

MID-BCC – Mekong Infectious Diseases – Behavior Change and Communication

PROCEEDINGS

Participatory Action Research Dissemination Forum

30 August 2010, Settha Palace Hotel, Vientiane

Welcome

On the presidential table were Dr Bounlay Phoomasack, Director of NEIDCO, Dr Mahanakhone Souriya, Deputy Director of the Department of Livestock and Fisheries, and Dr Cecile Lantican, Country Coordinator of AED, Bounlay Phommasack welcome the guests and participants.



Guests and Attendees

Dr Cecile Lantican, AED Country Coordinator acknowledged the support and partnership of NEIDCO in organizing the meeting. On behalf of AED, she also thanked the presence of representatives from the following organizations:

- Ministry of Foreign Affairs
- Ministry of Health - CIEH
- Ministry of Information and Culture (MOIC)
- Ministry of Agriculture and Forestry
 - Department of Livestock and Fisheries
 - National Animal Health Center
- Provincial Health Department of Vientiane Capital
- Provincial Health Department of Savannakhet
- Lao Women Union
- CARE, FAO, and IOM

Objectives and Introducing PAR

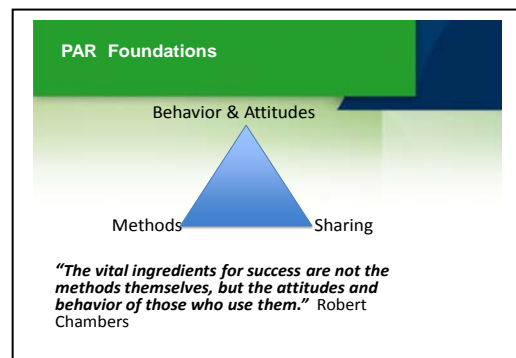
In her introduction, Dr Lantican claimed that not too many people in development programs appreciate the role of research. Research is regarded as boring and tedious. However, she emphasized that research strategically leads program planners to a more reasonable and practical planning for targeted populations, more so, if the target population is involved in the research activity.

Objectives

1. To share information and insights gathered from the PAR conducted in Savannakhet province
2. To share lessons learned and open the discussion on the PAR methodology as it was applied in reducing the risk of bird flu
3. To inform partners on the next steps - moving forward to address behavioral challenges identified in the PAR

She outlined the objectives of the meeting. She gave a brief technical introduction about Participatory Action Research. Accordingly, Participatory Action Research (PAR) is a type of qualitative research that allows the researchers and community members to work together to improve some aspect of community life or solve an issue of local concern. Action research involves repeatedly and systematically planning an activity, conducting the activity, observing the activity, evaluating the activity, and critically reflecting on the activity. PAR is an approach that allows community members to participate, learn from each other, and effectively address issues that threaten their livelihoods, health, and life. PAR requires program managers, stakeholders or donors work jointly with community members, thus allowing cultural, geographical and economical factors to be included in the analyses. Because PAR methodology requires researchers and stakeholders to work closely with community members, communities establish and build partnerships that empower them to tackle their problems, and decide on feasible solutions.

PAR has basic foundations – Methods, Sharing and Behavior and Attitudes. PAR borrowed the conceptual foundation of Participatory Action Learning. PAR uses tools and methods that allow the people to participate – share the information they know, share their ideas, share their issues and concerns, share what possible solutions they can offer to address such issues. Thereafter, responses (data) to determine their behavior and attitudes toward the pressing issues they identified that affect their lives.



She also outlined the advantages of PAR, as follows:

- Use of inexpensive and culturally relevant tools, created by the community members
- Ability to triangulate (compare) data. Normally, qualitative research is done with small samples. Using multiple tools to collect similar data (triangulation), allows for the data to be validated. In PAR, information is only considered valid if the same results are found using several PAR tools.
- Rapid collection of data. The first step involves recruiting, mobilizing and training community members who become the core researchers of the PAR. Data collection and analysis follow. If the community is ready, it can lead to an action plan;
- PAR is an interactive process, not a one-time event. This allows those involved to determine whether positive changes are occurring and what else needs to happen for positive changes to take place. PAR can thus be used to monitor and evaluate an intervention.

