

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

As of 1 July 2011

Participating UN or Non-UN Organization:	United Nations Children's Fund (UNICEF)		UNCAPAHI Objective(s) covered:	Objective 5: Strengthening effective communications	
Implementing partner(s):	UNICEF Global, Regional and Country Offices in conjunction with national counterparts (government, UN agencies, NGOs & others)				
Programme Number:	CFIA-A22				
Programme Title:	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				
Total Approved Programme Budget:	\$6,376,513.77				
Location:	Selected regions and countries within those identified by Urgent Support for Developing Countries' Responses to the H1N1 Influenza Pandemic Report of October 2009				
Programme Duration:	18 months	Starting Date:	1 July 2010	Completion Date:	31 December 2011
Funds Committed (Allocation):	\$6,313,514.00		Percentage of Approved:	99%	
Funds Disbursed (Requisitioned):	\$3,212,157.19		Percentage of Disbursed (Requisitioned):	51%	
Expected Programme Duration:	18 months	Forecast Final Date:	31 December 2011	Delay (Months):	N/A

Country:	Angola		
Funds Committed (Allocation):	\$210,000.00		
Date of Receipt of Funds:	29 December 2010		
Funds Disbursed (Requisitioned):	\$744.00	Percentage of Disbursed (Requisitioned):	0%
Programme Completion Date:	31 December 2011		
Purpose:	<p><i>Activity 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>Activity 5.2: Strengthen community participation, engagement and partnerships supporting enhanced healthy behaviours which lead to improved routine immunization coverage</i></p> <p><i>Activity 5.3: Support the development of materials as the situation evolves.</i></p> <p><i>Activity 5.4: Support capacity building to facilitate effective delivery and adoption of messages across society</i></p>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	<p>5.1.1 Since a qualitative formative research was developed in 2010 with focus groups of mothers in Luanda and Bié provinces to understand the determinants of the behaviours related to family competencies, there is a need to conduct in 2012 a post collection of qualitative data to inform the reception of messages and evaluate the impact of communication activities.</p> <p>5.1.2 Identify and train community agents in all 18 provinces in communications, including social micro-planning and social mapping.</p> <p>5.1.3 Documentation of best practices: hire a consultant to document the process and identify key results in terms of behaviour change and number of alliances between Government and churches at local level.</p>	<p>5.1.1 A qualitative formative research has been realized in 2010 with focus groups of mothers and social activists in two provinces (Luanda and Bié) to understand behaviour determinants and define and validate simple messages, as well as develop through a participatory process a set of culturally relevant booklets and audio/video materials on family competencies. Materials are currently under approval at MINFAMU and will be printed in July-August 2011.</p> <p>5.1.2 Trainings of trainers are expected to start in July 2011 after the approval and printing of the social activists' booklet.</p> <p>5.1.3 Activity will be done in the last trimester of 2011</p>	40%

