



Community-Based Avian
Influenza Risk Reduction
Program for the Mekong Region
– Evaluation Summary

Project Details

Name of report	Community-Based Avian Influenza Risk Reduction Program (CBAIRRP) for the Mekong Region Phase 2 March 2007 – Dec 2010
Date	September 2010
Project / Program Evaluated	Community-Based Avian Influenza Risk Reduction Program (CBAIRRP) for the Mekong Region Phase 2
CARE Country Office	Cambodia, Laos, Myanmar, and Vietnam
Project / Program Sectors	Emergency Preparedness and Agriculture

Program Description

The Community Based Avian Influenza Risk Reduction Program (CBAIRRP) worked to mitigate the risk of avian influenza to communities in Cambodia, Laos, Myanmar, and Vietnam.

For communities in the program area, Avian Influenza (AI) persists as a risk to the health of the human population (both locally and globally) and to livelihoods of people who rely on poultry, either directly for food, or as the basis of employment in production and processing. In the program countries, as at 2010 AI has caused the death of around 72 lives and disrupted the lives of many more. Because the H5N1 AI virus continues to circulate widely in some poultry population, it persists as a pandemic risk. And for the communities in the program countries for whom income protection is paramount, AI persists as a threat not only to them but to their livelihoods due to the threat the virus poses to poultry stocks which is an important source of employment and income.

The risk of AI to communities in the program area countries is high based on their exposure to poultry livestock (whether working directly with livestock, or indirectly through exposure in open 'wet' markets typical of the region), the relatively low levels of awareness of AI, and typical production and handling practices. AI remains endemic in the Mekong region, with ongoing recurrent outbreaks.

To help prevent the risk of AI, including mitigating the wide scale impact on communities during global pandemics, as well as income security for poultry dependant households and communities, CARE Australia through its country offices and with assistance from technical experts worked with government agencies, international organisations and local communities to strengthen the ability of communities and their institutions to mitigate and manage the risk.

Investing approximately \$5.4 million of AusAID funds, the program was implemented from March 2007 to December 2010, working with in-country partners to pilot and promote better poultry production and processing practices to help minimise the risk of AI spread and human infection.

The focus of the program was awareness raising and behavioural change in the production, processing and market systems. The program employed a 2 step approach:

- Development and piloting of a range of approaches to mitigating AI risk
- Evaluating the pilot approaches, adoption of the successful approaches in the partner communities, and promoting better practice more broadly.

Successful piloted approaches implemented and promoted for adoption elsewhere include:

- Bio-security practices and processes for small scale poultry farmers;
- Poultry processing and handling models - working with small and large scale poultry processors and market handlers to improve hygiene processes and systems;
- Community awareness and communication models – developing and disseminating information about the risk and management of AI; and

- Community Event Based Surveillance (CEBS) and Village Surveillance Team (VST) models - establishing cross-sectoral community-based early detection and response systems

Achievements and Impacts

The end of program evaluation found that the suite of models developed and piloted in first stages of the program have led to the ongoing implementation of successful models and behavioural change in the program communities.

For example the market risk reduction models for poultry traders in Laos and Myanmar have both shown good results in terms of sellers' adoption of more hygienic practices. Some adoption of practices by non-program partners has also been reported. In Laos this means the installation and continued use of personal and equipment washing facilities in market areas. In Myanmar the uptake of basic hygiene equipment such as aprons and gloves is apparent.

In Cambodia and Vietnam, bio-security improvements for small-scale poultry raising have also proven feasible, with evidence that farmers who were supported with their start-up costs have generally been able to maintain bio-secure practices. Further, better practices have been adopted beyond those involved in the piloting project, with replication of practices by other households.

The community based surveillance models have also proven effective, enhancing the ability of communities to identify and report on suspected cases of AI, as well as other infectious animal and human diseases. For example the program evaluation found the Cambodian village-based surveillance system as effective in its capacity to detect and report suspected cases of AI outbreaks at an early stage. The model has been found to be accepted by villagers and District Veterinary Officers who have promptly follow-up reported cases of outbreaks.

