



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

Programme Title & Number
<ul style="list-style-type: none"> • Programme Title: Humanitarian Pandemic Preparedness And Response: Capacity Building For Migrants And Host Communities • Programme Number (if applicable) CFIA-B12 • MDTF Office Atlas Number:

UNCAPAHI Objective(s) covered:
<p>Objective 3.3.4 Human Health: Access to health needs & services for migrant populations at risk of avian influenza or any potential future pandemic</p> <p>Objective 5.2.5 Public Information and Communication to Support Behaviour Change: Government behaviour change strategies for migrants</p> <p>Objective 6.1.10 Continuity under Pandemic Condition: Operations in place to respond to the needs of migrants and mobile populations</p>

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

Implementing Partners
AED KOMNAS FBPI Indonesian Red Cross Ministry of Health of Indonesia UNOCHA/PIC

Programme/Project Cost (US\$)	
CFIA Contribution:	399,645
Agency Contribution	
Government Contribution (if applicable)	
Other Contribution (donor) (if applicable)	
TOTAL:	399,645

Programme Duration (months)	
Overall Duration	31 December 2008 – June 2010
Start Date ¹	31 December 2008
End Date or Revised End Date, (if applicable)	June 2010
Operational Closure Date ²	June 2010
Expected Financial Closure Date	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>).

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

Programme Assessments/Mid-Term EvaluationAssessment Completed - if applicable *please attach* Yes No Date: _____Mid-Evaluation Report – if applicable *please attach* Yes No Date: _____**Submitted By**

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- Participating Organization (Lead): International Organization for Migration (IOM)
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NARRATIVE REPORT FORMAT**I. Purpose****Provide the main outputs and outcomes/objectives of the programme.**

The purpose of the “*Humanitarian Pandemic Preparedness And Response: Capacity Building For Migrants And Host Communities*” project is to strengthen pandemic preparedness, mitigation and response capacity at the regional, national, district and community levels in the three targeted countries. The activities will feed into the national influenza pandemic preparedness plans and capacity development of national staff and migrant and host communities.

Main outputs

- All governments were sensitized to the need to include migrant and mobile populations in pandemic preparedness and disaster management plans at national, provincial and district levels
- The “Indonesian National guidelines Pandemic Influenza: practical Guidelines for Community” has now included the needs of migrants as a result of IOM advocacy.
- Participation in two workshops on multi-sector pandemic preparedness organized by the Association of Southeast Asian Nations (ASEAN).
- Recommendations on migration and pandemic preparedness provided in one regional UN Avian and Pandemic Influenza (UNAPI) workshop.
- Business continuity plan (BCP) capacity at the local level was strengthened.
- Participation in at least three simulation exercises at the national and district level.
- Support was provided to national counterparts to participate in simulation exercises.

Main outcomes/objectives

The project’s immediate objectives are:

- To strengthen existing national pandemic and disaster management plans and to advocate for implementation at district level and the inclusion of migrants needs;
- To conduct information and social mobilization activities about pandemic preparedness for migrant communities, civil society and national agencies; and
- To facilitate simulation exercises to test pandemic and disaster preparedness plans at the district, community and household levels.

This is a six-month no-cost extension. During this period IOM strengthened partnership with relevant national and international stakeholders in the target countries and conducted social mobilization activities to promote behaviour change to prevent the spread of pandemic influenza among migrant populations.

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

Specific implementing partners include:

- National Ministry of Health in all three countries
- Academy for Educational Development (AED)
- 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 governments' relevant pandemic preparedness focal point for endorsement before activities were implemented in the community. Inputs were received from UN lead agencies and national government focal points during the development of IEC materials.

In **Indonesia**, IOM engaged with the following partners:

- Ministry of Health (MoH) – involved in the development of awareness raising radio jingles
- National Committee for Avian Influenza Control and Pandemic Preparedness (KOMNAS FBPI) – involved in meeting with health and development institutions and development of awareness raising radio jingles
- Indonesian Red Cross – involved in meetings related to the development of national pandemic preparedness plan, in training tools development and in training activity implementation

In **Ethiopia**, IOM engaged with the following partners:

- AED – involved in IEC materials development
- Ministry of Health, the Ministry of Labour and Social Affairs and Immigration Office – involved in IEC materials dissemination

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

- Government counterparts from the health and non health sectors – involved in social mobilization campaigns

In **Thailand**, IOM engaged with the following partners:

- UNSIC and Asian Disaster Preparedness Centre (ADPC) – involved in discussion on Cambodia and Thai’s government response to H1N1.