Dr Lantican noted the advantages to the community members as well:

- Community members can exchange ideas and discuss courses of actions and identify practical interventions.
- Learning skills that are transferable to other health and development issues. By participating in the PAR process, communities' gain and practice new skills required

for community mobilization that they can be applied to other health or development issues. Once a PAR team has been constituted and has conducted a PAR, the local team can be quickly and easily mobilized again to explore another issue.

If communities are involved, they learn from the experience. They acquire the skills which can be applied to other issues they face in their communities.

Presentation 1:

Using Participatory Action Research to Form Realistic Avian Influenza Prevention Behaviors

By: Anton Schneider, AED Senior BCC Advisor

In his opening, Mr Schneider said that there has been much discussion about the use of participatory approaches and the application of local solutions to local problems. This presentation will summarize the activities and results from the application of participatory tools and local, community-based planning process that was implemented in Lao PDR for the prevention and control of avian influenza.

In brief , Mr Schneider,

1) explained how a PAR (participatory action research) process was used to pinpoint realistic, achievable community actions to prevent avian influenza

2) described how villagers in Lao PDR used a participatory process to assess their collective risk situation, gender roles, and protection from animal diseases, and

3) discuss how these insights were used to create an action plan to prevent AI.



Mr Schneider noted that the basic premise to this participatory pilot was looking at the village as a single poultry unit. The rationale for this is that individual backyard farmers find it virtually impossible to create an adequate level of bio security for their small farms, as is the case for larger commercial farms. The common practice in Lao PDR is that poultry in the village roam freely; that animals of one household interact with those of their neighbors.

The result is that any avian influenza infection in the village will affect the entire village. Even if the specific farmer's poultry is not infected directly by avian influenza, the report of an infection in a neighboring farm will lead to the culling of all poultry in the entire village.

In effect then, the poultry in any given village are a single unit; we wanted to test the premise that bio security was possible on the village level that even if it wasn't possible to make an individual farm by a secure, would it be possible to institute adequate bio security measures for an entire village.

The PAR was initially implemented as a pilot in four villages in four districts in two provinces in Lao PDR over a 10 month period from July 2008 through April of 2009. Half of the districts have experienced an outbreak the other half did not

The pilot intervention utilized a combination of research in the pilot villages, a village level planning process and the implementation of village action plans combined with monitoring and evaluation of the entire pilot

This pilot was collaboration between FAO and AED. FAO provided a strong link with the Department of livestock services, served as the technical resource for the pilot and AED provided the methodology tools and expertise for conducting the participatory action research and provided many of the communication materials that were used.

AED utilized its partnership with the Lao Women's Union throughout the course of the pilot. Research had shown that women were largely responsible for raising poultry in the women's Union provided a strong network down to the village level. AED used this network of women to assist in the conduct of the household survey, the participatory action research, village meetings as well as monitoring and evaluation activities

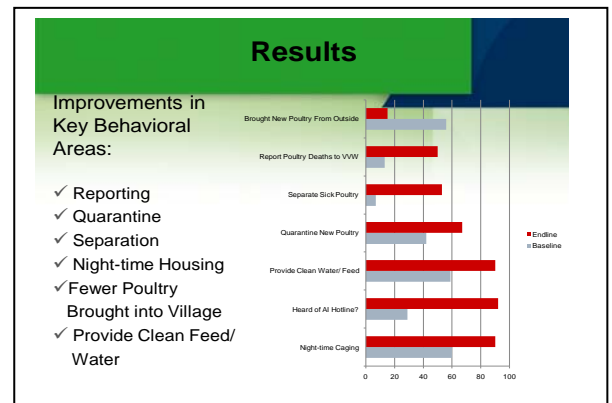
After the selection of villages which was conducted in consultation with provincial and district leaders, we met with village leaders and key villagers. This included the village authority, the Village veterinary volunteer, a representative from the Lao women's Union and the village health volunteer. In this early meeting, we sought the cooperation of the village and provided them with a broad outline of what the pilot would consist of.

