.
- Countries should develop and implement detailed communication strategies
- Country programmes should ensure that communication strategies are endorsed and supported by senior management, technical people and key stakeholders, and published as official government documents
- Programmes should monitor implementation of communication activities and use the information collected to improve communication strategies and approaches

**What are the principles of risk and emergency communication?**

Risk and emergency communication is guided by the following principles:

- Prior planning
- Early announcement of an outbreak
- Transparency in provision of information
- Proving information in a timely manner
- Listening and responding to public concerns
- Developing trust between the authorities, media and the population
- Reassuring the people to avoid panic
What are the key target audiences in avian and human influenza risk and emergency communication?

The figure below illustrates the environment in which communication takes place, and identifies the category of audiences that need to be reached in disease prevention and containment.

The key target audiences are summarized in the table below:

<table>
<thead>
<tr>
<th>KEY TARGET AUDIENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary target audiences</td>
</tr>
</tbody>
</table>
| Secondary target audiences | - Programme managers, trainers and supervisors  
- Animal health providers, human health providers  
- Community health workers, extension workers, teachers  
- Media workers |
| Advocacy audiences | - Programme managers and vote holders, community leaders  
- Collaborating partners  
- Policy makers and vote holders |

How can we conduct effective communication?

The following should help to improve communication effectiveness:

• Seek to command attention in the marketplace
• Disseminate information with a call to action – promote specific behaviours
• Communicate facts as well as benefits
• Communicate consistent messages
• Assess and clarify the messages that may be poorly understood
• Repeat the messages. Repetition helps people to think about and internalize messages
• Carry out communication monitoring and use the information to improve approaches
• Respond to rumours and emerging information needs
INTRODUCTION
Communication for disease prevention and containment seeks to promote behaviours that can prevent the incursion and spread of the disease. It must, therefore, start with knowing the behaviours that can prevent and contain the disease. This session identifies the key behaviours that may be promoted in order to prevent and contain H5N1 and H1N1.

LEARNING OBJECTIVES
By the end of this session, participants will be able to identify the key behaviours and practices that can prevent and contain H5N1 and H1N1.

PRESENTATION
What should people do to prevent H5N1

Separate
- Keep poultry in its own cages or houses, away from houses in which people live
- Keep new poultry separate for 2 weeks to observe and be sure that it is not sick before mixing with other poultry
- Keep poultry of different species and ages separate
- Keep children away from handling poultry, eggs and other poultry products
- Burn to ashes or bury dead birds, poultry that has died of unknown causes and left over poultry parts
- Composite poultry droppings before you use it as manure
- Wear protective clothing when handling poultry
- Transport poultry in cages on vehicle racks, and not in the passenger cabin

Report
- Report to a veterinary officer or government official when you encounter sick poultry or poultry that has died of unknown causes
- Train children to report to an adult if they encounter sick poultry or poultry that has died of unknown causes
- Report to veterinary authorities or a government officer poultry deaths which occur during transportation

Wash
- Wash hands with water and soap after handling poultry or birds, slaughtering or preparing poultry for cooking
- Slaughter and prepare poultry in a clean place, on clean surfaces, using clean knives and utensils
• Wash items used to prepare poultry thoroughly with soap and water
• Wash and disinfect shoes, vehicle or bicycle wheels, after visiting a poultry farm, a poultry market or transporting poultry
• Avoid sharing poultry farm equipment with neighbours
• On the farm, place disinfectant wheel/foot dips at the entrance of the poultry farm and poultry houses

**Cook**
• Sell, buy and eat only healthy poultry
• Buy only poultry meat which is inspected by a veterinary officer and stamped
• Do not eat sick poultry or poultry which has died of unknown causes
• Cook poultry products thoroughly until the meat turns brown in colour and has no traces of blood
• Avoid mixing raw poultry meat products with cooked foods or foods that are eaten raw

**Stop the disease**
• Practice high standards of biosecurity
• Immunize your poultry flock regularly
• Maintain adequate surveillance and preventive action at border points
• Enforce movement control as necessary

**Find the disease**
• Intensify surveillance
• Give compensation to encourage poultry owner to cooperate during culling
• Trace and disinfect possible sources of infection and spread

**Kill the disease quickly**
• Cull poultry on infected and surrounding farms.

**Care and treatment**
• Seek treatment at a health facility immediately if you get a fever after contact with sick or dead poultry or birds
• Undergo a medical examination regularly if you work with poultry (on the farm, in poultry trade and eating places)
• Cover your mouth when sneezing and wash hands after using them to cover the mouth when sneezing and coughing
• Isolate family members suspected to be infected with HPAI and get only one family member to serve the patient
• Avoid gatherings in an area which has been declared to have HPAI
• Stay home if you are sick with a flu
• Avoid shaking hands if you are sick with flu
What can we do to prevent H1N1?

1. Wash your hands frequently
   • Wash your hands with water and soap frequently, especially after:
   • Coughing and sneezing
   • Shaking hands with people who have flu-like symptoms
   • Handling poultry and poultry products, such as eggs
   • Cleaning the poultry house or touch poultry droppings
   • Slaughtering and preparing poultry for cooking
   • Avoid touching your eyes, nose or mouth.
   • Encourage people in your household to wash their hands with water and soap frequently.

2. Cover your mouth and nose when coughing and sneezing
   • Sneeze in your sleeves or
   • Use tissue and throw the tissue in the waste basket

3. Keeping your distance
   • Avoid crowded areas such as markets, public meetings and entertainment places
   • Keep at least a metre away from a person with flu-like symptoms
   • Stay home if you are sick with flu-like symptoms to avoid infecting other people
   • Keep away from people with flu-like symptoms, especially if you have other health problems or you are pregnant. Flu can complicate your condition.

4. Separating the sick
   • Keep a person sick with flu-like symptoms away from other people if you can
   • Keep open the windows in the room in which a person with flu-like symptoms is
   • Remind the sick person to cover his or her mouth and nose when coughing or sneezing

5. Maintain high standards of hygiene
   • Maintain high standards of hygiene to protect yourself, your family and other people from flu.
   • Clean common items used in the house with water and soap or wipe with a household disinfectant. The objects to clean regularly may include tables, telephones, key boards, door handles, clothing, bedside tables, kitchen counters and baby toys.

6. Follow government advice
   • Follow the advice given by the government and health officials on how to prevent the disease
INTRODUCTION
Diseases often occur when human beings engage in behaviours that promote the incursion of those diseases. People's behaviours are determined by many factors. We need to know the factors that promote and hinder the practice of the behaviours that can prevent the diseases to be able to develop appropriate strategies for promoting the behaviours.

LEARNING OBJECTIVES
By the end of this session, participants will be able to identify the factors that promote and hinder practice of behaviours that can prevent and contain the spread of H5N1 and H1N1.

PRESENTATION
Step One
- Divide participants in 9 groups
- Separate
- Report
- Hand washing and hygiene
- Cover your mouth and nose when coughing and sneezing
- Cook
- Safe disposal of waste and leftovers
- Keep social distance
- Care and treatment/separate people with flu
- Follow government instructions
- Ask each group to discuss the assigned group of behaviours guided by the following table. If the class is small, give each group two groups of behaviours

<table>
<thead>
<tr>
<th>SEPARATE POULTRY</th>
<th>Why do they engage in behaviours that can spread these diseases?</th>
<th>Are they engaged in some positive behaviours that can prevent H5N1 and H1N1 also? Please list them</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are people doing that can spread H5N1 and H1N1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Group discussion is followed by plenary reporting and discussion
- After discussion, ask participants to review and revise the behaviour analysis below
<table>
<thead>
<tr>
<th>CURRENT BEHAVIOURS/ PRACTICES</th>
<th>BARRIERS TO CHANGE</th>
<th>FACTORS THAT CAN FACILITATE CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Poultry live in the same space with human beings</td>
<td>- Traditional practices</td>
<td>- Some people keep poultry in cages outside living houses</td>
</tr>
<tr>
<td>- People mix different poultry species and ages</td>
<td>- Lack of information</td>
<td>- People know the value of separating sick from healthy poultry and are doing it</td>
</tr>
<tr>
<td>- Poultry mix freely with wild birds and other animals</td>
<td>- Lack of isolation space</td>
<td>- There are a number of initiatives on the continent to promote improved poultry keeping, production and housing that Sector 4 people can afford</td>
</tr>
<tr>
<td>- Sick poultry is placed even closer to the family sleeping area to get warmth</td>
<td>- It is inconvenient to separate</td>
<td>- Improve production and profits should provide the funds and encouragement to improve practices and biosecurity practices</td>
</tr>
<tr>
<td>- New birds are not isolated from others for 2 weeks</td>
<td>- Belief that poultry diseases cannot affect humans</td>
<td>- Some traders and transporters know that they are not allowed to carry poultry in the passenger cabin</td>
</tr>
<tr>
<td>- People sell poultry and day old chicks on the streets</td>
<td>- Fear that if birds are kept on their own, they will be stolen</td>
<td>- Many traders are already using cages to transport poultry on vehicle racks</td>
</tr>
<tr>
<td>- Unsold poultry is returned to the farm/home and not isolated</td>
<td>- People are poor and poultry returns are low, so there is no money or interest to invest in poultry housing and improved biosecurity</td>
<td></td>
</tr>
<tr>
<td>- Enclosed poultry is reared alongside free range poultry (Sector 3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Poultry is often kept in semi-enclosed space which allows contact with wild birds (Sector 3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human traffic is uncontrolled on poultry farms and slaughter areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Poultry is transported in the same cabin with passengers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- People do not report sick and dead birds to authorities</td>
<td>- There is no reporting tradition in many areas</td>
<td>A few people report sick poultry to agricultural or veterinary officers</td>
</tr>
<tr>
<td>- Instead of reporting, people use traditional remedies and purchase drugs from the pharmacy to treat sick poultry</td>
<td>- People do not know that they are required to report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Belief that poultry sickness &amp; death are small things which should not be reported</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- People do not believe that bird diseases can affect humans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- People do not know the value of reporting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- People feel that poultry keeping is a private affair that should not involve authorities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- There are no incentives to promote reporting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- There is a perception that no action will be taken even if you report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Perception that authorities will laugh and ridicule one for reporting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Belief that people are capable of treating their own poultry (using traditional &amp; home remedies) and there is no need to involve the authorities</td>
<td></td>
</tr>
</tbody>
</table>

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### Hand washing and hygiene

<table>
<thead>
<tr>
<th>Issues</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many people keep low standards of personal and home hygiene</td>
<td>Lack of information</td>
</tr>
<tr>
<td>socks</td>
<td>-Belief that bird diseases cannot infect humans</td>
</tr>
<tr>
<td>Professional hand washing is not considered as important and people in poultry trade do not wash hands after contact with poultry</td>
<td>-Poultry traders believe that they deal in healthy disease-free poultry only</td>
</tr>
<tr>
<td>Many people wash hands without soap</td>
<td>-No culture of frequent hand washing</td>
</tr>
<tr>
<td>It is common for many people to wash in one basin instead of under running water</td>
<td>-People wash infrequently to save water and soap</td>
</tr>
<tr>
<td>People work in poultry trade dressed in clothes for daily use, which they wash infrequently</td>
<td>-People are working all the time and some claim they have no time to wash and keep clean</td>
</tr>
<tr>
<td>People keep low levels of hygiene on poultry farms and in poultry transport and markets and slaughter areas</td>
<td>-Some poultry traders and slaughterers clean their clothes often “to remove blood and poultry smell”</td>
</tr>
<tr>
<td>A few traders change into different clothes after work and clean work clothes daily</td>
<td>-Some use aprons at work</td>
</tr>
</tbody>
</table>

### Cover your mouth and nose when coughing and sneezing

<table>
<thead>
<tr>
<th>Issues</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many people sneeze and cough in the open without the use of a handkerchief or tissue</td>
<td>Free coughing, sneezing and spitting are widespread and accepted practices on the continent</td>
</tr>
<tr>
<td>Many people spit on the ground</td>
<td>People have not have information on why they should sneeze and cough in a tissue, handkerchief or other confined space such as a sleeve</td>
</tr>
<tr>
<td>Many people already use handkerchiefs and an increasing number are turning to use of handkerchiefs and tissue, especially in urban areas</td>
<td>People do not have money to buy handkerchiefs and tissues</td>
</tr>
</tbody>
</table>

### Cook

<table>
<thead>
<tr>
<th>Issues</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>People eat raw eggs and give it as medicine especially to children</td>
<td>People do not believe that poultry diseases can infect humans</td>
</tr>
<tr>
<td>People sell and eat sick poultry</td>
<td>Culture of eating sick poultry is established in some areas</td>
</tr>
<tr>
<td>People sell and eat sick poultry to cut down on their losses</td>
<td>-There are many people who believe that it is wrong to eat animals which are sick or have died of unknown causes (including poultry)</td>
</tr>
</tbody>
</table>

### Safe disposal of waste & leftovers

<table>
<thead>
<tr>
<th>Issues</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poultry keepers sell or use raw poultry droppings as manure</td>
<td>Lack of information</td>
</tr>
<tr>
<td>Leftovers and dead birds are deposited in the bush, rivers, bins and in dumpsites for normal garbage</td>
<td>-Profit motive – the desire to make money on all items without loss or waste</td>
</tr>
<tr>
<td>Offals and leftovers are given to pigs and other animals to eat</td>
<td>-Pressure from those who want manure and leftover parts</td>
</tr>
<tr>
<td>Raw poultry droppings are given to dairy cows</td>
<td>-A few poultry producers bury poultry droppings</td>
</tr>
</tbody>
</table>

### CURRENT BEHAVIOURS/ PRACTICES

<table>
<thead>
<tr>
<th>Issues</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand shaking is a common practice in most cultures and difficult to avoid</td>
<td>People believe that it is wrong to avoid people because they are sick</td>
</tr>
<tr>
<td>People feel compelled to go to markets and other crowded areas to meet their essential needs</td>
<td>Instead, people move closer to them as a show of love and care</td>
</tr>
<tr>
<td>People know that when you move near a person with a cold or cough, you can catch the cold or cough</td>
<td>-People know that when you move near a person with a cold or cough, you can catch the cold or cough</td>
</tr>
<tr>
<td>Care and treatment/separating people with flu</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>- People like being close to their sick members as an expression of care and love &amp; it would be difficult to keep away from them</td>
<td></td>
</tr>
<tr>
<td>- People live in small houses and have no space in which to separate the sick</td>
<td></td>
</tr>
<tr>
<td>- People do self-medication and go to the health facility only when they perceive the condition to be serious or not getting better</td>
<td></td>
</tr>
<tr>
<td>- People consider flu-like symptoms to be minor illnesses that do not warrant a trip to the health facility</td>
<td></td>
</tr>
<tr>
<td>- The culture of treating diseases at home is well established</td>
<td></td>
</tr>
<tr>
<td>- Many people seek help for various diseases from the health facility</td>
<td></td>
</tr>
<tr>
<td>- People know that when a disease is serious or is not getting better, the patient should go to the health facility for help. This means that they recognize the value of the health services available at health facilities</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Following government instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Some people believe that government gives advice/instructions without regard to whether they can be implemented or not, and without consideration of the effect of such advice on the people</td>
</tr>
<tr>
<td>- It might be difficult for individuals to follow the instructions because of the strong cultural practices</td>
</tr>
<tr>
<td>- It may be expensive to implement the practices</td>
</tr>
<tr>
<td>- The facilities and supplies needed to implement the advice (such money to buy handkerchiefs) may not be available</td>
</tr>
<tr>
<td>- Many people trust government and tend to follow government instructions</td>
</tr>
</tbody>
</table>
INTRODUCTION
We need to develop and implement appropriate behaviour change communication strategies in order to achieve the desired practice of behaviours that can prevent and contain H5N1 and H1N1. The strategies should be based on a sound understanding of the prevailing behaviours (see behaviour analysis at Unit 7 above) and the local situation. This session discusses some of the strategies that may be implemented to achieve this goal.

