



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

Programme Title & Number
Programme Title: Pandemic preparedness
Programme No: CFIA-A22

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

Participating UN or Non-UN Organization(s)
United Nations Children's Fund (UNICEF)

Implementing Partners
<ul style="list-style-type: none">• UNICEF Regional and Country Offices• National counterparts (government, UN agencies, NGOs & others)

Programme/Project Cost (US\$)	
CFIA Contribution:	\$6,376,513.77
Agency Contribution	\$13,100,000.00
Government Contribution (if applicable)	
Other Contribution (donor) (if applicable)	
TOTAL:	\$19,476,513.77

Programme Duration (months)	
Overall Duration	18 months
Start Date ¹	1 July 2010
End Date or Revised End Date, (if applicable)	31 December 2011
Operational Closure Date ²	31 December 2011
Expected Financial Closure Date	31 December 2011

Programme Assessments/Mid-Term Evaluation
Assessment Completed - if applicable <i>please attach</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Mid-Evaluation Report – if applicable <i>please attach</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____

Submitted By
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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 pandemic preparedness at global, regional and country levels by supporting national governments through UNICEF regional and country offices in the development of capacities to respond to ongoing and potential outbreaks or pandemics and to implement communication interventions aimed at building resilience among individuals and communities.

In addition to technical and financial support from the UNICEF regular resources to 88 countries in 2010 to respond to the H1N1 pandemic, the CFIA-funded project targets five regions (East Asia and the Pacific, Eastern and Southern Africa, Middle East and North Africa, South Asia, West and Central Africa) and 21 countries to sustain the national preparedness on outbreaks of emerging and re-emerging infectious diseases.

The 21 countries being supported under the CFIA grant during 2010-2011 include: Afghanistan, Angola, Bangladesh, Botswana, Central African Republic, Chad, Congo Brazzaville, Cote d'Ivoire, Democratic People's Republic of Lao, Democratic Republic of Congo, Malawi, Mali, Mozambique, Nepal, Pacific Islands, Sierra Leone, Sudan, Swaziland, Tanzania, Uganda and Yemen.

Main outcomes/objectives

In the short term, UNICEF is supporting selected regions and countries to ensure that they have a communications strategy to respond to potential pandemics and outbreaks of emerging infectious diseases. As part of that strategy, national authorities will have established monitoring and evaluation components in conjunction with the concerned intergovernmental organizations. These will include indicators for process and outcomes; evidence-based research to support strategy and message development; baseline measures; systematic pre-testing of materials and messages as well as documentation of best practices.

In the longer term, it is expected that these countries will improve their disease-related communications systems and be better able to develop, deliver and evaluate the effectiveness of health interventions messages. The systems and the related capacities and capabilities would be of use in addressing any major public health event as well as strengthen communication to support appropriate behaviours for day to day health issues.

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 Terms of Reference. It contributes to Objective 5 (*Communication: Public Information and Supporting Behaviour Change*) with reference to Objectives 3 (*Human Health*) and 6 (*Continuity under Pandemic Conditions*) as stated in the UN System and Partners Consolidated Action Plan for Animal and Human Influenza (UNCAPAHI).

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

UNICEF works with national governments (Ministries of Health, Family, Social Welfare, Education, Information), UN partner agencies (WHO, PAHO, UNDP, FAO), the UN Country Team, Academy for International Development (AED), US Agency for International Development (USAID), Humanitarian Pandemic Preparedness Initiative (H2P) partners, NGOs and civil society to implement the planned activities in the targeted countries.

Project work plans are coordinated with partners and presented to the national government relevant focal point for avian influenza and pandemic preparedness for endorsement before activities are implemented in the community.

UN lead agencies and national government focal points provide inputs in the development of guidance, communication strategies and communication materials for behaviour change and community mobilization.

II. Resources

Financial Resources:

Oct 2009-Nov 2010: US \$13.1 million from UNICEF regular resources (7% set aside funds)

Jul 2010- Dec 2011: US \$6.7 million from CFIA Grant A22.

UNICEF has an internal system that enables financial tracking and monitoring of funds.

