

MEKONG INFECTIOUS DISEASE BEHAVIOR CHANGE COMMUNICATION PROJECT (MID-BCC)

End-of-Project Report



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In 2009, the U.S. Agency for International Development/Regional Development Mission in Asia (USAID/RDM/A) awarded AED, a Washington-based non-governmental organization now known as FHI 360, a three-year Associate Cooperative Agreement (No. AID 486-A-09-00006) under Leader Award No. GHN-A-00-07-00004-00. This associate cooperative agreement project, titled Communications in Change for Infectious Diseases in Greater Mekong Sub region, is also known as the Mekong Infectious Disease – Behavior Change and Communication (MID-BCC) Project in short. The technical focus of this Project was to reduce outbreaks of avian and pandemic influenza (API), malaria, and other public health threats (specifically dengue) in the Greater Mekong Subregion (GMS) countries.

mekong.aed.org <<http://mekong.aed.org>>

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Introduction

In 2009, on the heels of the first influenza pandemic of the 21st century – the relatively mild H1N1 outbreak – the global public health community was keen on maintaining the momentum in preventing and controlling outbreaks of influenza-like viruses. Indeed, a good deal of progress had been made since 2005, when outbreaks of avian influenza (AI) were regular occurrences in Southeast Asia, leading to the deaths of over 140 million domestic poultry and 57 people – and sparking concern among public health officials that the H5N1 would mutate into a deadly pandemic virus. In the end, it was not H5N1 in Asia, but a virus originating in pigs (H1N1) and breaking out first in Mexico, that circulated around the globe and led the World Health Organization to declare a pandemic.





Amidst the flurry of post-pandemic analysis in 2009, a few key points were largely overlooked. First, preparing for a pandemic was a useful exercise for many communities to become more prepared for a wider variety of biological and other emergencies from emerging infectious disease outbreaks, to earthquakes, to hurricanes, to violent social disruptions. Second, the process of preventing and controlling AI outbreaks, and preparing for a possible pandemic, revealed practices and processes that would benefit global disaster preparedness if followed. Finally,

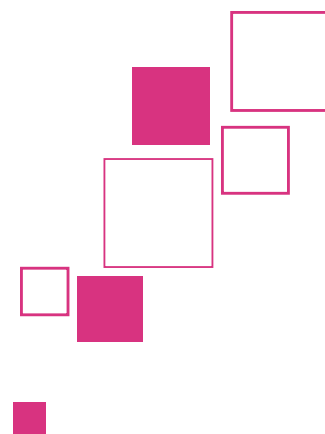
the H5N1 virus was still circulating, especially in Southeast Asia, and still posed a threat to communities in terms of their health and livelihoods.

USAID was among donor organizations that did not overlook these points. Without doubt, progress had been made under the global AI.COMM project and Southeast-Asia-based AI-BCC projects, which used behavior change and communication tools and approaches to fend off outbreaks. It was on this foundation that the MID-BCC project was constructed.

The Foundation of the Project

Both the AI-BCC and AI.COMM projects used an integrated communication approach that employed a variety of methods and channels to provide information and promote protective behaviors. Hearing the same messages from trusted sources and demonstrating basic but feasible healthy practices – sanitation and hygiene, separation and isolation of poultry, and reporting outbreaks immediately – can make a dangerous virus manageable and less threatening.

Based on qualitative and quantitative research, the projects employed a variety of tools to deliver information on good practices and behaviors: A combination of mass media, social mobilization, advocacy, community-based communication, interpersonal communication, public relations and social media were tailored to a country or a situation and used to demonstrate beneficial public health practices. In most cases, AI-BCC mobilized existing social networks to help educate and effect positive behavior change.





See:
http://avianflu.aed.org/docs/AI.BCC_EOP_8.17.101.pdf
for the AI-BCC final report and
http://avianflu.aed.org/docs/AI.COMM_EOP_7_62810.pdf
for the AI.COMM final report.



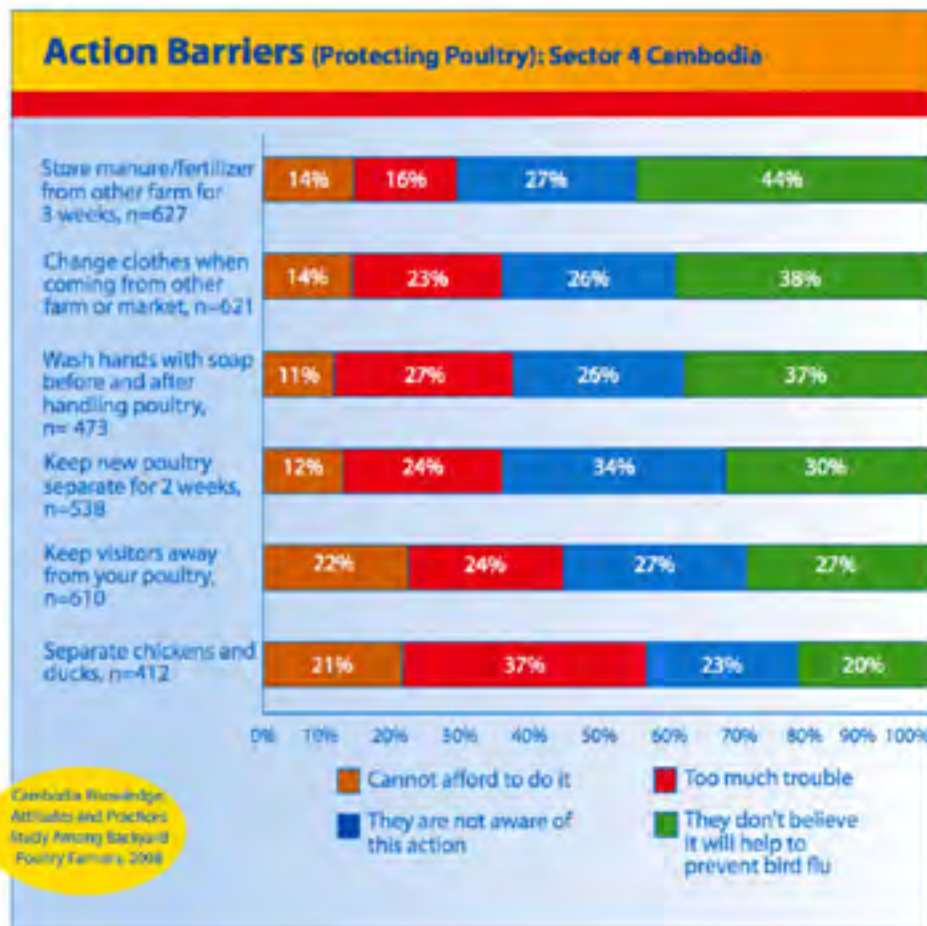
Similarly, MID-BCC used an integrated approach that included research; segmentation of at-risk audiences; engaging civil society, the public and private sectors, and communities in local-level communication activities; and capacity building and training in areas ranging from infectious disease to interpersonal communication. MID-BCC also benefitted from the “One Health” orientation that global public health officials had increasingly embraced. The One Health concept is a worldwide movement to make better connections between all the different health care disciplines: animal, human, environment. The theory was that, by uniting these formerly disconnected fields, public health would be enhanced and progress would be made in preventing, controlling, and treating disease. In practice, however, it was often challenging to bring these parties together under one roof, especially at the beginning. In many countries, Ministries of Health rarely interact with Ministry of Agriculture or Forestry or Animal Health.

The Research Base

The bedrock MID-BCC activities was a solid evidence base. Indeed, under MID-BCC’s predecessor projects – AI.COMM and AI-BCC – FHI 360 quickly realized that changing people’s behavior required a sound science-based understanding of what people actually do and why they do it that way. To obtain answers to those questions, FHI 360 created and fine-tuned some very useful survey tools to elicit detailed information about at-risk groups of people (see box below for an example). This created a strong foundation on which to build continuing efforts under MID-BCC.

As in the AI-BCC and AI.COMM projects, the first phase of the MID-BCC project focused on formative research and training of local counterparts to engage in participatory research. Unlike previous work, however, MID-BCC adopted a cross-border focus,

concentrating on areas where trade, communication, and other connections were forged between countries in the Greater Mekong Sub-region. In part, the decision to focus on border areas flowed out of risk mapping exercises and supply chain analyses of both the formal and informal poultry markets that were undertaken under the previous projects. These studies pinpointed the areas where infections could be introduced into the supply chain and the population overall, and helped to better target interventions in those areas.



Just as the globalization of trade and travel is rapidly evolving, so is the globalization of infectious diseases. Even when diseases are local in origin, they can pose an imminent and ongoing global threat if they are not controlled at their source. Border areas are particularly important for emerging infectious disease control due to the informal and sometimes-illegal movement of people and live animals, and cross-border trade of livestock, livestock products and wild animals. In Asia and the Greater Mekong Sub-region in particular, the movement of people among countries of the Region is intense due to the both heavy and well-connected air, sea and road transport network that links both mega-cities and rural

villages. These conditions facilitate the rapid spread of infectious diseases. Therefore, finding out how, where, and when diseases spread across borders is an important first step in devising strategies to halt them at their source and minimize their impact. The research conducted by the MID-BCC project – including Rapid Ethnographic Appraisals, Participatory Action Research and Knowledge, Attitudes and Practices surveys – contributed to this evidence base. Moreover, the subsequent connections forged by individuals and their counterparts across borders to share information, build skills together, and collaborate on disease prevention and control activities will continue to yield dividends in the future.

Diseases of Interest

The diseases selected for focus were avian influenza, dengue, and malaria. At the beginning of the project, each disease had its own basket of funding from USAID that the project could tap into.

As the project progressed, however, funds specifically allotted for dengue and malaria dwindled – partly because interventions for malaria were shifted and consolidated under other projects. Moreover, the approved work plans dictated that MID-BCC's role should be focused on communications activities such as development of materials and communication-related capacity building, and only in selected countries (e.g., Lao PDR), although the cross-border work allowed staff to make an impact in discrete areas in Vietnam and Thailand, for instance. The malaria work targeting migrant workers in Phuket is a good example of this, and helped to educate a group of formerly ignored workers who were at high risk of a largely preventable disease. This work was targeted specifically to Burmese migrants, who were at high risk for acquiring drug-resistant malaria and (more importantly) going back to Burma and inadvertently spreading the

infection. Cambodia, which eventually became the site of significant capacity building related to infectious disease risk communication by the last year of MID-BCC, only came under the (very limited) purview of the project after a separate bit of funding was allotted to help address continuing avian influenza outbreaks in the Kingdom.

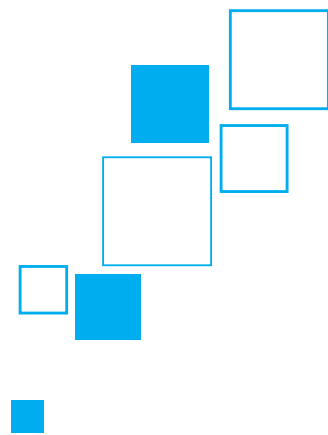
Despite these constraints, some of the main successes of the MID-BCC project were in dengue and malaria. Even though dengue is often a neglected disease, the low-literacy materials developed under MID-BCC and the training to accompany their use have made significant inroads into controlling the disease in Lao PDR, as well as among Burmese migrant workers employed in the logging industry across the region. In fact, preliminary dengue surveillance data from 2011 indicates a sharp decrease in dengue cases compared to the previous year.

More of the story of these successes is told in the following sections: *Accomplishments in Dengue Control and Prevention* (See page 33); *Accomplishments in Malaria Prevention and Control* (See page 37); *Accomplishments in Avian Influenza Prevention and Control* (See page 26) and *Accomplishments in Emerging Infectious Diseases* (See page 36).

Framework for Cross-Border Initiatives

MID-BCC began by cementing partnerships among key players in a crucial cross-border area. In collaboration with USAID RDMA, the U.N. Food and Agriculture Organization (FAO) and Greater Mekong Subregion Responses to Infectious Disease project (GMS-RID), MID-BCC was involved in implementing a coordinated Avian and Pandemic Influenza (API) work plan in Lao PDR right from the beginning. FHI 360 staff focused on communications, while other organizations, such as CARE and the Red Cross, were tasked with other components of the work plan, such as community-based outreach.

Under this collaborative-but-stovepiped structure, it was agreed that the Mukdahan – Savannakhet – Quang Tri corridor would serve as the first pilot sites for joint activities among the three organizations, and a framework for cross-border activities along the Mukdahan – Savannakhet corridor was drafted with the input from each project.



Savannakhet is a hub of commerce, communication, and movement of people between Thailand and Vietnam. People and cars can cross the Mekong River between Savannakhet and Thailand's Mukdahan.



Research: Mukdahan-Savannakhet Border Area (Lao PDR and Thailand)

Work began by using participatory action research to help understand what populations knew about malaria, dengue, and other influenza-like illnesses so that targeted and effective community-based communication campaigns could be devised. PAR is an approach that allows community members to actively participate, learn from each other, and effectively address issues that threaten their livelihoods, health, and lives. In this case, the research addressed daily life, including livelihoods, culture, and traditional practices that affect health, determined communication behaviors and practices related to how people sought health care, and looked at communication behaviors and prevention practices related to infectious diseases. The PAR took place in four villages comprised of 623 households of mostly farmers and temporary employees.

After some preparatory work that included meeting with the public health departments, district health offices, and village leaders in the study areas, MID-BCC conducted a PAR training exercise in Mukdahan. MID-BCC helped to train 31 participants, including health staff from Mukdahan provincial and district health authorities, village leaders and village health volunteers, representatives from the Provincial Health Department of Savannakhet, and GMS-RID staff, in the use of PAR methodology. After MID-BCC determined the research questions for the PAR (See box on right) and selected the four villages in Mukdahan, professional coordinators and community facilitators were selected to lead the research. By actively including these key personnel in the PAR research and findings, MID-BCC gained better insight and understanding of the community's perceptions, attitudes and practices towards API, malaria and dengue.



LIST OF QUESTIONS FROM THE PAR

- What is the main health problem in the village?
- How serious is the disease in the village?
- How do people recognize the symptoms?
- How do people seek treatment ?
- What are gender roles regarding care?
- How does the bridge affect their lives?
- How do villagers prefer to receive information? What means and channels have they used often?
- What actions do they take to protect themselves from influenza-like diseases?
- What actions would they consider to protect their village from influenza-like diseases?

Using the PAR tools, the project was able to not only outline different, potentially risky activities, but also pinpoint seasonal or annual events during the year that could potentially spark a disease outbreak. The PAR also helped the villagers identify activities and behaviors that could protect their communities from disease outbreaks, and which of these actions should be taken in the future.

From the PAR, MID-BCC learned that the border community in Mukdahan had a low risk perception of avian and pandemic influenza. If they experience nasal problems, They will go to the hospital to determine which disease it is, but not until symptoms are severe. Many villages believed that these illnesses are caused by seasons changing.

This data identified useful communication channels for delivering API, malaria, and dengue prevention and control messages. For example, village health volunteers, health centers, public address systems, and community meetings play an important role in providing health information in the community.

It also identified times that villagers might be more susceptible to getting ill. During the harvest period, for example, more Laotians visit their relatives in Thailand or work as temporary employees in Mukdahan, where they are more exposed to a variety of illnesses than if they stayed on their side of the bridge.

During the PAR exercise in Mukdahan the community identified the issue of dengue as a priority disease. Moreover, the Mukdahan Public Health Office indicated that the PAR helped them to identify issues that

they had not previously been aware of – for instance, that the scarcity of water is a key barrier to compliance with recommended dengue-control behaviors.

A follow-up meeting was held in November 2011 in Mukdahan that included 45 public health staff from twinned provincial health and district offices of Savannakhet and Mukdahan. It was noted that the two provinces actively share information between their health departments on outbreaks of 18 diseases including dengue, severe diarrhea, pneumonia, typhoid, tuberculosis, HIV/AIDS, and malaria, and maintain a common website. Beyond merely sharing information with each other, however, the public health officials determined that, based on the PAR findings, they needed help with communicating the risk of infectious diseases to their populations. As a result, MID-BCC developed a communication curriculum and trained Lao government officials (See the case study that follows).



Community members actively participated in the PAR exercise. The above photos show some of the tools being used during the exercise e.g. community mapping and bean quantification.






The PAR also provided key insights into the community's limited understanding of dengue symptoms and treatment. This paved the way for development of materials on dengue and trainings of health workers on their use.

See *Accomplishments in Dengue Control and Prevention* on page 33.

Case Study: Engaging Communities in the Monitoring of Market Prices on the Mukdahan, Thailand and Savannakhet, Lao PDR Border

MID-BCC has for several years, collaborated with FAO in providing a communication platform for local communities to report prices and other information that contributes to a monitoring system that targets unusual spikes in market prices, indicating possible disease outbreaks in the locality. The intervention is organized to collect market data in four markets in Mukdahan and Savannakhet. In Lao PDR, members from the Lao Women’s Union that participated in the early SMS project were recruited. In Mukdahan, with assistance from the local office of the Department of Livestock Development, 15 market vendors were recruited for the activity.

The SMS interventions are designed to be rapid and simple to participate in. For the monitoring activity, three questions are sent out via mobile phone on a weekly basis. The data sent back are compiled into “flash reports” by MID-BCC and then the trend data analyzed by FAO. The questions include:

-  1) How much (THB/LAK) do you pay for 1 kg of slaughtered local chicken this week?
-  2) How much (THB/LAK) do you pay for 1 chicken egg this week?
-  3) How much (THB/LAK) do you pay for 1 black piglet this week?

MID-BCC PAR team with community members of selected sites in Mukdahan province.



Right: Orientation on use of SMS provided to vendors in Mukdahan, Thailand

The project coordinated with the FAO Regional Office for Asia and the Pacific and local counterparts including the Mukdahan Livestock Office and the Lao Women’s Union to recruit respondents in the selected sites along the Mukdahan – Savannakhet Corridor. All respondents were provided with an orientation on the use of SMS technology and its application, and relevant aspects of products for which prices were collected. In Savannakhet, MID-BCC selected respondents from the Lao Women’s Union who were already trained by the project on the use of SMS reporting through a previous SMS phone panel activity. Price monitoring via SMS among these selected respondents was collected, and raw data were provided to FAO on a weekly basis for analysis.

Collaboration: Champassack – Ubon Ratchatani Border Area

Beginning in November 2011, officials from the two provinces were brought together to revisit communication-related activities on H5N1 and other infectious diseases, and to share updates on present threats in the cross-border area.

