



PILOTING A COMMUNITY-BASED SYSTEM FOR EFFECTIVE AVIAN INFLUENZA PREPAREDNESS AND REPORTING

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LIST OF ACRONYMS

AADC	Agri-Aqua Development Coalition
AI	Avian Influenza
BDCC	Barangay Disaster Coordinating Council
BHERT	Barangay Health Emergency Response Team
BHW	Barangay Health Worker
BNS	Barangay Nutrition Scholar
CP	Contingency Plan
DA	Department of Agriculture
DOH	Department of Health
DRM	Disaster Risk Management
EWS	Early Warning System
FGD	Focus Group Discussion
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
NAITF	National Avian Influenza Task Force
OFW	Overseas Filipino Worker
PhilTIPS	Philippine Tuberculosis Initiatives in the Private Sector
PTCA	Parent-Teacher-Community Association
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

CARE's pilot project on avian influenza preparedness at the barangay (community) level started on 1 June 2006 and ended on 30 September 2006. The project made significant accomplishments. Six barangay-level avian influenza preparedness workshops were conducted. Six contingency plans were drafted, validated, revised, and adopted – one by each of the six Barangay Councils. All barangay have allocated a portion of their Calamity Fund to implement the plan. All pilot communities have experienced simulating their responses to the different stages of avian influenza with their municipal counterparts. An early warning system was set up in each of the six barangay where routine monitoring is conducted every month. Adequate reporting and monitoring forms were provided to barangay surveillance teams so they could immediately document any suspected case and forward the report to the appropriate local authorities. The system and forms are also contained in the contingency plan of the barangay.

Public information activities in schools, churches, and households were conducted to reach out to more community members. Community assembly and sectoral meetings also served as venues to orient more people about avian influenza.

At the end of the project, the participants, community leaders, and volunteers are confident that they are familiar with the signs of avian influenza in birds and signs and symptoms of avian influenza in humans. They can detect and report suspected cases to appropriate local authorities. They can regularly monitor and submit monthly reports to the barangay council and the municipal health and agriculture officers, who, in turn, will incorporate the findings in their monthly reports to their provincial level counterparts. They have passed barangay resolutions designating possible holding areas for the sick. Resolutions prohibiting residents from catching, selling, and eating migratory birds were also passed.

During the project evaluation, participants were saying that while they had completed the workshops, held follow-up sessions to complete the contingency plan, set-up an early warning system, and defined their specific tasks, they would still need more inputs and opportunities to practice what they have learned. This would make them more capable to assist the municipal, provincial, regional, and national avian influenza task forces should there be an outbreak. They can also help establish the quarantine zone, and set-up and man checkpoints. They can retrieve and update census of animals, conduct IEC activities, and intensify monitoring of signs and symptoms of avian influenza in birds and in humans. They can also assist in stamping out fowls within the quarantine zone.

The communities expressed their need for more technical assistance in updating and refining their plans, and in cases when quarantine zones had to be established and culling of poultry had to be done. Getting details into their plans proved to be a challenge because of the limited information in national policies and plans regarding preparedness measures in the barangay. While community-based preparedness and response technologies have been transferred to them, practical questions on the impacts of avian influenza in their barangay remain. Examples of these questions are as follows: Can they cancel classes in schools that are within the quarantine zone? Can middlemen still buy the produce of farmers inside the quarantine zone? For communities located along the national highway, how can they coordinate with the higher authorities regarding the entry and exit of vehicles in the quarantine zone?

Through this final report and a separate documentation on lessons learned from the project, these issues will be presented, and hopefully, will be looked into by the National Avian Influenza Task Force (NAITF).

The project had shortcomings in coordination and information shortage on barangay preparedness activities for AI. Nonetheless, the openness, commitment, flexibility, and courage of the partners and the participants to move forward and face the task at hand compensate for these limitations and challenges. In all, this four-month project has been a valuable learning experience for CARE, AADC, government partners, and the six pilot barangay.

I. INTRODUCTION

The Avian Influenza Situation

Global situation

Since its first outbreak in 2003, avian influenza has spread to 38 countries worldwide, resulting to the massive culling and death of over 210 million chickens, birds, and other avian species. It has also caused the death of more than 150 persons in 10 countries in Asia, Africa, and Europe. As of November 2006, a total of 258 people have suffered from avian influenza, 154 of who were fatal. Only this year, 76 fatalities were recorded, which is as many as the number of people who had died from avian influenza in the previous two years: 42 in 2005 and 32 in 2004.

The numbers are rising as new cases continue to emerge and retrospective cases of human infection from avian influenza are confirmed by the World Health Organization (WHO). Countries all over the world are also designing and implementing control and preventive measures to mitigate the adverse impacts of avian influenza in their lives and livelihood, as well as to prevent the virus from striking.

To date, the most successful country that was able to curb losses of life and livelihood caused by avian influenza is Vietnam, which is also the most severely affected country in the world. Vietnam recorded the most number of human cases (93) from 2003 up to 2005. However, proof of the country's effective responses to avian influenza is the absence of human cases of infection with avian influenza in 2006.

Indonesia, the Philippines' neighbor in the south, has now become the hardest hit country in the world since its first recorded avian influenza outbreak in 2005. The number of human cases has reached 74 and 56 of these resulted in death. The toll continues to rise with the latest cases, even including a cluster case among relatives that occurred in one village. Indonesian healthcare workers have observed that avian influenza human cases seem to come in family clusters, affecting only those linked by blood. The WHO has confirmed this report and acknowledged the possibility of human to human transmission of the virus.

Also in Southeast Asia (SEA) where avian influenza is said to have originated in 2003, human cases have occurred in Thailand and Cambodia. Of the 25 cases in Thailand, 17 were fatal. All the six human cases in Cambodia resulted to the death of the infected persons. The spread of the avian influenza virus is adversely affecting not just the stability and growth of the country's economy but more importantly, the people's health security and livelihood.

