

Avian influenza (AI) preparedness, mitigation, and response

Funding of CHF 545,841 (USD 444,142 or EUR 330,584) to implement the activities described below for a period of 12 months.

In brief

Appeal history:

- AI Appeal launched on 20 April 2006 for CHF 17,407,436 (USD 13.4m or EUR 11m) for 12 months.
- Total Appeal coverage: 22.9 %; Outstanding needs: CHF 13,421,133.

[<click here to go directly to the attached budget summary for this funding request, or here to view the contributions list for this appeal available on the Federation's website, or here for a map of the current global status of AI>](#)

Summary of this funding request:

The Avian Influenza (H5N1) outbreak in Asia poses a serious public health threat to the region. The World Health Organization (WHO) uses a series of six phases for pandemic alert and we are currently at phase three. With more and more countries in the world now reporting the AI virus H5N1 in wild and domestic poultry there is an ever increasing risk that virus could mutate and creating a new human strain of Pandemic Influenza (PI), if this were to happen and conditions are favourable it could have a devastating effect.

Governments around the world, including Cambodia, are responding to AI and the serious threat of PI by developing contingency plans in order to be able to respond to a pandemic. The Cambodian Red Cross (CRC) is an active member of the Avian Influenza Partnership Group and National Steering Committee which is chaired by the National Committee for Disaster Management (NCDM) lead by the Prime Minister of the Royal Cambodian Government. As such the CRC has developed and is conducting a programme for the prevention of AI in nine of Cambodia's 24 provinces. Additionally the CRC is formulating an integrated and coordinated disaster preparedness and response plan for PI.

By drawing on experiences of the past SARS epidemic in 2003 and Dengue epidemic in 2005 and by using its established disaster response and volunteer network throughout the country the CRC is well placed to play an important and vital role in mitigating the effect of a PI.

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 AI Appeal on 20 April 2006 seeking CHF 17.4 million (USD 13.4 million/EUR 11 million) to provide vital support to national societies for an initial period of 12 months. [<click here to view the appeal>](#) The AI Appeal is broadly designed to focus on capacity building, scaling-up of capacity and management, contingency planning for concomitant disasters, communications and service continuity planning. The appeal articulated a need to train up to 50,000 volunteers and national society staff, and resources remain 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

Outbreaks of the disease in bird populations have been confirmed in Viet Nam, Taiwan, Thailand, South Korea, Japan, Cambodia, Laos, Indonesia, Pakistan, DPRK and China. Hundreds of millions of birds have been culled throughout the Southeast Asia region. At time of writing this proposal, WHO reports that to date there have been 256 reported cases of AI A/(H5N1) has which has resulted in 151 deaths, a fatality rate of 59%.

Avian influenza was first confirmed in Cambodian chickens in January 2004. Since then, the country has experienced incidences of avian influenza, with losses of more than 40,000 chickens and six human fatalities. Four of these human fatalities occurred between January and April 2005 and the last two occurred in March 2006. In August 2006 there were confirmed outbreaks of H5N1 in poultry in two provinces, Prey Veng and Kampong Cham which resulted in more than 6,000 birds either dying from the disease or being culled.

In the opinion of the CRC the following factors contribute to high vulnerability of the country to generalized epidemic of avian flu and also the potential high impact if pandemic influenza occurs:

1. Large number of people living in close contacts with live poultry

According to the FAO classification system four poultry production systems are identified according to the bio-security and the marketing of poultry (see table 1). Two main different poultry production systems exist in Cambodia, backyard/small scale and commercial.

The backyard systems dominate the poultry sector in terms of number of farms and numbers of poultry raised. 85% of households in Cambodia account for 90% of the poultry population.

Table 1. Classification of the poultry systems in Cambodia

Sector 1	Sector 2	Sector 3	Sector 4
1 farm of 100,000 layers	68 broiler units 9 layer units 1 hatchery 57 pullet raising units (Estimated to be around 400 thousand birds)	30 broiler units 43 layer units 20-30 duck hatcheries 951 duck units (Estimated to have 400 thousand chickens and 841 thousand ducks)	85% of the households (1.9 million) raise 90% of poultry population (11.96 million chickens and 2.73 million ducks)

Table 2. Number of farms and bird populations in the different poultry systems in Cambodia

