

**CENTRAL FUND FOR INFLUENZA ACTION  
PROGRAMME QUARTERLY PROGRESS UPDATE**

*As of 14 April 2011*

<b>Participating UN or Non-UN Organization:</b>	United Nations Children's Fund (UNICEF)		<b>UNCAPAHI Objective(s) covered:</b>	Objective 5: Strengthening effective communications	
<b>Implementing partner(s):</b>	UNICEF Global, Regional and Country Offices in conjunction with national counterparts (government, UN agencies, NGOs & others)				
<b>Programme Number:</b>	CFIA-A22				
<b>Programme Title:</b>	UNICEF Effective Use of the UK Donation of GBP 23 million to support the urgent needs identified and prioritized in the WHO/UNSIC report "Urgent Support for Developing Countries" Responses to the H1N1 Influenza Pandemic, Oct 2009				
<b>Total Approved Programme Budget:</b>	\$6,376,513.77				
<b>Location:</b>	Selected regions and countries within those identified by Urgent Support for Developing Countries' Responses to the H1N1 Influenza Pandemic Report of October 2009				
<b>Programme Duration:</b>	18 months	<b>Starting Date:</b>	1 July 2010	<b>Completion Date:</b>	31 December 2011
<b>Funds Committed (Allocation):</b>	\$6,264,414.00		<b>Percentage of Approved:</b>	98%	
<b>Funds Disbursed (Requisitioned):</b>	\$2,303,977.72		<b>Percentage of Disbursed (Requisitioned):</b>	36%	
<b>Expected Programme Duration:</b>	18 months	<b>Forecast Final Date:</b>	31 December 2011	<b>Delay (Months):</b>	N/A

<b>Country:</b>	<b>Angola</b>		
<b>Funds Committed (Allocation):</b>	\$210,000.00		
<b>Date of Receipt of Funds:</b>	23 December 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$744.00	<b>Percentage of Disbursed (Requisitioned):</b>	0%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<p><i>5.1 Support 16 municipal government in the integration of communication into plans which contribute to create municipal alliances to promote family competencies and routine EPI coverage of 80% (DPT3)</i></p> <p><i>5.2 Strengthen community participation, engagement and partnerships supporting enhanced healthy behaviours which lead to improved routine immunization coverage</i></p> <p><i>5.3 Support the development of materials as the situation evolves</i></p> <p><i>5.4 Support capacity building to facilitate effective delivery and adoption of messages across society</i></p>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<p><i>Technical support provided to the Ministry of Women and Family, the Ministry of Health and Social Welfare for the communication for development programme "Family Competencies" to ensure alliance with the churches. The alliance has been signed in January 2011 by the Ministry of Family and Women, UNICEF Executive Director and the leaders of the top ten churches (Catholic, Methodist, Baptist, Adventist and 6 Evangelic churches). The aim is to develop and deliver positive messages to communities on child health, water and sanitation, education and protection. Among several messages developed within the communities, child health, routine vaccination, hand washing, and water and sanitation are the key areas promoted in the population. Through a participatory community approach, a package of communication messages and materials for families and social activists is being produced and a set of trainings for members of the alliance to ensure that churches deliver the right messages through their own channels.</i></p>		
<b>2) Description of monitoring tools being used</b>	<p><i>An inter-sectoral committee has been created and operationalized in 2010 with the participation of line ministries (Family, Health, Education, Social Welfare and the Institute of the Child - INAC), 10 churches and 4 national NGOs. Mapping of churches' presence is being conducted in 2011 to shape provincial committees, which will be responsible for the coordination of the trainings at provincial and municipal levels. Monitoring tools are going to be prepared and tested to allow social activists to record behavioural changes among families under their responsibilities. The model to be followed for the trainings and for the development of monitoring tools is the one developed by the faith-based organization Pastoral da Criança which has been successful in social mobilization and family counselling.</i></p>		

<b>Country:</b>	<b>Afghanistan</b>		
<b>Funds Committed (Allocation):</b>	\$200,000.00		
<b>Date of Receipt of Funds:</b>	8 February 2011		
<b>Funds Disbursed (Requisitioned):</b>	\$0.00	<b>Percentage of Disbursed (Requisitioned):</b>	0%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<p><i>UNICEF, in partnership with others will provide quality assistance to the government to plan, develop and implement communication strategies to respond to pandemic and other emerging infectious diseases.</i></p> <p><i>Planned outputs:</i></p> <ol style="list-style-type: none"> <li><i>1. A national communication plan for pandemic and other emerging infectious diseases interventions developed.</i></li> <li><i>2. Key government and nongovernmental organizations officials at provincial level are oriented on the national communication plan and communication strategy for the pandemic and other emerging infectious diseases.</i></li> <li><i>3. Pre-tested messages developed for recommended protective behaviours which are directed at households, public places and also for use in schools.</i></li> <li><i>4. Key government, NGOs civil society and other stakeholders are trained on health risk communication interventions.</i></li> <li><i>5. Community members in two provinces of the "integrated basic package of health services" project are trained on basic communication surveillance.</i></li> </ol>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<p><i>The CO is in the process of preparing TORs and discussing with relevant sections for conducting the development of national communication plan and message design &amp; development. This process involves:</i></p> <ol style="list-style-type: none"> <li><i>1. Contracting a specialized institution in communication research and communication strategy development, for conducting desk review of past and on-going communication interventions in the country, planning, coordinating and overseeing the entire development of the national communication plan for pandemic and other emerging infectious diseases interventions,</i></li> <li><i>2. Designing/drafting and developing key messages with the relevant UNICEF sections (nutrition, wash and education) which will also be pretested and disseminated to households, the general public and for use in schools.</i></li> </ol>		
<b>2) Description of monitoring tools being used</b>	<p><i>The monitoring systems used and planned for use at the present stage of project implementation are:</i></p> <ol style="list-style-type: none"> <li><i>1. Ensuring the Terms of Reference for an institutional contract to develop a national communication plan meets UNICEF standards.</i></li> <li><i>2. Conduct Focus Group Studies for: a) message development b) pre-testing messages</i></li> </ol>		