Human Resources:

At UNICEF Headquarters, New York, USA, there are three international staff:

- One Global Avian and Pandemic Influenza Coordinator
- One Global Communication for Development (C4D) Specialist and
- One Global C4D Project Officer

At the Regional Offices

- Two regional advisers/focal points (international staff) supporting East Asia and the Pacific and South Asia regions together
- One regional C4D adviser in ESARO (International staff) as well as national staff
- One regional C4D adviser in WCARO (International staff) as well as national staff
- One regional health adviser in MENA (International staff) as well as national staff

At the Country Offices

- One international C4D or health specialist with support from national and international staff (Communication, Health, WASH, Education)

III. Implementation and Monitoring Arrangements

All UNICEF projects are registered with a central project information unit and requisitioning, commitment and expenditure are monitored at global, regional and country levels respectively. When funds are received against a project, the information regarding the stated project/grant objectives, expected results, allocation amounts, reporting dates, and date of closure of grant are fed into the system in joint consultation between the implementer(Health Section, Programme Division), the Office of Partnerships and Resource Mobilization and the Programme Information Unit at UNICEF Headquarters(HQ). The system tracks the utilization of funds and reminds regional and country offices when reports are due and when the project is approaching its end date. Each completed report is reviewed by the team at HQ (the API Coordinator, the C4D Specialist and C4D Project Officer). At the Regional level, the regional focal points periodically monitor both the technical and financial aspects of project implementation.

Regular consultations are held between UNICEF HQ, Regional and Country Offices via teleconferences, e-mails, and field visits to monitor programme implementation. UNICEF Country Office has regular consultations and coordination meetings with Government counterparts, the UN and other partners and stakeholders.

Monitoring system and incorporation of lessons learned into the ongoing activities

An intranet-based portal is used to enter and share status of fund utilization and project implementation by regional and country offices that received funding. The HQ team developed questionnaires for monitoring project implementation based on reporting needs specified by the donor and in discussion with the Regional focal points. During the course of the project, completed activities are compared with expected outcomes for that quarter as stated in the original document. The Regional and HQ teams regularly discuss project implementation and funds utilization to identify barriers and solutions including revisions to the original workplan. The API Coordinator and/or the C4D Specialist, and regional advisers participate in interagency and international meetings and discussions on avian and pandemic influenza, new guidance, lessons learned and other related issues.

IV. Results

In 2010, UNICEF within the UN system led the inter-agency and cross-sectoral collaborations on communication on the Avian and Pandemic Influenza programme. The lessons learned from implementing behaviour change and community mobilization interventions including KAP surveys and evaluations, development of guidance tools in collaboration with WHO and other partners and a range of behaviour and social mobilization materials (print, audio, video, and online) enabled UNICEF to respond to the H1N1 pandemic. UNICEF, in collaboration with WHO and based on the available evidence, identified key behavioural interventions to reduce the impact of the H1N1 influenza at family and community level.

UNICEF contributed to the UN and World Bank's Fifth Global Report "Animal and Pandemic Influenza" and in the organization of the 7th International Ministerial Conference on 'Animal and Pandemic Influenza: The Way Forward' held in Hanoi, Viet Nam. The recruitment of an Avian and Pandemic Influenza Web Manager enabled UNICEF to maintain the UN Avian and Pandemic Influenza Communication Resources website³ and the pandemic influenza intranet and extranet sites. The East Asia and Pacific Regional Office updated the Communication Resources Essential Tools for Emergencies (CREATE) website⁴. Visitors to the site draw on a core set of tools to prepare, plan, implement and evaluate behaviour and social change communication initiatives as well as prototypes of messages, materials and resources for responding to the H1N1 pandemic.

UNICEF actively participated in the UNSIC technical working groups and major international and regional conferences including the International Ministerial Conference on 'Animal and Pandemic Influenza: The Way Forward' held in Hanoi, Viet Nam; the One Health strategy meeting in May 2010 in conjunction with WHO, FAO and CDC; the 1st Asia Regional Risk Communication Initiative Forum convened by UNISC and UNICEF-APSSC in Bangkok, Thailand; the Community Public Health Measures implemented during the Influenza A (H1N1) 2009 Pandemic' workshop convened by WHO in Tunis, Tunisia.