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 monitoring of funds.

Human Resources:

Each of the following project locations has one national staff and one international staff:

- Ethiopia
- Indonesia
- Thailand

The Global Project Coordinator from Geneva and the Regional Coordinator from Thailand provide technical support.

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 as 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 Headquarters (HQ), located in Geneva, provides strategic and operational guidance, as well as technical support, to all IOM Missions worldwide. The Global Project Coordinator was in regular contact with all members of the project team via emails and phone calls.

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

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

Procurement procedures utilized

The IOM procurement process involves 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 coordinator in Geneva. Completed activities are compared with expected outcomes for that quarter as stated in the original project document. The Regional and Global Project Coordinators discuss the reason(s) why expected outcomes may not have

been achieved with Project Assistants on the ground. The project work plans are revised accordingly for the next quarter to ensure that the implementation of activities remains in line with the original scheduled timetable. 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 facilitate the smooth implementation of planned activities.

Assessments, evaluations or studies undertaken in the reporting period

Thailand

Baseline data collected on the Knowledge, Attitudes and Practices (KAP) related to pandemic preparedness among migrants in Ranong and Samutsakorn provinces.

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)

Indonesia

- Participated in a Working Group meeting organized by National Committee for Avian Influenza Control and Pandemic Influenza Preparedness (KOMNAS FBPI) on KOMNAS institutional future and activities.
- Participated in the seminar One World, One Health: Disease Battles of the 21st Century, held by KOMNAS FBPI to establish a network of national institutions, international and national NGOs working in the field of development and health.

Indicators:

- Two networking and information-sharing meeting attended

Thailand

- Participated in the regional UN Avian and Pandemic Influenza (UNAPI) workshop to exchange information and experience and to develop recommendations for the future implementation of Avian and Pandemic Influenza Preparedness and Responses in the region.
- Participated in the monthly regional API partner workshop co-organized by UNSIC and Asian Disaster Preparedness Centre (ADPC) to discuss Cambodia and Thai governments' response to H1N1.
- Copies of the summary reports of the training workshop on business continuity plan (BCP) conducted in Chiang Rai and Tak distributed.
- Summary report on the functional simulation exercise in conducted in Chiang Rai distributed to participants.

Indicators:

- Two information-sharing meetings attended
- 50 copies of summary reports of training workshop on BCP distributed to partners
- A total of 150 copies of the summary report on the functional simulation exercise published in Thai and English and distributed to over 50 participants

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

Indonesia

- Produced migrant-friendly IEC materials in Arabic, Bahasa, Farsi, Tamil and English for distribution.
- Radio jingles and talk show on pandemic influenza and personal hygiene broadcasted in Bogor and Mataram Radio stations.
- Social mobilization activities on pandemic influenza conducted in Bogor, Mataram and West Nusa Tenggara for migrants and host communities.

Indicators:

- 50 posters produced
- One radio jingle and five radio talk show broadcasted
- 6 social mobilization activities conducted
- At least 278 individuals participated in the social mobilization activities

Ethiopia

- IEC materials (flyers and posters) in Amharic, Angwak, English, Nuer, Oromigna, Somali and Tigrigna provided to government counterparts for distribution and to use as emergency contingency stock in the event of a pandemic.
- IEC materials (flyers and posters) distributed in transit centers and refugee camps through IOM resettlement and pre-departure medical services.

Indicators:

- At least 378 IEC materials distributed

Thailand

- Awareness raising activities on pandemic influenza conducted among migrants in Tak province by IOM trained migrant health workers. IEC materials were distributed.
- IEC materials in Burmese distributed to partner agencies for health education activities with migrants.

Indicators:

- A total of 2000 IEC materials distributed:
- A total of 700 migrants reached by awareness raising activities

Geneva

- Technical support provided by IOM Geneva to IOM Nigeria to conduct a training on basic counselling and communication skills for IOM pandemic focal points from West Africa and for government officials and other national and international stakeholders who might find themselves in a situation where they will have to counsel migrants, mobile populations as well as host communities in the event of a pandemic or any other crisis.

