

Pandemic Qualitative Research in Bangladesh

Abul Barkat
Golam Mahiyuddin, Avijit Poddar, Asmar Osman
Md. Shahnewaz Khan, Md. Badiuzzaman
Rezaul Hoque, Abdullah-Al-Hussain

 **Human Development Research Centre**

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Executive Summary

Background: Influenza is an acute respiratory tract infection, spreads from person to person by droplet infection or droplet nuclei originated by sneezing, coughing or talking. Besides 3 types of causative agents – A, B and C, WHO global surveillance activities have identified another severe human infection with a new influenza virus called A (H₅N₁) in Hong Kong in mid 1997. So far, more than 100 human cases have been laboratory confirmed in Asian countries including Bangladesh, and presumably, more than half of them have died. Moreover, the virus – if given enough opportunities – will change into a form that is highly infectious for humans or combine with the highly contagious seasonal influenza virus and spreads easily from person to person. Fortunately, until now, the virus does not transmit easily from birds to humans or spread readily and sustainably among human. Once a fully contagious virus emerge, its global spread – a pandemic is considered inevitable. The accompanying study will give a clear direction and insight in designing the most effective operational plan against pandemic.

The purpose of the assignment: To determine/ascertain (i) what the key populations at community level, and stakeholders at the national and community level are planning, value or importance they place on protecting their communities, citizens and industries, as well as assuring maximum health care and food security to their citizen, (ii) what the general population plan to do in response to limited or suspension of work, food, and health care, (iii) what they have done or currently do at the time of other natural disaster or disease outbreak, and (iv) uncover their innermost fear and/or thoughts about the threat of disaster to their family and their normal existence.

Methodology: In-depth interviews have been conducted to collect data from six districts of all the six divisions. Wards at district head quarter have been considered as urban community. Randomly selected upazila headquarters from the chosen districts have been considered as peri-urban community. From each selected upazila, one village has been selected randomly, and considered as rural community.

At the community level, a total of 360 households have been interviewed taking 20 from each of urban, peri-urban and rural community. Besides community respondents, there are respondents from national stakeholders and district stakeholders. Generally, representatives of different ministry, the headquarters of private sector organization, and civil society organizations/ NGOs have been identified as the national stakeholders. On the other hand, local government authority, community health workers and volunteers, agriculture extension workers and volunteers, local companies, community or district-level representatives of national/ international NGOs have been considered as district level stakeholders.

Past experience with emergencies: In Bangladesh, most of the emergencies are of natural calamities. By and large, most of the community respondents have real experiences of natural calamities like seasonal flood and cyclone together with tidal wave almost every year. According to most, TV, radio, public and/or community announcement are some of the main sources of information. Own houses are most preferred place for shelter during emergencies, however, those who have to leave own houses, usually go to cyclone-shelter/ flood center/schools, alongside highways/roads and makeshift cots/beds above the floodwater level. At the time of emergency, along others, community people usually extend their cooperation to each other in finding/taking refuge to nearby shelters during emergencies. Issues like safe

shelter, food and drinking water, medical care, general security as well as security of the children and sick people are the primary concerns of the community people and generally come to their mind at first whenever informed of any emergency or at the time of emergency. For the most part, community people do not consult with others regarding steps to be taken during emergency. Nonetheless, few/very few use to consult with family members, relatives, neighbors, elderly and influential persons of the community, who seems to be knowledgeable and experienced to this field.

Confinement at the place of shelter, lack of transport, costly food item, higher cost of reconstruction and disruption of communication and basic public services etc. are some of the frequently mentioned main challenges.

Numbers of agencies play active role in distribution of relief materials as well as maintenance law and order situation. However, according to the respondents from government organizations and civil societies, existing preparedness of the country for disaster management is not adequate as well as not uniform at all levels. Moreover, uprooted trees on the roads, broken/damaged culverts/bridge, submerge roads under water at places etc. are some of the major concerns that seriously hinder in collection and distribution of relief materials to the affected community people. Development of speedy and effective disaster management system and coordination between various actors are of paramount important to this regard, according to the respondents of government and civil societies.

Role of relevant training on disaster management to concerned actors including NGOs at all levels has been reported by almost all respondents with highest emphasis.

Perception and care of pandemic influenza at community and household level: Viral infection, exposure to cold and extremes of weather, unhygienic and untidy life style are some of the causes of influenza as reported by the respondents at households and community level as well as stakeholders at district and national levels. Most of the stakeholders and community people think that outbreak of influenza usually occur either in the months of winter or during change of seasons. As regard to severity of influenza, both the community people and key stakeholders think that influenza is not serious disease.

