

Avian influenza (AI) preparedness, mitigation and response

Funding of CHF 80,214 (USD 64,200 or EUR 49,515) was allocated to the Egyptian Red Crescent to implement the activities described below for a period of 9 months.

In brief

Appeal history:

- Appeal launched on 20 April 2006 for CHF 17.4 million (USD 13.4 million or EUR 11 million) for up to the end of 2007.
- Appeal coverage for 206-2007: 18.3 per cent.
- Outstanding needs: CHF 14.2 million (USD 12.2 million or EUR 11.6 million)
- CHF 40,000 (USD 32,000 or EUR 24,800) was allocated on 23 February 2006 to Egyptian Red Crescent from the Federation's Disaster Relief Emergency Fund (DREF) to support National Society activities.
- CHF 10,000 (USD 8,000 or EUR 6,200) was allocated to Egyptian Red Crescent AI Preparedness programmes from the North Africa Regional Appeal (MAA82001) in December 2006, using the Finnish Red Cross contribution.

[<click here to go to the Contributions List on the website>](#)

[<click here for the full Avian influenza \(AI\) preparedness, mitigation, and response appeal>](#)

Summary for this funding proposal:

Since the first cases of H5N1 AI virus were reported on 16 February 2006, the virus has been detected in 859 farms and 167 backyard poultry breeding grounds in 23 out of the 27 governorates. A total of 23 human infections have been confirmed since the first case on 15 March 2006, with thirteen fatalities (source: www.who.int 1 March 2007).

Since February 2006, the Egyptian Red Crescent (Egyptian RC) has reinforced its awareness programmes, strengthened its activities in the health, hygiene education and communication in Red Crescent branches and through workshops conducted at central level. Thanks to the Federation support from a DREF allocation and the Finnish RC contribution, the Egyptian RC has conducted Trainer of Trainer (ToT) courses for a total of 50 trainers and 174 training courses for 8,249 Egyptian RC volunteers in 2006. 521 health education sessions for communities in rural and slum areas and for school children were held, facilitated by Egyptian RC trainers. An information and education flyer was developed by Egyptian RC in Arabic and 120,000 copies were distributed.

The funds requested in this proposal will be used to strengthen the Egyptian RC Avian Influenza Preparedness and Response programme. It will do this by raising community awareness, improving health and hygiene education, educating people on managing sick animals and human case detection and referral mechanisms. In addition to psychological support, financial support will also be offered to affected families. Communication and advocacy will also form a key part of the programme.

For further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please visit the Federation's website at <http://www.ifrc.org>

[<click here for contact details for this funding request>](#)

Background:

The International Federation launched the global Avian Influenza (AI) appeal on 20 April 2006 seeking CHF 17.4 million (USD 13.4 million or EUR 11 million) to provide vital support to National Societies for an initial period of 12 months. The appeal is broadly designed to focus on capacity building, scaling-up of capacity and management, contingency planning, communications and service continuity planning. The appeal articulated a need to train up to 50,000 volunteers and NS staff, and resources continue to be needed for this (covering recruitment, field supervision and the follow-up of new volunteers and retraining of existing volunteers and staff).

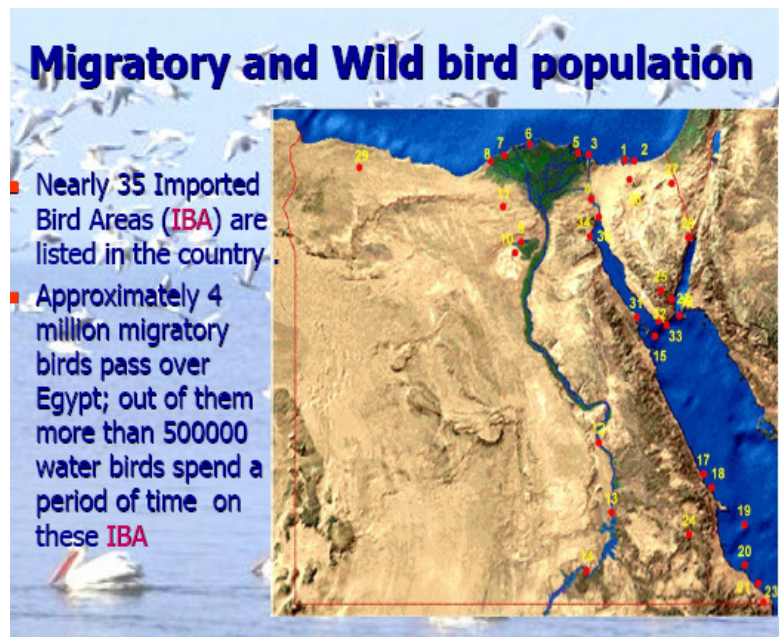
Situation analysis:

Country situation

Since February 2006, up to 30 million birds have been culled, causing an estimated loss to the poultry industry of USD one billion. The poultry sector had been producing over 2.5 million birds per day, offering a cheap source of protein to the population. Most of the approximately 40,000 commercial poultry farms have not introduced bio secure production systems.