Over 40 public health staff attended the meeting, including 18 district representatives from Champassack province in Lao PDR and 23 district personnel from Ubon Ratchatani province in Thailand. Under a long-standing Memorandum of Understanding (MOU) between the two provinces, they had agreed to work in collaboration to prevent and control communicable diseases; exchange information for disease surveillance; and educate the public, among other things. What they lacked, however, was content for responding to avian influenza and related outbreaks, and requested that MID-BCC provide messages, materials, and training for how their first responders could best articulate the risk of the disease.

One outcome of this was that a session on risk communication was held in Lao PDR, and provided an opportunity for the provinces to see and view various communication materials developed and disseminated for infectious diseases including H5N1 and H1N1.

Below: The village of Boten Mai, seven kilometers away from the China border. Right: Women from Boten Mai participated in the participatory action research in Luang Namtha.



Research: Luang Namtha Border Area (Lao PDR, Burma, China)

Luang Namtha, a province located in the northern part of Lao PDR, is bordered by the Lao provinces Bokeo in the southwest, Oudomxay in the southeast, by Burma in the northwest, and China's Yunnan province in the northeast (with the border crossing at Boten). Poverty and living in remote, mountainous villages has made the Luang Namtha population difficult to reach for interventions – and with information – during disease outbreaks.

MID-BCC conducted a PAR activity in Luang Namtha in the two villages that border China: namely, Boten Mai and Nakham. The research was envisioned to generate information about the communities' pressing health problems, health practices, and health-seeking behaviors by monitoring their daily lives. Participants included at least 20 male and 20 female community leaders, and similar numbers of villagers.

The PAR revealed that economic issues were the foremost concern of the participants. They were worried about their livelihoods, and how to augment their income through other means besides farming. Health issues appeared to be of no concern in these isolated families, and their health-seeking behaviors were almost non-existent. Not surprisingly, these individuals underestimated the risk of influenza-like illnesses. They believed that seasonal flu naturally occurred during the cold season from November through January, and that women in each household were tasked with taking care of the sick people in their family. There was a clear opportunity to provide more accurate information about risks of influenza and to promote safer behaviors and practices.



Research: Bokeo, Lao PDR

A PAR exercise was also conducted in Bokeo – in two villages, Houay Xai and Ton Pheung – mostly to compare results with its neighboring province, Luang Namtha. The province is located in the northern part of the country and is part of the “Golden Triangle” area where Lao PDR, Burma and Thailand meet. Houay Xai village borders Chang Rai province in Thailand, and Ton Pheung borders the Tachilek district of Burma and the Chiang Rai province of Thailand.

PAR activities included focus groups with 62 participants, including 22 members from the village councils, 20 female villagers, and 20 male respondents. Initial PAR findings revealed that the two villages enjoyed public health services from the nearest government hospitals. They were frequently visited by health care workers, especially in Houay Xai, where there was no health care volunteer. Both villages were aware of seasonal flu, and had heard of bird flu but had not experienced an outbreak. Moreover, few families had experienced dengue or malaria. In both villages, people considered the border a hub of procuring goods from neighboring countries and selling their agricultural products and their labor. Cross-border networking among the three countries increased during special events, such as during boat race festivals and the Buddhist New Year celebration along the Mekong River. The residents noted that, for serious illness and other emergencies, they often preferred to visit the nearby Thai hospitals despite their higher cost (compared to the national hospitals in Vientiane). As in other Lao villages, women were the main caregivers, and when a family member was sick, mothers/wives immediately brought the sick person to the nearby district or provincial hospital for medical care. Participants in both villages could identify serious symptoms of diarrhea, dengue, malaria, and seasonal flu.

These research findings pointed to the need to enhance the sharing of information among women for the early detection of possible disease outbreaks. This discovery naturally flowed into the decision to consider training members of the Lao Women’s Union on using text messaging in the early detection of disease outbreaks in the Bokeo area (See the Case Study on page 26).



Focus group discussion among male participants in Bokeo.

The insights from the PAR also led MID-BCC to continue providing training opportunities to village leaders (i.e., the village chief and the village councils). The PAR exercise brought awareness of the local decision making in the community, and mobilized local support to address local problems. The PAR also led to a decision to continue training health volunteers because even though their role is recognized in the community, they have few opportunities to keep themselves updated on health issues.

Research: Rapid Assessments in Trat and Chiang Khong, Thailand

In 2010, MID-BCC undertook a Rapid Ethnographic Appraisal (REA) of two diverse provinces in Thailand – Chiang Rai in the north, near Burma and Lao PDR, and Trat in the south, which borders Cambodia at the town of Hadlek.

REA is a multi-faceted research tool that consisted of in-depth key informant interviews, and focus group discussions with people working to contain infectious diseases and with potential risk groups. It also included on-site surveys of lifestyles and living conditions of groups at risk from influenza-like illnesses. The resulting “snapshot” helps health authorities understand the size and boundaries of the affected area and the approximate size of the population at risk. It also highlights sub-divisions within affected populations, such as transport workers, migrant workers, traders, and market vendors. REA focuses particular attention on areas where resident populations mix with migrant, or mobile, populations. Locations like markets, truck stops, and schools are carefully evaluated.

After conducting the REA, it was found that, in general, Thai and non-Thai populations largely live and work in the same areas, except in large factories, where migrant workers are likely to be lodged in factory housing. Socializing is generally reported to be among members of the same ethnic group, even though Thais and non-Thais tend to live in the same neighborhoods. Of all the non-Thais there is more socializing between Lao and Thais because of the similarities of their languages. In border areas and in areas where hill tribes or non-Thais from other countries have relatives, there is significant cross-border movement, either in the form of trade or family visits.

People tend to mix in market places, truck stops and at border crossings. Markets are frequented by many people and are located in major cities like Chiang Rai and Chiang Khong, and also in towns throughout the province. Mixing in schools depends on the proportions of indigenous to non-indigenous children in the school-age population. In neighborhoods where there are hill tribe members, or citizens of neighboring countries,

Chiang Rai is a major international corridor linking Thailand with China and Vietnam through Lao PDR. Its main border points are Chiang Khong on the Thai side and Bokeo on the Lao side. The eastern part of the province consists of relatively flat river plains, while the



Trat Province is a thin sliver of land extending along the sea to the town of Hadlek on the Cambodian border. The watershed from the cardamom hills defines the Thai-Cambodian border, with flat plains near the coast and hills closer to Cambodia. Trat is also bordered by Thailand's Chantaburi Province and has two significant offshore islands, Koh Chang and Koh Kut. Chiang Rai Province covers 11,678 square kilometers with a population of about 1.3 million people. Some 220,000 of those are hill tribe



members and another 90,000 are non-Thai nationals, mostly from Burma with a minority of Lao.



they attend school with Thais. In Chiang Khong, the REA found some mixing at the border truck stop. Trucks sometimes stop overnight with the drivers' wives preparing a meal, or with truck drivers visiting food stalls or restaurants near the border crossing. Truck drivers tend to sleep in their trucks, not in hotels.

Malaria and dengue emerged in the REA as diseases of concern in both provinces, with malaria topping the list. Several people who participated in the Chiang Rai focus group discussions said that malarial mosquitoes prefer running water and that those carrying dengue prefer still water, which they believed explains why malaria is found more in the countryside and dengue more in the cities.

FGD participants in both provinces said that forest workers were at high risk for malaria. In Trat, many places are just a few kilometers from wild or domesticated forests. Forest workers commonly stay in the forests after nightfall and are far less likely to use bed nets or other prevention methods to protect themselves from biting insects. Border soldiers were also considered vulnerable, because they often stay in the forests at night without any protection.

Non-Thais were considered to be at high risk in general. In Trat, that included mostly Cambodians and Burmese, while in Chiang Rai, the populations of concern were Cambodians, Lao, and hill tribe members. These groups were seen as being at greater risk because they tend to be poor, to work more often in forest areas, and to be more in contact with countries less protected from malaria and with less access to health care.

The general level of awareness about dengue was much lower than for malaria. People were aware that dengue was a danger, but had difficulty naming specific risk groups, other than to say that they see it as a disease of the cities or the plains.

Most non-hill tribe people in Chiang Rai knew that both malaria and dengue are transmitted by mosquito bites. Some hill tribe people still believe in non-scientific theories of disease transmission. Among non-hill tribe people, dengue was a greater concern than malaria and many people believed malaria had been eliminated, though they still took precautions to prevent being bitten. In Trat the majority knew that mosquitoes transmit malaria, although there were a few who believed it is transmitted through drinking water. Most people also believed that dengue is transmitted by mosquitoes.

Suggestions made in the REA focus groups called for broadening current prevention efforts. Many FGD participants proposed that prevention programs should emphasize the following activities:

- Eliminate mosquitoes by inside and outside spraying
- Protect against mosquitoes by using bed nets, lotions, creams, fans, and screens
- Improve communication with non-Thais by translating material into their languages
- Improve health education, including outreach and prevention
- Use village health volunteers for prevention
- Improve surveillance by including teachers in this activity
- Make sure that visitors from high-risk areas are tested and treated

Overall, REA participants said that village health volunteers and agents of the Malaria Service are their most trusted sources of information regarding infectious diseases. In several of the FGDs, participants said that they trusted other members of the same community, which could indicate that community mobilization would be an effective means of communication. It was also suggested that behavior change communication should be aimed at high-risk populations and should focus on specific influenza-like illnesses.

Because language is such an important part of communication, the REA made it clear that “at risk groups” who do not speak or read Thai need to have access to important points about disease prevention and treatment in their native language. Getting the message across to non-Thai speakers was viewed as particularly important because groups speaking other languages were seen as being at higher risk of contracting the illnesses. Reducing prevalence among them would reduce the risk for all.

These findings contributed to decisions to focus on migrant workers in education efforts to prevent malaria and other influenza like illnesses. (See *Accomplishments in Malaria Prevention and Control* on page 37)



Research: Burmese Migrant Workers in Phuket, Thailand

Due to the high risk of malaria in the tourist locale of Phuket in Thailand – and its high numbers of migrant workers – it was deemed important to assess knowledge, attitudes and practices of migrant Burmese and local Thai populations on malaria and other fever producing illnesses such as influenza and dengue. Based on those results, materials were developed to assess and educate both migrant workers and local populations on how to prevent malaria, recognize its symptoms, and understand how to treat it.

In 2010, MID-BCC undertook a KAP survey of migrant Burmese and local Thais on the Thai island of Phuket. The government of Thailand had selected Phuket as a priority area for malaria elimination. The survey focused on their knowledge, attitudes and practices toward malaria and dengue.

Thailand is a low-impact country when it comes to influenza-like illnesses, such as malaria, dengue, and influenzas. However, in areas like Phuket, influenza-like illnesses can flare up because of the influx of migrants who may be less aware of the symptoms of these illnesses and less able to get medical attention. Registration status and access to information through the media are also potential barriers facing migrants.

Because Phuket is a major tourist destination, it attracts a large number of migrant workers from Burma. Aside from the tourist industry, they work as laborers at the many developments around the island. Fishing and rubber tapping are labor-intensive industries in Phuket that also attract many migrants. Because a large proportion of

migrant workers are unregistered, they are ineligible for healthcare cards, thus reducing their access to medical care. This leaves them vulnerable should they come down with any type of illness.

MIGRANT WORKER RISK ASSESSMENT

Around Phuket the forested hills are particularly risky areas because the malaria mosquito breeds and thrives there. Also of concern are the three industries where the risks of exposure to influenza - like illnesses (ILIs) are greatest. The people selected to participate in the KAP survey were made up of migrants from each of these industries to ensure a balanced representation of the migrant population. Groups from all vulnerable professions were selected and the final group of people interviewed was weighted to achieve a representative group of migrants in Phuket. Both the industry in which they worked and the level of malaria transmission risk they faced were taken into consideration.

MID-BCC worked in cooperation with the Phuket Provincial Health Office, the Kenan Institute Asia, and World Vision Phuket to identify and interview KAP participants. In Thai households a family decision-maker for health protection issues was invited to participate. In the Burmese migrant group, respondents were selected at random from within pre-determined camps based on a list from the Phuket Malaria Unit. The interviews were conducted in the camps and villages where the people lived, which also offered a visual check of the surrounding conditions.

The study was designed to provide vital information about the symptoms, transmission routes and actions that need to be taken to block the transmission of illnesses like malaria, dengue fever, H5N1 avian influenza and H1N1 swine flu – exactly the kind information that health programmers need to design successful behavior change communication strategies.

LEARNING TO COMMUNICATE EFFECTIVELY

When trying to communicate with various groups of migrants about influenza-like illnesses, it helps to use the right language. The KAP survey included extensive in-depth questioning by interviewers who spoke the native language of the people being interviewed. Many of the questions focused on the media and which has the highest penetration and usage among vulnerable groups when it comes to health-related information. Interviewers also asked about the potential to use mobile phones for health communication.

The KAP survey sought to establish what channels of information are best when communicating about influenza-like illnesses. It looked at other critical social-networking information like what people remember about past and current communication activities. The people interviewed were asked to talk about their views on communication tools like public service announcements, TV programs, radio, local events and government and nongovernmental campaigns and communication programs.

WHAT THE KAP SURVEY DETERMINED

The literacy rate among the Thai communities surveyed in Phuket approached 100 percent, with most having a junior high school education. Among registered migrants working in Phuket, more than 72 percent could speak Thai, but only 1 percent of them were able to read Thai. On the other hand, unregistered migrant workers earned less than 10,000 THB per month and only 53 percent of them could speak Thai. More than half had only an elementary school education.

Thais were very much aware of influenza-like illnesses, especially dengue and pandemic influenza. Their knowledge about symptoms, transmission routes, and how to block transmission was reasonably high. But, their knowledge about malaria was somewhat weaker and they were confused about the risks associated with day-time and night-time mosquitoes.

Not all the migrants were aware of influenza-like illness (ILIs), and this means that by default some are at risk. Apart from malaria there were some clear knowledge gaps in relation to symptoms, transmission routes, and how to block transmission. They also demonstrated some clear misconceptions about ILI transmission routes and, like the Thais they also were confused about day-time and night-time vectors.

Thai households kept the area surrounding their homes free of water-collecting containers. Because migrants live near the camps, on the other hand, they face a certain amount of risk that vectors will be present. While the migrants also keep their immediate surroundings free from water-collecting containers, more than half the camps have an abundance of such containers lying around elsewhere and, in some camps, garbage is left accumulating, creating an environment where potentially harmful vectors can thrive.



THE RISKS OF CONTRACTING INFLUENZA-LIKE DISEASES

Almost 30 percent of the Thais surveyed risked exposure to malaria-carrying mosquitoes because they used neither window screens nor bed nets. The Thai communities in the vicinity of migrant camps were at substantial risk of exposure to harmful vectors. Some 40 percent of Thais surveyed said they do not use window screens or nets on a regular basis. The prevailing attitude was that they do not need them, which would indicate some might have a false sense of security. Due to the confusion between day-time and night-time mosquitoes, many believed nets helped to protect against dengue and so they seldom used insect repellent.

The Thais in the survey cook poultry thoroughly and wash their hands with soap, but they are still likely to sneeze in their hands (rather than into their arm) and this offers

viruses an easy means of transmission. Overall, migrant behavior is similar to Thai behavior, but one-third was not aware of pandemic influenza, which would indicate that many do not know how to protect themselves. More troubling still was the discovery that nearly every camp had free-range poultry, raising the risk of avian flu.

Although migrants do not use window screens, most use nets, thereby reducing their risk of exposure. On the other hand, they may be more frequently exposed to dangerous vectors because of their jobs and the fact that they spend a lot of time outside. Unregistered migrants use nets to a lesser extent, increasing their risk of exposure. Even migrants who are not aware of malaria use nets and the nets are nine times out of 10 in good condition. So, while they do not make the connection between night-time mosquitoes and malaria, most still protect themselves.

BEST CHANNELS OF COMMUNICATION

There is a distinct difference between migrants and Thais when it comes to the media. One in three migrants did not have access to any media. The best way to communicate with such people is through healthcare workers, word of mouth, or more reliably still, through their employer. The general media consumption pattern for Thais and migrants was about the same. They watched television at night between 6 p.m. and 9 p.m., while radio was listened to throughout the day, with some people listening on their mobile phones.





Mobile phone penetration was very high among Thais, at 93 percent. It was also surprisingly high among migrants, with nearly two in three migrants in possession of a connected mobile phone. Migrants almost exclusively used DTAC, because the mobile phone company offers reduced call rates between phones using its network. Apart from making and receiving voice calls, people use SMS messaging, Bluetooth, and listen to the radio on their mobile phones. The usage pattern for migrants is somewhat lower, which could be due to cost factors. The main difference between migrants and Thais is that migrants rely more on informal media, possibly because they have access to fewer media sources.

The KAP interviews provided clear indications of how to communicate with vulnerable people in Phuket. For the local Thai population, it is through mainstream media with public service announcements. The primary approach would be the use of television with messages scheduled for late afternoon and evening and more frequent messages delivered over radio in the morning and at lunchtime.

KAP results indicated that migrants cannot be as effectively reached through mainstream media as Thais, but health information can still reach them where they live and work. The fact that migrants from Burma are closely networked with each other is a potential advantage. Alternative media like SMS messaging could build on this and create a ‘viral campaign’ through human interaction.

As with the other research conducted under MID-BCC, these findings were used to inform campaigns to educate migrants and Thais on how to prevent malaria and other influenza-like illnesses (See *Accomplishments in Malaria Prevention and Control* on page 37).

Research: Supply Chain Actor Mapping Along the Mukdahan Corridor across Thailand, Lao and Vietnam

MID-BCC studied the various actors along the supply chain of the Mukdahan Corridor, which spans Thailand, Lao PDR and Vietnam. The research was intended to: explore triggers and barriers of preventive behavior in commercial actors within the supply chain; identify risk areas and gain insight into possible intervention strategies; and recognize and provide reasons for weaknesses in biosecurity and preventive behavior. The study was conducted at four sites: Muang Mukdahan District in Thailand; Khanthabouly District and Sepone District in Lao PDR; and Huong Hoa District in Vietnam.

The mapping exercise researched commercial farmers, contributors and opinion leaders, and was in part based on the health belief model: in other words, health behaviors are explained and predicted by focusing on the attitudes and beliefs of individuals. An individual will act if they perceive that there is an avoidable threat and if they have the means to take the appropriate action. Different types of barriers may occur at each stage and the focus of the communication initiative should be adjusted accordingly.

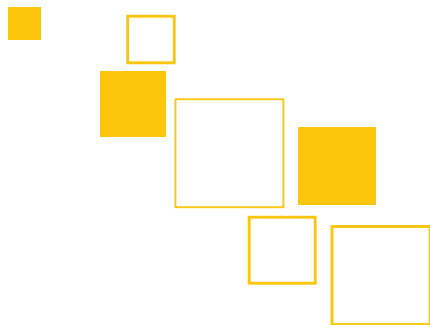
The study found several potential danger routes, or weak links in the supply chain along the Mukdahan corridor that may result in transmission of AI. The research also noted that opinion leaders in each country have an important role to play in terms of supporting communication activities and other initiatives, and that these individuals (and the messages they would be delivering and supporting) would vary depending on the country.