UNICEF HQ provided technical and financial support to 88 selected countries during 2010. Of these, more than 40 countries supported health interventions such as increased and improved access to community-based preventive and curative services for major illnesses including pneumonia and diarrhoea. Thirty countries reported the promotion and implementation of Water, Sanitation and Hygiene (WASH) interventions including support to, promotion of hand washing and improved access to safe drinking water. Fourteen countries bolstered school-based pandemic preparedness and 15 countries used the funds to support emergency preparedness activities including vaccine deployment and delivery. Five countries (Fiji, Guyana, Nepal, South Africa and Zimbabwe) supported interventions for vulnerable and high risk populations and six countries promoted infant and child feeding practices including early and exclusive breastfeeding.

UNICEF responded to the pandemic in an integrated manner, bringing all stakeholders and sectors to the table, building on its strengths in communication and social mobilization and community-based approaches and learning from the experience in handling the avian when the H1N1 virus emerged in 2009.

Thirteen countries (Angola, Bangladesh, Cambodia, Cameroon, Dominican Republic, India, Kenya, Lesotho, Maldives, Pakistan, Egypt, Eritrea, and Tanzania) updated existing national communication plans and completed specific communication strategies to respond to Pandemic Influenza in 2009. Some countries (e.g. Afghanistan, Azerbaijan, Bangladesh, Djibouti, D.R. Congo, Nepal, Nigeria, and Uzbekistan) conducted surveys, studies or other rapid assessments to evaluate community knowledge, attitudes and practices (KAP) on H1N1 while others documented lessons learned from the H1N1 response (e.g. Argentina and Bangladesh).

³ <http://www.influenzaresources.org>

⁴ <http://www.createforchildren.org>

The following are some of the examples of how UNICEF country offices have been developing capacities for national and community preparedness and response.

South Asia

In **Afghanistan**, the Country Office (CO) and the Ministry of Health jointly undertook a household survey and a KAP study in six provinces to ensure that communication interventions were data driven. The existing Disease Early Warning System and the excellent collaboration with WHO facilitated the identification of and intervention in 18 most vulnerable provinces with high prevalence of Acute Respiratory Infection (ARI). About 40,000 children affected by ARI benefitted from paediatric drugs. About 320 community hygiene promoters and 200 religious leaders were trained on community hygiene promotion (hand washing, handling of drinking water, and use of sanitary toilet). The campaign to promote hygiene and diarrheal disease control covered 27,783 families in the 10 most densely populated districts of Kabul city.

In **Bangladesh**, the CO effectively mainstreamed H5N1 and H1N1 preventive messages through the emergency cluster partners' activities (not only when the emergency occurs) which built resilience of communities to face humanitarian situations. The National Communication Strategy for API was revised and implementation of activities was undertaken. In addition, UNICEF supported the government to develop and implement the communication strategy for the H1N1 vaccination campaign held from July to October 2010. The 2010 KAP survey showed an increase in knowledge on H5N1 prevention and improvements in practices and behaviours. As part of the media campaign, over 200 journalists were trained in different regions of the country and 17 TV spots were produced for BTV and six other private TV channels. A total of 4,300 Imams were mobilised nationally to assist in raising awareness of H1N1 and hygiene and sanitation practices.

Eastern and Southern Africa

In **Angola**, UNICEF and partners (the ministries of Family, Health, Social Welfare and civil society partners mainly church groups) developed a national communication strategy on family competencies in order to promote a package of high impact behaviours on health, primary education and child protection among families. More than 100 participants took part in a 2-day workshop in Luanda which increased awareness about the competencies and stakeholder involvement. Following the signing of an agreement with the "Pastoral da Criança" to provide interpersonal counselling to families, 130 trainers from 8 provinces were trained on family competencies for pregnant women and under-five children. In 2011, they will train more than 600 community leaders. The involvement of the Angolan churches will allow for sustainability of the interventions and reduce costs for trainings, meetings, and awareness sessions with mothers and family visits.