<b>Country:</b>	<b>Bangladesh</b>		
<b>Funds Committed (Allocation):</b>	\$150,000.00		
<b>Date of Receipt of Funds:</b>	14 October 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$100,318.00	<b>Percentage of Disbursed (Requisitioned):</b>	67%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<p><i>Build resilience of communities (approximately 1.8 million beneficiaries) to face emergency and any disease outbreak through awareness raising and knowledge sharing via mass media, community dialogue, interactive film and theatre shows, mobilising community leaders, imams, indigenous community groups, journalists and children's organisation. The goal of the Pandemic Preparedness and Response Project is to increase knowledge and promote behaviour change among the general public on key flu prevention behaviours to reduce the risk of transmission and spread of Pandemic Influenza.</i></p>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<p><i>The National Communication Strategy for Pandemic Influenza and Infectious Diseases Prevention and Preparedness was reviewed and updated in December 2010.</i></p> <p><i>A national imam conference attended by 3,500 imams from different parts of the country was held in Dhaka on 28 February 2011 under the auspices of the Islamic Foundation, Ministry of Religious Affairs. Prime Minister Sheikh Hasina attended the conference as Chief Guest. The Prime Minister and the UNICEF Representative highlighted the role of imams in 1). Mobilising people to adopt healthy behaviours so they remain safe from diseases including emerging infectious one and 2). in disseminating messages on how people should behave during emergencies. A half-hour presentation was made followed by a Q&amp;A session with the imams at the conference.</i></p> <p><i>With two new cases of H5N1 infection in humans in Dhaka in March 2011 UNICEF and GoB embarked upon a vigorous awareness and behaviour change communication (BCC) campaign in the city of 15 million.</i></p> <p><i>The Department of Mass Communication (DMC) of the Ministry of Information has begun to screen video documentaries and three AV spots on bird flu preventive behaviours in the city. Five shows of the videos are being held at each of the 91 Wards of the city making it to 460 shows. The campaign will continue until 15 May 2011. One million leaflets have been printed. These leaflets and audience specific IEC materials have been distributed by the DMC staff while making announcements of H5N1 messages on megaphones.</i></p> <p><i>District Information Officers (DIO) of seven flood prone districts have been provided with additional number of IEC material for use in the remote river islands and hard to reach areas. About 64 DIOs are conducting H5N1 shows and continuing with public announcements on flu preventing hygiene and good health habits that save people from infectious diseases.</i></p> <p><i>UNICEF is working together with the national media in disseminating H5N1</i></p>		

	<p><i>behavioural messages and uses its very good relationship with the national media both print and electronic. The state owned BTV and all 11 private channels are showing three H5N1 TV spots produced with UNICEF support.</i></p> <p><i>The state owned radio and three other FM stations are also broadcasting messages on how to remain safe from bird flu by washing both hands properly with soap, covering cough and sneeze, avoiding crowded places, staying home while sick and seeing doctors if flu is severe.</i></p> <p><i>Nearly 6,000 Imams in 34 flood prone sub-districts on the banks of the Jamuna have been trained by UNICEF on how to prepare and mobilise communities to face emergencies in January-March 2011.</i></p> <p><i>In Jan-Feb 2011, about 500 scouts and scout teachers of Rangamati Hill District were trained on avian influenza prevention with special emphasis on the geographical and cultural realities of the Chittagong Hill Tracts where majority of the country's indigenous peoples live. Some 150 imams and 75 Buddhist monks were also trained on health emergencies during the same period.</i></p>
<b>2) Description of monitoring tools being used</b>	<p><i>Activities undertaken in January-March 2011 seemed to be effective as people started talking about the AI threat, particularly in Dhaka. It is expected that at least half of the city's 15 million people will know how about the behaviours that will keep them safe from infectious diseases including bird flu, hygienic and healthy slaughter and disposal of chicken. In the countryside, knowledge of those who know about bird flu preventive behaviours will be refreshed via regular awareness raising activities and new people will know about the same.</i></p>

<b>Country:</b>	<b>Botswana</b>		
<b>Funds Committed (Allocation):</b>	\$50,000.00		
<b>Date of Receipt of Funds:</b>	14 October 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$ 12,966.71	<b>Percentage of Disbursed (Requisitioned):</b>	26%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<p><i>To develop and disseminate communication materials on prevention of H1N1 and other communicable diseases. The objective of the project is to sensitize teachers and educate children on communicable diseases including H1N1 and the importance of hand washing for the prevention of disease.</i></p> <p><i>The outputs include the following: A Hand Washing Kit for Pre and Primary school children in Botswana will be produced and distributed to all the schools in four districts. A situation analysis will be conducted in 16 schools in four districts. The kit will include among others learning sessions and edutainment material relevant to the different grades.</i></p> <p><i>A pre and post assessment will be done to determine the extent to which the teachers and children have learnt and material used.</i></p>		

<b>Implementation &amp; Monitoring</b>	
<b>1) Summary of implementation of strategy/plan</b>	<p><i>Phase 1:</i></p> <p><i>1.1 Formation of a Technical Working group responsible for the project. The group is composed of representatives from Ministry of Health, Ministry of Education and UNICEF. The Group has held a total of five planning meetings and has collected and reviewed a number of hand washing materials that will be referred to and adapted to develop the school kit.</i></p> <p><i>1.2. Hiring of consultant to develop the Kit; Dissemination of the Kit to 208 schools in four initial districts of Mahalapye, Lobatse, Ngami and Chobe; Dissemination of messages through media including school radio; Post -testing and documentation of results. The working group has reviewed a list of potential consultants and a consultant is being recruited.</i></p> <p><i>1.3. The Technical working group has developed a media plan through which messages on H1N1 and hygiene and hand washing will be communicated to school children all over the country. Channels used will include existing radio health programs, children's TV programs and children's school broadcasting program. The programs are broadcast daily for all grades during schools days</i></p> <p><i>Phase 2:</i></p> <p><i>2.1 Reproduction of Kit and dissemination to all remaining 1245 pre and primary schools in Botswana;</i></p> <p><i>2.2 Dissemination of messages through media including school radio;</i></p> <p><i>2.3 Documentation of results.</i></p>
<b>2) Description of monitoring tools being used</b>	<p><i>1. A situational analysis will be done to assess the school sanitation/hygiene environment and observe children's behaviour and practices around hygiene and hand washing.</i></p> <p><i>2. A pre-test will be conducted to assess the children's knowledge on hygiene, communicable diseases and hand washing.</i></p> <p><i>3. A post assessment will be done with selected schools 4 months after dissemination of the hand washing kit and a post test will be done with selected schools at the end of the project to assess improvement in knowledge and practices on handwashing for prevention of H1N1 and communicable diseases.</i></p>