Backyard farmed poultry is a very important source of income for the poor, as well as the main source of protein intake. Before the outbreaks, 29.4 per cent of the population were engaged in backyard poultry farming, with average income representing 13 per cent of their total income.

Approximately one quarter of the households owning poultry fall into the Highest Vulnerable Population (the poorest groups). Pre-testing of preliminary AI communication materials showed that rural groups as well as the general public wanted more information on signs of flu in poultry and its means of control, necessitating a coordination of messages. It is likely that the AI threat will remain for a while, and Egypt must stay alert to the threat of a pandemic. Activities must continue so as to avoid complacency and a return to risky attitudes and behaviour.



The total number of human bird flu infections since the start of outbreaks in Egypt totals 21, of which 12 have been fatal, while others recovered completely. New drugs used in the treatment of the disease have been provided in the hospitals. Factors contributing to the spread of the disease are the lack of bio-security measures in commercial farms and backyards, live bird markets, as well as the fact that adequate capacity for proper slaughtering, chilling and freezing exists in only 30 per cent of poultry production facilities.

Government actions

A Supreme National Committee was established with the Minister of Health (Chair), Minister of Agriculture and Minister of Environment, representatives from relevant ministries and UN Agencies- World Health Organization (WHO) and Food and Agriculture Organization (FAO). A Disaster Management Team (DMT) made up of representatives from UN Agencies, Government, NGOs and donors has been a regular forum for updates, information exchange and action planning to support Government efforts.

An integrated national plan was developed consisting of:

1. Phase 1: Strategies and Framework for AI Control and Pandemic Preparedness Plan (Nov 2006 – Feb 2007);
2. Phase 2: Operational Action Plan consisting of short, medium and long-term actions containing long term development perspective (March 2007 onwards);
3. Phase 3: Pandemic Preparedness and Response Plan/contingency plan (March 2007 onwards);
4. Strong coordination mechanisms both within the Government and among the donors;
5. Establishment of a compensation scheme for the backyard poultry farms;
6. Policy changes in the animal sector;
7. Social safety net support to ensure the livelihood of the backyards poultry farmers.

The Egyptian RC has a clearly defined auxiliary role to the Egyptian Government in combating AI, carried out through its nationwide network of youth volunteers. The NS is an active member of the national interagency coordination committee and has been involved since the beginning in the prevention, preparedness and response plan to combat AI.

Significant initiatives have been undertaken at Central Government and governorate level to implement this country plan:

- Programme to improve bio-security and surveillance in poultry farms started systematic vaccinations. Active surveillance of poultry is ongoing in 1,202 villages. To date, 22,289 samples were collected and 44 positive sites were detected. The vaccination of poultry in backyard farms in rural areas is implemented by the official veterinary authority (free of charge) using H5N1 vaccines. The total number of vaccinated birds in backyards is 19,124,877 (Dec 2006). The total number of vaccinated birds in farms is 420 million. Surveillance covers the following areas:
 1. Commercial production
 2. Rural production
 3. Migratory birds
 4. Poultry markets
- Regulations to increase control over transfer of live poultry within and between governorates.
- Regulations to improve live chicken markets by encouraging more hygienic handling of live poultry and stopping the slaughtering of birds at home. Up to December 2006, a total of 10,475 people in 23 governorates have been trained on how to safely dispose of infected poultry.
- Efforts to increase bio-security for backyard chickens (education and legal provisions).

- Plan for pandemic response is developed. Rapid Response Teams have been trained.

Communication materials have been prepared and widely disseminated. In the immediate aftermath of the AI outbreak in Egypt in February 2006, the Government of Egypt was able to quickly establish widespread awareness of AI risks, means of transmission, and basic prevention measures. Within hours of the confirmation of cases of the AI virus, all the major state-owned television channels were broadcasting the news to the public as well as airing an informative TV spot showing families how to protect themselves from the deadly virus. The TV spots reached 82 per cent, or 34 million, within one day, and research in May showed message recall of the AI TV spots at 68 per cent.

