

Guide on How to Secure  
Food and Livelihoods of  
Communities in a Pandemic  
Influenza

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# Guide on How to Secure Food and Livelihoods of Communities in a Pandemic Influenza

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# Guide on How to Secure Food and Livelihoods of Communities in a Pandemic Influenza

## Who this guide is for

This guide aims to provide practical information for **community leaders** on how to secure food and livelihoods of communities during a pandemic influenza outbreak (Box 1).

A community leader is a person who is perceived to represent a community. Although community is often defined with geographical boundaries it can also be a group of people with common interest, purpose or practice (Box 2).

Community leaders are well positioned to inform people about pandemic and take initiative to respond to the needs of the community during and after a pandemic.

Within the context of a global pandemic influenza the following persons can assume the role of a community leader:

- Staff and volunteer leaders of Red Cross/Red Crescent (RC/RC) National Societies
- Representatives of civil society organizations
- Business leaders
- Religious leaders
- Chiefs of local security forces (military, police, gendarme)
- Fire brigade chiefs
- School managers and teachers
- Heads of villages and neighborhoods
- Rural cooperative managers
- Any other person who is accepted as a leader by the community.

### **Box 1: What is food and livelihoods security:**

*Food Security: A household or community is food secure when all members have physical and economic access at all times to buy, produce, obtain or consume sufficient, safe and nutritious food.*

*Livelihoods comprise the capabilities, assets and activities required for maintaining a healthy and secure means of living.*

A community leader can do the following:

- Organize awareness raising and public education programs about pandemic influenza.
- Take initiative in organizing community-based activities to increase the food and livelihood security of households before a pandemic hits the community.
- Establish partnerships with government agencies, community-based organizations and businesses to strengthen the capacity of communities who share common interest, purpose or practice.

**Box 2: What is a community**

- *A community can be:*
- *A group of households*
- *A village*
- *A neighborhood in a town*
- *Professional groups*
- *A sector (farmers, fisherfolks, business sector etc.)*
- *Ethnic groups*

## How to use this guide

This guide covers the basic steps that a community leader should take to secure the food and livelihood of the households in their communities.

The information given in this guide should be translated into local language and adapted for the specific conditions and needs of the communities (See [Annex 1: Guidelines for Adaptation and Localization](#)). It can be used as a resource document in developing pandemic preparedness and response plans and for training the community leaders.

Practical information and actions are presented in four sections:

- **What to expect:** how a pandemic influenza will affect communities.
- **How to prepare:** how to increase resilience of communities to the impacts of a pandemic.
- **How to respond and recover:** how to minimize the loss of life and the disintegration of secure livelihoods from a pandemic outbreak and recover rapidly.
- **How to learn from experience:** how to monitor and share information to be better prepared for future waves of pandemic.

This guide is a product of a collaborative effort of partner organizations under the Humanitarian Pandemic Preparedness (H2P) initiative coordinated by the International Federation of Red Cross and Red Crescent Societies (IFRC). It is a complementary document to the other guides and tools developed under H2P.

## What to expect

### **What is pandemic influenza?**

Pandemic influenza occurs when a new influenza virus subtype emerges for which people have little or no immunity and which develops the ability to transmit easily from human to human. Pandemics are global in nature but their impact is local.

### **When will it happen?**

Nobody knows when a pandemic influenza will occur. It could start anytime. We know from history that almost every community in the world will be affected at some time.

### **Is it avoidable?**

Pandemics have occurred and another will occur. There is probably no way you can stop it from affecting your community. The best way to avoid a hard-hitting pandemic is to take responsibility for preparing your family and your community.

### **What may happen in communities in a severe pandemic?**

- Most communities will experience between one to three outbreaks of pandemic influenza ("pandemic waves"). Each pandemic wave is expected to last 8 - 12 weeks.
- Many families may be experiencing at least one member of their household becoming ill.
- Healthcare systems may be overwhelmed. Care may have to be provided at the community and household level.
- Schools may be closed.
- Movement of people may be restricted in order to limit the spread of disease.
- Food shortages –especially in urban areas- may occur due to disruptions in transportation and in the markets.
- Availability and accessibility of other essential resources may become difficult such as drinkable water, fuel (oil, gas and electricity) and medicine.
- Some people may lose their source of income for a period of time during a wave of illness in their communities -due to illness, market closure or other disruption.
- Public transportation services and communication may be disrupted.
- Government offices, banks, and businesses may be closed or their services may be reduced to minimum.
- Communities may have to cope with a pandemic without getting much external help from the government or other national or international groups.