LEARNING OBJECTIVES
By the end of the session, participants will be able to:

- Define strategies and activities
- Enumerate the strategies and activities that may be implemented to prevent H5N1 and H1N1

PRESENTATION
- Divide the class in 6 groups
- Each group discusses strategies and activities that may be used to disseminate messages and promote practice of preventive and containment behaviours at the different levels:
  i. National levels
  ii. Provincial/district levels
  iii. Community level
  iv. On the farm
  v. In schools
  vi. In monitoring and utilization of monitoring information
- The groups present the strategies and activities in the template below
- Give Handout 1 below to the groups to help them select the appropriate strategies and come up with concrete activities

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Target audience</th>
<th>Activities</th>
<th>Action by</th>
<th>Monitoring indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Group discussion is followed by plenary reporting and discussion
- Refer participants to Annex Two for more details on strategies and activities
HANDOUT I
This handout provides some strategies that may be implemented at the various levels to prevent and contain H5N1 and H1N1. Please select the strategies that are appropriate to your country/area and develop specific activities that may be implemented under each strategy. Feel free to add other strategies as appropriate. Then develop the monitoring section guided by the questions in that section.

National level

- Strengthen the efficient management of communication activities
- Enlist the support of high level managers and policy makers and leverage additional funds
- Mobilize and maintain inter-sectoral participation
- Enlist the support of the media and promote informed reporting of H5N1 and H1N1 activities
- Implement an H5N1 and H1N1 campaign in the media and in the community
- Maintain a hotline to respond to callers’ concerns
- Build national capacity to train and manage AI communication activities
- Strengthen message dissemination at border points

Provincial and district level

- Facilitate planning and implementation of communication activities in the provinces and districts
- Develop provincial and district capacity to implement H5N1 and H1N1 communication activities
- Provide continuous support to IEC/BCC activities, promote coordination and experience sharing

Community level

- Advocate with communities to plan and implement IEC/BCC activities
- Provide training to key community leaders in AI content and skills or message dissemination
- Carry out effective animal health IEC/BCC activities in the community
- Carry out effective human health IEC/BCC activities in the community

On the farm

- Carry out effective animal and human health IEC/BCC activities on the farm

In schools

- Carry out AI/BCC activities in schools

Monitoring and utilization of monitoring information

- What do we monitor in communication?
- Which monitoring tools can we use?
- At what monitoring frequency?
- How should we document and share the monitoring information?
- How do we process and utilize monitoring information?
TIME: 1 HOUR

INTRODUCTION
Message dissemination is a key component of communication. In this session we identify the key messages to disseminate to the various target audiences.

LEARNING OBJECTIVES
By the end of this session, participants will be able to identify the key H5N1 and H1N1 prevention and containment messages

PRESENTATION
- Divide participants in 5 groups
- Give the groups copies of Handout 2
- Ask each group to review the key messages proposed on the handout. Each group reviews 2 of the ten sections on the handout
- Group work is followed by plenary reporting, discussion and consensus

HANDOUT 2
A. GENERAL INFLUENZA MESSAGES
General influenza messages should treat influenza as a common illness with similar modes of transmission and prevention, and answer the following questions:
- What is flu?
- What are the signs and symptoms of flu?
- How do people get flu?
- Is flu a serious disease?
- How can I know that the flu I have is ordinary or dangerous?
- What is bird flu?
- What is the H1N1 flu?
- Can I get infected with the H1N1 flu if I eat pig meat?
- How can I protect myself and other people from flu? (hand washing, sneezing and coughing etiquette, social distancing, care of the sick, general hygiene and following official/professional advice)

A write-up with the message content is at Annex One
## A. AVIAN FLU MESSAGES

<table>
<thead>
<tr>
<th>Audience</th>
<th>Key messages</th>
</tr>
</thead>
</table>
| General public and poultry consumers          | - Buy and eat only healthy poultry  
- When buying slaughtered poultry, ensure that it is inspected and stamped  
- Report to a veterinary or government officer when you see a sick bird or poultry that is sick or has died of unknown causes  
- Wash hands with soap and water after touching poultry or poultry products  
- Wash knives and utensils used to prepare poultry with soap and water  
- Bury or burn to ashes poultry blood, left over parts and birds that have died of unknown causes  
- Cook poultry, birds and eggs well before eating  
- When eating out, insist on well cooked poultry and poultry products |
| Free range poultry keepers                    | - Buy healthy poultry only  
- Keep poultry separate from human dwelling houses  
- Isolate new birds for 2 weeks before mixing with the old flock  
- Report to a veterinary or government officer when you see a bird or poultry that is sick or has died of unknown causes  
- Sell only healthy poultry  
- Avoid treating sick poultry at home – seek the help of a veterinary officer instead  
- Wash hands with soap and water after touching poultry or poultry products  
- Compost poultry droppings before you sell or use as manure  
- Bury or burn to ashes birds that have died of unknown causes  
- Cook poultry and poultry products thoroughly before serving to guests |
| Commercial poultry farmers and workers        | - Separate poultry according to species and age  
- Restrict non-farm workers from entering the farm  
- Place footbaths at entry points to the farm and poultry houses  
- Wear protective materials when handling sick poultry  
- Clean and disinfect feeders and water equipment after use  
- Wash hands with soap and water after touching poultry or poultry products  
- Report to veterinary authorities sick poultry or poultry which dies in your flock  
- Avoid treating sick poultry at home – seek the help of a veterinary officer instead  
- Sell only healthy poultry  
- Wear clean dedicated work clothing and gumboots when working with poultry  
- Clean and decontaminate poultry houses and equipment before bringing in new stock  
- Compost poultry droppings before you sell or use as manure  
- Sell only healthy poultry  
- Share information with neighbouring farms during a disease outbreak |
| People in the poultry trade                   | - Wear clean dedicated clothing when working with or slaughtering poultry. Wash the clothes regularly  
- Buy, sell and slaughter only healthy poultry  
- Transport poultry in dedicated transport. If you have to use other transport, transport the poultry outside the passenger cabin  
- After the day’s work, wash the vehicles, bicycles and cages used to transport poultry with soap and water  
- Wash hands with water and soap after handling poultry and poultry products  
- Report to veterinary authorities sick poultry or poultry which dies in your flock |
| Transport owners and workers                  | - Transport poultry in dedicated transport.  
- If you have to use public transport, transport the poultry outside the passenger cabin  
- After the day’s work, wash the vehicles, bicycles and cages used to transport poultry with soap and water  
- Wash hands with water and soap after handling poultry and poultry products |
| People working in poultry markets             | - Keep different species of birds in different cages and locations  
- Report to veterinary authorities sick poultry which dies in your flock  
- Wash hands with water and soap after handling poultry, slaughter and processing  
- Slaughter poultry in a designated area away from the point of sale  
- Slaughter and sell only healthy poultry  
- Keep the poultry market and poultry slaughter areas clean  
- Wear clean dedicated clothing when working with or slaughtering poultry and wash the clothes at least once a week  
- Wear protective clothing |
<table>
<thead>
<tr>
<th>Restaurant owners &amp; workers</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Wash hands with water and soap after handling poultry and poultry products</td>
<td>-Avoid handling poultry</td>
</tr>
<tr>
<td>-Buy poultry from licensed dealers only</td>
<td>-Use a separate sleeping place away from the poultry sleeping area</td>
</tr>
<tr>
<td>-Buy and slaughter only health poultry</td>
<td>-Avoid touching sick poultry or poultry which has died of unknown causes</td>
</tr>
<tr>
<td>-When buying slaughtered poultry, ensure that it is inspected and stamped</td>
<td>-Report to your parent or teacher when you see a sick bird or poultry that is sick or has died of unknown causes</td>
</tr>
<tr>
<td>-Cook poultry and poultry products thoroughly before serving to guests</td>
<td>-Wash hands with water and soap after:</td>
</tr>
<tr>
<td></td>
<td>--- Handling, slaughtering or preparing poultry or wild birds for cooking</td>
</tr>
<tr>
<td></td>
<td>--- Cleaning the poultry house or touching poultry droppings</td>
</tr>
<tr>
<td></td>
<td>--- Handling eggs</td>
</tr>
<tr>
<td></td>
<td>-Cook/roast chicken and wild bird meat or parts thoroughly before eating</td>
</tr>
</tbody>
</table>

**AVIAN FLU MESSAGE DURING AN OUTBREAK IN HUMANS**

Communication initiative will emphasize the following messages during an outbreak in human beings:

- Stay away from poultry
- Cook poultry, eggs and other poultry products well before eating
- Stay away from people with flu-like symptoms, especially if they have been in contact with sick poultry
- Stay at home if you can
- Avoid crowded areas
- Stay at least a metre away from somebody with colds and cough or is sneezing
- Avoid touching the mouth and eyes
- Close your mouth when sneezing
- Wash hands with soap and water as often as possible, especially after:
  --- Handling, slaughtering or preparing poultry or wild birds for cooking
  --- Cleaning the poultry house or touching poultry droppings
  --- Handling eggs
- Seek care at health facility if you experienced flu-like symptoms after contact with sick poultry or birds

**A. H1N1 MESSAGES**

1. Wash your hands frequently
   - Wash your hands with water and soap frequently, especially after:
   - Coughing and sneezing
   - Shaking hands with people who have flu-like symptoms
   - Handling poultry and poultry products, such as eggs
   - Cleaning the poultry house or touch poultry droppings
   - Slaughtering and preparing poultry for cooking
   - Avoid touching your eyes, nose or mouth.
1. Encourage people in your household to wash their hands with water and soap frequently.

2. **Cover your mouth and nose when coughing and sneezing**
   - Sneze in your sleeves or
   - Use tissue and throw the tissue in the waste basket

3. **Keeping your distance**
   - Avoid crowded areas such as markets, public meetings and entertainment places
   - Keep at least a metre away from a person with flu-like symptoms
   - Stay home if you are sick with flu-like symptoms to avoid infecting other people
   - Keep away from people with flu-like symptoms, especially if you have other health problems or you are pregnant. Flu can complicate your condition.

4. **Separating the sick**
   - Keep a person sick with flu-like symptoms away from other people if you can
   - Keep open the windows in the room in which a person with flu-like symptoms is
   - Remind the sick person to cover his or her mouth and nose when coughing or sneezing

5. **Maintain high standards of hygiene**
   - Maintain high standards of hygiene to protect yourself, your family and other people from flu.
   - Clean common items used in the house with water and soap or wipe with a household disinfectant. The objects to clean regularly may include tables, telephones, key boards, door handles, clothing, bedside tables, kitchen counters and baby toys.

6. **Follow government advice**
   - Follow the advice given by the government and health officials on how to prevent the disease
INTRODUCTION
Many of the target audiences that need avian and human influenza information are adults who have been around for some time and accumulated experiences in many areas, including health. They look at any new information in the light of their experiences and their accumulated knowledge. They would like their experiences to be respected and taken in account during interaction and learning situations. This session discusses how adults learn. Knowing about adult learning should help facilitators determine the facilitation methods to use.

LEARNING OBJECTIVES
By the end of this session, participants will be able to:
1. Describe how adults learn
2. Discuss the difference between learning by adults and by children
3. Identify factors that make adult learning effective
4. Discuss the key principles of adult education.