Local situation

At the local front, the Philippines remains free of avian influenza but continues to be very vulnerable to the virus because of its proximity to other AI-stricken countries in Southeast Asia. Vietnam, Indonesia, and Thailand – countries near Philippine borders – have reported massive culling of poultry, as well as increasing numbers of human cases and deaths caused by avian influenza.

A deadly virus like avian influenza can enter the country through several possible entryways: the seasonal migration of wild birds, the importation of poultry and poultry products, the smuggling of poultry and exotic birds, and global travel. A lot of farming practices and sources of livelihood in the country also make it prone to avian influenza.

In a big part of the Philippines, poultry raising is the main source of livelihood of many. Especially in the rural areas, chickens, ducks, and other birds roam freely in backyards, sharing water and food sources with other livestock animals. Some rice farmers put ducks in small ponds in their rice fields to help keep snails from pestering the plants. Other farmers practice duck herding in rice fields before the planting season to clear the areas of snail eggs and other small pests. In some households, poultry are kept in the same pens as other backyard animals such as pigs and goats. Those who live near sanctuaries of migratory birds either sell the wild birds by the kilo or per head, or even consume these, not knowing of the dangers of eating migratory birds.

The deployment of overseas Filipino workers all over Southeast Asia and in other countries with confirmed cases of AI also poses a threat in the entry of avian influenza in the country. Statistics from the Philippine Overseas Employment Agency show that approximately 6,000 Filipinos are currently working land-based in Cambodia, Indonesia, Thailand, and Vietnam – SEA countries where human cases of avian influenza transmission have been recorded.

With the country free of the virus, the actions of the Government of the Philippines are geared toward preventing the virus' entry and preparing the different levels of the government and sectors of the society for the adverse impacts that it will cause. A national Avian Influenza Preparedness and Response Plan has been created, prioritizing interventions on twenty areas where migratory bird sanctuaries are located. The National Avian Influenza Task Force (NAITF) is continuously training agricultural and health staff at the regional and municipal levels, disseminating public information materials, and creating national and regional surveillance teams in the priority areas.

Several civil society groups have also gathered together into an informal network called the Avian Influenza and Influenza Pandemic Network (AI Network), to help coordinate each group's AI-related endeavors with the NAITF. The network also serves as a venue for exchanging information about the virus. A series of community training, training of trainers, and orientations on AI have been conducted in the organizations' respective project areas. Some of the Network members have also integrated an avian influenza module into their existing training modules and have disseminated information materials on the virus.

PROJECT IMPLEMENTER

CARE Philippines

CARE started operating in the Philippines in 1949 and has evolved from an entirely relief institution into a development organization. With 55 years of experience in the Philippines, it has an active, modern portfolio of nationwide institution building, agricultural cooperatives development, microfinance and enterprise development, land reform, environmental protection, watershed management, and health development programs. CARE Philippines serves marginalized groups such as smallholder farmers,

fishing communities, tribal groups, micro-entrepreneurs, young adults, and women of reproductive age.

CARE Philippines has extensive experience in disaster management and humanitarian emergencies. At present, CARE is responding to the disaster resulting from landslides in Southern Leyte. In the recent past, CARE Philippines has implemented emergency projects in response to tropical cyclones, volcanic eruption, and armed conflict-related emergencies. It has also implemented a shelter rehabilitation program in Catanduanes and emergency relief assistance projects during the eruption of Mt. Pinatubo in 1991 and Mayon Volcano in 1992, and the series of typhoons in 2004. CARE Philippines is also implementing community-based disaster preparedness projects in Camarines Sur and Aurora provinces, funded by the World Bank and the Corporate Network for Disaster Response, respectively.

Agri-Aqua Development Coalition – Mindanao

For this project, CARE partnered with the Agri-Aqua Development Coalition (AADC), a coalition of people's organizations (POs) working in various provinces in Mindanao. AADC has been greatly involved in participatory governance and advocacy activities for social reform in the Island, pioneering the mobilization of nearly all the poorest communities involved in the pilot Social Reform Agenda localization projects in 1996.

AADC endeavors to ensure the meaningful participation of POs in the social movement and reform. As a move to give its member people's organizations deeper involvement in decision-making in their respective communities, AADC lobbied for the selection of its member-PO leaders in several local special bodies, such as the Small and Medium Enterprise Development Councils, Municipal Agricultural and Fisheries Councils, and Municipal Cooperative Development Council.

AADC is currently implementing programs on community economic development, advocacy and networking, and local coalition building. Its grassroots partners include farmers, fishermen, rural women, and indigenous people, totaling more than 11,000 members.

CARE and AADC also forged a partnership with representatives of the Avian Influenza Task Force at the national, regional, and municipal levels of the government to accomplish the project goals. In this partnership, CARE shared its extensive experience in community-based disaster risk management and provided programmatic management and technical assistance. AADC contributed its strong experience in community mobilization and advocacy, and brought in its solid network in Mindanao. Government partners from the Department of Agriculture (DA) and the Department of Health (DOH) shared their technical expertise on avian influenza.

II. PROJECT DESCRIPTION

Project Goals

The preparations of the government's NAITF for the onset of avian influenza have been slow and difficult, and have only reached up to the municipal level because of limited resources and other factors. The government has recognized the capacities of other organizations, specifically the civil society groups, to help in its preparedness efforts. It opened its doors for them to reach, inform, and prepare local communities for possible avian influenza outbreaks.

