

**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*

On behalf of



**Strengthening Community Based Approaches
to Management of Avian and Human
Influenza (AHI) in Asia**

April 3, 2008 (Thurs), 2 - 5 PM

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

Imperial Queen's Park Hotel, Bangkok

Theme: highlights and case study on "Strengthening Community Based Approaches to Management of Avian and Human Influenza (AHI) in Asia"

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: Dr. Tarek Hussain, Asian Disaster Preparedness Center (ADPC), Team Leader in Public Health Emergencies

1400-1420 hrs.

Welcome Address

- Welcome to this interagency coordination meeting. For this month, we will reflect on the **Regional Community-Based AHI Management Practitioners' Workshop** which was held in Bangkok, Thailand on 10-13 March 2008. I will give an overview of the project, and this workshop in particular, and will highlight a few of the outcomes. Then, a FAO regional colleague will present one of the case studies at last month's meeting from FAO Cambodia. We will show a video "bridging the gap" that was the outcome from FAO Cambodia's study on farmer's practices and behaviour change.
- Any comments to the agenda? The agenda was agreed in full.
- Roundtable introductions

Organizations Present:

1. IFRC
2. Thai Red Cross
3. Kenan Institute Asia
4. London School of Tropical Medicine & Hygiene
5. UNSIC
6. WHO Thailand
7. Agrisource
8. Coverage
9. WHO SEA office
10. ADPC
11. Thai MoPH - MBDS
12. AusAID
13. USAID
14. FAO
15. Keen Media
16. Rockefeller Foundation

ADPC: We would like to give an update on the next steps of our regional partnership project. The partnership is working on the toolkit development. There is an editorial board that consists of some of the members here, and we have engaged Keen Media to produce the toolkit. We are hoping to get the product out by June. We will share the draft toolkit with partners.

1425-1500 hrs.

Presentation: Dr. Tarek Hussain, Public Health in Emergencies, Asian Disaster Preparedness Center (ADPC), highlights and outcomes from the **“Regional Community Based Avian & Human Influenza (AHI) Management Practitioners’ Workshop”**

- The Regional AHI Community Practitioners Workshop was conducted from 10-13 March 2008 in Bangkok where participants from international NGOs (INGOs), the Red Cross / Red Crescent, NGOs, United Nations (UN) agencies, donors, academia, and the private sector presented case studies as a platform for sharing information, knowledge, particularly activities which are being carried at the community level to mitigate the threat of AHI in Asia.
- Sessions: were structured around key themes: risk communication strategies, impact of avian influenza on livelihood and poverty reduction strategies, bio-security, role of civil society organizations (CSOs) in avian influenza control, prevention and control measures among school children and non-health aspects of pandemic planning, Country coordination mechanism, Community-based surveillance on animal and human health, KAP and surveys, Rapid response
- The regional partnership consists of ADPC, The Federation, IRC and CARE, with funding from the Canadian Government via Asian Development Bank (ADB)
- Participants: There were 92 participants from 11 countries in Southeast Asia including Myanmar, Cambodia, Laos, Vietnam, Thailand, Philippines, Indonesia, China, and Singapore. There were 29 case studies presentations from various agencies, mostly from the community field worker.
- Objectives: The primary question fueling the workshop was “what is happening on the ground?” We wanted to capture activities at the grassroots level; learn from case studies in community-based management of AHI in Asia; identify lessons for community-based management of AHI, based on field experience and practice; and build relationships among community-based practitioners in Asia
- Outcomes: documented case studies and highlight key lessons per each topic as input for the toolkit; identified 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.
- One example of a case study: country coordination mechanism in Laos and the established and functionality of NAHICO.
- One example of a case study: IEC for community mobilization with CARE in Vietnam
- One example of a case study: working with school children with KIAAsia in Thailand
- Lessons learned:
 - § Participatory assessment and planning processes are important for community based avian influenza projects including pandemic preparedness;
 - § Community-based surveillance system plays an essential role for early detection of both human and avian influenza cases and thus essential for rapid response, but further support is needed;
 - § Behavior change communications plays a crucial role in combating against avian influenza and it should be part of wider communication strategy (link to other initiatives i.e., WASH in school);
 - § Multi-sectoral collaboration is critical but a difficult one;
 - § NGOs and community organizations are essential facilitators/catalyst in the communication process between community and government led avian influenza control programs
- **“The best protection against pandemic influenza—a vaccine that is well-matched to the virus causing illness—is not likely to be available at the outset of a pandemic. Community strategies that do not involve vaccines or medications may serve as a first line of defense to help delay or mitigate the spread of influenza.”**
- A CD from the workshop is available from ADPC upon request, which was given to all the participants. Many of them were circulated here.

