

# COMMUNITY-BASED MANAGEMENT OF AHI IN ASIA

NATIONAL STUDY TOUR: EMERGENCY PREPAREDNESS INVOLVING VULNERABLE GROUPS IN  
CHIANG RAI, THAILAND

IOM-IRC-ADPC  
Chiang Rai 21-23 July 2008

As part of the project on 'Strengthening Community-Based Management of AHI in Asia' and to promote the sharing of experience between community-level AHI management practitioners, the AHI-NGO-RC/RC-Asia Partnership (comprising ADPC, CARE, IFRC and IRC) has organised a total of four study tours. During each of these study tours, NGO, government and Red Cross/Red Crescent representatives from different organisations and countries – or regions within one country – have observed, discussed and learned from the implementation of community-based AHI management activities in other contexts.

The International Organisation for Migration (IOM) Thailand was selected by the AHI-NGO-RC/RC-Asia Partnership to host a three-day national study tour involving participants from different organisations working with vulnerable communities within Thailand. The study tour was coordinated by IOM and IRC, and hosted in collaboration with ADPC on behalf of the AHI-NGO-RC/RC-Asia Partnership.

Overall, the IOM-IRC-ADPC study tour aimed to promote a wider understanding of issues faced by vulnerable groups – such as migrants and refugees – in the context of AHI management in Asia. More specifically, the study tour was designed to enhance participants' knowledge and understanding of emergency preparedness planning activities that involve and empower vulnerable community (migrant and refugee) groups. Since the study tour was held to coincide with a pandemic simulation exercise coordinated on 22<sup>nd</sup> July 2008 by IOM in cooperation with the Thai Ministry of Public Health, participants were able to learn from observation of an actual simulation exercise and from discussions with stakeholders, including migrant representatives, involved in pandemic preparedness planning.

## DESCRIPTION OF IOM'S COMMUNITY-BASED AHI MANAGEMENT PROJECT

IOM's project was piloted in Muang, Mae Sai, Chiang San and Mae Fah Luang districts of Chiang Rai province, Thailand. Many vulnerable ethnic minority and migrant groups with diverse cultural backgrounds inhabit these districts. Many individuals from these communities work in poultry farms and traditionally raise backyard poultry for their own consumption and livelihoods. Although there have been no AI outbreaks in Chiang Rai to date, outbreaks in nearby provinces and neighbouring countries have posed a significant threat to the province. Moreover, previous suspected *human* cases of infection with the H5N1 virus in neighbouring countries have been referred to Chiang Rai province for treatment.

The overall objective of IOM's project is to contribute to and strengthen the Thai National Strategic Plan for AHI management. Specific objectives are to: raise **awareness of the roles and responsibilities** of relevant authorities and organizations; establish and strengthen the **networks** between these authorities and organizations; assist the Thai government in developing and/or strengthening **contingency and preparedness plans** that includes mobile and migrant populations; **test, revise and further develop the plans** through various types of exercises.

The key outcomes of this project so far include: 1) development of AHI contingency plans for the relevant authorities and organizations involved in emergency preparedness planning and response in Chiang Rai; 2) development and strengthening of networks among these authorities and organisations; 3) active participation of health *and* non-health agencies in emergency preparedness planning; 4) increases in knowledge and awareness of AHI amongst the agencies involved; 5) replication and/or modification of the general approach and methodology for the project in other contexts both within and beyond Chiang Rai province.

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Key factors that have contributed to the success of the project include: strong *leadership* from the authorities involved; effective use of *simulation exercises as advocacy tools* to raise awareness of the need for emergency preparedness; and active *involvement of vulnerable groups*, which has itself enhanced national-level pandemic preparedness. Despite these successes, the project has also faced challenges, which IOM has recognised need to be addressed early on in planning future similar activities – for example, core challenges encountered by the project staff included difficulties in identifying and effectively managing a technical support team and a lack of awareness of the real risks of AHI among key stakeholders in emergency preparedness planning, and especially those in the non-health sectors.