<b>Country:</b>	<b>Central African Republic</b>		
<b>Funds Committed (Allocation):</b>	\$250,000.00		
<b>Date of Receipt of Funds:</b>	14 October 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$250,000.00	<b>Percentage of Disbursed (Requisitioned):</b>	100%
<b>Programme Completion Date:</b>	31 December 2011		

<b>Purpose:</b>	<i>Support the C4D programme and promotion of essential family practices (EFPs) promoting child survival (exclusive breastfeeding during the first six months; sleeping under a mosquito net to prevent malaria; handwashing with soap; recognition and treatment of diarrhoea with oral rehydration salts; promoting immunization; and awareness raising on HIV prevention for young people) through: the adaptation of existing training modules on behaviour change; training of community agents in the promotion of EFPs in emergency and transition contexts; and the production of information material such as leaflets and posters promoting EFPs in emergency and transition contexts.</i>
<b>Implementation &amp; Monitoring</b>	
<b>1) Summary of implementation of strategy/plan</b>	<i>Support the government and other counterparts and partners in the design and implementation of communication plans and interventions promoting strategically selected EFPs, aiming at improving child survival.</i>  <i>Produce communication and training material promoting EFPs in emergency and transition contexts and train community agents in the promotion of EFPs in emergency and transition contexts. While the DfID funds have been used for programme support, funds from other donations have been used to produce materials and train community agents.</i>
<b>2) Description of monitoring tools being used</b>	<i>Monitoring systems for the programme are being financed with funds from the other donors.</i>

<b>Country:</b>	<b>Chad</b>		
<b>Funds Committed (Allocation):</b>	\$150,000.00		
<b>Date of Receipt of Funds:</b>	23 December 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$18,126.00	<b>Percentage of Disbursed (Requisitioned):</b>	12%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<i>UNICEF, working in partnership with others provides high quality assistance to governments to plan, develop and implement communication strategies to respond to pandemic and other emerging infectious diseases outbreaks.</i>  <i>UNICEF seeks to strengthen national communication capacities and competencies for effective communication interventions and health promotion. UNICEF plans to provide child-friendly materials for primary and secondary schools to teach children key preventive practices for common diseases.</i>		
<b>Implementation &amp; Monitoring</b>			

<b>1) Summary of implementation of strategy/plan</b>	<i>To achieve the maximum impact for hygiene practices, in particular hand washing as a preventive measure against the flu and other diseases related to poor hygiene, UNICEF obtained key partners in the local government and adapted promotional materials to targeted populations in French, Arabic and Sara. In addition, two joint missions were conducted between UNICEF and its partners the Department of Agriculture, Ministry of Education, Ministry of Health and Bureau Information Education Communication (BIEC); for information and promoting awareness in schools located in the following regions: East and West Mayo Kebbi, Ouaddai, and Wadi Fira.</i>
<b>2) Description of monitoring tools being used</b>	<p><i>UNICEF and its partners have developed a monitoring mechanism to monitor activities of awareness at the community level in targeted regions including N'Djamena, Ouaddai, Wadi Fira, Kanem, Gore Tandjile, and Mayo-Kebbi. In addition, five monitoring missions will be organized in the targeted regions and a follow up messages transmitted by the media.</i></p> <p><i>The CO is currently recruiting a local institute to conduct a KAP study on Essential Family Practices, including hygiene to better help the country team assess our C4D strategies at the community level. The recruitment is underway; the study should be conducted and finalized during 2nd and 3rd quarter of 2011.</i></p>

<b>Country:</b>	<b>Congo</b>		
<b>Funds Committed (Allocation):</b>	\$112,100.00		
<b>Date of Receipt of Funds:</b>	23 December 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$48,928.00	<b>Percentage of Disbursed (Requisitioned):</b>	44%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<p><i>The purpose of the project is that UNICEF, working in partnership with others, provides high quality assistance to governments to plan, develop and implement communication strategies to respond to pandemic and other emerging infectious diseases outbreaks.</i></p> <p><i>Expected results are :</i></p> <p><i>(1) Country has a government endorsed communication plan for pandemic and other emerging infectious diseases;</i></p> <p><i>(2) Pre-tested materials on recommended protective behaviours directed to households and public places are ready to be produced in case of an outbreak;</i></p> <p><i>(3) Learning materials for children (hand-washing, hygiene messages and influenza related information) are made available to the education authorities of the country;</i></p> <p><i>(4) Strengthened national communication capacities and competencies for effective communication interventions and health promotion.</i></p>		
<b>Implementation &amp; Monitoring</b>			

<b>1) Summary of implementation of strategy/plan</b>	<i>The country does not have a contingency plan. However, some communication plans exist and they are related to Cholera, H1N1 and polio outbreaks. UNCT plans to support the Congolese government for the elaboration of a national contingency plan which the aim is to respond to pandemic and other emerging infectious diseases outbreaks. Existing communication strategies for vaccination campaigns were strengthened through widened partnership with community groups, leaders, religious congregations, other partners in the community, civil society and private sector, using additional channels such as proximity media (radio/TV), animators in churches etc. to promote social and behavioural changes in emergency situations. This strategic alliance is pivotal for the success of the strategy and will allow to mobilize together financial, technical and human resources. The implementation of that strategy requires the recruitment of an international C4D specialist which is on-going.</i>
<b>2) Description of monitoring tools being used</b>	<i>DFID funds will be used to strengthen capacity at local, intermediate and national levels for an effective monitoring system.</i>

<b>Country:</b>	<b>Cote d'Ivoire</b>		
<b>Funds Committed (Allocation):</b>	\$200,000.00		
<b>Date of Receipt of Funds:</b>	23 December 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$143,402.79	<b>Percentage of Disbursed (Requisitioned):</b>	72%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<i>UNICEF, working in partnership with others provides high quality assistance to governments to plan, develop and implement communication strategies to respond to pandemic and other emerging infectious diseases outbreaks.</i>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<i>The political impasse further to the post electoral conflict started in November 2010 and plunged the country in a humanitarian crisis for several months. This resulted to a total stop of all interventions. An alternate mechanism was set up with local NGOs, alliance of religious leaders, and the union of proximity radios to carry out community mobilization, capacity building, interpersonal communication and mass communication in the implementation of the project.</i>		
<b>2) Description of monitoring tools being used</b>	<i>An early warning system was set up and provides weekly information from the field through NGOs and other partners.</i>		