System	Number of farms				Population ('000)			
	Chicken	Duck	Total	%	Chicken	Duck	Total	%
Backyard	1,881,000	380,000	1,900,000	99.94	11,955	2,727	14,682	90.07
Commercial broilers	92		92	0.00	379		379	2.32
Commercial Layers	52		52	0.01	400		400	2.45
Duck systems		285	285	0.05		841	841	5.16
Hatcheries, parent stock	1	30	31	0.00				0.00
Total			1,901,221	100.00			16,301	100.00

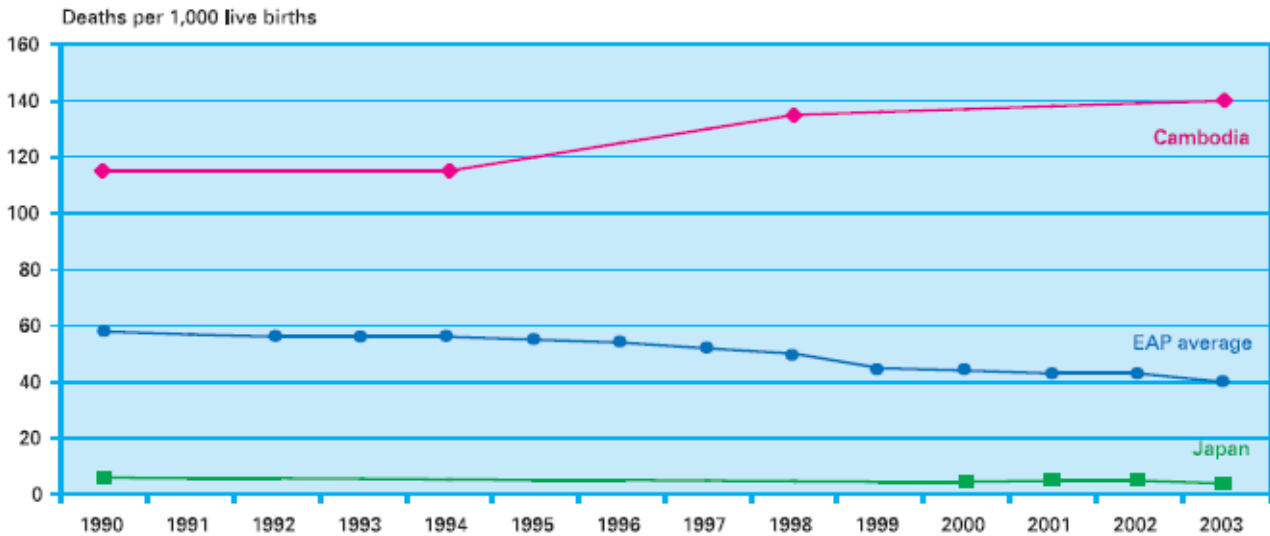
Taken from NCDM Draft Contingency plan for AHI

Most of these small farmers live under very basic conditions in close proximity with their poultry and other animals and have a limited knowledge about safe farming practices. This added to a basic lack of good hygiene practices and a reluctance to report sick or dying poultry owing to the fear of having their poultry culled puts this particular group at risk of contracting the AI.

2. Lack of health services and poor surveillance systems:

Cambodia has one of the lowest health indicators in Southeast Asia. According to UNICEF Cambodia is one of the poorest countries in the World with 34% of its population living on less than \$1.00 usd/day. Nearly half of all children are malnourished and one in eight dies before they are five, U5MR is 140/1000 (2005) the lowest in the region.

Under-five mortality rate in East Asia and Pacific, 1990-2003 or latest year available



Source – UNICEF, The state of the World's children 2005

The Ministry of Health survey conducted in 1998 in 14 districts showed very low utilization rates for health services and it is believed that today these rates still largely remain so. For instance, in response to the question what the household heads would do first if a family member had a fever, the most common response was to buy medicine (38.5% for a child and 36.1% for an adult). Only one third (32.5%) of household heads said they would first go to a public health facility for a child with fever, and 29.5% would do so for an adult.

Surveillance of both human and animal health is a key factor to detecting cases of a novel influenza subtypes, such as AI H5N1. However, the country's level of surveillance system for both human and animal cases is poor. There is an existing Outbreak Reporting Surveillance System in operation in Cambodia but it has not been fully implemented throughout the country (the four cases of AI that occurred in 2005 in Cambodia were only detected when the people referred to health services across the border in Vietnam).

