



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

Programme Title & Number

Programme Title: Migrant community information for behavior change to reduce the spread of Influenza Like Illnesses (ILI)
Programme Number: CFIA B17

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

UNAIDS
UNFPA
UNHCR
UNOCHA
Caja Costarricense del Seguro Social

Programme/Project Cost (US\$)

CFIA Contribution:	119,254
Agency Contribution	
Government Contribution (if applicable)	
Other Contribution (donor) (if applicable)	
TOTAL:	119,254

Programme Duration (months)

Overall Duration	18 Months
Start Date ¹	24 February 2010
End Date or Revised End Date, (if applicable)	September 2011
Operational Closure Date ²	August 2011
Expected Financial Closure Date	August 2011

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
- Email address: adavies@iom.int

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.

NARRATIVE REPORT FORMAT

I. Purpose

The overall purpose of this project is to strengthen the capacity of migrant communities to cope with and respond to crises caused by influenza-like illnesses (ILIs) in countries with weak health systems by ensuring that migrants receive appropriate information for behaviour change. IOM also advocates to government counterparts for the needs of migrants to be included in pandemic preparedness plans and encourages coordinated responses to better manage cross border movement in case of a pandemic.

The project targets the following countries in Africa, Central America and Europe: Nigeria, Costa Rica, Nicaragua, Panama and Ukraine, and it is coordinated globally from IOM Headquarters in Geneva.

Main outputs

- All governments were sensitized on the need to include migrant and mobile populations in pandemic preparedness and disaster management plans.
- Migrant community workers, indigenous cultural advisors and other humanitarian workers trained by IOM raised awareness of pandemic preparedness among migrant and host communities
- Social mobilization campaigns were conducted
- Migrant friendly IEC materials were produced
- Basic counselling and communication skills manual was produced in Russian
- Training on basic counselling and communication skills were conducted

Main outcomes/objectives

- To strengthen national, district and community capacities to include the health and social needs of migrants in disaster preparedness and human influenza pandemic preparedness, mitigation and response plans.
- To conduct human influenza pandemic preparedness information and social mobilization activities for migrant and host communities, civil society and national agencies, particularly those entities that work with migrants

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 **Costa Rica**, IOM engaged with the following implementing partners:

- Caja Costarricense del Seguro Social that provided support for the implementation of activities
- UNFPA that was involved in the organization of awareness raising activities

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

- UNFPA was involved in the organization of advocacy meetings

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

- Government counterparts and other relevant stakeholders

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

- Ministry of Health, the Ministry of Social Development and the Ombudsman that contributed to discussion on coordinated cross border response to pandemic preparedness with their counterparts in Costa Rica

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

- UNHCR and UNAIDS with whom IOM engaged to conduct a training on basic counselling and communication skills

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 Geneva, Switzerland

Global project assistant in Geneva, Switzerland

- National staff:
 - One national staff based in Costa Rica
 - One national staff based in Panama
 - One national staff based in Ukraine
 - One national staff based in Nigeria

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 Nicaragua and Panama from the IOM Regional Office in Costa Rica. Technical support was

provided to Ukraine and Nigeria by IOM HQ. 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.

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

Key outputs achieved in the reporting period

1. Advocacy for national capacities to include the needs of migrants in disaster preparedness and pandemic contingency plans

Costa Rica

IOM participated in the Second Meeting of the Steering Committee of the ICAO Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel Americas (CAPSCA), held on June 22-23, 2010 in Dallas Texas.

Meetings were held with relevant national stakeholders that included the Inter Institutional Commission for Migratory Affairs, the Caja Costarricense para el Seguro Social and personnel from health posts along the migratory routes. IOM advocated for access to health services to be granted to migrant and mobile populations. IEC materials were provided to the Inter-institutional Commission for Migratory Affairs in Los Santos. IOM provided support to the Inter-institutional Commission for Migratory Affairs for the development and distribution of information sheets on access to health services for migrants for Los Santos and Coto Brus

IOM, in collaboration with UNFPA, organized meetings with health authorities and other relevant stakeholders in the northern province of Upala, on the border with Nicaragua. IOM raised awareness on the importance of providing health services for migrants to prevent the spread of ILIs and other communicable diseases such as cholera.