In **Tanzania**, the Government, UN agencies and partners prepared and adopted a national H1N1 Communication strategy. The H1N1 response was an opportunity for the review of the National Emergency Communication Preparedness and Response strategies and plans. More than 300 district and national health promotion focal points and development partners were trained on H1N1 outbreak communication preparedness and response. Another 239 district and community level health coordinators and community owned resource persons (CORPs) were trained in H1N1 messages and equipped with IEC materials for dissemination at household and community level in the four highest risk districts. The Facts for Life was translated in Kiswahili and 33,000 printed copies were distributed to change agents for health education

The Americas and the Caribbean

In the **Dominican Republic**, in the post-pandemic phase, the H1N1 Response provided an opportunity for the MoH to implement its national contingency plan in response to the influenza epidemic. The funds allocated have been used to develop an early warning system to early detect suspected cases of influenza.

In **Honduras**, as part of the response strategy, teams from all 20 sanitary regions were trained on the pandemic influenza storage and deployment. H1N1 preparedness has been useful in also addressing other outbreaks and illnesses such as leptospirosis and cholera. To increase awareness among civil society, 10,000 posters, 500,000 leaflets and radio spots related to H1N1 pandemic influenza were produced.

In **Mexico**, a training package for teachers had a right-based, participatory approach on hygiene education at the elementary school level through culturally relevant materials for indigenous and non-indigenous children.

Western and Central Africa

In the **Democratic Republic of Congo**, a partnership between five major religious groups and UNICEF provided durable support to the government in the context of African Child Survival Strategy implementation with a focus on reducing under-five child mortality. More than 350 delegates from five religious groups and 1,800 members of religious community-based structures were trained in five provinces to promote the five Key Family Practices including handwashing from the national to the provincial level using existing religious communication channels. A KAP study on handwashing was conducted in 50 primary schools in Kinshasa. Models for reproduction of 100 wall paintings to promote handwashing and hygiene in 50 primary schools in Kinshasa are being developed. Indicators and messages are being translated in four national languages.

Conclusion

Scaling up the response system continues to be a major challenge for many countries, particularly the hard-to-reach populations. The rapid move of the pandemic from Phase 1 to 5 signalled countries to shift priorities and left little time for finalization of the communication response and implementation of planned mitigation measures. Countries find both capacity and resource for increased coverage of activities challenging and are working with the governments and donor agencies to raise additional funds (e.g. Bangladesh, Kenya).

The availability of technical support from UNICEF at the global and national levels is a critical success factor to building community capacities to prepare for and respond to any pandemic. UNICEF Regional and Country Offices worked with their national governments to promote the implementation of participatory and gender-sensitive communication interventions to promote the adoption of protective behaviours and to build resilience among individuals and communities to reduce or limit the threatening spread of viruses.

Independent evaluations have demonstrated that UNICEF's support to governments on behaviour and social change activities were able to generate knowledge and increase awareness about preventive behaviours and practices. However, they also found that increase in knowledge does not automatically translate into permanent behaviour change. Therefore, behavioural interventions need to be complemented by multi-year support and commitment from both government and development partners.

The **new tranche of funds received in July 2010** under CFIA A22 enabled UNICEF to sustain its strengths in communication and social mobilization and maintain the organization's ability to provide effective leadership within the UN system to enhance public understanding of the risks of emerging and re-emerging diseases and to empower communities to protect themselves and engage their governments in national preparedness and response.

Against the programmable funds of US \$6,376,514, 37% of the funds have been allocated to strengthen capacities in **five regions**. About 50% of the funds have been allocated to strengthen the national capacity of **21 countries** (Afghanistan, Angola, Bangladesh, Botswana, Central African Republic, Chad, Congo Brazzaville, DPR Lao, D.R. Congo, Cote d'Ivoire, Malawi, Mali, Mozambique, Nepal, Pacific Islands, Sierra Leone, Sudan, Swaziland, Tanzania, Uganda, and Yemen). The remaining funds have been allocated to UNICEF HQ to provide planning, programme and technical support, guidance, quality assurance and

oversight to regional and country offices to ensure the achievement of project goals. UNICEF is working with governments and partner agencies to integrate emergency health communication and risk communication for H1N1, HPAI and other emerging infectious diseases to strengthen national communication capacities, build community resilience to various hazards and reduce the number of unimmunized children.

