

**Southeast Asia Regional Inter-agency information sharing/coordination
Meeting on avian & human influenza**

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

March 6, 2008 (Thurs), 2 - 5 PM

**Imperial Queen's Park Hotel, Sukhumvit Soi 22, Bangkok
Imperial Queen's Park Hotel, Bangkok**

Theme: Indonesian Community-based approach to AI/AHI management – The Role of the Indonesian Red Cross (PMI) in AI/AHI preparedness, prevention and response

These minutes, presentations, handouts, and information about future and past meetings can be found on the **AHI-NGO-RC/RC Asia Partnership on Strengthening Community Based Approaches to Management of Avian and Human Influenza in Asia**, comprised of the Asian Disaster Preparedness Center (ADPC), CARE, the International Federation of Red Cross and Red Crescent Societies (Federation) and the International Rescue Committee (IRC) and funding partnership by the ADB, project website: <http://www.adpc.net/communityAHI-Asia/MEETING/Default-MEETING.asp>

Full project details can be found here: <http://www.adpc.net/communityAHI-Asia/Default.asp>

Chair: Julia Landford, Regional Infectious Diseases Program Manager, AusAID

1400-1425 hrs.

Welcome Address

- We are honored to have Dr. Lita Sarana, the head of health & social services division of the Indonesian Red Cross (PMI) with us today to present the experiences of PMI in their AI awareness program. Within 3 months of the Indonesia's government Ministry of Health first declaration of avian influenza outbreak in 2005, PMI started their AI awareness program, reaching out into the communities. PMI has one of the longest running Red Cross AI programs in the Southeast Asia region.
- Any comments to the agenda? The agenda was agreed in full.
- Roundtable introductions

Organizations Present:

- | | |
|---------------|--|
| 1. AusAID | 7. WHO |
| 2. UNICEF | 8. IRC |
| 3. FAO | 9. EC |
| 4. ADPC | 10. Federation SEA Regional Delegation |
| 5. Coverage | 11. Federation Indonesia Delegation |
| 6. Agrisource | 12. American Red Cross |

ADPC:

- The new draft timetable is being circulated for the Community-based Practitioners workshop on AHI being held next week in Bangkok. If you have not already registered, please contact ADPC and we will send you a registration form. The project seeks to strengthen partnerships between communities, NGOs, governments, UN organizations, the private sector and academic institutions in their efforts to manage AHI in communities in Asia. In particular, the project seeks to strengthen the capacities of non-government and community organizations working with communities in managing AHI in the Asian region.
- Further detail of this project can be found on the project website: <http://www.adpc.net/communityAHI-Asia/MEETING/Default-MEETING.asp>.

OBJECTIVES OF THE REGIONAL COMMUNITY-BASED AHI MANAGEMENT PRACTITIONERS' WORKSHOP

The objectives of the Regional Community-Based AHI Management Practitioners' Workshop are to:

- Present, discuss and learn from case studies in community-based management of AHI in Asia

- Identify lessons for community-based management of AHI, based on experience and practice in Cambodia, Lao PDR, Thailand, Vietnam, Myanmar, Indonesia and the Philippines
- Contribute to the development of a toolkit for community-based management of AHI in Asia
- Highlight challenges and priority areas in the management of AHI at the community level in Asia
- Build relationships among community-based practitioners in Asia

OUTPUTS OF THE REGIONAL COMMUNITY-BASED AHI MANAGEMENT PRACTITIONERS' WORKSHOP

The outputs of the Regional Community-Based AHI Management Practitioners' Workshop will be:

- Documented case studies and discussions as input for the toolkit, based on experience in AHI management in Cambodia, Lao PDR, Thailand, Vietnam, Myanmar, Indonesia and the Philippines
- Key lessons for each theme, and common principles and processes for community-based AHI management in Asia
- Regional priority areas identified for the management of AHI at the community level in Asia

1425-1500 hrs.