<b>Country:</b>	<b>Democratic Republic of Congo</b>		
<b>Funds Committed (Allocation):</b>	\$340,000.00		

<b>Date of Receipt of Funds:</b>	14 October 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$296,672.00	<b>Percentage of Disbursed (Requisitioned):</b>	87%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<p><i>The project aims at the design of a national C4D strategy to support the implementation of the African Child Survival and Development Strategy to promote five Key Family Practices (KFP), namely the hand washing, basic hygiene and prevention of H1N1 at the household level. Specific messages are developed on the KFP, at least 10,000 children at primary school and 20,000 households in 5 provinces are sensitized on the subjects, communication plans are developed and implemented by the 5 major religious groups in 5 of the 11 provinces of DRC.</i></p>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<p><i>DRC has received two allocations from HQ: \$200,000 US in 2010 from the 7% set-aside fund to strengthen programmatic response to H1N1 and \$340,000 US in 2011 from the DFID grant. Activities of both allocations are complementary. The first grant was used to implement activities just in Kinshasa whereas the second goes beyond 3 provinces (Kinshasa, Katanga, North Kivu, etc.) where regular resources and allocation from programme sectors have served to cover particularly training of community based trainers.</i></p> <p><i>The activities are KAP studies in 50 primary schools to behaviour change evaluation KAP studies, and comprise the development of specific key messages on the 5 KFP, the production of communication materials, the production of radio programmes, the promotion of the KFP at the school level through mural painting and theatre, and the household level through the training of community based leaders of 5 major religious groups and the coordination activities.</i></p>		
<b>2) Description of monitoring tools being used</b>	<p><i>The monitoring system is conducted by the three partners of the projects (government, religious groups and UNICEF). A coordinating committee gathers religious groups' focal points. UNICEF and government delegates participate in its activities as facilitators or same time as supervisors. The results of KAP studies will provide evidence for the project to scale up. Implementation of transversal activities is generally discussed with the three partners, drawing lessons from the on-going activities through discussion and field experience.</i></p> <p><i>The first KAP took place in November 2010. The second is planned for May 2011. Some recommendations from the first KAP studies have been used to reinforce the messages of handwashing and hygiene through the production of theatre scenes.</i></p>		

<b>Country:</b>	<b>Lao PDR</b>
<b>Funds Committed (Allocation):</b>	\$100,000.00
<b>Date of Receipt of Funds:</b>	14 October 2010

<b>Funds Disbursed (Requisitioned):</b>	\$74,812.00	<b>Percentage of Disbursed (Requisitioned):</b>	75%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<i>To ensure that those with the greatest needs are reached by communication efforts addressing disease prevention and care and related hygiene and nutrition efforts.</i>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<p><i>UNICEF Lao PDR is supporting a communication strategy that focuses on ensuring families and communities, especially in remote, poor and ethnic areas, increase their demand for and have better access to quality social services, specifically those relating to disease prevention, nutrition, safe water, hygiene, sanitation, and child protection. Together with the Center for Information and Education on Health (CIEH) under the Ministry of Health, UNICEF is supporting 'Participatory Community Assessments' (PCA) that contribute to enhanced community planning, subsequent training for health care workers, volunteers, community leaders and the media, including the development and production of communication messages and materials.</i></p> <p><i>The above integrated communication strategy and planning models are now under development in two districts of Luang Namtha. These efforts support new partnerships that emphasise work at community levels while allowing for the continued development and use of existing health education networks originally established for prevention and response to Avian and H1N1 influenzas.</i></p> <p><i>Technical assistance using DFID / UNDP - MDTF funding is contributing to multi-sectoral planning and cooperation at CIEH and its Health Education and Mother &amp; Child Health (MCH) partners in Luang Namtha province. This, in turn, is developing required capacities to effectively implement and coordinate a broad range of interventions needed to impact changes on hygiene and health behaviours related to the prevention and response to emerging and re-emerging diseases, issues on nutrition and sanitation, and thus overall reducing risks and improving the health of children and families in local, target areas.</i></p>		
<b>2) Description of monitoring tools being used</b>	<p><i>Following on KAP research and participatory community planning exercises in the first half of 2011, communication materials and related guidance are being integrated into the PCA planning process according to the specific needs of target areas/communities in Luang Namtha province in cooperation with decision makers and authorities at each level.</i></p> <p><i>Previous materials produced for community leaders and volunteers – specifically those addressing hygiene, such as hand and utensil washing with soap – are being improved and will contribute to these efforts.</i></p>		

<b>Country:</b>	<b>Malawi</b>
<b>Funds Committed (Allocation):</b>	\$100,000.00
<b>Date of Receipt of Funds:</b>	14 October 2010

<b>Funds Disbursed (Requisitioned):</b>	\$30,632.22	<b>Percentage of Disbursed (Requisitioned):</b>	31%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<i>To promote behaviours that enable community members, especially women, children and the most vulnerable populations, to adopt behaviours that help them prevent contracting diseases during emergencies; to promote awareness on the various diseases and conditions that threaten the lives of people during emergencies; to mobilize community action towards action on diseases that come about as a result of emergencies; to build the capacity of government and community networks in facilitating social dialogue and community mobilization during emergencies.</i>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<i>The strategy is at two levels, national level and district/community level. At national level, there will be media campaigns promoting adoption of behaviours that would help people prevent communicable diseases. District level networks will be supported with the pre-positioning of communication materials that would help them undertake campaigns and education sessions. There will also be initiatives that link schools with communities to support flow of knowledge.</i>		
<b>2) Description of monitoring tools being used</b>	<i>Monitoring will be done using district level colleagues (Network of District Communicators) and media houses in line with the proposed M&amp; E plan in the national strategy. The Network of District Communicators will provide data on number of programmes, jingles and also listenership; media houses will provide the data on numbers reached with activities at community levels, number of communication materials distributed and number of people attending specific interventions. Thus, monitoring will be both at national and district levels</i>		

