



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

Programme Title & Number
Programme Title: Humanitarian Pandemic Preparedness, Mitigation and Response: Capacity Building for Migrants and Host Communities Programme Number: CFIA B13

UNCAPAHI Objective(s) covered:
Objective 6: Continuity under pandemic conditions With reference to Objective 3: Human Health: Objective 5: Public information and communication for behavior change

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

Implementing Partners
Tadamon Caritas Egypt Center of Information and Education for Health (CIEH) Youth Lead Project National Committee for Disaster Management (NCDM) National Emerging Diseases Coordination Office (NEIDCO) OCHA-PIC WFP WHO

Programme/Project Cost (US\$)	
CFIA Contribution:	495,000
Agency Contribution	
Government Contribution <i>(if applicable)</i>	
Other Contribution (donor) <i>(if applicable)</i>	
TOTAL:	495,000

Programme Duration (months)	
Overall Duration	18 Months
Start Date ¹	18 December 2009
End Date or Revised End Date, <i>(if applicable)</i>	June 2011
Operational Closure Date ²	June 2011
Expected Financial Closure Date	June 2011

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 Evaluation

Assessment 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 project's overall goal is to contribute towards national, regional and global efforts to ensure continuity of essential social, economic and governance services and effective implementation of humanitarian relief under pandemic conditions for migrant populations.

Main outputs

Information Education and Communication (IEC) materials

- Migrant-friendly IEC materials produced and disseminated through social mobilization campaigns in all locations
- Training packages produced to be used to raise awareness pandemic influenza in IOM resettlement and other services

Manuals

- “*Introduction to Basic Counselling and Communication Skills: IOM training manual for migrant community leaders and community workers;*” was produced in Arabic.
- New module focusing on home-based care was developed to be included in the “Health Promotion and Pandemic Preparedness Training Manual” in Arabic and English.

Training

- Training on basic counselling and communication skills conducted
- Training on health promotion and pandemic preparedness conducted
- Training on health promotion relating to ILIs and other communicable diseases conducted
- Simulation exercises for multi-sectoral pandemic planning and response conducted

Main outcomes/objectives

The specific objectives of this project are:

- Strengthen capacity of surveillance in migrant populations through building capacity of existing community support groups, community leaders and community health and development workers to disseminate information, lead pandemic preparedness actions, surveillance and monitoring.
- Provide public information and support behaviour change communication to community leaders and public institutions with the highest potential for stemming the spread and impact of disease. This will include communicating with the public schools, households and migrant communities to involve and

mobilize them to adopt appropriate behaviours to reduce the risks and mitigate the impact of the outbreaks or pandemic.

- Ensuring the continuity of essential social, economic and governance services and effective implementation of humanitarian relief under pandemic conditions through facilitating local and cross border (where appropriate) simulation exercises to test pandemic and disaster preparedness plans at the district and community levels.
- To also share lessons learnt and capacity building for pandemic preparedness experiences in another border province.

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, in all of the targeted countries, 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 countries
- Academy for International Development (AED)
- 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 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:

- The NGO Tadamon, that was involved in conducting social mobilization and capacity building activities
- Caritas Egypt that provided support for the events Health in Motion for Migrants
- NGO Youth Lead Project that collaborated in conducting capacity building activities

In Cambodia, IOM engaged with the following implementing partners:

- National Committee for Disaster Management (NCDM) that provided support for all project activities
- Svay Rieng Province officials from the provincial, district, commune and village levels working in the health and non-health sectors who participated in social mobilization activities as well as in multi-sector pandemic preparedness and response planning workshops.

In Lao PDR IOM engaged with the following implementing partners:

- National Emerging Diseases Coordination Office (NEIDCO), provincial authorities from Luangnamtha, Bokeo, Svannakhet and Champasack, who were involved in IEC materials dissemination
- Center for Health, Information and Education that was involved in social mobilization activities.