CARE Philippines responded to this call by proposing a pilot project for a community-based system for effective avian influenza preparedness and reporting. The project aimed at supporting the national goal of protecting the lives and livelihoods of vulnerable communities from the adverse impacts of avian influenza. To help fulfill this goal, the project intended to:

- (1) strengthen the capacities of local communities, community-based organizations (CBOs), and the local government authorities to prepare for and respond to AI, and
- (2) increase people's awareness of the virus and its precautionary measures

Implementation Activities

The project started with a series of meetings with the national and regional DA and DOH officers to firm up the project design and location. At the local level, AADC met with the municipal and regional health and agriculture officers, as well as the municipal mayors to present the project design and seek their inputs.

Community-level risk assessment followed, with AADC employing at least 10 volunteers to hold cluster meetings and informal consultations with sample households and community leaders in all the barangay in the three municipalities. This assessment would determine the final two barangay where the project will be implemented. Data on poultry population, OFW population, and human development indicators like income, health, and education were gathered. Results were collated and analyzed and a shortlist of five target barangay per municipality was defined. The final two barangay were selected based on the said risk assessment process and the inputs of the municipal mayors and health and agriculture officers. The risk assessment process is described in the document, "Risk Assessment: Selection of Six Pilot Barangay for the Community-based Bird Flu Preparedness Project" (CARE Philippines 2006).

After a thorough selection process, CARE and AADC identified the six pilot barangay as:

1. Barangay San Pablo and Bunga in Jabonga, Agusan del Norte
2. Barangay San Roque and Bangayan in Kitcharao, Agusan del Norte
3. Barangay Compra and Silucap in Liloy, Zamboanga del Norte

The location of the project areas is shown in Annexes A and B.

At the initial stage, a four-month workplan was submitted for approval to USAID. A monitoring and evaluation plan (M & E plan) was also developed to keep track of project implementation. The M&E Plan is attached as Annex C.

Institutional arrangements between CARE, AADC, the regional DOH and DA, and the LGUs of Kitcharao and Jabonga in Agusan del Norte and Liloy in Zamboanga del Norte were defined. A memorandum of understanding (MOU) was drafted and signed by all concerned parties in June 2006.

To have a better understanding of avian influenza, the project staff attended the municipal AI preparedness workshop in Cagayan de Oro sponsored by the Philippine Tuberculosis Initiatives in the Private Sector (PhilTIPS).

A training team composed of CARE, AADC, and representatives from the national, regional, and municipal levels of the Department of Health and Department of Agriculture was organized. But since the USAID-supported AI preparedness projects were being done simultaneously and required the inputs of the NAITF, the national DA and DOH representatives recommended that the Project directly work with their counterparts at the regional level.

At the start of the project, there were no existing customized training modules on barangay level AI preparedness. The training team started gathering relevant literature on AI and studying the existing materials of the DOH and DA to define the specific content of the community modules. A draft community-level training module was produced in mid-June 2006.

This module was used during the Training of Trainers (ToT) conducted for the project staff of CARE and AADC, as well as to selected members of the barangay to orient them and to have a common understanding of AI and influenza pandemic. A template of a community AI preparedness plan was produced at the end of the ToT. The team held a module development workshop in Cebu in mid-June 2006 to improve the draft community-level training module.

After refining the modules, a series of simultaneous workshops focusing on preparedness planning was conducted to various groups of people in the communities. Each workshop was expected to produce a community AI preparedness plan containing the descriptions of the community's early warning system, preliminary containment and management guidelines for AI cases in humans and poultry, and a reporting and monitoring system that is linked to the government system. Through barangay legislation, the barangay plans were institutionalized, adopted, and given the necessary provisions. All in all, six barangay-level avian influenza preparedness workshops were conducted and six contingency plans were drafted, validated, revised, and adopted by the local councils of the six barangay. Simulation drills were conducted to determine the effectiveness of each community reporting system.

Responsible public awareness about AI was created among the local partners, LGUs, CBOs and communities. The IEC strategies included the distribution of flyers and brochures, house-to-house orientations, and briefings during community assemblies and other gatherings. Room-to-room orientations in preschool and elementary levels were conducted, introducing the schoolchildren to basic AI information, its signs and symptoms, and the precautionary measures in preventing it. Materials and briefing

information were designed for the community in general, and the backyard poultry owners and children in particular.

To draw lessons from the project and forward recommendations for replicating the preparedness activities in other barangay, a participatory evaluation was conducted. Representatives from the six barangay, project staff, and project partners from the DOH and DA participated in it. Focus group discussions (FGDs) were conducted with selected members of the barangay and the municipal, provincial and regional partners. National level representatives of DOH and DA were also interviewed to get their feedback and impressions on the project. Inputs from all the parties were collated and analyzed during the team level evaluation.

CARE's pilot project on avian influenza preparedness started in June and officially closed in September 2006. By then it was able to install a community-based preparedness system for AI in the six barangay. It was able to test the monitoring and reporting system (for both animal and human health) in each community and set up a structure to respond to AI. A contingency plan was developed in each barangay that will guide them in responding to the virus. They can regularly monitor and submit monthly reports to the Barangay Council and the municipal health and agriculture officers. They can help establish the quarantine zone, and set up and man checkpoint areas. They can retrieve and update census of animals, conduct IEC campaigns and activities, and intensify the monitoring of avian influenza signs and symptoms in poultry and humans.

A majority of the households also know the basic information on AI and its precautionary measures through the public information campaign. The communities are now confident of detecting signs of avian influenza in birds and signs and symptoms of it in humans. They can also detect and report suspected cases to the appropriate local authorities.

III. PROJECT ACCOMPLISHMENTS

The pilot project completed almost all targeted activities presented in Table 1.

According to the USAID-approved M&E plan, the project has three technical areas: 1) information campaign and communications, 2) preparedness planning, and 3) early warning system. Specific targets were set for each technical area. The activities and accomplishments for each target area are discussed in the succeeding sections.