24-hour call centres with 40 toll-free lines were established, with 120 persons answering questions and concerns from the public. A practical AI communication strategy was developed by the USAID Communication for Healthy Living (CHL) prior to the outbreak under the auspices of the national AI committee, chaired by the Ministry of Health with representatives from all the concerned national bodies (including the Ministry of Information and Ministry of Agriculture) as well as international partners, such as USAID/ Naval Medical Research Unit (NAMRU), and World Health Organisation (WHO).

The approach of the communication strategy includes the following elements:

- A unified campaign: At the national level a unifying logo or “brand” for credible AI information is used on all campaign productions and materials. To build credibility, this logo appears alongside those of international partners such as the WHO, and UNICEF as well as those of collaborative ministries and national organizations;
- Multi-sectoral action: The communication strategy involves partners from several ministries, sectors and industries in critical activities;
- Multi-level implementation: Activities are designed to be implemented at national, community and interpersonal level. Addressing AI in the Egyptian context requires identifying specific messages for specific audiences. The communication response was organized to address health, agricultural, and environmental sectors.

The strategy reflects WHO guidelines for effective outbreak control, and is guided by key principles of outbreak communication: Credibility/Trust, Early Announcement, Transparency, Respect for Public Concerns, and Advance Planning.

The Government is closely coordinating its work with the United Nations system, as well as other international organisations and partners in areas such as:

- Human Health: WHO, USAID, UNICEF, African Development Bank (ADB), European Union, World Bank
- Animal Health: FAO, Netherlands Government, ADB, EU, French Government, World Bank;
- Livelihood: FAO, UNDP, WFP, CIDA
- Communication: UNICEF, WHO, FAO, World Bank, USAID



The State of Information Service (SIS) has its own AI media centre and website to facilitate timely access to official information.

<http://birdflu.sis.gov.eg/html/index.htm>

Red Cross and Red Crescent action so far:

The Egyptian RC is highly experienced in programming around health education, hygiene promotion, dissemination of information and education material, publicity and advocacy on health issues. The Regional Office of the Federation has been supporting the Egyptian RC over the past four years in producing educational material, training tools for their Health and Community Based Projects.

The Egyptian RC, in its role as auxiliary to the Egyptian Government, has played an important role in the organization of large public and vaccination campaigns aimed at combating polio and contributing to its eradication in the country. The National Society was also closely associated with the measles vaccination campaign and has demonstrated solid experience in terms of social mobilization. Over the last five years, the NS has been reinforcing its HIV-AIDS programmes, focusing on prevention, community awareness and psychological support. Egyptian RC has developed a strong national network through its branches, its structures, its youth and volunteers.

- The Egyptian RC has played a major role in responding to a series of disasters that have struck Egypt (natural disasters, violence, terrorism attacks, train or ferry accidents). To enhance the organisation's capacities in disaster response, disaster preparedness is identified as a high priority for the society. An integrated disaster preparedness/health plan is being developed and will mainly focus on Risk Reduction Programmes, aiming at identifying hazards (using Vulnerability Capacities Assessment methodology), developing risk identification culture (assessment, management and a better risk communication), as well as efficient collaboration between different programme sectors.



Contingency plans are discussed in line with National Disaster Plan. The AI programme developed by the Egyptian RC fits well into the global preparedness plan, as it relates to the same mechanisms in term of community awareness, prevention, as well as several alert and response mechanisms. The network of volunteers, First Aid staff and volunteers trained in disaster preparedness are receiving additional briefing on AI to support better the communities they are already serving.

- For Egyptian RC, the AI preparedness work is perceived as an opportunity to strengthen regional and country level contingency planning for better 'health preparedness' to address other similar disease outbreak situations. Building community public health capacity to deal with AI is considered an investment for future crisis or outbreaks. New infectious disease threats will continue to emerge (HIV/AIDS, SARS, Chikungunya and other potential outbreaks). Stronger preparedness plans and effective response mechanisms will lead to reinforced health systems and to protect populations at risk.



- The Egyptian RC has also developed and printed 220,000 copies of an information and education brochure and distributed most of them together with the hygiene materials to populations in target areas with special emphasis on the small-scale poultry farmers at selected areas.

Needs assessment and Proposed Plan of Action:

The Egyptian RC programme assessment identified the need to address the following priorities:

1. Strengthen the Community Based Response: Using participatory approaches, mobilize local and community networks to scale up community based activities in combating AI, with an increased focus on reaching women and children and communities at risk (urban, poor communities);
2. Enhance health and hygiene education, providing knowledge on practicing simple hygiene that protects human lives;
3. Awareness raising and communication: need for behavioural and social change campaigns, education on appropriate behaviour linked to reducing risk of bird to human transmission;
4. Conduct orientation sessions about management of sick animals;
5. Develop human case detection, notification and referral systems;
6. Provide psychological support to reduce panic, uncertainty and to prepare community to cope better with the risk or to mitigate the impact of the crisis;
7. Provide financial support that addresses the negative socio-economic and nutritional impact on the poorest, most vulnerable households, securing funds when possible for compensation.