PRESENTATION
Step1: Group activity
Ask participants to pair up and:
• Share the best learning experience each has had as an adult
• Discuss what made the learning so effective
• Come back to plenary after 10-15 minutes to report and discussion the factors which make adult learning effective

Step2: Plenary discussion
• Draw 2 columns on a flipchart – “Adult learning” and “learning by children”
• Facilitate a plenary discussion on “What differentiates adult learning from learning by children?”
• Write responses in the appropriate flipchart column
• Use information in the table below to supplement group contributions

<table>
<thead>
<tr>
<th>ADULT LEARNING</th>
<th>LEARNING BY CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directs himself</td>
<td>Follows</td>
</tr>
<tr>
<td>Independent</td>
<td>Dependent</td>
</tr>
<tr>
<td>Questions</td>
<td>Agrees</td>
</tr>
<tr>
<td>Learns selectively</td>
<td>Explores everything</td>
</tr>
<tr>
<td>Can be hypocritical</td>
<td>Honest</td>
</tr>
<tr>
<td>Closed</td>
<td>Open</td>
</tr>
</tbody>
</table>
Select what he thinks is beneficial and relevant & when to learn
More interested in learning what he feels he can apply immediately

Definition: Adult learning may be defined as the process by which adults acquire and retain knowledge, attitudes and skills. Adults have enough life experiences to enable them to dialogue with any teacher, about any subject, and will learn new information, attitudes and skills best in relation to that life experience. Adult learning is, therefore, best achieved through dialogue, and involves:

- Communicating beyond information, facts and ideas
- Discussing what people feel about the ideas
- Discussing what people can do with/about the ideas
- Discussing the benefits of the recommended action

<table>
<thead>
<tr>
<th>Principles of Adult Learning</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Needs assessment</strong></td>
<td>Before hand, find out what would be beneficial for adults to learn</td>
</tr>
<tr>
<td><strong>Respect</strong></td>
<td>Respect for the learner and his ideas helps him/her learn better</td>
</tr>
<tr>
<td><strong>Affirmation</strong></td>
<td>Praising adult learners for every attempt they make encourages them to learn and act on what they have learnt</td>
</tr>
</tbody>
</table>
| **Relevance** | Learners learn best:  
- By drawing on their own knowledge and experiences.  
- When they feel that the learning is going to help them meet their needs |
| **Dialogue** | Adults learn best when learning is a two-way dialogue |
| **Engagement** | Adults learn best when learners are involved through interactive activities such as discussion, working in small groups and learning from peers. |
| **Sequence and reinforcement** | Introduce the most important ideas first and reinforce them repeatedly. Start with the easier ideas and build on them |
| **Immediacy** | Adults learn best if they can see an opportunity for applying the new knowledge immediately. Help learners to see how what they are learning can be put to practical use immediately in their job or life. |
| **20/40/80 Rule** | Learners remember more when visuals are used to support the verbal presentation, and when they get an opportunity to practice the new skill. We remember 20% of what we hear, 40% of what we hear and see, and 80% of what we hear, see and do. |
| **Thinking, Feeling, Acting** | Learning is more effective when it involves thinking, feelings/emotions and action. Provide opportunities for hands-on experience in a secure environment. After they gain confidence, engage them in real life practice. |
| **Safety** | Adults learn better when they feel that their ideas and contributions are valued, and will not be discarded, ridiculed or belittled. Let adults know that it is OK to make mistakes |
| **Team work** | Provide opportunities for learners to learn from each other and solving problems together. |
| **Accountability** | Trainers are responsible for delivering what was promised. Ensure that there is quality learning, and be sure that learners understand and know how to practice what they have learnt. |
INTRODUCTION
People use different terms to describe a teacher or trainer. Individuals playing this role are described variously as teachers, lecturers, trainers or facilitators. This session discusses these terms and discusses the factors that increase the effectiveness of learning.

LEARNING OBJECTIVES
By the end of this session, participants will be able to:
• Distinguish between a teacher and a facilitator
• Describe the characteristics of a good facilitator
• Discuss the key adult education facilitation methods

PRESENTATION
Step 1: Brainstorming
What are some of the terms used to describe a person responsible for ensuring that participants get the knowledge and skills that they need?
• Teacher
• Lecturer
• Trainer
• Instructor
• Facilitator

Step 2: Brainstorming
• Draw two columns on a flipchart – one with the word “teacher and the other with the word “facilitator”
• Discuss the question: What is the difference between a teacher and a facilitator?
• Record the responses in the appropriate column

<table>
<thead>
<tr>
<th>TEACHER</th>
<th>FACILITATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determines the learning content and process</td>
<td>Engages learners and allows them to influence the learning process and content</td>
</tr>
<tr>
<td>Gives information</td>
<td>Encourages learners to share experiences and learn from one another</td>
</tr>
<tr>
<td>Often tailors information to the needs of examinations</td>
<td>Learning is guided by the learners’ felt needs</td>
</tr>
<tr>
<td>Often uses deductive methods</td>
<td>Uses participatory methods that bring out participants’ needs and experiences</td>
</tr>
</tbody>
</table>
DEFINITION:
Teaching may be described as providing information/knowledge or skills to learners/trainees, and is often carried out through lectures and other formal teaching methods. Facilitation is the process of helping participants gain knowledge and skills through participatory processes that focus on exploration, reflection and self-learning.

What are the qualities of a good facilitator?

<table>
<thead>
<tr>
<th>QUALITIES OF A GOOD FACILITATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>KNOWLEDGE</td>
</tr>
<tr>
<td>Has enough knowledge of content/technical area</td>
</tr>
</tbody>
</table>

What are the basic skills needed to facilitate participatory sessions?

Facilitating participatory sessions calls for development of many skills. These include skills for the following:

- Observation in class and environment as appropriate
- Asking questions about the observation and what has been said
- Listening to understand better
- Identifying issues and needs
- Discussing - ability to facilitate a productive discussion round identified issues/needs
- Reaching consensus – Ability to guide other people to reach an agreement
- Agreeing on application: Ability to help others to figure out how they will apply what has been learnt

How are these skills applied in practice?
Below are tips on how these skills may be used.

Observation

Being observant helps the facilitator to know what is happening in the community. The knowledge should help the facilitator to tailor his/her presentation to the prevailing situation and needs. The facilitator may:
• Use what he has observed as an example in class
• Ask participants questions about what he/she has observed to start a discussion and understand the situation better
• Observe the class mood and ask questions to encourage participants to verbalize what may be causing the apparent discontent for discussion and response.

**Asking**
We ask in order to get information to help us understand
• Ask close ended questions to establish rapport
• Ask in a neutral way (avoid leading questions)
• Ask one question at a time
• Observe non-verbal cues (body language) and encourage the person to verbalize
• Ask open ended questions to give the person freedom to give his/her perspective freely
• Ask follow up questions to understand better the ideas, concerns and feelings introduced
• Ask probing questions to get an even reach level of understanding. However do not probe so hard that the person feels put on the spot
• Do not press the person beyond what he/she is willing to disclose. If he/she is not ready to say any more, stop the conversation and continue it another time if necessary.
• Summarize from time to time and ask questions to check how well the material has been understood.

**Listening**
Listening skills are perhaps the most important skills in human interaction. Listening can achieve many things, from improving understanding to solving problems. We listen in order to understand. To understand fully, we need to listen beyond mere hearing. We need to listen to both what is said and what is meant. Listening in order to understand fully includes listening:
• Attentively
• Empathetically
• In a non-judgmental way
• Actively
• In a way that relaxes the other person and inspires confidence
• In a way that motivates the other person to give more information.

Listening skills include the following:

**Attending skills**
A posture that show that you are following the conversation and are not absentminded. This includes the ability to:
• Maintain a body posture that indicates that you are present and involved in the conversation
• Maintain respectful, re-assuring and encouraging eye contact

**Following skills**
Actions that show that you are alert and following the conversation, such as the following:
• Noticing the other person’s body language and other non-verbal messages that he/she may be sending
• Encouraging people to put non-verbal queues into words
• Avoiding interrupting people when they speak
• Encouraging the other person to express himself/herself fully
• Maintain attentive silence when needed to allow both sides to think about what has been shared and figure out things

**Reflective skills**
These include the ability to:
• Think about what has been or is being shared and to build on it
• Paraphrase what you think you have heard from time to time and check with the other person to be sure that you have heard correctly.
• Encourage the other person to put his/her feelings into words
• Encourage the other person to explain or clarify what they mean
• Summarize what has been covered and check with the other person to be sure that you have understood correctly.

**Identifying issues**
Conversations can wander all over the place and take hours without any particular benefit. The value of conversation depends on the ability of the people involved to sift through what they are sharing and come up with the key points that need to be pursued and agreed upon. The responsibility for identifying the key points lies with the parties to the conversation. But the facilitator needs to provide the leadership that will help the parties to reach a consensus. To do this, the facilitator needs to have the ability to:
• Separate mere rhetoric from points, issues and concerns
• Isolate individual points, issues and concerns to avoid massing all of them together
• Facilitate a discussion to prioritize the points, issues and concerns

**Discussing**
Issues are best solved and the course of action agreed upon through discussion. Skills for facilitating discussions include skills for observation, asking, listening skills, building on what has been said and
guiding the discussion to reach a consensus. These skills are discussed above. Skills for reaching consensus are discussed below.

**Reaching consensus**

Many meetings and discussions end in disarray because the parties cannot agree on the ground covered, the implications of the issues discussed and the way forward. A facilitator needs skills to guide discussions to reach an agreement or conclusion. Skills for providing such guidance include the ability to:

- Listen carefully
- Remain a neutral, honest broker in what you say, your vocabulary, your views, your body language
- Guide discussions from the general to the specific
- Guide discussions to take in account the reality of the situation, including environment factors
- Guide discussions to narrow the gaps that may exist between the parties
- Guide the parties to an agreement and decision

**Agreeing on application**

Consensus is of little use unless the parties involved can commit themselves to taking specific action to operationalize what they have agreed on. The facilitator should, therefore, develop skills for supporting parties to agree on how they will operationalize what they have agreed on. Help the parties to:

- Verbalize the action they will take to operationalize the consensus.
- Agree on follow up steps and the process of verifying if the action has been taken
Unit 12  Teaching Methods

INTRODUCTION
The goal of education for disease prevention is to provide information that will have a positive influence on what people know (knowledge), believe (attitudes) and do (practice). This session discusses the methods that may be used to achieve this and examines the relative strengths of the various methods.

LEARNING OBJECTIVES
By the end of this session, participants will be able to:

- List at least 10 teaching and facilitation methods
- List teaching methods that are strong in influencing knowledge, attitudes and behaviours
- Explain the importance of using multiple facilitation methods

PRESENTATION
Step 1: Brainstorming

List some of the teaching/facilitation methods that you have used

<table>
<thead>
<tr>
<th>Lectures</th>
<th>Drama/role plays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brainstorming</td>
<td>Watching and discussing video clips</td>
</tr>
<tr>
<td>Question/answer</td>
<td>Games</td>
</tr>
<tr>
<td>Demonstrations</td>
<td>Merry go round contribution games</td>
</tr>
<tr>
<td>Group discussion</td>
<td>Use of models</td>
</tr>
<tr>
<td>Picture codes or other visuals</td>
<td>Sharing in support groups</td>
</tr>
<tr>
<td>Sharing and testimonies from satisfied users</td>
<td>VIPP card collection</td>
</tr>
<tr>
<td>Story telling</td>
<td>VIPP debates</td>
</tr>
<tr>
<td>Case studies</td>
<td>Fish bone exercises</td>
</tr>
<tr>
<td>Role plays</td>
<td>Experiential learning</td>
</tr>
<tr>
<td>Field visits</td>
<td>Panel discussion</td>
</tr>
</tbody>
</table>

Step 2: Group discussion

- Divide the class in three groups
- Each group lists methods that are strong in (1) information giving (2) influencing attitudes and (3) promoting practice of the recommended behaviours
- Group discussion is followed by plenary reporting and discussion
- Compare group discussion results with the table below and revise as necessary
## Categorization of Facilitation Methods

<table>
<thead>
<tr>
<th>Strong in information giving</th>
<th>Strong in influencing attitudes</th>
<th>Strong in skills development and practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecturing</td>
<td>Group discussion</td>
<td>Demonstration</td>
</tr>
<tr>
<td>Brainstorming</td>
<td>Testimonials/experience sharing</td>
<td>Drama/Role plays</td>
</tr>
<tr>
<td>Question/answer</td>
<td>Story telling</td>
<td>Simulation</td>
</tr>
<tr>
<td>Group discussion</td>
<td>Case studies</td>
<td>Field visits</td>
</tr>
<tr>
<td>Picture code &amp; use of other visuals</td>
<td>Drama/Role plays</td>
<td>Watching &amp; discussing Video clips</td>
</tr>
<tr>
<td>Models</td>
<td>Watching and discussing Video clips</td>
<td>Games</td>
</tr>
<tr>
<td>VIPP card collection</td>
<td>Games</td>
<td>Practicals</td>
</tr>
<tr>
<td>Fish bone exercise</td>
<td>Practicals</td>
<td>Behaviour modeling</td>
</tr>
<tr>
<td>Panel discussion</td>
<td>Behaviour modeling</td>
<td>Behaviour modeling</td>
</tr>
<tr>
<td>VIPP debates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Step 3: Presentation

### AN ANALYSIS OF SOME KEY FACILITATION METHODS

<table>
<thead>
<tr>
<th>METHOD</th>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
<th>PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation: All situations in which a teacher/facilitator conveys information, including a lecture, power point presentations, etc</td>
<td>Presentation is good in: • Information giving • Addressing large groups • Introducing a new subject • Giving an overview, highlights and the main points • Covering much material in a short time • Introducing content ahead of more detailed treatment such as group discussion • Teachers feel greater control and security when lecturing</td>
<td>Weak in: • Keeping the session lively and people awake and attentive • Reaching attitudes and behaviour • Engaging and involving participants • Dealing with barriers and issues of a personal nature</td>
<td>In the introduction tell participants what you are going to present Present the material Build in features involve &amp; enhance two way communication (such as questions) Build in features which help to check attentiveness and comprehension (questions, inviting contributions/testimonies, energizers) Invite participants to ask questions Summarise the key points covered</td>
</tr>
</tbody>
</table>