Technical Area 1: Information Campaigns and Communications

Target 1: *Approximately five thousand (5,000) individuals or 75 percent of the total population of the six pilot areas will be reached through the mass media, IEC materials, and community gatherings*

The project exceeded its target number of individuals by covering about 5,400 individuals or 80 percent of the total population of the six barangay.¹ The PI activities started as early as June 2006 after the Training of Trainers in Cebu City. Barangay

¹ Some individuals attended more than one public information (PI) activity and were therefore counted twice or more by the project.

chairmen convened their respective councils and shared their learning. The leaders held barangay assemblies to orient the general public about avian influenza and to inform them about the preparedness activities that will be done in their respective areas.

Table 1: Summary of Target versus Actual Activities Undertaken

Technical Area	Indicators	End of Project Target	Actual Accomplishments
Information Campaigns / Communications	1. Approximately 5,000 individuals reached through mass media, IEC, and community outreach AI awareness and behavior change programs	5000	Approximately 5,400 individuals
	1.1 600 individuals attended 5 religious activities	600	681 pax 22 gatherings
	1.2 900 households visited by community volunteer monitors and BHWs (approximately 5000 individuals)	5000	4895 individuals 890 households
	1.3 480 community members attended 6 barangay assemblies	480	1440 pax 22 meetings
	1.4 300 parents and teachers attended 6 PTCA mtgs	300	102 teachers and daycare workers 6 PTCA mtgs
	1.5 1,500 school children attended avian influenza orientation sessions in 60 room-to-room avian influenza orientation in 6 schools and 6 daycare centers	1500	1688 students 54 classrooms and daycare centers
	1.6 120 households listened to radio programs which featured avian influenza preparedness messages (approximately 600 individuals)	600	0
	2. Number of persons trained (veterinarians, agriculture extension workers, journalists, government spokespersons, health care providers, etc.) to deliver accurate and transparent AI reporting, mass communication and risk reduction messages	150	190
Preparedness Planning	3. Number of LGU/barangay with AI Preparedness Plans developed	6	6
Early Warning System	4. Number of individuals trained (local vets, paravets, farmers, etc.) to identify suspected cases of H5N1 animal infections per month	150	190
	5. Number of barangay implementing community-based early warning system for animal infections	6	6
	6. Number of individuals trained (doctors, nurses, aids, etc.) to identify suspected cases of H5N1 human infections per month	150	190
	7. Number of barangay implementing community-based early warning systems for human infections	6	6

The project used different strategies for disseminating information on AI to specific groups in the communities.

Teachers and daycare workers had separate orientations on avian influenza. The teachers, together with some of the students' parents and other members of the community, learned about the virus during the Parent-Teacher-Community Association meetings. Instead of targeting all PTCA members, however, the project team decided to give a detailed orientation to the teachers so they can better convey the key messages to their respective classes. Parents were oriented about avian influenza through the house-to-house orientations and other community meetings.

The teachers as well as the daycare workers were provided with two sets of instructional materials to use in their classes. The first one is a set of flipcharts (with photos and text) tailored for intermediate and secondary level students. The second material is a picture set intended for daycare and primary level students. When draft copies of these materials were presented to the teachers for their comments, they suggested that pictures without the text would be more effective for children in the daycare and primary levels. The teachers would just explain each picture, using stories and other means, so that the students can focus on and better understand the messages. Orientations of the schoolchildren were done in the last two weeks of September.

At least 22 community and sectoral meetings were also used as opportunities to orient the people about avian influenza. Church leaders discussed avian influenza preparedness after their religious gatherings, which were attended by parents and their children. Barangay health workers discussed avian influenza in their regular municipal and provincial federation meetings. Barangay nutrition scholars and youth leaders had similar sessions during their monthly meetings. Leaders of people's organizations used their regular organizational meetings to discuss the hazard and the preparedness measures that their members should take. The IEC team and the barangay officials visited the households, prioritizing the most vulnerable ones. The meetings of AADC's local coalitions also served as venues to reach out not only the six pilot barangay but also the other neighboring areas where their coalition members are present.

Aside from the public gatherings, brochures were disseminated to the households and streamers were put up along the national highway and in other public areas to inform the communities about avian influenza. The training team likewise produced an all-Bisaya training kit to ensure that accurate messages are relayed and, at the same time, double as reference materials for the public information activities being done in the barangay.

Of the activities targeted for this area, only the radio plugs were not accomplished because of lack of time. The project team thought of integrating AI preparedness messages in the ongoing radio programs of the partner nongovernment organizations. However, the radio programs already had a specific lineup of topics to be covered during the remaining months of the project and could not accommodate AI as another topic. In addition, the contents of the messages had to have the approval of the DOH, DA, and USAID – a process which would take time to accomplish. Confronted with these issues and given the very limited time left to the project, the team decided not to pursue the radio plugs and instead prioritize the completion and refinement of the barangay contingency plans and setting-up of the early warning system.

In general, the IEC campaign increased people's awareness on avian influenza. Prior to the project, they have been hearing about the virus only on the radio. With the project, however, their knowledge about its nature, the precautionary measures they should take, and the responsibilities they have to protect their community was broadened.

Target 2: *One hundred fifty (150) community leaders were trained to deliver accurate and transparent AI reporting, mass communication, and risk reduction messages*

The project topped its set target of 150 by teaching 190 community leaders and members accurate avian influenza preparedness and precautionary measures, and how to detect, report, and respond to incidents of AI in their community.

The three-day preparedness workshop held for each of the communities ensured that these information were understood, handled responsibly, and disseminated accurately. To test these, the participants acted out different AI scenarios focusing on the responses they will take to prevent the virus from spreading and to protect their community. During these plays, resource persons from the regional and municipal DOH and DA checked the accuracy, consistency, and completeness of the information gathered by the responsible community teams in the suspect farms and the flow of information from the barangay to the municipal government. All these critical information that had to be gathered, monitored, and reported, including the reporting system and the key messages that should be disseminated to the public were compiled in the barangay contingency plans.