## How to prepare

### What does pandemic preparedness comprise?

For pandemic preparedness, measures should be taken at:

- **Household level:**

- Understanding how to protect yourself and your family from being infected and how to take care of ill at home.
- Preparing for food shortages and disruptions in the source of household income.
- Understanding how you can contribute to the resiliency of the community (Box 3) by assisting with emergency response.

- **Community level:**

- Strengthening the capacity of the community to cope with the impacts of pandemic and recover rapidly.

- **Country level:**

- Developing and testing national level response plans.
- Strengthening the health care services and resilience of the markets to the impacts of pandemic.

More information on household, community and country level preparedness can be found in other tools and guides developed under H2P Initiative.

This guide covers the basic steps that a community leader should take to increase the food and livelihoods security of the households in their community.

### How to plan for food and livelihood security of households?

In cooperation with key stakeholders, community leaders should take action to strengthen resilience of households to food shortages and disruptions in their sources of income before a pandemic hits.

Basic steps of protecting food and livelihood security of households are:

1. Identify potential impacts of a pandemic.
2. Map the capacities of the community and identify the gaps.
3. Establish partnerships with key stakeholders.
4. Build up food storage capacity and stockpile essential foods.
5. Incorporate pandemic preparedness into community-based disaster risk reduction programs.

**Box 3: What does resilience mean?**

*Resilience means the strength of the capacity of people and communities to resist, cope and recover from a disaster or conflict.*

Preparedness Step 1:

**Identify potential impacts of a pandemic**

Identifying potential impacts of a pandemic on population groups will require understanding who in the community will be at high risk of facing food and livelihoods insecurity (Box 4). From a food and livelihoods perspective, urban populations in general may be at greatest risk of having food shortages due to restrictions to transportation and possible hoarding. They may also be more likely to migrate, which may increase the spread of disease.

**Box 4: People at high risk of facing food and livelihoods insecurity:**

- Children, elderly and pregnant women.
- The disabled and seriously ill.
- The poor with no or limited means of income.
- People with HIV/AIDS.
- Children and adults who are already mal-nourished.
- People who are socially isolated, street children and the homeless.
- People living in remote locations to food markets and without home-grown food.
- People living in conflict zones or recently recovering from a major disaster or conflict.

The community leaders should identify population groups that will be affected by the pandemic in a similar way. This exercise includes identifying those who will be:

- **Self-sufficient:** People with sustainable income and other means of living and have access to sufficient food.
- **Food insecure only:** People with sustainable income and other means of living, but cannot access enough food due to disruptions in the market. These may include professional staff with regular salary; government officials and self employed people with a sustainable income.
- **Food and livelihoods insecure:** People who are the most vulnerable part of the population without a sustainable income and at the same time cannot access and/or afford enough food. These are the people either unemployed or working in the informal sector, often with daily jobs or self employed in small businesses.

The community leaders should identify where these groups live and their approximate numbers during the pre-pandemic period and rapidly update the information immediately at the onset of a pandemic (when the pandemic is officially declared). A template for identifying impacts of a pandemic is given in [Annex 2](#).

## Preparedness Step 2:

### **Map the capacities of the community and identify the gaps**

The capacities of the community determine the degree of resilience in the community. It includes the resilience of households, businesses, community-based organizations and government authorities to withstand and to recover from the impacts of a pandemic.

The community leaders should complete an inventory of existing resources and capacities of the community in cooperation with the local governments, municipalities, local chambers of commerce and industry.