Q&A:

Q: Who is the intended audience for the toolkit?

A: Different countries have different experiences and different lessons. The goal of the toolkit is to share some of those experiences through identified case studies of community engagement. The toolkit will not be able to capture all of the CBO experiences, but it is a sampling of field practices and activities. The toolkit is intended for different levels to share information with aim to help strengthening community level management, so community practitioners are the intended audience. The case studies are mostly taken from

rural lesser educated communities, as the backyard farmers in poultry has been the initial source of outbreaks, so it focuses more on the avian influenza at community level.

Comment: The situation is evolving rapidly, especially in Indonesia. The outbreaks and cases are not so much in only chicken and ducks anymore. Now the situation is enzootic. It's moving away from solely backyard farmers and becoming a matter of cities, semi-urban, and wet markets. Community participation and the strategy are different for rural and urban areas.

Q: How will you get feedback on the toolkit during its development?

A: There is an editorial board, comprised of the steering committee members and a few other organizations with vast experience in community level communications. The toolkit will not generate anything new. But only be a source to reflect what is happening at ground level in various countries per their case studies. Keen Media has been outsourced to develop the toolkit. The content of the toolkit will be compiling case studies from NGO, RC/RC experience, categorizing it under topics like IEC, KAP study, etc. It will be produced in hardcopy with multi- interactive CD-rom that contains examples of posters, etc, and linking to existing websites.

Q: Multi-sectoral coordination is crucial but also difficult, as we have seen. This regional forum plays a connecting role. What are the situations where this regional forum can play a role to connect the toolkit from the learning and key messages?

A: This past workshop identified case studies of community level experience, so whatever experience comes forward would be freely shared among this regional forum, and beyond. There is no intention of developing new stuff. There is a lot happening out there, but it's for regional and country stakeholders to take what information they want from the learning in the community. One benefit was seeing how one organization in Cambodia was doing something compared to one organization in Vietnam, and compare their experience. People and organizations are free to take and use the information.

15.00 – 15.30

Presentation: Anthony Burnett, FAO Regional Asia Pacific office, Field Experience “**Bridging the gap between awareness and practice**”: **FAO HPAI Programme in Cambodia**. The challenges and confluence of livelihood, nutrition, biosecurity, and community health IEC messaging

- FAO in Cambodia operates in collaboration with several partners including support to MAFF on: 1) surveillance, 2) laboratory diagnosis, 3) reporting and response, 4) biosecurity, 5) public awareness and education, 6) socio-economic and livelihoods study, and 7) supportive and protective legislative environment
- FAO Cambodia Focus on public awareness to improve knowledge and understanding of the HPAI problem at grassroots level with agencies such as MAFF, MOH, AED, UNICEF, WHO, MEDiCAM
- In Cambodia there have been a total of 22 poultry outbreaks in 8 of 24 provinces causing poultry deaths and culling, and the last outbreak was reported in April 2007. Over 90% of poultry is from small scale or backyard farms where bio-security is low or non-existent.
- There have not been any AI outbreaks in 2008, but there is the potential to occur again from April, the time of the Khmer New Year, and when over the 3 years the pattern has shown outbreaks during April to June.
- The participatory anthropological study in Cambodia ‘Bridging the Gap’ revealed the striking gap between awareness, and the lack of change in practice and behaviors.
- The messages from FAO’s ‘Protect poultry – Protect People: Basic advice for stopping the spread of AI’ that were cut down to a more manageable 10 key messages. The message is written in red, but the understanding or interpretation of the practical issue is written in black. For example, ‘*separate ducks from chickens*’ (Zero perceived - and actual - practicability) this key message is not understood nor practiced. Why should we change the way we have raised our ducks and chickens for hundreds of years?
- Larger quantitative studies have shed some light on WHAT people do and HOW people do it, but using flexible qualitative tools (simple participatory techniques like focus group discussions and key-informant interviews) are in a position to facilitate community participation in order to answer the anthropological question *par excellence*: WHY?
- The study was conducted in 20 focus group discussion with 190 women and 151 men, in 13 districts in 7 provinces in a participatory manner and question development. The anthropological dimension of participatory research entails not only clarifying WHAT people do and HOW they do it, but also links this understanding to WHY people do what they do in the way that they do it. This approach does not begin by asking why people are not doing the things FAO and partners suggest they should do to protect their poultry, but rather begins with the question: What do people already do to protect their flocks and families in the event of poultry illness or death? An adequate answer to this question involves clarifying underlying cultural models, beliefs, and priorities that underpin these practices.

