

case study

Epidemic preparedness in Myanmar

Adaptation and roll-out of Epidemic Control for Volunteers' (ECV) Toolkit and Training Manual in Myanmar / Myanmar Red Cross Society / 2015

Background

Myanmar is the largest country in mainland South-East Asia and is vulnerable to a wide range of hazards including floods, cyclones, earthquakes, landslides and tsunamis. Over the last decade the country has dealt with the devastating effects of Cyclone Nargis (May 2008); which severely impacted the Ayeyarwady and Yangon divisions, and Cyclone Giri that hit Rakhine State (October 2010). Rural areas, some unreachable by modern transportation methods, are the most vulnerable to disasters.

Communities across the country are also faced with chronic threats from communicable diseases, food insecurity and malnutrition. The impact of communicable diseases on the community varies between urban and rural areas, with potential for outbreaks in rural communities higher than in urban society. Malaria also presents a significant problem in Myanmar with approximately 76 percent of the population (7,931,446) living in high-risk malaria areas, divided into 80 endemic townships of 15 States and Regions. National statistics indicate over 200,000 laboratory-confirmed cases per year.

The evolving political context has resulted in changes to the health care system, in terms of administration and roles and responsibilities, however the Ministry of Health remains the major provider of comprehensive health care. Health care is organized and provided through the public and private sectors with significant numbers of the population relying on traditional medicine.

In line with the National Health Policy, Myanmar Red Cross Society is taking some share of service provision, its



A volunteer conducts health education with community members
Credit: Myanmar Red Cross Society

role increasingly important as the need for collaboration becomes more apparent. Myanmar Red Cross Society community health volunteers are part of the health workforce in Myanmar, especially in relation to preparedness and response to emergencies and disease outbreaks/epidemics. Myanmar Red Cross Society also continues to run programmes for combating HIV, tuberculosis and malaria.

The Epidemic Control for Volunteers (ECV) Toolkit

The ECV Toolkit was developed to reinforce the IFRC Community-Based Health and (CBHFA) Toolkit, a comprehensive training and resource package for volunteers in community health development and health risk reduction programming.

The ECV Toolkit ensures that volunteers have the proper training and essential communication tools (among other materials) before they are engaged in outbreak and epidemic response in their communities. It is known that in the middle of an outbreak or epidemic, volunteers have limited time to remember everything they have learned during trainings, or to develop effective response – the ECV Toolkit is therefore designed as a set of practical, easy-to-follow tools to be easily picked up and followed.



The ECV Toolkit consists of three major components

- **Disease tools:** A set of 17 sheets, each sheet describing a disease with outbreak or epidemic potential, such as mode of transmission, symptoms, prevention measures, people vulnerable to infection, as well as suggested questions during community assessment.
- **Action tools:** A set of 35 sheets, each describing a specific action that needs to be carried out in outbreaks and epidemics.
- **Community message tools:** A compilation of 27 sheets, each sheet containing a message which volunteers need to disseminate in communities to contain or prevent the further spread of an outbreak or epidemic.

The toolkit also comes with a training manual detailing a three-day workshop that can provide volunteers with an understanding on what constitutes an epidemic, how it spreads and the conditions that help it to spread, and what actions to take in the event of an epidemic.



Education on disease transmission taking place. Credit: Myanmar Red Cross Society

Application of the intervention

The roll-out of the ECV Toolkit in Asia Pacific began in late 2011, largely as part of community preparedness to epidemics and health emergencies. Twenty National Societies in the region have already conducted an initial roll-out, with Myanmar Red Cross Society being one of these.

A set of adaptation and roll-out materials were produced to support National Societies. These included a guidance note, training session guides, and a set of visual aids which could be converted into PowerPoint slides or posters.

IFRC supported Myanmar Red Cross Society with the roll-out of the ECV Toolkit through its epidemic preparedness project, funded by the Hong Kong Red Cross. The epidemic preparedness project is aligned with Myanmar Red Cross Society health division's strategic plan and supports the development of the emergency health component of the Myanmar Red Cross Society multi-hazard contingency plan.