In Geneva IOM continues to participate in interagency meetings and provide technical support to migration service units in Geneva and IOM field missions to ensure migrants' pandemic preparedness needs are promoted.

II. Resources

Financial Resources:

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

Human Resources:

Global project coordinator in IOM Head Quarters (HQ) Geneva, Switzerland
Global project assistant in Geneva, Switzerland

- National staff:
One national staff based in Cambodia
One national staff based in Lao PDR
- International Staff:
One international staff based in Egypt

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 focal point was identified. This person was responsible for coordinating the implementation of the activities as outlined in the project document.

Geneva coordinated all activities globally. IOM HQ, located in Geneva, provides strategic and operational guidance, as well as technical support, to all IOM projects worldwide. Technical support was provided to Cambodia and Lao PDR from the regional office in Thailand. 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 where comments and recommendations were obtained about the activities.

The cornerstone of the project was participatory, evidence-based interventions that engaged 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 the expected outcomes for that quarter as stated in the original project document. The regional and global coordinators discuss with the project assistants on the ground the reason(s) why the expected outcomes may not have been achieved. The project's 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 assistants 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.

IV. Results

1. Strengthen capacity of surveillance in migrant populations through capacity building activities.

Cambodia

Training of trainers was conducted on a community-based pandemic preparedness and mitigation for focal points from government counterparts from health and non-health sectors, school principal and teachers, village health and social workers in the four border districts of Kompong Ro, Chantrea, Bavet and Svay Tiep in the province of Svay Rieng.

One workshop was conducted on school occupational and safety procedures for government counterparts from the Department of Education, Youth and Sport, pandemic preparedness focal points from Offices of Education and school principals from the four border districts of Kompong Ro, Chantrea, Bavet and Svay Tiep in the province of Svay Rieng.

IOM participated in the National Coordinating Committee meeting on IEC for Avian and Human Influenza to discuss, and receive updates on, pandemic A/H1N1 and vaccination programs.

IOM participated in a H2P Training workshop on Community Pandemic Planning and Response, organized by the CRC Phnom Penh in collaboration with CARE Cambodia

Indicators:

- One refresher training and two training session on community-based pandemic preparedness and mitigation conducted.
- 15 individuals participated in the refresher training
- 415 individuals trained on community-based pandemic preparedness and mitigation
- School Occupational and Safety Procedure developed by the Department of Education, 4 offices of Education of the four districts and, 31 schools.

Egypt

IOM conducted two training sessions on pandemic preparedness and response for migrant community leaders in Egypt. IOM conducted training on pandemic preparedness and response for migrants and host

communities including migrant community leaders, government counterparts and civil society representatives in Yemen.

IOM conducted two training sessions on TB orientation for pandemic trainers in partnership with the National TB Programme for a total of 60 trainers trained

IOM conducted training on health promotion to reduce the spread of influenza-like illnesses (ILIs) for migrant community leaders in Egypt, and one in Lebanon for migrant community leaders, representatives of Red Cross and civil society organizations.

IOM conducted training on first aid and pandemic influenza for migrants in collaboration with the Egyptian Red Crescent.

IOM held an award ceremony in Egypt for trained migrants who have engaged in community mobilization throughout the project.

IOM produced the, *“Introduction to Basic Counselling and Communication Skills: IOM Training Manual for Migrant Community Leaders and Community Workers”* in Arabic. With the support of IOM Geneva, a training on basic counseling and communication skills was conducted for representatives of local NGOs, academic institutions and migrant communities. IOM staff working in different migration management services also participated in the training. One pilot training session on basic counseling and communication skills was conducted for IOM staff working in the counter-trafficking unit.

IOM produced a training package in English and Arabic on pandemic influenza to be used in training activities and in cultural orientation (CO) classes targeting IOM beneficiaries for resettlement programmes.

IOM developed a new module for the pandemic preparedness and health promotion, in line with the Ministry of Health and WHO indications.