Activity	Planned	Achieved	% of completion
5.2	<p>5.2.1 To sign an alliance between the GoA and the most influential churches in order to deliver messages on family competencies to the population and strengthen the alliance in the 18 provinces through the constitution of provincial committees. Churches will be asked to identify high risk groups and most vulnerable families.</p> <p>5.2.2 Stakeholder meetings to develop a municipal level alliance to ensure strong coordination among MOH, NGOs, church partners and all other relevant stakeholders to develop promotion activities and prevention in the communities working with them.</p>	<p>5.2.1 Alliance signed in January 2011 by the Ministry of Family, UNICEF Executive Director and the top ten Angolan churches (Catholic, Methodist, Baptist, Adventist and 6 Evangelic churches). Identification of high risk families, through an analysis of communities with a lack of social activists on the ground will be undertaken in the second semester</p> <p>5.2.2 Alliance presented in the provinces through four regional workshops in the north, east, centre and south of Angola. Training of social activists through partnerships with churches and faith based organizations are planned for the second semester of 2011</p>	30%
5.3	Produce and print 10,000 booklets for families and social activists on family competencies with messages produced through a participatory approach with focus groups of mothers and activists	With the messages developed with the community in 2010, a contract has been signed with an Angolan multimedia company to produce through a participatory approach a set of communication materials composed of two booklets for families and social activists, eight mini radio dramas in Portuguese and seven national languages and a music album with 12 thematic lyrics on family competencies. All materials have been developed through two working sessions with mothers and social activists in February and May 2011 and have been finalized. Materials have been shared with MINFAMU for final approval and release. The printing and dissemination is planned from July 2011. The DFID funds will be added to a basket of multi-donor funds to cover printing needs.	45%
5.4	In coordination with the Ministry of Family, Ministry of Health and other partners, develop a partnership agreement (PCA) with the Catholic Faith-based Organization Pastoral da Criança to support the development and implementation of a training package to enhance the interpersonal and counselling skills of community health agents and health workers in the municipality to ensure dissemination of recommended behaviour messages, information and promote adoption of protective practices	The previous PCA signed with Pastoral da Criança in 2010, which allowed for the training of 100 trainers and 736 activists on family competencies promotion has been closed and funds justified in June 2011. The new PCA is under discussion with the partner and it is expected to be signed in July 2011 to be implemented in the second semester of 2011.	10%

Country:	Afghanistan		
Funds Committed (Allocation):	\$200,000.00		
Date of Receipt of Funds:	8 February 2011		
Funds Disbursed (Requisitioned):	\$0.00	Percentage of Disbursed (Requisitioned):	0%
Programme Completion Date:	31 December 2011		
Purpose:	<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> <p><i>1. A national communication plan for pandemic and other emerging infectious diseases interventions developed. (Activity 5.1)</i></p> <p><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. (Activity 5.2)</i></p> <p><i>3. Pre-tested messages developed for recommended protective behaviours which are directed at households, public places and also for use in schools. (Activity 5.3)</i></p> <p><i>4. Key government, NGOs civil society and other stakeholders are trained on health risk communication interventions. (Activity 5.4)</i></p> <p><i>5. Community members in two provinces of the "integrated basic package of health services" project are trained on basic communication surveillance. (Activity 5.4)</i></p>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	Development of national communication plan.	ToR by UNICEF/MoPH in preparation to recruit consultant to develop the national communication plan	10%
5.2	Training and orientation of key government, NGO and CBO officials at the province level.	Proposal and request is in process	10%
5.3	Design, develop and produce materials on the recommended protective behaviours.	Proposal and request is in process	10%
5.4	Training workshop on health risk communication interventions.	Proposal and request is in process	10%

Country:	Bangladesh		
Funds Committed (Allocation):	\$150,000.00		
Date of Receipt of Funds:	14 October 2010		
Funds Disbursed (Requisitioned):	\$90,775.87	Percentage of Disbursed (Requisitioned):	61%
Programme Completion Date:	31 December 2011		
Purpose:	<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> <p><i>Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i> <i>5.2 Strengthen community participation, engagement and partnerships</i> <i>5.3 Support the development of materials – in real time as the situation evolves</i> <i>5.4 Support capacity building to facilitate effective delivery and adoption of messages across society</i></p>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	<p>UNICEF played important role in revising the 2nd National Avian and Pandemic Influenza Preparedness and Response Plan in 2009.</p> <p>2) A consultative process and a workshop is planned to develop an EID Communication strategy using One World-One Health approach.</p>	<p>The plan is waiting vetting of the technical committees of DG Health Services and the DGLS. After that, it will be officially approved by the government.</p> <p>2) Discussions are held to initiate the Strategy development process. Desk review of existing materials, papers and strategy documents initiated.</p>	<p>1) 85% 2) 5%</p>
5.2	<p>A campaign for API preventive behaviours and home management of patients in 91 wards of Dhaka city is planned. It aims reach 3 million at risk population and creates knowledge about safe practices.</p>	<p>100,000 leaflets on highly pathogenic avian and pandemic influenza printed. Department of Mass Communication (DMC) to begin making, video shows, door step discussions and leaflet distribution from 21 June.</p>	5%
5.3	<p>Sufficient quantities of 17 master TV and radio spots, 200,000 leaflets, 50,000 posters and 150 large size banners printed on both side; for public projection have been given to Department of Mass Communication for use for any emergency.</p>	<p>All TV and radio stations are fully equipped with necessary IEC material needed for dissemination should there be any need.</p>	100