The project has further enhanced the capacity of Myanmar Red Cross Society to fulfill its vital public health role in communities, through the production of localised communication materials and the training of community volunteers. The aim of these resources is to increase the dissemination and understanding of key health messages, highlighting the preventive and home care actions that can be taken by community members to help control disease outbreaks and epidemics.

Targeted area of intervention

The roll-out of the ECV Toolkit in Myanmar targeted five communities in Leiwei Township with a population of approximately 11,870 people (2,660 households).

Leiwei Township was chosen to pilot the project because Myanmar Red Cross Society have existing community-based health and first aid (CBHFA) programmes in the communities – focused on helping increase resilience to health and disaster risks – supported by the Hong Kong Red Cross. The communities had volunteers in place and had been identified as being prone to outbreaks of malaria, diarrhoea and dengue.

Funding of 51,406 CHF was requested for project implementation. The implementation was led by trained volunteers and included community organization, household visits and support to the local branch for the supervision of the activities.

ECV sensitization

A coordination and sensitization meeting on epidemic prevention and control brought together Myanmar Red Cross Society leadership and management representatives from various departments (Health, Disaster Management, Organisational Development, Communications, First Aid and Safety Service Division), and Ministry of Health officials and the IFRC country office.

In addition to this meeting, two sensitization and contingency-planning workshops, based on potential outbreaks of priority diseases, were conducted for Myanmar Red Cross Society staff and volunteers.

Adaptation of resources

The ECV Toolkit was translated and adapted for the local context. First, an external translator, with experience of translating medical textbooks into Myanmar language, was recruited. Next, following translation, all the kits were reviewed by the Disease Control Unit within the Ministry of Health and by Myanmar Red Cross Society health division. Pre-testing was carried out with communities.

A total of 1300 toolkits sets were printed and distributed to 17 States and Regions, while another 272 sets were distributed to volunteers from the project areas. In the future, the remaining toolkits will be distributed as part of a future roll-out that will see ECV integrated into Myanmar Red Cross Society's emergency preparedness and response programmes.

In addition, there is a plan to disseminate two or three sets of toolkits to other townships after training has been carried out in those locations. ECV trainings will also be integrated in national disaster response team (NDRT) trainings and emergency response trainings (ERT).

ECV training

This component began with a three-day training February 18–22, 2014, to create a group of Myanmar Red Cross Society 'master trainers' who would ensure the ECV Toolkit roll-out within the communities where they worked.

Six trainers from Myanmar Red Cross Society's national headquarters and 21 trainers from Lewei Township (nine males, 18 females) completed this training, which was supported by the IFRC Regional Office and Myanmar Ministry of Defence. Each master trainer was then able to conduct a multiplier training session in their respective villages, resulting in a total of 245 volunteers (78 males, 167 females) receiving training on the toolkit.



School children use song and dance to demonstrate correct handwashing techniques. Credit: Myanmar Red Cross Society

Outcomes of the intervention

While the benefits of the ECV training are yet to be fully seen and tested, overall the project has supported Myanmar Red Cross Society to increase community preparedness to seasonal disease outbreaks and epidemics, including potential emerging infections in the country. Roll-out of the ECV Toolkit improved the capacity of Myanmar Red Cross Society volunteers to deliver quality services to the community and to guide the immediate action of volunteers in response to any epidemic or its threat. The trainings made volunteers in the pilot areas understand:

- What constitutes an epidemic;
- How epidemics spread;
- The conditions that lead epidemics to spread; and
- What actions should be taken in the event of an epidemic.

Challenges

Although the ECV project made lots of improvements in the pilot township and was beneficial to helping Myanmar Red Cross Society prepare for a public health emergency, some challenges and constraints during the implementation of the project were also identified:

- Overall, the ECV roll-out required more time that was originally planned. While Myanmar Red Cross Society has experience of responding to epidemics it has not previously carried out an epidemic preparedness project before, so this approach was new. During implementation Myanmar Red Cross Society found that the trainings and roll-outs were varied and therefore required different resources and timings. Without an epidemic actually occurring, finding the available capacity and appropriate timings for the ECV roll-outs also required more time.
- Recruitment of project staff was also challenging with a lack of experienced applicants, partly due to the short-term nature of the project and the lack of familiarity of this approach.