There were different levels biosecurity and preventive behaviors in the supply chain depending on the country. Overall, Vietnam had a relaxed attitude, with no recent AI outbreaks and a government-mandated animal quarantine and vaccination policy that fostered complacency. Lao PDR was in the middle, and aimed for better biosecurity because many of the supply chain actors remembered the last outbreak and wanted to avoid a repeat. Thailand had very high biosecurity, perhaps because it is controlled more by large food companies that introduced strict practices.

As noted, Vietnam actors exhibited a false sense of security based on trust in the country's vaccination and quarantine system. One way to address this would be to work with the government on other disease prevention programs that would help to prevent AI. For example, Newcastle disease prevention is a priority for farmers and its prevention helps in the prevention of AI. In Lao PDR, actors are not economically dependent on poultry – and it may not be worth their while to invest in biosecurity measures – but nevertheless need to be concerned due to recent outbreaks. To address this barrier, transport workers might be educated because poultry are stored as cargo on the same bus transport systems used by humans. In Thailand, there is strong reliance on the existing surveillance system and concern is low. Therefore, it might be worthwhile for the surveillance system to include border activities, particularly the biosecurity of poultry transported from Lao PDR. As with the other research conducted under MID-BCC, this supply chain mapping helped to inform and feed into various interventions, such as reaching out to potentially at-risk populations where they work, live, learn, and gather (e.g., festivals).



Accomplishments



Reflecting on the accomplishments of the MID-BCC project – strengthening the capacity of different types of communities to educate themselves and others about the risks of infectious diseases – it is clear that the pillars of both the Global Health Initiative and the components of USAID Forward, the donor agency’s recently launched reform initiative, are woven throughout the project’s activities. In some cases, this was intentional – e.g., working with the Lao Women’s Women ensured both an orientation toward women’s empowerment and contributed to long-term sustainability by strengthening a long-established institution, both prongs of the Global Health Initiative. In other cases, this convergence was inadvertent (but serendipitous), as



USAID Forward was not even announced until the last year of the project's existence. In many ways, USAID Forward institutionalizes the GHI, creating departments to oversee and focus on evidence-based development policies, knowledge-sharing, and evaluation; as well as putting in place a structure for fostering innovative development solutions that have a broad impact on people. Evidence-based, sustainable innovations were achieved under MID-BCC, as outlined in the next part of this report: in the areas of avian influenza prevention and control; in dengue; in malaria; and in the capacity to address emerging and established infectious diseases across the board.

Accomplishments in Avian Influenza Prevention and Control

Building on the success of previous collaborations with the Lao Women's Union under the AI-BCC project, MID-BCC continued to strengthen the communication capacity of these industrious community members. This time around, mobile phone technology was used in community outreach and mobilization activities, primarily aimed at reducing the risk of the H5N1 virus (See the Case Study that follows).



Case Study: Engaging the Lao Women's Union to Avert Infectious Disease Outbreaks via Information Sharing

As part of evaluating different rapid-response mechanisms to contain outbreaks of avian influenza in the Mekong region, MID-BCC realized that the Lao Women's Union's (LWU) capacity to conduct community outreach and mobilization during disease outbreaks (including H5N1 virus, malaria, and dengue fever, as well as pandemic influenza) could be further strengthened if they were introduced and trained on the use of SMS technology.

MID-BCC set up a rapid response mechanism with LWU to monitor public health initiatives in cross-border sites in and around four provinces including Vientiane, Savannakhet, Luang Namtha, and Bokeo. The process was to initially train a group of Master Trainers who lived in these four provinces and were also members of the LWU. They, in turn, would go back to their provinces and districts and train additional union members on how to recognize and then gather information on public health initiatives, and then report on them by responding to a series of questions programmed on their mobile phones. This would enable the project to not only monitor animal deaths and cases of sick animals, but also to gain insights into health-seeking behaviors, uncover the best form of support for addressing health problems, obtain feedback on what support materials are most useful, and understand current health reporting practices.

Panel participants were recruited following carefully prepared screening criteria, including having a general packet radio service (GPRS)-enabled mobile phone. A total of 17 panel participants were recruited and trained initially to become Master Trainers. Together with a Panel

Coordinator from the MID-BCC Project, the Master Trainers, in turn, conducted additional recruitment in their respective areas. A total of 71 participants were recruited and successfully registered on the panel. The training guide consisted of five sessions: Brainstorming about infectious diseases; the role of LWU members in emerging infectious disease issues; the mechanics of the mobile phone panel; recruitment of SMS panelists (for trainers); and oversight of mobile phone panels.

The Program set up a wireless application protocol (WAP)-based system where panel participants could report directly via a GPRS internet connection using their own mobile phones. When the participants' mobile phones had been successfully connected to the internet, they had to register to the panel online and complete a test survey. A scheduled SMS link was sent to every panel member on a weekly basis for four to six weeks. The link led users to a WAP-hosted survey that included one to six questions in the local language.

Data were submitted straight from the phone to a final database, enabling the collection of data anywhere there was mobile phone coverage and GPRS available. All data submitted by panel participants was monitored through an online administrator site, which also tracked non-responders and potential drop-outs across all panel members.

Each wave of data collection was devoted to either human or animal health. In the human health arena, the LWU is involved with a number of activities, ranging from providing basic health information to local families, to assisting the district health office. They support local communities and local health care personnel with dissemination of information and education, and also engage in local media campaigns and media broadcasts.

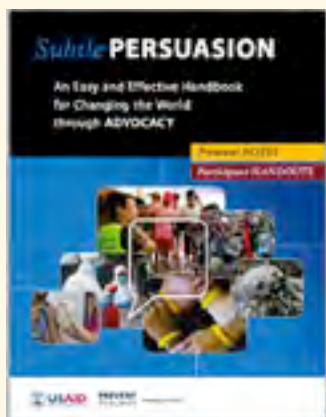


LWU Members at Training

Because the LWU members are familiar with observing various disease symptoms, it was determined that the LWU could potentially play a role in regular disease monitoring using SMS.

In animal health, the LWU are involved with a number of different activities. They provide animal health information to the local community, and coordinate with the government's District Agriculture and Forestry Office (DAFO). Observation of sick and dead animals such as poultry, pigs, and buffalos is common, but evidence suggested that many of the cases are not reported through formal channels, which means that potential infections could go unnoticed.

It was initially expected that the total drop-out rate of panel participants would be between 10-15 percent. However, it turned out to be much higher than this due to phone compatibility and participant capacity issues. Several service providers had to be used, as mobile internet services vary by location. Internet connectivity is a challenge in Lao PDR, but over time, panel members learned to recognize when they had a good signal and to time their responses accordingly.



MID-BCC also used advocacy and participatory meetings to further strengthen the ability of LWU, other community leaders, and government leaders to respond to outbreaks of avian influenza and similar diseases.

In many cases, it became clear that there was a need to educate and advocate for increased attention to avian influenza outbreaks, and to help make the case that preparing for, preventing and controlling outbreaks of avian influenza would help to prevent control outbreaks of a wide variety of infectious diseases. The MID-BCC project set to work on an advocacy training guide to

help stakeholders. Called “*Subtle Persuasion: An Easy and Effective Handbook for Changing the World through Advocacy*,” the guide was used for trainings for the Thailand Ministry of Public Health and other government entities such as the Department of Wildlife, and the Lao PDR Government. The guide is structured to be used for a variety of issues, not just avian influenza, as a way to build advocacy skills and knowledge among training participants on how to communicate their case to people who can help make a difference. The day-long training includes interactive activities and small and large group discussions. Facilitators are encouraged to adapt or revise the curriculum, as necessary, to meet the advocacy challenges in their specific country or for their specific issue. Components of the training include a facilitator’s guide, an accompanying PowerPoint presentation, handouts, and a take-away guide for each participant.

In Thailand, 34 people from the Thai Ministry of Public Health and Ministry of Natural Resources and Environment were guided through the training in July 2012 so they could learn to plan and implement an advocacy campaign through learning sessions, video examples, and a case study. Using the case study, participants developed advocacy plans, segmented audiences, identified influentials, prepared spokespeople, designed messages, filmed press statements, and then collectively critiqued and revised their work. The training underscored the importance of a systematic, planned and evidence-based approach to communication. In the end, the two ministries expressed interest in future trainings, such as spokesperson training for high-level ministry executives and risk communication training for mid-level officials.

The advocacy guide was also used in with government officials in Lao PDR. Please see the blog post “*Learning Advocacy: Building from What is Known to Unknown*” on page 50 that relates an experience from one of the first advocacy workshops held in Lao PDR.



Community leaders were not always village chiefs or public health officials. In Cambodia, for example, MID-BCC equipped Buddhist Monks with the skills and information to impart avian flu information to people they came in contact with.

Every year, Cambodian monks partake in the Dhammayietra, a peace walk. In 2012, MID-BCC provided the monks with materials and information on how to prevent avian influenza to disseminate to the schools and communities they visited. The project also educated and trained the monks on how to provide this information to the people they encountered along the way.

The project first recruited a group of 10 monks who would serve as master trainers, and educated them on H5N1 transmission and how to prevent it. The workshop provided the monks with the skills to conduct their own training sessions with other monks, and reinforced bird flu messages and hand washing tips that the monks could demonstrate during their annual Dhammayietra 22 Walk in the district of Samraong and five communes in Oddar Meanchey Province. Following the training session, each of the monks received boxes of soap bars with H5N1 messages on them that they could use in future trainings and the Walk in March 2012. The blog post *“Dhammayietra 22: Avian Influenza prevention during the annual monks’ peace walk in Cambodia”* on page 56 provides some of the backstory of this effort.

Indeed, connecting with the community during these opportunistic moments was a hallmark of the MID-BCC project: to reach people with information, you cannot expect them to come to you. You have to go to them.

In Lao PDR, this was at important cultural events, such as the That Luang Festival in Vientiane Capital, and the Boat Race Festival in Champassack. Informational programs were also aired on Lao TV and outreach was conducted in one of the centers of Lao everyday life: the market. The blog post *“Revisiting the markets in Lao PDR: Avian Influenza Risk Reduction Campaigns before the Pi Mai”* on page 46 outlines some observations related to reaching out to the community to reduce their risk of contracting avian flu where they work and shop.



In Cambodia, in addition to using the monks on their Peace Walk, community meetings also helped to get the word out.

RISK COMMUNICATION CAPACITY BUILDING

Communicating risk is often a complicated endeavor. To help people get the message across effectively, MID-BCC trained eight members of the Cambodian rapid response team on risk communication in June 2012, with the idea that these individuals could then train provincial and district team members and better enhance Cambodia’s capacity to respond effectively to a H5N1 outbreak.

When it came time for the trainings to move to the local level, the trainers came through with flying colors. Overall, more than 200 people were trained in four provinces.

See the two blogs *“MID-BCC in Cambodia: Training the Frontlines on Risk Communication”* (on page 66) and *“High Risk Communication Training in Battambang, Cambodia”* (on page 76) that demonstrate the effect of the risk communication sessions on the participants from Kampong Speu and Battambang, Cambodia.

“After being in training, virtually all of the participants (97 percent) took action related to disease prevention, planning or response.”



DID ALL THIS TRAINING AND OUTREACH MAKE A DIFFERENCE?

A final evaluation was not conducted on project activities, but several evaluations were conducted in mid-stream to gauge whether MID-BCC’s efforts were having an impact.

Between 2009 and 2011, MID-BCC trained over 500 health workers, community leaders and other stakeholders at the district level. But did all of this training lead to measurable progress and increased knowledge among these individuals? To answer this question, an impact evaluation was undertaken to measure the effectiveness of the trainings and to capture any communication activities that were conducted as a result. Specific objectives for the impact evaluation were as follows:

- Determine whether trained community or village leaders have conducted relevant communication activities at the commune level;
- Identify activities trained community or village leaders are doing in relation to different infectious diseases;
- Identify the extent to which messages communicated have been focused on planning, prevention and response to infectious diseases; and
- Identify issues or problems faced in conducting these activities and how they have overcome these problems.

MID-BCC surveyed 272 people trained between 2009 and 2011, selected from participant lists provided by FHI 360. Most of the respondents were human health workers, followed by village leaders, members of the LWU, provincial officers, and animal health workers.

Training Performance

To measure overall training performance, a training performance index (TPI) was created. The TPI was comprised of respondents’ assessment of overall performance of the training activity (from weak to strong), whether they would recommend it to others, whether they would participate in a similar training in the future, and its comparative usefulness. The overall TPI for the 2009 trainings was 108 out of a highest possible score of 120, and increased to 114 for trainings conducted in 2011. Most of the people interviewed were trained in 2011 (63 percent).

Males gave the trainings higher scores than did females, and older participants seemed to score the trainings higher than younger ones. Comparing respondents by their occupation, the highest scores came from animal health workers and village leaders; members of the LWU provided the lowest scores. Across regions, the most distinct differences were between locations in Thailand, where scores were lower than they were at sites in Lao PDR. Comparing scores by government level, it seemed that trainings were relatively more appreciated at the village

level compared to the central province and district levels. By disease state, the participants in avian influenza-focused trainings were more satisfied than participants in sessions focused on dengue or malaria.

While the trainers and training materials used were given high ratings on average, several aspects on content were lower in relative terms. One interesting finding was that “ability to implement” scored a below-average rating. As a result, it might be worth considering shifting the training content to focus more on implementation to address this concern.

Training Outcome

Virtually all of the participants (97 percent) have taken some action related to disease prevention, planning or response following the training. However, the proportion of participants who have engaged in these types of activities on a regular basis (i.e., once or month or more) were relatively few (17 percent). Animal health workers and those at the village level have engaged in disease communication activities less frequently than the other respondents.

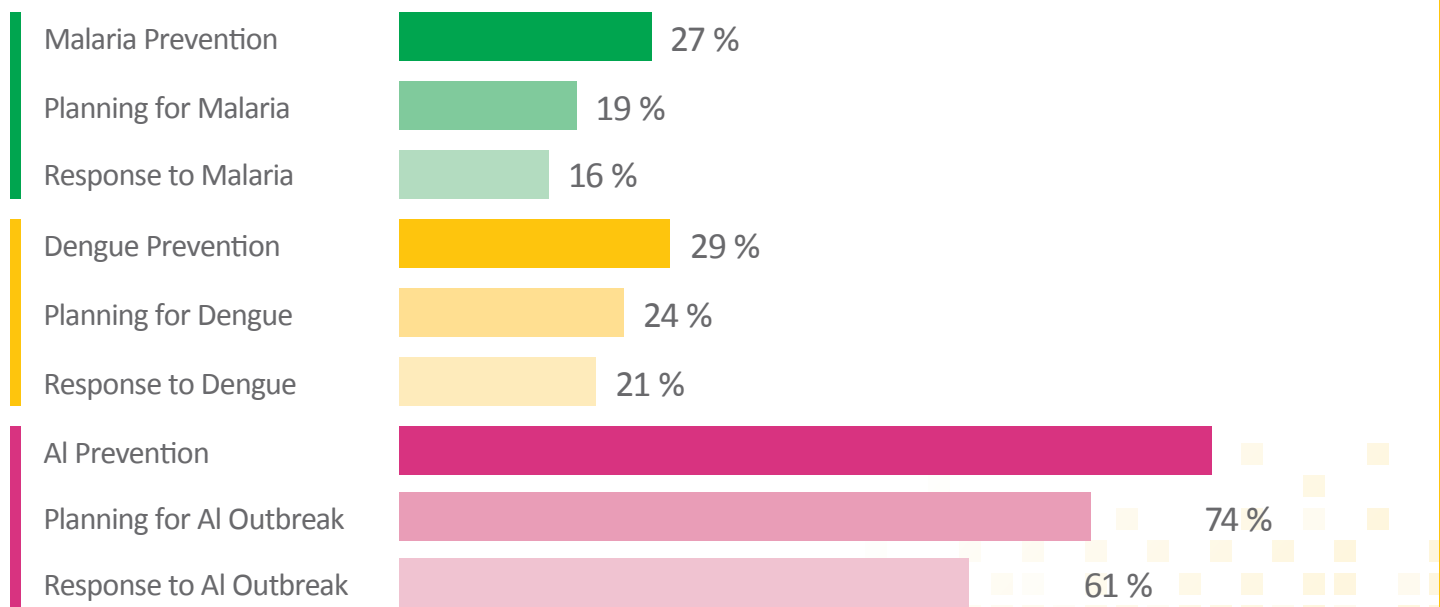
On average, participants engaged in two to three activities. Group discussions and club meetings were the most common activities undertaken (68 percent), followed

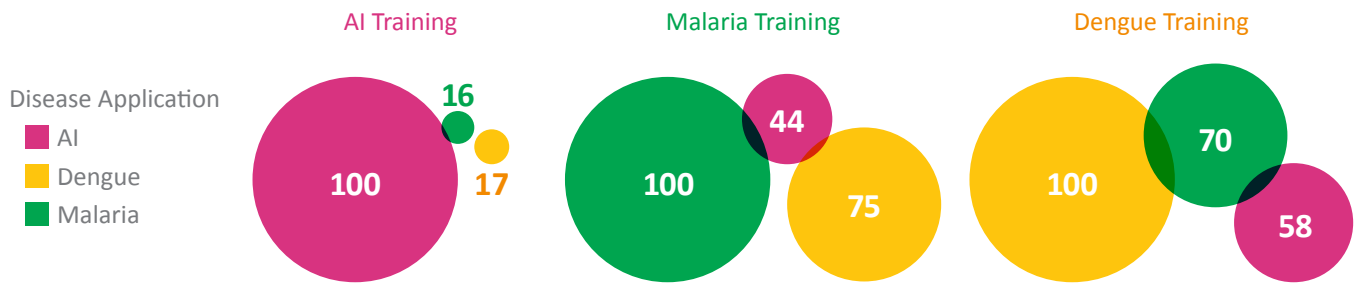
by putting up posters or stickers (47 percent), distributing booklets (42 percent), visiting households to talk about the issue (36 percent), conducting an organized training (35 percent), changing one’s own behavior (32 percent), promoting the issue at community gatherings (23 percent), and influencing people they know to change their behaviors (19 percent).

The targets for communication activities extended across three tiers: communication about diseases to immediate family and neighbors (just over 90 percent did this); to people from the same village (just under 50 percent communicated to this level); and to supply chain, district officers and agents (only about 20 percent of respondents did this). Clearly, the level of effort required to communicate to the latter group was higher than was needed to communicate to family or neighbors.