Mapping the capacities of the community includes:

- Taking an inventory of public and private food storage facilities and their capacities.
- Mapping the flow of foods and market structures (price of essential food, where does the food and grain come from, or go to, what are the seasonal fluctuations).
- Mapping critical food production facilities, such as mills and bakeries.
- Identifying which aspects of food supply chain would be most likely to be disrupted (such as planting, harvesting or transporting) and what the alternatives would be.
- Analyzing the market structures for other essential resources such as drinkable water, fuel, medicine (where do they come from or go to) and identifying the potential disruptions in the supply channels for these resources.
- Identifying the food and drinkable water in common property areas (such as forests, lakes, streams) and the legal authorities to govern the access to these areas.
- Mapping the public and private health facilities and their capacity in the vicinity of the community.
- Mapping the community-based organizations, their activities (especially in food and livelihoods security areas) and their volunteer capacities that can be mobilized in a pandemic.
- Identifying the roles and responsibilities of public authorities in responding to a pandemic and compiling the government pandemic response plans if these exist already.
- Taking an inventory of pre-positioned relief items by local authorities and RC/RC National Societies (traditional relief items such as blankets, essential bedding items, hygiene kits, buckets may be needed for converting existing facilities into medical wards).
- Listing the name and contact numbers of amateur radio operators since they usually enjoy (often world-wide) wireless communication with each other and could support their communities during a pandemic as in other emergencies

### Preparedness Step 3:

#### **Establish partnerships with key stakeholders**

The impacts of a pandemic influenza may be overwhelming in any community in the developed and developing countries alike. It may require mobilization of all of the capacities rapidly, simultaneously and in a coordinated manner.

Establishing partnerships between the stakeholders, including government, civil society and the private sector is a critical factor in preparing for and effectively responding to a pandemic influenza. It will also help to address gaps and capacities of preparedness and response. Stakeholders are agencies, organizations, groups or individuals who have a direct or indirect interest in the intervention.

The community leaders should;

- Communicate with government authorities about national pandemic preparedness plans
- Learn about plans of government agencies, non-governmental organizations and private companies on how to continue to function in a pandemic situation.
- Communicate their pandemic preparedness and response plans with key stakeholders as well.
- Identify how these various groups should integrate efforts to meet the challenges of a pandemic.

#### **Box 5: Key Stakeholders:**

- *Government agencies*
- *Community organizations*
- *Professional organizations*
- *Local security forces (military, police, gendarme)*
- *Fire brigade*
- *Schools and health facilities*
- *Businesses*
- *Faith based organizations*
- *National and international humanitarian agencies*
- *Food trading communities*
- *Food industry*

### Preparedness Step 4:

#### **Build up food storage capacity and stockpile food**

The most essential food and other resources such as drinkable water, fuel (oil, LPG–liquefied petroleum gas) and medical supplies should be stored before the pandemic hits the community. The best time for stockpiling is when trusted authorities (*Like the World Health Organization, the Ministry of Health or the National Red Cross Red Crescent Society*) announce that the risk level of a pandemic has increased.

The types of food to be stored will depend on the availability in the market. In general, food that can last for 3- 12 months (non-perishable) should be preferred. Where available, dry or processed food, such as canned or vacuum-sealed foods, and high-energy biscuits, should be prioritized for storage and distribution.

The community leaders should also educate and encourage households to stockpile food that can last longer (See [Annex 3: Recommendations for Food Products and Daily Diet](#)). However, it is important to balance this advice with avoiding hoarding.

Community leaders should develop a plan for the food storage system based on the findings of the capacity mapping. They should explore fund raising and sponsorship opportunities to fund the procurement and storage of food and other essential resources. The plan should include:

- Type and amount of food to be stored.
- Location and capacity of storage facilities.
- Lines of authority in procuring the food and having access to the storage premises and moving the food.
- Estimated cost of the resources to be stored.
- Sponsorship agreements.
- Equitable plans for distribution based on earlier assessments

RC/RC National Societies who already have storage facilities for relief items should update their inventory to include non-perishable dry food.

#### Preparedness Step 5:

#### **Incorporate pandemic into community based disaster preparedness**

As in preparedness for any disaster, any effort to increase the resilience of households, organizations and community networks to the impacts of shocks and disruptions in their health, livelihoods and systems will contribute to their capacity to cope with a pandemic.

Most of the community-based programs rely on creating volunteer networks or require pooling the resources of the community to assist the people who are in need of support. These are the most critical aspects of community preparedness for pandemic. The foundations of food security and livelihoods response activities described in Response Step 2 (page 11) should be incorporated existing programs.