The activities outlined in this proposal will be integrated into the existing community based programmes of the Egyptian RC, including health promotion and training activities implemented in all governorates of Egypt,.

Overall Goal:

To effectively contribute to national efforts undertaken to prevent AI outbreaks spreading and to protect the population from a possible human influenza pandemic.

Objective:

The impact of AI outbreaks in target regions is mitigated through dissemination of hygiene and health education material on AI prevention and influenza pandemic preparedness.

Target locations: 27 governorates all over Egypt

Target population: 400,000 people in direct contact with birds, such as poultry farmers, but also people living with birds in their houses in rural, urban and slums areas. It includes housewives, workers in poultry, students and others.

Expected results:

1. Availability of a curriculum for health education on AI preparedness and response.
2. Established network of AI volunteer teams in 27 governorates of Egypt consisting of about 81 members.
3. Disseminated information of AI preparedness and response to 540 community leaders (such as religious or political representatives).
4. Increased awareness in the field of AI preparedness and response to 1,080 volunteers. The target volunteers are housewives (40 in each of 27 governorates) who will be in charge of disseminating health education messages to the communities.
5. Changed behaviour about hygiene and breeding poultry at home.
6. Increased awareness in the field of AI preparedness and response to 1,080 volunteers. These target volunteers will be poultry farmers, who will be in charge of disseminating health education messages to the communities (40 farmers in each of 27 governorates).
7. Better hygiene conditions and nutritional behaviour at home.

8. Information on AI Influenza preparedness and response disseminated to more than 400,000 persons - the community leaders; natural, religious and political, housewives, farmers, students and others.
9. Support provided to the families affected psychologically and financially.
10. Availability of protective material to the Egyptian people in need.

Activities:

1. Develop the training curriculum for health education in the field of avian Influenza preparedness and response (20 working days for the consultants), also to develop the two different designs of posters and training tools;
2. Conduct three trainer of trainers (ToT) courses for Egyptian RC volunteers in all governorates who will then train around five people to establish an AI team in each governorate;
3. Conduct 27 training courses of selected community leaders in all governorates of Egypt on AI preparedness and response;
4. Conduct 27 training courses for selected housewives in all governorates of Egypt on AI preparedness and response;
5. Conduct 27 training courses for selected farmers in all governorates of Egypt on AI preparedness and response;
6. Conduct 84,000 awareness raising and notification home visits (80 trained volunteers will visit 210 families each month for a period of five months);
7. Conduct 81 health promotion seminars on AI preparedness and response;
8. Distribute protective material to the Egyptian people in need in the target areas.

Programme timeframe: six months (March 2007 till December 2007)

Implementation Plan:

1. Select managing staff members in the Egyptian RC headquarters.
2. Identify project consultants to:
 - a. Draw up the job description of the project staff. (March 2007);
 - b. Prepare the health education training curriculum. (March 2007);
 - c. Prepare the scientific components of the posters, brochures and training tools. (March 2007);
 - d. Design all of the training courses for the volunteers, physicians, community leaders, housewives and farmers including the scientific component of the sessions. (March 2007);
 - e. Identify selection criteria of the volunteers, physicians, community leaders, housewives and farmers. (March 2007);
 - f. Identify indicators for the evaluation. (March 2007);
 - g. Formulate the different reports and sheets of the project. (March 2007).