<b>Country:</b>	<b>Mali</b>		
<b>Funds Committed (Allocation):</b>	\$196,000.00		
<b>Date of Receipt of Funds:</b>	8 February 2011		
<b>Funds Disbursed (Requisitioned):</b>	\$3,000.00	<b>Percentage of Disbursed (Requisitioned):</b>	2%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<i>DFID funds represent an opportunity to supplement funds from other sources and to strengthen national capacities in C4D. The national communication pandemic preparedness plan is not a priority for the government. The CO will use the funds strategically to promote hygiene and protective behaviours in households and public places.</i>		
<b>Implementation &amp; Monitoring</b>			

<b>1) Summary of implementation of strategy/plan</b>	<p><i>The CO is in the process of preparing and discussing with relevant sections the implementation of the proposed activities:</i></p> <p><i>Testing, adaptation of existing communication materials on handwashing and hygiene to respond to local cultural needs and production of finalized materials. Undertake C4D and Education-based training in WASH modules and equipment for students, teachers and Regional Education Directors of "Students' Governments". Produce and disseminate appropriate communication in target schools.</i></p> <p><i>Strengthen interpersonal and participatory communication skills of 1,000 social workers and health workers and reinforce partnerships between key actors at decentralized levels and revamp microplanning process.</i></p>
<b>2) Description of monitoring tools being used</b>	<p><i>1. A monitoring mechanism is already in place to monitor half of the indicators in the plan are: Number of schools equipped with devices "washing hands"- Number of government-trained teachers and Number of schools having received Information Kits-Number of schools visited. Number of report available.</i></p> <p><i>2. Monitoring the activities of fourth outcome will be by checking the Number of staff trained in socio-sanitary proposed timetable and the availability of activity reports.</i></p>

<b>Country:</b>	<b>Mozambique</b>		
<b>Funds Committed (Allocation):</b>	\$200,000.00		
<b>Date of Receipt of Funds:</b>	8 February 2011		
<b>Funds Disbursed (Requisitioned):</b>	\$6,500.00	<b>Percentage of Disbursed (Requisitioned):</b>	3%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<p><i>UNICEF, working in partnership will provide high quality assistance to governments to plan, develop and implement communication strategies to respond to pandemic and other emerging infectious diseases outbreaks.</i></p>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<p><i>The CO is preparing and discussing with relevant sections the implementation of the activities. UNICEF Mozambique will primarily support the Ministry of Health, as the principal convener, of a multisectoral programme to develop and implement a communication strategy to strengthen hygiene promotion practices, including the prevention of pandemic and other emerging infectious diseases.</i></p> <p><i>In addition, UNICEF will work hand in hand with the Institute for Social Communication (ICS) as the key governmental organisation working in communication for development (C4D), including social mobilisation, with special emphasis on reaching rural communities and media dark areas with mid-media and interpersonal communication interventions. This partnership aims at strengthening ICS's mandate to inform, educate, and communicate with under-served, hard-to-reach populations and function as a C4D service centre for line</i></p>		

	<i>ministries, thus reinforcing the government capacity to respond to pandemic and other emerging infectious diseases outbreak.</i>
<b>2) Description of monitoring tools being used</b>	<p><i>Implementing partners have monthly and quarterly self-reporting systems which is the backbone of monitoring activities. This data is complemented by quarterly monitoring field visits to validate quality of implementation.</i></p> <p><i>Communication materials development and pre-positioning is confirmed through existing supply chain management systems linked to ICS (mobile units, radio), Ministry of Education (school clubs) and Ministry of Health (materials for outbreak prone districts/provinces) and the public radio and television broadcaster (materials for audiences reached by antennas in outbreak prone areas).</i></p>

<b>Country:</b>	<b>Nepal</b>		
<b>Funds Committed (Allocation):</b>	\$101,000.00		
<b>Date of Receipt of Funds:</b>	14 October 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$49,052.00	<b>Percentage of Disbursed (Requisitioned):</b>	49%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<p><i>To develop a UNCT Inter-agency communication strategy (both external and communication for development).</i></p> <p><i>To scale up implementation of School Based Education programme on influenza linked with community awareness on key behaviours to follow.</i></p> <p><i>To reinforce key messages on influenzas and basic hygiene for groups and communities that are most vulnerable and hard to reach.</i></p> <p><i>To support NGOs to develop promotion activities and prevention in the communities working with them.</i></p> <p><i>To design, produce and disseminate materials (print, broadcast, internet, other)</i></p> <p><i>Technical and support to Government to build their capacity on sustainable and effective use of materials emphasizing local participation.</i></p>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<p><i>UNICEF has been implementing specific communication activities for pandemic influenza preparedness and post recovery phase of 2009 H1N1 cases found in Nepal. This intervention is specifically targeted at supporting the overall National Avian Influenza and Human Influenza Preparedness and Response Plan (NAIIPRP). The Nepal Country Office (NCO) supports the activities to expand into more districts and also aim at building capacities of local government institutions and human resource to prepare for possible future pandemics.</i></p> <p><i>NCO plans to continue to support the Government of Nepal in communication</i></p>		

	<p><i>interventions related to pandemic influenza preparedness and post recovery phase. This quarter's communication activities were mainly focused on getting Government institutions on board to plan the activities and select districts to scale up capacity building exercises at the local level and also identify various IEC materials needed for school based education programs and capacity building training activities in the districts. The communication activities and possible capacity building training programs on pandemic influenza have been finalized and endorsed.</i></p> <p><i>NCO work closely with the Government and other partners to implement the planned activities by the end of April 2011 covering the school based education program, district specific risk communication training for institutions, TV and radio spots production and dissemination as well as development and printing of IEC materials. Subsequent activities include government capacity building in the field of risk communication skills, sustainable IEC material development processes and its effective use.</i></p>
<b>2) Description of monitoring tools being used</b>	<p><i>Monitoring is a major component and is being regularly conducted in the program areas and districts. Activities are monitored using standard tools, observation of activities, meetings with stakeholders, sample interviews and home visits. The case studies and community led actions are captured through monthly progress reports and consolidated on a quarterly basis. The monitoring of DFID fund use is conducted through regular systems using the same tools and mechanisms to gather regular information on progress and achievements.</i></p>