Presentation: Dr. Lita Sarana, **Indonesia Red Cross (PMI)**, Head of Health and Social Services Division, **PMI Role in AI Control & Pandemic Influenza Preparedness**

- The latest figures as of 24 February on the number of human AI cases, as reported by the Indonesian MoH, show the human deaths have reached over 100, and the CFR (case fatality rate) in Indonesia is over 81%.
- Indonesia has one of the highest national CFRs. We know that these case numbers are actually higher than this because we had more reported in early March 2008.
- The density of the human and poultry population is one of the biggest challenges. The geography, with isolated islands, and the sheer size of the 200million human population throughout Indonesia is another challenge. Some of the islands, ie Java island, where more than 50% of the population is considered a high risk area.
- One of the goals of the national health strategy is to improve nutrition, and chicken raising in backyard is widely acceptable.
- Contingency planning from MoH, based on statistical modeling that is estimated from the past outbreaks, show the variance that a pandemic would likely cause.
- PMI is auxiliary to the government and our AI awareness program objectives are to:
 - § Support the government in AI control & Pandemic Influenza Preparedness, as part of PMI contribution in health response
 - § Motivate PMI at all levels (national – chapter – branch – sub branch) to actively participate in AI Control based on their capacities
 - § Protect PMI staff & volunteers while conducting AI control & during Pandemic Influenza

Background:

- Presidential regulation no 7th 2006, the chairman of PMI is also part of this national committee
- Presidential instruction no 1 2007: assist the government to socialize and educate the community on AI with the community based approach including CB surveillance, bio-security to increase community awareness in AI control.
- There is a strong commitment from both PMI leadership and regional RC/RC leadership, together with IFRC to participate in AI control & Pandemic Influenza Preparedness
- PMI can access financial support from potential donors

PMI AI program details:

- PMI and specifically this program uses a community-based approach, including surveillance and biosecurity
- Based on these objectives, we have developed 4 strategies... 1. Increase community awareness; 2. Community based surveillance; 3. Community based bio-security; 4. Protection to PMI staff & volunteers
- PMI AI program has several components and donors, all combined to have 1 PMI program. In total, **TOTAL 130 Branches/ districts from 10 provinces (note: Indonesia has 450 districts and 33 provinces)**
 - § Federation Global Appeal on AI
 - § American Red Cross
 - § USAID
 - § Danish Red Cross on CDBP
- **The progress of the PMI AI program as of February 2008: 10 chapter level ToT, 92 branch level volunteer training for over 2,700 PMI volunteers, reaching in/direct beneficiaries of over 3**

million with IEC for backyard farmers, chicken sellers in traditional market, housewives, children.

- PMI has 40 master trainers, we are helping the government to have 1% of the population trained in A(H)I awareness, ie. “1 village 1 coordinator”. Up to now we have trained 9,387 volunteers. They will be AI coordinator at their respective village. Goal is to build a horizontal network. Village coordinator shares information to 30 persons in their own village as the village coordinator, attend monthly/quarterly coordination meetings. Most sub-district coordinators are also the MoH board member at the district level, so the structure is in line with national plan.
- Within the next 6 months of intensive work, PMI hopes to reach its target: 71 districts in 8 provinces & 16,000 village volunteers/ village AI coordinators

Challenges:

- NHQ instruct branches to establish PMI task force on AI, but its not often followed, coordination with other stakeholders is challenges because of decentralization
- PPP: PMI has a traditional role in disaster response & from 405 districts, 330 districts have established national SATGANA team. PMI is in discussions with the government on what PMI’s role would be in the event of a pandemic outbreak. PMI is well-manned and well placed through Satgana to contribute the below to the national effort:
 - § Organize field kitchen and food & safe water distribution to the community, and has access to often isolated communities
 - § Ambulance services for evacuation
 - § 13 trained Medical Action teams at provincial level
 - § Psychosocial Support
 - § Restoring Family Links service
- PMI has over 55,000 Volunteer corps members who could potentially be mobilized and through our youth department we have over 1 million school aged children. In the event that we need to mobilize the community, PMI is able. PMI needs to protect our staff and volunteers with a protection and safety plan.
- What we could offer: in phase 4
 - § PMI volunteers can raise community awareness & increase communication in PMI coverage areas
 - § Awareness VCD to branches
- What we can offer: in phase 5
 - § Location of the office flexible
 - § Give information/instruction to the community through AI village coordination network
 - § Assist in relief distribution
- What we can offer: in phase 6
 - § Information
 - § Can use volunteer network, But must protect our volunteers
 - § Relief, ambulance, health information mailings, dead body management

15.00-15.45

Plenary Discussion and Q& A:

Q: You said that PMI has over 1 million school children engaged in the youth Red Cross program. Can you explain in what situation and in what phase you might use school children?