*For a detailed description of IOM’s project and lessons identified, refer to the case study in Chapter 5 of the resource kit for community-based management of AHI, entitled Communities Respond: Experience Sharing in Community Based Management of AHI*

## DESCRIPTION OF THE STUDY TOUR

### 1. STUDY TOUR PARTICIPANTS

Representatives of NGOs, CBOs, Thai Red Cross, provincial government and other organisations working at the community level in health emergency management, refugee/migrant health, and/or management of AHI in Thailand were invited to participate in the study tour. A total of 18 participants attended the study tour itself - *for the full list of participants, please refer to Table 1 (Annex)*. On the second day of the study tour, the participants were given the opportunity to observe the simulation exercise coordinated by IOM and the Ministry of Public Health of the Royal Thai Government; and on the third day, participants were joined by 13 ‘resource persons’, who were involved in the different pandemic preparedness planning activities facilitated by IOM, and who came to share their experiences, successes and challenges.

### 2. STUDY TOUR HIGHLIGHTS AND ACTIVITIES

The focus of the Study Tour held – hosted by IOM on 21-23 July 2008 in Chiang Rai – was **emergency preparedness involving vulnerable community groups**.

*Table 1: Study tour highlights and associated resources for further information*

Activity	Facilitator
Presentation of framework for emergency preparedness planning and exercise management	ADPC
Presentation of IRC’s contemporary experience and lessons identified in emergency preparedness planning in refugee camps in Thailand	IRC
Presentation of IOM’s experience and lessons identified in multi-sectoral emergency preparedness planning involving migrant groups in Chiang Rai province, Thailand	IOM
Observation of half-day pandemic simulation exercise coordinated by IOM and involving different stakeholders, including representatives of migrant communities	IOM
Participation in half-day debriefing of pandemic simulation exercise and assessment of challenges and gaps to emergency preparedness plans	Thai Ministry of Public Health
Discussion workshop focusing on emergency preparedness involving vulnerable populations such as migrants and refugees; discussion topics included: - Challenges for AHI emergency preparedness at the community level? How to improve emergency preparedness for AHI – lessons for own context? - Challenges/issues observed by group during drill exercise? Lessons for conducting exercises in own context?	IOM and ADPC
Critical evaluation of exercise management process and experience of IOM and MoPH	IOM and ADPC

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The dates of this study tour were chosen so as to provide the opportunity for participants to observe the pandemic simulation exercise, which was coordinated by IOM in cooperation with the Ministry of Public Health (MoPH), Thailand, on the 22<sup>nd</sup> July. The pandemic simulation aimed to test and provide the basis for revision of the procedures developed by the different stakeholders in the pandemic preparedness planning. As such, it provided study tour participants with a concrete example of some of the challenges and successes involved in enhancing multi-sectoral pandemic preparedness.

The International Rescue Committee and Asian Disaster Preparedness Center played supportive roles in the facilitation of the study tour. ADPC provided technical support by presenting an 'ideal type' model for emergency preparedness planning and exercise management (for full details on ADPC exercise management model, see document in Resource DVD: *Exercise Management: A Tool for Capacity Development*); ADPC staff also provided technical input to the evaluation of IOM's simulation exercise and led group discussions involving study tour participants in a critical discussion of the challenges and lessons to be identified from experiences in emergency preparedness planning.

IRC's presentation of contemporary pandemic preparedness planning in refugee camps in Thailand provided a contrasting perspective to that of IOM's work with migrant communities. The particularities of working in a camp context in Thailand were highlighted, as well as the context-specific successes and challenges in emergency preparedness planning (for details of lessons identified through IRC's experience, see next section).

## DISCUSSION AND LESSONS IDENTIFIED

### 1. Emergency preparedness planning involving vulnerable groups

#### a. Discussion of learning points derived from IRC's work in refugee camps in Thailand

Approximately 140,000 refugees – mainly from Burma-Myanmar – live in ten refugee camps inside Thailand. In 2006, IRC was requested by USAID to begin AHI programming in the camps. This programme has covered: surveillance and rapid response for disease outbreaks in animals and humans; behaviour change communication (BCC) activities; and pandemic preparedness planning.