Indicators:

- Two training sessions on pandemic preparedness and response held
- 45 individuals trained on pandemic preparedness and response in Egypt
- 20 individuals trained on pandemic preparedness and response in Yemen
- 16 health promotion training sessions on ILIs and other communicable diseases held
- 267 individuals trained on health promotion in Egypt
- 13 individuals trained on health promotion in Lebanon
- Four training on first aid and pandemic preparedness conducted
- 81 migrants trained on first aid and pandemic influenza
- 50 individuals participated in the Award Ceremony in Egypt
- Two training on basic counseling and communication skills conducted
- A total of 41 individuals trained on basic counseling and communication skills
- At least 150 copies of the basic counseling and communication skills manual were distributed
- 500 copies of the training package in English and Arabic produced

Lao PDR

IOM provided the Bolikhamxay Health Department with equipment to strengthen its working capacity.

IOM, in collaboration with National Emerging Infectious Disease Coordination Office (NEIDCO) and the Center of Information and Education for Health (CIEH), conducted a ToT on transmission and prevention of

influenza-like illnesses (ILIs), including pandemic influenza. Participants in the training included provincial and district health offices, district agriculture offices, Lao Youth Union (LYU) and Lao Woman Union (LWU) in Bolikhamxay, representatives from the CIEH and community workers.

Participants in the ToT conducted trainings in six villages of in Paksan, Bolikhan and Khamkeud Districts of Bolikhamxay Province.

Indicators:

- One computer and one digital camera provided to the Bolikhamxay Health Department
- One ToT conducted on transmission and prevention of (ILIs)
- 24 individuals participated in the ToT on pandemic influenza and other ILIs transmission and prevention
- 9% of participants in the ToT perceived that their knowledge in pandemic influenza were very good before the training. The percentage changed to 62% after the ToT training.
- Six training conducted in 15 villages
- 126 village representatives trained on ILIs transmission and prevention
- Before training 21% of villages representatives indicated that their knowledge on ILIs transmission and prevention was very good, 21% indicated their knowledge was good, 24% reported as fair, 16% reported as little, and 14% stated that it was very little. After training, the percentages changed to 77% very good, 14% good, 7% fair, and 1% little.

2. Provide public information and support behaviour change communication to community leaders and public institutions with the highest potential for stemming the spread and impact of disease.

Cambodia

Based on lessons learned from 2009, social mobilization activities, information, education and communication (IEC) materials were reproduced and disseminated among schools targeted by the community-based pandemic preparedness activities, Offices of Education in the targeted districts and to the Department of Education, Youth and Sport to raise awareness on pandemic influenza in four other districts not targeted by the activities.

IOM conducted social mobilization activities to raise awareness on pandemic influenza and disseminate information to promote behavior change in communities and schools.

Indicators:

- 60 banners were distributed
- 360 individuals reached by social mobilization campaigns in the communities and 1,498 children in schools

Egypt

IOM conducted social mobilization campaigns targeting migrant and host communities in collaboration with local civil society organizations to raise awareness on pandemic preparedness IEC materials were distributed during the campaigns. IOM raised awareness on pandemic preparedness and other health issues during CO classes for resettlement beneficiaries.

IOM held the Health in Motion for Migrant events to raise awareness on health issues including pandemic preparedness among migrant and host communities.

Indicators:

- A total of 1837 migrants reached by awareness raising sessions and social

mobilization campaigns

- Three Health in Motion for Migrants events held
- At least 680 individuals participated in the Health in Motion for Migrants events

Lao PDR

IOM conducted social mobilization activities among migrants and host communities, with the support of government officials from Centre for Health Information and Education and provincial health staff in the northern provinces of Luangnamtha and Bokeo, and in the southern provinces of Savannakhet and Champasack. IEC materials were distributed during the campaigns. A radio quiz was broadcasted by a radio in Savannakhet and IOM provided IEC materials to the Health Office to distribute to quiz participants.

IOM, in collaboration with government officers from health and agriculture offices, LYU, and LWU conducted social mobilization campaigns targeting migrants and host communities, including ethnic minorities in Bolikhamxay province. IEC materials were disseminated, including booklets, flyers, soap bars, t-shirts and posters.

