Facilitator training manual on

WORKPLACE PANDEMIC PREPAREDNESS

(A training manual for identifying, assessing, preventing and controlling the risks of pandemics in the workplace)



Ministry of Health

NADMO GHANA

Prevention Pays

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List of Acronyms

EWP	Employee Wellbeing Programme
GHS	Ghana Health Service
GIZ	Gesellschaft für Internationale Zusammenarbeit
IHR	International Health Regulations
MoH	Ministry of Health
NADMO	National Disaster Management Organisation
NGOs	Non-Governmental Organisations
ORS	Oral Rehydration Salt
PPPs	Public-Private-Partnerships
PPTM	Pandemic Preparedness Training Manual
PTA	Parent Teacher Association
SARS	Severe Acute Respiratory Syndrome
SMART	Specific, Measureable, Attainable, Realistic, Time-bound
TNA	Training Needs Assessment
ToT	Training of Trainers
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Preface

The sudden occurrence of a disaster/emergency may plunge large numbers of people within communities into helplessness and could create confusion, disorder and chaos, loss of human lives and extensive property damage.

A disaster may occur at any time and place and most frequently strikes without warning. It suddenly thrusts upon response agencies, many varied and unusual responsibilities that demand a lot more resources than are available. These include search and rescue, safe removal and transportation of the injured to proper medical facilities, treatment of the injured, identifying and disposing of the dead, searching for missing persons, counseling, communication of the event and outcome to the population, property security, provision of relief, etc.

Institutions both public and private are not exempted from one form of disaster or another. The impact on workers, their dependants, loss in investment capital and infrastructure and in severe situations total shut down of companies are some of the few reasons why the National Disaster Management Organisation with support from Gesellschaft fur Internationale Zusammenabeit (GIZ) is providing support to corporate bodies to develop and build capacity for preparedness, emergency response and timely recovery from a disaster.

This training manual has been developed for both medical and non-medical personnel who may be called upon to lead emergency response (eg epidemic outbreak, etc), ensure effective containment whiles work continues and essential goods and services continue to be supplied.

The manual provides insight into some of the local epidemics experienced in Ghana such as Cholera, Cerebrospinal Meningitis (CSM) and Influenza, the causes, signs and symptoms and preventive measures with a view to increasing knowledge among management, staff and their families as well as immediate communities within which they work.

We hope that users of this manual will find it useful and beneficial for trainings and discussions within their institutions.

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Introduction

Background

Considering the potential impact of pandemics on a country's resources and human population, the importance of educating and preparing the populace on pandemics is clear. Moreover, the high numbers of pandemics recorded globally over the past two to three decades call for urgency of programmes to address the situation. That is the reason the National Disaster Management Organization (NADMO), with financial support from GIZ, has developed this manual to contribute to pandemic preparedness in Ghana. The manual is in line with key national and international public health priorities.

In 2005, the World Health Organisation (WHO) – in consideration of the growth in international travel and trade, and the emergence or re-emergence of international disease threats and other public health risks – substantially revised and adopted the International Health Regulations (IHR). The IHR (2005) entered into force on 15 June 2007. The IHRs were originally developed in 1969 to replace the International Sanitary Regulations of 1951 which deal mainly with six quarantinable diseases (plague, cholera, yellow fever, small-pox, typhus, relapsing fever). IHR (1969) were amended in 1973 and 1981, primarily to reduce the number of covered diseases from six to three (yellow fever, plague and cholera) and to mark the global eradication of small pox.

The purpose and scope of the IHR (2005) are "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade". The IHRs (2005) are not limited to specific diseases in their application (as the Regulations are intended to maintain their relevance and applicability for many years to come).

However, this manual is limited in scope to cover the following diseases / events of pandemic importance to Ghana (in line with the priorities set out in Ghana's Health Sector Medium Plan 2010-2013):

1. Pandemic Influenza
2. Cholera
3. Yellow fever
4. Meningococcal disease

IHR (2005) makes provisions for "any event of potential international public health concern, including those of unknown causes or sources and those involving other events or diseases" to be prioritized using the IHR 2005 algorithm (see Annex xxx).

A rapid assessment undertaken in May 2012 by the team of consultants with the aim of gathering staff and stakeholders' views on workplace pandemic preparedness provided further guidance on the development of the contents of this manual. The assessment provided an opportunity for heads and staff of institutions to share their thoughts on what is needed to ensure institutional safety, health and support during pandemics.

The assessment was a cross sectional study of heads of institutions and the general staff of selected organizations in the Greater Accra Region. The criteria for the selection of the organizations were based on the institutions of interest to the NADMO & GIZ. The institutions selected included the security agencies, private and public institutions.

The organizations visited were the Police, Prisons, Ghana Health Services (GHS) disease surveillance division, Customs Exercise and Preventive Service (CEPS), Ghana Urban Water Company Limited, UT Bank, Port Health, Ghana Civil Aviation Authority, Ghana Airport Company, Newmont Ghana. Ten organizations were targeted for the assessment with a sample estimate of 20 heads of institutions and 30 general staff.

The data collection method was basically a key informant interview using an interview guide. Data on respondents' background, general knowledge on organizations, preventive and control measures, business continuity plan and the expectations of a pandemic preparedness manual were collected. Data analysis was by context analysis.

Overall:

- Fourteen (14) heads of institutions (including only one female) and 5 general staff (two females) responded to the assessment.
- The heads had mean of 18.3 (SD7.2) years working experience in a range of 6 to 30 years. The number of staff strength of the respondent organizations ranged from 12 to 7,300.
- The general staff had average of 8 years working experience in a range of 2 to 29 years. All the general staff that responded have had tertiary education.

The common potential pandemics envisaged by the respondents to affect the organizations are Influenza H5N1 and H1N1 (Bird flu and swine flu), cholera, TB, Measles, Skin rashes, Anthrax, Severe Acute Respiratory Syndrome (SARS), and Small pox.

Responding to possible ways that pandemics could affect the organization, the respondents enumerated the following:

- Pandemics could affect the manpower needs and service delivery.
- Pandemics could bring extra work burden on the institution, especially those that work directly on emergencies.
- Pandemics could increase the cost of health care with its resultant financial burden.
- Possible staff and staff family morbidity leading to loss of productive work to seeking health care or caring for sick relations.
- Production companies are likely to incur losses through possible product contamination and limitations to exporting goods and services.
- Security concerns were raised by the security agencies as a possible effect of pandemics on the organization. Prisons for example, which have limited staff to manage the large numbers of prisoners in the country's prisons, would have a hard time in managing the prisons in the event of losing staff during pandemics.
- Pressure on management was also identified as a possible effect of pandemics on the organization.

On the issue of organizational preparedness, some respondents admitted that although some preparedness plans have been implemented such as the formation of pandemic preparedness teams, staff awareness creation, and pandemic preparedness manual, this has been on a low key. They expressed the challenges of financial constraint and the lack of regular training and inadequacy of regular risk reduction activities. Six of the eleven heads indicated that there is some documentation on pandemic control measures at the workplaces; whilst five indicated that they have no such documentations.

The respondents indicated the need to have a Workplace Pandemic Preparedness Manual that would provide guidance and a basic package of essential actions to prevent and mitigate the effects of pandemics. They were of the view that it will be an important document for creating awareness, serve as a guide for staff training and also serve as a reference for staff who want to read more on pandemics. They indicated that it must be tailored to the organization's or company's needs.

Respondents' expectations regarding the scope of such a manual is for it to provide some description of pandemics, historic facts about pandemics, the effects of pandemics on organizations, possible types of pandemics in Ghana, causes of pandemics, signs and symptoms and ways organizations could manage a pandemics.

Why the Pandemic Preparedness Training Manual?

This training manual is designed to help institutions / organizations prepare for and mitigate the impacts of pandemics. To sustain operational continuity through the onset of a pandemic, employees must understand not only the health issues, but also the possible disruptions of essential services and the organization's workflow.

Ghana recognizes the continuing threat of epidemics to the country. Therefore, the Ghana Health Sector Medium Term Development Plan 2010-2013 prioritized three actions to address the situation:

i. improve community based surveillance,
ii. improve epidemic response and
iii. improve monitoring of control and elimination measures and activities

As part of its mandate to manage disasters and developing the capacity of communities to respond effectively to disasters and improve their livelihood, the National Disaster Management Organization (NADMO), through support from the German International Cooperation agency (GIZ) is targeting employees as key actors in pandemic preparedness. In Ghana, the Employee Well-being Program (EWP) of GIZ identified three diseases of pandemic importance: cholera, yellow fever and Meningococcal meningitis; and this training manual is aligned with focus of the "Health Module" of the EWP manual.

This pandemic preparedness manual will contribute to strengthening key personnel and institutions to pandemic preparedness and business continuity plans in order to ensure increased knowledge and compliance to preventive behaviour among staff as well as control the spread of pandemics in the event of an outbreak.

Who May Use the Manual?

This manual is designed to be used as a training guide for institutional focal points and peer educators of NADMO and GIZ. The focal persons and peer educators will oversee implementation of pandemic preparedness activities at the institutional level and serve as liaison with the health sector and communities they work in.

It is intended to be a primary resource and guideline in downstream training by other institutions that work with NADMO to bring about the attitude and behaviour change necessary for pandemic preparedness.

Methodology

The manual outlines a participatory curriculum design model based on the principles of adult experiential learning. The underlying principle of this approach is that much of the content will come from the participants and that the training/workshop will serve as a framework for drawing out their experiences.

Participants and facilitators will commit themselves to engage in a process of mutual teaching and learning. The emphasis is on practical application and the development of strategies for action. In addition, continued reflection and evaluation are central to the learning process.

Objectives

The purpose of the training manual on pandemic preparedness is to equip staff of organizations to adequately prevent or contain an epidemic or pandemic, thereby ensuring the continuation of essential functions.

Specific Objectives

- Increase knowledge and compliance of staff on preventive behaviour at work places;
- To control the spread of epidemics and pandemics in the event of outbreaks at work places;
- Establish guidelines for the development of continuity plans at work places;
- Increase hygiene practices at work places.

Learning Outcomes

At the end of the workshop, participants should be able to:

- Use a basic instructional design model to plan and develop effective pandemic preparedness training for institutional focal persons and peer educators.
- Identify appropriate evaluation methods and processes for their pandemic preparedness training.
- Facilitate pandemic preparedness training more effectively.
- Develop business continuity plans for their workplaces.
- Identify follow up activities to the training for furthering their pandemic preparedness work.

Structure of the Manual

The manual is divided into six modules, each building on the others. It provides comprehensive guidance for pandemic preparedness training. The content of each module comprises the key aims, objectives, methods, materials and description of sessions for training participants. A brief description of the modules is provided below:

Module 1
Getting Started serves to welcome the participants and situate the relevance of this workshop in building their capacity as pandemic educators. Participants begin by reviewing their expectations and resources for the workshop and reflecting on how they can work effectively as a group. They explore principles of adult learning and participant-centred methodology and examine the application of these principles in the area of pandemic preparedness education. Participants also reflect on their personal capacity in the prevention and mitigation of pandemics.

Module 2
Training and Facilitation. The Module is meant to equip participants with the skills of designing a model for a pandemic training session for their specific target group. The aim of this module is to have participants develop a model for training that they will actually use in their work. Participants will begin the process by first reviewing the steps involved in designing a training session and then outline the main elements of the training session on pandemic preparedness for their respective target audience.

Module 3
Pandemic Preparedness: this module covers key concepts of pandemics: signs and symptoms, assumptions on the impact of pandemics, the mode of transmission, vulnerability, prevention and control measures within the organization, communicating pandemics and draws attention to the labour laws on health.

Module 4
Pandemic Risk Communication. The aim of this module is to equip organizational focal persons and peer educators with the skills to strengthen the conduct of the pandemic risk communication and enable them to provide deliberate, authoritative and timely information at the workplace and community in all aspects of the public health emergency or disaster. The training will help the participants to address communication issues and also procedures for the rapid identification of potentially harmful situations and the methods on how to communicate and respond to these situations quickly and effectively.

Module 5
Personal Hygiene describes the principles and procedures for effective personal hygiene (i.e. hand washing, personal cleanliness, etc) to result in the sanitary and safe workplace and community.

Module 6
Development of Business Continuity Plans. This module will guide participants to develop business continuity plans to ensure that organizations continue with business until a recovery from pandemic is accomplished. The planning would ensure that the organizations maintain contact with employees critical to the running of the business is guaranteed, essential equipment and documents necessary for operations are available and external contacts are maintained. In the long term, this would help reduce transmission of the diseases, reduce cases, hospitalizations and deaths.

Planning and Conducting a Workshop

Training situations vary greatly, therefore the materials provided in this manual should be viewed as a guide to conducting a pandemic preparedness training workshop. The level of experience of the facilitator, the knowledge and skill levels of participants, and the training context are all factors that you will need to consider when planning your own workshop.

The training workshop as outlined in this manual is designed to take place over a period three days. A minimum of 15 and a maximum of 30 participants are recommended in order to maintain the integrity of the training design. However, the content and activities can be modified to accommodate smaller groups.

Some guidelines and suggestions for planning and conducting an effective workshop are provided below.

Tips for the Organizer

Choosing the Venue

Attention needs to be given to selecting an appropriate venue for the workshop. The geographic location as well as the actual physical space such as the size and layout of the room can have a major impact on the outcome of the training. When choosing a venue, some things you should consider include the following:

- Is it easily accessible by local transportation?
- Is the physical space appropriate for a participatory training process (e.g., can tables and chairs be moved around to accommodate breakout group activities?)?
- Does the location pose any security issues for participants?

Selecting Participants

Participant selection must be related to the planned output of the workshop, which in this case is the facilitation of a pandemic preparedness training workshop. Therefore, participants selected should have some direct responsibility for health and safety at the organisational or community level.

Other considerations to keep in mind, in terms of the overall group of participants, are gender balance, a mix of backgrounds and expertise, the commitment and availability of participants and their respective organizations to undertake follow up activities.

Selecting Facilitators and Resource Persons

The number of facilitators required for conducting the workshop will depend on the number of participants. On average, one facilitator is recommended for every 15 participants. However, this is also dependent on ensuring an adequate skill and knowledge mix of facilitators. The facilitators need to be skilled in adult education methods, knowledgeable about pandemic preparedness as well as on development of business plans, and experienced in working with diverse groups.

All resource persons selected need to have sufficient knowledge of the context to assist in the discussion of follow up activities. They should also have some expertise in training, design and development.

Orientation/briefing sessions with both facilitators and resource persons well in advance to the workshop are strongly recommended to ensure maximum benefit from their participation.

Preparing a Schedule for Your Workshop

As stated previously, the workshop as described in this manual is designed to take place over three days. A typical day begins at 8:30 or 9:00 a.m. and ends between 5:30 and 6:00 p.m.

Suggested time frames for the modules and activities have been provided as well as a suggested daily breakdown of activities. It is important to remember that the time frames given are only guidelines; the number of activities and the time allotted can be adapted as appropriate to the needs of your participant group.

The schedule provided includes only the activities contained in the manual. You will also need to build time into the schedule for evaluations and facilitators' debriefs.

Facilitators' Debriefing

At the end of each day, you should plan a debriefing session with facilitators and a select group of participants. During the debrief, the facilitators and participants invited for that day will discuss the issues, concerns or problems related to workshop content and process that were brought up during the end-of-day debriefing. As a group, decide on corrective actions to be taken or adjustments to be made. Once the debriefing is over, the facilitators will review the next day's recap with the team of participants responsible for the recap.

Evaluation and Follow Up

The purpose of evaluation is to gather feedback on the content and process of the training workshop and also to help participants reflect on their learning. Evaluation data should be collected after each module and in a general evaluation questionnaire at the end of the training as well as informally through discussions with participants, facilitators and resource persons throughout the workshop. A sample end-of-module questionnaire and a general evaluation questionnaire are provided in Appendix X of this manual.

You may however choose to develop other instruments that may be more suitable for your particular target audience.

The information gathered from the evaluations should be used to produce a report on the training that should be shared with all relevant stakeholders (i.e., organizers, participants, facilitators and funders).

A discussion on plans for follow up is built into the Training and Facilitation Module (Module 2). Organizers should ensure that they are present for this discussion and that the plans agreed to are implemented after the workshop.

Conducting the Workshop

The opening page of each module lists all the module activities and their times. A short description of the overall aim and content of the module is also provided. This should be reviewed with participants before beginning each new module.