There are a number of particularities that are specific to refugee contexts and that make emergency preparedness planning in a camp context different to emergency preparedness planning in a 'normal' community context:

- Camp communities are almost completely dependent on outside assistance for their subsistence; pandemic preparedness planning in such a context is very important, and different plans will have to be made for different possible scenarios: if a pandemic is declared on a worldwide level but does not originate within the camp, the response will be different to a situation where camps or refugees in camps are somehow implicated in an outbreak of pandemic influenza.
- Some factors make pandemic planning more difficult in a camp context: refugees living in camps are potentially at greater risk in the event of a pandemic, since poor environmental conditions and crowding could lead to infection rates within camps that are higher than elsewhere; moreover, high staff turnover (linked with the resettlement of refugees trained as health workers) makes planning and the sustainability of programmes difficult.
- However, other factors also make pandemic planning in a camp context arguably *easier* than elsewhere: all camps have a similar governance structure; the layout and isolation of camps simplify monitoring and surveillance; communication systems are already set up and it is relatively easy to reach inhabitants with BCC messages; and since camps are isolated from communities outside, they could be at lesser risk of infection from outside and/or may only be infected later on in a pandemic.

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A number of lessons can be identified from the successes and challenges that IRC has experience through its pandemic preparedness planning activities in camps in Thailand:

**Lesson 1:** In contexts in which subsistence and security are precarious, and where other types of communicable disease are a more immediate concern, **AHI is not perceived as a priority**; raising awareness of the risks of AHI and of the importance of adoption risk prevention behaviours and reporting any suspected outbreaks is therefore difficult. However, while raising awareness of the risks of AHI to livelihoods and lives and promoting risk reduction is important, it is also essential not to scare people who already live difficult lives into thinking that they cannot do anything to protect their own livelihoods and health and those of their families.

**Lesson 2:** While dependent on camp rations, refugees often illicitly raise chickens for their own consumption and to enhance their livelihoods (raising poultry in camps is theoretically not allowed but tolerated dependent on the camp authorities in charge). Complacency about the risks of AHI is reinforced by fear that if they report that they keep chickens or that their chickens are diseased, refugees will get their food rations cut and/or their chickens confiscated. However, it is possible to implement activities that will **build the trust of community members** – for example, by conducting investigations and communicating the results of these investigations to the community member (i.e. telling them why their poultry are diseased, even if not caused by AI, and how to prevent such disease in the future). Such strengthening of trust and reduction of some of the disincentives to reporting diseases outbreaks can strengthen surveillance and response to disease in the camps.

**Lesson 3:** While governance structures within different camps are similar, different NGOs operate in different camps; so far, each NGO is at a different stage of the pandemic planning process and has approached it differently; moreover, the personalities of camp commanders are important in determining the success or failure of planning activities. It has therefore been very important to get NGO and camp commanders involved in planning activities from the very beginning and to promote recognition of the importance of pandemic preparedness planning in order to secure key stakeholder buy-in and successful leadership.

**Lesson 4:** Linked with the former point, it is important to build consensus and consistency between camps and between camps and ‘outside world’; the PPPs developed in camps need to be linked to and consistent with other policies, plans and protocols – e.g. the national pandemic preparedness and response plan of the Thai government.

**Lesson 5:** In pandemic preparedness planning, it is important to take into account the specific contexts of the camps. Approaches to pandemic preparedness planning that have been adopted in ‘normal’ community contexts might have to be adapted to specificities of a camp context – for instance, IRC has been working to develop different ‘triggers’ for response for camps as a more appropriate alternative to the six WHO Pandemic Phases. Moreover, preparedness needs to cover all levels in the camps: individual, family, zones/sections, leadership and communities, CBOs, NGOs, government authorities, donors, etc.

**Lesson 6:** IRC’s experience demonstrated the value of designating a representative from within the camp to facilitate and lead the planning process. Moreover, finding the *right* leader within the camp is equally important, since a leader with in-depth knowledge of camp realities and pre-existing credibility within the community can gain the trust and support of refugees.

**Lesson 7:** As is the case in other countries, refugees in Thailand are often stigmatized and blamed for spreading disease, increasing crime rates, etc. Thus while, for example, the movement of refugees in and out of camps (when they find work in the community) could be a potential driver for the spread of disease, it is important not to let such arguments increase the **stigmatization of refugees**. Moreover, local authorities can facilitate relations between refugees and the host communities, as in the case of the MoPH in Thailand; and with these local authorities involved, coordination mechanisms between NGOs and government systems for reporting and response for disease can be strengthened.