With regard to communication messages, a distinction was made between messages that focused on response, planning or prevention – in other words, participants who communicated about malaria might have communicated only about how to prevent malaria, and not necessarily how to respond to it. The graph below illustrates the breakdown of the types of messages delivered.

TYPES OF MESSAGES DELIVERED





However, participants went beyond the focus of their particular training and applied what they learned to other diseases as well. For example, those who participated in training for malaria or dengue have applied their communication skills to other diseases to a greater extent compared to those whose training focused on avian influenza (See graph above).

When comparing overall compliance with different outcomes, the training program received a somewhat lower score from participants at the province and district levels, and may indicate that a different approach is needed for these groups. They have relatively good access to information about infectious diseases, but regular communication is lacking and overall reach is relatively low. A possible explanation for this is that government health promotion staff and members of the IEC (information, education and communication) teams do not always have the ability to conduct similar trainings or campaigns because provincial or district offices do not have the funds for such activities. Not surprisingly, access to information, target reach, and frequency of communication declines even more at the village government level, highlighting more room for improvement. Because of this, it might be worthwhile for future trainings to emphasize message dissemination, target audience selection, and effective media strategies more, especially in (most) situations where there is limited funding.

Training Performance Drivers

The capacity-building attributes measured included: training preparation; competence of trainers; training materials; training content; training content specific to communication; and ability to implement activities after the training. While the trainers and training materials used were given high ratings on average, other aspects – such as “ability to implement” garnered below-average ratings, indicating that training content should shift more to helping participants figure out how to implement activities. Part of this result also might have been related to the fact that some of the trainings were related to avian influenza, and there were no AI outbreaks following the trainings that would necessitate taking action. The content related to communication skills in general was rated high.

Behavior Change Communication with Lao Poultry Farmers

Separately, results from a KAP survey found that an ongoing BCC campaign with poultry farmers in Lao PDR registered a positive impact, with a significant increase in reported practices and knowledge related to protecting poultry (more than doubling to 59% from 24% in 2009, and almost four times the incidence found in the baseline study conducted in 2006). (To evaluate the avian flu communication campaign under the AI-BCC project,

a baseline Knowledge Attitude and Practices (KAP) study was conducted in 2006 prior to project implementation. Further studies were conducted in 2007 and 2009, with the latest survey being completed in 2011. The 2011 study expanded the coverage to include Phongsaly and Attapue provinces in addition to the previously covered provinces of Vientiane, Luang Prabang, Savannakhet, and Champassak, with a total sample size of 1,440 backyard poultry farmer households.)

Accomplishments in Dengue Prevention and Control

Since 1985 dengue fever has been a significant public threat in Lao PDR. Outbreaks of the disease often come in 2-3 year intervals and are most common in highly populated cities where hygiene levels can be low and water containers are left uncovered or carelessly discarded, thereby allowing mosquitoes to easily breed. Climate change has also contributed to longer rainy periods, which can lead to greater mosquito density.

In response, NEIDCO supported the coordination of dengue fever prevention and control efforts so that all levels of actors – from the national level to the village level – would have access to the same information and recommended interventions.

To contribute to the national effort, MID-BCC conducted initial research that confirmed a lack of understanding about how to prevent and control dengue outbreaks across audiences. Among other activities, MID-BCC designed dengue fever prevention messages and materials such as posters and booklets for health workers, and trained health workers, community volunteers, and youth leaders on how to deliver them. The project also conducted an orientation for media so they could better understand and report on dengue – and become involved in community mobilization efforts to prevent the spread of dengue. To target the businesses, orientation workshops with human resources managers and company officers were held in 30 factories in Vientiane. After discovering that many doctors were



Dengue Counseling Card #2: There is no drug to treat dengue, it can only be prevented.



Counseling Card #5: Clean places around your home where mosquitoes like to hide, like in cool, dark places, where water can collect.

unclear on how to diagnose and treat dengue, MID-BCC also provided clinical case management training on dengue fever for medical staff in hospitals located in Vientiane Capital, Savannakhet, Champassack, Saravan and Attapue.

PREPARING USEFUL MATERIALS TO EDUCATE ON DENGUE

In September 2010, dengue cases in Lao PDR soared, affecting eight provinces and alarming health clinics and outpatient departments of the main hospitals in Vientiane Capital. The highest number of cases was recorded among the student aged and young adult populations. The Vientiane Provincial Health Department needed communication materials for its “clean-up” community outreach and health education drive, which essentially mobilized volunteers, such as members of the Lao Women’s Union, to urge communities to eliminate mosquito breeding sites and motivate people to seek treatment when certain symptoms appear.

MID-BCC reviewed an existing government leaflet on dengue, and commissioned a local advertising agency to

re-conceptualize and package many of the same dengue messages into a series of 10 counseling cards. These 10 counseling cards were further used as a basis for creating a poster; a pocket-sized, eight-panel flyer; and a booklet for health care workers. Project staff conducted a pre-test to ensure that the materials and the messages contained therein were appropriate and effective for health care workers, secondary school teachers, and villagers. Products were finalized only after it was certain that all of the materials resonated with the people they were trying to educate.

EDUCATING THE MEDIA ON DENGUE

MID-BCC helped the Vientiane Capital Health Department kick off an information drive to prevent dengue before the start of the rainy reason. One component of the information campaign was a media orientation workshop that was designed to provide over 30 media practitioners with correct information about the Aedes mosquito – the culprit behind dengue -- transmission of the virus, symptoms of infection, and how to prevent mosquito bites.



Counseling Card #6: Put larvae-eating fish “pahanukleung” in water containers.



Counseling Card #9: The symptoms of dengue can include high fever, severe headache, pain behind the eyes, joint pain, rash and mild bleed.

Media Orientation on Dengue.



Participants plan for their district and sector's dengue communication campaigns.



In addition to the TV, radio and print media members, officials from the WHO and the Lao PDR Ministry of Information and Culture attended the session.

In collaboration with the Vientiane Health Department, MID-BCC held a one-day training to equip health care workers with correct information, messages and materials on dengue prevention. The training was attended by Lao Women's Union representatives, teachers and district supervisors in secondary schools, and Lao Youth representatives in nine districts of the province. These participants learned how to communicate the risk of dengue effectively, and received a checklist of mosquito breeding sites to be surveyed, monitored, and destroyed. Participants were also given the opportunity, by sector, to chart their dengue campaign plans for the following two months.

HELPING MEDICAL PROFESSIONALS WITH CLINICAL CASE MANAGEMENT OF DENGUE

To ensure that cases of dengue hemorrhagic fever and dengue fever were being diagnosed and treated properly, MID-BCC trained clinicians on clinical case management of dengue fever and dengue shock syndrome at key hospitals in Vientiane Capital. The training also

included a session on how to best employ interpersonal communication in the clinical management of dengue.

The training in Vientiane was intended to build and improve the capacity of health personnel in the case management of dengue fever, dengue hemorrhagic fever, and dengue shock syndrome (DSS) in main hospitals in Vientiane; to come up with a training agenda for dengue case management suited to provincial and district health personnel; and to develop among the participants a core group who could serve as trainers in the provinces in the future.

Of the participants, 15 were hospital clinicians, and the rest of the attendees were key staff of NEIDCO, the Center of information and Education for Health (CIEH), and the Ministry of Health (MOH). The group advised that, to ensure sustainable provision of trainings to clinicians, medical schools in Lao PDR should be engaged, and that each of these medical institutions and their professors could develop and update the training curriculum and accompanying materials to suit their populations. The group also recommended that the government should nurture some clinicians to become "dengue champions" and promote dengue case management activities among their colleagues. Finally, the

group suggested that NEIDCO develop a hospital-based model for prevention and control of dengue and provide training using the model to other clinicians.

Advocating for More Cooperation from Communities in Preventing and Controlling Dengue

To help highlight the importance of dengue prevention and control, MID-BCC helped NEIDCO representatives coordinate an advocacy meeting for dengue in Savannakhet in May 2011. The meeting was part of the government's efforts to mobilize the province and seek support from local authorities to prevent and control possible outbreaks of dengue. The 97 participants included the provincial party committee members, provincial health department officials, district committee and control officers, religious organizations, and representatives from Vietnamese and Chinese associations.

As a result of the meeting, district committees and control officers vowed to organize, prepare, plan, and control dengue in their districts. This included having district committees and control officers organize cleaning groups to destroy mosquito larvae-breeding sites, and having provincial and district information officers continue to disseminate information to prevent dengue outbreaks in

their communities. More significantly, data from the Lao National Center of Laboratory and Epidemiology showed a sharp decline in dengue cases in 2011 compared to 2010.

Accomplishments in Emerging Infectious Disease Preparedness

Using avian influenza as a foundation from which to work, MID-BCC also aimed to strengthen the communication capacity of the Thailand, Cambodia and Lao PDR ministries of health and agriculture so that they could assume a greater role in planning and responding to infectious diseases and emerging pandemic threats. This include risk communication trainings for government entities and other stakeholders in Thailand and Lao PDR, and advocacy sessions to galvanize support for keeping tabs on emerging disease threats.

MID-BCC co-sponsored with GMS-RID a Technical Training on Joint Cross-Border Coordinated Response to an Outbreak of a Zoonotic Disease in the summer of 2010 in Phuket, Thailand. Using a case study on an anthrax outbreak, USAID RDMA, FAO, and MID-BCC trained 68 officials from central- and provincial-level public health offices and veterinary offices from China, Cambodia, Lao PDR, Thailand, and Vietnam. Participants were trained on topics such as communicating risks during an



outbreak, communication skills that are essential during investigations, and how to offer realistic recommendations to community members.

MID-BCC activities went a long way towards integrating information across diseases and across sectors as well. An example of this was introducing government guidelines on infectious diseases to the education sector in Luang Prabang.

Accomplishments in Malaria Prevention and Control

The work in malaria illustrates gamut of communication campaign planning and implementation: formative research, stakeholder inputs and partnership building, pre-testing, production of materials and activities, and training. In Thailand, perhaps more significant was that MID-BCC activities were aimed at a population for which malaria has persisted as a problem malady despite all of the work Thailand has done to eradicate the disease: Burmese migrants.

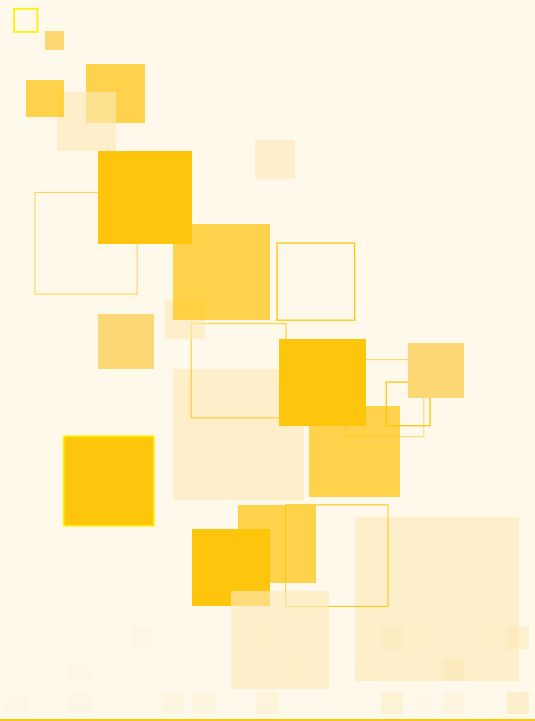
At the beginning, USAID, MID-BCC, and other implementing partners ruminated over several formative research studies on malaria at the community level in Thailand. These included the KAP study in Phuket, the Participatory Action Research in Mukdahan and Chiang Rai, and the Rapid Ethnographic Appraisal in Trat and Chiang Rai. The project convened a Malaria Research Dissemination and Behavior Change Communication (BCC) Planning Workshop in February 2011 that brought together over 55 key players from various sectors who were involved in the implementation of malaria programs mostly in the border areas of Thailand and Burma. Some projects also worked in the border areas of Thailand and Cambodia.

The overall objective of the workshop was to provide participants with an opportunity to share results and challenges related to malaria BCC and to identify the strategies, messages, and materials needed to move forward. The three-day workshop provided participants with an update on recent malaria research related to BCC, and an opportunity to share their experiences

While it was expected that many Burmese migrants could not read and write, the pretest findings revealed that the majority of malaria volunteers were also illiterate. This made the need for low-literacy materials even more important.

It was found that in all cases, women worked alongside the men in all occupations – rubber tapping, construction and fishing – and needed to be considered not only as a key target audience, but also as useful malaria volunteers. The research found that, in general, women were more engaged in discussing malaria than the men were, and were deemed more likely to take prevention and treatment steps -- and to support their peers and families in doing the same.

The malaria unit workers were found to be a vital link between the migrants and testing, treatment and prevention information. As such, it was important that the materials identify these workers and strengthen their role within the migrant worker community.



and perspectives on malaria behavior change and communication in Thailand and the immediate border areas. Working in small teams, the meeting allowed participants to develop behavior change and communication objectives; draft preliminary messages; and identify and prioritize communication channels and selected activities for key border provinces using a variety of participatory exercises, activities, and group work.

At the end of the event, Dr. Wichai Satimai expressed his appreciation for the success of the workshop in providing an opportunity for participants to share experiences and learn from each other. According to Dr. Wichai, “Integration is key; we cannot separate one disease from another. BCC can be applied to other health problems, not just one disease.”

FHI 360 then held a second malaria communication materials development workshop in Phuket, Thailand in March 2011 in collaboration with Kenan Institute Asia (KIASIA) and developed an action plan for Phuket Province. The workshop brought together 21 representatives from public health offices and hospitals from provincial, district and sub-district levels, who are responsible for developing, producing, or using malaria communication materials in their work. At the end of the workshop, participants suggested a list of materials that they agreed would be useful for their work.

Following these planning meetings, it was determined that final materials would include:

- Flip charts and booklets to be used as job aids by health care workers and malaria volunteers
- Posters to serve as reminder messages to be placed at key locations in migrant camps, clinics, and construction sites
- Flyers for distribution to key audiences

As revealed by the formative research, one of the key



Above: pretesting of malaria materials with Mon women (left) and Burmese migrant health volunteers (right) in Phuket.

audiences was migrant workers, particularly the Burmese. By and large, Burmese migrants provide the raw labor to build Thailand’s modern infrastructure, housing, commercial and recreational developments – including modern luxurious apartments, offices, and golf courses. Despite their contributions, the Burmese are marginalized, are often exploited, and have difficulty accessing health services. It was clear that they needed assistance in accessing services, and because research found that they were largely illiterate, low-lit materials were essential for this purpose (See box on next page for additional research highlights). Moreover, because Burmese migrants have been in Thailand the longest compared to other migrant groups, they are respected and their advice is frequently sought by newcomers. As a result, the project’s efforts focused even more strongly on the development of low-lit materials that could be easily understood not only by the Burmese workers, but also readily utilized by other illiterate or marginally literate migrant volunteers.

PRE-TESTING OF LOW LIT MATERIALS

After initial prototypes of materials were developed, MID-BCC collaborated with the Phuket Provincial Health Office to conduct pre-testing of the low-literacy malaria communication materials among key target audiences in Phuket to see if they were useful and understood by the Mon, Karen, and Burmese workers. Specifically, the test was intended to determine audience comprehension of and reaction to the materials in terms of cultural sensitivity, social acceptance, and understanding. The target audiences

interviewed included: Thai health care workers, migrant health volunteers, male and female rubber tappers, male and female construction workers, employers/supervisors, and migrant fishing workers. Because the materials were intended for low-literacy audiences, the emphasis of the pretest was on comprehension of visuals, to ensure that they conveyed as much information as possible, with or without text. The testing also aimed to ensure that visuals

were relevant to the context and lifestyles of the target audiences, and to gather information about the relative utility of different formats of communication materials, including flip charts, flyers, posters, and booklets. In total, six focus group discussions were conducted over three days. Research findings were then taken back to the graphic design agency to refine illustrations, layout, and text and develop the final materials.

MID-BCC also provided an orientation in the use of the materials to malaria workers in Phuket, and prepared the materials for adoption at other sites along the Thai-Burma border.



MID-BCC also worked closely with IRC's SHIELD project to adapt existing avian and pandemic influenza materials to target audiences in the refugee camps along the Thai-Burma border. Several images were re-designed to reflect the refugee camp setting, and the artwork was prepared to be ready for printing.



Above: Original image of pandemic influenza flip chart (left), and adapted image (right).

Threads of Sustainability



The thread of sustainability was woven throughout the fabric of the project right from the initial research. MID-BCC enlisted officers from different government offices to help with data collection on the various rapid assessments, PARs, and KAPs. We trained networks of health care workers and community volunteers who can now spring to action at the first confirmation of an outbreak, with the LWU members being a prime example of this. After an avian flu outbreak hit the Vientiane capital area, the LWU district representatives – 135 in all – mobilized quickly the day after the outbreak was announced, fanning out over 90 villages throughout Vientiane with avian flu information, covering all of the outbreak districts and some surrounding districts as well. Indeed, Lao PDR provides an impressive



example of how a government and its partners can come together to fight infectious disease. The National Emerging Infectious Disease Coordination Office in Lao PDR (NEIDCO) has become a global model for intersectoral cooperation, combining human health, veterinary expertise and response with communication, and the mobilization of other relevant sectors including civil society (through four mass organizations – Lao Women’s Union, National Front, Youth Union, and Labor Union), education, justice, foreign affairs, and laboratory capacity. NEIDCO provides an umbrella to facilitate the cooperation of the UN organizations and international NGOs to work together under a unified strategy. For avian flu, WHO, UNICEF, FAO, UNSIC, OIE, IOM, FHI 360 and CARE all collaborated under the aegis of NEIDCO.

As an integral part of several of the working groups within NEIDCO, including the Communication Task Force, the Research Working Group, and the Markets Working Group, the MID-BCC project helped Lao PDR to increase its AI response capacity, develop national indicators and targets, and measure its accomplishments. Lao PDR, in fact, is likely one of the few countries that can demonstrate behavior change results based on agreed-upon national indicators (measured through representative surveys developed by FHI 360 and adopted by NEIDCO, and later funded and implemented through World Bank funds with technical assistance from MID-BCC).

PARALLELS WITH THE GLOBAL HEALTH INITIATIVE

This work has dovetailed well with the goals of the Global Health Initiative (GHI), which advocates for building sustainability through health systems strengthening, as well as strengthening and leveraging key multilateral organizations, global health partnerships, and private sector engagement. The institutionalization of our skills in the Lao Women's Union specifically meshes with the GHI pillar of implementing female-centered approaches to both to improve health outcomes for women and to recognize that women are central to the health of families and communities. The LWU experience using SMS to share information on outbreaks and collect data has promoted the principles of research and innovation to identify what works – yet another GHI component.