<b>Country:</b>	<b>Pacific Islands</b>		
<b>Funds Committed (Allocation):</b>	\$125,000.00		
<b>Date of Receipt of Funds:</b>	8 September 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$0.00	<b>Percentage of Disbursed (Requisitioned):</b>	0%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<p><i>The overall objective of the project is to strengthen community participation, engagement and partnerships. Develop community partnerships and engage communities in the development, dissemination and evaluation of communication messages. This activity aims to do this through (a) development of materials to support partnership building (b) build on existing networks and partnerships to support the effective dissemination and evaluation of communication messaging and materials. The final objective is to build capacities that can be utilised in the future for a range of health issues.</i></p>		
<b>Implementation &amp; Monitoring</b>			

<b>1) Summary of implementation of strategy/plan</b>	<p><i>Focus is on continuation of promotion of hand washing with soap and other related practices. This is part of a three year integrated strategic communication focus on promoting hand washing and pandemic preparedness. Strategic communication plans for this have already been developed in collaboration with national health authorities in each country. The plans integrate a focus on reaching the most vulnerable with massive repetitive communication using a combination of radio, print media, TV, web and interpersonal communicators. Since the H1N1 pandemic outbreak in 2009, UNICEF Pacific has spent approximately US \$ 300.000 on supporting planning and materials development in Vanuatu, Kiribati, Solomon Islands and Fiji, and implementation of strategic communication activities. This has been done in close collaboration with WHO and SPC under a tri-partite arrangement.</i></p> <p><i>The DFID funds ensure continuity in the communication activities and further integration of WASH and pandemic preparedness messages in the health and education sectors and national emergency preparedness responses. In addition, the CO supports country planning of national communication plans on pandemic preparedness in FSM, RMI, Samoa, Tuvalu and Tonga.</i></p>
<b>2) Description of monitoring tools being used</b>	<p><i>All communication plans on PI/WASH include a simple M&amp;E format. M&amp;E is undertaken by national counterparts with technical support from the UNICEF Pacific M&amp;E Specialist focusing on the following results and indicators:</i></p> <p><i>Result 1: Health Promotion Units in Solomon Islands, Kiribati, Vanuatu and Fiji demonstrate enhanced capacity to manage, coordinate and implement planned risk communication activities focusing on hand washing and related risk behaviours.</i></p> <p><i>Result 2 At least one additional in-country donor aligns with and support planned risk communication activities in line with one communication plan on risk communication per country: Solomon Islands, Vanuatu, Kiribati and Fiji.</i></p> <p><i>Result 3: 25 percentage point increase against baseline in practice of hand washing with soap among most at risk and vulnerable families in selected areas of UNICEF supported programme convergence.</i></p> <p><i>Result 4: National communication plans for PI preparedness in place in FSM, RMI, Tuvalu, Samoa and Tonga</i></p>

<b>Country:</b>	<b>Sudan (North)</b>		
<b>Funds Committed (Allocation):</b>	\$100,000.00		
<b>Date of Receipt of Funds:</b>	14 October 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$590.00	<b>Percentage of Disbursed (Requisitioned):</b>	0%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<i>Development of strategic communication framework and tools to engage family-level actors, including children, in communication to promote essential family care prevention practises (EFPs) related to ACSD, including infectious diseases.</i>		
<b>Implementation &amp; Monitoring</b>			

<b>1) Summary of implementation of strategy/plan</b>	<p><i>Implementation has been delayed due largely to non-availability of the national consultant for stage 2 of implementation because he worked on emergency tools for southern returnee communication in relation to south Sudan referendum on secession. Despite this delay a good deal has been achieved in the way of formative work for the intervention and we expect to make rapid progress when the consultant becomes available in May. The cross-sectoral (nutrition, health, WASH) work is focussed on developing a communication toolkit on Essential Family Practices (EFPs) for family-level actors, using a mix of materials in different media including tools for direct community engagement activities. These tools and materials will be designed for implementation in both long-term and short-term time-frames under a new ACSD branding titled Alshuffa'a Alsoghar (Sudanese colloquial Arabic term meaning 'the youngsters' or 'the little kids').</i></p> <p><i>Implementation is in three stages:</i></p> <ol style="list-style-type: none"> <li><i>1. Formative (on-going, nearing completion): engagement of partners across sectors (nutrition, health, wash); development of overall strategy for the communication initiative; identification of specific changes to promote; identification of key concepts and materials / channels; development of work steps; development of ToRs for creative- and research- consultants;</i></li> <li><i>2. Development of tools and materials will start in May and the consultant will undertake the creative work on materials development, including radio.</i></li> <li><i>3. Implementation of long-term mass media campaign; produce print and radio materials for stand-by / emergency disease outbreak toolkit</i></li> </ol>
<b>2) Description of monitoring tools being used</b>	<p><i>The Shuffa'a alsoghar communication initiative places a high value on consistent use of evidence at all stages of development and implementation. For the formative work done so far, information and data have been drawn from a variety of community-level and technical level sources, including consultations and focussed group discussions with mothers and other family carers and with technical personnel among health, WASH and nutrition implementing partners.</i></p> <p><i>All scheduled broadcasts of radio programmes and materials will be monitored with written summaries produced and circulated. A new tool for Participatory Action Research will be developed as part of the communication initiative. Although this is planned primarily as an activity aimed to raise awareness of participants about the patterns of morbidity and mortality among underfive years old in their community, it is also expected that this will yield information about how members of most at-risk communities perceive both threats to their young children's health and lives and their own power to avert these threats.</i></p> <p><i>Recognition of Alshuffa'a alsoghar branding elements / key concepts will be tested at the end of the implementation period through snap surveys and group interviews in states where implementation is most intensive.</i></p>

<b>Country:</b>	<b>Sierra Leone</b>		
<b>Funds Committed (Allocation):</b>	\$100,000.00		
<b>Date of Receipt of Funds:</b>	14 October 2010		
<b>Funds</b>	\$0.00	<b>Percentage of</b>	0%

<b>Disbursed (Requisitioned):</b>		<b>Disbursed (Requisitioned):</b>	
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<p><i>Enhance H1N1 preparedness in Sierra Leone through evidence based C4D activities and strengthen community networks such as mother's clubs and religious leaders for more effective social mobilisation and community participation. C4D activities will include the use of community radio, theatre for development and mobile cinema viewing followed by post-performance discussions to trigger dialogue and discussion on handwashing and hygiene. Funds will also be for the emergency preparedness component of a long form radio serial drama developed and implemented in partnership with the BBC World Service Trust.</i></p>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<p><i>There have been delays in the implementation of the plan, as the preliminary results from the behavioural study on handwashing will only be available at the end of May 2011. Once the data and information is available, the plan will be reviewed and implemented. The contract with the BBC World Service Trust is likely to be signed by the second week of June 2011.</i></p>		
<b>2) Description of monitoring tools being used</b>	<p><i>An on-going behavioural study on handwashing (funded by other sources) is currently being finalised. Its results are expected to provide feedback to the implementation of the plan.</i></p>		