IOM in collaboration with CIEH conducted social mobilization campaigns in Vientiane capital in occasion of the Global Hand Washing Day. IOM raised awareness on pandemic influenza and ILIs and promoted hand washing and other basic hygiene practices among Chinese and Vietnamese migrants and their host communities. IEC materials were disseminated.

IOM Laos in collaboration with IOM offices in Cambodia, Indonesia, Myanmar, Thailand and Vietnam developed a radio drama on topics related to influenza-like illnesses (ILIs) prevention in seven local languages. The radio drama was shared with the IEC Taskforce in Laos and pretested among Chinese, Khmer, Lao, Myanmar, Thai and Vietnamese migrants. Recording was completed in Thai, Vietnamese, Myanmar, Lao, and Cambodian. The radio drama was used for community outreach activities in Bolikhamxay province. A training for trainers (ToT) manual for community workers was developed to be used with the radio drama, and was pre-tested during the ToT workshop for government counterparts and community workers held in Bolikhamxay province. The final draft was submitted to counterparts for review.

IOM project team regularly participated in IEC taskforce meetings to share information and provide input to sub-working group on communication issues. IOM maintains contacts among all AHI working agencies in Lao PDR.

IOM participated in a meeting with members of the Laos IEC Taskforce, where UNICEF presented the results of the Knowledge, Attitudes and Practice (KAP) study on H1N1 conducted in Vientiane Capital and Bolikhamxay Province.

Indicators:

- A total of 7,556 individuals participated in social mobilization campaigns
- A total of 44,370 IEC materials were distributed during the social mobilization campaigns
- 30 IEC materials were distributed to Savannakhet Health Office
- Two episodes of radio drama developed in seven languages, pretested and recorded in five languages
- One draft ToT manual to be used with the radio drama pre-tested

3. Ensuring the continuity of essential social, economic and governance services and effective implementation of humanitarian relief under pandemic conditions

Cambodia

IOM Multi-sector Pandemic Preparedness Planning and Response manual was distributed to NCDM partner and reviewed based on their input and on the lessons learned from the ToT refresher training on community-based pandemic preparedness.

IOM, in collaboration with NCDM, conducted a functional simulation exercise 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. The exercise was attended by leaders/decision makers from provincial health and non-health sectors, private companies, and district-to-community representatives.

IOM, in collaboration with NCDM, conducted a workshop to evaluate project activities, discuss challenges, lessons learnt and recommendations for future activities. All pandemic preparedness focal points involved trained by IOM were invited to the workshop. Each sector delivered presentations on the pandemic preparedness and mitigation activities that were implemented.

Indicators:

- 160 of copies of the manual shared with NCDM partner
- 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.

Egypt

IOM participated in at least two meetings with the Ministry of Health (MoH) to coordinate implementation of activities on ILIs and other communicable diseases. IOM participated in the HIV National conference organized by the MoH.

IOM regularly coordinates with Avian and Pandemic Influenza (API) UN Country Team (UNCT). IOM also regularly participates in coordination meetings of the Refugee Working Group including UNHCR, NGOs and CBOs to strengthen consideration on migration health issues.

IOM participated in at least two meetings organized by OCHA-PIC in Egypt and other UN partners at the regional and national levels to advocate for migrants and mobile populations to be included in pandemic preparedness and disaster management plans and strategies and to share best practices and lessons learned.

IOM participated in two meetings with the Special Representative to the UN Secretary General for Food Security and Nutrition and Senior UN System Coordinator for Influenza, to share information and coordinate activities with government and other partners.

IOM participated in two regional meetings on emergency preparedness and response as member of the Inter-Agency Coordination Network on Emergency Preparedness and Response in Middle East and North Africa.

IOM Cairo, in coordination with IOM Libya and OCHA-PIC, participated to the joint UN-Government of Libya workshop and simulation exercise on multi-sectoral pandemic preparedness planning.