Vigilance for Emerging Infectious Diseases

Strengthening the capacity and awareness of government staff will not only make future research and communication efforts go much more smoothly, but has also created a basis from which to advocate for continued work against emerging infectious diseases, not just in the Greater Mekong Subregion, but throughout the globe. After all, in today's world of jet travel and extensive global trade, influenza-like illnesses can move at the speed of light. Without the ability to respond quickly to these infections, there is little that prevents influenza-like illnesses from becoming pandemics.

Indeed, continued vigilance is important. The previous two pandemics of influenza-like illness – SARS in 2003 and H1N1 in 2009 – cost more than 300,000 lives worldwide. The World Bank estimates that the next highly pathogenic avian influenza pandemic will cost between \$1 and \$2 trillion, or 0.7 to 4.8 percentage points of the global GDP, depending on severity. Needless to say, we can curb losses from pandemics and less-widespread outbreaks by identifying them in the regions where they develop and taking aggressive measures to prevent and contain them.

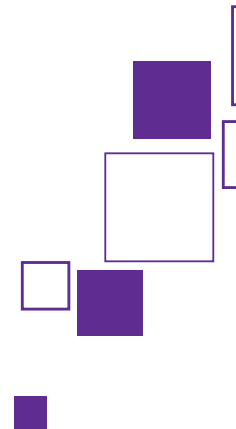
“*The MID-BCC project helped Lao PDR to increase its AI response capacity, develop national indicators and targets, and measure its accomplishments. Lao PDR, in fact, is likely one of the few countries that can demonstrate behavior change results based on agreed-upon national indicators.*”

Despite all of the accomplishments under MID-BCC, it was difficult to construct an integrated project. The opportunities and interest were there to combine communication efforts and work on "influenza-like illnesses", but due to non-integrated funding streams for avian flu, malaria, and dengue, these activities could not be merged. As was repeatedly observed in the research, "a fever is a fever" in the village. Most people do not distinguish between different diseases that make them feel ill. They focus on the severity of symptoms, and do not usually bother going to health care providers unless a fever lasts for several days. Figuring out when to worry, when to take action, and when to notify authorities requires a stronger infrastructure and greater access to integrated information that is currently not available.

The hope, however, is that countries in Southeast Asia can continue to strengthen the capacity of their community responders, volunteers, commune and district leaders to plan and respond effectively for all possible outbreaks of infectious diseases. That they can orient key community stakeholders and village-level influentials to the importance of maintaining awareness and education on emerging disease threats, and increase the involvement of communities and villages – and the people within them – to lend a hand in preventing outbreaks through biosecurity measures, or at the very least knowing how to watch out for them -- regardless of the virus.



Our Own Words: Notes from the Blogosphere



- Revisiting the markets in Lao PDR: Avian Influenza Risk Reduction Campaigns before the Pi Mai.
- Learning Advocacy: Building from What is Known to Unknown.
- Dhammayietra 22: Avian Influenza prevention during the annual monks' peace walk in Cambodia.
- Avian Influenza Prevention in Cambodia: Community Forums.
- MID-BCC in Cambodia: Training the Frontlines on Risk Communication.
- MID-BCC in Cambodia: Training the Frontlines on Risk Communication, Part II.
- High Risk Communication Training In Battambang, Cambodia.
- One Community, One School, One Health
- Strengthening the Risk Communication Capacity of Cross-Border Provinces: Savannakhet and Champasack.



Revisiting the markets in Lao PDR: Avian Influenza Risk Reduction Campaigns before the Pi Mai

By Cecile Lantican | April 4, 2012

I find this project activity very interesting. All my life, the market has been a significant part of my role as a mother – and now as a country manager of an infectious diseases project.

(Editor's note: minor edits have been made to the author's original report.)

I always go to the market to buy fresh fish, meat, vegetables, fruits and other commodities to suit my requirements in preparing food for my family, but I never realized that the market means more than a place where exchange of commodities and services takes place.

My present engagement (representing the MID-BCC) with the members of the Market Working Group, which is led by the Department of Hygiene and Prevention under the Ministry of Health, has provided me the opportunity to closely look at the situation in the market and observe the behavior of traders and vendors that bear relevance to health. Apart from making your food supplies available, they also keep these food supplies safe and clean, particularly avoiding contraction of viruses and bacteria, which cause infectious diseases.

Markets vary in form, scale (volume and geographic reach), location, types of people, and types of goods and services traded. In Lao PDR, retail markets such as the local farmers markets are situated in town squares. Markets operate under the supervision of the Domestic Trade Department of the Ministry of Industry and Commerce. By 2007, 616 markets were officially registered (52 large, 130 medium and 328 small). Local farmers markets include vegetables, fruits, and backyard poultry.

Among local people, the market is the center of economic activities. Farmer-producers bring their products and sell these to either traders/sellers or directly to consumers. From the public health perspective, the market is a hub for the rapid spread of infectious diseases with the continuous trading of live and slaughtered animals and the movement of too many people. The market is one key segment of exposure to avian influenza.

In 2007, with support from international donors and partners, the government initiated the national Market Working Group under the leadership of the Department of Hygiene and Prevention to monitor and implement activities to avoid the risk of transmission of avian influenza to animals and people in marketplaces. Before the end of 2009, market working groups were also created in the key cities of the Bokeo, Luang Namtha, Luang Prabang, Champassack and Savannakhet provinces.

The MID-BCC Project provided support to the national Market Working Group by conducting a clean campaign to remind market administrators, meat and poultry vendors, traders, and slaughterers to repeat the messages of hand washing and cleaning to avoid virus transmission from animals to animals and from animals to humans. Specifically, the technical assistance was aimed at: (1) seeking the cooperation of and re-orienting the members of the Market Working Group's leadership to repeat the messages of hand washing, separation, cleaning and other bird flu-related messages; and (2) mobilizing market administrators and leaders to conduct a "clean" campaign in the market.



Right: A fruit section of Thongkham market in Vientiane Capital.

Left: A village market in Houaxay district, Bokeo province, where locally produced vegetables are sold.



Chickens and ducks are an important part of the Laotian meal during Pi Mai.



The town market in Vang Vieng, Vientiane province, where you can find exotic wildlife meat.



In Lao PDR, the street could even be an extension of the market. The morning market of Kouadin hosts farmers to selling their local produce from 5:00 a.m. to 7:00 a.m. only. Khounkham Xaymounvong and I joined the market working group team in its "clean campaign" at Thongkham market in Vientiane.

At the Kouadin market, the Market Working Group team lead by Dr. Phonexavay Chantaseng held the orientation among sectoral market leaders in the small office of the market administrator. The limitation of space was never seen as a problem for other interested market traders and vendors; they participated outside the room.



Revisiting the markets in Lao PDR Avian Influenza Risk Reduction Campaigns before the Pi Mai *(Continued)*

The Pi Mai (Lao New Year) will be celebrated on the second week of April. It is expected that during the season, there will be voluminous trading and slaughtering of poultry in the market. MID-BCC has collaborated with the Ministry of Health, Department of Hygiene and Prevention to mobilize the Market Working Group, which was earlier organized through WHO and CARE under USAID and US-CDC funding, respectively, in 2009. Under the guidance of WHO, the government promoted in the past key messages to maintain a clean market environment to reduce the risk of avian influenza virus.

The clean campaign kicked off on March 19 to 21 in three main markets in Vientiane Capital – Thongkhankham market in Sisattanak district and Nongchan and Kouadin markets in Chantabouly district. The three markets are operated by private market owners or individuals but are sanctioned under government monitoring. The Thongkhankham and Nongchan markets cater to about 1,000 people a day, whereas the Kouadin market provides services to around 2,000 people a day.

One objective of the campaign is to remind people of previous avian influenza prevention messages. Posters are still hanging on roof beams and posts, but I was not able to ask if people still read the messages written on them.

I was amazed by the creativity and proactive move of the market working group team to integrate in the orientation the hand washing practice to avoid other diseases like diarrhea and H1N1. Diarrhea is the most common health complaint among people living in the area surrounding the markets.

This clean market campaign will be implemented in other main markets in Bokeo, Luang Prabang, Luang Namtha, Savannakhet, and Champassack.



The team did an ocular observation of the markets. Poultry meat vendors in particular clean their spaces after selling their products. Stainless steel tables in the meat section in Kouadin market, which were provided through USAID and WHO assistance in 2009, are washed.

One of the vendors who attended the orientation and demonstrated cleaning of her stall after selling all her dressed chickens.



Posters: Wash your hands with soap every time you touch raw meat to reduce the spread of disease.



Zoning stalls will reduce spread of disease.



Cleaning in the market is done at the end of the day.



Throw rubbish into the bins to reduce the spread of disease.



Proper hand-washing techniques were reinforced during and after the orientation. Ms. Siphay Vongsouangtham, technical staff from CIEH, MOH facilitated the demonstration. The washing facility was one of the market improvements provided by WHO with USAID support in 2009.

Learning Advocacy: Building from What is Known to Unknown

By Cecile Lantican | May 8, 2012



Cecile Lantican, MID-BCC Country Coordinator Lao PDR, facilitated an advocacy training workshop May 2 and 3, 2012, for 22 government staff members from the Ministry of Agriculture and Forestry (MOAF) in Vientiane, Lao PDR.

Advocacy is a nuanced communication strategy and an important first step in creating behavior change among communities and organizations. Advocacy is well-developed and expertly executed in many countries and cultures, especially in the West. There are some cultures where it is not considered appropriate to advocate for a cause or an issue...and some governments look less kindly on non-governmental advocacy activities.

On May 2 and 3 in Vientiane, I facilitated an advocacy training workshop for the government staff from the Lao PDR Ministry of Agriculture and Forestry (MOAF). Our participants were not familiar with the concept of advocacy and had no experience with advocating for an issue. This made the workshop both challenging and rewarding.

Twenty-two middle managers and supervisor from various departments of MOAF participated in USAID's MID-BCC two-day advocacy training held May 2-3 at Settha Palace, Vientiane Capital.

In planning discussions with Deputy Director General of Planning Dr. Somphan Changphenxay, I noted that equipping the government staff with the needed communication and advocacy skills would enable them to achieve more support and services in their government functions as they relate to their stakeholders, organizations, relevant publics and other professionals.

The advocacy training was the second communication course, after the risk communication training, which provided the participants the basic concepts and principles of communication and behavior change communication.

The advocacy training was aimed to: strengthen the communication capacity of select staff from relevant departments of MOAF; and develop a core group of staff trained in all aspects of communication and that can provide technical support to the Ministry's communication needs over the long-term.

My training team was comprised of Khounkham Xaymuongvong and Siamphone Mahindorathep from our MID-BCC Project office. The challenge to us was applying a participatory process to learning about advocacy when it wasn't a practice they were familiar with. We could not just tell them about advocacy; we needed to show them through good examples and then apply that to their own professional situation.

I was mindful of the prior knowledge and background of the participants, how best I could execute the steps proposed in the training guide, and more importantly, — how the participants and I could best achieve the learning outcomes.

I was also conscious of the process to ensure that I would not miss any step of the guide; it was my first time to use this advocacy training guide. My training approach was to engage the participants in a collective learning environment. I, the trainer, and the participants, would take the journey to learn together. I believed that our motivation would determine and direct what we do in the training



Twenty-two middle managers and supervisor from various departments of MOAF participated in USAID's MID-BCC two-day advocacy training held May 2-3 at Settha Palace, Vientiane Capital.



Learning Advocacy Building from What is Known to Unknown *(Continued)*

room to learn. The 22 staff were asked to be seated in five round tables, each table provided with a microphone and one computer with access to Wi-Fi.

The training venue was rearranged, making it more conducive to learning. There was enough space for the participants and trainer to move around and interact. In addition, the internet connection was efficient. The participants and trainer used recommended web sources for the training.

There were several examples we used in the training – H5N1 virus, floods, and HPV vaccine – that were issues that our participants would relate to. . .The Thai floods are still a major topic in the region; outbreaks of H5N1 virus are still prevalent in the region; and vaccines are a constant public health priority which is why we focused on these examples. My assistant, Siamphone distributed the first handout. Handout #1 provided various images that exemplified the concepts and terminologies of change, policy, attention, and support. My first question to break their silence: What do you see on these images? What’s going on?

As expected, the participants were able to respond in reference to the three images – the sand bags, HPV vaccine, and protective equipment. Other images, which included the revolutionary waves of demonstration occurring in Arab countries, the Livestrong wristband, and Occupy Wall Street movement, were less familiar to the participants.

To augment the examples and make it more relevant to the Lao setting, I replaced the other examples with

three images they would be more familiar with. These were the images of Lao men marching in the street with placards of “no to smoking,” the monks supporting the cause, and two prominent people in Vientiane Capital speaking out on the issue.

I distributed back issues of two Lao newspapers – The Vientiane Times (in English) and Pathet Lao (in Lao). I asked participants to read news articles and stories that were of interest to them. Thereafter, I asked them to clip images and stories they liked to present the meaning of support, attention, change, policy, and the law.

Participants’ prior knowledge could facilitate learning. I shared with them other photos (in my PowerPoint). I took the photos (below) in front of our office the day before the training. Everyone expressed his/her understanding of the message, given their awareness of the current advocacy by the city government that people on their motorbikes – young and old, men or women – should wear helmets, otherwise a corresponding penalty will be imposed for violating this transport rule.

With the newspaper clippings, the participants organized their thoughts and began to identify examples of advocacy being applied to a public cause. For example, one participant explained the media plan by the government to advocate for immunization.

In advocacy, much depends on enlisting the people who have the influence to make a difference (Handouts #4 and 5). The newspaper clippings showed them examples of who were the “influentials” in the government service and in their communities.

Twenty-two middle managers and supervisor from various departments of MOAF participated in USAID's MID-BCC two-day advocacy training held May 2-3 at Settha Palace, Vientiane Capital.



Learning Advocacy Building from What is Known to Unknown *(Continued)*

To help them understand the qualities of the “influentials” being discussed, I showed them a video of three important figures in Laos. I requested the video clips from Lao Star Television. The video contained footage of the Lao President, the Committee Party Administrator, and one governor.

The video enabled the participants to describe the characteristics and qualifications of influentials who could do something about issues they cared about.

The Not On Oou Watch website was used maximally to demonstrate how to do an influential analysis and obtain practical examples of messaging. Some participants used their mobile phones to access the internet.

With the internet connection in the room, the participants and I explored together and discussed more examples of traditional and non-traditional outlets and channels. We explored the internet together: – we visited various advocacy websites and studied some examples.

The downside of this approach, however, was the fact that the websites we visited were in English. English is a third or fourth language for most of our participants, and it did take more time to read and comprehend the content. Nevertheless, I was confident that through the internet, learning was more interactive, evolving, and an experiential process.

The hot seat exercise put the participants to the test. Working in pairs, I asked them to work on an issue they think is important in their province or community. One had to play the role of a community leader and one was the decision maker.

A woman who acted as a farmer federation leader presented to the town mayor the farmers’ problem on irrigation. The farmers’ rice production was low because

of lack of water caused by the closing of the national irrigation system by the provincial government.

A dialogue between the president of the student organization and a university president was played out.

The student leader advocated for the students’ concern of the growing number of students who smoke and litter on the campus, which also applied to the student’s “cleanliness and save the environment” campaign.

One MOAF staff member, who served as the Manager of Information and was in-charge of the library and knowledge management department of MOAF, demonstrated how to present to the Executive Director of Planning and Investment the problem of old communication equipment such as computers, internet connection, access to new publications and journals, and deteriorating services of her department.

At the closing of the training on the second day, one staff member from the Faculty of Agriculture at Nabong Agricultural University volunteered to share her testimony about the training.

Dr. Somphan, in his closing remarks, stressed, “Advocacy skills can be applied in any issues that you are confronted with in your respective departments. I enjoin you to share this knowledge and skill with your colleagues and start informing your stakeholders of what you are doing so that you can get their support.”

The shared learning with the participants was such a fulfilling experience. It could be “difficult” in the process yet effective because the motivation to learn was internally generated among the participants themselves.



Twenty-two middle managers and supervisors from various departments of MOAF participated in USAID's MID-BCC two-day advocacy training held May 2-3 at Settha Palace, Vientiane Capital.



“I joined this training with no idea about advocacy. But I appreciated the learning process I experienced with my group. I am an educator

myself. I find this kind of training very useful. I believe that this training entails greater costs to FHI 360, but if we pass on the learning to others and the learning will be applied, then the costs would be lesser.”

Dhammayietra 22: Avian Influenza prevention during the annual monks' peace walk in Cambodia

By Tongngy Kaing | March 20, 2012

Every year, Cambodian monks partake in the Dhammayietra, a peace walk. This year, MID-BCC supported the monks by providing training and materials for the monks to spread avian influenza prevention messages to the schools and communities they visited. MID-BCC consultant Tongngy Kaing accompanied the monks for their training and the first part of their walk, and shared his experience with us.

(Editor's note: minor copy edits have been made to the author's original report)

March 10, 2012

I left home very early at 6 a.m. to go to the bus/taxi station. Since taxi is faster, I took a taxi from Phnom Penh at 7 a.m. to Siem Riep and then took another taxi from Siem Riep to Samrong Oddar Meanchey. I arrived at about 5 p.m. and stayed in a small hotel called Heng Mean Chey Hotel.



Udom Syvorn is the coordinator of the pre-walk training, where about 40 monks participated.



As a part of the pre-walk training, monks were trained on how to properly wash their hands with soap in order to prevent H5N1 and other diseases.

Each team had to demonstrate hand washing while the others observed



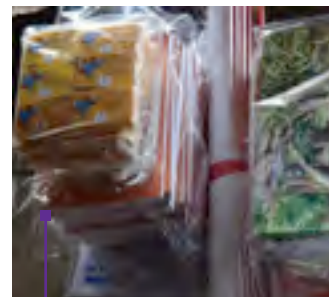
Each monk read the hand-washing poster carefully before they demonstrated the practice.



Hand-washing training was probably the most interesting part of the whole-day training, based on my personal observation.



Between 60 and 100 bars of soap were prepared for each of the 39 schools.



Each school would receive this set of materials, including soap bars.



Monks helped Syvorn to prepare all the materials for the next day's training in 39 schools.



2,000 bars of soap are delivered to 39 schools, eight pagodas, and five sangkat/ communes.

March 11, 2012

Pre-departure training took place from March 10 to 11, but I could join only on the 11th. It started at 7:30 and finished at about 11:30. The contents of the training are Buddhism, prayer, disciplines of the walk, how to teach students, and general guidelines. But what is interesting is that there was a 30-minute training on how to teach hand washing to students and children at about 10:00. There was a revision of how to wash hands properly for all the monks. Since I had some A4 posters from FHI 360 here, I gave one to each of the 40 monks. Each of the nine teams of the monks was asked to show how to properly wash their hands with our soap. I guess it was the most interesting part of the training since everyone could get up and do activities.