In order to provide a baseline for evaluation, a household survey was designed for each village. Using interviewers from a nearby University, accompanied by local facilitators, AED managed to interview over half the households in each of the villages. I should mention that these were medium-sized villages – averaging less than 200 households each

Following the preliminary baseline, the participatory action research was launched over the course of three days. This consisted of a number of tools, all of which were conducted by villagers themselves, including:

Village mapping; transect walk; focus group discussions among men and women, in which a number of participatory action research tools were employed – these included: seasonal calendars intended to show the times of year when more or less poultry would be brought to the village; daily activities by gender showing who in the household was responsible for the raising of poultry and activities that took place during the course of the day; communication channels showing sources of information that villagers utilized and finally, force field analysis where villagers identified key actions that could prevent AI infection and then for each action they would identify what would make that action easier or more difficult to implement.

The PAR showed promising results: The villagers were able to successfully implement several kinds of activities as a village and in terms of individual farms within the village these included: A greater willingness to report poultry deaths to the Village veterinary worker one of the benefits that we noticed from the intervention is the Village veterinary volunteers developed a stronger role within each of the villages and villagers learned to use them as important go to people for problems and issues regarding poultry.



It was found that most of the villages found that they didn't really need to bring as much poultry from outside as they thought and that most of their poultry needs could be satisfied from within the village. Other actions they were able to take that improved from baseline to end line for separation of sick poultry quarantining new poultry providing clean water and feed for their poultry and nighttime caging. In addition awareness of the AI Hotline showed significant improvement

On the contrary, not all behaviors improved over the course of the intervention. One of the most surprising to us was that there was very little change in the number of poultry farmers who adopted vaccination for fowl cholera and Newcastle disease the basic reason for this was one of cost. Basically, they did not see the value of poultry is offsetting the cost of the vaccination. We think that in future scale up of these interventions some of the issues relating to vaccinations could and should be addressed

In some awareness and knowledge items didn't really go up; by the time the pilot was started there was already a great deal of awareness about avian influenza and inconsiderable knowledge about it as well.

So in sum, the results of the pilot are promising. It showed that villagers can work together to develop solutions that work for them to reduce the risk of avian influenza in their villages; to implement this on a broader basis require some inputs primarily training. Some of these inputs need to be provided by experts such as the PAR tools themselves; but much of the support can be provided from the provincial and district levels.

Lastly, Mr Schneider noted that when the village authorities were put together to share their lessons learned and get their recommendations for next steps it was found that they are eager to share what they had learned. Their recommendation was to set up a sister village project so that the villagers in the pilot PAR would assist other villages in their district to implement the same pilot. This type of scale out is currently being considered along with other alternatives.

Open Forum – Presentation 1

Dr Tata: What kind of incentives do you give to communities during your PAR activities? What kind of involvement the PAFO and DAFO had in the PAR? I heard that they have some negative comments about the PAR conducted in their provinces or districts. What is the difference between PAR and PRA (participatory rural appraisal) because both use the same tools? How does the PAR increase the demand for vaccine?

Mr Schneider: The project provided a small amount of money to cover the meals of participants. The PAFO and the DAFO were initially involved. They even provided inputs during the trainings of community leaders and model households. PRA and PAR use the same research tools, but the difference (using the PAR in Lao context) lies on looking at the experience of the villages on avian influenza and the communities' willingness to act on their proposed actions. The difference also lies on how the researcher triangulates the data to get the desired results. About the vaccine related question, I would like to refer the question to Dr Mahanakhone.

Dr Lantican: On the role of the PAFO and DAFO, I would like to acknowledge our limitations in working with the PAFO and the DAFO in the conduct of the PAR in Vientiane and Champasack. We failed to provide them the training and adequate orientation to understand the process and tools. Considering this lesson, we have moved to capacity building of health personnel and animal health staff who will be involved in PAR activities.