V. Work Plan for 2011

At **Headquarters**, UNICEF will continue to support the Regional and Country offices in strengthening delivery systems for better outcomes of child survival interventions with focus on immunization through: technical and financial support; development of in-country capacities and competencies; improved coordination of programmes and initiatives among partner agencies; and effective response to requests for technical support from UN Agencies and other partners. The UNICEF HQ team will also assist in leveraging adequate resources to support national scale-up plans, maintaining and strengthening donor relations, and supporting the documentation and dissemination of lessons learned and good practices.

1. Central Eastern Europe and the Commonwealth of Independent States(CEE/CIS) Regional Office: \$675,000

The CEE/CIS Regional Office will ensure that at least five countries in the region have a Government endorsed national strategy on health communication, and another five have a draft strategy pending approval. The Regional Office (RO) will provide technical support for the establishment of intersectoral task forces and/or institutional frameworks to support the implementation of national strategies. Two regional capacity building workshops will be organized and a regional information and knowledge network established.

2. Asia Pacific Shared Services Centre (APSSC): \$487,000

The Asia Pacific Shared Services Centre (APSSC) in Bangkok provides technical support to countries in East Asia and Pacific as well as South Asia. APSSC will develop C4D guidance and implementation tools for countries in the Asia Pacific region for responding to H1N1 or other Type A influenza pandemics and outbreaks. The Regional Office will support Country Offices(COs) in the region to identify entry points for integration of influenza related behaviours into existing health, nutrition, WASH (water, sanitation and hygiene) and education programmes. The CREATE C4D materials resource pack for COs in Asia Pacific will be updated and available for immediate use and/or adaptation in the event of an outbreak/pandemic.

3. Eastern and Southern Africa Regional Office (ESARO): \$612,000

ESARO plans to recruit a regional advisor to support and provide oversight for the preparedness activities. The RO will develop a Monitoring Framework for tracking implementation and progress for the region. Standard Operating Procedures including a common monitoring framework will be distributed across the region. The RO will organize a Regional Network meeting. At least two trainings/workshops for country teams and a regional meeting to document best practices and share lessons learned are planned.

4. West and Central Africa Regional Office (WCARO): \$612,000

WCARO will provide technical assistance and guidance to seven UNICEF COs (Democratic Republic of Congo, Central African Republic, Sierra Leone, Congo-Brazzaville, Chad, Cote d'Ivoire, Guinea Bissau) in the review, development of their national C4D preparedness and response plans. The RO will undertake social mobilization contingency activities to enhance country preparedness and ensure that communities have access to a pool of communication materials available in relevant languages. A community-based strategy will be developed to promote adoption of risk reduction behaviours. The capacity of country teams will be strengthened through training workshops. The RO will support coordinated documentation of lessons learned

(at country and regional level) in implementing pandemic preparedness and will organize a regional meeting to share experiences and lessons learned from the seven countries. A regional C4D Adviser has been recruited to coordinate, monitor and provide oversight for regional pandemic preparedness.

EAPRO Country Offices

5. Pacific Islands: \$125,000

The Country Office will continue to strengthen the capacity of Health Promotion Units under the Ministries of Health in Solomon Islands, Kiribati, Vanuatu and Fiji to engage in effective risk communication on new and emerging diseases. The CO will ensure that national communication plans for pandemic preparedness are in place in the Federated States of Micronesia, the Republic of the Marshall Islands, Tuvalu, Samoa and Tonga. The CO will support partners for accelerating communication with children to practice recommended risk behaviours related to influenza and other diseases as part of a three-year integrated strategic communication focus on promoting hand washing and pandemic preparedness. The CO will also support continuity in the national communication activities and further integrate WASH and pandemic preparedness messages in the health and education sectors as well as in national emergency preparedness and response strategies.

6. Lao PDR: \$100,000

The Country Office will implement pandemic communication and planning activities including development of communication plans at village level in six districts to strengthen prevention of and response capacity (promotion of handwashing, hygiene and influenza) to disease outbreaks together with CARE International. Influenza radio messages will be revised, translated and adapted for broadcast on Lao National Radio ethnic talk shows and 17 provincial radio stations in Hmong and Khmu languages. A computer inventory system of all available infectious disease materials, training curriculums, distribution plans and activity locations will be established. The CO will undertake efforts to strengthen monitoring of activities, mapping of geographic locations and general materials distribution process and expand a model of the archive system to provincial levels. Three meetings are planned to refresh provincial and district level authorities on pandemic preparedness planning and related communication initiatives (including risk and crisis communication).