During the workshops, the participants articulated practical and valuable concerns in case AI emerges in their area. The project took these concerns as a sign that the people understood the risks of the virus and the necessity of preparing for it. Some of these concerns are as follows:

- Is it all right to sell vegetables and other agricultural produce if the farm is inside the quarantine area?
- Can we still hold classes in schools located inside a quarantine area? If this is outside the quarantine area, can children living inside the quarantine area still go to school?
- If the market is inside the quarantine area, will it be closed?
- How will social services be undertaken in a community under quarantine?
- If the farm affected by AI is between the border of two barangay and the 3km zone is enforced (that is, it covers some parts of the two barangay), who will take care of the quarantine? Is it with the Barangay Captain where the farm is located or the Barangay Captains of the two barangays? What if the farm is between two municipalities? Two provinces? Who will take care of this?
- Will our pigs be killed if these are inside the 3km radius even if these are inside their pens?
- If those pregnant get Bird Flu, will this affect the unborn child?
- Is it all right to eat chicken inside the suspect farm and the 3km-radius zone as long as it is thoroughly cooked? How about outside the quarantine zone?

The project asked representatives of the NAITF to give their official answers to the questions. Their responses were then sent back to and discussed with the communities.

During the project evaluation, most of the participants expressed that they have understood the key messages on AI and are confident enough to discuss these with their neighboring communities. These include basic information on the nature (e.g., transmission, signs and symptoms) of the virus and the corresponding precautionary and response measures to take. The participants also know the reporting system in their respective communities (i.e., who to approach should they find signs of avian influenza in their poultry and its symptoms in humans) and the roles and responsibilities of each sector/group in the community.

The workshop participants were composed of local officials in the Barangay Council, the Barangay Disaster Coordinating Council (BDCC), the Barangay Health Emergency Response Team (BHERT), leaders of CBOs, and representatives of other community institutions. An all-Bisaya training kit composed of five modules was produced and given to each workshop participant. This kit can also serve as a reference material during their public information campaigns. Aside from information on responsible public awareness, the kit includes modules on:

- Module 1 What is Bird Flu (basic facts about bird flu, signs and symptoms of bird flu in birds and bird flu in humans, mode of transmission, precautionary measures)
- Module 2 Preparedness Activities to Prevent Bird Flu in Animals and Humans
- Module 3 Barangay Level Responses to Bird Flu
- Module 4 Simulation / Role Playing Exercises
- Module 5 Contingency Planning

Technical Area 2: Preparedness Planning

Target 3: Six barangay developed their Avian Influenza Preparedness Plan

Contingency planning is a continuing process of analyzing existing disaster situation, setting objectives, and defining operational arrangements prior to and during emergencies, rehearsing roles and responsibilities and further improving mechanisms from lessons learned from simulations and actual emergency operations. The results of these activities are contained in a Preparedness Plan or sometimes referred to as Contingency Plans. Contingency plans, simply put, guide people on what to do before and during a disaster.

All the six barangay were able to produce a draft contingency plan at the end of the workshop using templates provided by the project. During the workshop, the participants learned basic information about the virus – its nature and its adverse effects on people – and the preparedness and response measures they can take. They also assessed their community's vulnerability to AI and the capacities and resources they have to prepare for and combat it. They produced spot maps of their barangay, formed the BHERT and assigned corresponding responsibilities to each team, and designed a monitoring and reporting system. All the outputs of these activities formed the following parts of the plan:

Part 1 Situational Analysis

This section establishes the likelihood of occurrence of avian influenza in the specific area and the need to prepare for it. It also identifies high-risk households and determines the capacities of the community to prepare. This section likewise presents the risks and vulnerabilities of the target community.

Part 2 Objectives

Part 3 Concept of Operation

This is the body of the contingency plan. It is further subdivided to include the following:

- Early Warning System
- Barangay-level Tasks and Activities per Team per Stage
- Community Structure: BHERT/BDCC Membership
This is the organizational mechanism for carrying out the preparedness plan.
- Action Plan
This is a six-month action plan detailing the priority preparedness activities that each of the six pilot barangays will undertake during the period, responsible groups, and timeframe.

Part 4 Annexes

Sample annexes include barangay resource and vulnerability map, list of high-risk households, and community directory of important emergency phone numbers.

As a culminating project activity, six community simulation exercises or drills were done to help further develop the contingency plans, specifically the reporting system.² These drills saw members of the NAITF and the BHERT/BDCC playing their respective roles and responsibilities when AI emerges in their area. The drill demonstrated how the monitoring and reporting system works from the barangay to the municipal level and showed areas that need to be improved. Lessons learned from the community drills were collated and integrated in their respective preparedness plans. Subsequent sessions with members of the community were held to refine and complete their plans.

Recognizing the value of these plans, all target barangay have completed, approved, signed, and adopted their respective avian influenza contingency plans through a barangay resolution. Funds from local sources were also allocated to implement the plans.

The challenge, as articulated by the communities and the MAITF, is ensuring that these plans are updated especially given the unpredictable nature of the avian influenza virus and obtaining both financial and technical support from the higher levels of the government to make these plans work.

Technical Area 3: Early Warning System

Target 4: One hundred fifty (150) individuals trained (local vets, paravets, farmers, etc) to identify suspected cases of animal infections per month; **Target 6:** One hundred fifty (150) doctors, nurses, aids trained to identify suspected cases of human infections per month

² The mechanics of the drill are found in the document, entitled "How to conduct community drills" (CARE Philippines 2006).

A total of 190 barangay leaders, teachers, daycare workers, barangay health workers, sectoral leaders, and volunteers across the six barangay were trained to identify suspected cases of avian influenza in animals and humans. This number exceeded the target of 150 individuals since it included those who attended the TOT. In some workshops, the number of participants also exceeded the expected number of 25.