IOM Cairo, in coordination with IOM Yemen, co-chaired with WHO and WFP a workshop on influenza pandemic and simulation in Yemen, for ministerial and parliamentarian representatives of the Government of Yemen.

Lao PDR

IOM participated in the Joint Review of National Avian Influenza Control and Pandemic Preparedness Plan 2006 – 2010. Pandemic health education and outreach activity for migrants, falling under strategy four – Information, Education and Communication - were included in the strategy presentation and reflected in the Aide Memoire, where it was stated that outreach to migrants should continue.

IOM participated in the Stakeholder Planning Meeting for the next five years Plan (2011-2015) on Risk Communication for Emerging Infectious Diseases (EID) organized by the National Emerging Infectious Disease Coordination Office (NEIDCO). As an outcome of the meeting, migrants were included in EID National Plan.

IOM participated in three meetings organized by NEIDCO and national and international stakeholders on pandemic preparedness research and response systems.

IOM attended the workshop on Asia Pacific Strategy for Emerging Diseases (APSED) evaluation organized by National Emerging Infectious Disease Coordination Office

IOM participated in the 1st Asia Regional Risk Communication Initiative Forum organized by UNSIC in Bangkok.

Indicators:

- Migrants were included in the Aide Memoire of Strategy four of the national pandemic preparedness plan
- Migrants were included in the EID National Plan

Completion of activities: 80% of planned activities have been completed by the 31st of December 2010.

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

- The NGO Tadamon with whom IOM signed a service agreement. Tadamon hosted and provided support to conduct capacity building activities for migrants and social mobilization campaigns
- Caritas Egypt that provided support for the events Health in Motion for Migrants
- NGO Youth Lead Project that provided support conduct capacity building activities among young migrants in Greater Cairo Area
- UNOCHA-PIC: IOM in coordination with UNOCHA-PIC participated in a simulation exercise on multi-sectoral pandemic preparedness organized
- WHO, WFP: in coordination with IOM, WHO and WFP co-chaired workshop on influenza

pandemic and simulation in Yemen

- UNCT: IOM regularly coordinated activities with the UNCT in Egypt

In Cambodia, IOM engaged with the following implementing partners:

- National Committee for Disaster Management (NCDM) that provided support for all project activities
- Svay Rieng Province officials from the provincial, district, commune and village levels working in the health and non-health sectors who participated in social mobilization activities as well as in multi-sector pandemic preparedness and response planning workshops.

In Lao PDR IOM engaged with the following implementing partners:

- National Emerging Diseases Coordination Office (NEIDCO), provincial authorities from Luangnamtha, Bokeo, Svannakhet and Champasack, who helped with the dissemination of IEC materials

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 3 <i>Human Health</i> ³							
UNCAPAHI Output 1.1 Strengthen capacity of surveillance in migrant populations through capacity building activities.	Indicator 1.1.1		Number of self reported cases from migrant communities to health workers increase				
	Indicator 1.1.2		Available records from migrant communities				
UNCAPAHI Objective 5 <i>Communication: Public Information and Supporting Behaviour Change</i>							
UNCAPAHI	Indicator		At least one				

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

* The project is still ongoing

Output 2.1 Provide public information and support behaviour change communication to community leaders and public institutions with the highest potential for stemming the spread and impact of disease.	2.1.1		social mobilization activity in each project location per quarter				
	Indicator 2.1.2		Number of migrants who report the use of appropriate home based physical and social care increases over the duration of the project				
UNCAPAHI Objective 6⁴ Continuity under pandemic conditions							
UNCAPAHI Output 3.1 Ensuring the continuity of essential social, economic and governance services and effective implementation of humanitarian relief under pandemic conditions	Indicator 3.1.1						
	Indicator 3.1.2						
	Indicator 3.1.3						
	Indicator 3.1.4						

⁴ From UNCAPAHI (see <http://mdtf.undp.org/document/download/4117>).