- Sampling from villages and districts that have:
 1. high human and poultry densities, small holdings of household poultry, and significant cross-border poultry movements;
 2. had first-hand experience of outbreaks of HPAI;
 3. high proportions of households that rely on backyard poultry production *for income*;
 4. communities with large minority populations
- The main findings: the good news. There is a very high knowledge of all the messages – they could name off all, or nearly all of the key messages. But the high awareness did not translate into changed behavior. KAP survey found 99.5% of adults and 95% of children in the sample were “aware of AI.” There was no significant difference in level of “awareness” between male and female adults.
- **nominal awareness**, which is measured in surveys as percentages of positive responses to questions like have you heard of any new poultry diseases or do you know about *pdash sai back sey* (*chicken death*)? Nominal awareness also includes the degree to which people make the mental connection between an icon like *Super Muan* (Super Chicken) and something called *pdash sai back sey*.
- **awareness of priority messages**, which should be further broken into 1) nominal awareness of messages—the degree to which people can list and recite messages—and 2) understanding of messages—the degree to which people understand the link between messages and behaviors.
- Watched the video
- **But high “awareness” has not translated into changed behaviour**
 - § Many people continue to prepare and consume sick or dead poultry
 - § Very low levels of use of gloves or masks when handling poultry
 - § Low levels of reporting (Based on generations of experience, poultry morbidity and mortality from *dan kor kach* is considered natural, safe for eating, and not worth reporting.)
 - § Erroneous beliefs about HPAI transmission
 - § Biosecurity almost non-existent
- Pre-existing practices & perceptions: **what people already do to protect their poultry/families?**
 - § Traditionally, protection of poultry IS protection of family
 - § Use of traditional (and not-so-traditional) remedies to treat sick poultry
 - § Seek the advice and products of a local animal pharmacy
 - § Seek the help of the VAHW, district vet, or chief
 - § Separate new poultry for a few days to keep them from wandering off
- Frequent expressions of generalized fears and anxieties about bird flu were totally disconnected from whether and to what degree people perceived themselves or their communities to be “at risk.” While levels of fear about *pdash sai back sey* were generally high, most people viewed *pdash sai back sey* as something that affects poultry “over there,” “far away,” “only in the big market,” or in other countries like Thailand and Vietnam. People did not perceive poultry bought, raised, and fed in their community as being at risk of *pdash sai back sey*.
- There was a remarkable difference between 1) communities that have experienced human cases or poultry outbreaks and culling and 2) communities that have not experienced detected outbreaks in either humans or poultry. Not surprisingly, communities that have experienced human cases or poultry outbreaks seemed more likely not only to know the priority messages, but also to report widespread local adoption of several recommended measures, especially ‘don’t touch or eat dead poultry’ and ‘bury dead poultry.’ All of the groups from communities that experienced *human cases* of AI were among the few to deny even occasional community consumption of sick or dead poultry “now that we know better.”
- The difference between the groups that reported changing behaviors and the groups that said little had changed did not have to do with the level of awareness or fear. Virtually every participant in every group said they are “afraid” of AI. On final analysis, the difference between the two groups boils down to *risk perception*—the degree to which people genuinely considered their flocks and families to be at risk. Reports of widespread changes in community practices were positively proportional to the degree participants considered their poultry and their households to be at risk from *pdash sai back sey*.
- General recommendations: build on existing understandings, continue to raise awareness, but make sure the messages are both practical and effective and simple from the farmer’s point of view.
- Specific recommendations:
 - § the language used is often misunderstood, especially when translated, the term avian influenza does not translate. In Khmer, there is no word for avian influenza, its lumped together in a “general chicken death” disease that happens seasonally and annually and is quite normal
 - § encourage shift from treatment model to prevention model
 - § Focus on risk-perception and family well being, not increasing fear
 - § Work with community experience that “seeing is believing”
 - § Use different approaches for backyard farmers that rely on poultry as food, from those that rely on poultry for income.
 - § **Gender should be a primary consideration in IEC materials and communication strategy**

§ **Define alternative solutions to “separation” messages – that is not working**

§ **Connect messages to local values and priorities**

§ *“Family prosperity and well-being”* is most suitable for linking priority messages to a value for which people would indeed go to great lengths.