| Group discussion | Provides a good environment which encourages participants to share experiences and ideas or solve problems Give participants control over the learning process Strengthen problem solving skills Promotes learning from one another Promotes clarification of personal values and decision taking Strong in team building & team work | A group may be too big to provide an environment for dealing with issues of a personal nature Group settings may not favour certain view points and lead to biased decisions | Set up groups of 4-7 Introduce the task – if possible write the task on paper for ease of reference, Make time allotted known Encourage the group to have a facilitator/chair and the note taker who will present group ideas Allow groups time to discuss Go round to check and be sure that the groups understand the task Be available to be consulted by the groups if issues arise Receive groups reports in plenary As groups report, identify common themes. These may need emphasis during summarizing Present a summary of the main learning points |
| **Case study**<br>(a hypothetical situation planned to aid problem analysis) and storytelling<br>(real life or hypothetical) | Helps learners to visualize and relate to the real situation without personal risk. Can be powerful in helping participants to get really involved with the situation and visualize the interventions and their effects. Good tools to facilitate problem analysis in a typical situation. Provides a safe environment for developing problem analysis skills. | May miss the point and not bring out the intended learning if the case or story is not well structured to bring out participants’ needs. | Introduce the case together with carefully designed questions to guide discussion (case study). Divide participants in appropriate groups (case study). Give time for participants to familiarize themselves with the case. Give participants time to discuss the case. Ask participants to present their ideas/responses to plenary. (In the case of storytelling, tell the story in plenary.) Facilitate discussion on what has been learnt from the case/story. Discuss the relevance of the case/story to participants’ environments. Summarize. |
| **Use of VIPP methodology. This involves use of cards to collect and appropriately arrange participant contributions** | Facilitates harvesting of ideas from all participants, even the most reserved and makes them available for discussion and re-arranging. Maximizes participation and team work. Excellent in establishing patterns and relationships between multiple ideas. Excellent for planning – easy to move & organize ideas collected on cards. Participants feel secure giving ideas without being identified. When organized, ideas on cards make a powerful visual image. | Equipment and materials (VIPP boards, cards, cameras) can be expensive and difficult to transport and store. Use of the methodology calls for well developed skills. In inexperienced hands, the methodology could be time consuming. | Ensure that all the needed equipment and materials are ready. Explain how the method work clearly to participants. Be sure to emphasize that a card once written and handed in is the property of the whole groups and not that of the contributor. Ask appropriate, clear questions to get the correct responses. Be open to suggestions while providing appropriate guidance to the process. |
| **Testimonials – sharing personal experiences with the idea under discussion** | Can be a power tool for motivating others. | Negative personal experiences are equally strong in de-motivating people and hardening them against the idea. | Listen to the story to be shared before hand and determine whether it would be appropriate/motivating to share. Provide time for sharing the story. Allow time for participants to ask questions. Discuss the what participants have learnt from the story and what they feel after listening to the story. Discuss how they can apply the information learnt to their situation. |
| **Role play – two or more people acting out to illustrate how an activity/process takes place** | Is strong in demonstrating how things happen and how other might feel and behave in a given situation. Enables participants to see the consequences of the way they do things. Provides an opportunity for people to rate their reactions, decision making abilities and skills. Provides a safe environment in which participants can explore their knowledge, attitudes. | If managed badly it can embarrass and discourage shy people. | Introduce the expected role plays well, together with the time allowed, if possible in writing. Discuss the evaluation criteria (see session 16). Give groups time to prepare. Observe as groups make role play presentations – facilitators and participants take notes to facilitate critique (if needed). Facilitate a critique of the presentations based on the evaluation guide. Ask the question “What did you learn from the role play(s)?” and record responses on a flipchart. Summarize. |
| **Simulation** – is an enactment of the real life situation | Provides an opportunity for participants to see how the strategies/ preparations & approaches would work in a real situation and identify loopholes to plug. Able to engage participants at a very deep, practical level. Provides an opportunity to test knowledge, attitudes and skills in the context of a near real situation. Helps participants to see, visualize and respond with concerns and suggestions immediately. | In real life, it is expensive to put on a simulation. A simulation looks so much like the real thing that often people believe it and go into panic, if it is about a threatening situation. | Prepare participants to take specific roles during the simulation. Introduce the goals, rules and timeframe, if possible in writing. Present the simulation. Discuss reactions to the simulation – strong points identified, gaps and points that need to be addressed. Ask participants about the simulation relates to their situation and how they could use what they have learnt in their situation. Summarize the main learning points. |
| **Demonstration** – presenting how something is done in a practical way | Shows the practical application. Teaches how-to-do skills. Can teach how something is done step by step. Catches participant’s attention. Provides an opportunity for learners to have hands-on experience. | Demonstration takes time and could slow down the workshop speed. It requires materials which may not always be available or may be expensive. | Explain to participants the demonstration you are going to make. Preset the materials you are going to use. Demonstrate. Give participants an opportunity to ask questions. Ask participants to demonstrate. Discuss how easy or difficult it was to demonstrate. Summarize. |
| **Field visit** | Gives participants an opportunity to see the real situation. This engages participants at the level of knowledge, attitudes and behaviour. Very effective in bringing the content, theories and principles learnt in a class setting, and can be very motivating. | Good real life examples might not be available and negative examples could de-motivate. | Scout around for a good site to visit. If possible visit the site ahead of participants to learn about it. Brief the person to take participants round about the purpose of the visit. Encourage participants to ask questions so they can learn much about the activity. Back in class discuss what participants have observed and learnt. Discuss how participants could apply what has been learnt in their lives/work. Summarize. |

Facilitators should use multiple facilitation methods because:
- No one method is strong in influencing knowledge, attitudes and behaviours.
- Different methods support one another.
- Use of one or a limited number of methods could make learners bored.
Unit 13 How To Use Educational Materials

INTRODUCTION
Educational materials can make communication very effective when used well. However, the materials are often used inappropriately, thereby adding only limited value to communication efforts. This session discusses how communication materials can be used to maximize effect.

LEARNING OBJECTIVES
By the end of the session, participants will be able to:
• Discuss the role of educational materials and aids in training and in communication in the community
• Describe effective ways of using educational materials and aids

PRESENTATION
Why do we use educational materials?
Research shows that people retain 20% of what they hear, 40% of what they hear and see and 80% of what they discover for themselves through practice. Speech is, therefore, the least effective means of communication because it engages the least number of primary message systems.

Educational materials:
• Help to engage additional message systems (sight, taste, smell, body movement, touch, colour, space, hearing, artifacts, speech, time). This way, it increases comprehension, retention and positive action.
• Make learning more interesting and effective.
• Remind the communicator of the important points to cover.
• Simplify the task of training – participants can be given educational materials as handouts
• Remind the participants about the content and messages covered after training
• Help to spread messages even among those who did not attend the educational session.
• Give the message importance and credibility.
• Make audiences happy because they have something to carry home.

What categories of education materials are in common use?
The three commonly used types of materials include:
• Materials which attract attention and trigger discussion
• Materials which provide more detailed information
• Special teaching aids
(i) **Materials which attract attention and trigger discussion**

These include posters, calendars, banners and stickers. The materials are usually colourful and are placed in strategic positions. The materials typically:

- Call attention to the subject
- Give minimum information
- Are usually unattended
- May stimulate discussion

The materials are made more effective when:

- Posted at vantage points where they can be seen by many people
- They are used for teaching. The people in the learning session will know about the messages well and tell other people about them.
- Reference is made to the materials at every opportunity – in training, in the media, in discussions in the community. Referring to the materials draws people’s attention to them and encourages discussion of the messages on them.
- They are used in discussions with key community members. When they understand the messages well, the leaders will tell other people about them.

(ii) **Materials which provide more detailed information**

These include booklets, flyers and pamphlets. The brief information on the attention grabbing materials at (i) above may not be enough to answer the questions that people may have. This information may be in the materials which provide more information. Remember:

- The reading habit is not well established among our people
- People read selectively and are more likely to read materials when they have some idea what is in the materials
- Most people read only when they are looking for specific information they know will help them

**To use the materials effectively, the facilitator should:**

- Read what is in the pamphlet, booklet or flyer ahead of time
- Use the pamphlet, booklet or flyer during discussion for teaching before you give to people to take away. During use, draw people’s attention to what the material contains.
- Allow people to ask questions. Refer to the relevant sections of the pamphlet as you answer the questions. Draw participants’ attentions to where answers to their questions can be found in the pamphlet.
- Give the pamphlets away only after using them in discussions.
- As you give away the materials, remind the audience that the materials have answers to some of their questions.
Tell the people that they can refer to the pamphlets at home if they forget the information discussed
• Encourage participants to share the information in the pamphlet with other people who did not attend the discussions.
• Tell them where more pamphlets and other materials can be found.
• Encourage those who cannot read to refer to the pictures or ask a family member or friend to read for them.
• Encourage people to read and discuss the materials in the family and in other groups
• Tell the people about the other materials that may have been developed for the same campaign

(iii) Special teaching aids
Materials in this category include flipcharts, counselling cards, photographs, illustrations and case studies. To achieve maximum benefit, this category of materials should be used to stimulate discussions and illustrate content. These materials may be used with groups or in a one-on-one setting. The materials may be used from cover to cover or as individual pages.
• Study the materials thoroughly to understand the content
• Select the sections you wish to use
• Integrate the materials in your facilitation plan. (Remember short interesting educational sessions are more effective than long boring ones).

What is the effective way of using educational materials during a learning session?
• Select the materials you plan to use in your lesson
• Determine where you will use the various materials in your plan. Materials are best used to:
  • Initiate discussion
  • Illustrate or make concepts visual
  • Stimulate discussion
  • Give examples
  • Place/hold the visual where participants can see
  • Stand behind the visual to allow participants to see it well
  • Point to the various parts of the visual and follow the ORPDA process (see below) to facilitate discussion

How should we use educational materials in a learning session?
To use educational materials effectively, encourage learners to Observe, Reflect, Personalize, Decide and Act (ORPDA) on the messages presented.
OBSERVE: Show the teaching aid to participants to observe what is on it. Then discuss:
• What do you see in this illustration?
• What is happening here?

REFLECT: Encourage participants to reflect on what is happening on the teaching aid and discuss:
• Does this happen in real life?
• What do you think/feel about what is happening?
• Do you approve or disapprove of what is happening? Why?
• What are the advantages and disadvantages of engaging in these kinds of activities?

PERSONALIZE: Encourage participants to relate what they have observed and reflected upon to their own lives. Discuss questions such as:
• What do people in your community do in the same situation?
• Why?
• What would you do in this situation?
• What barriers would you anticipate?
• What would you do to overcome the barriers?

DECIDE: Encourage participants to indicate the action they plan to take as a result of the discussion. Encourage them to try out the behaviours recommended by discussing questions such as the following:
• Out of what we have discussed, what do you think would work out for you?
• Would you be willing to try it out?
• Do you anticipate any barriers?
• How would you resolve the barriers?

ACT: Encourage participants to try out the selected options and if appropriate, agree on the time frame for action. Encourage participants to agree on the method and timeframe for assessing the action taken.
INTRODUCTION
A lesson plan is an outline designed to guide the logical facilitation of a learning experience. A lesson plan identifies the learning objectives, facilitation methods, facilitation steps, the key points to emphasize, the summary and conclusion.

LEARNING OBJECTIVES
By the end of the session, participants should be able to:
1. Describe a lesson plan
2. Explain the need for preparing a lesson plan
3. List the disadvantages of facilitating without a lesson plan
4. Discuss factors to consider when preparing a lesson plan

What is a lesson plan?
A lesson plan may be described as an outline developed to guide the logical facilitation of a learning experience. It identifies the learning objectives, facilitation methods, facilitation steps, the key points to emphasize, the summary and conclusion.

Why prepare a lesson plan?
A lesson plan serves the following purposes:
• Reminds the facilitator about the content to be covered and the methods to be used to deliver the content
• Guides the trainer on how best to organize a learning experience and vary methods and activities to enhance learning and retain participant interest and enthusiasm
• Facilitates logical development and delivery of content
• Gives the facilitator confidence
• Serves as an evaluation tool. It helps the facilitator and participants to know whether the planned content has been covered.

Facilitating without a lesson plan could lead to the following:
• Reduced facilitator confidence and nervousness
• Disorderly presentation
• Inadequate explanations
• Inadequate activities to involve participants
• Inadequate use of teaching and learning aids
• Inadequate preparation and response to questions
• Poor utilization of time
What do we need to know in order to prepare a good lesson plan?

We need to know the following to prepare a good lesson plan:

- Who are the workshop participants?
- What is their background?
- What do they do and how are they expected to use the knowledge acquired during this workshop?
- What do they know already?
- What knowledge gaps and skills do they have?
- What knowledge, attitudes and skills do we need to strengthen during this workshop?

What is the structure of a lesson plan?

A lesson plan typically contains the following:

- The setting in which the lesson will be used
- Topic
- Time/duration
- Learning objectives
- Facilitation methods
- Teaching aids and materials
- Presentation
- Introduction
- Presentation step by step
- The key points or content to cover in each step
- Summary
- Conclusion

The table below presents a sample lesson plan

<table>
<thead>
<tr>
<th>SAMPLE LESSON PLAN</th>
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<tbody>
<tr>
<td><strong>CONTENT</strong></td>
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<td><strong>Setting</strong></td>
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<td><strong>Topic</strong></td>
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<td><strong>Learning objectives</strong></td>
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<tr>
<td>Presentation</td>
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</table>

### Step Two: A presentation:
- Key features of poultry keeping in our community
  - Poultry live in human dwellings
  - Poultry roam and mix freely with other domestic and wild birds and animals
  - Sick poultry is placed in a warmer place even closer to the bed in which people sleep
  - Both adults and children hold poultry freely
  - Poultry is often carried on the human body (usually under the armpit)

### Why people keep poultry the way they do
- Tradition
- Lack of information and guidance
- Fear that if kept away, the poultry will be stolen
- Belief that keeping poultry in human dwelling houses is OK and poses no danger

### Dangers of keeping poultry in human houses
- Poultry shed droppings and other dirt which can make human dwellings dirty
- They make noise
- They jump and defecate on furniture, and equipment making them dirty
- Poultry gets fleas which affect human beings
- Sick poultry can infect human beings with diseases
- Some of the disease that can come from poultry to human beings (such as bird flu) can be deadly
- People have already died of bird flu through contact with poultry

<table>
<thead>
<tr>
<th>Step three: Plenary discussion – is it possible to separate poultry?</th>
<th>20min</th>
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<tbody>
<tr>
<td>What do you now think about keeping poultry in the same houses in which people live?</td>
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<tr>
<td>Is it possible to keep poultry in its own houses in our community?</td>
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<tr>
<td>What are the barriers to keeping poultry separate from human dwellings?</td>
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</table>

Record responses on a flipchart

### Step four: Discussion – positive factors to build on
- Many people in our community keep poultry in dwelling houses. But there are also some positive things people do that we can build on to promote the practice of keeping poultry in their

| | 20min |
| separate houses. Some people already have separate houses or cages for poultry. What other positive things are people doing that we can build on? |
|---|---|
| **Summary** | • Have seen that keeping poultry and letting it sleep where people sleep can lead to transmission of diseases, including deadly diseases such as bird flu  
• We have agreed that it is better to keep poultry in their separate houses  
• We have discussed what stops people building separate houses for poultry and what we can do to promote building separate houses for poultry  
• We should now spread the word widely - through religious gatherings, community meetings and between friends and neighbours and support one another to act. |
|  | 5min |
| **Conclusion** | Keeping poultry in their separate houses or shelters will keep our houses clean and protect us from diseases that come from poultry |
|  | 2 min |
Participants are given time to pick a topic and develop a lesson plan using the lesson plan template discussed above. Half the class prepares a lesson for use in training and half plan for a BCC session in the community. Lesson planning may be done individually, in pairs or between three people, depending on the number of participants and the time available for role playing (see unit 16 below). This is the hands-on part of this training, and as far as possible, every participant should be given an opportunity to (1) develop a lesson plan and (2) use it in a role play. This is the only way to show whether or not can use what has been learnt in practice. The critique of the role plays should help participants identify their strengths and the challenges they need to work on the way to becoming good facilitators.