The programs that are already being implemented by Red Cross and Red Crescent (RC/RC) National Societies and other civil society organizations present good opportunities to incorporate pandemic preparedness.

These include:

- Children's disaster education programs in schools.
- Community based-first aid.
- Community based-health care.
- Psycho-social support.
- Food security and livelihoods programs.
- Youth volunteer programs.

**In a severe pandemic influenza, do not, under any circumstance, abandon safe practices until the authorities declare that the pandemic phase is over.**

## How to respond and recover

### **When does the "pandemic response" phase start?**

The global pandemic response phase starts when international leaders announce that pandemic flu is spreading easily from human to human, and is likely to spread around the entire world.

The **local** pandemic response phase starts when the first cluster of cases is identified (pandemic outbreak is declared by the authorities) in any area nearby your community. The response period may last up to two years until all of the pandemic waves are over.

### **How does it differ from responding to other disasters?**

Any effort to increase the capacity to respond to a pandemic will result in enhanced ability to respond to multiple other hazards and threats. Pre-positioning of essential food and non-food items and establishing community networks are examples of common approaches in strengthening capacities to both disasters and a pandemic.

However there are also significant differences between responding to other disasters and to a pandemic. These are:

- The emergency assessment methods used in disaster response and early recovery period, such as conducting interviews, may not be applicable in a pandemic situation where the primary goal is to avoid close human contact. Therefore, the information have to be collected before the pandemic hits.
- The conventional ways of delivering food rations at major distribution points, such as camps, clinics, schools, and rations distributed at food-for-work sites may not be advisable if the pandemic virus is severe. They often require beneficiaries to come to a common site, which undermines the main goal of pandemic mitigation: to keep people at a distance from one another and reduce points of congregation.
- Regular, 'sustainable' food programs, including increasing arable land under cultivation, increases in labor intensity, and a switch to higher-yielding varieties can all boost food availability. All of these, however, are not feasible to initiate in the short timeframe after a pandemic is declared. Therefore the preparedness activities to increase food supplies are critical.
- Where food production fails, food aid from international sources often can make up the difference, saving lives. However, international food aid may not be as available during the pandemic not only because of restrictions in movement of goods and people, but also because of the length of time it takes for international aid for aid to arrive.

## **How to secure food and livelihood of households during pandemic?**

The goal of food and livelihood security response is to minimize the loss of life due to mal-nutrition, lack of food and safe water, or disruptions in livelihood systems during the a pandemic period.

The most critical steps of food and livelihood security response are:

1. Determine severity of the situation for different population groups.
2. Develop food security and livelihood response plans and inform the public.
3. Implement the planned interventions and maintain situational awareness.

Response Step 1:

### **Identify the severity of situation for population groups and the priorities**

At the onset of a pandemic, community leaders should immediately and rapidly update their analysis about the number and location of population groups that will be affected by the pandemic in a similar way (Preparedness Step 1 on page 5). This information should be updated between each influenza wave.

Depending on the severity of pandemic waves, the households and communities in general may be affected differently. For example, in a severe pandemic case the markets may be collapsed, while some of the transportation routes may still be open in a mild pandemic influenza outbreak.

Once, the impact analysis is updated, the next important task is to determine what the priorities are. Although the list of priorities may vary in each community, the community leaders should ensure that people at high risk (Box 4 on page 5) are given high priority.

Community leaders should immediately establish ongoing contact with local authorities and a diverse set of community organizations to ensure the effective use of resources and complete coverage of population groups.

Response Step 2:

### **Develop food security and livelihood response plans and inform the public**

The next step is to develop a response plan based on the resources available (See [Annex 4: Template for Community-based Pandemic Response Plan](#)). This will also require a rapid update of capacity mapping (Preparedness Step 1 on page 6) at the onset of a pandemic.

The response plan should describe which of the following interventions would be most appropriate for different population groups based on the impact analysis described above and also the geographical location of these groups.

Examples of food and livelihoods security interventions are:

- **Distribution of food and other resources:** The distribution of food and other resources must be done in a way to minimize direct human contact.

