



CENTRAL FUND FOR INFLUENZA ACTION
ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2010

Programme Title & Number
Programme Title: Pandemic Preparedness for Migrants and Host Communities II Programme Number (if applicable) CFIA B9

UNCAPAHI Objective(s) covered:
Objective 6: Continuity under Pandemic Conditions Objective 3: Human Health Objective 5 Communication: Public Information and Supporting Behaviour Change

Participating UN or Non-UN Organization(s)
International Organizatino for Migration (IOM)

Implementing Partners
Academy for International Development (AED) CARE Caritas (Egypt) Center for Information and Education of Health (Lao PDR) Egyptian Red Crescent FAO IFRC NEIDCO Pasteur Institute Senegalese Red Cross UNICEF UNOCHA Viet Nam Red Cross WHO

Programme/Project Cost (US\$)	
CFIA Contribution:	990,000
Agency Contribution	
Government Contribution (if applicable)	
Other Contribution (donor)	990,000

Programme Duration (months)	
Overall Duration	31 December 2008 – June 2010*
Start Date ¹	31 December 2008
End Date or Revised	June 2010
End Date, (if applicable)	
Operational Closure	June 2010

¹ The start date is the date of the first transfer of the funds from the MDTF Office as Administrative Agent. Transfer date is available on the [MDTF Office GATEWAY \(http://mdtf.undp.org\)](http://mdtf.undp.org).
 * IOM internal financial account closure: 31 October 2010.

(if applicable)

TOTAL:

Date²

Expected Financial Closure Date June 2010

Programme Assessments/Mid-Term Evaluation

Assessment Completed - if applicable *please attach*

Yes No Date: _____

Mid-Evaluation Report – if applicable *please attach*

Yes No Date: _____

Submitted By

- Name: Dr. Anita Davies
- Title: Global project coordinator
- Participating Organization (Lead): International Organization for Migration (IOM)
- Email address: adavies@iom.int

NARRATIVE REPORT FORMAT

I. Purpose

The overall objective of the *Pandemic Preparedness for Migrants and Host Communities* project, Phase II is to ensure continuity of essential, social, economic and governance services as well as the effective implementation of humanitarian relief efforts under pandemic conditions for migrant populations.

Main outputs

Information Education and Communication (IEC) materials

- Migrant-friendly IEC materials were produced and disseminated through social mobilization campaigns in all locations

Manuals

- “Introduction to basic counselling and communication skills: IOM training manual for migrant community leaders and community workers;” was published in English. The text made available on the IOM intra and internet.
- “Training on Health Promotion and Pandemic Preparedness for Migrants” was produced in English and Arabic.
- Multi-sectoral pandemic preparedness planning and response for migrants and host communities manuals were developed

Training

- Training on basic counselling and communication skills conducted
- Training on health promotion and pandemic preparedness conducted
- Workshops on multi-sectoral pandemic preparedness planning and response held
- Simulation exercises for multi-sectoral pandemic planning and response conducted
- Table-top exercises for multi-sectoral pandemic planning and response conducted

International, regional, national and UN and developing partners meetings

- Presentation of findings of the research “Reducing the spread of infection in an Influenza Pandemic: we all have a role to play” at the 16th Canadian Conference for International Health in Ottawa, Canada, in October 2009.
- Participation in the Regional H2P meeting in Viet Nam

² All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

- Participation in UNSIC international and regional meetings
- National advocacy and coordination meetings held with government counterparts and other relevant stakeholders
- Coordination meetings with UNCTs

Main outcomes

- Advocate at global, national, provincial, district and community level for pandemic preparedness in migrant and cross border communities;
- Strengthen capacity for community based surveillance, counselling and communication skills for migrants and host communities in the event of a pandemic or other humanitarian crisis;
- Conduct pandemic preparedness social mobilization interventions for migrants and host communities;
- Strengthen capacity, at the district and community level, to respond to the needs of migrants in disaster preparedness and pandemic contingency plans.

This is a six-month no-cost extension. During this period IOM advocated for the needs of migrants to be included in national pandemic preparedness plans and conducted social mobilization activities to promote behaviour change to limit the spread of pandemic influenza among migrant and host communities.

Explain how the Programme relates to the UN Consolidated Action Plan and its objectives and is in line with the CFIA TOR.

This project is in line with the CFIA ToR. It contributes to Objective 6 (including Objective 3 and Objective 5 as stated in the UN System and Partners Consolidated Action Plan for Animal and Human Influenza (UNCAPAHI).

- Objective 6, *Continuity under Pandemic Conditions*: ensuring the continuity of essential social, economic and governance services, and effective implementation of humanitarian relief, under pandemic conditions.
- Objective 3 *Human Health*, 3.2.3: Strengthened capacity for surveillance among migrant and mobile populations, and 3.3.4 Access to health services for migrant and mobile populations at risk of avian influenza or of any potential future pandemic.
- Objective 5 *Communication: Public Information and Supporting Behaviour Change*, 5.2.5 Government behaviour change strategies for migrants and mobile populations.