These individuals attended a three-day workshop where they were taught basic information about AI, specifically its signs in poultry and symptoms in humans. Pictures of chickens with AI, retrieved from the website of the DOH and DA, were used to illustrate the effects of the virus. Resource persons from the DOH and DA carefully differentiated AI from the more common poultry diseases, which also had similar signs. To help the BHW and members of the surveillance team identify these signs, including its symptoms in humans during their monthly community monitoring, a monitoring and an incident report form were developed and included as part of the contingency plan. These forms were developed together with the regional and municipal DOH and DA. It contained information that both agencies would need to verify a case.

Knowing the sensitivity of the topics, the resource persons also carefully discussed the risks of AI in human health and its potential to cause an influenza pandemic. They likewise differentiated the symptoms of AI from the common illnesses of humans. Ways of preventing a human-to-human transmission of the virus and the importance of voluntary quarantine were stressed. In all these, they, together with CARE and AADC, stressed the valuable contribution that the communities can give to protecting not only themselves but also their country from the virus.

Target 5: *Six barangay implemented a community-based early warning system for animal infections;* **Target 7:** *Six barangay implemented a community-based early warning system for human infections*

All six barangay have developed and pre-tested their respective community-based early warning system for animal and human infections. Much effort was dedicated to developing the community EWS for two reasons. First, relevant materials on EWS for avian influenza are limited. Second, the EWS is a very important system that has to work at the community level to manage the AI case and to prevent the virus from spreading to other areas.

The four components of an effective EWS can be found in the EWS of each of the barangays. These components are as follows:

- community level risk assessment
- monitoring and warning system
- dissemination of warning system
- public information

Community level risk assessment

A community-level risk assessment was done at the early stages of the project to identify specific target groups and locations within the community that are more vulnerable to the virus and where incidents of bird flu are more likely to occur. Setting up of an early warning system in these areas was prioritized. In defined high-risk areas, some communities or households could be more at-risk than others, as specific risk factors could vary from one unit to another. These households were identified and prioritized for monitoring and information dissemination. Because of the greater likelihood that bird flu will occur amongst them, these households are expected to be more vigilant in observing signs and symptoms of sick birds and humans.

Monitoring and warning system

The whole community was tapped to monitor for signs and symptoms of AI. Each barangay has its own BHERT to lead the monitoring. The BHERT's mandate is limited to human health and its members are composed of the BHW and barangay police only.³ But given the complications of AI, the project included animal health in its mandate and its membership was extended to include the barangay councils and other leaders of the community. The BHERT is composed of five sub-teams, namely IEC, surveillance, census, quarantine, and rapid action to prepare them for AI.

The BHERT, particularly the BHW and members of the Surveillance team, would lead the monitoring. At least 30 of the 190 trained individuals are BHWs. At present, each BHW has a purok assignment with an average catchment of forty (40) households. Every month, they conduct house-to-house visits in their respective catchment areas to monitor the general health situation. They also submit a monthly accomplishment report to the Municipal Health Officer. Maximizing this activity, the project asked the BHWs to include avian influenza as one of the diseases to monitor in their monthly house-to-house visits. They will observe both human and animal health in their respective catchment areas alongside the presidents of the purok (sub-villages). They will use the monitoring report form developed by the project to record their findings and submit this to the Municipal Health Officer as well as the Municipal Agriculture Officer. The first barangay monitoring reports were submitted last October 2006. They were sent to the municipal DOH and DA, who in turn incorporated these into their regular monthly reports to the mayor.

Community leaders who are members of the Surveillance team were trained to identify households which are more at-risk because of their proximity to migratory birds or backyard poultry farms or both. They were also taught how to monitor incidents in neighboring areas (province or countries) which might lead to transmission of the virus to birds and humans. Using a sample scenario, community members were trained how to accomplish the sample monitoring and incident reporting forms and how to report cases of avian influenza. The pilot barangay agreed that if there were suspected cases, the Barangay Chairman would alert the municipal health and agriculture officers and the mayor within 8 hours. A written incident report will be completed by the Surveillance team and submitted to the municipal mayor within 24 hours.

³ The BHERT was formed in early 2000 as a response to the growing threat of the Severe Acute Respiratory Syndrome (SARS) virus in the country.

Actual routine monitoring was done in the six barangay to check if the community can perform and sustain the activity. All the barangay realized that the routine monitoring of the virus gives them the assurance that their community is free of AI. The community leaders were also confident that they could report suspected case as soon as they observe its signs and symptoms in their poultry. Municipal agriculture and health officers meanwhile welcomed the system and assured that monitoring reports generated at the barangay level will be integrated in their respective monthly reports.

Sustaining such a system has become a challenge for many community-based projects because of limited resources and the additional responsibilities it entail. This project and the community leaders however affirmed that the routine monitoring system could be sustained since it uses an existing group (i.e., BHW, BHERT) and monitoring system in the community to observe AI.

A reporting flow was also drafted during the workshop where the names of the responsible people at each level of the government and their corresponding phone numbers were listed. The participants were the primary authors of the system since they know what kind of system would best work in their community. Asking the communities to create their own system also made the plan more practical, efficient, and suitable to their conditions. It will also make it easier for them to modify this depending on the changes in their area.

The community simulation exercise done in each barangay focused on the proper reporting system of suspected AI cases. It was evident during the drill that community leaders were overwhelmed with the responsibility of containing and managing the incident. While they can report the suspect case, intensify IEC activities, and define quarantine zones, they were confronted with practical issues like security, economic displacement, cancellation of classes, among other concerns. The leaders realized that they will have to make critical judgment calls dealing with both public safety and economic and social displacement of the people - a responsibility made more difficult by the limited national level guidelines and policies. To familiarize them further with the reporting system, a repeat session on EWS was conducted in the 6 barangay after the simulation exercises.