IOM regularly provided technical support to the team established by the national health authorities that is in charge of elaborating the strategies on ILIs and migrant populations.

Indicators:

- 40 posters and 200 flyers provided to the Inter-institutional Commission for Migratory Affairs in Los Santos.

- Two awareness raising workshops on ILIs and access to health services for migrants conducted.
- 59 individuals were sensitized on ILIs and access to health services for migrants.
- 2,500 information sheets on access to health services were produced for Los Santos.
- 2,500 information sheets on access to health services were produced for Coto Brus.

Nicaragua

IOM, in collaboration with UNFPA, organized a bi-national meeting to advocate for the inclusion of migrant and mobile populations' needs into national pandemic preparedness plans and to discuss a coordinated response. Representatives from the national and local administrative authorities of Costa Rica and Nicaragua, Ministry of Labour, Migration authorities, Ministry of Health, Social Security System and members of the civil society participated in the meeting.

Nigeria

IOM has ongoing liaison with national relevant stakeholders.

Panama

IOM liaised with government counterparts from the health and non health sector. IOM held meetings with the Ministry of Health, the Ministry of Social Development and with the Ombudsman at the national and regional levels, and with their counterparts in Costa Rica to advocate for a coordinated response to cross border migration issues regarding the Ngobe-Bugle indigenous population.

2. Pandemic preparedness, mitigation and response -- social mobilization activities for migrant and host communities

Costa Rica

IOM produced migrant friendly IEC materials on basic hygiene measures to prevent the spread of ILIs and other communicable diseases. IOM, with the support of the local station Radio Emaus, recorded radio jingles in the indigenous language to raise awareness on preventive measures for ILIs. The jingles are regularly broadcasted by two local radio stations.

IOM, in collaboration with UNFPA, organized the Health Festival in the northern border area of Santa Elena. In coordination with local health authorities, health services were provided to migrants and awareness raising activities on ILIs were conducted.

IOM conducted awareness raising activities on ILIs with Nicaraguan migrants in the border areas of Upala and Los Chiles. IEC materials were distributed.

Indigenous cultural advisors trained by IOM conducted awareness raising activities on basic hygiene measures to prevent the spread of ILIs and other communicable diseases, and on access to health services for migrants. These activities were conducted in farms in Rio Sereno, Coto Brus and Los Santos and targeted indigenous migrant workers. IEC materials were distributed during the activities.

Indicators:

- One Health Festival organized in Santa Elena
- At least 322 migrants reached in Santa Elena
- Five awareness raising sessions on ILIs held with Nicaraguan migrants
- At least 82 Nicaraguan migrants reached by the awareness raising activities
- At least 4,000 IEC materials produced

- Four radio jingles to raise awareness on ILIs broadcasted by two local radio stations
- At least 95 flyers and 32 posters distributed during social mobilization activities
- Four farms targeted by awareness raising activities
- 180 migrants reached by awareness raising activities

3. Surveillance system strengthened

Costa Rica

IOM established a pilot registry system at the border post in Rio Sereno to register migrants' personal and health data to be shared with health centers in the country to ensure follow up visits for migrants.

IOM trained cultural advisors to provide information on basic hygiene measures to prevent the spread of ILIs among indigenous population.

IOM provided trained cultural advisors for the border health post in Rio Sereno. The health post is managed by a bi-national team from Costa Rica and Panama. Awareness was raised among migrants on pandemic influenza and other respiratory illnesses and on preventive measures. IEC materials and information on access to health services in Costa Rica were also provided to migrants.

