

**Inter-agency information sharing/coordination
Meeting on avian influenza**

Hosted by the International Federation of Red Cross & Red Crescent Societies,
Southeast Asia Regional Delegation, Bangkok

May 3, 2007 (Thurs), 2 - 5 PM

Imperial Queen's Park Hotel, Sukhumvit Soi 22, Bangkok
Room Imperial China 11, 4th Floor

Minutes (Draft)

Key theme: Monitoring & Evaluation of AI Programs

Opening:

Chair: Mary Hendersen, Avian and Human Influenza Focal Point, UNICEF Regional Office

Participants: IFRC, UNICEF, EC Delegation, Kenan Institute Asia, ADB-UNSIC, WHO Thailand, UNDP, Rockefeller Foundation, Government of Thailand Department of Livestock, Oxfam GB, UNSIC, UN OCHA, CARE Vietnam, Care Laos, CARE.

Apologies: Susan Mackay is unable to attend so Tung Khac Tran from UNICEF will present in her place

Experience Sharing:

1) Molly Brady, Avian Influenza Advisor, USAID Regional Development Mission/Asia "Working Towards a Regional Monitoring and Evaluation Framework for AI Programs" For full copy of the presentation, see attachments.

Presentation covered:

- An introduction to an M&E framework
- Overview of development and content of The Guide for Monitoring and Evaluating Highly Pathogenic Avian Influenza (HPAI) Programs in Southeast Asia as a tool to support national efforts in monitoring and evaluating HPAI programs in Southeast Asia.
- Logical framework and Selected Indicators of the M & E Guide
- Lessons Learned
- Next Steps

Q&A

Issues discussed:

- Goal and target audience of the guidelines: main - national governments, national AI coordinating committees, but also other organizations. Suggestions about indicating clearly in the guidelines who is responsible for promoting and measuring these indicators and type of indicators.
- Community Surveillance: the compendium includes indicators on active community surveillance. In developing the guide there was a lot of discussion, there is hope that before the guide is finalised that they can grapple the issue of community indicators at smaller level as they currently focus on national level.
- Some organizations (for ex., IFRC) have adopted the indicators from these guidelines for their own AI programs. In the future, there is hope that these guidelines will foster development of standard indicators at national or other levels across different organizations working in AI.

2) Tung Khac Tranm, Programme Communication Coordinator, Avian/Pandemic Influenza, UNICEF, East Asia and Pacific Regional Office “Research, monitoring and evaluation around AI/PI risk communication messaging and campaigns, experience from UNICEF”

Presentation covered:

- What we need for effective campaign – Behavior change/communication
- Research we need and do
- Formative research: Current situation/baseline/audience motivation/hindrance to behaviour change
- Appropriate strategies: Pretest/quantitative and qualitative data
- Evaluation: effectiveness: exposure/changes knowledge attitudes practices .. institutional changes quantitative and qualitative methods
- AI – monitoring and evaluation guidelines:

Q&A

- Use of new technology in data collections such as hand held data collectors or online data collection: can improve efficiency, but people who are using the technology need to understand it well and be comfortable with using it.
- Participatory approach: it is at the core of designing communication materials, but also need to find way to scale up, such as supporting national governments to scale up.

Plenary Discussion:

Sharing of M & E experiences:

- **CARE** is looking at methodologies to measure impact. It is generally difficult to measure it as beneficiaries do not exist in isolation. For ex., people receive a lot of influences from different communication sources. So one of the approaches is how interventions have contributed to changes in behaviour – by looking at newer models, such as outcome mapping and significant change model. Outcome mapping is a behavior change focused tool. Currently Care is looking to pilot in one or two locations in Laos. This tool recognizes where sphere of influences lie, therefore work with boundary partners, direct partners, looking at what our direct partners do, and where they have some influence.
- **UNSIIC**: It is working to measure global progress of AI work since the Beijing Pledging Conference. There is regular global reports produced, based on information from countries. It has a limited number of indicators, and will show regional progress (not country by country). This data was collected through UN country team focal points. There may be some sensitivity about collecting information, reporting and tracking national progress of govts on AI, therefore all this needs to be done in close collaboration with national governments. Also, based on experience from Vietnam, it is important to include the technical people in this process.
- **IFRC**: the monitoring framework for AI for Red Cross AI interventions in Southeast Asia has been developed based on the draft guidelines from USAID, presented at this meeting. From the indicators in these guidelines, the IFRC took the ones that were applicable and adaptable to their programs.
- There is a need to resolve some differences in reporting cases among different players in some countries, between animal and human health sector.
- Monitoring of preparedness planning: simulation of contingency plans enables the assessment of the quality of preparedness and planning work of organizations or government. It can be seen as a tool for monitoring preparedness.
- Instead of focusing on KAP studies alone, we need to make a better use of sector-wide studies. The recent example is social impact study done by the FAO, which brings a lot of different perspectives.

- There is very little research that looks into impact of pandemics in terms of non-health sectors.
- Formative research sometimes falls through gaps. Given urgency of action in the past two years, often AI interventions have been started w/o proper prior baseline studies.

Briefings - Update on organization's AHI activities:

WHO Thailand: WHO and UNICEF recently conducted a workshop on key communication messages during pandemic influenza.

OXFAM: At end of May Oxfam is planning a contingency simulation, this is not confirmed yet, but will let people know, if interested.

UN OCHA: Is supporting country teams with simulation exercises. In countries, pandemic preparedness planning is focused too much on health sector alone and there is a need for more advocacy work to make multi-sectoral. Also, it is looking at pandemic preparedness issues in the framework of disaster preparedness and response.

Conclusion:

Next meeting is June 7th:

- Key focus: Legal preparedness for pandemic response
- Presenters: (1) IFRC, International Disasters Laws, Rules and Principles, Asia Pacific Programme-doing studies on legal aspects for influenza pandemic for Cambodia; (2) open.
- Second presenter: WHO Thailand will investigate about possibility of presentation on international health regulations (IHR) by WHO.
- Chairperson: open.

July 6th Meeting:

- Key focus: Simulation exercise.
- Objective: Simulation should be about contingency plan and force people to think outside the box in order to think of how to work together and understand each other.
- Format: No presentation. Since there is no inter-agency regional plan at this point, the exercise will be conducted as role play, with reference to pandemic plan in a generic sense. The participants in this exercise will not be acting as representatives of different organizations or wear any organizational functions. Participants will be assigned generic roles by the facilitator.
- Main facilitator: Andrew Duriex from Coverage. A small group of interested participants will meet before Jun meeting to prepare for this role exercise, together with Andrew.
- The UNSIC will take lead on organization of this meeting, as the IFRC organizers are not available in July.

END