The most important message to convey to the public is the necessity for consuming most perishable food first and rationing home consumption.

If the government starts food rationing the community leaders should ensure the equitable distribution in the community.

In food aid programs, appropriate ration size should be carefully planned taking into consideration the nutritious values, the amount of available food and the coping capacity of households on their own. It is important that people know how to vary their diet in order to stay healthy or recover faster (See [Annex 3](#) for more information on daily diet and nutritious values of different types of food).

In rural areas, distribution of seeds, tools, fertilizers and sealed tanks for storing seeds can be considered as a way to support diversification of crops and increase the food supply during the preparedness phase.

- **Barter** is essentially a practice of trading goods and services without using money. Everybody needs food and most people have some skills, abilities or property that they can use to produce other goods or services that the people who have an excess supply of food are willing to trade for. Some examples of bartering might include:

- Trading one kind of food for another;
- Providing a needed service (repairing a roof, building a fence) or goods that you make or normally sell (furniture, candles, clothes) in exchange for food;
- If one household has some unused land, they can loan it to a neighbor who doesn't have enough land but can work it and both households can share in the harvest.

To get the barter process started, community or neighborhood advocates can encourage small groups of households to for identifying what each household can produce or provide and what each household may need. Individual arrangements can then be made for sharing resources when the need arises.

- **Home gardens:** Supporting home gardens in urban areas -where applicable- and encouraging the cooperative distribution would also help decrease the food shortage. In places where land is scarce, such as urban areas, home gardens may be cultivated in household courtyards, public open space, vacant lots, roadsides, or rooftops.
- **Micro-financing:** Many households will be hard-pressed to have the resources needed for investing in the preparedness measures discussed above. At the same time a significant portion of the population barely has enough income to meet normal livelihood expenses. Medical expenses are a burden to many families in normal times; the onset of pandemic influenza will

likely cause economic hardship on families, particularly if they have suffered loss of income.

Micro-financing schemes not only provide credit for small-scale economic development activities among low-income households and groups, they also can become a viable mechanism for disbursing cash transfers and financing for preparedness projects called for prior to and during a pandemic of influenza.

- **Repayment system:** If there are adequate reserves of essential foods, a repayment system may be set-up to facilitate sharing of resources among communities. In this system, the communities contribute the excess food –or other essential resources to a pool for the benefit of other communities. This system can be extremely helpful where different communities are experiencing different phases of a pandemic.
- **Community support:** It is predicted that at least one member of households become ill during one of the pandemic waves in the community. That might result in some of the young children, elderly, and disabled people being without any family member able to support them. Community leaders can help mobilize and coordinate volunteer networks to take care of these groups.

Community volunteers can also assist in providing psychosocial support to the grieving families and handling burial requirements. Ensuring that volunteers are properly trained about how to protect themselves is crucial.

Maintenance of critical food production facilities, such as mills, bakeries may also require support from the community volunteer networks.

- **Conveying messages:** People who are self-sufficient in terms of food and livelihoods may still need to know how to protect themselves from being infected and staying healthy.

The type of intervention may be different in each community. The response plans should be communicated with the community to the maximum extent possible. The community leaders should decide what is the best medium to inform people about the plans. Depending on the community structures, this can be done through TV and radio broadcasting, simple bulletin boards, mobile phone messages or internet-based platforms.

Communication should also be two-way. It should not only convey messages from the authorities but also enable people to express their concerns. As an example, radio and television broadcasts can be used for call in questions.

The community leaders should maintain continuous dialog with the representatives of humanitarian organizations who are active in food distribution. (For example, food management committees and cooperating partners of World Food Program (WFP) based at the community level).

### Response Step 3:

#### **Implement the planned interventions and maintain situational awareness**

Implementation of the planned food and livelihoods security interventions will heavily rely on the community resources; mainly volunteer networks due to absenteeism among staff in many governmental organizations. Volunteers with driving license (with or without a vehicle) can be extremely helpful in distributing food and other resources without having direct contact with other people (See section below).

