



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

Programme Title & Number
Programme Title: Pandemic preparedness among migrant populations in Latin America Programme No: CFIA-A15

UNCAPAHI Objective(s) covered:
Programme Coverage/Scope: Objective 3: Human Health: build capacity to cope with pandemic including surge capacity for a pandemic. Objective 5: Public information and communication for behavior change. Objective 6: Continuity under pandemic conditions

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

Implementing Partners
PAHO UNFPA UNOCHA Caja Costarricense del Seguro Social

Programme/Project Cost (US\$)	
CFIA Contribution:	304,950
Agency Contribution	
Government Contribution (if applicable)	
Other Contribution (donor) (if applicable)	
TOTAL:	304,950

Programme Duration (months)	
Overall Duration	January 2009 – June 2010*
Start Date ¹	31 January 2009
End Date or Revised End Date, (if applicable)	Revised end date: 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.

*IOM internal financial account closure: 31 October 2010.

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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NARRATIVE REPORT FORMAT**I. Purpose**

The overall purpose of this project is to strengthen pandemic preparedness in Central America by including migrant populations' needs in national plans.

This project targets national and regional partners involved in pandemic and disaster preparedness in the three participating countries of Nicaragua, Costa Rica, and Panama for capacity-building and coordination activities.

Main outputs

- Governments of all project locations sensitized on the importance to include migrant and mobile populations need into pandemic preparedness plans
- Migrant-friendly IEC material produced and disseminated
- Training on health promotion and IEC material dissemination conducted for indigenous migrants
- Training manual on basic counselling and communication skills published in French and Spanish
- Training on basic counselling and communication skills conducted for government counterparts, representatives of migrant communities and civil society organizations

Main outcomes/objectives

The specific objectives of this project are:

- To pilot a strategy to improve pandemic and disaster preparedness among migrant populations in Latin America;
- To raise awareness among the targeted migrant populations on influenza and related prevention measures and to promote related behaviour change;
- To strengthen existing national preparedness plans to meet the needs of migrant populations;
- To build capacity among community health and social workers, as well as other government officials who work with migrants, to identify influenza and other communicable diseases that can become possible epidemics among migrants and respond to their needs in the event of an emergency.

This is a six-month no cost extension of the project. During this period, IOM has liaised with partners at the regional level to discuss cooperation on management of health and communication services for migrant and mobile population. IOM has also implemented social mobilization activities with migrant and mobile 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, Humanitarian Pandemic Preparedness Initiative (H2P) partners and civil society to implement the planned activities in the three targeted countries.

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

Multi-regional and international partners common to the three targeted countries include:

Pan American Health Organization (PAHO)

United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)

United Nations Population Fund (UNFPA)

World Health Organization (WHO)

World Bank (WB)

International Federation of Red Cross and Red Crescent Societies (IFRC)

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

- Ministry of Health – that was involved in regional and national meetings
- Caja Costarricense del Seguro Social – that provided support for the IEC material testing
- The Medical School of the University of Costa Rica – that provided support in conducting visits to indigenous households

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

- Ministry of Health - that was involved in regional meeting and provided support to conduct capacity building activities for indigenous populations.
- PAHO – that participated in outreach activities
- Costa Rican Caja Costarricense del Seguro Social – that participated in outreach activities

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

- Ministry of Health – participated in the regional meeting to discuss cooperation on management of health and communication services for migrant and mobile population

- PAHO, OCHA, UNICEF and SINAPRED (National System for the Prevention, Mitigation and Attention of Disasters) – participated in information sharing meetings on pandemic preparedness activities.

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:
 - Three national staff based in Costa Rica
 - One national staff based in Panama

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. 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.

Assessments, evaluations or studies undertaken in the reporting period

An evaluation of the project was conducted after completion of activities. The aims of the evaluation were to:

- a) identify the main outcomes and impact of the project;
- b) conduct an analysis of project management strategy, focusing on identification of main successes, difficulties and lessons learned;
- c) provide recommendation for future projects.