UNIT 16-19
ROLE PLAYS – FACILITATING BCC TRAINING AND COMMUNITY SESSIONS
During this session, participants conduct role plays using the lesson plans developed in session 15 above and use the following process to conduct them:

- The presenter:
- Tells the class the topic he/she has selected
- Informs the class about the setting – whether it is a class training session, village meeting or other
- Gives the outline of the lesson plan, including objectives and facilitation methods
- Asks the class or a section of it to play the role he wishes them to play (e.g. to be village elders, school children, a women’s group or other)
- Presents the lesson in a role play
- The workshop facilitators and the rest of the class rate the facilitators’ performance using the critique form below
- After every role play, the class discuss the performance

<table>
<thead>
<tr>
<th>BEHAVIOUR CHANGE COMMUNICATION FACILITATION CRITIQUE FORM</th>
<th>Good</th>
<th>Poor</th>
<th>Total</th>
<th>Comments</th>
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<tr>
<td><strong>PLANNING</strong></td>
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<tr>
<td>1 Did the group/individual have a plan?</td>
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<td>2 Was the facilitation plan adequate?</td>
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<td>3 Was it a participatory lesson plan?</td>
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<td><strong>INTRODUCTION</strong></td>
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<td>4 Did the facilitator greet participants</td>
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<td>5 Did he show encouraging body language</td>
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<td>6 Did the facilitator introduce the session well?</td>
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<td>7 Did the facilitator’s introduction catch the interest of participants?</td>
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<td><strong>RELATIONSHIPS</strong></td>
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<td><strong>USE OF EDUCATIONAL MATERIALS</strong></td>
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<td><strong>SUMMARY AND WAY FORWARD</strong></td>
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<td><strong>TOTAL (Total score divided by 31 items)</strong></td>
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CHALLENGES IN FACILITATING BCC ACTIVITIES

This manual was field tested in three SPINAP workshops held in Kigali, Douala and Windhoek in November, 2009. During the field testing, the following were identified as the key challenges to participatory facilitation:

**Philosophical positions**
- Many facilitators are not convinced of the need for participatory facilitation
- Many are used to deductive methods of teaching which are more fashionable and easier to use
- Many have a know-it-all attitude and do not see the value in seeking the contribution of non-professional people
- Many believe that their role is to give information because that is what the people expect them to do

**Confidence**
- People work in different parts of the country, some in areas where they do not know the language well
- Many facilitators and programme managers lack skills for managing group activities
- Facilitators fear that open discussions could go out of topic and encourage participants to make irrelevant demands that could derail the whole learning effort
- Many facilitators are nervousness, especially at the beginning of the lesson and panic when things do not seem to be going according to the plan

**Planning**
- Many facilitators do not have enough information about their audiences and are, therefore, unable to develop good lesson plans
- Facilitators tend to plan too tightly, leaving no room for flexibility
- Some plan too loosely, ending up with plans that cannot provide adequate guidance

**Facilitation**
- Difficulties in developing a session step by step while integrating what participants say
- Facilitators ignore participant contributions and give information as if the audience has said nothing.
- Lack of skills to lead the process of evaluating participant contributions and re-arranging them into meaningful patterns that address the issues at hand
- Difficulties in bring the group back to the topic when it digresses
- Facilitators often use difficult technical words that the audience may not understand
- Many facilitators feel that they have to personally answer all questions asked instead of deflecting some of them to enrich the questions and involve other participants

**Personality and mannerisms**
- Some facilitators are not lively and induce dullness among participants
- Some facilitators look unfriendly and discourage participant from contributing

Facilitators are encouraged to subject themselves to peer review of their facilitation abilities, so that they can identify their strengths and weaknesses and work to strengthen their skills.
INTRODUCTION
We initiate health and social development projects for the benefit of the community. But ironically, many programme managers find working with the very communities that we wish to support difficult, so they “play it safe” and stay away from activities in the community. Instead, they disseminate messages in the media and through distribution of educational materials in the hope that on getting the information the people will swing into positive action. But this does not happen, so they get disappointed. Media and educational materials are good vehicles for disseminating development messages, but they should not be a substitute for work in the community. Interpersonal communication anchored in community networks must also be used in an initiative that seeks to promote lasting community behaviours. This session discusses how to work with communities.

LEARNING OBJECTIVES
By the end of this session, participants will be able to:
• State the goals of working with communities
• Discuss the process that’s can be used to achieve behaviour change in the community

PRESENTATION
Why do we work with communities?
It helps to clarify your goals of working with communities from the outset. The goals for working with communities are to:
• Enlist the support of the leadership
• Increase community participation, involvement and ownership of the messages and behaviours promoted
• Bring promote the necessary changes in knowledge, attitudes and behaviours
• Build capacity for planning and implementing IEC/BCC activities

How do we work with the community to achieve these goals?
The following steps should help programmes achieve the goals above:

1. Clarify the goals you wish to achieve in the community
Programmes work in the community without clear goals of what they are trying to get from the community. This way, they lose focus and achieve little. The programmes should clarify and make known to all key staff what they seek to achieve in the community and ensure that the whole team works towards that goal. The content under Why do we work with communities above should be reviewed and refined as the basis of the goals for working in the community.
2 Enlist the support of the provincial/district leadership
   • Advocate with the veterinary and health officers at the central level to get involved
   • Identify and develop a partnership with NGOs, CBOs and FBOs working in the community
   • Advocate with veterinary and health officers at the district/provincial level
   • Identify focal persons in the various provinces and districts
   • Meet with provincial/district personnel and focal persons to develop plans

3 Increase community participation, involvement and ownership
   • Identify the key community leaders to works with
   • Working with leaders of Community Based Organizations (CBOs), local leaders and interest groups to develop local community BCC and capacity building plans
   • Provide orientation training to community leaders and discuss their role
   • Give community leaders the IEC/BCC materials that they can use
   • With community leaders, identify the extension workers to involve

4 Focus on bringing about the necessary changes in knowledge, attitudes and behaviours
   • Provide IEC/BCC skills training to extension workers and volunteers. During training agree on strategies and activities to use to disseminate messages and provide support for practice of the recommended behaviours
   • Encourage trained extension workers and volunteer to carry out IEC/BCC activities in public meetings, community groups, farms, health facilities, schools, places of worship and homes. Activities may include the following:
     • Community meetings at chiefs’ centres and elsewhere in the community
     • Education meetings with farmers and poultry associations
     • Home and farm visitations
     • Seminars and workshops for identified groups, such as local leaders, farmers, and special interest groups
     • Education meetings with special interest groups, such as youth groups, women’s groups and church groups
     • Asking interest groups to integrate avian and human flu education in their regular activities
     • Training teachers to educate pupils in schools
     • Make available IEC/BCC materials that extension workers and volunteers can use to educate people. Encourage them to discuss the messages in the materials with the people before distributing them and discuss with the people receiving the materials how they can use the materials effectively
     • Provide IEC/BCC messages in the media and elsewhere in the community
     • Tell community members when media messages are broadcast so that they can arrange to
listen or watch

• Encourage community members to discuss widely the messages from the media, booklets and elsewhere

• Encourage existing groups (such as farmers’ groups, neighbourhood groups, women’s groups and youth groups) to discuss issues relating to bird flu and the H1N1 flu during their routine meetings

5 Build capacity for planning and implementing IEC/BCC activities
Develop structures which can promote avian and human flu communication on the ground and anchor it in the community. This may include:

• Promoting development of committees/support structures (committees, interest groups, etc)

• Encouraging staff and volunteers working in prevention of avian and human flu to monitor and prepare reports about their activities

• Meeting frequently at the various levels to share monitoring information and using the information to develop improved activities

• Visiting communities often to participate in their activities to provide support and mentorship
INTRODUCTION
Development workers would like their messages disseminated widely to reach many people and catalyze the desired changes in behaviour. They know that the media can help them achieve their aims, but they are afraid to work with the media. Their organizations allow only a few senior people to deal with the media. But the authorized officials are themselves afraid to work with the media. They accuse the media of misreporting them, disseminating incorrect information, not approaching the right sources for information, exaggerating, causing panic and worsening the situation. Only a few countries reported developing good working relations with the media. Participants of the SPINAP communication workshops held between August and November, 2009 tabled the concerns about Working with the media for discussion.

LEARNING OBJECTIVES
By the end of this session participants should be able to:
• Describe the role and operations of the media
• Describe government operations with emphasis on the operations of the Ministries of Health and Departments of Veterinary Services
• Identify areas of possible conflict between the media and government departments
• Discuss the strategies that may be used to improve relations and collaboration between the media and government departments

PRESENTATION
What potential does the media have for supporting development and disease prevention activities?

The media has great potential for supporting development and disease prevention and containment efforts.

• Media have a very wide reach and reach areas where other forms of communication cannot reach
• Most people believe what appears in the media and this makes them very powerful in influencing people’s knowledge and beliefs
• Many people, especially younger people, model their behaviours on what they see in the media
• Media can, therefore, be a force for good but can also have a negative influence on the people
What is the business of the media?
The business of the media is to collect, package and disseminate information to meet people’s information, education and entertainment needs. The information must be collected fast to meet publication deadlines – daily, weekly, monthly or quarterly, depending on the frequency of the publication or the electronic media programme.

Media workers believe that people have a right to information and it is their responsibility to provide that information. They work under strict deadlines to provide the information.

How does the media work?
• Daily newspapers work on a 24-hour basis. There must be enough information to fill a newspaper every day, so journalists work under great pressure to ensure that there is enough information to ensure publication of the paper of the day
• Journalists do not have much information in any sector – including avian and human flu; it is the people working in the various sectors who have such information
• Media workers must collect the information from organizations with information and publish it within their deadlines
• They do not see why it should take so long to access information
• So they publish the information they have at any given time and add more – including corrections – as the story unfolds over several days
• The media does not have a long term information planning tradition and may not be enthusiastic about sending its staff to sit on re-current disease prevention planning meetings

And how do government departments and programmes approach their work?
• Government departments and programmes have a lot of information
• They want some of the information to go out and use diverse ways to get it out
• They know that the media can help them to get out the information but are afraid that the media sensationalizes and reports incorrectly
• Only a couple of designated people can give information to the media, but even the authorized officials have misgivings and negative ideas about the media
• So they try to avoid the media, making it difficult for the media to reach them
• The process of giving out information to the media is slow
• And the information given out is closely edited, often removing the details that the journalist would have liked a comment or information on.

How do the different objectives and work styles affect relations between the two sectors?
There is great potential for conflicts between the two sectors, and suspicion, misunderstandings and conflicts occur between the sectors often.

What is the way forward?
The way forward is for the two sectors to appreciate that they need each other and work to develop strategies for working together.

What strategies are needed?
The strategies should include the following:

1. Advocacy with media managers
   - Meet media managers individually or in groups to explain the issues and agree on the way forward. The discussion should include:
     - How the media can be involved in planning and implementation of activities
     - How the media will receive information
     - How to maintain contact with the media
     - Agreement on a media training and capacity building programme

2. Media education and capacity building
   - Develop an appropriate media training module
   - Provide training
   - During training agree on a continued contact programme

3. Improving access to information
It is difficult to maintain good relations between two agencies if they are not getting value out of the relationship. The media want information and programme departments want their messages disseminated correctly. Both parties must get what they need for the relationship to last. The relationship will be maintained if the programme department can:
   - Arrange regular briefings by authorized officials
   - Issue Press releases from time to time
   - Interest media in writing features on issues of interest
   - Designate a Media contact person who can obtain information and respond quickly to media inquiries
   - Let the media know about news points and leads to follow up
5 Develop materials to keep messages in the media
Media are always looking for interesting, informative and entertaining materials to publish and air. They may publish or air the materials in any of the following ways:
- As public service announcements (free of charge or at a fee)
- As paid advertisements
- To fill time slots that may have failed to receive the expected materials
- As a joint ventures between the media and the programme

Explore the possibilities available in your country and take advantage of them. Consider developing longer term materials that the media can air from time to time. Such materials may include the following:
- Special programmes and features
- Radio and television spots
- Advocating with various producers and columnists to feature the content of your programme in their programmes and columns
- Developing videos and DVDs that may be screened from time to time
Unit 22  Developing Partnerships with Line Ministries and Other Partners

INTRODUCTION
Virtually all countries receiving SPINAP funding have multi-sectoral taskforces managing their avian flu prevention interventions. Many of the committees start with enthusiasm, but soon slow down and become inactive. This session discusses these concerns and proposes what can be done to keep the partnerships strong and active.

LEARNING OBJECTIVES
By the end of this session, participants will be able to:
• State the factors that cause partnerships to become inactive
• Discuss the measures that can be taken to strengthen and sustain the partnerships

PRESENTATION
Why do we put together avian and human flu partnerships?
Programmes bring partners together to achieve the following:
• Improve collaboration and coordination
• Reduce overlap and duplication of efforts
• Ensure that the approaches and messages used by the various partners do not conflict, but complement each other instead
• Share the work and the financial burden
• Ensure that the available resources are used to the best advantage

What makes the partnerships slow down and become inactive?
Following are some of the factors that can make partnerships inactive:

Fatigue and skepticism: Countries have been preparing for prevention and containment of avian flu since the disease was declared in 2003, but the disease has not occurred in many of the countries. This has led governments and concerned organizations to wonder whether the disease will ever occur, and question the wisdom of continuing to spend money and time on preparations that may never be used. These doubts have reduced the initial enthusiasm.

Lack of active programmes: Many countries are yet to develop and implement robust avian and human flu prevention and containment IEC/BCC programmes that can hold the interest of partners.

Results: Partnerships tend to work through meetings. The initial meetings are usually well attended. Members sit and make decisions. But many of the decisions do not get implemented. In the absence
of results to show, members begin to wonder whether they should continue attending the meetings that do not produce results.

Funding: Avian and human flu prevention activities in most countries are under-funded. Shortage of funds makes it difficult to achieve results.

Level of partnership and implementation support: Avian and human flu partnerships in the region suffer status and credibility problems. The partnerships meet with little interest from senior officials and without a clear executive arm. Taskforces led by ministers and with secretariats to implement decisions have remained active for much longer.

Agencies interests: Different agencies have different ways of approaching issues and tasks. They come on the table with different agendas and seek individual recognition. And because the partnerships are usually managed at a low level, they fail to provide the leadership needed to negotiate the various interests and agree on the roles and collaboration mechanisms. The various partners feel frustrated and lose interest.