The time between influenza waves presents critical windows of opportunity for moving food between districts and regions. The fact that there will be a period between pandemic waves when it would be easier to transport food is an important message to give to the households. Community leaders should be aware of the risk of causing price spikes if they start buying food right before the pandemic hits the community. Measures such gradual storage for emergency with first in first out distribution and arrangements with local merchants to help with storage rotation are recommended.

The distribution of food should be done in a way to minimize human contact, for example, leaving packaged foods in front of the houses or apartment blocks (in urban areas) or delivering it to elected representatives of small groups (such as neighborhood or village leaders). In any case, people should be instructed to stay at distance and avoid forming queues.

Community leaders should ensure that the most vulnerable households have access to food and other community support services. In order to do that, they should maintain a situational awareness throughout the pandemic waves and continually update the information about the severity of food and livelihood insecurity of households.

#### **How to find volunteers?**

Although during a pandemic an influx of volunteers wishing to help, as is the case in most disasters, cannot be expected, there will always be people who are willing to participate in response activities.

More importantly, people who survive the influenza may be potential volunteers. It may not be possible to know with certainty that the illness was pandemic influenza. But, we can assume that people who have recovered from pandemic influenza during one of the outbreaks in their communities are at reduced risk of getting ill in the future (See Box 6). These people can take care of the sick people at home or participate in response activities such as home care and food distribution.

#### **Box 6: Important note:**

*In most cases, health facilities will not be able to diagnosis mild/moderate cases of pandemic influenza as cases will resemble seasonal flu and symptoms are likely to be pretty non-specific.*

In addition to public radio and TV, amateur radio operators are excellent resources to convey messages (such as food shortage will be temporary, how the food parcels would be distributed, or where the medical facilities are).

### **How to recover from a pandemic?**

One way or another, a pandemic will affect most of the population in any community. People may be infected but surviving the influenza or not infected at all. But still most of the people are likely to suffer weakened health due to lack of sufficient food. The livelihoods of households may be affected due to closure of markets and job losses as a consequence.

Recovery from a pandemic influenza will overlap with the response, since a pandemic will come in waves and continue after the pandemic ends. Therefore the biggest challenge of pandemic recovery efforts will be in combining short-term temporary interventions with longer-term efforts to help communities to bounce back from the impacts of a pandemic.

As in other recovery programs, these programs should shift into long-term income generating activities over time in order to avoid creating dependency.

In between a pandemic waves and after the pandemic ends, community leaders should:

- Maintain the situational awareness about the status of households (Are they getting help?).
- Work with organizations providing food distribution to ensure community members have an adequate food ration and that malnourished individuals are able to seek treatment.
- Provide psycho-social support for people who may be experiencing grief and anxiety.
- Set up or support income generation mechanisms, such as small grants, start-up loans to hasten the recovery of affected households.
- Communicate possibility of subsequent wave(s) and need to recover and prepare.

## How to learn from experience

### **What does “learning from a pandemic” mean?**

In many disasters real time or post disaster/recovery phase evaluations are done to capture the lessons learned. There are also many case studies to share the successful implementation of different interventions aimed to build safer and resilient communities.

Unfortunately, lessons learned from past pandemics are not as well documented globally –except for in some of the northern countries. In a pandemic situation observing the community and getting immediate feedback -besides the regular surveillance- is critical. This is because at a given time, different regions will be in different phases of a pandemic. Moreover, same community may be exposed to subsequent pandemic waves until the pandemic phase is over.

Information about what has worked/or not worked in one district will be crucial in containing the spread of the disease and reducing the loss of life in other districts.

In general, there are public authorities that are responsible for collecting and reporting data and information regarding the sick and dead people, amount of food and other resources distributed through public agencies, international organizations and NGOs. However in a pandemic situation due to large numbers of absent staff these functions can be impaired resulting in loss of important information.

### **What can a community leader do to capture and share information?**

The following list gives a summary of initiatives that the community leaders can take to capture the knowledge and share it with others:

- Contact with legal authorities to find out what kind of information is needed, what the reporting requirements are.
- Use simple forms to record following information in the community. (See [Annex 5: Template for Gathering Information](#))
  - Number and location, age and gender of sick and dead people.
  - Amount, type and destination of food and other resources distributed.
  - Contact information of the volunteers. What type of work they did and for how long.
- Find out or create information sharing platforms based on the resources of the community. These can range from internet based platforms to simple bulletin boards placed in a central location. The community leaders should decide what is the best way to collect and share information in their communities.
- Try to record stories using existing communication channels (TV, radio, telephone, mobile phones, notepads). These stories can cover:
  - How they respond to communication messages.
  - How people cope with food shortages.
  - In what way their livelihoods are affected.
  - Whether or not they receive external help.