Indicators:

- 29 individuals trained in basic counseling and communication skills

Implementation constraints

In Indonesia and Ethiopia activities were not always held on the dates identified in the original work-plan due to delays determined by coordination with government officials.

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).

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

- Ministry of Health (MoH) – at the provincial and district level, collaborated in the development of awareness raising radio jingles for public service announcement
- Indonesian Red Cross (PMI) - organized meetings to consolidate input for the development of “Pandemic Influenza; Practical Guidelines to Community”. IOM provided support to the PMI in development of IEC material and in translation of a training manual on pandemic preparedness. IOM in collaboration with PMI conducted a pilot test of the manual and of IEC materials.
- KOMNAS FBPI - held a meeting to establish a network of institutions working in the fields of development and health. It also collaborated in the development of awareness raising radio jingles for public service announcement

In **Ethiopia**, IOM engaged with the following partners:

- Ministry of Health, the Ministry of Labour and Social Affairs and Immigration Office – collaborated in IEC materials dissemination
- Academy for Educational Development – collaborated for the development of IEC materials

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

- Government officers from Center for Health Information and Education and provincial health staff - provided support for the implementation of outreach activities.

In **Thailand**, IOM engaged with the following partners:

- Ministry of Public Health – provided support for the implementation of the BCP workshops in Chiang Rai and Tak
- UNSIC and ADPC to discuss Cambodia and Thai’s government response to H1N1.

Other highlights and cross-cutting issues pertinent to the results being reported on.

Within this project, health promotion activities were implemented in relation to pandemic influenza, as well as to other emerging and re-emerging diseases. The project contributed to pandemic influenza preparedness and to broader disaster preparedness.

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 6³ Continuity under pandemic conditions							
UNCAPAHI Output 1.1 To ensure continuity of essential, social, economic and governance services and effective implementation of humanitarian relief under pandemic conditions for migrant populations	Indicator 1.1.1		Avian/ human influenza and pandemic preparedness IEC materials distributed to 90% of health and non health sector stakeholders including border control staff (when applicable) working with migrant communities	90% of government counterparts and civil society representatives from the health and non health sector , including immigration and police officers were provided with IEC materials		Quarterly/ annual reports	
	Indicator 1.1.2		75% of participants who attended Pandemic preparedness workshops can identify at least one medical and one non medical activity to ensure preparedness	75% of participants who attended the training on basic counselling and communication skills held in Nigeria, Senegal and Tanzania can identify at least one medical and one non medical activity to ensure preparedness		Quarterly/ annual reports	
	Indicator 1.1.3		90% of governments include migrant	National guidelines on pandemic influenza in one		Quarterly/ annual	

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

			community activities in national contingency plans	target country are inclusive of migrants needs		reports	
Indicator 1.1.4			At least one simulation exercise including migrant communities implemented in each project location	One community based simulation exercise implemented; 51 individuals participated in the simulation exercise		Project update	
Indicator 1.1.5				Two training on pandemic preparedness for community leaders and respondents held		Quarterly/annual reports	
Indicator 1.1.6				58 community leaders and responders trained in pandemic preparedness		Quarterly/annual reports	
Indicator 1.1.7				Three trainings on basic counselling and communication skills conducted		Quarterly/annual reports	
Indicator 1.1.8				60 individuals from government counterparts from health and non health sectors, civil society organizations and IOM staff trained on basic counselling and communication skills		Quarterly/annual reports	
Indicator 1.1.9				Two training on communication skills conducted		Quarterly/annual reports	
Indicator 1.1.10				42 migrant health workers trained in communication skills		Quarterly/annual reports	