Dr Mahanakhone: We have been trying to motivate people to practice and understand the value of vaccination. We have been training veterinarians and promote as well reporting. But people cannot really follow because they believe that their poultry is small if compared to the value of their big animals like cattle and buffalo. So far they only achieve 10% vaccination coverage. People could hardly follow because they need to pay for the vaccines.

Mrs Phiulavanh: I am happy to hear that research is moving toward inviting community participation. Have you considered the educational level of the household participants? Are these participants representative of the Lao population? What were the results in terms of behavior change?

Mr Schneider: We have not considered the level of education of the participants in the analysis; we have only considered their beliefs and practices toward bio-security measures. The selected villages are not representative of the entire Lao population but based on the findings you can get a representation of people's knowledge and practices at a particular setting in Lao. As I presented earlier, there are changes in the behavior that were observed in a ten month period, but there are also that practices that had not been changed such as vaccination.

Presentation 2

Findings of the PAR in Savannakhet

by Duanchith Viravongsa, Research Consultant

Ms Duanchith opened her presentation with the following sections: Background; Objectives; Process of the PAR; Data collection and Analysis; Summary of Findings; and the Challenges.

As a background, she said that Savannakhet was chosen as the study site because of the province's critical location as a cross-border between Thailand and Vietnam. As a cross border province, it faces the risk of disease infection because of the active movement of people, trade and commerce.

The key objective is of the work is to involve the community in determining their way of life and understand the risk factors associated to their behavior, beliefs and practices that make them at risk to disease infection. The work was conducted with the participation of local public health authorities and the community including village authorities, village health volunteers and villagers.

The villages covered are: Ban Thasano, Kaysone District; Ban Tadeua, Songkhone District on Lao-Thai border and Ban Sanesavanh, Sepone District; Ban Danvilay, Nong District on Lao-Vietnam border.

The PAR considered the following research questions:

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

As part of the process, in consultation with the Health Department of Savannakhet, we first agreed and constituted the PAR team. At the village meeting in consultation with the village chief, we agreed to do the village mapping and transect walk. Some



of the research tools used were: Daily Activities Profile; Seasonal Calendar; Bean Quantification; Chapatti Pie; Ranking Table; Flowchart; and Force Field Analysis.

The village mapping showed some ideas about the village infrastructures that are important to people in the village and the surroundings as well as boundaries of the village with the next village.

The bean quantification used to rank the seriousness of diseases among them.

The chapatti pie was used to show percentage of workload by gender with regard to home care and the percentage of people (by gender) who travel across the border.

The flow chart was used to describe phases of seeking treatment.

The preferred ranking was used for decide on communication channels preferred and used in the village.

The force field analysis was used to help the village members to think of what could be done in the village to protect the village from disease and further discuss and define a few key actions to undertake in the future.


Among villages, there was an agreement that health issue is a problem. Among infectious diseases, they are concerned about common colds, dengue, and malaria. Villagers perceived common colds is caused of season change. They can recover through exercise, taking a rest, and giving the sick person a blanket to warm him and eating healthy foods.

Findings

□ How do people recognize the symptoms?

They have high fever, feel body pain, headache with nasal congestion (runny nose) which they suspect as symptoms of common colds.

If they do not experience nasal problem, they do not know exactly the disease. They will know it when they go to hospital and have blood test.



Findings How do people seek for treatment?	
Different ways of treatment depend on ethnic group	
<p>Lao Lum</p> <ul style="list-style-type: none"> ✓ Put cool tissue ✓ Take paracetamol 2-3 days ✓ See Medico at Health Center ✓ Go to hospital in Laobao for Nong-Sepon. No one said he goes to District due to transportation available ✓ Go to district hospital - Mukdahan for Kayson and Songkhone ✓ Herb/Traditional local treatment (<i>Lieng Phee/Dumo</i>) is most common to treat serious case 	<p>Lao Theung</p> <ul style="list-style-type: none"> ✓ Take blanket /make fire for warm up body ✓ Traditional local treatment (<i>Leng Phee/Dumo</i>) ✓ See Medico at Health Center ✓ Go to hospital in Laobao

Ethnic groups have different ways of treatment depending on their beliefs and availability of medicines and services. Apparently having high fever is an indication of the severity of the disease.