Training resumed at about 1:30. Mostly guidelines and do's and don'ts were discussed. Older monks shared their

experiences of the previous walks. Then the rest was about logistics and preparation of the materials for students' training the next day. Work finished at about 5 p.m.

The first day of Dhammayietra 22 did not begin with walking. On the first day, monks were divided into nine groups and sent to nine different communities in three sankats. Each group will have to teach between two and four schools on the first day.

The school trainings finished in the morning because some schools within the neighborhood combined their students, so there were only one or two trainings.

In the late afternoon there was another meeting for logistic preparation for the real walk the next day. The meeting was from 4 p.m. to 5 p.m.

Dhammayietra 22: Avian Influenza prevention during the annual monks' peace walk in Cambodia *(Continued)*



The Monks' meeting began early, at 4 a.m., but I joined them at almost 5 a.m.



Monks and materials including soaps were transported on the locally designed vehicles to schools at a distance of less than 10 kilometers.

By 6 a.m., everyone is ready for the adventure, without breakfast yet.



Protecting their community against H5N1 by washing hands was one of the main topics in the student training. The rest were the main concepts of Buddhism, peace and violence, environment, health, and social issues.



The monks demonstrated hand washing while kids were observing carefully before a few of them would be invited to participate.



Training at the first primary school began at 7:40 a.m., and there were about 200 students.



Time for kids to show their skills.

There was not enough soap for everyone, so Syvorn decided to allow the teachers to give soaps to students who really needed to improve their personal hygiene with soap.



The second school was bigger, with about 300 students. When we arrived, around 100 members of the public were also waiting with students.



The public was also invited to practice hand washing.



When it was time to demonstrate hand washing, everyone watched intently.

“To prevent bird flu, washing hands with soap is important, but ash is ok if there is no soap,” a monk said while a student demonstrated hand washing.



Posters illustrating proper hand washing were also displayed at each school.



Plenty of food and drinks were offered to the monks after the training.

Dhammayietra 22: Avian Influenza prevention during the annual monks' peace walk in Cambodia *(Continued)*

March 13, 2012

The walk began at 6 in the morning with monks, lay people, foreigners, and guests. They went around the town before heading to another pagoda about seven kilometers away from the town. We had both breakfast and lunch at the pagoda before heading to another pagoda at nearly a 10-kilometer distance. The total walk on the first day was over 10 kilometers and it was exhausting work. I left the march late afternoon and walked alone about another two kilometers, finding a motor vehicle to return to Samrong, Oddar Meachey. ■



Samrong, Oddar Meachey



The march went around the city of Samrong, Oddar Meachey.



After the town, the march headed up the national road.



People were waiting in the street for the monks to bless them. They also offered food and drink to the monks. But money was not accepted during the peaceful walk.

“May the prayers help you avoid being sick and live in prosperity. But don’t forget to wash your hands regularly, go to the health center when not well, and never use drugs and violence,” blessed the monk while throwing water on the man.



The monks prayed before they could start their very late breakfast and early lunch. Buddhist monks do not eat anything from 12 p.m. to 12 a.m.



Avian Influenza Prevention in Cambodia: Community Forums

By Tongngy Kaing | April 17, 2012

I traveled to Kampot, Svay Rieng, Kandal and Battambang the last week of March and first week of April - just before New Years - to help organize and facilitate community forums on prevention related to bird flu (H5N1 virus).

Because these communities have most recently had outbreaks of the virus or remained as gateways of poultry transportation from other countries, there was a lot of public interest. About 500 people joined the forum in each of the four border provinces, and local TV stations such as CTN, Bayon, and TVK also covered the forums. Since Cambodia was preparing to celebrate its traditional New Year (Chaul Chnam Thmey) April 13 to 15, it was a good time to hold these meetings because during the festival, foods including poultry are being transported to most parts of the kingdom.



The four H5N1 high-risk border provinces where community forums were held.



Super Moan has been an icon to fight against avian influenza. Even children know Super Moan well.



The forum in Svay Rieng was held in a pagoda, just a few kilometers from the Vietnamese border. Authorities said villagers sometimes brought sick or dead poultry from Vietnam, which occasionally contaminates poultry in the village.



Thmor Kol district is about 50 kilometers away from Battambang city center, but road access is very good.

Avian Influenza Prevention in Cambodia: Community Forums *(Continued)*

Experts from the veterinary district office and an official, Dr. Sok Sary from the Ministry of Health in Phnom Penh, attended each forum as guest speakers. The vet demonstrated how H5N1 contaminates poultry and Dr. Sary explained how the virus affects humans.

To humanize the topic, one of the two avian influenza survivors in Cambodia, Mr. Keng Sopheak, also spoke at the forums. He is one of the 20 human cases reported in the kingdom, and shared his experience on how he got the virus and how he could survive the killer disease.

“My aunt was a district health worker, and when I was sick she understood the symptoms because she joined a bird flu training. She then quickly sent me to Calmet Hospital. Then I knew nothing until 20 days later,” Sopheak said in the forum in Kandal while the crowd listened to him in silence.

Bird flu posters and soap bars, provided by FHI 360, were distributed to the forum participants. FHI 360 also sponsored five village health workers and three health officers from the commune, district, and province levels to participate in each forum. The Food and Agriculture Organization (FAO) shouldered all expenses of the forums. The community forums were further actively supported by local authorities and government officials.

Unfortunately, during my trip back from Kandal, a new suspected H5N1 case in Kampong Chhnang was reported. An official press release from the Ministry of Health on April 2 confirmed that a six-year-old girl had died of H5N1. ■

■ About 500 participants gathered for the community forum in Kampot.



■ About a third of the participants in Svay Rieng are students. This is their first time learning about bird flu, according to the school principal.



■ When asked who raises chickens and ducks, some participants raised their hands.

There are more than 500 people in Battambang. The condition of the population here is better than in Svay Rieng, Kandal or Kampot.



At the end of the forum, there is a Q&A session where people can answer the questions to get prize.



To cheer up the participants, Dr. Sary told a joke which made everyone laugh. Some villagers called him Dr. Comedian.



"Playing with paper or plastic birds can't affect H5N1," Dr. Sok Sary of MoH said.



Dr. Son San of NaVRI and Banteay Meas district governor also were guests at the forum.

"Are you ready for Q&A?" Chanthol of FAO asked participants.



A veterinarian from Thmor Kol district presented how H5N1 spreads from one bird to another.

Avian Influenza Prevention in Cambodia: Community Forums *(Continued)*

Village vets and health workers were introduced to the public. "If you see any suspected cases of AI, please report it to us," the blue shirted vet said.

Dr. Sok Sary of MoH described how he saved Sopheak in 2008, and how H5N1 developed in Sopheak's body.

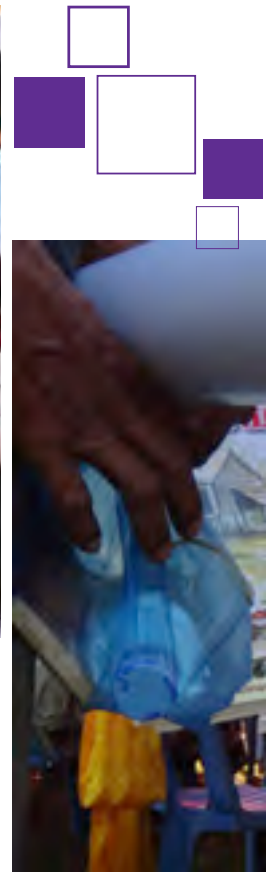


"I am lucky to be alive because my aunt who is a health worker learned about bird flu," said Sopheak, one of the two Cambodian AI survivors.



While participants were watching AI educational spots before the forum started, village vets and students were actively preparing packages.

Sopheak became a star among the audience. When he was sharing his experience, everyone listened to him carefully and quietly.



Messages on the soap bars: Together against Bird Flu in Cambodia: Keep chickens away from ducks, wash your hands after touching chickens or their remains, clean and burn poultry's remains, separate sick chickens or ducks, and keep new chickens or ducks away from other animals for two weeks before releasing them with the old ones.



During the forum, participants listened carefully. "The more we know about AI, the more we know how dangerous it is. I do not usually care about AI, but after this forum, I will be more careful with my chickens," a participant said to his friends.

A village vet gives soap bars to participants.



Keep your new poultry away from other animals for 14 days, the poster reads.



A participant gets this package and some big posters.



Posters like this were delivered to the people. "Report immediately," states the poster.

Posters were very popular among the villagers. "I am going to stick it on my wall at home," a villager said, when asked what he was going to do with the poster.

MID-BCC in Cambodia: Training the Frontlines on Risk Communication

By Cecile Lantican | June 28, 2012

Cecile Lantican, MID-BCC Country Coordinator, Lao PDR, traveled to Phnom Penh, Cambodia to train eight members of the national rapid response team on risk communication from June 20-21, 2012. The participants of the national training will train provincial and district team members to enhance Cambodia's capacity to respond effectively to a H5N1 outbreak.



(Editor's note: minor edits have been made to the author's original report.)

“Avian influenza is still a threat to the health of Cambodians,” said HE Mam Bun Heng, Minister of Health in a joint press release on 28 May 2012 between the Ministry of Health (MOH) and the World Health Organization (WHO).

This joint statement declared the country's 21st human death from the H5N1 virus. This case was the third person who died this year in Cambodia.

The fight against the H5N1 virus in Cambodia is continuing. The government, through the Technical Working Group on H5N1 with representatives from the Communicable Diseases Control (CDC) of the MOH, National Veterinary Research Institute (NaVRI) under the Ministry of Agriculture Forestry and Fisheries (MAFF), and international organizations like United Nations International Children's Fund (UNICEF), Food and Agriculture Organization (FAO), and World Health Organization (WHO), have continually mobilized the rapid response team to ensure that every necessary measure is taken, including surveillance, provision of adequate and timely epidemiological, laboratory and field information, and conducting public awareness campaigns.



A poultry trader transports live chickens in one of the local markets in Phnom Penh.

I travelled to Phnom Penh on June 18 to extend assistance to the current work of the USAID-funded MID-BCC project. Since the first quarter of this year, MID-BCC has provided support to strengthen the communication and outreach campaign of the government to reduce the risk of H5N1 virus.

My role was to train the trainers from the national rapid response team on risk communication. The national H5N1 rapid response team is composed of technical staff from the NAVRI and Communicable Diseases Control, and representatives from partner organizations like FAO and WHO. The team is responsible for taking the first steps in keeping the country under the state of alertness and preparedness in case of H5N1 outbreak.

The training of trainers was designed to enhance the capacity of provincial and district agriculture, health officers and other responsible key players to be on the lookout for any incident related to dying poultry in large numbers and people getting sick from influenza-like illnesses in the community. The training, using a team-based approach, specifically was aimed at building the interpersonal



Trainees analyzing scenarios.



After the training, these national trainers are expected to train the provincial and district rapid response team members.



A participant shares his video.

communication skills of the rapid response team: How to gather information from people in the community that is used to investigate the outbreak and how to communicate accurately and effectively important information to the community and community leaders.

Our local consultant, Mr. Tongngy Kaing facilitated the preparation for the training. Training was held at the Sunway Hotel in Phnom Penh from June 20 to 21.

There were eight participants: three from CDC; three technical staff from NaVRI – all spoke and understood English well; and two Cambodian Red Cross representatives, also good English speakers. The Red Cross' senior program manager even helped me on simultaneous translation for the two participants from CDC.

Except for the representatives from the Cambodian Red Cross, all participants from the two ministries are members of the surveillance and rapid response team. From the classroom discussion it was clear that they were familiar with their roles and responsibilities and how to work together in the community. We invited the participation of the Cambodian Red Cross because

the organization serves as a member of the National Committee for Disaster Management (NCDM) and it has H5N1 virus activities in selected provinces in the country.

I followed the Risk Communication guide developed for the PREVENT Project. I focused on three sections – Forming the Communication Task Force, Working in the Community, and Communicating Effectively – and included interpersonal communication skills. I also highlighted the rapid assessment checklist which provided them with a variety of questions that they may encounter when they talk with people during an outbreak.

We opened the training by asking them a set of questions as a pre-test. The questions were formulated based on the content of the guide. Questions, however, could be answered based on what they encountered in the field before and during an outbreak. Based on the review of the pre-test results, of the eight participants, seven answered well.

Before discussion of the technical sections, I gave them scenarios which were lifted from real human cases in Cambodia. We analyzed the scenarios by answering sets of questions and leading to the technical discussion in

MID-BCC in Cambodia: Training the Frontlines on Risk Communication *(Continued)*

my PowerPoint. With the four scenarios we used, they understood better the concepts being presented.

One of the participants who joined the surveillance team in Kampong Speu before the pronouncement of the 21st human case of H5N1 shared his video – documenting the rapid response team’s experience of communicating with the people and asking for village cooperation to contain the disease.

As my baseline – to observe their usual practice in the field in gathering information from people – we had a field visit to the Central Market in Phnom Penh. I divided the group into two groups, with each composed of one health officer, one agriculture officer, one communication officer, and one administrator/logistics officer, as prescribed in the training guide. Participants were asked to compose their own script, talk with people in the market, and do some interviews and practice the messages found in their training handouts. The outcome was to help them determine what they learned and if there were gaps in how they talked to different people during their investigation.

The teams were reminded of the basic premise in risk communication. They were encouraged to identify themselves with the people and tell the people why they were there.

The teams interviewed slaughtered chicken vendors, clothes/shoes sellers, jewelry and gold seller, travelers, and sugar cane juice seller. They learned that most people are aware of avian influenza; they heard about avian influenza on television. Most of the people they talked with knew the basic prevention measures but did not know the symptoms of the disease.

The sugar cane juice vendor shared that her family in the province raised backyard poultry. The family experienced

dying birds every day. The family buried the dead chickens, but their neighbors who also had dead chickens cooked them. Her family was afraid of cooking the dead chickens because they heard about avian influenza on television.

One team asked the lady vendor, “Where do you get your chicken? If you do not raise them yourselves, how do you ensure that you slaughtered the healthy ones? Have you heard of diseases in chicken like prak sai baksai (bird flu)?”

At the end of the interview, the team learned that the chicken seller was not aware of the risk of avian influenza when she slaughters poultry. She never cares to protect herself from possible infection.

We spent two hours in the market. Back in the training room the participants discussed their experience, identified their gaps and limitations, and analyzed the situations they encountered. Their experience in the field will be utilized in group sessions and practice during the provincial training in July 2012.

The team found the market interview difficult because they did not have much time to practice the questions in the training room. It was my purpose not to give them much time because I would like to observe their “usual practice” before my presentation on interpersonal communication skills. They admitted that the field work was interesting despite the hot weather.

Mr. Hang Chansana from the Cambodian Red Cross expressed that the market exercise, which exposed them to a situation similar to a possible disease outbreak, was an important part of the training. In the field work, they were engaged. They learned by “doing,” as he called it. And the sharing among the participants of their experiences, their thoughts, and opinions was very educational and

This team asked the sales ladies if they heard about people getting sick of influenza – like illness. Two members of the team came from CDC and shared information about symptoms of H5N1 infection in humans.



This team provided the poultry vendors with information on how to prepare poultry and to cook poultry meat well.



The participants from the Cambodian Red Cross assisted Mr. Kaing on logistics for the provincial training.



On the last day, the participants were excited to receive their training certificates.

informative. They learned from the discussion. Talking with people of different backgrounds was a good exercise for him to learn, he added.

Dr. Sotheara Nop of the USAID Mission in Cambodia came in the afternoon on the second day and provided input on how the trainers could fill the knowledge gaps of health care workers on the clinical symptoms of H5N1 infection in humans. He stressed the need to utilize the technical input of both ministries and add a session on clinical symptoms (recognizing the signs) of the disease.

The training participants helped in finalizing the training plan for the provinces – Kampong Speu, Battambang, Kampot and Bantay Mencheay.

In closing, they expressed their all out support for the forthcoming provincial trainings. For me, this is not yet the closing – this is the opening of an opportunity for them to commendably perform the skills they gained from this training.

I found the three-day training very tough because I did not have much time to further coach the trainers. But I have high hopes that the trainers will be able to implement the training plan in July. ■

MID-BCC in Cambodia: Training the Frontlines on Risk Communication, Part II

By Cecile Lantican | June 28, 2012

The following blog is the second part of the earlier post, MID-BCC in Cambodia: Training the Frontlines on Risk Communication.

With support from the USAID MID-BCC project, after the TOT in Phnom Penh, the eight national trainers from the Communicable Disease Control Department of Ministry of Health, National Veterinary Research Institute of the Ministry of Agriculture, Forestry and Fisheries, and Cambodian Red Cross planned the cascade training. The main purpose of the plan was to train provincial and district agricultural staff, veterinarians, hospital health staff, private clinicians, pharmacists and pharmacy clerks, and village volunteers from four provinces – Kampong Speu, Kampot, Battambang, and Bantay Mencheay. These provinces had a history of bird flu outbreaks and human fatalities.

On July 3, Khoukham Xaymounvong and I traveled from Lao PDR to Phnom Penh, Cambodia to provide technical oversight in the conduct of the cascade training in Kampong Speu. From the airport, we traveled about 48 kilometers, an hour drive, before we reached the Provincial Health Department where the training was held. The main road has an excellent transport infrastructure; before, it was dirt road in 2008, my first time to visit the place with the FAO team.

Kampong Speu is home to a significant number of manufacturing and industrial bases. Along the road, we noticed about a thousand young laborers, mostly women, coming out with banners from a garment factory. The driver told us that these factory workers were leading a massive strike because they were demanding raises and benefits from the company.

The province recorded a poultry outbreak in 2006 and the fourth human fatality from H5N1 in the same year. In May



This is the Kampong Speu Provincial Health Department office. The training was held on the second floor of the building.

of this year, the province also registered the 21st human case of H5N1.

Of the eight trainers trained in Phnom Penh, six joined the Kampong Speu team. They arrived at the province one day before the training to prepare themselves and discuss team work and how to manage group sessions. On top of the logistic support was our coordinator, Tongngy Kaing.

There were 38 participants – 17 veterinarians and 22 health staff. Of this total, there were four women (two veterinarians and two community organizers from the Cambodian Red Cross).

At the end of the day's session, I seized the opportunity to ask the trainers about themselves. I asked them about their impressions of the training – what is feasible and what is difficult for them.



■ Ms. Dim Vantha is the Project Officer of the Cambodian Red Cross Community-based Health and First Aid Project in Kratie Province. Before her stint with the Cambodian Red Cross she worked in an orphanage managed by a local non-governmental organization.

She manages project activities on diarrhea, dengue and malaria, acute respiratory infection, water and sanitation, and mother and child health. She facilitated the technical session on interpersonal communication.