3. Other factors:

An Influenza Pandemic will require large scale public health education to be conducted, to which Cambodia is currently ill equipped. Factors such as lack of low population coverage rates for mass media and communication (television, radio), low literacy rates and weak local and national public health services will hinder the government and NGO actions to provide mass education campaigns

Therefore this will mean that most public health education in rural villages will require extensive outreach programmes to the communities and this may not necessarily be feasible in the context of PI, an unknown disease which could likely evoke mass panic and fear.

This underscores the significant role of country's community-based organizations like the CRC in preparing communities in advance in order to stem the spread and mitigate the impact of the pandemic.

Red Cross and Red Crescent action so far:

Cambodia Red Cross (CRC) is the largest humanitarian organization in the country. Established in 1955, it has a network of 24 branches covering all provinces, municipalities and cities.

The CRC, as an auxiliary to the Royal Government of Cambodia, has been recognized by the Government as a key partner in assisting to strengthen its different health programmes. The volunteers throughout the country are well positioned to assist local authorities to conduct public health education and support prevention measures against avian influenza to the most vulnerable members of society. It has an organized disaster response mechanism in place with experienced staff that coordinates emergency operations from the National Head Quarters down to Provincial Branches, Sub-Branches and onwards to the effected communities. The CRC also has the logistic capacity available for operating emergency response programmes as and when needed including the delivering relief items to vulnerable communities. Over the last several years the CRC has accumulated considerable experience in responding to communicable disease outbreaks such as dengue fever and SARS. It successfully implemented SARS prevention program in year 2003 in 11 provinces throughout the country where RCV and RC youth delivered messages to over 7,500 community members.

The Cambodian Red Cross (CRC) is an active member of the Avian Influenza Partnership Group and National Steering Committee which is chaired by the National Committee for Disaster Management (NCDM) lead by the Prime Minister of the Royal Cambodian Government. In April 2005, the Chairman of the National Steering Group Committee on Avian Influenza, lead by the Minister of Agriculture, invited the CRC to become a member of this group.

CRC established an internal working group on health in emergencies in July 2005. The CRC has developed and is conducting a programme for the prevention of AI in nine of Cambodia's 24 provinces (Kampot, Takeo, Kandal, Prey Veang, Svay Rieng, Kampong Cham, Banteay Meanchey, Koh Kong and Kompong Speu). An orientation workshop and training of trainers on AI for Directors and Development Officers from the nine provinces, a total of 27, was conducted in April 2006 these participants subsequently trained 450 experienced Red Cross Volunteers (average of 50 per province) who are now conducting AI awareness campaigns in their communities. The campaign includes the distribution of posters provided by UNICEF and focuses on the four messages as set out by NCDM in coordination with relevant ministries and outlined in the Cambodian National Communication Strategy & Action Plan for Avian and Human Influenza:

Additionally the CRC is now formulating an integrated and coordinated disaster preparedness and response plan for influenza pandemic.

The national society appealed for funding support through the Federation annual appeal mechanisms and to date, has received partial funding from the German Red Cross and Japanese Red Cross.

In August 2006, the CRC with assistance from the American RC and the Federation conducted a national two day workshop for 75 participants to discuss HAI/PI. The primary participants were representatives from each of the 24 RC Branch offices and members from MoH, MAFF, WHO, FAO and PNS participated. A nation wide three day campaign on AI is now planned to be conducted in November 2006.

Needs assessment and Proposed Plan of Action:

The programme will aim to prepare communities and Red Cross staff and volunteers throughout the 12 provinces of Cambodia to increase there preparedness in order to be able to respond effectively and efficiently to the threat of Pandemic Influenza (PI) and other public health emergences such as SARS, Dengue, Cholera.

The CRC already has an established disaster preparedness and response plan which covers many eventualities including a draft PI plan which outlines the basic preparedness and response plan of action. However a comprehensive contingency plan for public health emergencies will be developed in order to ensure that the CRC is well prepared to respond to a range pandemics and epidemics including PI that may affect Cambodia.

The CRC preparedness and response plan for public health emergencies will be integrated into the NS Disaster Preparedness structure which includes a Community Based Disaster Preparedness project for flood prone areas along the communities of the Mekong River and will also include an HR policy for staff and volunteers (including provision of essential protective measures for RC staff and volunteers responding to an emergency).