## Annex 1: Guidelines for Adaptation and Localization

(Adapted from “*Adaptation and Localization- Guidelines for Development of Disaster Risk Reduction Public Educational Materials*, Risk RED Bulletin: May, 2008 [www.riskred.org](http://www.riskred.org))

- Adaptation and localization of educational materials developed under H2P Initiative should be done by a working group. The working group should comprise 4-6 people, representing key stakeholder agencies and groups including, ideally:
  - National Red Cross/ Red Crescent Society.
  - Representatives of government agencies, NGOs or professional organizations involved in pandemic preparedness.
  - Skilled public educators.
  - Representatives of target audience groups.
- At least 1 or 2 members of the group should have fluent knowledge of the source language and most should be native speakers of target language.
- The process of adaptation and localization:
  1. Identify a team leader who will manage and guide the adaptation effort.
  2. Assign a professional translator. The team leader and translator should prepare a list of key terms in both source and target languages for discussion.
  3. Discuss and agree on terminology. Make sure the information contained can be **easily and accurately understood** by target population.
  4. Wherever appropriate and possible, adapt the contents to refer to local experiences, historical data, materials, solutions, etc.).
  5. Graphics and symbols should be appealing to target culture, easy to identify with and accurately understood. Determine if graphics and symbols can be adapted or must be started anew.
  6. Do not use pictures of “what not to do” relying upon text to explain the mistake.

# Annex 2: Template for Identifying Potential Impacts of a Pandemic

A: Number of households "Self-sufficient"

B: Number of households "Food insecure only"

C: Number of households "Food and livelihood insecure"

Nature of household income		A	B	C
<b>Neighborhood/district name:</b>				
1	Farmers			
2	Salaried administrative or professional work			
3	Self employed (small business)			
4	Unskilled daily labor (including migrating labor)			
5	Unemployed			
	Total number of households (h)			
	Average household size (f)			
	<b>Total population P= h x f</b>			

# Annex 3: Recommended Food Products and Daily Diet

### Which Food products last longer (3-12 months)

During times that people cannot easily get their normal food products, families may have to rely on stockpiled food products. Each day one needs to eat something of every food group. Because each food product has its specific nutritional value it is important to vary between the products every day (Table 1).

Table 1: Four groups of food products that should be eaten every day.

<p><b>Group 1</b></p> <ul style="list-style-type: none"> <li>❖ Dried vegetables, dried fruits</li> <li>❖ Canned vegetables, canned fruits</li> <li>❖ Vegetables and fruits in glass</li> <li>❖ Vegetable and fruit juices</li> <li>❖ Dried herbs</li> <li>❖ Tomato paste</li> <li>❖ Products that can be stored (cool and dark) relatively long, such as garlic, onions, potatoes, apples, citrus fruits, carrots, cabbage, etc</li> </ul>	<p><b>Group 2</b></p> <ul style="list-style-type: none"> <li>❖ Peas, beans, lentils</li> <li>❖ Canned beans</li> <li>❖ Milk powder (full fat)*, evaporated milk</li> <li>❖ UHT milk</li> <li>❖ Cheese that last outside cooling</li> <li>❖ Dried meat, dried fish</li> <li>❖ Canned meat, canned fish</li> </ul>
<p><b>Group 3</b></p> <ul style="list-style-type: none"> <li>❖ Grains (sorghum, millet, rice, corn, wheat, etc)</li> <li>❖ Cassava, yam, plantain, etc</li> <li>❖ Pasta, cereals, flour</li> <li>❖ Bread, chapatis</li> <li>❖ Crackers</li> <li>❖ Noodles</li> <li>❖ Instant products, such as potato puree mix</li> </ul>	<p><b>Group 4</b></p> <ul style="list-style-type: none"> <li>❖ Oil</li> <li>❖ Seeds (sesame, sunflower)</li> </ul>

In addition, condiments salt and might be other useful products to store to make the food tasty. If no fresh food can be obtained at all, then vitamin and mineral supplements are strongly recommended.