Dissemination of warning system

The four alert levels of avian influenza, particularly Stage 1, and its corresponding precautionary measures were discussed during the community workshops and gatherings. People know where to get official information on the virus for each alert level. They know that once a suspected case occurs, the mayor will release a warning signal or advisory through an Executive Order announcing the incident and enumerating the restrictions and precautionary measures (e.g., imposition of a quarantine zone) that will be followed by the community. For Stages 2 onwards, the official declaration and advisories will come from the National Avian Influenza Task Force, specifically the Director of the Department of Agriculture for Stage 2 and the Director of the Department of Health for Stages 3 and 4.

Public information

The public information activities targeted the general public, giving special attention to the identified high-risk households. The project used the most effective communication channels for reaching the different target groups. This was done in partnership with the religious institutions and groups, school, and other community groups. Sectoral meetings for the different community organizations, PTCA meetings for teachers and parents, and barangay assemblies for all the households that were not reached by the house-to-house visits and other IEC activities were conducted. The project also customized its information materials to suit the level of knowledge of the different audiences. More illustrative materials were used for schoolchildren, brochures and streamers were used for the general public. The public information component of the EWS was defined during the workshops as the primary task of the IEC committee of BHERT.

To keep abreast of avian influenza incidents in other countries, AADC was linked to the Manila-based AI Network through which they will receive weekly updates by e-mail. Relevant information gathered from weekly updates would be sent to the municipal agriculture and health officers and barangay teams by mobile phones.

IV. LESSONS LEARNED AND RECOMMENDATIONS

1. The effectiveness of community-based AI preparedness is better maximized when preparedness systems of other levels are likewise in place and are integrated to each other.

In this project, CARE-AADC and PhilTIPS could have "synergized" each other's strategies to arrive at better complementation and integration at the barangay and municipal levels. CARE and AADC opted to focus on the six pilot barangays and the development of their detailed systems, while PhilTIPS went for greater reach and coverage by covering as many municipalities as possible through general information and training one key municipal representative. However, the municipal representative did not necessarily have the resources and opportunity to follow through with the preparedness efforts at the municipal level. This was manifested when the municipal level did not feel confident and sufficiently oriented on Avian Influenza preparedness to initially participate in the project of CARE and AADC.

The synergy of CARE's technical knowledge on community-based disaster preparedness, AADC's extensive familiarity and strong social capital with the community stakeholders and local government, and the government institutions' support went a long way in making this project relevant, effective and efficient. The agility and dedication of both organizations, the cooperation and patience of the local and national stakeholders, and the openness to experimentation of USAID for such a novel endeavor allowed all to overcome challenging hurdles in the project implementation.

2. The project believes that high-risk communities are not passive recipients of assistance during disasters but are proactive actors who have the capacity to prepare and protect themselves against the adverse impacts of bird flu and other hazards. Limiting the communities' role to reporting suspected cases of AI would not maximize their capacities. This project affirmed that tapping and harnessing these

potentials to help the communities, as well as the national government in its AI preparedness campaign is extremely valuable. Future efforts should take advantage of such sustainable and effective opportunities of working with communities.

3. Community and local government participation in designing a community-based AI preparedness project is crucial to its success. In this project a rapid community risk assessment was done as a preparatory activity but owing to limitations in time and resources more extensive stakeholder consultations on how they can participate, what activities would be relevant and doable, etc. were omitted. This required adjustments to be made during the implementation, thus affecting costs, time, effort and achievements. A more involved stakeholder participation in the design will certainly go a long way in project success.
4. Support and commitment of the local leaders, as in any project, are crucial. At the start of the project, skeptics who were saying that preparedness would not be worth the effort later participated after community leaders took time to explain the realities, thus increasing the interest and participation of the other community members.
5. Even for a pilot project such as this, four months for six barangays appear to be very limited to install a functional AI reporting and preparedness system and ensure its effectiveness. Future similar projects need to be allotted more time.

Though the project has achieved all, except for one, of its targets, this was done with much imposition on the time and resources of the project partners, i.e. CARE, AADC, LGU, and community members. For the latter, it even significantly affected their income and livelihoods. To meet timelines, project activities, especially training were done intensively and in successive periods which took the project partners away from their other obligations and responsibilities and the community members from their subsistence livelihoods. In one instance, a barangay chairman had to provide two kilos of rice to the community participants of a project activity so they needed not worry about their food for the three-day workshop.

6. Similar future projects need to pay more particular attention to the needs and capacities of the most vulnerable groups, such as children, women, and indigenous people.

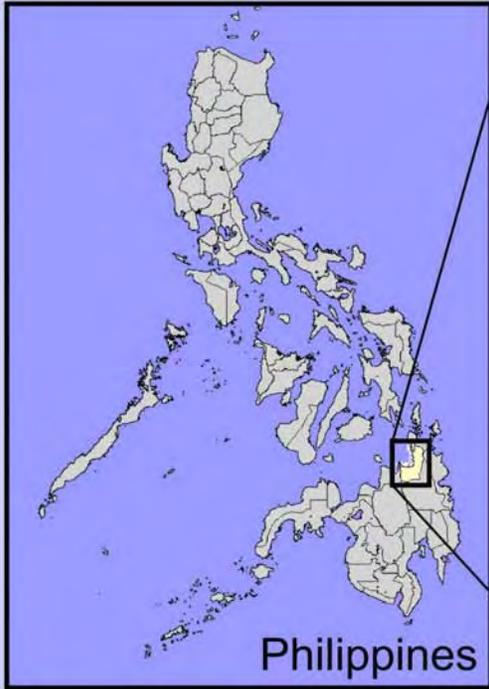
This project has activities specifically for children. There were however no specific interventions designed for women and indigenous peoples, who comprise approximately 50 percent of the population. Most barangay health workers are women. Women also traditionally take care of the sick in their households. Indigenous peoples have limited access to information and also have coping mechanisms and traditions which are unique to them. Future projects should pay particular focus on women and indigenous peoples so they may be better informed and prepared while exploring their age-old knowledge to improve preparedness and responses.