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## b. Discussion of learning points derived from IOM's work with migrant communities in Thailand

**Lesson 1:** Emergency preparedness plans are incomplete and often ineffective if they do not take into account the risks specific to vulnerable communities. Moreover, when dealing with vulnerable groups such as migrants or refugees, it is important to take into account the contexts, needs and priorities of these groups. For groups characterized by insecurity and poverty, AHI is often far from an immediate priority – projects can then increase relevance to the community and buy-in of community members by addressing AHI within the context of more immediate livelihood and security concerns.

**Lesson 2:** Emergency preparedness planning should be multi-sectoral and participatory from the outset. Pandemic preparedness and response should not be controlled by the health sector alone but requires the active participation and involvement of sectors such as livestock, schools, public utilities, immigration, public relations, etc. Furthermore, it is important to build on and complement – rather than attempt to replace – already existing systems and mechanisms for preparedness and response.

**Lesson 3:** Multi-sectoral, participatory pandemic preparedness planning is often inhibited by a lack of awareness or concern on the part of key stakeholders – or, conversely, a feeling of hopelessness at the enormity of the problem. Tabletop and other types of exercises can be advocacy tools, raising the awareness of decision-makers of the importance of pandemic preparedness planning, while also putting them in a situation where they can realise what they might be able to do to manage the situation.

**Lesson 4:** Participatory pandemic preparedness planning activities can raise decision-makers' awareness of the importance of addressing the situation and needs of vulnerable community groups, and of working with these groups to develop capacities to cope with emergencies – in Chiang Rai, local authorities were sensitized to the issues faced by migrant community members and came to appreciate the value of including these communities in emergency preparedness planning.

**Lesson 5:** One of the biggest difficulties in terms of emergency preparedness and response is communication and coordination not only within but also between sectors. In order to improve coordination, there is a need for a clear authority structure and – within this structure – for clearly defined and understood roles and responsibilities. Moreover, different agencies/sectors/organizations often have different emergency preparedness plans. These plans and the corresponding procedures should be made consistent and linked through an overarching coordination mechanism.

**Lesson 6:** There are challenges specific to working with migrant communities such as those in Thailand. For instance, many migrants in Thailand are unregistered and have no legitimate access to mainstream health and education services; language, cultural, social and political barriers also exist to the integration of migrant groups in national emergency preparedness plans; and these groups often go unreached by mainstream communication strategies. The exclusion of migrants in Thailand from mainstream services and channels is often compounded by stigma and prejudice, with migrants being blamed for the spread of disease, crime rates, etc. These factors need to be taken into account and a pragmatic attitude to emergency planning often needs to be adopted in order to be able to work with migrants and not push them further underground (e.g. to access migrant communities, it is often necessary to work through informal channels for communication and service provision).

**Lesson 7:** The challenges involved in working with groups that may be excluded from mainstream channels and systems reinforce the importance of building trust with communities and individuals within these communities. Particularly where migrants are not registered and consequently fear of engagement with authorities, establishing solid trust relationships – notably by working with local community leaders and influential persons – is crucial. IOM staff, through ongoing work with migrants, have built up a trust relationship over the years that has formed the basis for working relationship and, beyond this, for facilitating relations between migrant communities and local authorities, as seen in the section below on exercise management.

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Some general principles for effective pandemic preparedness planning can be derived from the experiences of IRC, IOM, ADPC and the organisations represented by participants in the study tour:

- ✿ Involve different sectors in pandemic planning processes – not just the health sector but also the non-health sectors (e.g. education sector, public utilities, military and police, etc.)
- ✿ Involve key stakeholders in participatory planning activities from the outset (community leaders, community members, government authorities, etc) to build trust
- ✿ Deal with smaller challenges first and then graduate to bigger ones
- ✿ Be honest and flexible in developing preparedness plans – change the planning approach and process as and when needed
- ✿ Respect people and their fears – do not discount their fears as irrelevant or irrational; conversely, do not provoke panic in an attempt to make people adopt risk reducing behaviours, since this can lead to fatalism

## 2. Exercise management as a tool for capacity development and emergency preparedness planning

IOM, in partnership with the Ministry of Public Health, Thailand, coordinated a pandemic simulation exercise on 22 July 2008, which aimed to test and provide the basis for revision of the procedures developed by the different stakeholders in the pandemic preparedness planning. Specific objectives included: to observe the responses of participating stakeholders; to observe the effectiveness of the coordination and communication within and between relevant stakeholder; to identify gaps and any confusions in roles and responsibilities of stakeholders; to provide recommendations and improve the drafted pandemic preparedness plans and procedures.