“My academic background was accountancy. When I joined the Cambodian Red Cross, I received training on epidemic control. Our training on risk communication at Sunway was my first training on communication. After our training I did not have the confidence that I could be a trainer. My work in the community was more of coordination with local authorities and partners to implement our activities. I had some fears that I may not be able to meet the expectations of the team. Before I left for Kampong Speu, I received a lot of prodding and encouragement from my supervisor in the office.”

I asked her again, “How did you find handling the session on interpersonal communication skills or IPC?” She replied, “It was not easy. I was fortunate to work with Mr. Chansana on this session. He guided me to deliver the session. I learned from him who was more experienced in this work. I received advice from other trainers, too. I really appreciated the teamwork. After yesterday’s session, I felt better. From other trainers, I understood well about the disease and our key messages. I saw other trainers perform. Now, I feel more confident to deliver my next session.”



■ Mr. Mak Chanthol has served as a project staff of FAO Cambodia. He was hired by FAO in 2006 and was deployed at NaVRI to support the communication needs of the institute. His academic background was in animal

health and production. He is now a member of the Communication Task Force of the Department of Animal Health and Production. He leads the avian influenza community forum supported by FAO and NaVRI. He facilitated the sessions on: (1) the avian influenza situation in the country and Kampong Speu, symptoms of AI in birds, and prevention of/protection against the disease in birds; and (2) Forming a Communication Task Force – Roles and Responsibilities.

Mr. Chanthol shared, “From our TOT in Phnom Penh, I was amazed that we have moved the provincial training so fast. Early on, I had some doubts that we could get the team. We have different levels of understanding the content areas of the training, and different experiences considering the offices we come from. Before the training, the team discussed slight changes on the agenda which we agreed on during the TOT. As a trainer, I believe we need to learn more in every training we do. Each training that we conduct should serve as an opportunity for us to learn more. I personally believe that training in other provinces should continue, but there is a problem of lack of government funds to finance the activities.”

MID-BCC in Cambodia: Training the Frontlines on Risk Communication, Part II *(Continued)*



■ Mr. Hang Chansana is the head of the Emergency Health Unit of the Cambodian Red Cross and concurrently the Program Manger of the Community-based Health and First Aid Project in Karatie province. Mr. Chansana attended the AI-BCC interpersonal communication skills training

workshop that was conducted by AED in 2008. AED implemented USAID's AI-BCC project in Cambodia from 2006 to 2008. He facilitated the role play and scenario setting for interpersonal communication skills.

“I feel great about our training. This is the first time that district agriculture staff and health staff attended an avian influenza training together. We at the Red Cross have been advocating for more engagement of the government people to move into action the “One Health” concept. This training is essentially a manifestation of promoting this concept. I heard from the participants that this was their first time to be oriented on the importance of communication in their work. Indeed, it was the first time in this province that district staff from the animal and health centers talked about the issue of bird flu together. As the IPC facilitator, I was happy to see participants catching up slowly with our communication content. I was happy to see that the members of the training team, despite diversity of experiences, shared their ideas and helped one another. The Cambodian Red Cross is always open to provide community mobilization support for emerging pandemic threats or any event of disaster. Since AED trained us on IPC in 2008, we have been training our own people in the field. However, sometimes we're limited to do so because of the project donor priorities.”

On the venue of the training, Mr. Chansana noted, “I hope similar trainings like this should be conducted at the village level. We can observe participants' reaction and performance better in an environment that is close to them.”



■ Dr. Sok Sary works at the Communicable Disease Control Department of MOH as a surveillance officer and investigator during outbreaks of avian influenza, diarrhea, H1N1, dengue and malaria. He provides oversight and supervision to the Kampong Speu provincial health

department. He served as the resource person for the sessions on the H5N1 situation in Phnom Penh, symptoms of AI in humans, and how to protect oneself from contracting the infection.

“I am amazed that we were able to put together in one meeting the agriculture and health staff of the province. It was our first time to train them like this and all districts of the province were represented. Today, we have stressed the importance for them to communicate, and share information immediately once a suspected case of bird flu outbreak is probable. The attendance of the private clinicians and pharmacy operators and their clerks was also important. They too have a key role to play in reporting and referring probable cases of bird flu infection in humans. However, I am not quite sure how much they can remember about the information we provided. Two-day training is too fast. Our people in the health department seldom get updated on technical know-how. I hope they better understand the course purpose. I am also concerned that after this training, how we can monitor them. This is an issue that we have not settled yet.”



Mr. Sem Tharin works in the Laboratory Inspection unit of NaVRI. During the bird flu outbreak he joined the surveillance team to collect samples of dead and dying birds in the community. The TOT on risk communication made him understand why people were reluctant to cooperate with them during an outbreak.

“The TOT made me realize the importance of the manner we approach the people, how we communicate with them when we get their animals without giving compensation in return. I may have technical knowledge about the virus, but never got a chance to explain its danger to people in a manner that they could understand it and therefore would take the necessary action to protect themselves. The TOT called my attention how to be more organized in my field work and listen to people. I learned from other trainers. But I learned more from the district people who shared their thoughts and experiences today. Duration for the training is too short. Given the number of participants, we should have divided them in much bigger space to allow more interaction among them. It was their first time to experience this learning process. I think they have more ideas to share, especially those who came from villages with H5N1 outbreaks.”



Trainers in Action

Participants were divided into groups and were tasked to discuss and share their insights on basic concepts – communication, interpersonal communication, usual habits, and behavior change. This is the leveling off exercise before the technical input so that trainers would know what the participants know and what do they understand about communication in their context and experience.

The participants demonstrated how they can mobilize community leaders and join a community forum in an event of an outbreak. In the role play, two members of a community council used communication materials to stress the message of reporting.

MID-BCC in Cambodia: Training the Frontlines on Risk Communication, Part II *(Continued)*

Trainers in Action *(continued)*

The scenario also demonstrated how interpersonal communication takes place in a group interaction, making use of communication materials where there may be a large number of individuals involved in a communicative act.



In a smaller group, the participants demonstrated the working relationship among district veterinarians and health workers who

were tasked to compose the rapid response team. In the scenario, one participant who assumed the role of the communication officer from the district health department showed the clear message that the team should remember when they share information



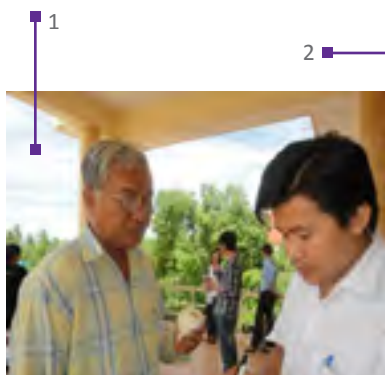
with the community. The scenario enabled the participants to understand better the communication roles and responsibilities of the rapid response team.

This scenario showed the communication act between a village chief and a village veterinarian. The man in striped shirt, the village chief, heard about reports of dying poultry in his village. Being responsible to his village, he was asking the village veterinarian (man in white long sleeved shirt who is a real agriculture officer and knew H5N1) about the technical description of symptoms of H5N1. The village veterinarian discussed the symptoms and shared the message of prevention against avian influenza. One observer was taking down notes on the conversation that was taking place - noting the accuracy of the message,



listening skills, skills of questioning and probing, and non-verbal communication skills of the village veterinarian.

On the third day, we did a half-day orientation of private clinicians, pharmacy owners and pharmacy clerks. Twenty-eight participants attended out of the 20 expected invitees. There were 14 males and 14 females. The purpose of this orientation was to provide the participants with correct knowledge of the disease, its symptoms, prevention, and reporting/referral of cases prescribed by the government. According to reports, in most of the human cases that occurred since 2006, patients were misdiagnosed when they sought medical attention. I requested Tongngy to help me interview some participants.



Tongngy asked Dr. Yem Run (on the left), 62 years old, who runs a small clinic in the town about his impression of the activity.

“I find the orientation

useful. The information provided both by the speaker from the health officer from CDC and the agriculture officer from NaVRI is very useful. This is my first time to hear such details of the disease. In my practice, I most of the time have treated cases of seasonal flu, but not experienced seeing the clinical symptoms of H5N1.”

We also asked a village health volunteer who came from Toul Sala village, Borseth district. This was the same village where the 21st case of H5N1 in humans happened.

She is Ms. Ven Nem, (on left) 32 years old, who has been a village health volunteer for almost four years. She shared with us, “There was information about bird flu in the village. Together with the district health office, we warned the people, but they do not listen to us. The 21st case was a relative of mine. Now, my family has been careful. This meeting is very useful to me. I have learned many details about the symptoms and how to protect ourselves.”

This young lady volunteered to talk with us. She is Saing Chan Noun, 22 years old, and working as a pharmacy clerk



Here she is, the next topic of my blog, maybe in my next visit to Cambodia.

with her auntie who runs a drug store in the vicinity. She expressed that this orientation was helpful and important for her. Based on her experience, people just tell her the medicine they want to buy. Given the information on the symptoms of the diseases, she was now aware that she should ask clients first about their problem before selling them the medicine that is asked for..

Wrapping up!

The success of conducting the risk communication training depends on many factors -- preparation, logistics, teamwork, learning environment -- but more important considerations are the background and training skills of the trainers. In the Kampong Speu training experience, the trainers exerted effort on showing what they can deliver to make people understand how to communicate the risk of H5N1 in different ways. In simple role plays of outbreak scenarios, they showed how interpersonal communication occurs within other contexts like groups and organizations. Seeing the trainers in action, I believe their interpersonal communication skills can be improved through knowledge, practice, feedback, and reflection.

At lunch time, we had our taste of Cambodian exotic food in a nearby local resort. We waited for more than 30 minutes before the chef was able to cook our food. The lunch was sumptuous. However, we were surprised by the coming of one more guest. ■

High Risk Communication Training In Battambang, Cambodia

By Dee Bennett | July 27, 2012

The MID-BCC Project is conducting a series of risk communication trainings for animal and human health district and provincial providers in four provinces in Cambodia. Dee Bennett, MID-BCC Project Director, and Trudy Farnum, Operations Manager, visited the Battambang Province training held on 17-19 July, 2012. They traveled from Siem Reap and Phnom Penh, respectively, and met with Tongngy Kaing, MID-BCC's program consultant, where they reviewed logistics as well as observed the training. Following is a blog by Dee on observations and overview of this training activity.

(Editor's note: minor edits have been made to the author's original report.)

Battambang, Cambodia

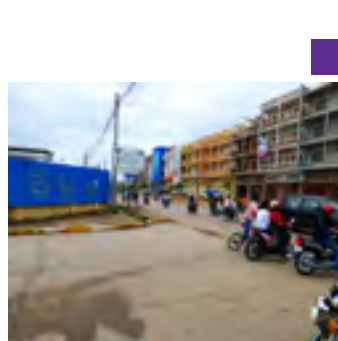
Battambang is a bustling and booming town. Construction is everywhere and semis roll through town at all times of the day and night. I can hear them rolling through town because we are on a major through road and the drivers sound their airhorns at 2 a.m. as if it were 2 p.m. Unlike Siem Reap, which is charming and based on a tourist economy, there is energy and a commerce-feel in Battambang.

When we arrived in town I got out of the car to hear a Call to Prayer from the local mosque. Had to adjust...not something I'm used to hearing here. It also was the sitting for the national exams for Khmer school students. I heard a miked announcement reminding students as they return from break – “No papers. No documents on your bodies.” In other words, no cheating. Several participants at the workshop have children taking the exams so they are anxious for them.

Workshop

Tongngy Kaing has done an excellent job on logistics. The hotel is new and efficient (Chinese-funded and Khmer-

Temple near the hotel is a mixture of Hindu and Buddhist. Yes, it is disconcerting to see Buddha with Ganesh.



built) and we are based in a large conference room. It gives us room to accommodate the 38 participants plus seven trainers and our staff, as well as an area to break into work groups. The hotel staff is very efficient and accommodating.

The workshop's initial purpose was to prepare human and animal health workers on risk communication because of the new outbreaks of H5N1 virus. However, as we have developed the workshops, there is additional value to what we are doing.

First, these trainings have brought together – and in some cases for the first time – providers from the Department of Animal Health and Ministry of Health. Lot of emphasis here placed on that happening. These trainings are focused on communication and it is exciting to see it is not an afterthought or add-on. It is on center stage...and that's nice.

This is a community-level activity. It reaches providers that are on the front lines and generally do not have access to training (especially on communication) or to current information and materials. Participants came from as far away as 130 km and represent communes and districts from throughout the province.

And in the end there will be experienced Khmer trainers that are equipped to do this training in other provinces and for other public health issues.



The seven trainers, above, joke and strike a pose for the camera, below.



When you compare these accomplishments to what USAID Forward wants to accomplish, it is impressive. These trainings will lead to sustainability and it is building capacity of partners and counterparts.



The attention to women-focused activities and gender is not there. We should look at what keeps women from participating. Is it family responsibilities, being away from home, not in position of responsibility, seniority? We need to see how we can ease those obstacles so more women are included.

One Health and Other Health Issues

The training session was opened by Chou Seuth, Technical Head Officer of Battambang Public Health Office, and Long Phorn, Battambang Agriculture Provincial Deputy Director. We had 17 vets from MAFF and 18 health officials from MOH.

The concept of One Health was key in the welcoming statements by the government officials. ASEAN just met in Cambodia this past week and communication was a key focus as was “One Health” and multisectoral collaboration. One Health was the buzz among the trainers because this workshop is actually doing it.

The vets and health providers have been working in districts and most are familiar with the H5N1 virus. Cambodia has had a resurgence the past year including the deaths of several Khmer. These deaths and outbreaks have renewed an interest in H5N1 prevention – why we are here

– but also underscores the need for preventative measures and plans.

Before we came to Cambodia there were reports of the mysterious deaths of 60-plus Khmer children. These deaths have drawn worldwide attention as authorities have tried to sort out what is causing them. There have been speculations and hypotheses among "experts" but until the government of Cambodia with WHO make a statement, it is still up for professional opinion.

Quick Snapshot Assessment

The seven trainers come from the government of Cambodia – two from the Centers for Disease Control (MoH) and three from Ministry of Agriculture, Forestries and Fisheries (MAFF) – and two from the Cambodia Red Cross. They are overall experienced trainers. One person from MAFF actually worked with AI-BCC early on in Cambodia. For this training the master training was conducted in Phnom Penh by Cecilia Lantican, country coordinator, Lao PDR, MID-BCC. Noi Xaymounvong, a member of our technical staff in Lao, observed the first two trainings. The trainers said they felt more confident in their training with each event. And, they feel that they

High Risk Communication Training In Battambang, Cambodia *(Continued)*

have grown with each one. You can see it in the way they conduct the sessions and also in their ownership of the meeting.

My worry in any training is too much lecturing and not enough interaction or involvement by the participants because you don't learn when you are bored or not engaged. It is easy even for the best and most interactive training for boredom to set in. It is very Western to want everyone to participate...not so much in other countries. There is participation late morning. I think it needs to move up earlier and recommended moving one of the afternoon activities early in the morning to hear from the participants early.

There is lots of on-the-ground experience in this room and we should take advantage of it.

In the end, we want to help them do their job.

For the American People

USG is very explicit. They are the stewards of U.S. taxpayers' money and they want quality products and services for bargain basement prices. Their name is on it: USAID and in the case of USAID they note that it is "From the American People." American People don't want to pay for junk. They also don't want to break the bank. Finding that balance makes us all into great bargainers and also discerners of good products that USAID and USG can be pleased to say it is From the American People.

This concept is a work in progress.

What is Next

In our debrief I asked the trainers what they wanted. They wanted three main things:

1. The training extended to all 24 provinces. We can ask, but it depends on funding and focus. I'm willing to raise it
2. Refresher training. That one's easy. Our staff will be in Cambodia for the next training and she will also conduct a refresher training for the trainers at the end of the training.
3. One Health and multi-sectoral issues converging under an ad hoc communication committee. This is less of a question but a heads up – communication is now part of an ad hoc committee that in two years will become a permanent committee. Having these skills and experience is a benefit for Cambodia and contributes to One Health

Helmet

A law has been passed in Cambodia that scooter drivers must wear a helmet. I saw police pull over a young woman on a scooter who did not have on a helmet...her expression was classic. She knew she had been caught.

Problem with the law is that it does not spread to the passengers on the scooters. So you can see a family of four on a scooter and the driver wearing the helmet.



Great policy – like to see it extend to passengers, too.

Team Bird Flu: Soccer in Cambodia

Most weekends, Team Bird Flu can be found competing in a friendship soccer match in Phnom Penh, Cambodia. The



Team Bird Flu in their new uniforms



Team Bird Flu in action in a friendship match against Team Fed Ex May 26, 2012 in Beng Keng Kang, Phnom Penh, Cambodia. Team Bird Flu was defeated by Team Fed Ex by a score of 4-3.



USAID, through FHI 360, provided 287.50USD for the new team jerseys. The "Super Chicken" Logo on the front reads "Only you can stop Bird Flu".

team was originally established in 2007 as Team Lawyer 7, but became Team Bird Flu in May 2012 to promote awareness of avian influenza and prevention measures to the public. USAID, through the FHI 360 Cambodia Office, funded new team uniforms featuring the "Super Chicken" logo designed under USAID's AI-BCC project, the predecessor to MID-BCC, and revived for MID-BCC's current work. ■

Chanthol Mak, the team captain wrote the following:

On behalf of Bird Flu football team, I would like to say thank you very much to USAID/ FHI360 for sponsoring our team and I hope that USAID will continue to support our team activities in the future.

Welcome everybody to become our teammates.

Team play every weekend on Saturday or Sunday.

With best regards,
C. Mak
BFT representative
29 May 2012

One Community, One School, One Health

By Cecile Lantican | June 4, 2012

Cecile Lantican, Ph.D., MID-BCC Country Coordinator Lao PDR, supported a teacher training on the Lao government's Guidelines on Prevention of Infectious Diseases in School in Luang Prabang May 21-23. The workshop was attended by 32 teachers, school administrators and health care workers.



(Editor's note: minor copy edits have been made to the author's original report)

In our past community-based activities in Lao PDR, we learned that the village teacher as a community leader is at the center of community development activities among village people. The village teacher is able to motivate people and earns respect in the community.

What is the role of teachers in preventing the spread of infectious diseases and reducing possibilities of disease outbreak? This is an interesting question with an interesting answer that I would like to share with you this time.

During the first through the third week of May, MID-BCC assisted the National Emerging Infectious Diseases Coordination Office (NEIDCO) in Bokeo, Luang Namtha, and Luang Prabang in training school teachers in key messages and techniques for discussing communicable diseases among students in secondary and high schools. In Lao PDR, the age of students in the secondary school ranges from 11 to 13 years old, while those in high school are 14 to 17 years old.