On gender, it was observed that mother's work load is heavier than father's particularly at 2-3 days home care. Bringing the sick child at health center is mostly done by women. If their children do not better, the husband helps them for seeking treatment at hospital in district or cross border.

The study noted on the value of interpersonal communication. Villagers prefer villages meetings and information coming from health care workers.

The study also noted some key actions that villages may take to protect themselves from influenza-like diseases.

Some of the challenges that should be addresses in short term and long term are:

- People are busy during farm season. No time to join village meetings
- Communication during rainy season is difficult
- Women of ethnic groups do not understand Lao Language; mostly do not do to school
- PAR is new for local/ government staffs
- PAR is not high tech but also need more patience and take time to hear village' voice specially the poor - women

Implications of PAR Findings

Dr Lantican provided the implications of the PAR findings. She said that in general, PAR findings revealed that there is an apparent low- seeking behavior among people in communities covered in the study in Savannakhet. It is common that people self medicate, or treat their sick people from the best indigenous knowledge they may have.

It is also obvious that they lack knowledge about diseases. Their education is low, which could be a problem of reaching them to understand technical information about diseases. Their access to information is inadequate. National TV and radio have limitations to reach mountainous areas. Ethnic groups have their own language – in speaking and reading.

Interpersonal communication channels like village meetings are well appreciated, but community leaders have other things to do. Most leaders have not been trained to discuss medical or health issues in a language understandable to them.

Next Steps – Way Forward

So, under the proposed Mekong Infectious Diseases –behavior Change Communications project, AED will attempt to address these challenges by:

- Pursuing PAR as a methodology to bring in more community participation in identifying people's health issues.
- Continuously conducting communication research to determine barriers to practice.
- Pursuing targeted communications - conduct of stakeholders' mapping and supply chain actors mapping
- Adapting/developing communication messages and materials that address ethnic and language barrier
- Building the interpersonal communication skills of health care workers and community influentials and spokespersons and provide them the job aids

She also noted that there will be another pot of assistance coming in under PREVENT, a USAID five-year cooperative agreement to AED. However, the work plan is still being negotiated with USAID for approval.

To implement the plans, AED will use the integrated approach focused on the following diseases: Avian influenza, A/H1N1 or pandemic flu, Malaria, and Dengue. The priority sites will include the following:

- Cluster 1 - Lao –Thai border – Vientiane Capital
- Cluster 2 – Lao –Thai – Vietnam border – Savannakhet
- Cluster 3 - Lao –Thai border (north) – Bokeo
- Cluster 4 - Lao – China border – Luang Namtha

Dr Bounlay: I would like to emphasize the difference between PAR and PRA. In PAR there is focus on the activities that the community is doing on a daily basis. The community takes care of their own responsibilities which they can implement in a more sustainable manner. We are considered technical institutions but have the roles to support the community in order to find out their conditions and do better to improve themselves sustainably. However, from the study, I am still looking for opportunity to look or find out what is the community strength and weakness. What are the supervision and monitoring systems to stimulate them and act on improving themselves? What have the participants learned from their participation in the PAR? Training was provided but why they could not change their behaviors? What are the requirements that villagers need to improve themselves and change their practices for the better? What are the obstacles to change? Do villagers have the experiences of PAR concept before which reflects the definition of this particular type of work and concept.

In Laos most Project managers do not consider the PAR concept before they are writing project proposal. At the international level, they use the findings from research to be their reference before they start writing the proposal.

What about provincial level, will provinces able to implement this type of concept in the future based on these findings?

I would like to thank to AED for bringing this research methodology and disseminate the result to us. Due to time constraints, we cannot discuss much on the details of PAR concept. The concept of participatory is empowering – because you consider the input from the community, and the same input that we bring into the community. Being participatory , we can reflect the real situation in those villages.

Closing

Dr Mahanakhone of MAF closed the program. He expressed his appreciation for the attendance of everyone in the room. He acknowledged that the findings of the two researches are important in decision making to move forward the national plan for AHI.