Observation of the pandemic simulation exercise and discussions with stakeholders involved in the exercise provided the opportunity for study tour participants to identify some key principles and lessons for exercise management as a tool for emergency preparedness planning – these were often related to the exercise model presented by ADPC (refer to document in Resource DVD: *Exercise Management: A Tool for Capacity Development*).

**Lesson 1: Exercises should be guided by clear objectives, which are based on an identified need** (e.g. “to test the emergency response procedures” or “to assess coordination between organisations”); objectives need to be defined clearly and communicated to participants and observers; the exercise will be more focused and more beneficial if it is designed to respond to clearly-identified objectives.

**Lesson 2: Avoid “scope creep”:** The scope of the exercise, which determines what will be included in the exercise (type of emergency, location, functions, participants and exercise type), should be limited and should reflect the objectives of the exercise. If the exercise is too ambitious, it will be difficult to coordinate and evaluate, and will therefore not achieve its objectives. The bigger the scope of the exercise, the more work will be required before and after the exercise, and the more the exercise management team will need experience. Sometimes it may be better to conduct a number of smaller and more focused exercises than one big, media-worthy exercise. Limiting the scope of exercises requires making sure that the exercise management team sticks to the objectives of the exercise and does not get carried away by increasing numbers of organisations and participants wanting to ‘join in’ on the exercise – this was a problem that IOM staff had to grapple with throughout their exercise planning activities.

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**Lesson 3:** Proper **briefing** of participants, observers, evaluators and others who might be involved in or affected by the exercise is crucial:

- **Participants** need to be clear about the objectives of the exercise and their roles in the exercise; participants also need to understand that in an exercise – as in real life – they may not get all the information immediately and that the information that they get may be confusing; ideally, participants involved in the response activities should play the same role as they would in reality (e.g. a doctor in the exercise should be a doctor in reality);
- **Observers** need to be well briefed about their roles and responsibilities – for instance, observers should not communicate with participants or interfere with the exercise in any way; if expected to provide feedback and participate in the debriefing of the exercise, observers should be made familiar with the objectives of the exercise;
- **Evaluators** for the exercise should be given thorough briefing on the exercise objectives and provided with an evaluation format according to which they can assess the exercise itself and develop an evaluation, based on clear indicators, of the objectives that the exercise was designed to meet;
- **Community members** need to be briefed about the exercise in order to reduce the likelihood of panic if people misinterpret the scenario as reality.

**Lesson 4:** Equally important is **proper debriefing**: participants, evaluators, observers, community members and exercise management team should be prepared to take part in an organised de-briefing session, in which they should be prepared to provide feedback corresponding to the objectives of the exercise. It is important to ensure that feedback is accurately documented and provides input to the evaluation of the exercise. Different methods and tools for debriefing can be used – for instance, if the exercise is filmed, the footage can be used to provide participants the opportunity to revisit and analysing their own achievements and mistakes.

**Lesson 5: Exercises should feed into a continuous cycle of improvement for capacity development and emergency preparedness:** exercises should be well evaluated, with the evaluation also addressing the design and conduct of the exercise as well as the participants' response to the scenario. Evaluations should be based on clear criteria and indicators, which themselves provide indication of whether the objectives of the exercise have been met and will provide guidance to improvement of the arrangements that were being tested, practiced etc. External evaluators can be beneficial, since they are likely to be more critical of the whole process and less involved in details of the management of the exercise. One gap often experienced is that exercises are held without there being any improvement in the arrangements they tested, put into practice, etc. Making sure that there is follow-up process is therefore a crucial part of the exercise management process.