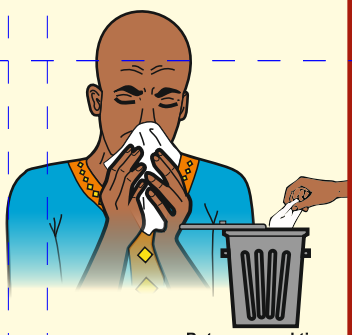
Clear procedural instructions are provided for each of the activities to help facilitators structure your work with the participants. *Remember:* Be flexible! If you believe it is necessary to make changes to activities in order to accommodate your particular training context or participant group, then feel free to do so.

Engaging participants in the training process is an effective way to further build their skills during the workshop. You are encouraged therefore to provide opportunities for participants to take part in different aspects of the workshop delivery. Some of these include:

- Have frequent breaks and include lots of energisers to keep participants active.
- Carrying out recaps.
- Facilitating some of the activities and discussions during the workshop.
- Preparing flip charts and assisting in other aspects of the training.
- Conducting different parts of the evaluation process (e.g., distributing and collecting written questionnaires, analyzing data and presenting preliminary findings to the group).
- Participating in the daily briefing/debriefing of facilitators.
- Organizing evening events.

PREPAREDNESS
FOR DISEASE OUTBREAK STARTS WITH YOU!

COVER YOUR COUGH



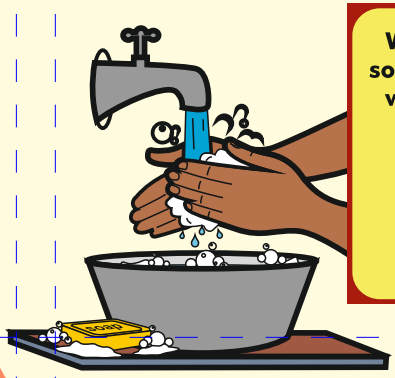
Put your used tissue in the waste basket

Cover your mouth and nose with a tissue/handkerchief when you Cough or Sneeze.

or

Cough or Sneeze into your elbow, not yourhands.

WASH YOUR HANDS
after Coughing or Sneezing



Wash hands with soap under running water for at least 20 seconds

or

Clean with alcohol-based hand sanitizer

For more information call **NADMO** on **TEL:** 233-30-2762593 / 2780221
LOCATION: Plot 3. Brigade, East Kanda P. O. Box CT 3994, Cantonments, Accra
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german cooperation DEUTSCHE ZUSAMMENARBEIT

Module One

Getting Started

Overview

The aim of this module is to have participants get to know each other and lay the groundwork for developing a productive group dynamic based on mutual respect. Participants will examine their expectations, as well as available resources that will contribute to the achievement of the workshop objectives.

They will also explore principles of adult learning and participant-centred methodology and examine the application of these in the area of pandemic preparedness. This module will take a total of 4 hours 45 minutes to complete. This is broken down as follows:

Session 1: Group Introduction (20 min)

Session 2: Guidelines for Working Effectively as a Group (30 min)

Session 3: Pre-test Evaluation (30 min)

Session 4: Expectations, Resources and Workshop Content (25 min)

Session 5: Participatory Methodology & Pandemic Education (45 min)

Session 6: About Recaps and Debriefings (30 min)

Session 7: Self-Assessment (45 min)

Session 8: The Current Context of Pandemic Preparedness Work (1hr)

Session 1: Group Introductions

Objective
To have participants and members of the organizer team get to know each other and explore important values/attitudes for pandemic preparedness.

Time
20 min

Materials
Flip chart and markers

Description
The facilitator will invite participants to form groups for a "getting to know you" activity. The facilitator presents a number of personal values and attitudes written on large sheets of paper and posts them in different places around the room. Team participation, Respect for diversity, Professionalism and Integrity.

Briefly reflect individually on the values/attitudes posted, then go and stand by the one you most identify with as a facilitator.

Introduce yourself (name, current location [region and town], organization, interests) to the other participants gathered around the same value/attitude.

Take about five minutes to discuss among yourselves the reasons why you chose this particular value/attitude.

The facilitator then asks each group member to introduce themselves and explain the reasons for their choice.

The facilitator discusses the relationship between personal values/attitudes and effectiveness as a facilitator.

Session 2: Guidelines for Working Effectively as a Group

Objective
To develop guidelines for working effectively as a group.

Time
30 min

Description
This activity is divided into three parts. In the first part, participants will brainstorm on behaviours that affect group dynamics. In the second part, participants will determine guidelines for working effectively as a group during this workshop. In the final part, the facilitator will lead discussion on a number of general questions.

Part A: Brainstorming (5 min)

The facilitator leads a brainstorming session to identify behaviours that either help or interfere with the effective functioning of a group. As the participants provide ideas, the facilitator lists these in different columns on flip chart; i.e., behaviours that interfere with the effective functioning of the group are listed in RED in one column and those that help group process are listed in GREEN in the second column.

Part B: Identifying Guidelines for Working Effectively as a Group (15min)

Based on the ideas presented in Part A, together with your facilitator, develop a number of guidelines for working effectively as a group.

The facilitator writes the guidelines agreed to on a flipchart and posts them in the room for the remainder of the workshop. It is important that all members of the group, including the facilitators, feel comfortable with the guidelines and commit to respecting them.

Examples of helpful guidelines include the following: Listen and "hear" what is being said. refrain from speaking too often or too long and give everyone a chance to speak.

Part C: Large Group Discussion (10 min)

The facilitator leads a large group discussion, addressing the questions provided below:

- Who should be responsible for monitoring compliance with agreed to guidelines?
- Who should intervene when someone does not comply?
- What should we do if someone does not comply with the guidelines agreed upon?
- Other issues to consider:
    - Is the setting of guidelines appropriate for the target group?
    - Are there conditions that influence the kinds of guidelines that are developed? For example, if there are more men than women in the group or more participants who are senior than juniors from the same organization. How can a facilitator ensure equal participation in cases like these?

Session 3: Pre-test Evaluation

Aim
To serve as baseline against which the results of a post-test evaluation will be measured to determine the progress (or otherwise) made through the workshop..

Objective
To assess the current knowledge and skills of participants prior to the training programme.

Time
30 min

Materials
Copies of workshop pre-test questionnaire.

Description
Distribute copies of the pre-test questionnaire to participants, with clear instructions to attempt all questions, work individually, and within the 30min period.

Session 4: Expectations and Workshop Content

Objective
To review participants' expectations in relation to the workshop goal, objectives and content.

Time
30 min

Materials
Paper, Flip Chart, Markers, Masking Tape

Description
This activity is divided into two parts: in the first part, participants will list their expectations of the workshop. In the second part, the facilitator will review the workshop goal, objectives and content in relation to expectations and resources expressed.

Part A: Expectations (15 min)
The facilitator asks participants to list three key expectations of this workshop. The facilitator will provide space for participants to paste expectations based on common themes. Participants will be invited to add any other expectations they feel should be included.

The facilitator comments on the expectations highlighting commonalities and differences.

The facilitator also explains the idea of a parking lot, where participants can list issues, topics and questions not necessarily addressed during the training, but which are nonetheless of interest to participants. The parking lot issues can be listed on a flipchart posted in the room and discussed informally during breaks.

Part B: Presentation: Goal, Objectives and Content (10 min)
The facilitator then reviews the goal, objectives and content of the workshop referring to the participants' expectations.

The facilitator also highlights the importance of reflection and transfer of knowledge and skills that form an essential aspect of this workshop.

Session 5: Participatory Methodology and Pandemic Preparedness

Objective
To review the underlying principles of a participatory approach and its appropriateness for pandemic preparedness training.

Time
45 min

Description
This activity is divided into three parts: In Part A, participants will reflect on a personal learning experience; In Part B, participants will identify keys to successful learning; and In Part C, the facilitator will lead a discussion on a participatory approach for pandemic preparedness.

Part A: Personal Learning Experience (5 min)
Answer Questions 1 and 2 below individually and then share your answers with the group.

1. Think of something that you know how to do well (which may or may not be related to your work). Write it down.
2. Now write down a few words explaining how you became good at it.

Group discussion
Based on your own experience and the experiences shared by the other participants, what elements do you feel are key to learning?

Part B: Keys to Successful Learning – Large Group Discussion (10 min)
Discuss the following questions as a group:

- What are some of the keys to successful learning that have been discussed so far?
- How do they relate to your understanding of a participatory approach in education?

The facilitator makes reference to Reference Sheet 1 and shares with participants.

Reference Sheet 1: Keys to Successful Learning
The key factors to successful learning outlined below are also central features of a Participatory Approach.

1. **Doing**
   - Learning by experiencing results in successful learning

2. **Feedback**
   - Positive feedback generates positive feelings, which are an important step to successful learning
   - Effective learning requires feedback that is corrective but supportive
   - Feedback provided in a constructive way promotes sharing of responsibility for learning and action

3. **Sharing**
   - The most effective learning is from shared experience
   - Participants learn from each other, facilitators learn from participants, and participants learn from facilitators

4. **Responsibility for Learning**
   - Encouraging participants to take responsibility for their learning and actions enables them to better achieve their learning goals

Part C: Presentation: A Participatory Approach for Pandemic Preparedness (30 min)

The facilitator begins by doing a short presentation highlighting the main ideas presented on Reference Sheet 2, 3 and 4 below. The facilitator then leads a discussion on the ideas presented.

Questions to consider:

- What would you consider to be the key element of a participatory approach?
- Do you think a participatory approach is appropriate for Pandemic Preparedness?
- Do you think a participatory approach is appropriate for teaching?

- Pandemic preparedness to your target audience: Why or why not?
- Have you ever used a participatory approach? If so, what are some of the challenges you have encountered in using this approach? How could these difficulties be overcome?
- Do you use a participatory approach in other aspects of your pandemic preparedness work besides training?

Reference Sheet 2: Freire's Model of Critical Consciousness (Adapted)

Paul Freire's Critical Consciousness

An important theory of adult learning was developed by an adult educator in Brazil, named Paulo Freire. The centrepiece of Freire's theory is critical consciousness and it has been applied in many places throughout Africa, especially in relation to literacy.

Freire believes that in order to truly learn, an adult must take his or her situation, internalize and analyze it, make it his/ her own (through "naming the world"), and take action on it. Learning is a political act where learners come to see themselves as "actors in the world". Empowerment of the adult learner becomes the end goal.

A COMPARISON OF	
FORMAL EDUCATION	**NON-FORMAL EDUCATION**
Purposes	
1. Long-term and general	1. Short-term and specific
2. Credential-based (diploma oriented)	2. Not credential-base
Timing	
1. Long cycle	1. Short cycle
2. Preparatory (provides the basics for future participation in society & economy)	2. Recurrent (depends on the immediate learning needs in the individual's roles and stage of life)
3. Full-time	3. Part-time

General Remarks

Now we can explore other adult learning theories and see how they can be applied to training adults. As we do so, we will be able to relate them to this circle. While they have different names and slightly different ways of understanding each of these, many adult learning theories touch on how we act, think and feel.

Content	
1. Subject-centred & standardized (a well defined package of cognitive knowledge [knowing] with limited emphasis on psychomotor [doing] or affective [feeling] considerations and designed to cover needs across large groups of learners.)	1. Problem-centred & Individualized (task or skill oriented, discrete units which may be related to the individual participants' or small groups' learning goals.)
2. Academic	2. Practice
3. Clientele determined by entry requirements (tests)	3. Entry requirements determined by the clientele
Delivery System	
1. Institution-based (highly visible and expensive)	1. Environment-based (minimal local facilities with low cost)
2. Isolated (from socio-economic environment)	2. Community-related
3. Rigidly structured	3. Flexibly structured
4. Teacher-centred	4. Learner-centred
5. Resource-intensive	5. Resource saving
Control	
1. Externally controlled (curricula and standards are externally determined)	1. Self-governing (autonomy at programme and local levels, with an emphasis on local initiative, self-help and innovation)
2. Hierarchical (internal control is based on role-defined relations among teachers and between teachers and learners)	2. Democratic (substantial control is vested in participants and local community)

Malcom Knowles, in his book The Modern Practice of Adult Education, identifies the following for distinctions between andragogy (the science of teaching adults) and pedagogy (the science of teaching children).

1. Self-Concept: In pedagogy, the child is dependent upon those around him/her and the adult acts autonomously in relation to others. Adults are capable of being self-directed, of being able to identify and articulate what they want to learn in dialogue with the teacher. In pedagogy, the teacher is in a direct relationship with the student; in adult education, on other hand, the teacher is in a helping relationship with the student.

2. Experience: Pedagogy is often seen as the one-way transfer of information from teacher to student. Since the adult learner has a wealth of experience and wisdom, the teacher becomes a facilitator in a mutual learning environment. The distances created between teacher and student in pedagogy is replaced by a community of learners and facilitators.

3. Readiness to learn: In traditional pedagogy, the teacher decides what the students need to learn and the curriculum is developed without initial input from the learner. Adult education is more learner-centered, and the learner is more actively involved in deciding what will be taught.

4. Orientation to learning: Children have been conditioned to have a subject-centered orientation to learning, whereas adults tend to have a problem or process-centered orientation. Children are able to focus attention on future rewards, while adults are primarily concerned with their present situations and are interested in solving problems they experience on a daily basis.

REFERENCE SHEET 2: ADULT LEARNERS MOTIVATION

Abraham Maslow is a renowned theorist in the field of humanistic psychology and is often cited when discussing the dynamics of human motivation. Maslow suggests that human needs stem from a hierarchy that can be visualized as a stack of dependent layers; one level cannot be fully attained until the lower level need is met. To further complicate the model, an individual's position in the hierarchy may change from hour to hour, day to day or year to year.

Application of Maslow's hierarchy of needs to training
For a trainer to have a successful training s/he must attend to the diverse needs of the participants, as spelled out by Abraham Maslow. In the planning and introductory session of any training programme, trainers must make sure that participants' survival needs are taken care of; this is done by ensuring that participants will have acceptable meals and their accommodations are comfortable, by guaranteeing safety of their property, and ensuring decent travel arrangements.

Logistical support, in terms of out-of-pocket allowance, transport refunds, and basic first-aid should be arranged.

Similarly the participants' Security Needs should be assured; venues must be in locations and environments that are secure, so that they can rest comfortably and sleep well without fear of being attacked.

It would defeat the purpose of any training if the selected venues are in areas where there is armed conflict.

Love Needs of each and every participant are very critical to the success of training. It is only when individuals feel a sense of belonging, understanding, and acceptance that they can successfully participate in training. It is therefore the duty of the trainer to make sure that the introductory session creates that motivation and mutual respect, so that individuals can participate in the training without fearing any form of conduct that may humiliate them.

When you cater for all the above as a trainer, then individual participants feel that their self esteem needs have been met. They will bond with other participants, they will respect each other and they will form a "training environment culture" that will make their learning experience enjoyable.

Once participants are comfortable, they will develop to their full potential and will work together and support each other to realize the training goals.

REFERENCE SHEET 3: THE EXPERIENTIAL LEARNING CYCLE

Adult Learning – Process and Styles

An adult educator, named David Kolb, developed a model which integrates an experiential learning process with learning styles and provides a comprehensive theoretical guide for the adult educator. This model begins by describing four key steps in the learning cycle and provides a clear method to consider when designing programs for adults. The four steps that make up the adult learning process are:

1. Concrete Experience (Do It): The learner is involved in a concrete experience that is provided in training. The learner explores a new situation firsthand. The learner learns by demonstration, explanation, and lecture.

2. Reflection and Observation (Think About It): The learner maintains concrete involvement, but distances him/herself, becoming a reflective observer (takes a step back to observe and reflect on what the situation means to him/her.) Learning takes place through question-and-answer periods, discussion, or individual reflection and work.

3. Abstract Conceptualization (Think About How to Apply It): Based on reflection, the learner analyzes the situation and forms theories, generalizing about the particular, the hypothetical, and the general. Interaction with peers and the trainer helps the learner to analyze situations.

4. Active Experimentation (Try It Out): The learner formulates a plan or a strategy to apply the newly attained information on him/herself.

Learners who feel most comfortable immersing themselves in an experience may be the ones who most need to draw back occasionally and conceptualize their experience (and vice versa).

People have a tendency, even in childhood, to gravitate towards one style or another. By the time they are adults, they have firmly established their preferred way of learning and may not wish to move through this process in a stage-by-stage manner.

The job of the non-formal trainer is to design programs that address each stage in the experiential learning cycle.

Designing a simulation of practical experience without allowing time to reflect, discuss and process the experience will not give learners the chance to bring the learning into their daily lives and experiences and the learning will be incomplete.

Session 6: About Recaps and Debriefings

Objective
To present the rationale and methodology for daily recaps and debriefings.

Time
30 min

Description
The facilitator will conduct a large group discussion on recaps and debriefings. He/she will also ask you to reflect on your approach to receiving feedback.