According to most of the community respondents and the key stakeholders, people usually take traditional care at home, self-medication or medicine from pharmacy at the early stage of illness. People go to the doctors if the condition does not improve or gets worse. Irrespective of communities and regions, in case illness, more attention is paid to the children as compared to the elder family members at household level. They have further mentioned that, people are unaware of pandemic influenza and not prepared at all to tackle any major emergency like pandemic influenza. However, on the basis of their past experiences in emergency management, some respondents and key stakeholders are fairly confident to face any disaster like pandemic influenza.

Some international agencies like UNICEF, FAO, WHO and others are assisting government to achieve strategic aims to this regard. Most of the civil society respondents state that people are not prepared to handle pandemic flu at household level and at local government level.

According to the respondents from government organizations, although people at the household and/or at community levels are not well prepared to handle pandemic influenza at present but never remain unprotected. Routine nationwide surveillance of communicable and

non-communicable diseases together with countrywide surveillance system for vaccine-preventable diseases by the Extended Program of Immunization (EPI) of the Directorate General of Health Services has equipped the health service providers to quickly respond to natural disaster and emergency. Moreover, the government has already developed a 'National Avian Influenza and Human Pandemic Influenza Preparedness Plan' in preparing to stamp out of HPAI/H5N1. This plan is intended to ensure long term capacity building and multidisciplinary collaboration for prevention and response to future disease outbreak in animals and humans.

Limiting influenza transmission through non-pharmaceutical interventions (NPIs):

Analysis of the research findings reveals that in general, use of non-pharmaceutical interventions (NPIs) for limiting influenza is not much familiar to the community people and reasonably is not practiced widely at households and communities. Once informed about the four specific measures of NPIs, most of the respondents find it easy to practice and appear to be effective to them. According to the key stakeholders, none of their organizations has programme for promotion of NPIs against influenza. However, they have mentioned that it can be communicated to the community people through seminars, workshops, training sessions, mass promotional campaigns and courtyard meetings with community people at all level.

Source and channels for effective communication: Television has been reported by most community respondents, civil society and government organizations as a main source of information about any emergency in urban, peri-urban and rural communities. According to them, large number of people watches television daily and thus they consider it most effective and dependable as a source of information. Apart from this, other reported key sources of information at the time of emergencies are radio, newspaper, verbal communication, mobile phone, hoisting of danger signal flag and local announcement over miking. Radio listeners is relatively higher in rural and to some extent in peri-urban communities compare to urban. Moreover, according to most respondents, hoisting of danger signal flag and local announcement over miking is very much effective in rural areas as well as in absence of electricity during emergency

Reduction of Indirect impacts of pandemic influenza: Regardless of communities, most of the people somehow rely on local health centres/hospitals/clinics. However, community people usually utilize these health facilities whenever their illness gets worse. In the urban communities, although there is large numbers of people get treatment from medically trained personnel in spite of this; hospital is considered as a main source of medicare. To other end, in peri-urban and rural communities, treatment from traditional healers and quack is more common than medically trained personnel or hospital. In case of disruption of local health services during an emergency like pandemic influenza, urban people prefer to move for better alternative hospital whereas in peri-urban and rural communities, largely people have no idea about such situation other than to keep the sick person at home.

At the time of emergency, irrespective of communities, people usually collect drinking water from distant safe sources or purify the locally available water with the help of alum and/or boiling. Regarding food, it is reported that a large number of people across the country particularly in rural and, to some extent, in peri-urban communities, usually stock food for emergency. Moreover good kinship relation with neighbours and relatives together with distribution of relief materials provide food to the affected persons during emergency. In general, dry foods are considered for stocking, however lack of adequate food in urban

communities and financial constraints in rural communities hinders the practice to their desired level.

In a household, where main income earner gets sick/out of work or passes way, usually they get short term help from neighbours and relatives but in long run has to involve with income generation activities, lend money from others or spending saved money, if any. According to the respondents from civil societies and government organization, indirect impact of pandemic influenza can be reduced to a large extent if credit is provided to the victims with low interest and easy terms together with creation of income generation activities around. Additionally, they added that most needy and affected people can be reached through government's existing safety net programmes like vulnerable group feeding (VGF) and vulnerable group development (VGD).

Future emergencies-steps to be taken: In order to confront the damage from possible pandemic influenza or any other emergency, formulation of a sound disaster management plan is a must as reported by most the respondents from civil society and government organization. Apart from this, financial assistance, health care service with free supply of medicine, distribution of food and awareness building of the community people on disaster alertness etc. are some of the reported steps that can be taken by the civil society and government organization.

Union parishad/municipality chairman/ward members/commissioners, elderly people in the households and communities, teachers, imams, upazila parishad officials etc. are the key community leaders with whom people should be consulted in emergency preparedness and response.