Activity	Planned	Achieved	% of completion
5.4	Capacity building of District information officers (DIOs), Deputy Directors of Islamic foundation, Imam leaders, Sub-district level Master Trainers, Buddhist monks and local journalists to promote key and safe API practices among vulnerable/most at risk population	Seven DIOs, seven Deputy Directors of Islamic Foundation, seven Imams Master Trainers and 5,100 Imams have been trained. About 10 million people will be benefited.	40

Country:	Botswana		
Funds Committed (Allocation):	\$50,000.00		
Date of Receipt of Funds:	18 October 2010		
Funds Disbursed (Requisitioned):	\$ 31,681.38	Percentage of Disbursed (Requisitioned):	63%
Programme Completion Date:	31 December 2011		
Purpose:	<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>Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i></p> <p><i>5.2 Strengthen community participation, engagement and partnerships</i></p> <p><i>5.3 Support the development of materials – in real time 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> <p><i>The outputs include the following:</i></p> <p><i>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> <p><i>Besides staff time, BCO has received \$50,000 from ESARO to support the second phase of the project that will involve the reproduction of 3,000 copies of the kit, 2,500 will be distributed to 785 primary schools and 500 distributed to 460 preschools and information dissemination using the public media</i></p>		

Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	1. Support Ministry of Education and Ministry of health to develop and implement media plan to disseminate hygiene and hand washing messages to school children 2. Provide communication TA to the Technical Working Group	1. Partial achievement: Plan developed 2. Achieved: Provision of TA is on-going. There were some delays during school closures as a result of the public service strike in May/ June. Catch up will be done before school term ends.	70%
5.2	No specific plans to target the community except the benefit they will get through their children and commemoration of the World Handwashing Day (Oct).	Partial Achievement: Interaction with teachers and children during survey raised awareness on hand washing and disease transmission. Families and communities to benefit indirectly	30%
5.3	Development of a Hand Washing Kit for Pre & Primary schools. The kit to contain communication materials on: Hygiene and hand washing; Fact sheets on H1N1 and other communicable diseases; grade specific education materials on disease and hygiene; teacher guidance on use of kit; key messages on hygiene, diseases and hand washing; minimum standards for hygienic school environment	1. A situation analysis to assess sanitation and hand washing practices was carried out in 15 schools in the 4 districts as planned. 2. A "School sanitation and Hand washing Survey" report has been produced 3. Baseline information on handwashing practices in schools in available 4. A draft Hand washing Kit was presented on 20 June. The kit will be finalized after pre-testing and comments from the TWG	70%
5.4	Dissemination workshops for education and health officers on the Kit	Not achieved. To be done once the kit is finalized	0%

Country:	Central African Republic		
Funds Committed (Allocation):	\$250,000.00		
Date of Receipt of Funds:	18 October 2010		
Funds Disbursed (Requisitioned):	\$250,000.00	Percentage of Disbursed (Requisitioned):	100%
Programme Completion Date:	31 December 2011		
Purpose:	<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</i>		

	<p><i>transition contexts; and the production of information material such as leaflets and posters promoting EFPs in emergency and transition contexts.</i></p> <p><i>Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i></p> <p><i>5.2 Strengthen community participation, engagement and partnerships</i></p> <p><i>5.3 Support the development of materials – in real time 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>
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Summary of implementation of strategy/plan