Recaps
Throughout this workshop participants will be provided with a variety of opportunities to actively take part in the learning process. One of these is to have participants individually or as a small group take responsibility for preparing a recap or summary of the day's learning and presenting it to the larger group the following morning. Recaps during this workshop will incorporate information gathered from participants' debriefs and/or evaluations of the day's activities.

While recaps are a summary of the previous day's learning, they should also be an opportunity for participants to reflect on what that learning means within the context of their work (e.g., how will they apply what they have learned?).

Participants responsible for the recap are encouraged to use creative presentation methods (e.g., poems, narratives, etc). Recaps should be brief, to the point and memorable. They should not exceed 15 minutes.

The facilitator will ask for volunteers or assign participants to prepare the recap for the following day.

Debriefings

Debriefing is a process of guided reflection carried out after a learning activity or a series of activities which allows participants to express their thoughts and feelings about the content and process of the learning experience. It is a means of gathering "real" feedback from participants which engages the emotions as well as the intellect.

It allows the facilitator to assess how successful participants have been at integrating and assimilating new knowledge as well as their underlying feelings about the learning process. It also provides the facilitator with insight into how to improve the activity the next time. Facilitators themselves also benefit from reflecting on their practice.

Effective debriefing creates a positive environment and communicates to participants that their participation is vital to the success of the training. Guidelines for successful debriefing are provided in Reference Sheet 6 below.

REFERENCE SHEET 6: SUCCESSFUL DEBRIEFING

Guidelines for Facilitators

1. **Make objectives clear.** Too little or too much unfocused feedback during the debriefing process can create confusion and misunderstandings. Make sure learning objectives are clearly linked to the activity, so that the exercise is not perceived by the participants as a waste of time. Providing them with guidelines will help set the standard for how feedback is to be given.

2. **Schedule time for feedback.** Ensure to include in your course design time for debriefings.

3. **Be specific.** Request feedback from the participants, ask for comments and reactions and have an outline of points for discussion to keep the group focused. This will benefit both you and your participants and allow you to fully recognize both the advantages and limitations of the activity. Do not neglect to gauge participants' feelings about activities in your debriefings.

Guidelines for Participants

- **Listen and be listened to.** Make sure the other person is ready to listen; otherwise the feedback will be ignored or misinterpreted.

- **Be objective.** Feedback should be a clear report of the facts based on observation. Make sure it is descriptive and not interpretative. Start with, *"I noticed..."; "I saw..."; "I observed..."; "I wonder..."*.

- **Be specific.** Use quotes and give examples of what you are referring to.

- **Feedback should be prompt.** There is less chance of confusion and misunderstanding when feedback is given immediately after an activity.

- **Take it easy.** Do not overload the other person with too much information. Keep it simple and to the point. Ask the other person to paraphrase what he/she heard. Too much information can be confusing and leave the other person wondering where to start. Also be aware of the other person's self-esteem.

- Be constructive. The goal of feedback should be to offer helpful input. Consider your reasons for giving your comments and ask yourself, "Am I being helpful?"

- Get feedback on your feedback. Have the other person share reactions to the feedback. Find out what is helpful and what is not helpful.

Source: Teaching Resources Guide, Enhancing Learning, Interactive Classroom, Debriefing in the Interactive Classroom. Instructional Resource Centre, University of California.

www.irc.uci.edu/TRG_2006/TRG/Enhancing_Learning/Interactive/Debriefing.htm (accessed Feb. 2, 2006).

Session 7: Self-Assessment

Objective
To reflect on the characteristics of an effective pandemic preparedness facilitator, with a view to evaluating your skills, identifying areas for improvement and appropriate actions to address these areas.

Time
45 min

Description
This activity is divided into two parts. In the first part, the facilitator will present the self-assessment information compiled from the participants' Pre-Training Assignments (PTAs); In the second part, the facilitator will initiate a discussion on the actions needed for improvements.

Part A: Presentation- Self-Assessment and Areas of Improvement 25min
The facilitator presents the results of participants' self-assessments of their design and training skills compiled from information provided in the PTAs.

He/She provides an analysis of these results highlighting commonalities, differences as well as any significant findings.

The facilitator initiates a discussion by having participants address the following questions:

- Are there any areas that you can identify where the group has considerable expertise? What are they?
- What are the areas that the group seems to have challenges with?
- What are the common facilitation dilemmas identified?
- What are the personal characteristics identified that are key to being an effective facilitator?
- What are your personal strengths and challenges compared with the rest of the group?

The facilitator then ask participants to compare the results of the self assessment to the expectations and resources discussed in Activity 3 of this Module.

Part B: Actions for Improvement – Large Group Discussion (20 min)
It is important to keep in mind that the self-assessment is meant to be a tool to help you identify your individual strengths and challenges so that you can plan strategies for improvement. It is also important to remember that not all of the skill areas outlined in the questionnaire can be covered in this workshop.

The facilitator initiates a large group discussion on effective actions that can be taken during and after the workshop to help participants address those areas identified as needing improvement. The facilitator has the participants address the following questions:

- What effective actions can you undertake during this workshop to address some of these challenges?
- What effective actions can you undertake after this workshop to address some of these challenges?

You will have the opportunity to add other areas needing improvement throughout the workshop.

Session 8: The Current Context of Pandemic Preparedness Work

Objective
To situate the pandemic preparedness work within the broader national and international context in order to determine the challenges these present as well as possible strategies to address these challenges

Time
1 hr

Description
This activity is divided into two parts: In Part A, you will work in small groups to identify challenges to pandemic preparedness in your institutions and/or communities and potential strategies to address. In Part B, you will share the results of your discussions with the larger group.

Part A Pandemic Preparedness Challenges and Strategies (40 min)
Using the information provided through the Rapid Assessment undertaken by the team of consultants describe the Overall Pandemic Preparedness Situation in Your Organization or Community), the facilitator prepares beforehand a summary of the principal problems and contributing factors. Participants will use this summary as a reference for this activity.

1. Identifying Challenges
The facilitator divides participants into small groups according to the target audience of their training. The facilitator provides each group with copies of the summary of challenges with pandemic preparedness.

Keeping these challenges in mind, identify potential challenges to your own work. The facilitator will take up the challenges the different groups identified before proceeding to the next part of this activity.

2. Determining Effective Strategies
Each group selects or is assigned 1 to 3 of the challenges identified. Together with the members of your group, determine appropriate strategies to address the challenges. List your strategies together with the challenges below. Prepare to share them with the larger group in Part B. Designate one person from your group to report back to the larger group. In your presentation, explain the rationale for your group's choices.

Part B Group Presentations (20 min)
Each group in turn presents their strategies for comment and discussion. The facilitator records them on the flipchart. Participants are encouraged to copy down the strategies and challenges for future reference.

The facilitator then leads a large group discussion, addressing the questions below.

Reflection

When identifying strategies to address the challenges to your HRE work:

- Do you consider the unique characteristics of your target group?
- Do you consider whether your strategies promote equality between men and women?
- Do you consider whether these strategies are effective when used for both men and women together?

References

Equitas 2007, International Centre for Human Rights Education. Training of Trainers Manual, Designing and Delivering Effective Human Rights Education, Canada.

UNASO 2005, Training of Trainers Manual, Uganda Network for AIDS Service Organization, Uganda.

IRC 2006, Teaching Resources Guide, Enhancing Learning, Interactive Classroom, Debriefing in the Interactive Classroom. Instructional Resource Centre, University of California. Accessed online on 2nd August 2012 at: www.irc.uci.edu/TRG_2006/TRG/Enhancing_Learning/Interactive/Debriefing.htm

ARE YOU PREPARED

FOR DISEASE OUTBREAKS?

Do your part and be the **Responsible** one.

Personal Health

- Exercise regularly
- Eat a balanced diet meal
- Rest well and drink a lot of water
- Eat lots of fruits and vegetables
- If unwell, seek medical attention

Social Responsibility

- Report any suspicious disease outbreak immediately to the nearest health facility
- Keep the environment clean
- Be a responsible community member

Personal Hygiene

- Wash hands with soap and running water regularly
- Cough or sneeze into your elbow or tissue and dispose appropriately

Social Distancing

- Avoid crowded places during outbreaks
- Avoid or cancel unnecessary gatherings during outbreaks
- Avoid physical contact during outbreaks

For more information call **NADMO** on **TEL:** 233-30-2762593 / 2780221

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GHANA HEALTH SERVICE Your Health - Our Concern

german cooperation DEUTSCHE ZUSAMMENARBEIT

Module Two

Training & Facilitation

Overview

Training is an activity for communicating information and guidance in order to improve trainees' performance. For training to achieve this it must be clear what level of performance is required and what levels of knowledge and skills are desired. Planning the objectives of training, communicating the information and guidance through a training course and measuring the results to ascertain the extent of improvement are interdependent elements in this process (WHO).

Training is more than just teaching. Training is a means of facilitating learning by those who are being trained so that they acquire new knowledge, skills and even attitudes. In many cases, training may be seen as a "one-off" intervention. However, the goal of training is to create an impact that lasts well beyond the training itself.

Training is just one element, albeit an important one, in creating a learning environment in which people can both develop personally and use their new abilities to improve the output of their work and that of their colleagues. Although we talk about training, it is the learning and how we use it that really matters.

The best way to enhance the impact of training is to plan it well, organize it well, facilitate it well, and follow-up well. In using the Training Cycle for instance, before starting the training, there should be a careful analysis of needs and demand in order to define just what is required and what is appropriate.

The training should be designed to meet specific needs and the trainees selected according to their ability to achieve the instructional goal and apply the competency following training.

This Module is meant to equip participants with the skills of designing a model for a pandemic training session for their specific target group. The aim of this module is to have participants develop a model for training that they will actually use in their work.

Participants will begin the process by first reviewing the steps involved in designing a training session and then outline the main elements of the training session on pandemic preparedness for their respective target audience.

Session 1: Introduction to Training Analysis and Self Assessment
Session 2: Planning a Training Programme
Session 3: Designing and Scheduling a Training Programme
Session 4: Writing and Analyzing Goals, Objectives and Session Summaries
Session 5: Evaluating a Training Programme
Session 6: Supervision for Service Providers

Session 1: Introduction to Training Analysis and Self Assessment

Goal:
To increase the awareness of participants concerning the design of training sessions and provide an opportunity for participants to assess their individual skills and knowledge as trainers.

Objectives:
By the end of the session participants will be able to:

1. Identify components of an introductory training session
2. Discuss and analyze each component
3. Assess their current knowledge and skills as trainers

Time:
40 minutes

Materials
•Flip Chart and Markers

Description
Part A: Brainstorming / Discussion (20min)
Ask participants to review what they did in the previous session. Record responses on flipchart after agreement is reached and hand out copies of the session plan for participants to share and review. Participants then discuss the purpose of each step in the session.

Part B: Individual / Self Assessment (20min)
Ask participants to complete the self evaluation form. Explain that this will help the facilitators to plan the training and help them to gauge participant improvement. When participants complete the forms, collect them.

Trainer's Note:
Answer questions clearly but briefly, point out that if participants don't know what a word means, perhaps they "do not know it yet, at least by that name". When collecting the forms, check to make sure that participants have completed all columns.

Needs Assessment
Needs Assessment is the process of identifying and evaluating needs in a community or other defined population of people. The identification of needs is a process of describing "problems" of a target population and possible solutions to these problems. Needs assessment focuses on the future, or what should be done. A need can be described as:

- A gap between "what is" and "what should be".
- "A gap between real and ideal that is both acknowledged by community values and potentially amenable to change".

A need is generally different from such related concepts as wants ("something people are willing to pay for") or demands ("something people are willing to march for").

Learning Needs Assessment is a tool used to identify what educational content and activities should be provided to learners to improve their knowledge, skills, and awareness in a process that leads to changes in attitudes and behaviour. It should focus on needs as opposed to desires.

The main purpose of Learning Needs Assessment is to help educational planning to ensure a match between learners' expectations and the content of the training.

Session 2: Planning a Training Programme

Goal:
To identify steps and categorize considerations involved in planning a training programme.

Objectives:
By the end of the session participants will be able to:

1. Identify issues or considerations in planning a training program
2. Define and discuss the eight steps of planning a training program
3. Match the planning considerations identified to the appropriate planning steps.

Time:
1 ½ hrs

Materials
Flip Chart and Markers

Description

Part A: Brainstorm (20 minutes)

Ask participants, "What do you need to think about to properly plan for a training program?"

Write the responses on a flipchart and solicit more, until you are sure that there are some to match each of the 8 questions shown below.

Part B: Discussion / Lecturrete (15 minutes)

Show flipchart with the 8 planning steps, forming them in a stair pattern to show how they support planning for training.

Steps should include:

Who
Why
When
Where
What for
What
How
How much

Explain the words in the planning steps and give the longer form of the questions .

Session 3: Designing and Scheduling a Training Programme

Goal:

To discuss issues relating to scheduling and implementation training.

Objectives:

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

1. Identify the key considerations in scheduling a training programme.
2. Review the components of a training schedule.
3. Practice how to lay out a schedule for a training programme.
4. Identify various elements to consider in setting the climate for training.

Time:

2 hours

Materials

Flip Chart and Markers

Description

Part A: Brainstorm (15 minutes)
Ask participants:

What is a training schedule?
What goes into a training schedule?

Responses should include:

- Activities/session titles
- Time (including breaks / meals)
- Sequence of topics / sessions
- Person responsible

Part B: Presentation / Discussion (30min)
Participants break into four small groups, while facilitator hands out a scenario for a half-day workshop in XX district for 15 workers of an NGO on "Organisations Pandemic Needs Assessment" and explains that their task will be to take the information provided and devise a schedule for the training programme.

Note: See components in sample assessment guide.

Part C: Small Groups Formation (15min)
Ask participants to form small groups (of about five persons each) and assign each group, one or two planning steps. Participants then match the appropriate considerations brainstormed earlier to their assigned planning steps.

Part D: Presentation / Discussion (30min)
Ask each dyad / triad in turn to report back on what they found for one of the key planning steps. They continue until all 8 have been discussed.

Part E: Summary (10min)
Summarize key points and distribute handout XX

Session 4: Writing and Analyzing Goals, Objectives, and Session Summaries

Goal:
To become oriented to the basic format for a session plan and to develop skills in writing and analyzing goals and objectives.

Objectives:
By the end of the session participants will be able to:

1. Discuss the purpose and parts of a session plan.
2. Define the terms, session goals and objectives.
3. Identify five basic criteria for a good objective.
4. Practice writing and analyzing objectives.

Time:
1 ¼ hours

Materials
Flip Chart and Markers, Cards with different objectives for each group.

Description
Introduction / Discussion (10min)
Ask participants, "What is a session plan and what training design questions does it answer?" (What for, what and how). Hand out model session plan format.
Point out that, as trainers, they should know how to write a session plan and will practice this in the next session. Focus group on goals and objectives, for now.

Brainstorm / Discussion (15min)
Ask participants to define a goal and an objective and to describe how an objective is different from a goal. Encourage participants to identify the summary word used to remind them of a good objective (SMART) and ask a participant to identify what each letter of the word stands for and how it is important to evaluate objectives.

Note, **SMART** stands for:

S – Specific (Content)
M – Measurable (observable behavior)
A – Appropriate (Achievable)
R – Realistic (Relevant)
T – Time bound

Ask participants to consider how this relates specifically to learning objectives.

Small groups (20 min)
Participants are divided into 5 small groups. Provide each group with an example of an objective. Participants analyze whether the objectives are SMART and if not they re-word them.
Note: Sample objectives are on Handout XX

Presentation / Discussion (30min)
The groups share in turns how they changed an objective to be more SMART. Ask for some words that make objectives SMART (action words). Summarize and clarify the key points of the session.

Developing Session Design Summaries
Writing/Peer Editing/ Small Group (1hr)
Hand out blank session plans and task sheets and describe what to do in small groups. Participants work individually, in pairs and within their content groups to:

- Develop session goals and objectives.
- Generate initial session designs including techniques, approximate times, and support materials.
- Compare, discuss and analyze designs
- Identify key questions or points they would like to discuss in plenary.

Discuss the techniques that participants have chosen to use in their session plans. Each participant describes the techniques planned and identifies where they will need help in developing support materials. Encourage them to try techniques that they have never used before.

Presentation / Discussion (40min)
Ask volunteers to share their lesson plans with the group and use the discussion to assess understanding of the session topic.

Session 5: Evaluating a Training Programme

Goal:
To provide participants with an overview of the various aspects of evaluating a training programme.