Presently, CRC has an extensive network of RCVs throughout the 24 provinces in Cambodia. 960 out of these RCV members will be engaged in this programme. Many of these volunteers have already received basic training which covers: RC/RC dissemination, first aid, health & hygiene promotion and disaster preparedness. In addition, some of these RCV have received advance training in Community Based Disaster Preparedness, Primary Health Care, Water Sanitation, HIV/AIDS, Landmine Awareness, depending on requirements of each project.

These volunteers will now receive training to increase their capacity in order for them to play a significant role in educating their respective communities on how to modify present practices to enable time to reduce the risk of Avian and Pandemic Influenza and other PHE and to be able to develop mechanisms to mitigate the impact of such health emergencies

The CRC has identified three key areas where it can play an important role to assist the Government of Cambodia's National Plan to mitigate the impact of PI in the country. These include:

- Develop competencies of beneficiaries by engaging community leaders and members of their communities to develop strategies to prepare for different types of disasters that are frequent in their locations including Avian and Human Influenza and other public health emergencies.
- Increase the capacity of 960 RCV and staff members at NHQ and Branches/Sub Branches (total of 1,000) to be able to take personal protection measures and to be able to help their communities to better understand instructions from the public authorities in order to minimize the risks of public health emergencies including Pandemic Influenza.
- Increase the CRC capacity to be able to deliver essential, life saving goods and materials to vulnerable communities during public health and other emergencies.

Goal

To contribute to preventing and minimizing the potential for human morbidity and mortality caused by a potential influenza epidemic or pandemic.

Objective:

Beneficiaries belonging to high risk groups have modified their behaviour to reduce the risk of contracting Avian Influenza (AI) and community leaders and their residents have developed capacities to effectively prepare and respond to possible Public Health Emergencies (PHE) including Pandemic Influenza

Expected Results

1. High risk groups have benefited from the increased capacity of Red Cross staff and volunteers who have disseminated important messages about AI/PI in 12 provinces.

2. High risk groups are knowledgeable of the virus, its symptoms and can take measures to prevent and respond to an *Avian Influenza A (H5N1)* epidemic in Cambodia.
3. CRC has become a significant player in the National PI Plan (coordinated by NCDM) to respond to pandemic influenza and communities are taking steps to reduce the risks of communicable and endemic diseases.
4. Participatory monitoring and evaluation systems in place allowing all active partners to adapt to changes to maximize impact of the programme on beneficiaries.
5. Red Cross/Crescent regional and sub-regional coordination has increased the capacity of participating sister National Societies to respond effectively to Avian and Pandemic Influenza..

Key Activities related to expected results

1. Coordinate Steering Group meetings with relevant partners and Coordinate with NCDM and other relevant Ministries to ensure good cooperation and coordination and understanding of roles and responsibilities..
2. Develop a comprehensive preparedness and response plan for Public Health Emergencies (PHE), in line with the NCDM and the existing DM plan of the CRC.
3. Develop a workplace policy/ guideline on PHE for staff and volunteers of the CRC.
4. Conduct training on preparedness and response for AI and other public health emergencies for 3 Key RC staff from each Branch.
5. CRC Branch Directors and DOs coordinate activities with Provincial and District Authorities and Emergency Response Teams to agree work plans, roles and responsibilities.
6. Train 960 RCV and staff members to be able to take personal protection measures and help their communities to understand public risk to AI and other Public Health Emergencies.
7. RCV meet with Community leaders and members of their communities including VHW, VAHW to discuss ways to prepare for Public Health Emergencies.
8. Conduct public education targeting rural communities in selected communities in the 12 provinces through the mobilization of 960 community based Red Cross volunteers.
9. Purchase and stock pile at CRC National Branch offices protective clothing, T-shirts, caps, RC Bibs & hygiene kits for CRC staff and volunteers.
10. Conduct monitoring exercises throughout the programme cycle including a mid term review and an evaluation at the end of the three year period.
11. CRC attends regional and sub regional AI Coordination meetings.
12. CRC focal person for PHE (AI) visits either Laos or Vietnam RC to study their AI/PHE programme(s).