Indicate the main implementing partners, their roles and responsibilities, and their interaction with the Participating UN or Non-UN Organization

In all project locations IOM worked in collaboration with the national government, UN partner agencies, local NGOs, H2P initiative partners and civil society to implement the planned activities in all the project countries.

Partners included:

National Ministry of Health in all five countries

Academy for International Development (AED)

CARE

Food and Agricultural Organization (FAO)

United Nations Children's Fund (UNICEF)
United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA)
World Health Organization (WHO)
International Federation of Red Cross and Red Crescent Societies (IFRC)

Project work plans were coordinated with all partners and presented to the national government's relevant avian influenza and pandemic preparedness focal point for endorsement before activities were implemented in the country's communities. Inputs were received from UN lead agencies and national government focal points during the development of the information, education and communication materials.

In **Egypt**, IOM engaged with the following implementing partners:

- Refugee Egypt who provided support to IOM for IEC material distribution and dissemination of information on health to migrant communities
- Community-based organizations in Cairo and Alexandria who participated in social mobilization activities. They included:
- Egyptian Red Crescent
- Caritas

In **Cambodia**, IOM engaged with the following implementing partners:

- Svay Rieng Province officials at all levels working in the health and non-health sectors. They were involved in social mobilization and pandemic preparedness planning activities.

In **Lao PDR** IOM engaged with the following implementing partners:

- Center for Information and Education of Health who provide support for sensitization of migrant communities on pandemic influenza;
- National Emerging Diseases Coordination Office (NEIDCO), Bolikhamxay provincial authorities, UN and NGO partners who were involved in awareness raising and pandemic preparedness planning activities.

In **Vietnam** IOM engaged with the following implementing partners:

- Government counterparts from the health and non-health sectors, civil society organizations including the Vietnamese Red Cross who were involved in pandemic preparedness planning activities in Tay Ninh;
- Pasteur Institute and the world health Organisation (WHO) collaborated with IOM Vietnam who were involved in multi-sectoral pandemic preparedness planning and response activities.

In **Geneva** IOM regularly participated in interagency meetings and provided technical support to migration service units in Geneva and IOM field missions to ensure migrants' pandemic preparedness needs were promoted.

II. Resources

Financial Resources:

- All financial resources come through CFIA.
- There have been no budget revisions.
- IOM has an in-house system that enables financial tracking and the monitoring of funds and expenditures.

Human Resources:

Egypt -- Cairo

- One National Staff based in Cairo

- One International staff based in Cairo

Senegal – Dakar (IOM Regional Office)

- Two National Staff based in Dakar

Cambodia

- One National Staff based in Phnom Penh

- One National Staff based in Svay Rieng

- One International Staff based in Phnom Penh

Lao PDR

- Two National Staff based in Vientiane:

- Two International Staff based in Vientiane

Viet Nam

- One National Staff based in Tay Ninh

- One National Staff based in Ho Chi Minh City

- One International Staff based in Ho Chi Minh City

Thailand – Bangkok (IOM Regional Office)

- One National Staff Bangkok

- One International Staff based in Bangkok

Switzerland -- Geneva

- One National Staff based in Geneva

- Two International Staff based in Geneva

III. Implementation and Monitoring Arrangements

Implementation mechanisms

All IOM projects are registered with a central project information unit (PIU). This unit tracks the implementation of this project according to what is stated in the original project document signed with the donor. This unit sends out reminders when report dates are due and when the project is approaching its end date. Each report is reviewed by the IOM Donor Relations Division (DRD) Reporting Service.

A project manager was identified. This person was responsible to coordinate the implementation of the activities as outlined in the project document.

IOM HQ, located in Geneva, provided strategic and operational guidance, as well as technical support, to all IOM Missions worldwide including Egypt. Technical support for Cambodia was provided from the IOM Regional Office in Bangkok, Thailand in addition to IOM HQ in Geneva. The Global Project Coordinator was in regular contact with all members of the project team via emails and phones.

Consultation and coordination meetings were held regularly with all partners and stakeholders at all levels; on these occasions, comments and recommendations were obtained about project activities.

The cornerstone of the project was participatory, evidence-based interventions that engaged with all stakeholders.

Procurement procedures utilized

The IOM procurement process involves a review of invoices from three tenders and the selection of the most suitable service provider, based on price in relation to quality and availability of services/expertise.