ESARO Country Offices

7. Angola: \$210,000

The Country Office will collect baseline KAP data on household behaviours (e.g. immunization, handwashing) to preventing disease outbreaks to inform its preparedness planning and ongoing activities. This includes supporting the Government in implementing the Reach Every District for EPI training and integrating community components. Identified community agents in comunas will train in communication, including social microplanning and social mapping. ‘Model municipality’ good practices that enhance health seeking behaviours will be documented. The barriers to immunize the hard-to-reach and at-risk populations will be identified. Working with community influencers, the CO will develop appropriate interventions and EPI and basic hygiene messages. Stakeholder meetings will be organized to build a municipal level alliance (Ministry of Health, NGOs, church leaders and partners) to ensure coordination and to develop community-based, participatory promotion and prevention interventions. The CO will support the development and implementation of a training package to enhance the interpersonal and counselling skills of municipal health workers to disseminate recommended behaviours and to promote adoption of protective practices.

8. Botswana: \$50,000

The Country Office will provide technical assistance (support to development of social mobilization strategies, messages and materials) to the Government for integrating the operational C4D component in pandemic preparedness strategies. The CO will conduct a short KAP survey of school children on prevention

of influenza. It will conduct dialogue with school children and community members on influenza awareness. The CO will develop and disseminate materials on early identification of symptoms of respiratory diseases and their prevention as well as care of affected people, for use by school children and community volunteers.

9. Malawi: \$100,000

The Country Office will design, pre-test and produce emergency information, communication (IEC) kit-in-a-box of print and electronic materials on handwashing, hygiene and safe water use in districts for use before or during emergencies and disease outbreaks. IEC materials for caregivers to immunize newborns will be designed, pre-tested and produced. The CO will adopt a school-to-home approach to promote children awareness of hand-washing, hygiene and influenza and to empower them to become ambassadors of messages at home. The campaign will promote hand washing with soap at four critical times using a cartoon series.

10. Mozambique: \$200,000

The Country Office will update the existing national Pandemic Communication Plan to include focus on cholera and other hygiene-related diseases in the cholera prone provinces in the north. The CO will develop and pre-test Facts for Life audio-visual materials in Portuguese and Macua for small-groups and community media on handwashing behaviours. The CO will undertake a capacity assessment of the Social Communication Institute's (ICS) and activities to strengthen its capacity to undertake effective communication interventions. This will include the training of ICS and other C4D partners on the main areas identified in the capacity assessment report and in other key thematic areas, e.g. hygiene promotion and handwashing.

11. Swaziland: \$100,000

The Country Office will support the Government in updating the existing national strategy and identify appropriate communication messages and channels. Monitoring and evaluation tools will be developed in collaboration with the Government, civil society and UN partners and best practices documented. A knowledge attitudes practices and behaviours survey will be undertaken to guide messaging and development of communication materials. The CO will design, produce and disseminate communication materials to address key behaviours and misconceptions related to handwashing and hygiene. To ensure that these materials are sustainable, the CO will ensure that these are developed with local participation.

12. Tanzania: \$200,000

The Country Office will review existing communication materials on common emergency and emerging disease outbreaks in partnership with key partners. The CO will support the Ministry of Health and Social Welfare in conducting district-level emergency communication training in preparedness and response to disease outbreaks in eight high risk districts focusing on Polio, Yellow fever, and pandemic influenza. The CO plans to produce pre-tested prototypes IEC materials in print, radio and audio-visual formats for emergency and emerging infectious diseases. An e-database of communication materials on emerging infectious diseases including public health outbreaks and other vaccine preventable diseases is also planned.

13. Uganda: \$200,000

The Country Office will coordinate the development of a national disease outbreak communication plan and submit draft to the Ministry of Health for final review and endorsement. UNICEF will recruit a consultant to support the process of developing the plan. A national stakeholders planning meeting, district level consultations, training workshops, and a national final review meeting will be organized to finalize the communication plan. An evidence-based Village Health Team toolkit prototype will be developed, pre-tested and finalized in consultation and collaboration with Ministry of Health and development partners.