**What can be done to keep partnerships active?**

The following may be implemented to keep partnerships active:

- Request a high level leader, such as a minister, to chair or become a patron of the partnership
- Generate clear terms of reference of the coordinating mechanism (Taskforce), with the full participation of the partners
- Carry out KAP formative and baseline studies with the full participation of partners. The studies should help the partnership to establish a mutually agreed agenda.
- Involve partners in all the stages of planning
- Agree on a clear demarcation of responsibilities between partners
- Meet at reasonable intervals (e.g. monthly or quarterly) to oversee implementation
- Agree on a template for monitoring and reporting to the partnership
- Require the partners to report regularly on their activities and share reports by e-mail and during meetings
- Use participatory methods to facilitate committee meetings. Participatory methods promote partner participation and commitment
- Establish an executive unit to provide executive guidance, implement committee decisions and achieve results
- Organize high visibility activities that involve all partners from time to time. High visibility activities raise the programme profile and re-energize the partnership. Such activities could include joint BCC campaigns, cross border education programmes and joint programme assessments.
- Base decisions on quality data from monitoring and other sources.
Unit 23  Adapting Educational Materials

INTRODUCTION
The SPINAP programme has developed a set of print materials for use with the key audiences in avian and human flu prevention and containment. These materials were generated during the SPINAP workshops held between August and November, 2009. The materials will be made available to countries to use as they may find suitable. This session provides guidance on how the materials can be customized for use in the various countries.

LEARNING OBJECTIVE
By the end of this session, participants will be able to describe the material adaptation process.

PRESENTATION
What process is used to produce IEC/BCC materials?

The material development process includes the following steps:

- Review of programme documents and research materials to identify the key knowledge, attitude and behavioural gaps that need to be addressed
- Selection of priority behavioural issues to address
- Formative research to understand the selected issues better
- Drafting and illustrating materials. It is advisable to involve the target audiences and educators in this activity.
- Expert review and revision of the content and messages to ensure that the materials are technically correct
- Pretesting with the key audiences and educators followed by revision based on pretest results. This is usually done several times until the materials are brought to a level where they are well understood by both the audiences and the educators
- Preparing final ready-to-print artworks
- Printing
- Distribution

The process of material development can be long, tedious and expensive and requires highly trained professionals. The continent in general and influenza control programmes are short of such professionals.

Why do organizations sometimes produce materials in one country and use them in several countries?
Organizations sometimes develop prototype materials centrally to cut down on costs and make quality materials available to their affiliates, even if they lack the skills to develop them. For these reasons, SPINAP has developed prototype material to help country programmes accelerate implementation of the communication component of their programmes. The materials developed elsewhere may or may not be suitable for use in the receiving country.

**What should the receiving country do when it receives materials developed elsewhere?**

When the materials are received, the programme team receiving should review the materials and determine whether they are suitable for use in that country as they are or with revisions. Pretest the materials with the relevant target audiences to identify the areas that need revision and revise accordingly.

**What process can we use to do this?**

- Give the materials to technical people and subject specialists to review and make comments
- Distribute copies of the materials to the key professional staff, decision makers and IEC/ BCC committee members in your programme
- Call a meeting to discuss the suitability of the materials. Include the categories above in the meeting
- If the team is unanimous that the materials are good for use, make the materials available for use as they are
- If the materials are suitable for use but need only a few changes, such as substituting or only adding the government logo, identify a graphic artist who can make the changes
- If in doubt of the suitability of any of the materials, arrange for pretesting with the key audiences.

**What is the material pretest process?**

Material pretesting is the process of showing people materials that are not in their final version and inviting them to give their views about the materials with the aim of accommodating some of their views in the final materials. During pretesting representative target audiences are shown the materials and asked questions to guide their assessment of the materials. Annex Six gives a question guide that may be used to obtain views from the subjects involved in pretesting.

**Categories to pretest with**

Materials should be pretested with a selection of individuals from the following categories:

- Primary audiences, such as men, women and children – selecting from the categories for whom the materials are meant.
- Educators such as agriculture and veterinary field workers, community health workers, etc.
• Leaders and gatekeepers who will advise on the suitability of use of the materials in the community

Sample size
Pretesting is not full scale quantitative research and, therefore, need not be done on a large scale. It is, instead, a qualitative process that should be done on a small scale. Individual interviews with 10-15 individuals from each audience category and 2-3 focus group discussions with representative target audiences should be enough to give a good idea about audience comprehension and acceptance of the messages. Selection of pretest subjects should take in account age, gender, educational level and occupation. When pretesting materials for public education, it is best to select pretest subjects from the lower educational and income levels. It is safe to assume that if this category comprehends the messages, the better educated and more affluent categories can comprehend them even better.

Pretest settings and process
IEC/BCC efforts aim to inform, educate and promote practice of recommended behaviours among individuals and groups, so it is important to find out whether individuals from the key target groups understand and accept the messages. This may be done through individual interviews with target audiences or in focus group discussions. The process ideally starts with pretesting illustrations without words, pretesting text on its own and finally pretesting text and illustrations combined. This sequence ensures fair assessment of illustrations with minimum bias.

All guidelines for conducting interviews and focus group discussions should be observed during pretesting.

Discussion guides
Pretesting is a qualitative process that uses question guides. Sample question guides are at Annex Six.
Module VI  Supervision And Monitoring

Unit 24  Supervising Communication Activities
Time: 1 hour

INTRODUCTION
Many training programmes do not achieve the results they set out to achieve because they fail to put in place a plan for supporting participants to achieve results on the ground. This session discusses supervision as a tool for providing the needed support.

LEARNING OBJECTIVES
By the end of the session, participants will be able to:
- Define supportive supervision
- State why supportive supervision should be carried out
- State the components to focus on during supportive supervision in communication
- Discuss the effective supervision process
- Discuss the tools that can be used to conduct effective supportive supervision

PRESENTATION
What is supervision?
Supervision may be defined as the visits paid to an area of activity by superiors and people with special skills to view the activities and give an input designed to improve performance.

Why should we supervise?
Supervision is an essential component of continuous training and programme improvement, and not an opportunity to catch wrong doers or staff who do not do their work well. Supportive supervision involves:
- Showing interest in work by paying visits to programme offices and sites
- Working with staff and volunteers to review work and identify strengths and challenges
- Discussing findings and reaching consensus on how the programme can be strengthened

What should we supervise?
Different professionals visit to look at different aspects of a project. The aspects may include management and institutional arrangements, plans, strategies and approaches, staff and volunteer performance, programme results, equipment and supplies or financial management. Supervision in IEC/BCC focuses on the following:
- Activity implementation schedules
- Involvement of local groups and community networks
- Quality of message dissemination and interpersonal communication
- Distribution and utilization of IEC/BCC materials
• Staff and volunteer knowledge, attitudes and skills
• Interim effects of messages on knowledge, attitudes and practices/behaviours (KAP)

**What process can be used to supervise effectively?**

The following process should achieve good supervision results:

Before a supervision visit
• Inform the people/station to be supervised about the intention to make a supervision trip
• Gather information about the situation to be supervised and the activities that take place there

**On arrival at the field office/station**
• Receive a briefing from staff
• Agree on the areas to visit
• Look at reports and records at the station as necessary

**In the field/project site**
• Observe activities and ask questions to understand the operations and issues
• Take notes, including notes on the ideas that may come to mind as you receive explanations

**Back in the field office**
• Hold discussions with staff to seek clarifications and discuss findings
• Discuss how to address identified issues and agree on the way forward

**Back in the office**
• Prepare a report
• Have the report discussed and the course of action agreed upon
• Communicate the course of action to the station supervised
• Stay in contact with the station to provide continuous support for implementation
• If similar issues come from different stations, the organization may need to consider a general organization-wide response to the issues

**What tool can be used to supervise?**

A supervision checklist should help to improve supervision. A sample communication checklist is at Annex Five.
INTRODUCTION
Monitoring is the weakest activity in on most projects. In the absence of monitoring information, we implement activities in the dark, without knowing what works and what does not work. Communication activities should be monitored continuously throughout the life of the project to track implementation of planned activities and assess the effect of messages, materials and other inputs.

LEARNING OBJECTIVES
By the end of this session participants will be able to:
• State why we should monitor communication activities
• Discuss the key components to be monitored in communication
• Discuss the methods that may be used to collect monitoring data
• Discuss communication monitoring templates

PRESENTATION
Why should we monitor communication activities?
Communication focuses on increasing knowledge and promoting positive attitudes and behaviours. This is one of the most difficult job to do. And there are no set formulae for doing this, so we need to monitor our approaches to see whether they are working or not, and make the adjustments that will improve their effectiveness.

What should we monitor in communication
Key areas to monitor in communication include the following:
Implementation schedules
• Are planned programme activities being implemented according to set schedules?
• If no, why not?
• Are materials distributed and used as planned?

Electronic media broadcasts and print media
• Are media materials (print, radio and TV) being published/broadcast according to the planned schedules?
• What other related materials have been broadcast or published by other organizations or individuals as a result of our publicity?

Distribution of IEC/BCC materials
• What quantity of material was printed or received?
• How were the materials distributed?
• Who received the materials?
• How are the materials being used
• With what effect?

**Interpersonal communication**
• Are communication activities taking place in the community/on farms, etc?
• How effectively are the messages given?
• Are the methods used interactive?
• What is the quality of the interpersonal communication?
• Are the audiences receiving the key messages that they should receive during interpersonal interactions?
• Are the audiences satisfied with the way they are getting the messages?

**Involvement of community networks**
• How many local groups have integrated avian and human flu content in their activities?
• Are there support groups which promote avian and human flu communication in the community?
• Are there other groups that could be involved in disseminating the information?
• What types of groups are they?
• Where are they located?
• What methods are they using to disseminate messages?
• How are they managed?
• How are they viewed and received by community members?
• What has been the effect of the messages they disseminate?

**Interim effects of programme interventions**
• What do people think about the messages they are getting from the programme?
• Do they understand the messages?
• Do they accept or reject the messages?
• Do they think it is possible or impossible to implement the recommended behaviours?
• Do they find it easy or difficult to implement the messages?
• If difficult, what help/support do they need to implement the messages?
• Are any changes taking place in knowledge, attitudes or behaviour among the target audiences as a result of these efforts?
• If yes, what kind of changes?
• Are the changes negative or positive?
• If negative, what should we do to improve the campaign?
What methods can we use to collect monitoring information?

Following are some of the methods that may be used to collect monitoring information. Select and customize the method that suits your information collection needs.

1. Periodic review of programme documents (such as work plans, monthly/quarterly reports, etc.).
2. Regular audit of materials at representative distribution points to find out the quantities of materials issued, who gets the materials, how the materials are used, and what people think about the materials.
3. Spot checks at public and other places where members of the target audiences go to see if audiences remember hearing or seeing the messages in the media, on notice boards, etc.
4. Central location intercept interviews to ask about target audiences' perceptions of campaign slogans and key the messages
5. Observation at appropriate points, such as farms, poultry markets and households
6. Exit interviews with individuals coming from communication encounters
7. Interviews with people working in the programme, target audiences and key informants
8. Focus group discussions to assess what the people think about the message, the steps they are taking to implement the recommended practices, the difficulties they may be experiencing and how they are addressing them.
9. Regular field trips to demonstration sites to check on availability of products and supplies
10. Hiring the services of media monitoring companies to monitor the print and electronic media

What templates can we use to collect monitoring information routinely?

Annex Four presents sample templates that may be used to collect routine communication monitoring information. The template may be modified to suit user needs.
INTRODUCTION
People attend workshops to learn and get the new ideas that they can use to improve their work. They need to be supported to think about how they can use what they have learnt when they get back to their stations. The vision on field application of what has been learnt in a workshop is best captured in a plan of action. The template below may be used to develop a plan of action.

LEARNING OBJECTIVES
By the end of the session, country teams will be able to identify the target audiences that need avian and human flu communication training in their countries and recommend the kind of training they need.

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<tr>
<th>Category</th>
<th>Training objectives</th>
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<th>Content outline</th>
<th>Course duration</th>
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RECURRING ACTIVITIES IN COUNTRY TRAINING PLANS
During the SPINAP trainers’ workshops that were held in November, 2009, participants worked in country groups to develop draft country training plans. The recurring activities in the plans include the following:

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<thead>
<tr>
<th>LEVEL</th>
<th>CATEGORIES PROJECTED FOR TRAINING</th>
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<td>Process facilitators &amp; educators</td>
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<td>National level</td>
<td>-National trainers</td>
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<td>-Key communication specialists</td>
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<td>(animal and human health)</td>
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<td>-Media workers</td>
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<td>-National taskforce members</td>
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<td>District/Regional</td>
<td>-Provincial/district TOTs</td>
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<td>-Communication focal persons</td>
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<td>environmental health officers and assistants</td>
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<td>-District health management teams</td>
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<td>Community/ farm</td>
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<td>Institution level</td>
<td>-Officers in charge of health facilities</td>
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<td>-School heads and teachers</td>
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<td>-Medical officers</td>
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Unit 27  Recommendations And Next Steps

Participants make many suggestions throughout a workshop. Facilitators should make arrangements to take note of the suggestions as they come, and make the suggestions available for evaluation at the end of the workshop. Establishing a “parking lot” on the flipchart may be a good way to capture and store these contributions. These contributions should be reviewed and more added as necessary to make final recommendations and next steps.

Unit 28  Post Workshop Questionnaire

At the end of the workshop, it is good practice to assess the extent to which participants have learnt the workshop content. It is equally important to find out how they found the workshop process. A post-workshop questionnaire should, therefore, include the two sections. A sample post workshop questionnaire with the two sections is at Annex Seven. The questions on it are based on the course described in this manual.