<b>Country:</b>	<b>Swaziland</b>		
<b>Funds Committed (Allocation):</b>	\$100,000.00		
<b>Date of Receipt of Funds:</b>	14 October 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$100,000.00	<b>Percentage of Disbursed (Requisitioned):</b>	100%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<p><i>Development of an emergency risk communication strategy for Influenza AH1N1 and other pandemic Influenzas</i></p>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<p><i>A technical committee of 12 personnel comprising of officials from the Ministry of Health Programs, UNICEF and WHO was selected to identify activities and oversee the implementation of activities.</i></p> <p><i>The key activities are: rapid assessment (household and Health Facility), engagement of a consultant for the development of the strategy and undertaking of the development process, conduct the Healthy Swaziland Mass Campaign, Review and Production of IEC and Development of the EPR website.</i></p>		

<b>2) Description of monitoring tools being used</b>	<i>A Comprehensive work plan was developed; hence reference is continuously made by the technical team to measure progress on all set activities. The KAP rapid assessment on AH1N1 and other pandemic influenzas is to inform the development of the communication plan. Therefore it is a quality control mechanism as findings will impact on the plan itself for instance the efficient health education means or materials for different age groups and also to check if existing messages and channels of communication make an impact. Necessary adaptations will be made according to the findings of the KAP.</i>
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<b>Country:</b>	<b>Tanzania</b>		
<b>Funds Committed (Allocation):</b>	\$200,000.00		
<b>Date of Receipt of Funds:</b>	9 February 2011		
<b>Funds Disbursed (Requisitioned):</b>	\$0.00	<b>Percentage of Disbursed (Requisitioned):</b>	0%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<i>UNICEF, working in partnership with others to provide high quality assistance to governments to plan, develop and implement communication strategies to respond to pandemic and other emerging infectious diseases outbreaks.</i>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<i>Support Health Promotion Section of Ministry of Health to : 1). collect and review existing IEC materials on common emergency and emerging disease outbreaks in Tanzania; 2).establish emergency IEC materials data base, developing prototype materials for easy reproduction; 3) train 8 high risk district teams on emergency communication preparedness and response plans (polio, yellow fever, H1N1).</i>		
<b>2) Description of monitoring tools being used</b>	<i>Quality assurance of production and dissemination process including pretesting, and distribution, and use, planned joint field monitoring, development of training tools will be undertaken.</i>  <i>A study and mapping of Existing IEC materials and gaps on common emergency and emerging disease outbreaks in Tanzania will be elaborated.</i>		

<b>Country:</b>	<b>Uganda</b>		
<b>Funds Committed (Allocation):</b>	\$200,000.00		
<b>Date of Receipt of Funds:</b>	22 February 2011		
<b>Funds Disbursed</b>	\$0.00	<b>Percentage of Disbursed</b>	0%

<b>(Requisitioned):</b>		<b>(Requisitioned):</b>	
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<p><i>To provide high quality assistance to government to plan, develop and implement communication strategies to respond to pandemic and other emerging infectious diseases outbreaks.</i></p> <p><i>Planned outputs include a communication plan for epidemic disease outbreaks; a village health team toolkit for health promotion; participatory action research to understand attitudes, behaviours and practices in disease hotspots as well as disease outbreak communication trainings and preparedness planning.</i></p>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<p><i>The project focus mainly on scaling up sub national and national disease outbreak communication as capacities, developing a national epidemic response plan to ensure greater harmonization and coordination; developing educational tools for frontline workers to use in health promotion as well as conducting action research study to understand the low update of routine immunization in selected poor performing districts.</i></p>		
<b>2) Description of monitoring tools being used</b>	<p><i>Monitoring will be through district focal officers and project field visits. Training evaluations will also be used to provide lessons on opportunities and challenges that need to be overcome to ensure that delivery of interventions has the desired impact.</i></p> <p><i>A participatory action research related to immunization behaviours and involving a gap analysis (focus group discussions &amp; key informants) has been planned. Terms of reference have been developed and bidding process is underway.</i></p>		

<b>Country:</b>	Yemen		
<b>Funds Committed (Allocation):</b>	\$190,000.00		
<b>Date of Receipt of Funds:</b>	11 March 2011		
<b>Funds Disbursed (Requisitioned):</b>	\$0.00	<b>Percentage of Disbursed (Requisitioned):</b>	0%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<p><i>To develop communication plan for pandemic and other emerging infectious diseases. The country office will 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.</i></p>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<p><i>At the time of this reporting the CO had just received the resources. The CO has started discussions with relevant sections for conducting the development of national communication plan and the review of the SCS strategy.</i></p>		

<b>2) Description of monitoring tools being used</b>	<i>To be determined.</i>
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<b>Office:</b>	<b>Asia-Pacific Shared Services Centre (APSSC) (EAPRO and ROSA Regional Offices)</b>		
<b>Funds Committed (Allocation):</b>	\$487,000.00		
<b>Date of Receipt of Funds:</b>	8-Sep-2010		
<b>Funds Disbursed (Requisitioned):</b>	\$ 8,652.00	<b>Percentage of Disbursed (Requisitioned):</b>	2%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<ul style="list-style-type: none"> <li>• <i>Develop C4D guidance and implementation tools for countries in the Asia Pacific region to for responding to H1N1 or other Type A influenza pandemics and outbreaks.</i></li> <li>• <i>Provide technical support to COs in the Asia Pacific region in identifying entry points for integration of influenza related behaviours into existing health, nutrition, WES and education programmes.</i></li> <li>• <i>Update and make available CREATE C4D materials resource pack for COs in Asia Pacific</i></li> </ul>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<i>On-going collaborative work with the University of Hong Kong, Risk Communication Centre for managing and providing technical guidance to the regional knowledge generation and evidence initiative around lessons learned from AI/PI and future implications for the practice of risk communication/ behavior change communication, including with children; and (b) managing the mapping of capacity and capabilities for risk communication in 10 priority Asia Pacific countries.</i>		
<b>2) Description of monitoring tools being used</b>	<i>Providing technical assistance to countries in the region that are engaged in on-going AI and H1N1 communication capacity development and implementation of activities, with a specific focus on research needs and capacity development.</i>		