Objectives:
By the end of session participants will have:

1. Reviewed the reasons for evaluating a training programme.
2. Discussed various types of evaluation.
3. Identified the different aspects of a training to be evaluated and techniques to be used.
4. Determined how to use the information collected in the evaluation process.

Time:
2hr 30 minutes

Materials
Flip Chart and Markers

Description
Story Telling / Critical Incident (30min)
Note to facilitator: Tailor the story to fit the crops grown in the region. Relate critical incident through storytelling about the maize farmer who notices his neighbour's maize garden doing well, whiles his is failing. He visits his friend to ask why.

The friend asks what the farmer has been doing to his field. The farmer says that he has planted and weeded the maize and left it for some time, only to see it failing.

The friend takes him to a part of his garden that looks very similar to that of the farmer and explains how an agricultural extension agent had encouraged him to try a new seed and new fertilizer to check his field regularly for pests, especially in one part of the garden and to do the rest as he would normally. Together they looked at the two fields and talked about the differences they saw.

Discussion
What do you think the two farmers talked about, what did they learn?
Ask participants to define evaluation.
Record responses and process them to come up with a working definition.
The field is your training program.

Brainstorm (30min)
Ask participants: why is it important to evaluate a training program? When we come back, we will add to our list.

Small groups: Brainstorm /Discussion (30min)
Break participants into 3 groups and assign each group one of the following tasks to complete. Each group must prepare to report to the large group:

Group 1: Types and characteristics of evaluation
Group 2: Methods of evaluation
Group 3: What to evaluate in a training program

Presentation / Discussion (40min)
Groups report their discussions, sharing the information with other participants. Each group takes 10-12 minutes.

Evaluating Training
Evaluation of the impact of training often seems second priority – of far less importance than training design and implementation. Yet donors, partners, participants, as well as the global community increasingly ask: "Was the training effective? Did it make any difference?"

Training can be expensive and this investment has to be made in the right place. Evaluation not only contributes to the quality of the training project but also demonstrates the accountability of training management, the success of the programme and improved performance for the organization. An evaluation plan that is part of the training project from the beginning allows for a more accurate definition of the training needs, goals and specific objectives. The results of the evaluation allow the organizers to improve the training: an evaluation provides evidence for continuing with the training as it is, or for improving it where necessary. At the same time, it gives the training team and management the confidence to continue with the work.

Training has become an important element in improving the performance of both the individual and the organization. Thus it is crucial to follow up on what has been learned during the training, to assess how much of the new learning is being put into practice, to identify factors that encourage the implementation of the new skills and information (and which factors are barriers) and to ensure that the learners and their programme meet expectations, objectives and results.

Why evaluate training?

The reasons for evaluating training include:

- Tracking the development of people's knowledge and skills.
- Finding out whether the training is appropriate to the trainee and whether the learning is being applied.
- Identifying gaps and future needs in training.
- Finding out if the investment in training was worthwhile or whether alternative methods to improve performance (e.g. job rotation, incentives) are needed instead.
- Obtaining information on which to base future training plans and strategies.

Principles of training and facilitation

This section provides an overview of the important principles that Public Health Officers and NGO Hygiene Promoters should consider when carrying out training courses for community health workers. Increased familiarisation with the training process will lead to many of the points listed below becoming second nature,

1. **The importance of review**
    - The first session for each day's training aims to review the knowledge and ideas of the participants based on the previous day's training.
    - The review process helps the participants to recall the knowledge and skills developed in this area and to continue to build upon this.
    - Review is a useful tool for the facilitator to gauge the effectiveness of the previous day's training and to adjust subsequent trainings accordingly.

2. The importance of understanding the topic and activities

- Adults need to know why a topic or session is important. They will come to the training session with some knowledge of the topic; it is important to find out what they already know and to build on this.

- Providing too much information or complicated information about a topic may reduce the participants' understanding and mean that confused messages are conveyed to the community. Keep to simple key messages and build up the understanding of the participants gradually (not expecting them to become hygiene experts after one training).

- Use a variety of techniques to repeatedly check the understanding of the participants (Question and answers, quizzes, drama & role play etc).

3. The importance of introducing topic activities & developing skills to teach the activity

- A key aspect of training is to train by example; teaching by demonstrating each activity, not just explaining how to do it and involving the participants in the process. Facilitator's should be modelling the desired training and communication skills that they want the community health workers to use subsequently.

- To deepen participant's knowledge and skills subsequent refresher trainings could review activities and then encourage the participants to practice leading the activity. This will enable the activity methods to be reinforced, identify areas of misunderstanding and provide the participants with practice leading the activity.

- When conducting repeat training or refresher training, invite a mobiliser to demonstrate the activity first. If additions or adjustments need to be made, encourage group feedback before providing advice yourself.

4. The importance of using a variety of activities

- Everyone has a way in which they best learn; in a group there will be a mixture of people with different learning styles. By undertaking a variety of participatory methods during a teaching session, this will facilitate and stimulate learning for the whole group.

- Each activity should involve trainee participation and involvement as much as possible. Presentations that require minimal involvement from the participants should be kept short (maximum 10 minutes).

5. The importance of having fun

- Facilitating a fun training session can increase motivation of the group to learn and also share that learning.

- A lot can be learned by having fun! Fun can help with memory creation and retention of information. Laughing also strengthens the immune system, people who laugh a lot tend to stay healthier and deal with stress more effectively!

6. The importance of maximising participation

- Adults learn best in an atmosphere of active involvement and participation, when they can learn at their own pace. This suggests that the process of learning often matters as much if not more than the topic being studied.

7. The importance of organising the teaching environment

- Face the participants whilst leading the session. Do not have your back to them.

- Limit the size of the groups and the number of participants taking part in each activity.

- If the participants have limited literacy skills, try to avoid writing on the board or flip chart – if necessary use pictures or symbols (you may also need to explain pictures as participants may not be visually literate).

8. The importance of understanding your local context

- Participants and facilitators may be used to more traditional methods of teaching and you may need to explain why these methods are less effective and why you are using more interactive methods.

- Greater learning will be achieved if the topics can be linked with examples of the local context so that the participants can apply their knowledge to their everyday experiences in the community.

- Only the most relevant aspects & topics should be taught. For example, there is no point talking about water taps if there are none available in the community/settlement.

9. The importance of taking action

- The participants need to be encouraged to practice their new knowledge and skills in their own homes and with their own families so that they set an example to others.

- The participants will need support in conducting home visits and group meetings after the training.

10. The importance of monitoring

- Participants need to be involved in monitoring their work so that they can better understand their own communities.

- Monitoring is a useful tool for participant to see the impact of their work on the health & environmental status of their workplace or community.

- Regular meetings should be held with the participants so that they can share this information and support each other.

11. The importance of recording & reporting

- The accurate recording & reporting of work carried out with and by the participants is necessary to facilitate monitoring and evaluation.

12. The importance of revisiting topics at a later date

- It is useful to revisit topics in order to refresh the participants' memories on important topics and to help create links between the topics e.g. hand washing is important to mention in other topics, like diarrhoea and dehydration and the safe use of latrines.

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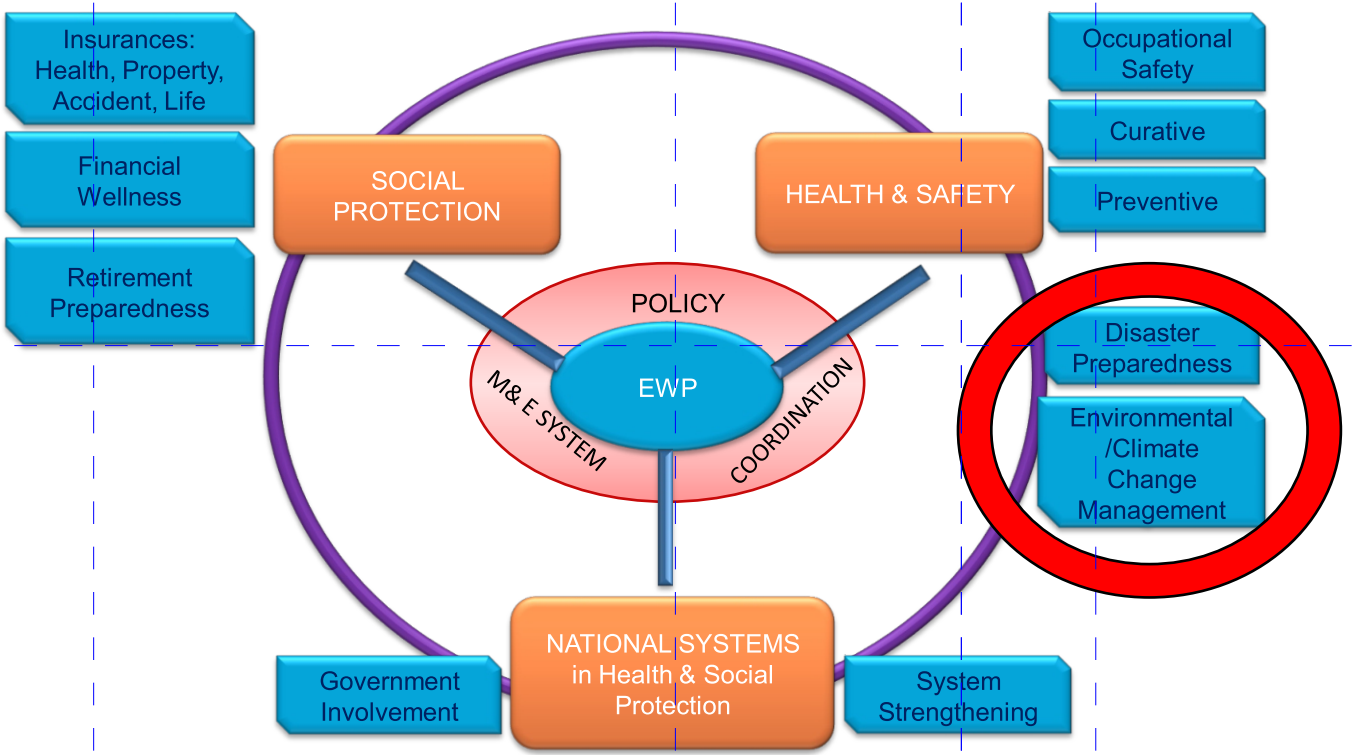
Employee Wellbeing Programme



Module Three

Pandemic Preparedness & Response

Overview

This module consists of four sessions to cover the four priority diseases of pandemic importance to Ghana (see general introduction). The sessions are:

Session 1: Pandemic Influenza
Session 2: Meningococcal meningitis
Session 3: Cholera
Session 4: Yellow Fever

Duration
3hrs

Session 1: Pandemic Influenza

Overview of session:
The session covers key concepts of pandemic influenza, signs and symptoms, assumptions on the impact of pandemics, the mode of transmission, vulnerability, prevention and control measures within the organization, communicating pandemics and draws attention to the labour laws on health.

Learning objectives:
At the end of the lessons participants should be able to:

1. Define pandemic influenza.
2. Identify pandemic influenza signs and symptoms.
3. Describe the mode of transmission.
4. Identify ways of preventing and managing the disease.
5. Discuss ways of communicating the pandemic.
6. Discuss what organizations could do in preparing for pandemics.
7. Identify the labour law on health and safety in the workplace in relation to pandemics.

Methodology:
PowerPoint Presentation, Group Discussions and Group Presentations

Materials:
Flip Chart, Markers, Laptop, LCD Projector

Procedure:

i. Prepare a PowerPoint presentation on pandemic influenza
ii. Group participants in four groups and give them scenarios on thematic areas of the presentation
iii. Give group about 20 minutes to discuss and prepare a 5mins presentation each on the scenarios
iv. All groups must come together to present their discussions and
v. Facilitators guide groups to correct any anomalies.

Introduction of Pandemic Influenza

Influenza is caused by a virus that primarily attacks the upper respiratory tract: the nose, throat and sometimes the lungs. Infection usually lasts for about one week. A pandemic is an epidemic of infectious disease that affects all regions of the world.

Recent pandemics include the Bird flu and Swine flu. With the increase of global transport and urbanization, the spreading of pandemics is easily facilitated. It has become important therefore to look out for possible pandemics and combat them at source.

Three conditions must be met before a pandemic begins, they are:

- Type of infectious agent that has not previously circulated in humans must emerge (itself a rare event)
- This infectious agent must be capable of causing disease in humans and
- The infectious agent must be capable of being passed easily among humans.

An influenza pandemic therefore occurs when a new form of the influenza virus starts spreading. Because it is a new virus, people have no resistance to it and it therefore spreads easily from person to person worldwide.

History has it that Influenza pandemics have typically occurred every 10-50years with varying severity and impact and experts believe it is only a matter of time that another one strikes. Previous influenza pandemics have led to widespread disease and death. Three major influenza pandemics that occurred in the 20th Century were the Spanish flu (H1N1) in 1918-1919 which claimed 20-50million young adults' lives, the Asian flu (H2N2) in the late 1950s (1957-1958) which claimed 1-4million children's lives and the Hong Kong Flu (H3N2) in the late 1960s (1968-1969)which claim 1-4million lives.

Other influenza pandemics found in animal species that could posse a potential risk to humans detected in the 21st Century is the Avian influenza (H5N1), H9, H7 subtype animal influenza viruses, the H2 subtype that caused a pandemic in 1957 and the Swine flu (H1N1).

Pandemic Influenza H1N1 (2009) is a highly contagious acute respiratory disease caused by the type A, subtype H1N1 virus that is new to humans. The virus can spread easily from person to person and can cause many people to be sick within a short period and possibly die. Ghana detected its first case of H1N1 in 2009. A total of 38 confirmed cases with no death were recorded that year.

The world is currently watching the Avian influenza (H5N1) which is predicted to have great pandemic potential. The virus in 1997, first demonstrated its capacity to infect humans after causing disease outbreaks in poultry in Hong Kong SAR, China. The virus since its widespread re-emergence in 2003-2004, has resulted in millions of poultry infections and over four hundred human cases. Ghana in 2007, detected the first case in poultry birds.

Pandemic influenza according to WHO are unpredictable but recurring event that can have severe consequences on human health and economic wellbeing worldwide. A pandemic could greatly affect the health care sectors and cause major social and economic disruption. Its potential effect on the nation's work force could pose significant challenge on the delivery of essential services.

This could also greatly affect normal trade and travel patterns. It is feared that the burden of influenza pandemic will overwhelmingly focus in the developing world, where public health systems are weak and resources for preparedness have to compete with other pressing priorities. An influenza pandemic can cause major damage to companies. It is therefore vital for companies to make early and thorough preparations for a pandemic.

The Ghana Labour Act (2003) Act 651 part XV on Occupational Health, Safety and Environment implores all employers to ensure that every worker employed by him or her works under satisfactory, safe and healthy conditions. Employees are required by law to follow the instructions issued by their employer concerning safety at work and health-protection measures.

The purpose of the workplace pandemic manual is to minimize the risk of infection and to maintain organizations or companies' ability to operate in the wave of a pandemic

Assumptions on the impact of influenza pandemic

WHO predicts a pandemic wave will presumably take between 3 months to spread globally and could affect an entire country within 2 to 3 weeks. Travel and trade will increase the danger of the new influenza virus spreading rapidly and globally.

Pandemics may occur in several waves (2-3 waves) with each wave lasting about 12 weeks depending on the adequacy of contingency measures adopted. However, it is not possible to predict the interval period between the waves of influenza. Most people are at risk of infection, but not all will be infected, and not all people who are infected will become ill.

Countries like France, United States and the Switzerland estimates during a pandemic wave that 25 % of the workforce will fall ill and be off work. This is expected to drop to probably 10% during the peak fortnight of the pandemic.

However, global absenteeism may be higher as some workers will stay at home to care for ill family members. Businesses should probably plan for about 40 % absenteeism rate at the fortnight peak of the pandemic.

Signs and symptoms of Pandemic Influenza

The signs and symptoms of pandemic influenza are similar to those of regular influenza. It could be sudden or more severe.
They may include:

- Sudden illness
- Feeling unwell
- Fever
- Cough
- Shortness of breath
- Chills
- Runny nose
- Sore throat
- Tiredness
- Loss of appetite
- Vomiting
- Diarrhoea and
- Body aches

How does Pandemic Influenza Spread?

Influenza viruses are spread from person to person mostly through coughing, sneezing and spitting by an infected person. One could also get infected by touching surfaces or holding objects contaminated with influenza viruses (e.g. hands, door handles, handkerchiefs, tissue paper) and then touching their own eyes, mouth or nose.