IV. Results

Key outputs

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

Costa Rica

- IOM organized a regional meeting to discuss cooperation on management of health and communication services for migrant and mobile population. Representatives from Costa Rican, Nicaraguan and Panamanian government counterparts from the Ministry of Health were present, as well as representatives from PAHO and UNOCHA.
- IOM participated in the Second Steering Committee Meeting of the ICAO Cooperative Arrangement for the Prevention of Spread of Communicable Disease through Air Travel (CAPSCA)

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

Costa Rica

- IEC materials on basic hygiene measures to reduce the spread of pandemic influenza developed for Nicaraguan migrants;
- IEC materials on basic hygiene measures to reduce the spread of pandemic influenza produced in Spanish and Ngobere indigenous language in collaboration with Ministry of Health, cultural advisors and PAHO, and disseminated among indigenous communities;
- Focus Group (FG) held to test the IEC materials and to conduct hand washing demonstration with indigenous cultural advisors in the indigenous territory of La Casona.

Indicators:

- 531 IEC materials were disseminated (booklets, posters and banners) among indigenous population;
- 30 indigenous cultural advisors participated in the FG;

Panama

- Social mobilization activities to promote behaviour change to reduce the spread of pandemic influenza was conducted in the indigenous territories of Tolé, San Felix, David and Las Trancas;

- IEC materials on basic hygiene measures to reduce the spread of pandemic influenza were disseminated during the social mobilization activities and provided to the indigenous maternity shelter run by regional authorities and to UNFPA for distribution.

Indicators:

- 6 social mobilization activities conducted
- 5,453 IEC materials disseminated

Geneva

- The IOM manual, *Introduction to Basic Counseling and Communication Skills: IOM Training Manual for Migrant Community Leaders and Community Workers* was published in French and Spanish;
- IOM Geneva provided technical support to IOM Senegal to conduct a training of trainers on basic counselling and communication skills for relevant national 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:

- 12 people trained on basic counselling and communication skills.

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

Activities targeting Nicaraguan migrants in the northern border areas of Costa Rica suffered delays. This was mainly due to two factors: the weak link existing between health authorities of Costa Rica and Nicaragua and the lack of contacts with migrant communities in that area. The results were 1) the late development of IEC materials and 2) no implementation of social mobilization activities. IOM continued to make efforts to involve government counterparts and established contact with civil society organizations working with Nicaraguan migrants for implementation of future activities. The existence of a strong relation between health authorities of Costa Rica and Panama and of a strong network of partners proved to be a key success factor for activities implemented in the southern border areas.

Key partnerships and collaboration , explain how impact on results.

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

- Ministry of Health – participated in the regional meeting to discuss cooperation on management of health and communication services for migrant and mobile population
- Caja Costarricense del Seguro Social – provided the health centre to hold the Focus Group (FG) to test IEC materials
- The Medical School of the University of Costa Rica - provided support in conducting the household visits in the indigenous area of La Casona.
- PAHO – provided support in the development of the radio jingles on pandemic preparedness in Ngobere indigenous language

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

- Ministry of Health - participated in the regional meeting to discuss cooperation on management of health and communication services for migrant and mobile population. The Ministry of Health also collaborated with IOM in conducting training on pandemic preparedness for community leaders and community workers among indigenous populations.

- PAHO and the Costa Rican Caja Costarricense del Seguro Social participated in some of the outreach activities

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

- Ministry of Health – participated in the regional meeting to discuss cooperation on management of health and communication services for migrant and mobile population

Completion of activities: 100% of the planned activities have been implemented as of 30 of June 2010.

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

When, on the 11th of June 2009, the WHO declared the influenza A(H1N1) pandemic, several IOM field missions in the region requested information to be distributed to the migrant population with whom they engage. IOM HQ in Geneva has given technical support by providing IEC materials to the following field missions: Argentina, Bolivia, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Trinidad and Tobago, Uruguay and Venezuela.