3. Formulate the health education curriculum by the Egyptian RC headquarters, using the globally developed material, which will be tailored to the specific country context. (March 2007)
4. Design the AI flyers by the Egyptian RC headquarters (March 2007).
5. Conduct 1st ToT training courses for volunteers by the Egyptian RC headquarters (April 2007).
6. Select the volunteers, community leaders, housewives and farmers according to the experts' criteria by the Egyptian RC headquarters (April to June 2007)
7. Conduct 16,800 awareness raising and notification home visits by the volunteers monthly over a period of five months. Each Egyptian RC branch will conduct about 622 home visits monthly (June-November 2007)
8. Start distributing the protective material to people in need by the Egyptian RC branches (May 2007).
9. Provide psycho-social and financial support to 20 affected families by the Egyptian RC headquarters (May-August 2007).
10. Conduct 2nd ToT training courses for volunteers by the Egyptian RC headquarters (May 2007).
11. Publish the AI flyers by the Egyptian RC headquarters (May 2007).
12. Distribute the protective material to people in need in the target areas (May-December 2007).
13. Conduct 3rd ToT training courses for volunteers by the Egyptian RC headquarters (June 2007).
14. Conduct 27 training courses of selected community leaders in all governorates of Egypt on AI preparedness and response by Egyptian RC branches and each branch will conduct one training course (June 2007).
15. Conduct 27 of the health educators' seminars in the field of AI preparedness and response by Egyptian RC branches and each branch will conduct one seminar (June 2007).
16. Publish the Health educators' curriculum by the Egyptian RC headquarters (June 2007).
17. Conduct 27 training courses of selected housewives in all governorates of Egypt on AI preparedness and response by Egyptian RC branches and each branch will conduct one training course (July 2007).
18. Conduct 27 of the health educators' seminars on AI preparedness and response by Egyptian RC branches and each branch will conduct one seminar (August 2007).
19. Conduct 27 training courses of selected farmers in all governorates of Egypt on AI preparedness and response by Egyptian RC branches and each branch will conduct one training course (September 2007).
20. Prepare the final report of the project one month after the end of the implementation period.

Coordination

The Egyptian RC Headquarters and its branches work in cooperation with the governmental authorities at different levels. The Egyptian RC is represented in the intersectional committees for combating AI and participates in the consultative meetings. WHO, EMRO representatives are involved in conducting the training sessions for trainers.

Role of the International Federation

National authorities have the primary role and responsibility for addressing bird flu. WHO has acknowledged that current guidance may effectively target preparedness and containment at national level, but there is significant concern that national pandemic preparedness plans may not adequately take vulnerable groups into

account. Humanitarian organizations and other actors therefore urgently need to engage in scale up actions in national contingency planning and preparedness programmes.

The International Federation is ideally positioned in this respect because of its unique dual role: its independent status and the formal auxiliary relationship that National Societies have with their national authorities or government ministries, coupled with its expertise and capacity to reach the most vulnerable people in the community.

Globally, the Federation Secretariat carried out its support to the National Societies with their respective Plans of Action, carried out mapping of NSs activities and needs, formulated the communications strategy, provided guidance on pandemic contingency and service continuity plan, designed the pandemic response kits for staff protection, as well as provided coordination and technical guidance to the members (“Facts and Recommendations”, Avian Influenza Preparedness Checklist, Pandemic Preparedness Checklist, Guidance on storage of antibiotics, Tamiflu guidelines, Epidemic Control at Community Level) - all in line with WHO recommendations.

In delivering assistance or support to disaster response, the International Federation, through its member National Societies, relies on a massive worldwide network of volunteers, a presence in over 185 countries and extensive knowledge of disaster response delivery and services. The strength of the International Federation is its capacity to deliver an effective global response with core health and care assistance to vulnerable communities and groups, enhancing their resilience and coping mechanisms, and to reinforce and complement weak national health care systems.

Through its regional office for North Africa, the International Federation seeks to:

1. Support Egyptian RC’s efforts to increase their capacity, working in partnership with their government, to tackle AI at community or local level, thereby mitigating the threat of a pandemic and the challenges it may pose and reducing the risk of human case;
2. Provide resources and structural support so that communities at risk of bird flu increase their preparations for a possible pandemic and are ready to train their people;
3. Maximise the disaster response experience base and provide regional and international leadership within the Red Cross Red Crescent Movement by sharing perspectives to inform global preparedness and response work.
4. Increase the preparedness of the National Society, as auxiliary to their government, for a potential AI pandemic;
5. Reinforce coordination between the Red Cross and Red Crescent Societies, agencies and with the UN and Government

The International Federation’s actions are inherently linked with, and complementary to, the UN and other agencies. A global agreement was signed in May 2005 with WHO outlining areas of collaboration, one of which is public health in emergencies

Reporting, Monitoring and Evaluation

1. Periodical reporting system is developed in the branches. Data will be collected at Egyptian RC central level, analyzed and submitted through a consolidated report to the Federation Regional Office following agreed reporting deadlines.
2. Internal monitoring systems such as *developing notifying system for cases* or *developing notifying system for non hygienic poultry breeding* will be worked out by Egyptian RC, disseminated and used by the branches.
3. Field supervisory visits will be regularly planned to ensure the implementation of the plan.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The Federation's Global Agenda

The International Federation's activities are aligned with under a Global Agenda, which sets out **four broad goals** to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

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