7. The project recommends attention of the government's AI preparedness plan to provide detailed guidance to barangay concerns in the same way that it does to national concerns. To sample a few, these community concerns include:

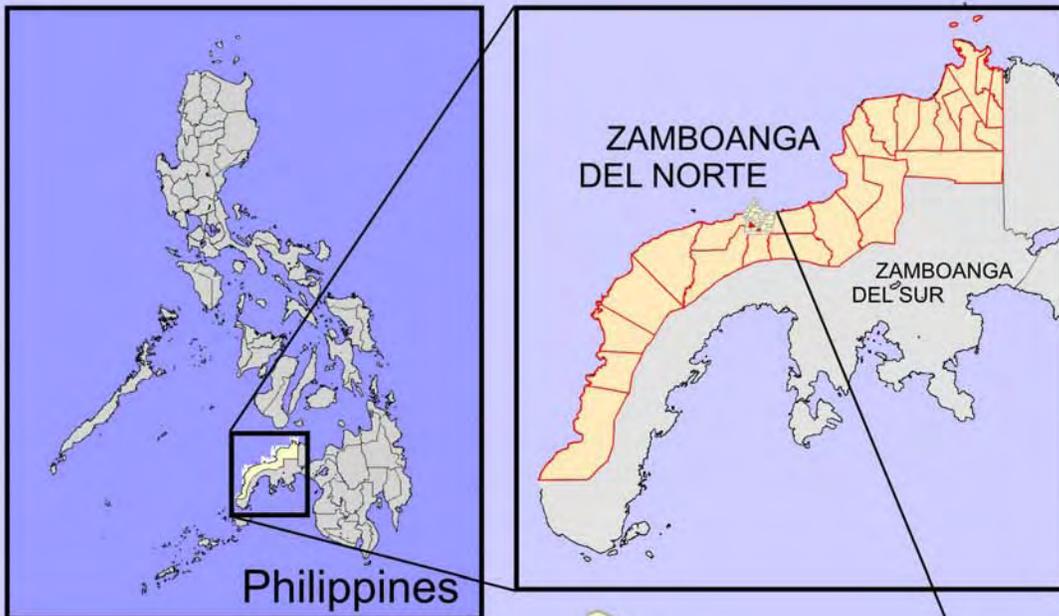
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- Criteria for cancellation of classes and continuity of trading activities in the event of an outbreak and establishment of quarantine zones
 - Realistic compensation schemes for backyard poultry farmers
 - Alternatives for poor households who rely on migratory bird hunting for subsistence
 - Absence of personal protective equipment and medical supplies to respond to suspected cases of AI
8. The project is credited by the regional offices of the Department of Agriculture and Department of Health for facilitating the formulation of Municipal AI Task Forces in the three municipalities of the project, which they are unable to attend to. Future similar projects may need to cover such gaps.
9. Based on attestations by project participants the two-fold project objective of preparedness planning and responsible IEC was most effective. Hence, the project recommends that this be a model in future interventions. Teaching and training a core group in the barangay for preparedness and immediate response and increasing the awareness of the general population so they can understand and support the core group are foreseen essential elements to contain and control the spread of the virus. Community leaders have been hearing about AI prior to the project but have paid little attention to it. It was only after a more personalized presentation was done that the threat and its implications on their daily lives were realized. This realization motivated them to participate more actively in the community preparedness.

Preparedness without IEC, participants noted, would be useless because preparedness and response require a full understanding of the nature of the hazard, their vulnerabilities and capacity as a community, and the tasks they can perform to protect themselves from the virus. Preparedness and response also require the participation and cooperation of the entire community.

Annex A Project Areas in Agusan del Norte



Annex B Project Areas in Zamboanga del Norte



Municipality of Liloy



ANNEX C

MONITORING AND EVALUATION PLAN

Avian Influenza Indicators

Cooperating Agency:

Monitoring and Evaluation Plan

Technical Area	Indicators	Targets				
		EOP	June	July	Aug	Sept
Information Campaigns / Communications	1. Estimated number of individuals reached thru mass media, IEC and community outreach AI awareness and behavior change programs	6500				
	1.1 600 individuals attended 5 religious gatherings	600			480	120
	1.2.1 5,000 individuals from 900 households visited by community volunteer monitors and BHWs	5000		1100	2800	1100
	1.2.2 900 households visited by community volunteer monitors and BHWs	900		200	500	200
	1.3 480 community members attended 6 barangay assemblies	480		80	320	80
	1.4 300 parents and teachers attended 6 PTCA mtgs	300			50	250
	1.5 1,500 school children attended bird flu orientation sessions in 60 room-to-room bird flu orientation in 6 schools and 6 daycare centers (46 classrooms)	1681			300	1200
	1.6 120 households listened to radio programs which featured bird flu preparedness messages (approximately 600 indiv)	600		150	225	225
	2. Number of persons trained (veterinarians, agriculture extension workers, journalists, government spokespersons, health care providers, etc.) to deliver accurate and transparent AI reporting, mass communication and risk reduction messages	150	25	25	100	
	3. Number of LGU/barangays with AI Preparedness Plans developed	6	2	3	1	
Preparedness Planning Early Warning System	4. Number of individuals trained (local vets, paravets, farmers, etc.) to identify suspected cases of H5N1 animal infections per month	150	25	25	100	
	5. Number of barangays implementing community-based early warning system for animal infections	6	2	3	1	
	6. Number of individuals trained (doctors, nurses, aids, etc.) to identify suspected cases of H5N1 human infections per month	150	25	25	100	
	7. Number of barangays implementing community-based early warning systems for human infections	6	2	3	1	