Monitoring system and incorporation of lessons learned into the ongoing project

Each project location submits quarterly reports to the Global Project Coordinator in Geneva. Completed activities are compared with expected outcomes for that quarter as stated in the original project document. The Regional and Global Coordinators discuss with the project assistants in the targeted country the reason(s) why expected outcomes may not have been achieved. The project work plans are revised accordingly for the next quarter to ensure that activities are in line with the original plan. When the delay is beyond the control of the project assistant, alternative plans are made. The chief of the IOM mission in the country and/or the IOM regional representative can be approached if the solution involves a high-level meeting with government officials. The Global and Regional Technical Advisors are available to provide technical support to the project locations to facilitate the smooth implementation of planned activities.

IV. Results

1. National capacities to include the needs of migrants in disaster preparedness and pandemic contingency plans strengthened (contribution to Objective 6 of the UNCAPAHI)

Cambodia

- Functional simulation exercise conducted at the Svay Rieng Provincial Government Office to test four selected sectors of the multi-sector pandemic preparedness and response plans. IOM advocated for the needs of migrants and mobile populations to be included in the plans.
- Meeting held with National Committee for Disaster Management (NCDM) focal points and trainers to present the project and discuss the strategy for 2010.

Indicators:

- 38 people participated in the simulation exercise
- 4 sectors of the Svay Rieng Multi-sector Pandemic Preparedness and Response Plan were tested: Command & Control, Health, Information & Education, and Border Control.

2. Pandemic preparedness, mitigation and response social mobilization activities for migrant and host communities (contribution to Objective 5 of the UNCAPAHI)

Egypt

- New module focused on case management developed for the Training on Health Promotion and Pandemic Preparedness manual
- Refresher training on health promotion and pandemic preparedness held for migrants and civil society representatives
- Pandemic preparedness and health awareness raising sessions conducted by IOM trained migrants during classes for IOM resettlement programme's beneficiaries
- Organized the event Health in Motion for Migrants. Information provided on pandemic influenza and IEC materials distributed to participants (including soaps, t-shirts, ruler and sweat-shirts)
- IEC materials provided to IOM mission in Libya

Indicators:

- One new module for the training manual on health promotion and pandemic preparedness developed
- 20 individuals participated to the health promotion and pandemic preparedness refresher training

- Seven awareness raising sessions conducted and at least 150 migrants reached
- At least 120 families participated to the event Health in Motion for Migrants

List the key partnerships and collaborations, and explain how such relationships impact on the achievement of results. Explain synergies fostered with Participating UN Organization(s), and activities undertaken jointly with Participating UN Organization(s).

Egypt

- Refugee Egypt supported IOM in the distribution of IEC materials through a food and clothing distribution scheme and collaborated in providing information on health related issues to migrants during the event Health in Motion for Migrants.
- Community-based organizations in Cairo and Alexandria, including Egyptian Red Crescent and Caritas participated in social mobilization activities.

Cambodia

- Svay Rieng Province officials from the provincial, district, commune and village levels working in the health and non-health sectors participated in social mobilization activities as well as in multi-sector pandemic preparedness and response planning workshops.
- Svay Rieng provincial government counterparts provided support to the multi-sector pandemic preparedness and response plan.

Lao PDR

- Centre for Information and Education of Health carried out awareness-raising activities on the prevention of pandemic influenza and other emerging infectious diseases (EID) on Global Hand Washing Day;
- National Emerging Diseases Coordination Office (NEIDCO), Bolikhamxay provincial authorities, UN and NGO partners helped with the dissemination of IEC materials and a table-top exercise on pandemic influenza preparedness, mitigation and response;

In Vietnam

- Government counterparts from the health and non-health sectors participated in workshops to discuss the Pandemic Preparedness Plan for Tay Ninh, as well as civil society organizations including the Vietnamese Red Cross;
- Pasteur Institute and the World Health Organisation (WHO) collaborated with IOM Vietnam in the development of the training curriculum for multi-sectoral pandemic preparedness planning and response. They also worked together to organize a table top exercise simulating a multi-sectoral response to the pandemic.

Completion of activities: 100 % of the planned activities have been implemented.

Provide an assessment of the programme/ project based on performance indicators as per approved project document using the template in Section VIII, if applicable.

VI. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
UNCAPAHI Objective 3³ Human Health							
UNCAPAHI Output 1 Capacity for community based surveillance, prevention, home-based management of communicable disease (including influenza-like illnesses) and social well-being of migrant communities in the event of a pandemic or other crisis	Indicator 1.1.1			Training manual on health promotion and pandemic preparedness in English and Arabic published		Quarterly/ annual reports	
	Indicator 1.1.2			At least 300 copies of the health promotion and pandemic preparedness manual distributed		Quarterly/ annual reports	
	Indicator 1.1.3			115 individuals trained on health promotion and pandemic preparedness		Quarterly/ annual reports	
	Indicator 1.1.4			One baseline assessment for Senegal produced and disseminated		Quarterly/ annual reports	
	Indicator 1.1.5			150 copies of the situation assessment for Cambodia		Quarterly/ annual reports	