The CO will conduct rapid research on visual perceptions of low-literate and illiterate populations in Northern Uganda and Karamoja to provide inputs to the design of the kit. The CO will also conduct participatory action research (PAR) to understand attitudes, practices and behaviours of selected groups (using FGDs, in-depth interviews, KIIs, identification of positive deviants, etc.) in poorly performing districts and/or disease hotspots. Following a gap analysis, designing and pretesting research instruments/tools, a research plan will be developed. A final research report on the research findings/analysis will be presented at a workshop involving the Ministry of Health and development partners.

The CO proposes to strengthen national communication capacities by coordinating and organizing two regional advocacy meetings (for Northern and Western Uganda) with district level leadership to engage them in advocacy in prevention and outbreak communication activities. Disease Outbreak Communication trainings will be rolled out to 20 "disease hotspots" districts in Northern and Western Uganda - 2 districts at a time. A national level training of MOH Health Promotion Team is also planned, in collaboration with USAID RESPOND, WHO and other partners.

MENA Country Office

14. Northern Sudan: \$100,000

The CO will develop a strategic framework and mass media tools (radio) to engage family-level actors, including children in selected states to promote essential family care practices related to ACSD, including infectious disease prevention. Communication tools and materials promoting effective family practices/key behaviours in households, public places, and schools will be developed, disseminated and implemented in selected states.

15. Yemen: \$190,000

In addition to developing and implementing a communication plan for pandemic and other emerging infectious diseases, the country office review and update the Sponsor a Child Strategy (SCS) and the WASH in School strategy and related communication materials to raise awareness on the importance of timely child immunisation and appropriate protective hygiene practices. Workshops at governorate and district level and training of community volunteers including health workers and teachers on the 12 key family practices will be organized to strengthen and scale up the SCS and WASH in School strategies. The Country Office will also undertake a study tour in the region for health education team to share experiences in health promotion and C4D and build capacities of nationals and UNICEF staff on C4D.

ROSA Country Offices

16. Afghanistan: \$200,000

The Country Office plans to develop a National Communication Plan for pandemic and other emerging infectious disease. Communication materials to promote recommended protective behaviours for use in households and public places will be designed and distributed following pre-testing of the messages through country-wide focus group discussions. Key government and NGO officials at the province level will be trained on the implementation of the national communication plan and strategy. A workshop on risk communication will be held to strengthen the capacity of the Health Promotion Department of the Ministry of Public Health, other government partners and NGOs in this area. The CO will also conduct Communication Surveillance Training and Pilot Communication Surveillance at two places in the provinces where the "Integrated Package" is implemented.

17. Bangladesh: \$150,000

The Country Office will support the Government in updating the Communication Plan and implement national strategies. The CO will develop, design and print new material or re-print existing material for continuous education of targeted population or during outbreaks. A research agency will be engaged to conduct continuous monitoring of activities against process and behavioural indicators and document best practices. Efforts to increase awareness and adoption of influenza preventive behaviours by children and their families will include the dissemination of the Meena Communication package (which will include a 13-minute animated film, comic book and a teacher's guide) through children's networks and schools; scaling up of community theatre project piloted in the Chittagong Hill tracks (CHT) and to outreach to tribal communities and enhancing the NGO network created and increase community level activities.

18. Nepal: \$101,000

The Country Office will coordinate the development of an inter-agency (UN Country Team) communication plan to ensure common understanding among the UN agencies on how to respond during pandemic phases. The School Based Education programme on influenza will be scaled up and linked with community awareness on key behaviours. The CO will provide support for strengthening the capacity of NGO partners to promote influenza prevention and response messages in communities using local languages and train at least 30 NGO Staff to plan, implement and monitor C4D activities on influenza. Existing behavioural communication and learning materials (including training packages for teachers) will be reviewed, updated, pre-tested and produced to inform school children, families and general public at large. The CO will also strengthen the capacity of local facilitators and peer educators for the effective and sustainable use of these materials at school and community levels. The CO will ensure the support of one full time staff to manage and implement activities.

