



## CENTRAL FUND FOR INFLUENZA ACTION

### ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2010

#### Programme Title & Number

- Programme Title: UNICEF- H1N1 Response Pakistan
- Programme Number (if applicable) CFIA-A20 – H1N1 Response
- MDTF Office Atlas Number:

#### UNCAPAHI Objective(s) covered:

**Programme Coverage/Scope: National**

#### Participating UN or Non-UN Organization(s)

National Influenza Program (GOP), UNICEF, WHO

#### Implementing Partners

- National Influenza Program (GOP)
- National counterparts (government, private, NGOs & others)

#### Programme/Project Cost (US\$)

CFIA Contribution:	248,900.54 <sup>1</sup>
Agency Contribution	
Government Contribution (if applicable)	
Other Contribution (donor) (if applicable)	
<b>TOTAL:</b>	248,900.54

#### Programme Duration (months)

Overall Duration	12 months
Start Date <sup>2</sup>	June 1, 2010
End Date or Revised End Date,	May 31, 2011
Operational Closure Date <sup>3</sup>	
Expected Financial Closure Date	

#### 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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<sup>1</sup> Programmable Amount.

<sup>2</sup> 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>).

<sup>3</sup> All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

**Abbreviations:**

<b>C4D</b>	Communication for Development
<b>CFIA</b>	Central Fund Influenza Action
<b>GPO</b>	Government of Pakistan
<b>H1N1</b>	Influenza A virus
<b>KP</b>	Khyber Pakhtunkhwa
<b>LHW</b>	Lady Health Workers
<b>MNCH</b>	Maternal, Newborn and Child Health
<b>MDTF</b>	Multi-Donor Trust Fund
<b>TOR</b>	Term of References
<b>UNICEF</b>	United Nations Children's Fund
<b>UN</b>	United Nations
<b>UNCAPHI</b>	UN System Consolidated Action Plan for Avian and Human Influenza
<b>WHO</b>	World Health Organization

## **NARRATIVE REPORT FORMAT**

### **I. Purpose**

- **Expected result 1**  
A national level multi-sectoral task force/committee guide and monitor implementation of pandemic influenza communication activities.
- **Expected Result 2** Communities in targeted districts receive messages on how to prevent the spread of pandemic influenza and how to protect themselves through improved hygiene practices.
- **Expected Result 3**  
Lady Health Workers (LHWs), teachers and community workers in emergency districts have improved capacity to prevent the spread of pandemic influenza in collaboration with the Ministry of Health.

### **The relation of the Programme to the UN Consolidated Action Plan and its objectives and the CFIA TOR.**

The programme relates directly to the UNCAPAHI (*one or more of the seven objectives*) and Key Immediate Objectives listed below and in the CFIA TORs.

#### **Objective;**

5.0 Communication: Public Information and Supporting Behavior Change

5.1 Strategic communication for awareness and convergent messages

5.2 Social mobilization for awareness and behavior change

#### **Main implementing partners, roles and responsibilities, and interaction with participating UN or Non-UN Organizations**

The main UN implementing partner is WHO. The non-UN implementing partners include the Government of Pakistan (The National Influenza Control programme and the LHWs programme for community based work). NGO partners were also engaged during the flood emergency, and integrated messages were developed by partner NGOs.

### **II. Resources**

#### ***Human Resources:***

##### **National Staff:**

There is no dedicated staff for H1N1. One C4D Specialist (National) responsible for implementation and technical support is supported by a Health Specialist at L4 level (international post). Focal persons have been nominated in each UNICEF office for monitoring and coordination of activities with the Government of Pakistan and partners.

### **III. Implementation and Monitoring Arrangements**

No data available.

### **IV. Results**

#### **Expected Result 1:**

A national level multi-sectoral taskforce/committee guides and monitors the implementation of pandemic influenza communication activities. The national taskforce under the leadership of the Minister of Health oversees the implementation of the H1N1 plan. The taskforce meetings have ensured that H1N1 remains high on the Government of Pakistan agenda.

A series of refresher training workshops were held with health beat reporters on responsible reporting, and key advocacy and networking events with media personalities (editors, heads of TV and radio channels as well as famous show hosts) are underway.