	Indicator 1.1.11			Participation in two workshops on multi-sector pandemic preparedness organized by the Association of Southeast Asian Nations (ASEAN)		Quarterly/ annual reports	
UNCAPAHI Output 1.2 To strengthen existing national pandemic and disaster management plans and to advocate for implementation at district level and the inclusion of migrants needs	Indicator 1.2.1		Number of contingency plans developed or adapted to include migrant populations	National guidelines on pandemic influenza in one target country are inclusive of migrants needs; input provided for two pandemic preparedness plans at the provincial level		Quarterly/ annual reports	
	Indicator 1.2.2			Support provided for translation, production and distribution of 10,000 copies of national guidelines on pandemic preparedness		Quarterly/ annual reports	
	Indicator 1.2.3		Number of trainings conducted	Three BCP workshops organized;		Quarterly/ annual reports	
	Indicator 1.2.4		Number of participants trained	124 participants trained on BCP		Quarterly/ annual reports	
	Indicator 1.2.5			92 local organization drafted a BCP plan		Quarterly/ annual reports	
	Indicator 1.2.6			50 copies of reports of the BCP workshop distributed to partners		Quarterly/ annual reports	
	Indicator 1.2.7		Number of people in migrant community whose behaviour	It s difficult to determine behaviour change at the community level where		Quarterly/ annual reports	

			towards pandemic preparedness has changed by last quarter	social mobilization campaigns were conducted in the duration of the project.			
	Indicator 1.2.8		Number of health/non health government agency staff and migrants who have identified a humanitarian role they can play during a pandemic	60 individuals trained on basic counselling and communication skills in Nigeria, Senegal and Tanzania have identified a humanitarian role they can play during a pandemic		Quarterly/ annual reports	
	Indicator 1.2.9			Recommendations on migration and pandemic preparedness provided in one regional UN Avian and Pandemic Influenza (UNAPI) workshop in Asia		Quarterly/ annual reports	
UNCAPAHI Output 1.3 To facilitate simulation exercises to test preparedness plans at the district, community and household levels	Indicator 1.3.1		At least two simulation exercises conducted	Technical support provided for the training on pandemic influenza preparedness and for the table-top exercise conducted by IOM in Bolikhamxay Province of Lao PDR under the CFIA funded project Pandemic Preparedness for Migrants and Host Communities II;		Quarterly/ annual reports	
	Indicator 1.3.2			400 copies of report of the simulation exercise conducted in 2009 in Chiang Rai distributed to relevant stakeholders		Quarterly/ annual reports	
	Indicator 1.3.3			Participation in three simulation exercises at the national and district level		Quarterly/ annual reports	

Indicator 1.3.4			Participation in regional ASEAN workshop to share experience in simulation exercise management		Quarterly/ annual reports	
Indicator 1.3.5			Support provided to national counterparts to participate in simulation exercises		Quarterly/ annual reports	
Indicator 1.3.6			Social mobilization campaigns conducted to raise awareness of national pandemic preparedness and response plan		Quarterly/ annual reports	
Indicator 1.3.7		Engagement and finalization of activities with national stakeholders in the first quarter	MoU signed with one national government; Engagement with national stakeholders in one other project location		Quarterly/ annual reports	
Indicator 1.3.8		IEC material developed and available by the end of the first quarter of project	No IEC material developed	During the first quarter preparatory activities such as meetings to present the project to relevant national and international stakeholders were conducted	Quarterly/ annual reports	
Indicator 1.3.9			Field data collection training for migrant community health workers conducted		Quarterly/ annual reports	
Indicator 1.3.10		Conduct a pandemic preparedness baseline survey of migrant populations, civil society and government agency	Three baseline surveys of migrant KAPB related to pandemic influenza conducted at the district and city levels; one of the surveys include government		Quarterly/ annual reports	

			staff	agency staff and migrant populations; One end line survey conducted including government agency staff and migrant population			
Indicator 1.3.11		Dissemination of IEC materials and implementation of 75% of social mobilization and training activities in the second quarter	IEC materials only produced, 8% of social mobilization and training activities implemented in the second quarter	The long time required in some locations to obtain government permission for IEC materials production determined delays in IEC materials production and dissemination and for the implementation of social mobilization campaigns.	Quarterly/ annual reports		
Indicator 1.3.12		Implementation of remaining 25% of activities in the third quarter	14,7% of remaining activities implemented in the third quarter	Activities conducted in coordination with government counterparts had to fit in their existing work calendars. Thus activities were not always held on the dates identified in the original work-plan, which resulted in delays in implementation of all planned activities before project end date.	Quarterly/ annual reports		

	Indicator 1.3.13		Evaluation of project at the beginning of the fourth quarter				No evaluation of the project was conducted due to difficulties in involving national stakeholders
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