Unit 29  Closing

The workshop closing session provides an opportunity to reinforce the importance of the workshop, thank participants for attending, encourage them to apply what they have learnt and inform them of the support they can expect if such support exists. The occasion may also be used to respond to the questions that may have arisen during the proceedings but were not addressed adequately. The senior official invited to make closing remarks should be adequately briefed to make the relevant remarks.
## Annex One: Draft TOT Timetable

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### Day 1: Opening Session
- Welcome
- Pre-workshop questionnaire
- Introductions and opening

### Day 2: Strategies and Activities
- Objectives
- Timetable
- Ground rules
- Official opening

### Day 3: Session 13: How to use educational materials
- Issues in facilitation

### Day 4: Session 19: Facilitating training and community sessions
- Preparing with communities

### Day 5: Session 26: Training Plan of Action
- Post workshop

### Session 7: Behavioural analysis
- Behaviour analysis

### Session 8: Messages
- Behaviour to promote

### Session 9: Developing a Lesson Plan
- Role play

### Session 10: Adult learning
- Facilitating training and community sessions

### Session 11: Teaching methods and facilitation
- Facilitating training and community sessions

### Session 12: Teaching methods
- Role play

### Session 14: Developing a lesson plan
- Role play

### Session 15: Developing a Lesson Plan
- Role play

### Session 16: Role play
- Role play

### Session 17 & 18: Facilitating training and community sessions
- Role play

### Session 20: Working with communities
- Role play

### Session 21: Working with the media
- Role play

### Session 22: Closing
- Role play

### Session 23: Monitoring
- Role play

### Session 24: Supervising
- Role play

### Session 25: Communication activities
- Role play

### Session 26: Training Plan of Action
- Role play

### Session 27: Recommendations and Next Steps
- Role play

### Session 28: Post-workshop
- Role play

### Session 29: Closing
- Role play
## Annex Two: Communication Strategy Matrix

<table>
<thead>
<tr>
<th><strong>Strategy</strong></th>
<th><strong>Target Audience</strong></th>
<th><strong>Activities</strong></th>
<th><strong>Action by</strong></th>
<th><strong>Monitoring Indicators</strong></th>
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<tr>
<td><strong>NATIONAL LEVEL</strong></td>
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<tr>
<td>Strengthen the efficient management of communication activities</td>
<td>Bird flu/H1N1 Taskforce</td>
<td>Identify a small communication core team (from vet and human health)</td>
<td>- Taskforce/IEC committee - Ministry of Agriculture and Livestock Ministry of Health</td>
<td>Communication core team named and allocated working space and equipment</td>
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<td>Identify communication spokesperson(s)</td>
<td>- Taskforce/IEC committee - Partner agencies</td>
<td>Name(s) of spoke persons announced</td>
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<td>Provide on-the-job orientation training for the team</td>
<td>- Taskforce/IEC committee - Communication core team</td>
<td>Capacity building programme developed &amp; implemented</td>
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<td>Develop TOR &amp; work procedures for communication core team</td>
<td>- Taskforce/IEC committee - Communication core team</td>
<td>TOR &amp; work procedures developed and shared</td>
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<tr>
<td>Enlist the support of high level managers and policy makers and leverage additional funding</td>
<td>Permanent secretaries/directors from collaborating ministries &amp; national institutions; MPs from pertinent parliamentary committees</td>
<td>Hold a meeting to discuss HPAI/H1N1 preparedness plans and funding needs &amp; agree on way forward</td>
<td>- Taskforce/IEC committee - Communication core team</td>
<td>Meeting report &amp; action points available and circulated</td>
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<td>Circulate quarterly e-newsletter to participants &amp; other pertinent leaders</td>
<td>- Communication core team</td>
<td>Number of newsletters sent out</td>
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<td>Hold half-yearly briefing meetings for managers and policy makers</td>
<td>- Taskforce/IEC committee - Communication core team</td>
<td>Number of meetings held &amp; minutes available</td>
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<tr>
<td>Mobilize and maintain inter-sectoral participation</td>
<td>Partner agencies</td>
<td>Hold a partners’ meeting to define roles, collaboration/coordination mechanisms</td>
<td>As above</td>
<td>Minutes developed and circulated</td>
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<td>Encourage partners to collect and share quality monitoring information for decision making</td>
<td>As above</td>
<td>Monitoring information by various participating agencies shared regularly</td>
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<td>Hold regular meetings to share &amp; enhance coordination</td>
<td>As above</td>
<td>At least 4 IEC sub-committee meetings held a year</td>
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<td>Strategy</td>
<td>Target audience</td>
<td>Activities</td>
<td>Action by</td>
<td>Monitoring indicators</td>
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<tr>
<td>Enlist the support of media and promote informed, effective reporting on AI</td>
<td>Managers of media houses</td>
<td>Hold a meeting to brief media managers and agree on collaboration modalities</td>
<td>-Taskforce/IEC committee</td>
<td>Meeting held and minutes available</td>
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<tr>
<td>Electronic and print media Journalists</td>
<td>Provide training on bird flu/H1N facts and reporting skills</td>
<td>-National TOTs -Communication core team</td>
<td>Number of courses conducted</td>
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<td>Arrange regular Press briefings/releases as new developments occur</td>
<td>-Communication core team -Spokespersons</td>
<td>Number of Press briefings and Press releases</td>
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<tr>
<td>Invite journalist to report on bird flu/H1N, generate &amp; publish features</td>
<td>-Communication core team</td>
<td>Number of articles/programmes in print and electronic media</td>
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<td>Assist journalists to gain timely access to AI information</td>
<td>-Communication core team</td>
<td>Turn round time to information request by journalists</td>
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<td>Implement an AI campaign in the media and maintain a hotline</td>
<td>General public</td>
<td>Disseminate messages on radio, TV, newspapers and magazines (see materials below for details)</td>
<td>-Communication core team</td>
<td>Number of radio/TV adverts and programmes; Number of articles in the press</td>
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<tr>
<td>Carry out regular media monitoring and respond to rumours and information needs</td>
<td>-Communication core team</td>
<td>Media monitoring reports Turn round time for responding to rumours and information needs</td>
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<td>Establish and maintain a hotline (during an outbreak)</td>
<td>-Communication core team -Individuals manning hotline</td>
<td>Quality of information and customer satisfaction</td>
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<td>Build national capacity to train and manage bird flu/H1N communication</td>
<td>Identified trainers from government and partner agencies</td>
<td>Conduct a TOT for national trainers, facilitators and mentors -Communication core team -IEC Committee -Consultant(s)</td>
<td>Number of trainers trained</td>
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<td>Strengthen message dissemination at border points</td>
<td>Border point immigration, customs, police officers and international travelers</td>
<td>Provide communication training to officers manning border points -Communication core team -National TOTs</td>
<td>Number of officers trained/border points with trained officers</td>
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<td>Strategy</td>
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<td>Activities</td>
<td>Action by</td>
<td>Monitoring indicators</td>
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<td><strong>PROVINCIAL/DISTRICT LEVEL</strong></td>
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| Facilitate planning and implementation of communication activities in the provinces/districts | Key national and Provincial/district veterinary/human health managers, NGO leaders, administrators and key community leaders | Hold a meeting with the key officers and leaders to agree on provincial/district implementation modalities | -Communication core team  
- Ministries of Health and Livestock  
- Provincial Administration | Meeting held and minutes made available |
| Provincial/district veterinary/human health managers, NGO/community Administration community leaders | Hold a series of provincial/district information and planning meetings | -Communication core team  
- Some national TOTs | Meetings held and provincial/district planning documents developed |
| Develop provincial/district capacity to implement bird flu/H1N1 communication activities | As above | Mobilize partners and establish provincial/district and lower level bird flu/H1N1 committees | Provincial/district veterinary/human health managers, NGO/community leaders | Appropriate bird flu/ H1N1 committees established |
| Provincial/district TOTs and managers of bird flu/H1N1 activities | Hold provincial/district communication TOTs | National TOTs | Number of TOTs  
Number of course & participants |
| Establish teams/individuals to facilitate provincial/district communication activities | | Provincial/district committees, partners & line ministries | Officers responsible for facilitating communication activities named & released/supported to do so |
| Develop work procedures and collaboration processes, including agency roles and responsibilities | | -Provincial/district committees  
- Managers of bird flu/H1N1 activities | Written work procedures developed |
| **PROVINCIAL/DISTRICT LEVEL continued** | | | | |
| Provide support for community planning and implementation of bird flu/H1N1 communication activities | -Officers facilitating communication activities  
-Provincial managers of bird flu activities and TOTs | Reports on lower level planning, training and supportive supervision |
<p>| Monitor bird flu/H1N1 communication | Officers facilitating communication activities | Monitoring reports written |</p>
<table>
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<tr>
<th>Provide support to IEC/BCC activities and promote coordination and sharing</th>
<th>Extensions workers, community health workers, Community and group leaders</th>
<th>Carry out supervision and mentoring visits</th>
<th>Managers of bird flu/H1N1 activities in provinces/districts</th>
<th>Number of supportive supervision visits and reports</th>
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<tbody>
<tr>
<td>Partners and stakeholders</td>
<td>Prepare regular reports of activities carried out (based on reports from lower levels) and share with partners</td>
<td>Officers responsible for bird flu/H1N1 communication activities</td>
<td>Number of reports prepared</td>
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<td>Convene regular meetings of stakeholders to discuss reports, address issues and develop new strategies</td>
<td>Officers responsible for bird flu/H1N1 communication activities</td>
<td>Number of stakeholder meetings</td>
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**COMMUNITY, FARM AND HEALTH FACILITY LEVELS**

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<tr>
<th>Advocate with communities to plan and implement IEC and BCC activities</th>
<th>Administrators, key community leaders, animal and human health leaders, farmers’ and poultry associations</th>
<th>Convene meetings to inform leaders about bird flu/H1N1 and agree on the way forward</th>
<th>Officers managing bird flu/H1N1 in the provinces/districts and facilitators</th>
<th>Number of meetings held Number of leaders attending Consensus reached</th>
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<tr>
<td>Provide training to key community leaders in content &amp; communication skills</td>
<td>Community leaders</td>
<td>Leaders’ training workshops</td>
<td>Provincial/district TOTs</td>
<td>Number of training sessions and participants</td>
</tr>
<tr>
<td>Carry out effective animal health IEC/BCC activities</td>
<td>Officials of farmers’ and poultry associations</td>
<td>Hold workshops to provide training on bird flu content, IEC/BCC strategies and skills</td>
<td>National and provincial/district TOTs</td>
<td>Number of courses and officials trained</td>
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<th>Strategy</th>
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<th>Activities</th>
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<tr>
<td><strong>COMMUNITY, FARM AND HEALTH FACILITY LEVELS continued</strong></td>
<td>Veterinary, animal production &amp; agriculture extension workers</td>
<td>Hold workshops to train extension workers on AI content and skills for facilitating bird flu IEC/BCC activities among farmers</td>
<td>National and provincial/district TOTs</td>
<td>Number or courses and officials trained</td>
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<td>Poultry farmers, traders, transporters,</td>
<td>Carry out IEC/BCC throughout the poultry value chain</td>
<td>Veterinary, animal production &amp; agriculture</td>
<td>Number or people reached, information needs identified</td>
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<td>Slaughterers</td>
<td>Extension workers</td>
<td>Number of courses and people trained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>------------------</td>
<td>-----------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry out effective human health IEC/BCC activities</td>
<td>District and facility based health workers responsible for IEC/BCC activities</td>
<td>Hold workshop to provide training on IEC/BCC skills in bird flu/H1N1</td>
<td>National and provincial/district TOTs</td>
<td></td>
</tr>
<tr>
<td>Various cadres of community health workers</td>
<td>As above</td>
<td>National and provincial/district TOTs</td>
<td>Number of courses and people trained</td>
<td></td>
</tr>
<tr>
<td>Health facility clients, community members, community groups, households</td>
<td>Carry out IEC/BCC at health facilities and in the community</td>
<td>Various cadres of community health workers</td>
<td>Number of people reached</td>
<td></td>
</tr>
<tr>
<td>Carry out bird flu/H1N1 IEC/BCC activities in schools</td>
<td>Head teachers and education officers</td>
<td>Hold meetings to provide briefing on bird flu/H1N1 and agree on how IEC/BCC activities will be carried out in schools</td>
<td>Officers managing bird flu in provinces/districts and facilitators</td>
<td></td>
</tr>
<tr>
<td>Teachers identified to carry out IEC/BCC activities in schools</td>
<td>National and provincial/district TOTs</td>
<td>Number of meetings held, officials attending and consensus reached</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School pupils and teachers</td>
<td>Carry out IEC/BCC activities in schools</td>
<td>Teachers identified to carry out IEC/BCC activities in schools</td>
<td>Number of schools carrying out AI IEC/BCC activities</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Target audience</th>
<th>Activities</th>
<th>Action by</th>
<th>Monitoring indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide support to IEC/BCC activities and promote coordination and sharing</td>
<td>Stakeholders and programme managers</td>
<td>Prepare regular activity reports and share with supervisors (district or health facility)</td>
<td>Animal health extension workers, community health workers, teachers</td>
<td>Number of reports made</td>
</tr>
<tr>
<td>Convene regular meetings of stakeholders to discuss reports and develop new strategies</td>
<td>Committees at the various levels</td>
<td>Number of stakeholder meetings</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annex Three: Message Framework

### MESSAGE FRAMEWORK FOR H5N1 AND H1N1 COMMUNICATION

#### A. GENERAL MESSAGES FOR REVENTION AND CONTROL OF FLUS

These messages should treat influenza as a common illness with similar modes of transmission and prevention, and answer the following questions:

- What is flu?
- What are the signs and symptoms of flu?
- How do people get flu?
- Is flu a serious disease?
- How can I know that the flu I have is ordinary or dangerous?
- What is bird flu?
- What is the H1N1 flu?
- Can I get infected with the H1N1 flu if I eat pork?
- How can I protect myself and other people from flu? (hand washing, sneezing and coughing etiquette, social distancing, care of the sick, general hygiene and following official/professional advice)

A write-up with the message content is at Annex One

#### B. MESSAGES FOR CONTROL AND CONTAINMENT OF AVIAN FLU

<table>
<thead>
<tr>
<th>Audience</th>
<th>Key messages</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>General public and poultry</td>
<td>- Buy and eat only healthy poultry</td>
<td>- Radio/TV spots</td>
</tr>
<tr>
<td>consumers</td>
<td>- When buying slaughtered poultry, ensure that it is inspected and stamped</td>
<td>- Skits for community</td>
</tr>
<tr>
<td></td>
<td>- Report to a veterinary or government officer when you see a sick bird or</td>
<td>theatre &amp; road shows</td>
</tr>
<tr>
<td></td>
<td>poultry that is sick or has died of unknown causes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Wash hands with soap and water after touching poultry or poultry products</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Wash knives and utensils used to prepare poultry with soap and water</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Bury or burn to ashes poultry blood, left over parts and birds that have</td>
<td></td>
</tr>
<tr>
<td></td>
<td>died of unknown causes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cook poultry, birds and eggs well before eating</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- When eating out, insist on well cooked poultry and poultry products</td>
<td>- Brochures</td>
</tr>
<tr>
<td>Free range</td>
<td>- Buy healthy poultry only</td>
<td>- Skits for community</td>
</tr>
<tr>
<td>poultry keepers</td>
<td>- Keep poultry separate from human dwelling houses</td>
<td>theatre and road shows</td>
</tr>
<tr>
<td></td>
<td>- Isolate new birds for 2 weeks before mixing with the old flock</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Report to a veterinary or government officer when you see a bird or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>poultry that is sick or has died of unknown causes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Sell only healthy poultry</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Avoid treating sick poultry at home — seek the help of a veterinary officer</td>
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</tr>
<tr>
<td></td>
<td>instead</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Wash hands with soap and water after touching poultry or poultry products</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Compost poultry droppings before you sell or use as manure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Bury or burn to ashes birds that have died of unknown causes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cook poultry and poultry products thoroughly before serving to guests</td>
<td></td>
</tr>
</tbody>
</table>