WCARO Country Offices

19. Central African Republic: \$250,000

The Country Office will support the Government in implementing communication plans promoting strategically selected essential family practices aiming at (a) behaviour development/change at individual/household levels; (b) social mobilization of civil society organizations; and (c) increased community participation in development programmes. The CO will provide technical support to government counterparts in the development and appropriate use of C4D interventions/strategies aimed at both individual behaviour change and collective action. A strategic coordination and partnership system that involves programme staff, partners and stakeholders, and ensures participation at all stages of the communities will be established. The CO will develop communication material (leaflets, posters, radio spots, etc.) and training modules to promote EFPs in emergency and transition contexts and train community agents on their use. A C4D specialist will be recruited to provide oversight as well as monitor and evaluate the C4D activities.

20. Chad: \$150,000

The Country Office proposes to develop a contingency C4D plan for emergency situations, including pandemic and emerging infectious diseases, humanitarian interventions, and possible natural disasters. A KAP study to identify key hygiene behaviours that help reduce the risk of pandemics and waterborne diseases will be undertaken. Existing IEC materials will be reviewed and adapted for cultural and language appropriateness to promote hygiene and other key household behaviours in accordance with the C4D Strategy. The CO will support the development of a booklet for children on key household behaviours (including immunization) with the involvement of key stakeholders, i.e. children, the Government and other community members. The CO will collaborate with NGOs working with community radios (e.g. Equal Access) to train children as advocates for adoption of preventive practices in their communities.

21. Congo Brazzaville: \$112,100

The Country Office will support the Government and key partners in the elaboration of a communication strategy based on nationally defined priorities. The CO will organize simulations and exercises to test the communication plan and develop messages and prototypes of communication materials that are community-based and in line with the communication plan. The CO will support the Government in strengthening the communication capacity in promoting immunization and household hygiene (handwashing and water treatment) as well as key 'good family practices' in health, food, nutrition, hygiene and sanitation. Efforts will be made to build capacity at local, intermediate and national levels for EPI and emerging infectious diseases. The CO will support the implementation and monitoring of the C4D programme in collaboration with key partners and draw lessons and good communication practices in community outreach. A C4D Specialist will be recruited to provide oversight and support for these activities.

22. Democratic Republic of Congo: \$340,000

The Country Office will coordinate the design and implementation of a national C4D strategy to support the African Child Survival and Development Strategy including the development and implementation of sub-national strategies in five of the 11 provinces. The CO will provide technical support from national to provincial and district levels to ensure effective communication and strong community participation. A Communication Plan on H1N1 prevention through handwashing promotion will be developed to empower children and families in the Tanganika District to practice recommended behaviours. At least 10,000 children at primary school will be sensitized on handwashing and H1N1 prevention. Basic hygiene and handwashing will be promoted through the involvement of 50 local radios, TV microprogrammes and Theatre for Development in the five selected provinces. The CO will develop and implement about 20 communication plans from five religious institutions and produce and disseminate educational materials in the local languages on H1N1, basic hygiene and handwashing for the five provinces. The CO will conduct focus groups, KAP survey, and research on handwashing to inform the messaging and production of materials.

23. Cote d'Ivoire: \$200,000

The Country Office will revise the existing national EPI plan to include emerging infectious diseases and other emergencies. A workshop with key partners will be held to develop harmonized messages and communication materials and tools. Messages and communication tools on infectious diseases will be pre-tested to ensure their acceptance in the community. The finalized materials will be disseminated via TV, radio channels and trained NGO counterparts. The CO will organize a workshop to develop child-friendly messages and learning materials and distribute them in identified schools. Communication focal points in EPI Plus districts as well as NGOs, religious leaders and media persons will be trained on communication for disease prevention and care. The CO also will support the training of "primary education inspectors" on school-based communication materials who in turn will serve as Trainer of Trainers (ToTs) in the identified schools.

24. Mali: \$196,000

The Country Office will test and adapt existing communication materials on handwashing and hygiene to respond to local cultural needs. The CO will conduct C4D and Education-based training in WASH modules and provide equipment for students, teachers and Regional Education Directors of "Students' Governments" as well as produce and disseminate appropriate communication in selected schools. About 1,000 social workers and health workers will receive training in interpersonal and participatory communication skills. Partnerships will be reinforced at decentralized levels and the microplanning process revamped.