#### **Expected Result 2:**

Communities in targeted districts receive messages on how to prevent the spread of pandemic influenza and how to protect themselves through improved hygiene.

Messages were disseminated to the Lady Health Workers (LHWs) and NGO networks which were developed in each district during the flood emergency. Achievements have been made through a range of community awareness activities at different levels, targeting the general public and people at risk through integration with other activities such as the UNICEF-supported Mother and Child Weeks conducted by the LHW programme and through the mobile teams of the mother, newborn and child healthcare (MNCH) programme in the flood affected areas.

#### **Expected Result 3:**

LHWs, teachers, and other community workers working in target districts both in Khyber Pakhtunkhwa<sup>4</sup> and other provinces received orientations on H1N1 prevention and control, building their capacity to prevent the spread of pandemic influenza. The LHWs have already been trained to give messages and counseling on diarrhoea and pneumonia prevention and treatment, and integration of H1N1 messages with these messages ensures that the most vulnerable are protected. Training of community workers, opinion leaders, teachers and religious leaders will ensure sustainability and reinforce important flu prevention messages in the communities.

#### **Key outputs achieved in the reporting period**

- Taskforce established and meets regularly. H1N1 implementation plan monitored by the taskforce.

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<sup>4</sup> Previously known as the North West Frontier Province (NWFP).

- Materials with H1N1 prevention control messages developed for groups identified as high risk in the communication strategy. These materials are also used in orientation sessions with various community workers.
- LHWs, teachers, and other community workers working in emergency districts both in KP and other provinces received orientation on H1N1 prevention and control.

### **Delays and constraints in programme implementation and lessons learned**

- The biggest constraint was the floods in 2010 that affected the entire country. The existing health infrastructure was badly damaged. The LHW programme, a major implementing partner at the community level, was working at a very low capacity as 10,000 LHWs were directly affected by the floods.
- Frequent changes in programme managers caused a great deal of delay in the implementation of the project. Three different programme managers have worked on this project during the reporting period.

### **Key partnerships and collaborations**

- The most significant partnership for H1N1 within the UN system is with the World Health Organization (WHO) and most activities have been conducted with technical support from WHO. Materials were jointly developed using inputs from both UNICEF and WHO technical and communication personnel. A communication committee comprising members from both agencies and the Government of Pakistan (GoP) work together on the design and implementation of communication activities.
- Partnerships have also been promoted with networks of NGOs, religious leaders, and health service providers. Capacity building of existing NGOs has been conducted and integrated influenza messages were distributed through the NGO network during the floods.

### **Other highlights and cross-cutting issues**

The capacity of the implementation partners (both GoP and NGOs) remains a source of concern for all projects, including H1N1. Future plans include reviewing and revising the LHW curriculum and reviewing and revising partners' orientation packages to create more integrated training packages.

## **V. Future Work Plan**

Activities underway and in the pipeline include:

- LHW orientation in Punjab, Sindh, Islamabad and KP.
- Health professionals' orientations in Punjab, Sindh, Islamabad and KP.
- Advocacy sessions with religious leaders in Punjab, Sindh, Islamabad and KP.
- Advocacy sessions with media in Punjab, Sindh, Islamabad and KP.
- Television and radio spots are awaiting GoP approval for airing.



## 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)
<b>UNCAPAH I Objective 1<sup>5</sup></b>							
<b>UNCAPAH I Output 1.1 Strengthen capacity of surveillance in migrant populations through capacity building activities.</b>	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				
<b>UNCAPAH I Objective 2</b>							
<b>UNCAPAH I Output 2.1 Provide public information and support behaviour change communication</b>	Indicator 2.1.1		At least one social mobilization activity in each project location per quarter	2	More intensive during the flood emergency	LHW records and reports	

<sup>5</sup> From UNCAPAH I (see <http://mdtf.undp.org/document/download/4117>).

<p><b>to community leaders and public institutions with the highest potential for stemming the spread and impact of disease.</b></p>	<p>Indicator 2.1.2</p>		<p>Number of migrants who report the use of appropriate home based physical and social care increases over the duration of the project</p>				
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### VIII. H1N1 Orientation Sessions for Lady Health Workers (LHWs) at Quetta and Sibi Districts