### MESSAGES FOR CONTROL AND CONTAINMENT OF AVIAN FLU

<table>
<thead>
<tr>
<th>Audience</th>
<th>Key messages</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>- Separate poultry according to species and age</td>
<td>- Booklets</td>
</tr>
<tr>
<td>poultry farmers and workers</td>
<td>- Restrict non-farm workers from entering the farm</td>
<td>- Brochures</td>
</tr>
<tr>
<td></td>
<td>- Place footbaths at entry points to the farm and poultry houses</td>
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<tr>
<td></td>
<td>- Wear protective materials when handling sick poultry</td>
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<tr>
<td></td>
<td>- Clean and disinfect feeders and watering equipment after use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Wash hands with soap and water after touching poultry or poultry</td>
<td></td>
</tr>
<tr>
<td>Audience</td>
<td>Key messages</td>
<td>Materials</td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
<td>-----------</td>
</tr>
</tbody>
</table>
| Restaurant owners & workers | ✓ Buy poultry from licensed dealers only  
✓ Buy and slaughter only healthy poultry  
✓ When buying slaughtered poultry, ensure that it is inspected and stamped  
✓ Cook poultry and poultry products thoroughly before serving to guests | Brochures |
| Children | • Avoid handling poultry  
• Use a separate sleeping place away from the poultry sleeping area  
• Avoid touching sick poultry or poultry which has died of unknown causes  
• Report to your parent or teacher when you see a sick bird or poultry that is sick or has died of unknown causes | Story/comic books  
Booklets  
Skits  
Brochures |
. Wash hands with water and soap after:
  --- Handling, slaughtering or preparing poultry or wild birds for cooking
  --- Cleaning the poultry house or touching poultry droppings
  --- Handling eggs
  - Cook/roast chicken and wild bird meat or parts thoroughly before eating

**MESSAGE DURING AN AVIAN FLU OUTBREAK IN HUMANS**

Communication initiative will emphasize the following messages during an outbreak in human beings:

✓ Stay away from poultry
✓ Cook poultry, eggs and other poultry products well before eating
✓ Stay away from people with flu-like symptoms, especially if they have been in contact with sick poultry
✓ Stay at home if you can
✓ Avoid crowded areas
✓ Stay at least a metre a way from somebody with colds and cough or is sneezing
✓ Avoid touching the mouth and eyes
✓ Close your mouth when sneezing
✓ Wash hands with soap and water as often as possible, especially after:
  ... Handling, slaughtering or preparing poultry or wild birds for cooking
  ... Cleaning the poultry house or touching poultry droppings
  ... Handling eggs
✓ Seek care at health facility if you experienced flu-like symptoms after contact with sick poultry or birds

**C. MESSAGE FOR CONTROL AND CONTAINMENT OF H1N1**

**Wash hands with soap and water frequently especially when:**

✓ Coughing and sneezing
✓ Shaking hands with people who have flu-like symptoms
✓ Handling poultry and poultry products
✓ Cleaning the poultry house or touching poultry droppings
✓ Slaughtering and preparing poultry for cooking

**Maintain high standards of hygiene**

✓ Avoid touching your eyes, nose and mouth. Your hands could be carrying flu viruses
✓ Clean common items used in the house with water and soap or wipe with a household disinfectant. (The objects to clean may include tables, telephones, key boards, door handles, clothing, bedside tables, kitchen counters and baby toys)

**MESSAGE FOR CONTROL AND CONTAINMENT OF H1N1 (CONTINUED)**

**Keep your distance**

✓ Avoid crowded areas, such as markets, public meetings and entertainment places
✓ Keep away from people with flu-like symptoms, especially if you have other health problems or you are pregnant.
  Flu can complicate your condition.
✓ Keep at least one metre away from a person with flu-like symptoms
✓ Stay home if you are sick with flu-like symptoms to avoid infecting other people

**Cover your mouth and nose when coughing and sneezing**

✓ Sneeze in your sleeves or in a tissue and throw the tissue in the waste basket.

**Separate people who are sick with flu-like symptoms**

✓ Keep a person sick with flu-like symptoms away from other people if you can.
✓ Keep open the windows in the room with a person with flu-like symptoms
✓ Remind the sick person to cover his/her mouth and nose when coughing and sneezing

**Follow government advice**

✓ Follow the advice given by the government and health officials on how to prevent the H1N1 flu
Annex Four: Sample Monitoring Templates

### SPINAP PROGRAMME
#### MONTHLY ACTIVITY MONITORING

<table>
<thead>
<tr>
<th>Reporting period:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned activity</td>
<td>Planned impl date</td>
</tr>
<tr>
<td>Done/not done</td>
<td>Attendance</td>
</tr>
<tr>
<td>Explanation/comment</td>
<td>Recommendation/next steps</td>
</tr>
</tbody>
</table>

**Comments**

**Data source:** (1) Plan of Action (2) Activity records

Activities may be grouped in categories such as mass media, community activities & traditional/local media, poultry farmers and traders, border points, schools, place of work, advocacy, social mobilization (partnership building), management and coordination, training and capacity building.

### Community participation and local/traditional media

<table>
<thead>
<tr>
<th>SPINAP PROGRAMME</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY PARTICIPATION AND LOCAL/TRADITIONAL MEDIA MONITORING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporting period:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups disseminating</td>
<td>Al messages</td>
</tr>
<tr>
<td>Last report period</td>
<td>This report period</td>
</tr>
</tbody>
</table>

**Data source:** Reports from the field. **NOTE:** This report is for use at all levels — national/provincial/village
Distribution of educational materials

<table>
<thead>
<tr>
<th>SPINAP PROGRAMME DISTRIBUTION OF EDUCATIONAL MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting period:</td>
</tr>
<tr>
<td>Opening Quantities:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Additional received:</td>
</tr>
<tr>
<td>Total:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Station</th>
<th>Material / title</th>
<th>Quantity distributed</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Data source: Records kept and reports made from all levels. **NOTE:** This for is to be used at all levels

Interim effects

<table>
<thead>
<tr>
<th>SPINAP PROGRAMME TRACKING INTERIM EFFECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key messages and materials</td>
</tr>
<tr>
<td>Activities/process used to distribute/ disseminate</td>
</tr>
<tr>
<td>Audience comprehension/acceptance &amp; ownership</td>
</tr>
<tr>
<td>Comments and recommendations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MATERIALS</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>MESSAGES</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>OVERALL ASSESSMENT/COMMENTS</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

Data collection: (1) Reports from the field (2) Observations in the field (3) Focus group discussions (4) Intercept interviews (5) Questions/discussions on hotline and phone-in media programmes (6) Questions/discussions during community meetings (7) Remarks/questions/discussions after folk media presentations. Taking advantage of these opportunities calls for interest and note taking.

The information gathered should be used at source to improve local approaches, and shared up the ladder to improve overall programme strategies.
Annex Five: Sample Supportive Supervision Checklist

Activity implementation
- Does the station have a plan?
- What are the planned activities and implementation timeframe? Activities may be:
  - At the district/provincial levels
  - In the community
  - On farms
  - Along the poultry value chain (among traders, in markets, in poultry transport systems, etc)
  - In households
  - In schools
  - In hotels and in eating houses
  - Were the activities implemented on schedule?
  - If not, why not?

Look at the activities sector by sector. If there is a sector without activities, discuss whether activities need to be developed for that sector or not.

Involvement of local groups and community networks
- How have you organized your IEC/BCC activities in the field?
- How many organizations and local groups are involved in disseminating messages and supporting behaviour change activities?
- What activities are they involved in?
- What have been the successes and challenges in this area?

Quality of message dissemination and interpersonal communication
- How are IEC/BCC conducted in the various settings – the community, farm, schools?
- Are the methods used two way and interactive or are they one way and deductive?
- How have the audiences reacted to these approaches?
- What could be done to further improve the quality of communication?

Staff and volunteer knowledge, attitudes, skills and performance
- How are staff and volunteer knowledge, attitudes and skills for disseminating IEC/BCC messages and providing support for behaviour change?

<table>
<thead>
<tr>
<th>AREA</th>
<th>ACTIVITIES</th>
<th>STRENGTHS</th>
<th>CHALLENGES</th>
<th>RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitudes/commitment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for behavioural change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Distribution and utilization of IEC/BCC materials

- Do you use IEC/BCC materials in your work?
- Where do you get the materials from?
- How do you distribute the materials? (Do you keep any records? Can I look at the records?)
- How are the materials used?
- How have the people reacted to the materials?
- How have the people reacted to the messages and materials?

Interim effects of messages on knowledge, attitudes and practices/behaviours (KAP)

- What do people think about the messages they are getting from the programme?
- Do they understand the messages?
- Do they accept or reject the messages?
- Do they think it possible or impossible to implement the action being proposed in the messages?
- Do they find it easy or difficult to implement the messages? If difficult, what help/support can help them to act positively on the messages?
- Are any changes taking place in knowledge, attitudes or behaviour among the target audiences as a result of these efforts?
- If yes, what kind of changes?
- What should we do to improve practice of the recommended behaviours?

Back in the field office

Discuss the following questions:

- What have been your successes?
- What challenges do you face?
- What can be done to improve the situation?
- What additional support is needed to improve your work?

NOTE: This supervision guide is very detailed and may be edited to reduce detail fit the needs of the various programmes.
Annex Six: Sample Pretest Question Guide

1  ILLUSTRATIONS ONLY
Show the illustration and ask:

• What can you see in this illustration?
• What message does it convey?
• Is there anything in this picture that:
• You do not like?
• Offends you?
• Would offend anybody you know?

Disclose the message that the illustration was intended to convey and ask:
• How could the illustration be improved to communicate the message better?

2  WORDS ONLY
Give the individual the text to read aloud, a few words or paragraphs at a time. Note the words that the person subject is finding it difficult to read. At every stop prompt as follows:

• State what the passage is saying in your own words
• Are there any words you do not understand?
• What is the meaning of (the word the subject stumbled on)? (Ask the question several times if the subject stumbled on more than one word).
• If the subject does not know the meaning of a word, tell him/her the meaning and ask: What easier word can we use instead?

3  COMBINED WORDS AND ILLUSTRATIONS
Text
• Please look at this pamphlet section by section. Read out the words aloud and tell me in your own words what the words mean
• What is the meaning of (the word the subject stumbled on)?

Illustrations
• What do you see in the illustration?
• What message does the illustration give?
• Do the words and the illustration tally?
Integrated message
• What message is the whole pamphlet conveying?
• Is it easy or difficult to get the message?
• What can we do to make it easier for people to get the message?

Feasibility of implementation
• Is it easy or difficult to put this message in practice?
• Please explain what would make it difficult to put the message in practice

Personal reaction
• Is there anything in this pamphlet that you disagree with?
• Is there anything in the pamphlet that you particularly like?
• Is there anything in the pamphlet that you do not like?

Relevance
• What type of person is this pamphlet good for?
• Is the pamphlet good for somebody like you?

Educational value
• Did you learn anything new in this pamphlet?
• If yes, what did you learn?

How the pamphlet can be improved

Please suggest any other improvements that could make the messages in this pamphlet clearer
Annex Seven: Pre And Post Workshop Questionnaires

(i) PRE WORKSHOP QUESTIONNAIRE

Influenza
1. What is a pandemic flu?
2. Avian and human flu communication is sometimes referred to as risk communication.

Why?
3. Name 3 routes of flu transmission
4. Name 3 ways we can use to protect ourselves from flu

Strategies
5. Name at least 3 levels of planning avian and human influenza communication activities

Communication
6. Many people know what they can do to protect themselves from diseases, but do not do those things. Name three common barriers to practicing the correct behaviours.
7. Change agents do much work, but often do not achieve as much as they could. List at least 2 shortcomings that lead to this underachievement?

Learning
8. Name at least 3 factors that differentiate adult learning from learning by children

Facilitation
9. Should an adult educator teach or facilitate?
10. Name 3 differences between a teacher and a facilitator
11. Name three skills that an adult educator needs to have

Lesson planning
12. Name at least 4 items that go into a lesson plan

Educational materials
13. Name at least 3 steps in using educational materials in a learning session

Working with communities
14. Name at least 2 reasons why we work with communities?

Supervision
15. Name at least 3 steps that we need to take in order to carry out effective supportive supervision

Monitoring
16. What should we monitor in communication activities?

(ii) POST WORKSHOP QUESTIONNAIRE

Section I
Questions asked in the pre-workshop Questionnaire
Section 2

Please rate the workshop on the scale of 1 to 10 guided by the table below.

<table>
<thead>
<tr>
<th>1. Were objectives achieved?</th>
<th>Excellent</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review country communication strategies</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Build consensus on the content of a AI communication strategy</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Commence the process of refining country communication strategies to be finalized on returning home</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Identify the key target audiences to reach with IEC/BCC interventions</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Determine the key messages and materials to develop</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Draft messages and materials</td>
<td>5</td>
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<tr>
<td>Discuss and recommend activities to enhance national and regional coordination, collaboration and experience sharing</td>
<td>4</td>
<td></td>
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<td></td>
<td>3</td>
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<td>2</td>
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<td>1</td>
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</tbody>
</table>

COMMENTS

2. Workshop management/facilitation

<table>
<thead>
<tr>
<th>Venue</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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<tbody>
<tr>
<td>Duration</td>
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<tr>
<td>Time keeping</td>
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<td>Facilitation</td>
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<tr>
<td>Participation</td>
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<tr>
<td>Materials/Handouts</td>
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</tbody>
</table>

COMMENTS

3. To what extent were your expectations met on the scale of 10-1?

<table>
<thead>
<tr>
<th>My expectations that were met</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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</thead>
<tbody>
<tr>
<td>My expectations that were not met</td>
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4. Support that I/my programme will need after this workshop

6. Recommendations
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