The challenges and weaknesses that are highlighted by an exercise are therefore themselves learning points that need to feed back into pandemic preparedness planning cycle. The following represents some of the key learning points that were derived through debriefing and evaluation from the IOM-MoPH exercise:

- **A clearer definition and understanding of roles and responsibilities and of relations between different roles and responsibilities is needed**; for example, the role of the Village Health Workers and Migrant Health Workers was unclear to hospital staff, who consequently did not draw on them for help with translation, crowd control, risk communication, PPEs, etc.
- **It is crucial for key actors and leaders** in different sectors and organisations to be fully familiar with preparedness plans/procedures, since in an emergency they will have to take command in leading the response; however, there is also a need for **flexibility in understandings of roles and responsibilities and plans for substitution** of key players should key staff get ill (for example, what happens if only the leader knows the procedure and he/she suddenly falls ill?)

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- Developing and institutionalising a plan does not mean that this plan is operational or that the individuals or mechanisms are prepared to respond to an emergency – exercises therefore reveal **gaps in preparedness and the differences between arrangements and operations**. Gaps may include lack of training in use of equipment such as radios, lack of planning for links and coordinating mechanisms (e.g. transport of staff and supplies, etc). Moreover, IOM's analysis of the exercise revealed that different parties did not always refer back to the plans that had been developed but relied instead on their 'common sense' and to their own vertical ways of operating previously to the development of the plans.
- **Communication and coordination within and between agencies is (one of) the most important and difficult aspect to emergency preparedness and response:** during the exercise, different individuals and organisations often followed out their own plans and procedures fairly well, but they did not necessarily communicate or coordinate well with other individuals or organisations, resulting in a less effective response – for example, there was a lack of communication and coordination between SRRT and hospital or between hospital staff and Migrant Health Workers who were within the hospital.
- Coordination does not only mean what others can do for you but also what you might be able to contribute to others. The exercise conducted by IOM showed the **importance of working together**, within and across agencies, sectors and organizations.

## What did this exercise teach us?

- ✿ Highlighted the importance for emergency preparedness of actors understanding not only their *own* roles and responsibilities but also those of others who are involved in emergency preparedness and response
- ✿ Gave participants from different sectors an idea of how a multi-sectoral response to a pandemic would look and direct individual *and* team experience of operating within such a response
- ✿ Exercises promote cross-sectoral awareness and collaboration; representatives from government, private sector, health, utilities, community etc. are then more aware of how much they depend on each other and of the importance of working together to prepare for and respond to emergencies
- ✿ Communication and coordination within and between different actors, organisations and sectors is crucial for effective preparedness and response
- ✿ Participants come to realise that in an emergency, they will not know what to expect and they will have to respond to unplanned events and complications
- ✿ Gave key stakeholders in the planning process an opportunity to reflect on their planning activities and on their own and their system's preparedness; this in itself enhances preparedness
- ✿ Exercise in one type of emergency builds preparedness for another => should emphasise that while this is an exercise to test pandemic preparedness, it is in fact a good test of emergency preparedness more generally – teach people to think like an all-hazards approach
- ✿ Exercises involving different stakeholders and vulnerable communities can sensitise decision-makers to the needs and priorities of these vulnerable communities

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## STUDY TOUR EVALUATION: Experience-sharing for capacity development in community-based management of AHI

Overall, the study tour was considered by participants and facilitators to have been a success in terms of the objectives stated at the beginning of this report. Formal and informal feedback provided by participants indicated that the study tour was useful for them (see also the summary of feedback below in Tables 2, 3 and 4), providing an opportunity for learning from the combined skills and experiences of IOM, IRC and ADPC – organisations working in different aspects of emergency preparedness planning.

The study tour therefore provided the opportunity for participants to learn from the experiences of IOM, ADPC and IRC in emergency preparedness planning in different contexts. In particular, observing the simulation exercise conducted by IOM provided a concrete opportunity for participants to understand some of the challenges involved in exercise management and emergency preparedness planning – as well as key underlying principles or lessons that could be used to strengthen emergency preparedness planning in their own contexts. Participants indicated that they had gained increased awareness of challenges and priorities of pandemic preparedness planning involving vulnerable groups such as refugees and migrants. They also indicated an increased understanding of the importance of involving such vulnerable community groups in emergency preparedness planning, as well as working with the non-health sector in emergency preparedness.