IOM was able to reach indigenous migrants and to provide them with IEC materials on pandemic influenza and other influenza-like illnesses at the health post at the Rio Sereno border constructed with funds from the German Embassy.

- **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 <i>Continuity under pandemic conditions</i>							
UNCAPAHI Output 1.1 Advocacy for national capacities to include the needs of migrants in disaster preparedness and pandemic contingency plans	Indicator 1.1.1		One national preparedness plan includes the needs of the target population	None of the national plans include the needs of the target population		Quarterly/annual reports	Government were not willing to include the migrant component into the national pandemic preparedness plans
	Indicator 1.1.2			UN contingency plan for Costa Rica includes the needs of migrant and mobile population		Quarterly/annual reports	
	Indicator 1.1.3			Participated in two meetings of the ICAO-CAPSCA Steering Committee		Quarterly/annual reports	

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

				Organized two bi-national meetings and one regional meeting to advocate for coordinated strategies on pandemic influenza and migrant and mobile populations		Quarterly/ annual reports	
	Indicator 1.1.4			Participated in at least three meetings with government counterparts and UN partners to advocate for the needs of migrants and mobile populations to be included in pandemic preparedness plans and strategies		Quarterly/ annual reports	

UNCAPAH Objective 5 *Communication: Public Information and Supporting Behaviour Change*

UNCAPAH Output 2.1 Pandemic preparedness, mitigation and response -- social mobilization activities for migrant and host communities	Indicator 2.1.1			Four workshops held on IEC material dissemination		Quarterly/ annual reports	
	Indicator 2.1.2			Nine workshops held on pandemic preparedness, mitigation and response		Quarterly/ annual reports	
	Indicator 2.1.3			381 indigenous community leaders and community workers trained on pandemic preparedness, mitigation and response		Quarterly/ annual reports	
	Indicator 2.1.4			40 government officials trained on health care needs of migrants and pandemic influenza		Quarterly/ annual reports	
	Indicator 2.1.5		Number of information campaign materials produced	16,731 IEC materials produced for indigenous population and at least 5,453 disseminated		Quarterly/ annual reports	

	Indicator 2.1.6		Number of information campaign materials produced	4,060 IEC materials for Nicaraguan migrants produced and 2,010 disseminated		Quarterly/ annual reports	
	Indicator 2.1.7			Five radio jingles on pandemic preparedness developed in Ngobere language		Quarterly/ annual reports	
	Indicator 2.1.8			30 cultural advisors participated in FG for IEC materials validation		Quarterly/ annual reports	
	Indicator 2.1.9			At least 430 individuals and 60 households reached by awareness raising activities		Quarterly/ annual reports	
	Indicator 2.1.10		50% of participants who can identify one correct action to prevent the spread of disease				Social mobilization campaigns to raise awareness on pandemic influenza were implemented. However, no assessment was conducted to identify the percentage of participants who can identify one correct action to prevent the

							spread of disease
	Indicator 2.1.11		75% of staff who have implemented one new skill in their daily service post-training	100% of staff trained on IEC material dissemination uses the new skill in their daily service post-training		Quarterly/ annual reports	
	Indicator 2.1.12			1,00 copies of the basic counselling and communication skills manual produced in Spanish and 1,000 in French		Quarterly/ annual reports	
	Indicator 2.1.13			31 individuals trained on basic counselling and communication skills		Quarterly/ annual reports	
UNCAPAHI Objective 3 Human Health							
UNCAPAHI Output 3.1 Surveillance system strengthened	Indicator 3.1.1			Two IOM trained indigenous cultural advisors placed at border health posts		Quarterly/ annual reports	
	Indicator 3.1.2			5,000 bars of soap provided to border health posts		Quarterly/ annual reports	
	Indicator 3.1.3			One virtual room established to share epidemiological information of mobile populations between Costa Rica and Panama		Quarterly/ annual reports	
	Indicator 3.1.4			As a result of IOM advocacy, 100 mobile emergency teams were created by health authorities to provide services along the migratory route		Quarterly/ annual reports	