The awareness raising and behavioural change aspect of the CBAIRR program has achieved positive outcomes. For example, in Vietnam local authorities were training to conduct interactive awareness raising with targeted risk groups, with the support of program resources. In Myanmar a 'Train the Trainers' program successfully enhanced the knowledge of Community Animal Health Workers regarding AI transmission habits. In Cambodia village forums were conducted by Village Surveillance Team members for each of the target villages. End line assessments conducted by CARE show enhanced awareness and knowledge of management options among targeted groups. For example, the quarantining of sick or new poultry increased from 38 to 59%.

Beyond these immediate achievements, the program aimed to promote the adoption and replication of the AI risk mitigation models through a range of communication, dissemination and advocacy activities. The end of program evaluation found evidence of ongoing implementation by pilot target areas; replication or uptake of models to other locations with funding from government and other agencies; and influence on government plans at national and provincial levels.

While further investment and resources are required to achieve a more broad scale and sustained impact, the program has been successful in forging ongoing commitments and partnerships. For example the partnerships established with government agencies



in Laos, and the program's alignment with existing national strategies in Laos, has facilitated the expansion of the piloted models in the country, with additional support from the World Bank. In Vietnam, Bac Ninh province has committed funds to expand a bio-security model. In Myanmar, the Livestock Breeding and Veterinary Department along with market authorities are keen to see the wet market model expanded to all markets in Yangon City.

Lessons Learned

While effective in achieving both key outcomes from the program (i.e. development, implementation and assessment of pilot approaches; and broader adoption and replication), there are important lessons identified by the project team and evaluation report which may be useful in informing similar projects into the future. Lessons have been identified in terms of program design and delivery, as well as with regard to issue specific elements of the program.

Key findings with regard to the piloting approach of the program:

- Piloting approaches in general do not require a large scale implementation to prove effectiveness. Rather, adequate time allocated to a well defined piloting approach, and quality monitoring and evaluation through small scale piloting may represent a more effective and efficient approach.
- The evaluation also found that it is important to utilise technical frameworks and expertise for technically complex programs for both robustness and credibility.
- Importantly, the evaluation also notes that the resources needed for monitoring and evaluation during the pilot testing period are greater than the monitoring and evaluation needs during future adoption and implementation. These resourcing differences should be adequately communicated to local communities and authorities to encourage future uptake.

With regard to the adoption and replication beyond the pilot sites:

- The expected level of replication at provincial and national levels needs to be identified more clearly in the design of the program, and feasible targets set at local levels. Doing so will ensure the adequate allocation of resources and development of communication and advocacy strategies as the program unfolds.
- Programs and piloting models should be designed in partnership with national stakeholders and respond to the needs reflected in relevant national Infectious Disease Plans. Similarly, identification of external funding sources for expansion of models jointly with partners early in the program is a key factor in enhancing the adoption and replication into the future.

Other Key Findings

The end of program evaluation notes that future work on infectious diseases such as AI presents opportunities for integration under sectoral program areas, such as: rural livelihoods development; pandemic and disaster preparedness planning, including climate change; and community health systems development. These opportunities need to be considered within the



program context of each country office.

In-line with CARE's Gender Policy, programs focused on infectious diseases such as AI should include, in their design or inception phase, gender risk analysis, as well as specific gender strategies, outcomes and integration of evaluation criteria for gender outcomes. Such analysis should encompass gender roles in relation to livestock production, women and men's roles as caregivers and women's participation in training and strategies designed to increase women's empowerment through both gender-mainstreaming and gender specific activities as appropriate.

Similarly, strategies that promote the inclusion of impoverished households and are sensitive to the limitations of impoverished households' capacities, in risk prevention activities should be explored. The evaluation found, for example, that for smaller and generally poorer households with poultry production capacity, aspects of the bio-security models piloted proved infeasible given the scale of poultry production. The applicability of livelihood loans to achieve bio-security improvements in livestock production may be explored.

The evaluation also found that while a country specific approach to program delivery is needed, the value of cross-cutting exchange among the country teams within the program region, and government partners was strong, and should be maintained in future regional programs. Program wide benefits, such as regional provision of monitoring and evaluation support to achieve a cross-program standard and cross program support to gender and other cross-cutting issues, may be achieved.