Indicators:

- 26 cultural advisors trained on basic hygiene measures to prevent the spread of ILIs
- Two IOM trained cultural advisors provided to the border health post in Río Sereno
- 3,013 migrants attended in the health post in Rio Sereno
- 2,000 antibacterial soaps and 2,000 nutritive cookies delivered in the health post in Rio Sereno

Ukraine

IOM's training manual on basic counselling and communication skills was produced in Russian. A training for trainers on basic counselling and communication skills was conducted for representatives of UN partner agencies, such as UNHCR and UNAIDS and for IOM staff of different migration management services. IOM Geneva provided technical support and facilitation for this training.

Indicators:

- 500 copies of the counselling and communication skills manual produced
- At least 10 copies of the counselling and communication skills manual distributed
- 10 individuals trained on basic counselling and communication skills

Completion of activities: 50% of planned activities had been completed by the 31st of December 2010.

Explain, if relevant, delays in programme implementation, the nature of the constraints, actions taken to mitigate future delays and lessons learned in the process.

Implementation of activities targeting migrants in Nicaragua where suspended due to the embargo imposed by governments on all activities in the border areas due to the border dispute that commenced in October 2010.

In Nigeria, due to changes within relevant ministries, there have been influenza fatigue and partners have not been able to set dates for the planned activities in 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 **Costa Rica**, IOM engaged with the following implementing partners:

- Caja Costarricense del Seguro Social that provided support for the implementation of activities
- UNFPA that collaborated in the organization of awareness raising activities on ILIs for migrant populations and in strengthening networks with relevant stakeholders in the province of Upala on the border with Nicaragua.

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

- UNFPA that collaborated in the organization of bi-national advocacy meeting between Costa Rica and Nicaragua for the inclusion of migrants needs in pandemic preparedness plans.

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

- Ministry of Health, the Ministry of Social Development and the Ombudsman that contributed to discussion on coordinated cross border response to pandemic preparedness with their counterparts in Costa Rica

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

- UNHCR and UNAIDS whose representatives were provided with skills to communicate with and to counsel migrant and host communities in the event of a pandemic or any other crisis situation.

Highlights and cross-cutting issues

Geneva

IOM HQ, in Geneva, continues to provide technical support for capacity building and training relating to pandemic preparedness, migration health and other migration management areas. The importance of counseling and communication skills during crisis situations was promoted during a forum organized by Afro-European Medical and Research Network (AEMRN) for African diaspora health professionals in Bern Switzerland. The IOM basic counseling and communication skill for pandemic and crisis situations manual was distributed to forum participants.

Indicators:

- At least 30 manuals on basic counseling and communication skills distributed in English and French

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)
UNCAPAH I Objective 6: Continuity under Pandemic Conditions: ³							
UNCAPAH I Output 1.1 Advocacy for national capacities to include the needs of migrants in disaster preparedness and pandemic contingency plans	Indicator 1.1.1		Meetings with national stakeholders to promote migrants access to health and social services equitable to that of host communities during ILI outbreaks	Meetings with relevant national stakeholders held in Costa Rica, Nicaragua and Panama to promote migrants access to health and social services equitable to that of host communities during ILI outbreak			
	Indicator 1.1.2			Liaison meetings held in Nigeria with relevant national stakeholders			

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

* The project is still ongoing

UNCAPAHI Objective 3 <i>Human Health</i>							
UNCAPAHI Output 2.1 Pandemic preparedness, mitigation and response -- social mobilization activities for migrant and host communities	Indicator 2.1.1		Social mobilization campaigns conducted in Costa Rica and Panama	Social mobilization activities conducted in Costa Rica.			
	Indicator 2.1.2						
UNCAPAHI Objective 5 <i>Communication: Public Information and Supporting Behaviour Change</i>							
UNCAPAHI Output 3.1 Surveillance system strengthened	Indicator 2.1.1		Manual on basic counselling and communication skills in appropriate language	500 copies of the counselling and communication skills manual produced in Russian			
	Indicator 2.1.2		Training on basic counselling and communication skills	10 individuals trained on basic counselling and communication skills			