A: PMI has over 1million Red Cross youth members, located in the schools where the teachers are the youth leaders. In an early to moderate phase where the schools were declared open, we can share information with the youths and ask the children to also give to their parents. Having youths share information, we can potentially reach over 1 million, and oftentimes this is in remote islands.

Q: The MoH has done some number modeling based on past pandemics in which to predict the potential scale of an AHI pandemic. It says PMI has 191 ambulances, but that would not be enough to meet the national needs. Can you please explain?

A: PMI has a functional ambulance service and has a traditional role in responding to a variety of disasters that are common in Indonesia like earthquakes, floods, volcanoes, etc. 191 ambulances are not enough to meet the national need, but this is only the Red Cross contribution to the national governments resources, and reflects what we can provide.

Q: The numbers of Red Cross Youth leaders are a valuable capacity for Indonesia and the Red Cross, what would be the scope of the social mobilization and information children are asked to disseminate?

A: The messages to the children would focus on prevention like 1) hand washing 2) separate poultry from the human living quarters. These messages are the agreed national messages in line with the government’s policy and collaborated by other agencies such as WHO, FAO, UNICEF. The social mobilization we can contribute to is using our community volunteers that are already placed in the villages to spread the information.

Q: In your structure, what is the reporting system and chain of command of the 9,000 trained volunteers?

A: PMI works in 71 districts and in each district there is 1 AI coordinator at sub-district & most are PMI board members at the sub-district level. We will train 1 person for every village. They are required to hold regular village meetings, and to build relationships from district down to village level.

Q: We are learning that there often is no correlation between increasing knowledge and behavior change, and that actual behaviors are very difficult to measure nonetheless alter. Are there any assessment tools to measure behavior changes at the community level?

A: In all our projects, PMI has conducted a baseline KAP survey to measure the knowledge, attitude and perceptions. Our target population is 2 million in 3 beneficiary target groups: housewives, wet market workers, school children. The baseline survey sample size between 1,200 to 1,600 using PDAs. The evaluation is currently in process.

Q: What is the coordination mechanism in Indonesia for organizations working with AI issues?

A: Indonesia has a national AI committee, where all the NGOs and UN organizations take part in these regular meetings, and PMI is only 1 member of that. Based on PMI past roles in other disasters, and our stagnana capacity, PMI put forward how the Red Cross might be able to contribute during a phase 6 in last week's national AI committee meeting. No decision has been taken yet.

Q: It would be difficult to deploy volunteers without PPE and safety measures. How is PMI preparing to protect your volunteers? What is the government doing?

A: PMI could potentially deploy volunteers, and does that regularly for other disasters, but due to the disease characteristics of AI, we would only do this if all our volunteers were protected with proper vaccinations for seasonal flu and PPE were properly worn. We are calculating how much funding would be required to provide our volunteers with PPE, and are open to support to help meet this need.

Comments: The geography of Indonesia, though isolated and posing logistical challenges, actually allows the ability to control the virus better than some of the other land based countries. If access was limited, the restricted movement between islands, could actually be a positive asset to Indonesia. The ministry of transport has mentioned about this possibility.

Comment: Indonesia still need animal focus as there is continuing poultry outbreaks, and has an obligation to continue to invest interest and creativity. I applaud the efforts of the PMI and RCRC Movement to continue working on AI and focus on the animal sector as the source of the possible pandemic.

Comment: AUSAid has allotted up to 30 million to strengthen vet surveillance, participatory surveillance throughout Indonesia, and preventing infection at source is critical to containing the pandemic.

AOB

15.45-16.30 hrs.

The next forum: April 3

Theme: a proposal to focus on the outcomes, or a select few of the highlights and case studies, of next week's AHI community level practitioners workshop was agreed. A lot of case studies will be presented next week on several key issues from a variety of organizations with community level AI field experience. We would like to present the overall highlights from the partnership workshop, and 1 selected case study.

Chair: ADPC has volunteered to represent the regional forum as a chair for the April meeting.

Meeting Details

- These Minutes, and all future regional forum meeting minutes & presentations & handouts, will be posted on the AHI NGO/RC Partnership on Strengthening Community-Based AI project webpage, hosted by ADPC at: <http://www.adpc.net/communityAHI-Asia>. Also, notice of future meetings and the monthly topics will be posted in advance on the website.