Dried yeast, sugar, jams, chutneys, sauces, tealeaves, peanut butter, biscuits could be also useful to store.

### What kind of fresh foods can be produced at home?

- Yoghurt can be made at home from milk powder<sup>1</sup>, water and yoghurt culture
- Herbs can be grown easily and quickly at home
- Germination of seeds for human consumption can add vitamins and minerals to the diet (bean sprouts, onion seeds, etc)

### How a daily diet look like?

The following are examples on how a daily diet can look like. The suggestions take into account that only food is used that can be stockpiled easily and that there is no access to fresh foods from markets; the fresh foods in these examples are home grown.

The intake of vitamin and mineral supplements will increase the diet quality. In addition to these diets another 2 liters of water, tea, (juices), etc should be consumed.

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<sup>1</sup> Milk powder can never replace infant formula! If an infant needs infant formula, this product needs to be used or the mother should restart breastfeeding.

QuickTime™ and a  
decompressor  
are needed to see this picture.

Source: IFRC, Global Food Security Assessment.

### What are the nutritional values of basic foods?

Product	gram	units
<b>RICE, POLISHED</b>	325	X cups
LENTILS	100	
PALM OIL, RED	20	2 table spoons
GUAVA	50	
SUGAR	20	
SALT, IODISED	5	
CANNED FISH	30	
LEAVES, LIGHT GREEN, e.g. CABBAGE	50	
SESAME SEEDS	20	2 table spoons

Comment: low in riboflavine

<b>WHEAT FLOUR, WHITE</b>	350	
CHICKPEAS	75	
OIL, VEGETABLE, UNFORTIFIED	25	
SUGAR	20	1 table spoons
SALT, IODISED	5	
LEAVES, DARK GREEN, e.g. leafy herbs	50	
DRIED WHOLE MILK powder (for yoghurt)	50	
TOMATO PASTE	10	1 table spoon
DATES, DRIED	75	X pieces
ONION	100	

Comment: low in iron

<b>MAIZE GRAIN, WHITE</b>	350	
BEANS, DRIED	50	
OIL, VEGETABLE, UNFORTIFIED	25	
DRIED WHOLE MILK powder	40	
SUGAR	10	2 tea spoons
SALT, IODISED	5	
GROUNDNUTS, DRY	50	Half a cup
APRICOTS, DRIED	50	X pieces
LIMES	75	Juice of 2

Comment: low in vitamin A

# Annex 4: Template For Community-based Pandemic Response Plan

## For Food And Livelihoods Security Interventions

### 1) NEIGHBORHOOD PROFILE

#### Demographic structure:

Total population :  
Female :  
Male :  
Children under 5 :  
Persons above 60 :  
People with special needs:

#### Resource mapping (Most recent status of existing capacities):

Transportation facilities:

Health facilities:

Markets:

Food storage:

### 2) POTENTIAL IMPACT ANALYSIS ON POPULATION GROUPS

(Use template in Annex 2)

### 3) *IMPLEMENTATION PLAN*

- For each intervention type (Food assistance, cash transfer or community support), describe:

Total number of beneficiaries.

Where the beneficiaries live.

What the government and other stakeholders' plan are in that area.

What the gaps are.

How to reach the beneficiaries.

What the responsibilities are (specific tasks for volunteers and staff)

How to monitor the implementation.

## Annex 5: Template for Gathering Information

<b>Impacts o Pandemic on Households</b>		<b>Wave 1</b>	<b>Wave 2</b>	<b>Wave 3</b>
<b>Neighborhood/district name: .....</b>				
1	Number of people sick			
2	Number of people died			
	<b>Total</b>			

### Distribution of food and other resources

Neighborhood/district name: .....	Item	Unit	Wave 1	Wave 2	Wave 3
Number of households estimated to be at high risk					
Number of households received aid					
Other...					

### Volunteers

Volunteer	Neighborhood	Contact info	Organization	Type of work	Dates	Hours worked	Notes

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