<b>Office:</b>	<b>Central and Eastern Europe and the Commonwealth of Independent States (CEE-CIS Regional Office)</b>		
<b>Funds Committed (Allocation):</b>	\$675,000.00		
<b>Date of Receipt of Funds:</b>	8 September 2010		
<b>Funds</b>	\$157,632.00	<b>Percentage of</b>	23%

<b>Disbursed (Requisitioned):</b>		<b>Disbursed (Requisitioned):</b>	
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<p>(i) To support priority countries to develop national intersectoral health communication strategies that improve public health, including addressing threats of pandemic influenza.</p> <p>(ii) To ensure institutional mechanisms to achieve the above are developed.</p> <p>(iii) To support regional and/or national capacity building networks.</p>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<p>Multiple episodes of disease outbreaks and immunization related health 'crises' in the Region in recent years clearly reveal the inherent gaps in health systems that severely limit the capacity of Governments to communicate effectively.</p> <p>Health promotion as a globally accepted strategy for ensuring sustainable, equitable and empowering public engagement in health, including during outbreaks and crises, is not well institutionalized within health systems. To catalyse this process, a sub-regional capacity building workshop is being prepared with a first group of priority countries where they will collectively review their current health promotion and communication capacities, learn from 'model' examples and develop draft national plans to strengthen health promotion and communication capacities. Follow up actions within countries will be supported to ensure the plans are endorsed.</p>		
<b>2) Description of monitoring tools being used</b>	<p>UNICEF Country Offices (COs) will ensure that the identified first group of priority countries are fully engaged in the preparations for the workshop. Identified and agreed follow-up action will be supported and monitored by COs and RO, incorporating feedback and developments.</p>		

<b>Office:</b>	<b>Eastern and Southern Africa Regional Office (ESARO)</b>		
<b>Funds Committed (Allocation):</b>	\$612,000.00		
<b>Date of Receipt of Funds:</b>	8 September 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$ 287,674.00	<b>Percentage of Disbursed (Requisitioned):</b>	47%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<p>The purpose of the grant is to enhance capacity within the countries of ESA to ensure strong evidence based communications plans are in place for the regional priority areas. In particular this includes the preparedness and response to infectious diseases such as H1N1 and other emerging diseases within a broader context of young child survival and development.</p>		
<b>Implementation &amp; Monitoring</b>			

<b>1) Summary of implementation of strategy/plan</b>	<p>ESARO is currently recruiting a communications specialist to lead and coordinate this specific project. The office has developed a terms of reference to support the development of a toolkit which be used as standard operating practices and adapted for local use by individual countries within the region.</p> <p>A regional meeting is scheduled to take place in May 2011 to bring together all countries of ESA to focus on capacity development of country teams of UNICEF, World Health Organization (WHO) and Ministries of Health. The focus will be on the use of data, new technologies, and outbreak preparedness planning within a broader child survival context including immunization.</p>
<b>2) Description of monitoring tools being used</b>	<p>All countries in the Eastern and Southern Africa region have been consulted on the level of preparedness planning with their government counterparts to establish a regional baseline. The regional office maintains regular feedback with the countries within the region. The upcoming meeting which will bring together UNICEF, Government and WHO communication teams will provide a platform for sharing of best practices as well as challenges.</p>

<b>Office:</b>	<b>West and Central Africa Regional Office(WCARO)</b>		
<b>Funds Committed (Allocation):</b>	\$612,000.00		
<b>Date of Receipt of Funds:</b>	8 September 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$ 216,213.00	<b>Percentage of Disbursed (Requisitioned):</b>	35%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	Supporting countries to develop and integrate H1N1 communications and develop required capacities to respond to emerging and re-emerging disease and reduce the risks for children and families		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<p>Design and provision to Country offices of two handbooks (a handbook for M&amp;E of community based C4D interventions for child survival and handbook for C4D community based C4D approaches for child survival and community resilience), design of a framework for C4D Emergency and response and rolling out in the seven countries that received the DFID funding (CAR, Chad, Congo B, DRC, Mali, Sierra Leone and Cote d'Ivoire). Design and distribution at country level of communication material for promotion of protective behaviours in occasion of water related emergencies for adults and for children.</p>		
<b>2) Description of monitoring tools being used</b>	<p>Baseline of National C4D Emergency preparedness conducted.</p> <p>Close supervision of consultants is conducted when not in Dakar (weekly conference calls, monthly activities reports, agreement and monitoring of activity calendar)</p> <p>Revision of countries' logical frameworks and follow up of implementation progresses via exchange of documents and regular conference calls.</p> <p>Lessons learned will be compiled at the end of the consultancies on C4D</p>		

	<i>Emergency and response planning and rolling out.</i>
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<b>Office:</b>	<b>Headquarters (HQ)</b>		
<b>Funds Committed (Allocation):</b>	\$616,414.00		
<b>Date of Receipt of Funds:</b>	8 September 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$ 498,063.00	<b>Percentage of Disbursed (Requisitioned):</b>	81%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<i>This project looks to primarily sustain the national Communication for Development (C4D) capacities for emergency responses, including emerging infections such as pandemic influenza. These funds complement those received from other sources to strengthen the C4D capacity.</i>		
<b>Implementation &amp; Monitoring</b>			
<b>1) Summary of implementation of strategy/plan</b>	<p><i>The staff supports countries in developing and integrating H1N1 communications and in developing required capacities to respond to emerging and re-emerging disease and reduce the risks for children and families.</i></p> <p><i>On-going technical and strategic guidance is being provided to four regional offices and 21 country offices to improve their disease-related communications systems and be better able to develop, deliver and evaluate the effectiveness of health interventions messages.</i></p>		
<b>2) Description of monitoring tools being used</b>	<p><i>Baselines for the DFID log-frame were completed.</i></p> <p><i>Monthly teleconferences with four regional offices to review progress. Financial follow-up of implementation of funds.</i></p> <p><i>The inter-agency website (<a href="http://www.influenzaresources.org">www.influenzaresources.org</a>) and the pandemic influenza intranet site have been continuously updated.</i></p>		