Our main purpose in providing technical assistance to NEIDCO was to expand the discussion of infectious diseases through the education sector. The education sector is a member of the multi-sectoral group which has supported the national plan and strategy for infectious diseases of 2011-2016. Through this intervention, we would



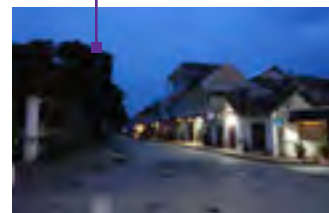
like also to help improve the interpersonal communication skills of teachers --- help them step beyond the usual instructional methodology of primarily lecturing to students who sit in rows at desks, dutifully listening and recording to what they hear. Improvement of their interpersonal communication skills would help them to confidently and accurately deliver the key messages of infectious disease prevention.

From the gains of avian influenza and H1N1 experience, the government of Lao PDR came up with the Guidelines on Prevention of Infectious Diseases in School. The guidelines provide general principles and guidance to school administrators and teachers to open discussion of infectious diseases in class. It also provides suggested actions for how to prevent infectious diseases in the school, and how to manage and report cases of infectious illnesses to the health care center or hospital. The guidelines discuss 30 infectious diseases, among which include avian influenza (H5N1 virus), H1N1 virus, dengue fever, and malaria. The activity was strongly supported by the Ministry of Education and Sports (MOES).

Mrs. Phomsy's office is in one of the rooms on the second floor of this building, the training center of the Provincial Education Department, located within the school grounds of the Santhiphab public school. The training was conducted on the ground floor.



The city, so quiet before sunrise, while waiting for the gong tolls that signal the coming out of the monks from the temples.



On my left side was Mrs. Phomsy, the director of the high school division of Santhiphab School, before she became the provincial deputy director.

NEIDCO commissioned the national IEC Task Force to lead a three-day training for teachers and officials in three provinces – Bokeo, Luang Namtha and Luang Prabang. I joined the national team in Luang Prabang on May 21-23.

It was raining when the plane touched down at the Luang Prabang airport. It was the same weather when our team visited Luang Prabang last year in July to conduct the community leaders training at the cross border district of Phonexay.

Our first stop was at the office of the Provincial Education Department. We had a briefing with Mrs. Vanna Phomsy, Deputy Director of the Luang Prabang Education Department. She expressed her warm welcome to us and shared that her department was prepared to host the training.

Luang Prabang was one of the priority provinces of the AI-BCC Project in 2006. Its airport serves both domestic and international flights. The government marked it as a critical point of entry for infectious diseases.

Under MID-BCC (funded by USAID RDMA), we have continuously provided assistance to the province on risk communication for avian influenza and other infectious diseases. MID-BCC has established a long-standing relationship with the provincial Department of Agriculture and Forestry and provincial Department of Health, first engaging district staff from both sectors to train and mobilize community leaders to reduce the risk of avian influenza and pandemic H1N1 in 2009. It also trained the Lao Women's Union's Luang Prabang chapter on the use of SMS technology in monitoring and reporting disease outbreaks.

One Community, One School, One Health *(Continued)*

This technical assistance to NEIDCO was our first direct engagement with the provincial education department.

The province is in the central north of Lao and shares a border with Vietnam. It is a UNESCO World Heritage site, and is a home to Hmong, Khamu, Tai Lue, and Lao ethnic groups.

The city is known for its numerous Buddhist temples, monasteries, and French colonial architecture. Early morning every day, hundreds of monks from the various monasteries walk through the streets collecting alms.

The Training

There were 32 participants, equally divided between teachers, school administrators and health care workers. They represented five districts of the province. Of these participants, seven health care staff had attended the API (avian pandemic influenza) and H1N1 influenza virus training conducted by us in 2009. Of the 32 participants, 11 were women. In the province, there was an observed gap between men and women in terms of equal opportunities to assume a position in the government service.

The training was officially opened by Mr. Kham Phone Sibounheang, Vice Director of the cabinet of the Ministry of Education and Sports (MOES). He underscored the importance of the activity in relation to the ministry's strategic objective of being globally competitive. The making of the guidelines for infectious diseases in school was strongly supported by the national leadership.

Hence, he said, "The guideline's implementation should not only manifest results among our students in schools, but also transcend the knowledge and practice of infectious diseases prevention in communities where they live." Deputy Director Mrs. Vanna Phomsy welcomed the participants and put in context the purpose of the training. The school and teachers have a big role in reducing the risk of infectious diseases.



"We can produce more educated citizens of Luang Prabang if we keep our students healthy. Our school should provide the enabling environment to provide knowledge and practice of good health – the key to producing healthy students and good teachers in the future," she stressed.

CIEH Deputy Director Mr. Phoumy Bodhisane provided the link of this activity to the national plan and strategy for infectious diseases of 2011-2016.

The lead facilitators were Ms. Wassarinh Chounlamany and Khounkham Xaymounvong.

Participants were grouped together – school administrators and teachers with health care workers. The health care workers provided the technical guidance for the diseases being discussed while the school administrators and teachers identified ways and strategies that they can integrate the infectious disease guidelines in the classroom and outdoor activities of the students.

At tea break, I had the opportunity to interact with the participating teachers. I listened to their expectations of and reactions to the training. From their stories, I also gathered some insights about teacher education and the profession in this country.

The education system in Lao PDR is grade and curriculum-based and relies on textbooks. Teachers use lesson plans to facilitate student learning. Thus, in this training, school administrators and teachers were challenged to identify



Our team was composed of (from left): Ms. Siphay Vongsautham from CIEH; Ms. Wassarin Chounlamany from MOES; Mr. Kham Phone Sibounheang, Vice Director of Cabinet of the Ministry of Education and Sports (MOES); Cecile Lantican from FHI 360; Khounkham Xaymounvong, FHI360 training specialist; and Mr. Phoumy Bodhisane, Deputy Director of CIEH under the Ministry of Health.

strategies to integrate the guidelines on infectious diseases in their curriculum and lesson plans.

Acharn (which means teacher) Chantone Souriya teaches geography and history in the district high school of Phonexay. He teaches more than one subject because the number of teachers in the district is not enough to cover 800 students from year six to 12.

I asked Acharn Chantone, “How do you integrate infectious diseases in your history and geography in your classes?” He replied, “In history, students learn about past and current events that created impact on their lives, in the society. Pandemic outbreaks also become part of history. But we do not teach students only to remember history; we encouraged them to be more critical of historical episodes and draw lessons from these events. In geography, our students learned places and communities where we live and work; why changes occur in our communities; how our individual and societal actions contribute to those changes. Along this premise, I would say, our students can make choices in managing their health for their future.”

I interviewed Acharn Bounlath Slilath, who has been the district education supervisor in Nambak for 15 years. He was an elementary classroom teacher for 11 years before

he became district supervisor. To date, he supervises 400 teachers in elementary and high schools. He provides oversight to teachers’ performance in 86 primary schools, five secondary schools, and three high schools.

Acharn Bounlath shared that all teachers are obligated to update their lesson plans. Integration of the prevention measures to lesson plans by all teachers under his supervision would benefit 16,604 students.

In 2008, Nambak district recorded a bird flu outbreak in ducks. AI-BCC trained community leaders as trusted sources of information on bird flu in 2009. In the same year, we also reached out to this district to help in the government’s H1N1 vaccine campaign. I was trying to imagine and compare the reach of teachers under Acharn Bounlath’s supervision versus our technical assistance to train selected community leaders.

I also had the chance to meet Acharn Sounthone Keosovan, the Director of the High School Division of Santiphab School in Luang Prabang. This is the national and biggest public high school in the province. Acharn Southone was a high school teacher for 10 years in Santhiphab School before he became the Director. He still teaches but assumes lesser teaching loads.

One Community, One School, One Health *(Continued)*



■ This is the Santhiphab school ground. Acharn Sounthone provides oversight to a teaching force of 193 teachers from year six to 12, with a student population of 3,600.



■ Interviewing Acharn Bounlath Sliilath



■ Interviewing Acharn Sounthone Keosovan

I asked Acharn Sounthone, “How do you sustain motivation of your teachers to integrate in their performance this type of training?” His answer: “As a school administrator, I always consider and include in the teachers’ development/training program their attendance in this type of training. Therefore, we have a way of monitoring their performance after the training. Also, I am involved in updating our high school curriculum. As such, I can request these trained teachers to share and re-echo about their experiences. I believe it is not difficult to integrate infectious diseases in our work because HEALTH and EDUCATION are linked together.” He did not have a chance to elaborate on his statement because tea break was over.

Imagine a school where the educational environment isn’t confined to the classroom, but instead extends into the home and the community and around the world. Information on infectious diseases isn’t found primarily in books; it’s available everywhere in bits and bytes from concerned sectors.

I was once a teacher in my own country. I personally believed that this intervention was one example of instructional innovation. Teachers should be aware that the curriculum must relate to students’ everyday lives.

My interview with the teachers of Luang Prabang made me reflect on the hundreds of teachers who were rethinking every part of their jobs – how to ensure the health of their students, their families, and the community; the tools and techniques they employ; and the form and content of their curriculum.

Their role to keep the students and community safe from infectious diseases was an enormous challenge. I was again reminded of the Towards a Safer World framework. The key was INTEGRATION. Teachers and the school in this province were duty bound to integrate in their jobs the guidelines on infectious diseases as they guide their students’ abilities to seek, understand, and use knowledge; to make better decisions in their personal lives, and to value contributing to society. But what preparation do they need?

Dr. Bounlay Phommasack, Director of NEIDCO, was present on the second day of the meeting and made an appeal to all the participants, especially to teachers to prepare the school and the community for any pandemic threat from infectious diseases. He did not make specific recommendations on preparation mechanisms but I am confident that he was thinking of the creativity of the education sector on how to translate the guidelines into action and make these doable and operational in the school system. Regardless of other issues, teachers in Luang Prabang would see themselves now not only as masters of subject matter such as history, math, or science, but also teachers who would increasingly inspire students and the community to be free from infectious diseases and have a healthy life. ■

Strengthening the Risk Communication Capacity of Cross-Border Provinces: Savannakhet and Champassack

By Cecile Lantican | June 2012

This is part of the Thai-Lao Friendship Bridge on Savannakhet side.



A resettled community at the border of Luang Namtha and China. This community depends on swidden farming for livelihood. Health care services are not readily available in the village.

This is the Chong Mek - Vang Tao checkpoint from the Thai side.



(Editor's note: minor copy edits have been made to the author's original report)

Risk communication is an essential element of disease outbreak management. In the 2011 – 2016 Lao PDR National Plan on infectious diseases, risk communication is one of the strategies to make the plan operational.

Lao PDR is a landlocked country that shares porous borders with China, Vietnam, Thailand, Cambodia and Myanmar. The legal and illegal crossing of food products, animals and people across these borders, coupled with the challenge of geographical isolation, heighten the risk of infectious diseases transmission.

Most people are poor and many live in remote mountain areas, making them hard to reach for intervention. An outbreak is more likely to happen around urban cities where densities of humans and poultry are high and movements

of people and poultry are frequent. However, poor people are often among those most vulnerable and bear the most severe consequences of an outbreak.

The Lao government was a signatory to the 2001 Mekong Basin Disease Surveillance (MBDS) cooperation along with the following countries: Cambodia, China, Myanmar, Vietnam and Thailand. This Mekong cross-border cooperation was aimed to accelerate the preparedness of these countries through strengthening collaboration in relation to public health emergencies of international concern.

The two provinces in the south – Savannakhet and Champassack – share borders with the provinces of Mukdahan and Ubon Ratchatani in Thailand, respectively. The point of entry between Savannakhet and Mukdahan is the Thai-Lao Friendship Bridge No. 2, whereas the Chong Mek – Vangtao checkpoint connects Champassack and Ubon Ratchatani.

Strengthening the Risk Communication Capacity of Cross-Border Provinces: Savannakhet and Champassack *(Continued)*

The USAID funded MID–BCC Project, or “Communications in Change for Infectious Disease in Greater Mekong Sub region,” has been provided funding to work with partners to implement a program focusing on reducing outbreaks of avian and pandemic influenza (API), malaria, dengue and other emerging pandemic threats (EPT) in the Greater Mekong Sub region (GMS) countries, including Lao PDR.

Savannakhet and Champassack were among the provinces that demonstrated a model of an effective cross-border collaboration involving other sectors apart from health. Since 2004, Savannakhet and Chammpasack (with their counterpart Thai provinces, and Mukdahan and Ubon Ratchatani, respectively) have implemented cross-border information exchange on infectious diseases. On avian influenza and pandemic preparedness, they implemented a 24-hour, weekly and monthly reporting regarding deaths of chicken or unusual events in poultry. The provincial health departments of the twinned provinces initiated capacity building of their health staff on disease surveillance and outbreak response.

In November 2011, MID-BCC supported a two-day information sharing workshop among the four provinces. This activity allowed the provincial health departments of the cross-border provinces to share information about their communication-related activities, materials, and messages. The activity was envisioned to strengthen the district level capacity/relationship for cross-border collaboration on surveillance and response for significant communicable diseases in the GMS.

During these workshops, participants identified their need for a training on risk communication. Participants expressed that better understanding of risk communication principles and planning practices between the two countries will further strengthen and sustain the sharing



Champasack Health Department Deputy Director (Right). Dr. Somkiet Voralat (Left) gives his welcome remarks.

of information on avian influenza and other emerging infectious diseases.

From May 29 to June 1, I and my colleagues – Khounkham Xaymounvong, Siamphone Mahindorathep, and Rujita Panyee from our Regional Office in Bangkok -- facilitated a risk communication training for select government staff from Savannakhet and Champassack (Lao side) and Mukdahan and Ubon Ratchatani (Thai side). The training was aimed to prepare members of the surveillance and investigation teams to plan a communication response --- effectively communicate control measures to contain an outbreak and prevent its further spread.

The first batch of training (on May 29-30) with the Champassack and Ubon Ratchatani provinces was composed of 20 participants, with 10 participants from each province. Participants were mostly medical staff and veterinarians. They were selected based on their function



Participants in the 2011 information sharing workshop compared and reviewed each province's available materials on avian influenza and H1N1 virus.



FHI360 staff, Rujita Panyee and Siamphone Mahindhorathep



and role in the cross border collaboration. Some were epidemiologists who were members of the provincial surveillance team.

The second batch followed (May 31 to June 1) with the same number of participants from Savannakhet and Mukdahan provinces. The same selection criteria for participants were also followed for a group of 10 participants from each province.

Compared with the information sharing done in November 2011, there were more participants who represented the provincial/district agriculture departments this time.

The trainings were officially graced by the provincial health officers of Champassack, Deputy Director Dr. Somkiet Voralat, and Savannakhet PHO Director Dr. Panom Phongmany.

I used the Risk Communication training guide developed by FHI 360. The guide applies a team-based approach such as building the Communication Task Force (or a team), explains the responsibilities of each team member, and provides directions on how to deal with the community during an outbreak.

The morning session of the training started with the risk communication planning principles, with focus on forming a communication task force and working with the community. Participants were divided into groups to compose a communication task force, with the health care workers and veterinarians fairly distributed among groups.

The task force members were made to understand about their roles and responsibilities. Using the WHO rapid assessment checklist, participants were prepared on important questions from communities/ people during an outbreak

Strengthening the Risk Communication Capacity of Cross-Border Provinces: Savannakhet and Champassack *(Continued)*



Most of the participants were already familiar with epidemiological investigation of an outbreak. The training however, has broadened their understanding of communication principles and skills that could enrich the investigation.

I put emphasis on the communication skills of “listening, asking questions and probing, use of simple language, and use of communication materials,” which are central to the process of risk communication. Acquiring such skills could help them as members of the surveillance and investigation team better understand community perceptions and community information needs. The avian influenza booklet was used as an additional reference material.

As part of the exercise, the participants (in teams) were fielded in the central markets and bus stations of the town. They were tasked to talk with community people -- to apply the theories and principles, and practice the key messages discussed in the training room.

Each team was allowed to identify and select their target audience and practice a given scenario of gathering information in the event of an outbreak. The exercise was videotaped. Below are some of the scenes in the market and bus stations.



This team conducts dialogue with a poultry trader in the market. The lady trader gets her chickens from different sources. Since 1995, she has been selling birds every day in this market. The team asks her, “What did you do with your birds one year ago when there was a bird flu outbreak in the district?” The lady trader replies, “I did not sell chicken during the outbreak. The authorities did not allow selling and they would seize the birds.”



This team of district veterinarian and health worker asks the lady vendor where she slaughters her chicken. Birds are already dressed when brought to the market. The team asks her, “How do you slaughter chicken? How do you protect yourself when you slaughter the birds?”



One participant (at left side of photo), an epidemiologist of another team, talks to a lady vendor at the main bus station in Pakse. In the scenario, there was a suspected case of avian influenza virus that caused the culling of 300 chickens in one district. The epidemiologist asks the lady vendor if she notices people getting sick of influenza-like illness in her neighborhood. She also asks if the vendor has heard of people going to Ubon Provincial Hospital to get treatment of influenza-like illness.



This team held an interview with a lady vendor of rice and live chickens. The team asks her, “Where do you get your live birds? Do you raise them yourself? “If you raise chickens at home, how do you raise them? How do you keep your birds healthy and avoid bird flu virus?”

Strengthening the Risk Communication Capacity of Cross-Border Provinces: Savannakhet and Champassack *(Continued)*

The participants documented the conversation during the field exercise. When back at the training room, they shared their notes and analyzed their performance.

A senior medical staff member from Ubon Rachatani acknowledged the significance of her learnings during the training. She said, “As a member of our surveillance team, I am always preoccupied on telling people what to do. I talk to people as an authority of the disease. This training made me understand that there is one more important aspect I ignored – and that is listening. Listening to those affected is basic to an effective outbreak communication and as important as providing information. Through listening as outbreak managers we would learn how affected citizens understand and are reacting to a disease outbreak, their perceptions, and level of trust and confidence to authorities like us.”

Hearing the testimonial of this participant, it was clear to me that among the four cross-border provinces, the dynamic process of an outbreak communication capacity has evolved. It needs to be sustained through exercises, reviews, and updates to ensure effectiveness.

This team asks a mother how much she knows about dengue fever. The doctor from Thailand asks the mother, “Are you aware that dengue fever was serious in this area four years ago? The most affected ones were children. How do you protect your family from getting infected?” The mother replies, “Yes, I am aware. The health care center of Xay Puthong district sends health staff to advise people on prevention of dengue in the villages, like clearing the bushes around residential areas and destroying the mosquito breeding places. My family sleeps under a treated bed net.”



After the field exercise, following a structured script before, during, and after outbreak, the participants in pairs did more practice on “what to say” and “how to say” it effectively.



This pair did more practice and demonstrated appropriate body language.