- Translation and adaption of ECV Toolkits took more time than expected with Myanmar Red Cross Society having to change all the illustrations and drawings and much of the text in order to be in line with the local context. Approval of any health manuals depends on the availability of Ministry of Health officials to review and authorize and the pre-testing in communities – reviews and extensive revisions meant more time was needed.
- The sensitization workshop with the government's Executive Committee and Ministry of Health was critical but could not be conducted according to the plan of action because of time limitations. There were a number of other conflicting events taking place and Myanmar Red Cross Society faced challenges in terms of location, with many senior staff driving their time between offices in Nay Pyi Taw and Yangon.
- Staff capacity caused a delay to the launch of the project as recruitment of capable staff for a short-term funded project is not a quick process.
- In the future, Myanmar Red Cross Society needs more funds to roll-out in some of the 17 States and Regions, 330 Townships and 64,134 villages.

“The ECV Toolkit will be a very important tool for Myanmar Red Cross Society in epidemic and pandemic preparedness. The tool will be specifically noted in the Standard Operation Procedures (SOPs) for emergency response”

Dr Naing Naing, Deputy Director of Health,
Myanmar Red Cross Society

The way forward

With the Republic of the Union of Myanmar made up of 135 national races speaking over 100 languages and dialects, the language barrier remains a significant challenge when translating health messages and materials. Even though the ECV Toolkit was adapted to the national Myanmar language, local communities may still face difficulties in understanding all the information.

It is recommended that the ECV Toolkit be further adapted to regional/local context, according to each area where an epidemic may occur. An alternative solution to adaptation is to rely more on picture messages, which people can understand regardless of their background and language.

Other lessons learnt and recommendations for future projects include:

- Community message tools need to be comprehensive, for example, like IFRC's community-based health and first aid (CBHFA) community toolkits.
- Project staff should be recruited at the early stage of project design and planning.
- Coordination with other departments, especially disaster management and organisational development, should be done during the design and planning stages of the project so that other departments can also integrate ECV in their trainings for Red Cross volunteers such as National Disaster Response Training (NDRT), and Emergency Response Training (ERT).
- ECV training should be included as a session in basic first aid training at village level.
- Translation and adaptation of the manual and toolkits should be allocated more time to ensure a realistic timeframe in the plan of action. As all activities can only occur after translation, delays will greatly affect the implementation of activities.
- Supporting materials for early warning systems, communications and early response, such as community-based disaster risk management (CBDRM) kits, should also be provided apart from training.
- Refresher training should be conducted every two years.
- Ample time is required to allow for adaptation of the training according to different cultural and language contexts.

Myanmar Red Cross Society has already gathered a significant amount of experience in launching emergency relief and recovery operations responding to Cyclone Nargis, Cyclone Giri, the Tarlay earthquake and many other emergencies. It is felt that the use of the adapted ECV Toolkit by trained volunteers in case of epidemics will enable the organisation to respond to epidemics in emergencies more systematically and more effectively. The Myanmar Red Cross Society multi-hazard contingency plan has already considered this, and has identi-

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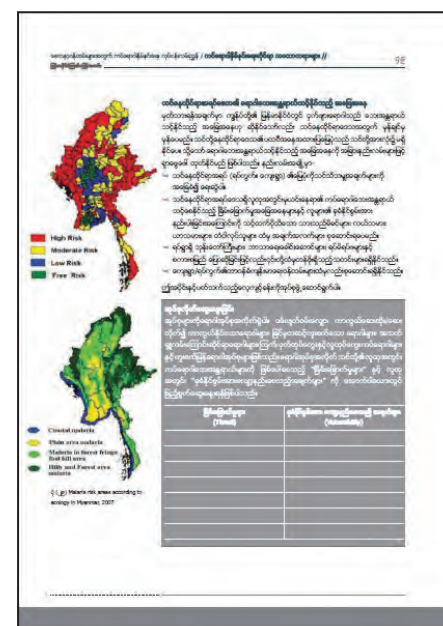
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