³ From UNCAPAHI (see <http://mdtf.undp.org/document/download/4117>).

				published in English, 500 in Khmer, 200 in Vietnamese			
	Indicator 1.1.6			Ten counterparts trained on data collection and FDG methodology		Quarterly/ annual reports	
	Indicator 1.1.7			11 sessions of FDG held with 124 migrants		Quarterly/ annual reports	
	Indicator 1.1.8			100 set of IEC materials distributed		Quarterly/ annual reports	
	Indicator 1.1.9			200 copies of situation assessment for Viet Nam distributed in English and 200 in Vietnamese		Quarterly/ annual reports	
	Indicator 1.1.10			At least 7 meetings with relevant stakeholders in Egypt, three in Cambodia, one in Lao PDR and two in Vietnam		Quarterly/ annual reports	
UNCAPAHI Objective 5 <i>Communication: Public Information and Supporting Behaviour Change</i>							
UNCAPAHI Output 2 Pandemic preparedness, mitigation and response social mobilization activities for migrant and host communities	Indicator 2.1.1			Four training sessions on pandemic influenza preparedness, mitigation and response		Quarterly/ annual reports	
	Indicator 2.1.2			At least 88 individuals trained on pandemic influenza preparedness, mitigation and		Quarterly/ annual reports	

				response			
	Indicator 2.1.3			At least two training sessions on multi-sector pandemic preparedness and response		Quarterly/annual reports	
	Indicator 2.1.4			67 individuals trained on multi-sector pandemic preparedness and response		Quarterly/annual reports	
	Indicator 2.1.5		Number of migrants in targeted communities that have an increased awareness of avian influenza and pandemic preparedness	At least 29,269 individuals participated in social mobilization campaigns and 5,319 individuals participated in awareness raising sessions		Quarterly/annual reports	
	Indicator 2.1.6			101,599 IEC materials disseminated		Quarterly/annual reports	
	Indicator 2.1.7			42 radio jingles/talk show broadcasted and 29 radio provided to pandemic focal points		Quarterly/annual reports	
	Indicator 2.1.8		% of targeted population that show one positive behaviour change relating to pandemic preparedness (e.g. hand			Quarterly/annual reports	Social mobilization campaigns to promote behaviour change in relation to pandemic influenza were implemented.

			washing)				However, no assessment was conducted to identify the percentage of participants that show ne positive behaviour change relating to pandemic preparedness
UNCAPAHI Objective 6 <i>Continuity under pandemic conditions</i>							
UNCAPAHI Output 3 National capacities to include the needs of migrants in disaster preparedness and pandemic contingency plans strengthened	Indicator 3.1.1			Two training manuals on multi-sectoral pandemic planning and response produced		Quarterly/ annual reports	
	Indicator 3.1.2			One community based simulation exercise conducted for 35 participants		Quarterly/ annual reports	
	Indicator 3.1.3			Three functional simulation exercises conducted for 220 participants		Quarterly/ annual reports	
	Indicator 3.1.4			Three table-top exercises conducted for 251 participants		Quarterly/ annual reports	
	Indicator 3.1.5			At least four local pandemic preparedness plans tested		Quarterly/ annual reports	
	Indicator 3.1.6		Number of new pandemic preparedness	One consolidated pandemic preparedness plan		Quarterly/ annual reports	

			plans where no disaster management plans existed	created including the needs of migrants and mobile populations in the following sectors: public health, public information and education, public transportation, water and energy, public security, border management, food emergency, economics and finance, command and control in Svay Rieng, Cambodia			
Indicator 3.1.7			Number of existing disaster management plans have been adapted for pandemic preparedness and include migrants	During this reporting period no existing disaster management plans incorporated migrants needs.		Quarterly/ annual reports	
Indicator 3.1.8			Number of government plans that have included migrant community preparedness within 1 year of the project	IOM advocated for the inclusion of migrants in pandemic preparedness plan at the provincial and district levels.		Quarterly/ annual reports	
Indicator 3.1.9				Seven training sessions on multi-sector pandemic preparedness planning		Quarterly/ annual reports	

	Indicator 3.1.10			260 individuals trained on multi-sector pandemic preparedness planning at the provincial, district and community levels.		Quarterly/ annual reports	
	Indicator 3.1.11		% of district/ community staff trained that can correctly identify an appropriate pandemic preparedness intervention targeted at issues relating to migrants and cross border areas	100% of district/ community staff trained that can correctly identify an appropriate pandemic preparedness intervention targeted at issues relating to migrants and cross border areas		Quarterly/ annual reports	
	Indicator 3.1.12			27 individuals trained on radio communication skills		Quarterly/ annual reports	