Vulnerable Groups

Whiles some are of the view that it is not yet known who will be most at risk of pandemic Influenza, experts on pandemic Influenza are of the view that the risk group for A(H1N1) are the same as those people at high risk of severe illness from seasonal influenza. The groups identified are:

- Children younger than 5 years old
- Persons aged 65 years or older
- Children and adolescents (younger than 18years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reyes Syndrome after influenza virus infection
- Pregnant women
- Adults and children who have asthma, chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders such as diabetes
- Adults and children who have immunosuppression (including immunosuppressant caused by medications or by HIV)
- Residents of nursing homes and other chronic-care facilities.

In the work place, people whose functions may put them at greater risk of infection include:

- People in close contact with customers (e.g. cashiers, counter staff)
- People working on public transport (e.g. bus drivers, taxi drivers)
- Safety personnel who come into contact with people
- Cleaning staff
- People working with waste disposal
- Others

The United States Department of Labour Occupational Safety and Health Administration have divided workplaces and work operations into 4 risk zones, according to employees occupational exposure to pandemic influenza. They are:

The very high exposure risk which includes:

i. Health care employees (doctors, nurses, dentist etc) or staff performing cough stimulating procedures on known or suspected pandemic patients

ii. Health care or laboratory personnel collecting or handling specimen from known or suspected pandemic patients

The High Exposure risk

1. Health care delivery and support staff exposed to known or suspected pandemic patients (doctors, nurses and other hospital staff who work on the wards.

2. Medical transport of known suspected pandemic patients in enclosed vehicle (emergency medical technicians)

3. Persons who perform autopsy on known or suspected patients (e.g. morgue or mortuary employees)

Medium exposure risk
Employees with contact frequency with the general population (such as schools, high population density work environments, and some high volume retail).

Lower Exposure risk (Caution)
employees who have minimal occupational contact with the general public and other co-workers (office employees)

Preventing the spread of infection
Preventing the spread of infection must be a collective responsibility of individuals and the organization.

The most important non medical measures that has been found relevant to curbing the spread of infection are:

- Personal hygiene
- Keep a safe distance
- Use personal protection measures if there is an increased risk of infection
- Understanding how to behave when you have influenza or suspect you might have influenza

At the individual level, we could have the infected persons and the non-infected persons,infected person is the one who has contracted the disease.

The infected persons must do well to observe the following:

- Cover mouth and nose with a piece of cloth or tissue paper when sneezing or coughing. The used tissue should be properly disposed of while the cloth should be washed with soup, dried and replaced as often as required.
- Wear a mask when in contact with others.
- Keep handkerchiefs or other materials used by the sick person for wiping nose or mouth away from others.
- Cover mouth and nose with palm in the absence of cloth or tissue paper and ensure that the hand used does not contaminate surfaces (such as door handles, tables etc) used by others.
- Always wash hands with soap and water especially after sneezing or coughing and before touching surfaces used by others to prevent droplet contamination.
- Stay at home when sick and limit contact with others as much as possible. If sick, stay home for 7 days after your symptoms begin or until you have been symptom free for 24hrs, or if symptoms of severe infection occurs in which case you have to report immediately to the hospital.

- Seek immediate treatment if infection is suspected, if symptoms occur or when advised by a health worker.

Non infected person could minimize the risk of exposure by observing the following:

- Regular washing of hands with soap and water.
- Hand rubbing with alcohol where available.
- Keep a distance of at least one step (one metre) from the infected person to avoid coming into contact with the influenza droplets
- Avoid public gatherings.
- If contact with a sick person or with potentially infected surface or object occurs, those involved must not touch their eyes, nose or mouth with unwashed hands.
- Avoid close contact with sick persons, refrain from hand shaking, kissing or hugging during an outbreak.
- Use face mask in accordance with guidelines provided by health authorities when caring for the sick.
- It is advisable to be physically active, drink plenty of fluids, eat well, reduce stress and have enough sleep.

In an organization or company

The following recommendations have been proposed by the Swiss extra-parliamentary "Working Group Influenza".

Recommendations for working in an organization or company

Personal contact:

- Whenever possible, handle daily business by telephone, Internet (e-mail) or video conference even if the people involved are in the same building.
- Avoid all non-critical travel and meetings. Cancel meetings, workshops, training activities, etc.
- Provide information and take orders by telephone, e-mail or fax.
- Lock outside doors.
- Don't shake hands.

Internal mail:

- Incoming mail should be distributed by one delegated person (with provision for deputisation) and not collected from a central office by various people.
- Outgoing mail should be deposited in a designated place with no personal contact.
- The person charged with distributing internal mail should wash their hands with soap every hour.

Face-to-face discussions with other people (if they are unavoidable):

- Keep the meeting as short as possible.
- Use a large meeting room and maintain a distance of at least 1 metre between the people taking part.
- Avoid direct contact, don't shake hands.
- Consider holding the meeting outdoors.

Gatherings of people in the workplace:

- Stop using fixed times for starting and finishing work at the company.
- Organize handovers so that they don't overlap.
- Avoid using lifts wherever possible.
- Close cafeterias and staff restaurants.

Public transport:

- Walk or cycle to work whenever possible. Avoid using own vehicles as chaotic traffic conditions are likely.
- Continue using public transport; the recommendations issued by the authorities and the transport operators should be observed.

Physical protective measures

Physical protective measures can provide additional protection for employees who are at increased risk of infection, e.g. because they come into frequent contact with other people, against becoming infected with the influenza virus. However, physical protection measures cannot provide 100 % protection even if they are used correctly. Staff must be instructed in the correct use of additional protective measures as they will otherwise not be effective. Protective material must be disposed of in such a way that the surroundings are not contaminated and cleaning staff are not exposed to additional risk.

The additional physical protective measures that can be used include:

- Wearing face masks.
- Wearing gloves and where appropriate, safety glasses.
- Erecting sheets of Plexiglass or impermeable plastic between customers and staff.

Environmental hygiene

The maintenance of environmental hygiene in the work place during a pandemic before, during and after a pandemic is of great importance.

Ventilation/air-conditioning

- Rooms should be aired regularly by opening windows and doors.
- Ventilation systems do not need to be switched off during a pandemic.

Cleaning
Rooms should be cleaned as usual during the pandemic. It is sufficient to clean surfaces and wash-able floors with detergent products. It is not necessary to disinfect them. Surfaces which are touched frequently by the public and staff (e.g. shop counters, keypads on cash dispensers, etc.) should be identified and cleaned more often.

Communication
General information about risk communication during pandemics are covered in Module 5 of this document. Regarding influenza, employees should be informed about:

- The impact of an influenza pandemic.
- Measures that apply to personal behaviour and to operations in the company.
- Places within the company from which information can be obtained and the relevant telephone numbers.
- Changes and developments as the influenza pandemic progresses.
- The company's customers and suppliers must also be informed about any changes that affect them (e.g. changes to ordering or supply procedures).

When to communicate
It is up to the management of a company to decide when to communicate the preparations for a possible influenza pandemic. It can, however be advantageous to explain to employees at an early stage what interventions are planned should an influenza pandemic develop and how individuals can protect themselves against infection with the influenza virus.

Who needs to be informed
Information must be provided to all employees. The recommended interventions also apply to their families.

Managing Pandemic Influenza
Antivirals Oseltamivir (Tamiflu), medicine used for managing infection with virus, can be used to treat the disease. Antiviral medicine work better if started soon after getting sick (within two days of the appearance of symptoms). Patients on antiviral treatment usually recover full and no resistance to recommended medicine is recorded. Attention is however needed for managing patients with complications.

Organizational aspects in preparing for a pandemic
The need to put in place contingency measures before, during and after a pandemic is important for the existence and progress of every organization. The key issues an organization or company must consider in its preparations are:

i. The formation of a pandemic team or crises team that would plan, prepare and procure materials is the wake of a pandemic.
ii. Accessing and providing update of pandemics phase to employees (WHO, 2008).

iii. Assessment of internal structures which starts with a detailed analysis of the functions within the organization/company.
iv. Plan for the reorganization of work processes when there is high absenteeism in the wake of a crises. This will entail planning for interventions that may be implemented in order to maintain the most important functions in a company.
v. Assessment of the external functions would be necessary since the organization/company is in most cases dependent on external suppliers and customers, planning must also include an analysis of these suppliers and customers.
vi. The recognition of the Labour laws in the environment which the organization or company operates.
vii. Providing support for infected staff and family.

Ghana Labour Law Act 2003 ACT (651)

The following sections of the Ghana Labour Law Act 2003 ACT 651 raise relevant issues that could guide employers and employees in the wake of a pandemic.

General health and safety Conditions (118)

(1) It is the duty of an employer to ensure that every worker employed by him or her works under satisfactory, safe and healthy conditions.

Exposure to imminent hazards (119)

(1) When a worker finds himself or herself in any situation at the workplace which she or he has reasonable cause to believe presents an imminent and serious danger to his or her life, safety or health, the worker shall immediately report this fact to his or her immediate supervisor and remove himself or herself from the situation.

(2) An employer shall not dismiss or terminate the employment of a worker or withhold any remuneration of a worker who has removed himself or herself from a work situation which the worker has reason to believe presents imminent and serious danger to his or her life, safety or health.

(3) An employer shall not require a worker to return to work in circumstances where there is a continuing imminent and serious danger to the life, safety or health of the worker.

Employer to report occupational accidents and diseases (120)

An employer is required to report as soon as practicable and not later than seven days from the date of the occurrence to the appropriate government agency, occupational accidents and diseases which occur in the workplace.

Topic summary

- An influenza pandemic occurs when a new form of the influenza virus starts spreading. Because it is a new virus, people have no resistance to it and it therefore spreads easily from person to person worldwide.

- An influenza pandemic can cause major damage to companies. It is therefore vital for companies to make early and thorough preparations for a pandemic.

- WHO predicts a pandemic wave will presumably take between 3 months to spread globally and could affect an entire country within 2 to 3 weeks.

- The signs and symptoms of pandemic influenza are similar to those of regular influenza. It could be sudden or more severe.

- Influenza viruses are spread from person to person mostly through coughing, sneezing and spitting by an infected person. One could also get infected by touching surfaces or holding objects contaminated with influenza viruses

- The most important non medical measures that has been found relevant to curbing the spread of infection are:
  i. Personal hygiene
  ii. Keep a safe distance
  iii. Use personal protection measures if there is an increased risk of infection
  iv. Understanding how to behave when you have influenza or suspect you might have influenza

- It can be advantageous to explain to employees at an early stage what interventions are planned should an influenza pandemic develop and how individuals can protect themselves against infection with the influenza virus.

- There is no vaccine available at the moment, however studies are being conducted to produce a vaccine. Antivirals Oseltamivir (Tamiflu) medicine used for managing infection with virus, can be used to treat the disease.

- The need to put in place contingency measure before, during and after a pandemic is important for the existence and progress of every organization.

- The Ghana Labour Act 2003 (Act 651) provides relevant guide to employers and employees on maintaining a healthy and safe occupational environment.

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Session 2: Meningococcal meningitis

Overview of session:
The session gives a brief on meningitis, the mode of transmission, signs and symptoms, the impact of the epidemic, prevention and outbreak response measure.

Learning objectives:
At the end of the lessons participants should be able to:

1. Describe Meningococcal meningitis.
2. Explain the mode of transmission.
3. Identify the signs and symptoms.
4. Discuss ways of preventing and communicating the epidemics.

Methodology:
PowerPoint Presentation, Group Discussions and Group Presentations

Materials:
Flip Chart, Markers, Laptop, LCD Projector

Procedure:

1. Prepare a PowerPoint presentation on meningitis
2. Group participants in four groups and give them scenarios on thematic areas of the presentation
3. Give group about 20 minutes to discuss and prepare a 5mins presentation each on the scenarios
4. All groups must come together to present their discussions and
5. Facilitators guide groups to correct any anomalies.

Ghana is named among the countries along the meningitis belt stretching across the Sub-Saharan Africa from Senegal to Ethiopia. Outbreaks are therefore expected anywhere along the belt most especially during the drier months.

The Northern and Upper Regions of Ghana have been recording periodic outbreaks and few of such cases have been found in the Ashanti Region and some Southern Regions of the country. Meningococcal meningitis is a bacteria form of meningitis, a serious infection of the meninges that affect the brain membrane.

It can course severe brain damage and is fatal in 50% of cases if untreated. Meningitis are commonly caused by viral infection that usually get better without treatment. However, bacterial meningitis infections if urgent treatment is not sought could be fatal or could lead to brain damage.

Neissera meningitidis have been found to have a potential for large epidemics. The average incubation period is 4 days but can take 2 to 10 days. Children who are not

vaccinated and displaced populations are most at risk. Meningitis may also be caused by Chemical irritations, Drug allergies, Fungi and Tumors. Meningitis just like any other epidemic can have adverse effect on organization or company activities. This could be greatly felt in the low workforce turnouts and productivity.

Transmission
The bacteria is spread from person to person through droplets of respiratory or throat secretions of carriers. The transmission is facilitated by prolong close contact with infected persons (carriers). Kissing, sneezing or coughing on someone and living in close proximity to an infected person facilitates the spread of the disease.

Symptoms
The most common symptoms are stiff neck, high fever, sensitivity to light, confusion, headaches and vomiting. The symptoms start with sudden high fever and one of the following: neck stiffness, changed consciousness and sometimes, rash. Early treatment could cure 90% of cases and prevent deaths. Meningitis if untreated could lead to nervous system damage and death.

Prevention
Meningitis could be prevented by:

- Mass vaccination of all children
- Rapid identification of suspected cases
- Health promotion and
- Referral of sick people to health facilities as soon as possible for proper medical treatment.

Outbreak response
In the situation of an outbreak the following activities must be carried out:

- Mass vaccination campaign by health authorities
- Rapid detection of suspected cases
- Referrals of suspected cases to health facilities
- Social mobilization to get children vaccinated in the community
- Health promotion and
- Observation of respiratory etiquettes (such as covering of nose and mouth when sneezing or coughing).

In the organization or company
The most important non medical measures that has been found relevant to curbing the spread of infection are:

- Personal hygiene
- Keep a safe distance
- Use personal protection measures if there is an increased risk of infection

- Understanding how to behave when you have meningitis or suspect you might have meningitis
- Prevention measures are not different from any other respiratory infection.

Communication

General information about risk communication during pandemics are covered in Module 5 of this document. With regards to Meningitis, employees should be informed about:

- The impact of meningitis epidemic
- Measures that apply to personal behaviour and to operations in the company
- Places within the company from which information can be obtained and the relevant telephone numbers
- Changes and developments as the meningitis epidemics progresses
- The company's customers and suppliers must also be informed about any changes that affect them (e.g. changes to ordering or supply procedures).

When to communicate

It is up to the management of a company to decide when to communicate the preparations for a possible meningitis epidemic. It can, however be advantageous to explain to employees at an early stage what interventions are planned should a meningitis epidemic develop and how individuals can protect themselves against infection.

Who needs to be informed

Information must be provided to all employees. The recommended interventions also apply to their families.

Topic summary

- Ghana is named among the countries along the meningitis belt stretching across the Sub-Saharan Africa from Senegal to Ethiopia
- Meningococcal meningitis is a bacteria form of meningitis, a serious infection of the meninges that affect the brain membrane. It can course severe brain damage and is fatal in 50% of cases if untreated.
- The bacteria is spread from person to person through droplet of respiratory or throat secretions of carriers.
- The most common symptoms are a stiff neck, high fever, sensitivity to light, confusion, headaches and vomiting.
- Observing good respiratory etiquettes, avoiding close and long contact with infected persons, getting vaccination and seeking early treatment are important ways of preventing the spread of infection

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Session 3: Cholera

Overview of session:
The session discusses cholera, the signs and symptoms, mode of transmission, prevention and control measures and treatment of cholera. It also highlights general outbreak response within the organization.

Learning objectives:
At the end of the lessons participants should be able to:

1. Describe cholera.
2. Identify the signs and symptoms.
3. Explain the mode of transmission.
4. Identify ways of preventing and managing the disease.
5. Discuss outbreak response.

Methodology:
PowerPoint Presentation, Group Discussions and Group Presentations

Materials:
Flip Chart, Markers, Laptop, LCD Projector

Procedure:

1. Prepare a PowerPoint presentation on cholera epidemics
2. Group participants in four groups and give them scenarios on thematic areas of the presentation
3. Give group about 20 mins to discuss and prepare a 5mins presentation each on the scenarios
4. All groups must come together to present their discussions and
5. Facilitators guide groups to correct any anomalies.

The threat of cholera remains a global issue of public health concern. According to WHO, globally, an estimated 3 – 5 million cholera cases and 10,000 – 120,000 deaths are recorded annually. The disease is common to countries where access to safe water and adequate sanitation is rear. Most developing countries including Ghana have faced cholera outbreak or the threat of cholera epidemic.