Critical assumptions

- Commitment from CRC leadership
- Commitment from RCV
- Good cooperation and acceptance from NCDM, MoH & MAFF
- Committed donor support
- Support from the Federation Delegation and Regional Office

Programme Implementation

Duration

January 2007 to December 2010 (four years)

Overall, the AI project in Cambodia is being implemented for a duration of four years, starting January 2007. The Global AI Appeal is supporting 34 percent of overall project budget, with a contribution of CHF 545,841, for the first year up to March 2008. To meet the needs of the entire project, the Cambodia Red Cross is looking at alternative sources of funding to support the remaining timeframe up to December 2009.

Beneficiaries and Location

Selected districts (including those bordering Vietnam and Laos) in 12 provinces of Cambodia.

Implementation Plan:

Coordination

- The CRC has very good relationships with the NCDN, MoH and MAFF who have provided technical assistance for the training including co-facilitating the ToT training on AI to CRC Branch staff in the nine target provinces.
- As a member of the Steering Group for PI and, in its role as auxiliary to the Government, the CRC will continue to coordinate with the NCDM in regard to all activities related to PI and foster relationships with FAO, WHO and UNICEF.
- The CRC, through their existing Cooperation Agreement Strategy (CAS) strategy, will continue to foster its relationship with the Federation Delegation and Regional Office, Red Cross Partner National Societies.
- The CRC will increase its coordination activities at regional and sub-regional level.

Monitoring and Evaluation

The CRC recently established a Monitoring and Evaluation (M&E) Unit which has been in operation since the end of June 2006.

The M&E Unit will assist the relevant CRC Departments to design monitoring forms and tools to be used at community, Sub-Branch and Branch level and the Unit will provide training for key staff within the CRC on how to involve community members in the process of monitoring.

The M&E Unit, in coordination with the Department of Health, HR and DM will conduct a monitoring exercises in year one followed by a mid-term review in October 2007. Further monitoring exercise will be conducted in each of the subsequent years. At the end of three years an evaluation will be consulted by an external consultant

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:

- **National Society: (name and position); email: ; phone: ; fax:**
- **Federation country or regional contact: (name and position); email: ; phone: ; fax:**
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PROGRAMME BUDGETS SUMMARY

Appeal no.(s) selected: MAAKH001

Delegation code(s) selected: KH

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total CHF
	CHF	CHF	CHF	CHF	CHF	CHF	
Shelter	0	0	0	0	0	0	0
Construction	0	0	0	0	0	0	0
Clothing & Textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & Plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & First Aid	39,748	0	0	0	0	0	39,748
Teaching Materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other Supplies & Services	0	0	0	0	0	0	0
SUPPLIES	39,748	0	0	0	0	0	39,748
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & Telecom	4,550	0	0	0	0	0	4,550
Medical equipment	0	0	0	0	0	0	0
Other Equipment	0	0	0	0	0	0	0
LAND, VEHICLES & EQUIPMEN	4,550	0	0	0	0	0	4,550
Storage	0	0	0	0	0	0	0
Distribution & Monitoring	0	0	0	0	0	0	0
Transport & Vehicles cost	6,708	0	0	0	0	0	6,708
TRANSPORT & STORAGE	6,708	0	0	0	0	0	6,708
International Staff	0	0	0	0	0	0	0
Regionally Deployed Staff	0	0	0	0	0	0	0
National staff	0	0	0	0	0	0	0
National Society Staff	91,468	0	0	0	0	0	91,468
Consultants	0	0	0	0	0	0	0
PERSONNEL	91,468	0	0	0	0	0	91,468
Workshops & Training	162,201	0	0	0	0	0	162,201
WORKSHOPS & TRAINING	162,201	0	0	0	0	0	162,201
Travel & related expenses	2,373	0	0	0	0	0	2,373
Information & Public Rela	121,783	0	0	0	0	0	121,783
Office Running Costs	46,763	0	0	0	0	0	46,763
Communication Costs	7,176	0	0	0	0	0	7,176
Professional Fees	0	0	0	0	0	0	0
Other General Expenses	27,587	0	0	0	0	0	27,587
GENERAL EXPENDITURE	205,685	0	0	0	0	0	205,685
Asset Depreciation	0	0	0	0	0	0	0
DEPRECIATION	0	0	0	0	0	0	0
Contributions & Transfers	0	0	0	0	0	0	0
CONTRIBUTIONS & TRANSFERS	0	0	0	0	0	0	0
Programme Support	35,479	0	0	0	0	0	35,479
PROGRAMME SUPPORT	35,479	0	0	0	0	0	35,479
TOTAL BUDGET:	545,841	0	0	0	0	0	545,841