- Since poultry is either an asset or an investment for the backyard farming household, the preparation and consumption of sick and dead poultry could well be seen as serving household well-being. Especially in the context of widespread poverty, this may in part explain the widespread continuing consumption of sick and dead poultry documented in this report. Poultry is an important family asset that has already lost the majority of its value by the time it is sick or dead. To bury it or throw it away is to waste what little value is left for a household.
- Assets can be drawn upon to sell in times of need or used for special occasions. As an asset, the loss of a chicken is much more than merely the loss of a meal; the value of a chicken exceeds its value as food. All respondents agreed with the basic sentiment: “We would rather sell our poultry than eat it. If we sell it we can buy food for three days or have money for what we need. If we eat it, we get nothing but a meal for a day.” A chicken or duck that is sick or has died becomes almost worthless as an asset; its only remaining value is as food. In communities where many people have trouble meeting basic nutritional requirements, to bury dead poultry or throw it away rather than eat it or give it to a family member or neighbor in need is quite reasonably regarded as an unconscionable waste
- alternative solutions to the simple “separation” messages. These solutions should 1) be low-cost; 2) take into account the burden placed on different sorts of households depending on their socioeconomic status and poultry production system; 3) take into account the burden placed on different members of the household; and 4) be based in the local reality of daily free-ranging of poultry in Cambodian villages.

15.30 – 15.50

Q&A

The report and video raises a lot of questions...

Comment & Q: The challenge is to create materials and messages that actually change the behaviors in communities. Its nice to see well conducted research that informs policy. Rather than the other way around. In this regard, the implications are so context specific, ie given the proximity of the threat in those communities. Are there lessons that can be drawn for the region?

A: The methodology, and the package delivered by the anthropological participatory study was delivered in such a way that it could be easily replicable and conducted in 2 months. FAO Indonesia is currently conducting social anthropological research in a similar vein. The 3 lessons learned can be drawn across the region. These 3 lessons are very similar to the HIV experience. We need to clearly understand the drivers to behavior.

Comment: There are laws that apply IF there is an outbreak, then the relevant ministry will come in an cull the diseased chicken. That is the policy. Initially that may be effective. But next time there is an outbreak, the village may not be willing to report. They don't want people coming in and destroying their livelihood.

Comment: What is absolutely critical now is developing messages that move away from fear and moves to family welfare. In many of the countries, H5N1 is listed as a notifiable disease But the question is application of law.

Comment: Resource limitation is obvious when we try to take one study and use it in another context, but we have to be careful when we draw conclusions from studies between north and south, in one country for example. The risk of saying we have done it in one country and therefore all countries share similar characteristics. We have a challenge of linking our AI and other health promotion activities, where our colleagues have been working with BCC for many years, for instance in HIV. To make better use of existing resources, linking with that in-country knowledge on BCC would be a more effective way to draw conclusions.

Comment & Q: This is a good trend: behavior change and trying to understand the community habits. We know the limitations of the communities, and the limitations of the technical language. What are good examples of what worked and what didn't work?

A: Since the study was conducted in July 2007, communication efforts have been amended and materials revised to take into consideration the lessons learned from the study, recommendations from the study and the emphasis on developing and delivering technical messages delivered in a participatory way. It remains to be seen if that has any impact.

Comment: We should not be pessimistic about communication and behavior change, it takes time. About 10 years ago, there was a huge campaign on breastfeeding and hand washing. And now its happening and

people and children are washing their hands. The messages should come continuously, come constantly and come from their peers or family

Comment: Because the campaign has been successful, does not mean that behaviors were changed. But AI is different, because we are asking villagers to give up their chickens, to give up their food, to give up their property or income. We are asking villagers to trust us. This is not going to work.

Comment: Do we think we can get to 100% of total knowledge of villagers and farmers? Until we can contain this disease in ducks and poultry there is not much hope for limiting the spread in humans.

Comment: But do we need 100% of the population to know the messages? I don't think so, if you reach a threshold where you have an impact, that would statistically be sufficient. This will work for containment, but it depends on if you are working towards containment or mitigation, and the purpose of your strategy.

Comment: The villagers are tell us this is not about health, its about economic security

AOB

15.50-16.15 hrs.

Due to a Thai holiday, the next monthly inter-agency AI/AHI forum meeting will be held on Wednesday April 30

The next forum: For next month, the regularly scheduled first Thursday of each month is a Thai holiday. It was put to the group to move the meeting to the day prior. The group consensus was to hold the May monthly forum meeting on Wednesday April 30, at the same time and same place.

Theme: the topic research and policy was mentioned last time, and would be a nice followup to this months featured speakers. IFRC will contact those organizations that had expressed interest in presenting the topic of research and policy.

Chair: IFRC is accepting volunteers to chair the May forum 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.