Cholera is an acute infectious disease caused by bacterium (Vibrio cholerae) that produces watery diarrhoea which can rapidly lead to dehydration and death if left untreated within hours. It has a short incubation period of two hours to five days. People with low immunity (malnourished children, people living with HIV, pregnant and lactating women and the elderly) are most vulnerable and risk dying when infected.

In the likely event of an epidemic, cholera could have a great toll on the health, labour force and possible social and economic implication. Absenteeism is one unavoidable impact of such epidemics on every organization/company. One might be absent due to ill health or the illness of a close relation who needs care.

Signs and symptoms

Cholera is an extremely virulent disease. It affects both adults and children and can kill within hours. Most (75%) people affected by the disease do not develop the symptoms although, the bacteria remains in their faeces (for 7-14days) and can spread the disease. Among the persons who develop the symptoms, 80% have mild to moderate symptoms whiles, 20% develop acute watery diarrhoea with severe dehydration. The signs and symptoms are:

- Vomiting
- Copious, fishy smelly diarrhoea (rice water stool)
- Rapid heart rate
- Loss of skin elasticity
- Dry mucus membrane
- Low blood pressure
- Thirst
- Muscle cramps
- Rapid breathing and dizziness
- Restlessness / irritability (especially in Children)

Mode of transmission

Cholera is transmitted through drinking contaminated water and eating contaminated food.

Prevention and control

Cholera could be controlled through several methods based on prevention, preparedness and response, along with efficient surveillance system.

At the community level, the provision of safe drinking water, good sanitation practice (good latrine or defaecation facilities), hand washing facilities and food safety measures are key to preventing diseases such as cholera.

Individuals could avoid Cholera by observing good hygiene practices (such as washing hands with soap and clean water) and environmental sanitation, avoiding areas and people with cholera, drinking only safe drinking water and eating clean and well cooked food.

Treatment

About 80% of cholera cases could easily be treated successfully by the prompt administration of the Oral Rehydration Salt (UNICEF/WHO ORS standard sachet). Intravenous fluids and antibiotics are recommended for severely dehydrated patients.

WHO recommends the setting up of Cholera Treatment Centres (CTC) among the affected population.

Outbreak Response

During an outbreak, it is important to prevent deaths by ensuring access to treatment and prevention of the spread of infection through the provision of safe water, proper sanitation, rapid burial of dead victims, oral rehydration, health education on hygiene (hand washing), safe food handling practices and breastfeeding promotion.

In an organization or company

The measures to contain the situation in the work place include:

- Ensuring adequate sanitary facilities are provided for employers and people who access the services of the organization or company.
- Keeping clean at all times sanitary facilities and working environment.
- Providing clean water and soap for hand washing at every sanitary facility in the organization
- Education materials must be clearly posted for staff on what to do in the event of an epidemic

Communication

General information about risk communication during pandemics are covered in Module 5 of this document. Regarding cholera, employees should be informed about:

- The impact of cholera epidemic
- Measures that apply to personal behaviour and to operations in the company.
- Places within the company from which information can be obtained and the relevant telephone numbers
- Changes and developments as the cholera epidemic progresses
- The company's customers and suppliers must also be informed about any changes that affect them (e.g. changes to ordering or supply procedures).

When to communicate

It is up to the management of a company to decide when to communicate the preparations for possible epidemics. It can, however, be advantageous to explain to employees at an early stage what interventions are planned should a cholera epidemic develop and how individuals can protect themselves against infection with cholera.

Who needs to be informed?

Information must be provided to all employees. The recommended interventions also apply to their families.

Topic Summary

- The threat of cholera remains a global issue of public health concern
- In the likely event of an epidemic, cholera could have a great toll on the health, labour force and possible social and economic implication
- Among the persons who develop the symptoms, 80% have mild to moderate symptoms whiles, 20% develop acute watery diarrhoea with severe dehydration.
- Cholera is transmitted through people drinking of contaminated water and eating of contaminated food.
- Prompt administration of ORS could help treat cholera and prevent death
- Maintaining good hygiene practice such as washing hands with soap and clean water after using the toilet, before eating or cooking and after attending to infected patients could help prevent infection
- Eat clean and well cooked food
- Drink only safe drinking water
- Keep your environment clean at all times

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Session 4: Yellow Fever

Overview of session:
The session highlights some key issues on yellow fever, the mode of transmission, signs and symptoms, vulnerability, prevention and control measures.

Learning objectives:
At the end of the lessons participants should be able to:

- Describe yellow fever.
- Explain the mode of transmission.
- Identify the signs and symptoms.
- Identify ways of preventing and controlling the disease.

Methodology:
PowerPoint Presentation, Group Discussions and Group Presentations

Materials:
Flip Chart, Markers, Laptop, LCD Projector

Procedure:

1. Prepare a PowerPoint presentation on yellow fever epidemics
2. Group participants in four groups and give them scenarios on thematic areas of the presentation
3. Give groups about 20 mins to discuss and prepare a 5mins presentation on each of the scenarios
4. All groups must come together to present their discussions and
5. Facilitators, guide groups to correct any anomalies.

Yellow fever continues to plague the world and it is one of the diseases on WHO epidemic alert. They warn of a greater risk of international spread now than before as a result of the much advance means of travel compared to early years where the disease was localized to sea port areas. It is feared that the virus could spread quickly and cause epidemics in areas with high density of vectors and non-immune populations of which Africa is ranked high among such areas. About two-thirds of African Countries with an estimated population of 610 million people among which more than 219 people live in urban settings are now considered at risk of yellow fever.

Globally, an estimated 200,000 cases and 30,000 deaths of yellow fever are recorded per annum. According to WHO, the disease is endemic in 45 tropical countries in Africa (32) and Latin America (13) with an estimated population of 900 million people at risk. West Africa, between 2001 and 2004, has experienced 5 urban epidemics Abidjan (La Cote d'Ivoire), Dakar and Touba (Senegal), Conakry (Guinea) and Bobo Diolasso (Burkina Faso).

Ghana is among the countries named with yellow fever cases in 2004. The country however recorded no death that year. In 2012, the ministry of health raised an outbreak alert in three districts of the Upper East and Brong Ahafo Regions. A total of three confirmed cases and two deaths were recorded. Experts estimate that in an epidemic, the disease can affect 20% of the population and more than 50% case fatalities could be recorded in an unvaccinated population.

An epidemic of yellow fever could have social and economic implications. Organizations are likely to lose productive staff in the event of an epidemic which could adversely affect the progress of the organization or disrupt smooth business operations in the absence of adequate response planning.

Yellow fever is an acute haemorrhagic fever caused by a virus (arbovirus) transmitted by an infected mosquito. Infection causes a wide spectrum of the disease from mild symptoms to severe illness and death. The yellow in the name is explained by the jaundice that affects some patients resulting in the yellow colouration of the eye and skin. History has it that the disease dates 400 years back. Earlier epidemics were recorded in the 17th and 19th centuries in port cities in North America and Europe.

Mode of transmission

Yellow fever virus is spread through the bite of an infected mosquito. Mosquitoes that transmit yellow fever are found to bite during the day. Different species of Aedes and Haemagogus mosquitoes could transmit the virus but the closest due to its adaptive nature to man's environment is the Aedes aegypti. The other mosquitoes are forest canopy dwellers and could only thrive in the forest. These vectors transmit the virus in three ways which are from monkey to monkey, monkey to humans and human to human. The variability hence describes the 3 types of transmission cycle.

The three transmission cycles are:

1. **Sylvatic (or Jungle) yellow fever:** Which affect mostly persons who work in the rain forest. The disease is mostly transmitted from infected mosquitoes to monkeys and then carried from infected monkeys by mosquitoes to humans who frequent the forest occasionally.

2. **Intermediate yellow fever:** This is caused by semi domestic mosquitoes that breed in the wild and in households that infect both monkeys and humans. Small scale epidemics occur in humid and semi humid areas of Africa where there is increased contact between humans and infected mosquitoes

3. **Urban Yellow fever:** Infected mosquitoes transmit virus from person to person. Large scale epidemics could occur when infected people introduce virus to densely populated areas with high numbers of non-immune people and high Aedes mosquitoes.

Signs and Symptoms

Yellow fever can occur in two phases (the acute and toxic) which is marked by different signs and symptoms. The disease is difficult to diagnose in the early stages as it shares common signs and symptoms with severe malaria, viral hepatitis, dengue haemorrhagic fever and other haemorrhagic fevers. The virus has an incubation period of 3-6days once contracted.

The acute phase is marked by fever, muscle pain with prominent backache, headache, shivers, red eyes, loss of appetite, nausea and vomiting. Most patients improve and symptoms disappear after 3-4days.

However 15% of patients enter the second more toxic phase within 24hours of initial symptoms. The phase is characterised by high fever, deterioration of body systems, jaundice (yellow colouration of the skin or the whites of the eyes), abdominal pains, vomiting, bleeding in mouth, eyes, nose or stomach and deterioration of kidney functions. Half the patients who enter the toxic phase die within 10 to 14 days and the rest recover without significant damage to organs.

Populations at risk

- People who are not vaccinated
- Non immune persons whose work demand going to the forest
- Non immune travellers to high risk areas

Prevention and control

Yellow fever could be prevented by

- Vaccination
- Vector control
- Use of insect repellent
- Wearing clothes that cover most of the body
- Staying in well screened areas
- Destruction of breading sites
- Health promotion

Vaccination which spans 10 years is done at designated centres and organizations must ensure that their staff have taken the vaccine most especially their international travelling staff and staff going to the forest area. Vaccination is recommended for persons age 9 months through 59 years living or travelling to high risk areas. Laboratory person and or person who work with the virus must take the vaccination. Persons who receive the vaccine must not donate blood within 14 days to avoid the risk of transmission.

Following the high morbidity and case fatality, organizations are advice to plan ahead of any eventualities.

Topic summary

- Yellow fever continues to plague the world and it is one of the diseases on WHO epidemic alert.
- It is feared that the virus could spread quickly and cause epidemics in areas with high density of vectors and non-immune populations of which Africa is ranked high among such areas.
- Yellow fever is an acute haemorrhagic fever caused by a virus (arbovirus) transmitted by an infected mosquito.
- The virus has three transmission cycles, monkey to monkey, monkey to person and person to person.
- Organizations are likely to lose productive staff in the event of an epidemic which could adversely affect the progress of the organization or disrupt smooth business operations in the absence of adequate response planning.
- Population at risk are the unvaccinated population.
- Prevention is by vaccination.

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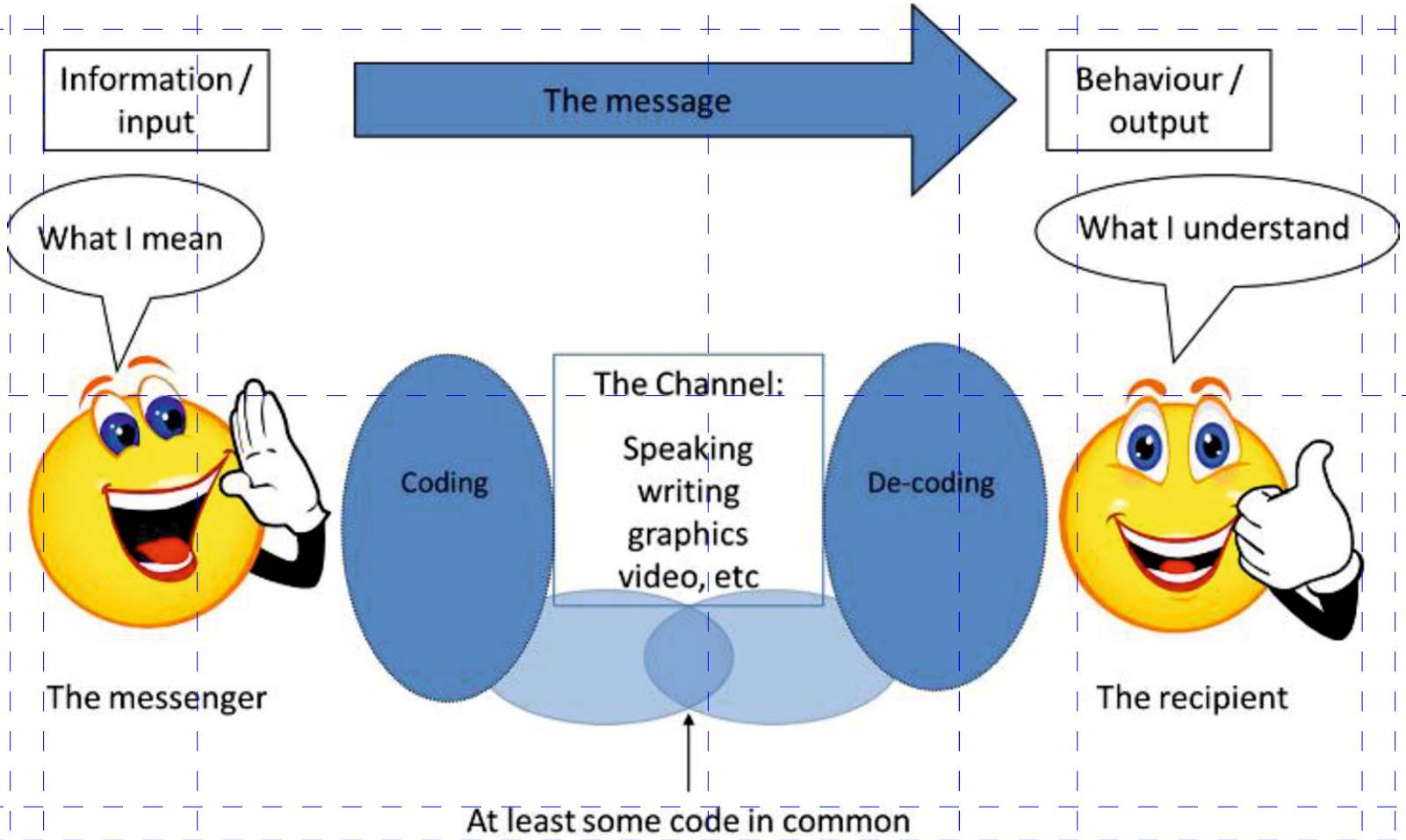

Information / input
The message
Behaviour / output
What I mean
What I understand
The Channel:
Speaking
writing
graphics
video, etc
Coding
De-coding
The messenger
The recipient
At least some code in common

Module Four

Personal Hygiene

Overview

In the first part of this module, participants are introduced to their role as institutional focal persons in respect to pandemic preparedness. They also learn about the chain of contamination and how to conduct mapping of hygiene problems at the institutional and community level.

The second part then moves onto learning about the hygiene promotion skills and protective actions at the organizational and individual level.

The module provides participants with the principles and reasons for effective personal hygiene; explains when and how to apply proper hand washing techniques; design a system for employees and visitors to notify the organization of any symptoms of illness and injury that may preclude them from working in direct contact with food; as well as other protective measures including sneezing and coughing. The module comprises the following sessions:

Session 1: Task Description (45min)

Session 2: Chain of Contamination (F-Diagram) (45min)

Session 3: Mapping Hygiene Problems (60min)

Session 4: Hand washing

Session 5: Other Protective Measures (30min)

Facilitator's Notes on Structure of the Module
It may be necessary to start participants working straight away on a campaign or they may not be used to long training sessions. The order and content of the sessions may also need to be changed depending on the demands of the situation.

For example there may be an outbreak of cholera and people may need to be informed very quickly that they cannot use certain water sources and that they must treat their water with a particular agent.

The training then needs to focus on the quickest way to communicate with as many people as possible on the specific tasks that are expected of the community members such as teaching people how to use water treatment agent.

Session 1: Task Description

Aim:
This session is designed to ensure that staff at workplace understand their role in promoting hygiene promotion during emergencies.

Objectives
By the end of the session participants will be able to:

- Explain the purpose and key tasks they can undertake to promote workplace sanitation.
- Describe the chain of contamination .
- Describe how to network with key institutions to share experiences and for support .

Time
60 minutes

Methods
- Discussion
- Brainstorming
- Questions and Answers

Description
Introduction to session with aims and outcomes.

Part A: Plenary (10 min)
In plenary, ask participants to discuss their roles at their workplaces.

Part B: Small Groups (30min)
Divide the participants into small groups and provide each group with a set of flip charts of their job tasks and ask them to discuss these (what they feel most comfortable doing, what they might find difficulty doing and what they feel they should not do).

Discuss the findings in plenary, explaining that the purpose of the training is to ensure that they feel more confident in doing their job and they will be given ongoing support

even after the training. They should also try to support each other and share examples of things that work and things that haven't worked.