The IOM-IRC-ADPC study tour provided the opportunity for participants from different organisations working with vulnerable communities in Thailand to come together and learn from each others' experiences. The sharing of ideas and resources, as well as critical analyses of examples of community-level emergency preparedness planning benefited not only the participants but also the hosts of the study tour:

“ The great benefit, and perhaps the uniqueness, of this study tour is the presence of [representatives from different organisations as well as] technical persons from ADPC, in addition to the resource person from IOM Bangkok. Their comments and feedback on the exercise management as well as on the development of PPP are very useful to the local team” [quote from IOM local staff who were responsible for planning and implementing IOM's project in Chiang Rai]

## PROJECT AND CONTACT DETAILS

The AHI-NGO-RC/RC-Asia Partnership would like to extend special thanks to IOM staff in Bangkok and Chiang Rai for hosting the study tour, as well as the Provincial Office of the Ministry of Public Health of the Government of Thailand, for allowing participants the opportunity to observe the pandemic simulation in Chiang Rai.

The study tour was part of the project on 'Strengthening Community-Based Management of AHI in Asia', which is jointly implemented by ADPC, CARE, IFRC and IRC, and funded by the Canadian government via the Asian Development Bank.

For further information on this study tour as well as on the different aspects of the project on 'Strengthening Community-Based Approaches to Management of AHI in Asia', please contact [phe@adpc.net](mailto:phe@adpc.net)

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## ANNEXES

**Table 1: Study tour participants**

	Organisation	Participant name	Participant position
1	Asian Disaster Preparedness Center	Mr. John Abo (facilitator)	Technical Manager, Public Health in Emergencies
2	Asian Disaster Preparedness Center	Miss Anne Decobert	Project Coordinator, Public Health in Emergencies
3	International Federation of Red Cross and Red Crescent Societies	Ms Wanree Saisamuth	Regional Public Health Programme Officer
4	International Organisation for Migration	Ms Sushera Bunleusin	Project Assistant
5	International Organisation for Migration	Ms Nigoon Jitthai (facilitator)	Migrant Health Program Manager
6	International Organisation for Migration	Mr. Vittaya Sumitmoh (facilitator)	Field Coordinator, Migrant Health Programme
7	International Rescue Committee	Dr. Nyunt Naing Thein	Migrant Health Coordinator
8	International Rescue Committee	Mr. Satja Netek	Migrant Health Officer
9	International Rescue Committee	Mr. Garth Osborn (facilitator)	Senior Health & Avian Influenza Coordinator
10	Karen Department of Health and Welfare	Nai Su Mwe	Coordinator, Malaria control program
11	Kenan Institute Thailand	Ms Ratikorn Khuptarat	AI Coordinator
12	Mae Tao Clinic	Mr. Lin Yone	Data manager
13	Ministry of Health; Tak province	Mr. Chamnan Pinna	Researcher/academic
14	Ministry of Health; Tak province	Mrs. Nirakan Kittinatkoson	Researcher/academic
15	Thai Red Cross Society	Dr. Chor Kemsiri Knowgrakkiattitot	Family Physician
16	Thai Red Cross Society	Mr. Tawatchai Visesmuen	Nurse
17	Raks Thai Foundation	Mr. Chanyuth Tapa	Chief Technical Officer
18	Raks Thai Foundation	Mr. Bruce Ravesloot	DM&E Specialist, Program Development and Monitoring Unit

**Table 2: Participant Feedback: Usefulness of the Study Tour**

	“Yes, completely”	“Very useful”	“Useful”	“Not very useful”	“Not at all useful”
“Overall, the Study Tour was useful to you”	30%	70%	-	-	-

**Tables 3 and 4: Participants Feedback: Organisation of the Study Tour and Interest in Further Aspects of the Partnership**

	“Yes, completely”	“Very satisfactory”	“Satisfactory”	“Insufficient”	“Not at all”
“Was the invitation and information given prior to the study tour satisfactory?”	30%	70%	-	-	-
“Were the study tour facilities, organisation and general support satisfactory?”	30%	70%	-	-	-

	Yes	No
“Would you like to be notified of other aspects of the Partnership?”	100%	-