Discuss issues relating to the terms and conditions of being an institutional pandemic focal person (remember this is a volunteer, additional responsibility) e.g.

- Numbers of hours that are normally worked.
- Remuneration e.g. (incentives may sometimes be provided for supporting specific campaigns, but these are not always possible and they may need to be encouraged to work for the benefit of their employers).
- Training and support provided .
- Tools to do the job.

Session 2: Chain of Contamination

Aim

This session is designed to ensure that participants understand the different ways through which diarrhoea is acquired / spread.

Objectives

By the end of the session participants will be able to describe how diarrhoea can be acquired / spread and how to break the chain of contamination.

Time

45 minutes

Methods

- Brainstorming
- Presentation
- Group work

Description

- Introduction to the session with aims and objectives: 5 minutes.
- Ask participants to brainstorm on the ways that diarrhoea can spread. (5 minutes)
- Show the 'F' Diagram and walk the participants through the different ways that faeces can spread from one person to another. Use pictures and demonstration as much as possible. The 'f' diagram could be cut up and reassembled to help illustrate each different route of transmission. (15 minutes)
- Provide each group with a set of cards illustrating the chain of contamination of diarrhoea (or other disease depending on the focus of the WASH intervention). In small groups ask the participants to place the pictures in order to tell the story of how diarrhoea is spread. (15 minutes)
- Ask each group to feedback and clarify any misunderstandings. Refer back to the 'F' diagram when clarifying the transmission route and indicate where the transmission route can be blocked. (5 minutes)

Facilitator's Notes / Key Learning Points:

- Diarrhoea is generally caused by eating food or drinking water that is contaminated with human faeces.
- Babies and infants may suffer from diarrhoea after being fed by someone with dirty hands or having put dirty objects into their mouths.
- The 'F Diagram' handout shows the ways that diarrhoea germs mainly reach people including via fingers, flies (insects), fields and fluids, food or directly into the mouth.
- The barriers to stop the transmission of diarrhoea germs include hand washing with soap or ash, the safe disposal of faeces and drinking clean water.

Session 3: Mapping Hygiene Problems

Aim

This session is designed to ensure that participants are able to identify hygiene related problems in their organization / community .

Objectives

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

- Describe the hygiene risks present in their own organizations /communities / environment.
- List the actions they can take to reduce health and hygiene risks.
- Explain what they can do to influence / mobilise people to take action to address those hygiene risks.

Time

60 minutes

Methods

- Mapping exercise
- Discussion

Resources

Open area of ground or large sheets of flip Chart , Long Stick , Stones, Leaves, Beans etc. as symbols on map

Description

Introduce the aims and objectives of the session

Briefly discuss what PLA (Participatory Learning and Action) techniques are: they are ways to encourage discussion through creating a scaled down picture or diagram of the situation. In this way problems are identified among the group of people taking part and it becomes easier to think about and discuss how to address those problems. Mapping is one such technique. (10 minutes)

Begin by identifying the resources that might be used for the map (e.g. stones, leaves etc. encourage participants to think of things that can be used as you go along)

Explain that the idea behind doing the map is to try to identify hygiene issues in the organization. The facilitator should begin the process with a central landmark but should try to 'hand over the stick' to the participants as much as possible. They may need encouragement at first.

Once the key landmarks have been identified, ask the participants to try to identify where there are specific water, sanitation and hygiene issues. Try to ensure that they explore the causes of these issues by asking probing questions (e.g. common places that people touch – such as keypads, door handles, etc.).

Ask them what can be done about these issues with the resources available and how the WASH agencies might be able to help. The facilitator can highlight specific issues if no one mentions them but should try to get the group to explore them and should avoid providing solutions at this stage.

Listen carefully to what people say and allow free discussion and debate.

Once the map has been completed copy this onto a large sheet of flip chart and explain that you will come back to this in subsequent meetings/training sessions to see how much progress has been made. Ask the participants to look at the map on the flip chart and talk you through some of the issues that have been discussed. (40 minutes)

Ask the participants if they feel able to use this exercise to mobilise others. In pairs ask them to imagine they are explaining how to conduct the exercise to a community group. They will be given more time to practice using this method in another session. (10 minutes)

Facilitator's Notes / Key Learning Points:

- Mapping is one way to stimulate discussion about hygiene issues.
- This session is used both to get the community health workers thinking about their own situation and also about how they might use this method with community groups as a means to mobilise others.
- The training of the community health workers must be grounded in reality and they must also make sure that they refer to the actual situation that people are dealing with when working in the community.

Session 4: Hand Washing

Aim

To learn about how to wash hands properly and how dirty hands can transmit germs.

Objectives

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

1. Demonstrate how to properly wash their hands.
2. Know how to wash hands in an area where water is scarce.
3. Identify four key moments for hand washing.
4. Describe local conditions regarding hand washing and begin thinking about what they have learned and planning how to apply it when they are working with their own audiences.
5. Demonstrate how much time and water it takes to wash hands well.
6. Describe several ways to overcome water scarcity in order to achieve "ideal" hand washing.

Outline:

- How to wash our hands.
- When to wash our hands.
- How much water does it take to wash your hands well?
- Building a tippy tap.
- Hand washing synthesis.

How to Wash Hands

1. To wash, wet hands with running water.
2. Rub your hands with the soap or ash for about 30 seconds, about the time it would take to sing the Happy Birthday song.
3. Clean between the fingers, under your fingernails and up to your wrists to help control germs.
4. It is the soap or ash combined with the scrubbing action that helps dislodge and remove germs.
5. Rinse your hands well with running water (pour from a jug or tap)
6. Dry them in the air to avoid recontamination on a dirty towel.

When to Wash Hands:

- After visiting the toilet or washroom
- Before eating
- Before cooking or food handling
- Before feeding a child or breastfeeding
- After cleaning a baby

Session 5: Other Protective Measures

Aim
To equip participants with the knowledge about other protective measures to protect against pandemics.

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

1 Identify physical protection methods in the event of a pandemic.
2 Identify four key moments for hand washing.

Duration
30min

Outline
Introduce the session by discussing participants' other conditions that require additional protective measure beyond hand washing. In particular, conditions that result in sneezing and coughing.

Take participants through the physical and environmental measures for hand-washing (see facilitator notes below).

Facilitator Notes

1. Physical protective measures

Description provided under Pandemic Influence in Module Three.
People with an increased risk of infection include, but not limited to:

- People in close contact with customers (e.g. cashiers, counter staff)
- People working on public transport (e.g. bus drivers, taxi drivers)
- Safety personnel who come into contact with people
- Cleaning staff
- People working in waste disposal
- Others

The additional physical protective measures that can be used include:

- Wearing face masks.
- Wearing gloves and where appropriate, safety glasses.
- Erecting sheets of Plexiglass or impermeable plastic between customers and staff.

Face masks
Since the risk of becoming infected during a pandemic is not equally great everywhere (and depends on the type of pandemic), it is not generally recommended to wear a face mask. This measure is, however, worthwhile in situations in which an increased risk of the influenza virus being transmitted (e.g. in gatherings of people, during contact with customers, etc.) cannot be avoided. The exact situations in which face

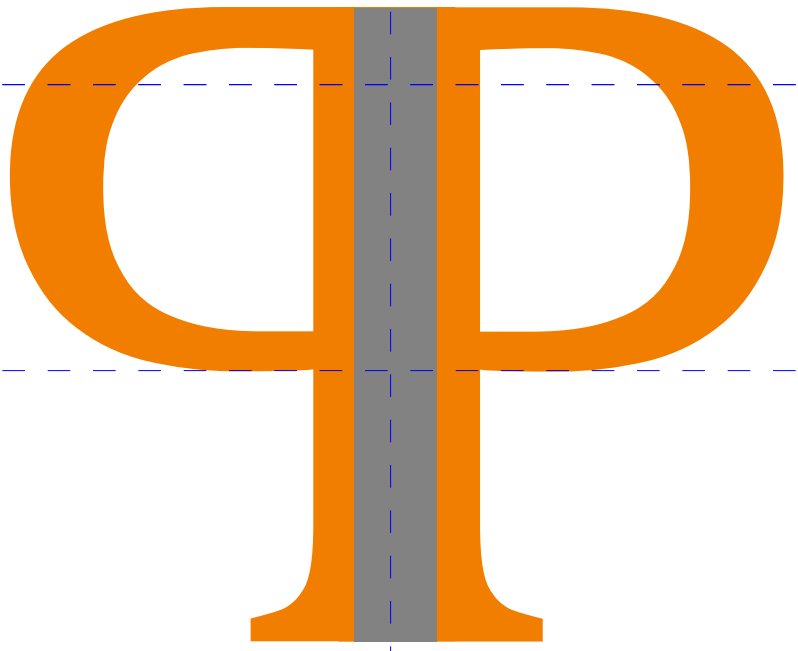
masks should be used cannot be defined until the pandemic virus and its specific transmission properties are known. If an influenza pandemic occurs, the Ghana Health Service will provide information about the situations in which it is advisable to wear a face mask. It is recommended to follow the official recommendations.

If a company would nonetheless like to issue face masks to all its employees and not just those specifically exposed to a risk of infection, it should inform the employees about the situations in which the masks should be worn (e.g. on buses), how they should be donned, and when they should be changed.

Masks are only effective if they are used correctly and in conjunction with the other recommended hygiene measures, particularly hand washing.

2. Environmental hygiene

Protective environmental measures include ventilation and cleaning.
Description provided under Pandemic Influence in Module Three.



INFORMED | READY | TOGETHER

Module Five

Risk Management

Overview

The aim of the module is to equip organizational focal persons and peer educators with the skills to strengthen the conduct of the risk communication and enable them to provide deliberate, authoritative and timely information at the workplace and community in all aspects of the public health emergency or disaster. The training will help the participants to address communication issues and also procedures for the rapid identification of potentially harmful situations and the methods on how to communicate and respond to these situations quickly and effectively.

Objectives:
By the end of the training, the participants are expected to:

1. Appreciate the importance of risk communication as part of their responsibilities as peer educators and focal persons
2. Understand the concepts of risk communication in health emergencies
3. Develop risk communication plans
4. Acquire skills in crafting and delivering risk communication messages to various publics including the media and
5. Monitor effects of risk communication activities.

Duration
2hrs

Methodology
PowerPoint Presentation, Group Discussions and Group Presentations

Materials
Flip Chart, Markers, Laptop, LCD Projector

Procedure:

1. Introduce the Module, its aim and objectives and the approach. (5min)
2. Prepare and deliver a 40 min PowerPoint presentation on risk communication.
3. Divide class into groups of five to eight and assign each group the task of developing key Crisis Risk Communication guidance on one of the pandemic topic (Cholera, Influenza, Yellow fever, Meningitis). (30min)
4. In Plenary, each group makes 5min presentation followed by clarifications. (40min)
5. Summarise by recapping the seven key risk communication concepts. (5min)

Session 1: Foundations of Risk Communication

Introduction to the Concept of Risk Communication

WHO defines risk communication as the range of communication capacities required through the preparedness, response and recovery phases of a serious public health event to encourage informed decision-making, positive behavior change and the maintenance of trust. Risk communication is an essential part of any comprehensive response to protect public health in the event of a pandemic.

The role of risk communication is to instruct, inform and motivate persons to adopt appropriate self-protective behavior, update risk information and dispel rumors. Ideally, pandemic communication maximizes the public's capacity to act as an effective partner by encouraging prevention, promoting containment and fostering resilience and recovery.

However, the public's response to communication is affected by existing psychological, social, cultural, health, and socioeconomic factors—and each of these factors affect how individuals will interpretate messages, as well as their willingness and ability to act in a timely manner.

Moreover, communication processes can prepare the public to adapt to changing circumstances or uncertainty during an emerging pandemic, educate public health planners about existing vulnerabilities and resources that affect pandemic risk for specific populations, create dialogue between potentially affected populations and risk managers, and foster an environment of mutual trust.

Preparedness strategies must consider what may be asked and expected of individuals at all stages of a pandemic to guide communication planning. A pandemic may require minimally disruptive recommendations (such as hand washing), but other actions may be more difficult, evoke strong emotions, or fuel controversy (as may quarantines or school and public facility closures).

In addition, disturbing information may need to be conveyed without harming public cooperation, and reducing negative consequences relies heavily on gaining cooperation from diverse entities.

To guide communication planning, preparedness strategies must define what may be expected of individuals at all stages of a pandemic. Educating the public on high risk situations like pandemic disease outbreaks can prompt appropriate public responses to contain these health crises. Risk must be communicated to the public with discretion to avoid triggering mass panics or causing misinformation.

Types of Risk Communication

Sandman (Public Health Risk Communication, 2007) identifies four types of risk communication on the basis of public perceptions of the hazard caused by the risk and on the degree to which the public is outraged about the risk:

1 For low-outrage, high-hazard scenarios such as ongoing environmental degradation, risk communication is akin to public relations or health education. Audience engagement must be forced.

2 Stakeholder relations occur in medium-hazard, medium-outrage conditions such as local environmental threats to families and households.

3 A third type of risk communication involves a low-impact hazard that makes people upset. In this type of risk communication, the goal is to discredit the source of the risk information and reassure the public.

4 Finally, we have crisis risk communication, where the hazard is high as is people's emotional response or outrage about it. For this type of scenario crisis risk communication must be timely, accurate, direct and relevant and it must also reassure and give people hope

Crisis conditions combine unexpectedness, high levels of threat, an aroused or stressed population and media looking for breaking news stories, all of which create a communication environment that is inherently high risk and unstable.

Risks of miscommunication in a crisis risk communication scenario are high and the communication process must contain elements of trust, credibility, honesty, transparency and accountability for the sources of information. Lack of trust and credibility can doom risk communication efforts.

In numerous case studies in crisis risk communication events, audiences have misinterpreted messages, warnings fails to warn, false rumors generated, multiple sources are given inconsistent information, populations are not been reassured and the media sensationalizes the story.
However, crisis risk communication is essential for saving lives, assisting in search-and-rescue efforts and ultimately plays a major role in disaster and crisis mitigation efforts.

Planned Risk Communication

Almost all planned risk communication whether in response to new scientific findings, ongoing investigations or unplanned emergency events occurs in organizational contexts. Planned risk communications are typically embedded in institutional cultures with specific agendas and take place in the context of processes of risk assessment, risk intervention or management, and risk evaluation.

In a non-crisis scenario, the risk communication component is dependent on these other risk management activities that inform what is said, when it is said and to whom it is said. In a crisis, the demand for information can overwhelm the ability of the system to deliver it.

Crisis risk communication must combine exigency with health communication basics to reflect the redefined role that public health finds itself during the twenty-first century: emergency responder. As this role is reclaimed by public health, crisis risk communication will play an increasing part in helping populations cope with natural and man-made disasters that have both physical and mental health impacts.

Session 2: Principles and Ethical Considerations

First, Do No Harm

The cardinal rule of risk communication is the same as that for emergency medicine: first do no harm. A threatening or actual crisis often poses a volatile equation of public action and reaction. This destabilized information environment makes it very important that you give thought to you are about to say before making any public comment as shown in the box below:

Crisis + heightened public emotions + limited access to facts + rumor, gossip, speculation, assumption and inference = an unstable information environment.

Ease public concern

Organisational focal persons and other officials must identify and dispel rumors and false public beliefs regarding the disease. Officials must openly acknowledge uncertainty in a risk situation, and help the target audiences understand what is known and what is not known about the disease. For example, if the risk is low, say, “the risk to the public is low”.

Ethical risk communication involves transmitting information that is technically correct. Do not manipulate information to gain support for policies and official actions. Provide timely and transparent information, with guidance on how to respond.
The timely and transparent transmission of accurate information, along with practical guidance on how a person can protect himself and others from the disease, can garner public trust and build public confidence. Eg tell the public to take the following precautions:

- If possibly exposed, contact physician.
- If symptomatic, contact physician.
- Note possible symptoms in others.
- Discuss the purpose of risk communication
- Describe how communities perceive risk
- Explain the ways to earn/lose trust and credibility
- Explain when to release information
- Discuss the principles in risk communication
- Explain the ethical considerations in risk communication

Ensure Coordination and Harmonisation

There must be coordination amongst organizations and healthcare professionals involved in health communication to make sure health messages conveyed through a variety of media to the public including posters, brochures, fact sheets, media kits and the news, to the public are consistent in order to avoid confusion.

Session 3: Key Lessons in Pandemic Communication

- Partnerships at the global, national and local levels are important to achieve a comprehensive, multi-sector communication response. Although potentially difficult, strong partner coordination allows public health authorities to utilize the communication capacity and credibility of other organizations to disseminate public health advice, to better understand the situation and ultimately, limit an outbreak's spread.

- Continue to test and revise existing communication strategies. Social mobilization and behavior change components should be strengthened, particularly at the organizational and community level. Repeat risk communication training for organizational spokespersons and media to minimize loss of capacity due to staff turnover and complacency.

- The development of effective guidelines and recommendations for behaviour change communication requires multi-disciplinary, multi-sector analysis, and dialogue. Each organization must analyze local social, cultural and economic data to develop locally feasible and meaningful behavior change strategies. And future behavioural research must include the non-health, multi-sector components of preparedness.

Session 4: Guidance on Dealing with Facts and Information

- Be sure of your facts.
- Be able to cite sources and key statistics, making sure they add meaningful support to your message (this could be three key statistics or thirty, but be careful not to overwhelm your message with statistics).
- Have information available in fact sheets and other concise informational documents specifically prepared for the media's use.
- Familiarize yourself with information and opinions that are contrary to your points and positions and be able to answer the questions they raise.

Seven Key Risk Communication Concepts

1. When health risks are uncertain, as likely will be the case during an influenza pandemic, people need information about what is known and unknown and interim guidance to formulate decisions to help protect their health and the health of others.
2. An influenza pandemic will generate immediate, intense and sustained demand for information from the public, healthcare providers, policy makers and the news media. Healthcare workers and public health staff may need training in media relations and public health communications.
3. Timely and transparent dissemination of accurate, science-based information about pandemic influenza and the progress of the response can build public trust and confidence, particularly when such communication efforts are guided by established principles of risk communication.
4. Coordination of message development and release of information among federal, state and local health officials is critical to help avoid confusion that can undermine public trust, raise fear and anxiety and impede response measures.
5. Guidance to community members about how to protect themselves and their family and colleagues is an essential component of crisis management.
6. Information to public audiences should be technically correct and sufficiently complete to encourage support of policies and official actions without seeming patronizing to the public.
7. Information presented during an influenza pandemic should minimize speculation and avoid over-interpretation of data, overly confident assessments of investigations and control measures and critical comments related to other jurisdictions.

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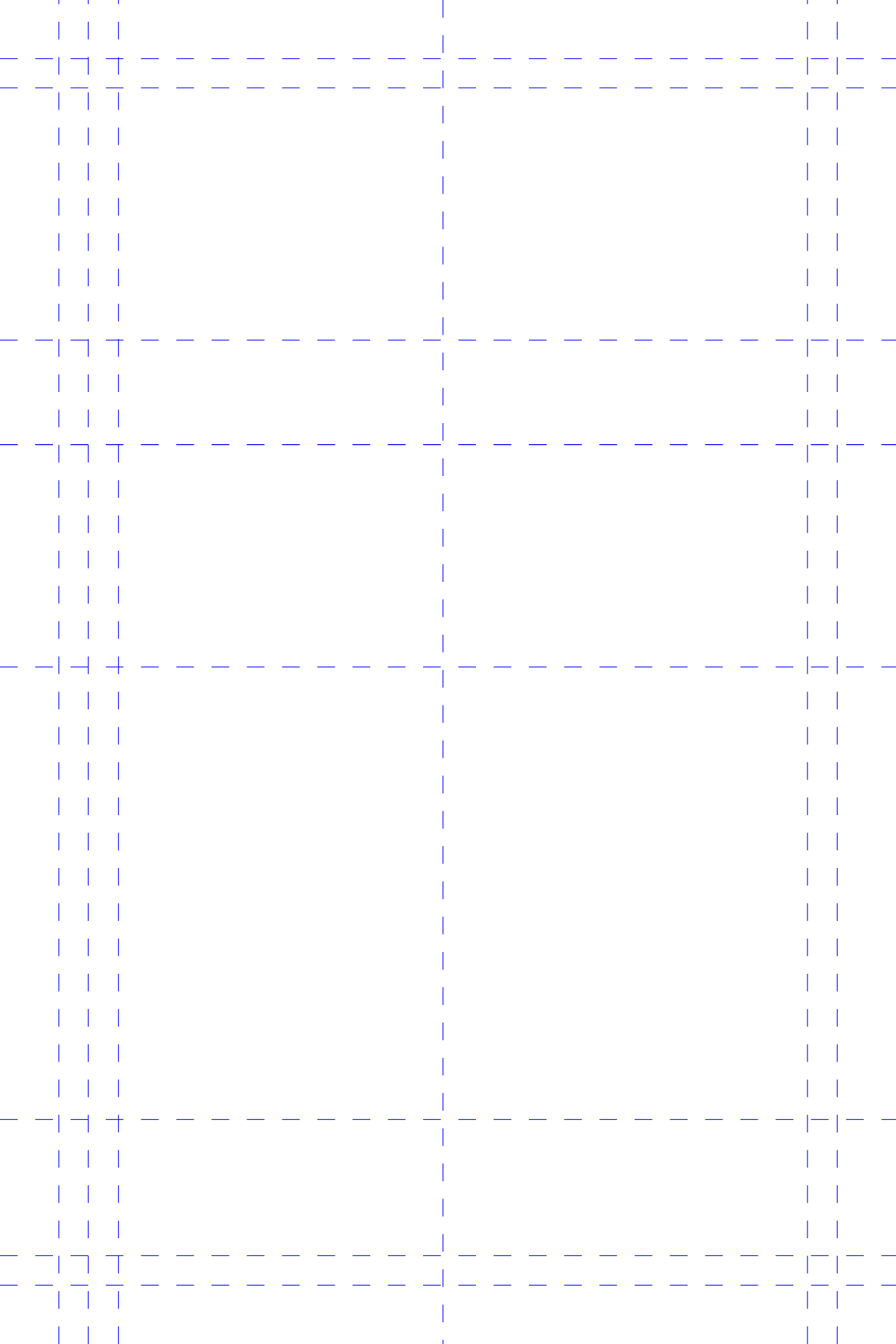

Module Six

Development of Business Continuity Plans

Overview

This module will guide participants to develop business continuity plans to ensure that organizations continue to do business until a recovery from a pandemic is accomplished. The planning would ensure that the organizations maintain contact with employees critical to the running of the business is guaranteed, essential equipment and documents necessary for operations are available and external contacts are maintained. In the long term, this would help reduce transmission of the diseases, reduce cases, hospitalizations and deaths.

Aim:

To have in place business continuity plans that will ensure that business / organizations run fully in the event of a pandemic.

Objectives

1. To identify risks posed by pandemic to business continuity.
2. Analyse risks posed by pandemic to different business entities.
3. Develop strategies to mitigate the impact of pandemic on business goals.
4. Ensure that businesses have the capacity to operate during the outbreak of pandemics.
5. Communicate effectively with unions and shareholders during the event of pandemic.

Duration:

3 hours

Materials

LCD Projector, Copies of handouts for participants, Flip Charts, Markers

Session methodology

Discussions, PowerPoint presentations, group work

Introduction

Realizing the importance of business continuity planning as a means to respond to pandemics in particular and to crises in general, the ILO compiled a manual business continuity planning to guide work places in the development of a tailor-made preparedness plan.

The manual outlines four broad actions needed to be taken into considering in the development of business continuity plans:

- Risk analysis
- Risk reduction
- Response actions for preparedness
- Communication

Short to Long-Term Planning

It is not possible to predict how long a pandemic will last. There could be more than one wave of infection during a pandemic period. Each wave could typically last about eight weeks. Businesses should plan for up to 50% staff absences for periods of about two weeks at the height of a pandemic wave and lower levels of staff absences for the few weeks on either side of the peak.

To ensure business continuity in a pandemic, short-term planning with a health focus is necessary. Succession planning (in the event of staff deaths or long-term disability during the pandemic) and back up planning is also essential. Emergency management and overall national recovery is greatly facilitated if essential services are available without significant interruption.

Continuity planning for a pandemic should include:

- Identification of essential business activities (and the core people and skills to keep them running) and ensuring that these are backed-up with alternative arrangements
- Mitigation of business/economic disruptions, including possible shortages of supplies and
- Minimizing illness in workers and customers.

Influenza Manager / Focal Person

When planning for a pandemic, it is a good idea to identify one or more people in your organization who will be responsible for workplace health and safety. Some of the tasks the "Influenza Manager" may perform include:

- Setting up a system to monitor staff who are ill or suspected to be ill in the event of a pandemic, including contacting staff who are unexpectedly absent from work (Has their physician been notified of their illness? Have "contact" issues been addressed? Is someone able to care for them?).
- Setting up a process to facilitate/encourage the return of staff to work once they are better or at the end of a quarantine period; and

- Ensuring that your workplace has adequate supplies of tissues, medical and hand hygiene products, cleaning supplies and masks for people who become ill at work.It may be difficult to purchase these products once a pandemic begins.

Below is a table that provides summary guidance as to how a business might proceed as different stages of a pandemic are reached.

Stage	Strategy	Alert Code	Suggested Actions for Businesses
1	Plan for it (Planning)	White (information / advisory)	Review business continuity plans: ▪ Identify essential services (including contractors), facilities / plants, other production inputs. ▪ Plan for up to 50% staff absences for periods of 2-3 weeks at the height of the pandemic, and lower levels of staff absences for a few weeks on either side of the pandemic. ▪ Assess core staff and skill requirement needs and ensure essential positions are backed-up by an alternative staff member. ▪ Identify ways to increase "social distancing" in the workplace, reduce movement, etc. ▪ Consider organizational policies to encourage the sick to stay at home and enable staff to work from home. ▪ Identify ways to minimize illness among staff and customers, and consider how essential messages (e.g. handwashing) can be communicated with staff. ▪ Identify needs for personal protective equipment (PPE) and cleaning equipment, check air conditioning. Purchase additional contingency supplies.
		Yellow (Standby)	

2	Keep it out (Border Management)	Red (Activation)	▪ Alert staff to change pandemic status. ▪ Activate staff overseas restrictions. ▪ Review / test essential business continuity measures.
3	Stamp it out (Cluster control)		▪ Alert staff to change the pandemic status ▪ Activate essential business continuity measures. ▪ Activate measures to minimize introduction and / or spread of infection in work place (post notices, social distancing, managing ill staff members, workplace cleaning, etc.). ▪ Communicate with staff to promote confidence in the workplace ▪ Activate contact tracing where staff become ill at work during Cluster Control phase.
4	Manage it (Pandemic Management)		
5	Recover from it (Recovery)	Green (Stand down)	▪ Manage return to business. normal

Further information on Business Continuity Plan (BCP) could be sourced from the NADMO/GIZ BCP manual developed for Ghana Revenue Authority in 2010. The manual provides in-depth information on BCP in Ghana's context.

GLOSSARY

ACTIVITY: Learning tasks designed to teach a set of content, which lead to achieving the objectives of the program. One of the trainer's roles is to design activities and to be available as a resource while the learners carry out the activities.

ALLERGIES: An abnormal reaction of the body to a previously encountered foreign substance (allergen) introduced by inhalation, ingestion, injection or skin contact, often manifested by itchy eyes, runny nose, wheezing, skin rash or diarrhoea.

BRAINSTORMING: A basic and highly popular tool for group problem solving. The purpose of using brainstorming is to generate ideas or to seek solutions to both theoretical and practical problems. They require a problem to be analyzed and then solutions to be developed. Brainstorming encourages and requires a high degree of participation and it stimulates those involved to maximum creativity. During a brainstorming session, only ideas are recorded; no explanations are required and no interventions are judged or rejected at this stage. In a subsequent stage, responses are categorized and analyzed; ideas are then combined, adapted or rejected.

BRIEFING: A brief, cursory and introductory overview of a single topic. The purpose is to introduce the audience to some basic concepts with respect to a given subject.

BUZZ GROUP: A small group that works on an assigned task. Example: Sub-groups of four to six individuals are asked to take about five minutes to discuss a particular issue or question raised by the resource person, than share it with the audience.

CASE STUDY: A technique designed to give a group training in solving problems and making decisions. A case study is a written description of a hypothetical situation that is used for analysis and discussion. Case studies should be based on credible and realistic scenarios which are not too complex and which focus on two or three main issues. Case studies are useful when discussing common problems in a typical situation. They also provide a safe opportunity to develop problem-solving skills, and to promote group discussion and group problem-solving skills. The scenario for a case study can be presented to participants for consideration, in its entirety, or “fed” to them sequentially as a developing situation to which they have to respond.

CONTAGIOUS DISEASE: An infectious disease that is spread through contact with infected individuals; also called communicable disease. contact with the bodily secretions of such individuals, or with objects that they have contaminated, can also spread this kind of disease

CONTENT: The concepts or ideas being taught and learned. These can be the knowledge, skills or attitudes that need to be developed through the training.

DEBRIEFING: Also termed “sharing” or “reporting,” debriefing is the final phase of an experiential activity. At this stage the trainer aids the participants to report back and interpret what was learned from the game, exercise, role-play or other activity.

DEMONSTRATION: A presentation of a method for doing something. A demonstration is useful for teaching a specific skill or technique or to model a step-by-step approach.

ENERGIZER: Activities designed to pep up the group after significant periods of inactivity, fatigue, or plain dullness.

EPIDEMIC: A widespread occurrence of a disease

EVALUATION: The purpose of an evaluation is to assess training outcomes. It provides a way to measure how much was accomplished during a training session and to examine how the design of teaching can be changed in the future, often using evaluation instruments and reports.

EXPERIENTIAL LEARNING: A method that allows the learner to learn from experience; synonymous with discovery learning.

FACILITATOR: A trainer who functions in a way that allows participants to assume responsibility for their own learning.

FEEDBACK: Data received from or given to one or more participants concerning one's behaviour, attitudes and relationships in the training situation.

FOCUS GROUP: A group of individuals who are convened to express their opinions, attitudes or reactions to a particular program, activity or product.

GOAL: The general change that organizations or individuals expect to see as a result of education and training.

GROUP DISCUSSION: Mutual exchange of ideas and opinions by members of small groups (8 to 20) on a problem or issue of common concern. The purpose of using group discussions is to develop understanding.

HAEMORRHAGIC FEVER: Any of a group of viral infection, including dengue, Ebola virus infection and yellow fever, that occur primarily in tropical climates, are usually transmitted to humans by arthropods, rodents and are characterized by high fever, internal bleeding, hypotension and eventual shock.

ICEBREAKER: Structured, content-free training activity designed to relax participants, get them acquainted with one another, and energize them.

INFECTIOUS AGENT: an agent capable of causing an infection.

INFECTIOUS DISEASE: A disease caused by microorganisms or other agents, such as a bacterium, virus or fungus that enters the body of an organism.

IRRITATIONS: the bringing of a bodily part or organ to an abnormally excited or sensitive condition.

MENINGES: The three membranes covering the brain and the spinal cord.

OBJECTIVE: Objectives are set for the learning session in order to delineate exactly what learners will achieve. Objectives are specific and immediate, unlike goals, which are general and long-term. Objectives are usually defined as being behavioural objectives because they can be demonstrated and they affect the behaviour of the learner. Action verbs are used for objectives. Example: By the end of this training, participants will have designed teaching materials.

PANDEMIC: A pandemic is an epidemic of infectious disease that affects all regions of the world. Recent pandemics include the Bird flu and swine flu. With the increase of global transport and urbanization, the spreading of pandemics is easily facilitated. It has become important therefore to look out for possible pandemics and combat them at source.

PATIENT: A person under medical care or treatment

REFLECTION: The purpose of using reflection is to help participants ponder and analyze new information and develop their ideas about a topic.

SIMULATION: A simulation is an enactment of a real-life situation. Simulations allow learners to experience decision-making in "real" situations without worrying about the consequences of their decisions. Simulations also provide a way to apply knowledge, develop skills, and examine attitudes in the context of an everyday situation.

SPECIES: Is regarded as the basic category of biological classification, composed of related individuals that resemble one another, are able to breed among themselves, but are not able to breed with members of another species.

TUMOUR: An uncontrolled, abnormal, circumscribed growth of cells in any animal or plant tissue.

UPPER RESPIRATORY TRACT: The nose and throat and trachea.

VACCINATION: The act of inoculating the body with vaccine.

VECTOR: An insect or other organism that transmit a pathogenic fungus, virus and bacterium, etc.

VIRUS: An ultramicroscopic (20-300nm in diameter), metabolically inert, infectious agent that replicate only within the cells of living hosts, mainly bacteria, plants and animals.

ANNEXES

Appendix 1: Training Needs Assessment Tool

Appendix 2: Training Evaluation Tool

Appendix 3: Pandemic Severity Index (PSI)

Appendix 4: CDC Avian Influenza Fact Sheet

Appendix 5: WHO Pandemic Alert Phases vs. Stages