Activity	Planned	Achieved	% of completion
5.1	<ul style="list-style-type: none"> · Support the Government in the implementation of communication plans promoting strategically selected essential family practices. · 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. · Monitor and evaluate C4D programme activities 	<ul style="list-style-type: none"> · Trained 34 trainers to promote C4D essential family practices. · Provided financial support for the training of 180 community trainers in Bria, Kaga Bandoro, Bouar, Bozoum and Paoua. · Provided financial and technical support to train 400 community trainers in Kaga Bandoro. · Trained 30 government officials from health and social affairs sectors to become trainers in the promotion of EFPs. 	
5.2	<p>Establish a strategic coordination and partnership system that involves programme staff, partners and stakeholders, and ensures participation at all stages of the communities reached as a long term support system for sustainable behaviour change.</p>	<p>The C4D programme provides on-going technical support to the ministry of health and for the Expanded Programme of Immunisation (EPI) for the development of a communication plan to promote EFPs.</p> <p>Communication plans were developed for yellow fever campaigns; 4 polio campaign in 2010; an "African immunization week" in 2011.</p>	
5.3	<ul style="list-style-type: none"> · Produce communication material promoting EFPs in emergency and transition contexts (leaflets, posters, radio spots) 	<p>The production of communication material for emergency and transition contexts is planned for September 2011.</p>	
5.4	<ul style="list-style-type: none"> · Produce training modules on C4D/promotion of EFPs in emergency and transition contexts. · Train community agents in promotion of EFPs in emergency and transition contexts. 	<ul style="list-style-type: none"> · The production of training modules for emergency and transition contexts is planned for September 2011. · Thirty-four community agents have been trained in the promotion of EFPs in emergency and transition contexts. · During the nationwide Semaine Africaine de Vaccination (African vaccination week), 2,900 community agents were trained in the promotion of EFPs, leading to the sensitization of 540,000 households on the importance of EFPs. · 50 trainers of trainers selected among health and social affairs government officials responsible for communication received training in EFPs and communication techniques. 	

Country:	Chad		
Funds Committed (Allocation):	\$150,000.00		
Date of Receipt of Funds:	23 December 2010		
Funds Disbursed (Requisitioned):	\$53,776.00	Percentage of Disbursed (Requisitioned):	36%
Programme Completion Date:	31 December 2011		
Purpose:	<p><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. 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></p> <p><i>Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i></p> <p><i>5.2 Strengthen community participation, engagement and partnerships</i></p> <p><i>5.3 Support the development of materials – in real time 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>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	Organize informational meetings and awareness campaigns with the authorities at central and local authorities and regional (N'Djamena, Wadi-Fira, Kanem, Gore Tandjile, Mayo-Kebbi) on pandemic influenza H1N1 and the preventive measures to be taken. Organize a roundtable discussion for information and advocacy on H1N1.	Due to the fact that Chad is a country with multiple emergencies taking place at the same time, i.e. cholera, meningitis, measles, floods, and humanitarian issues, the country team is recommending a multi-disciplinary working group that can work on an emergency plan to face recurring situations in terms of communications. Community forums were conducted in Eastern Chad to bring community awareness about the importance of EFP, and immunization, focusing on Polio	40
5.2	Organize informational meetings with community, religious and traditional leaders, NGOs, civil society organizations, women's groups and youth groups. Also planned is the organization of informational and awareness sessions for community health centers, social mobilizers and groups in other sectors on bringing activities to the community, families and students for the prevention of influenza H1N1 in N'Djamena, Wadi-Fira, Kanem, Gore Tandjile, Mayo-Kebbi.	Talks are underway with faith-based organisations to bring them on board for promotion activities at the community level for key household practices. MOUs will be raise on the 3rd and 4th quarter of 2011	20

5.3	Elaborate and produce communication messages for several media outlets where messages are adapted to address the H1N1 virus in promoting hygienic measures to prevent the virus. Activities will be also focused on the use of media outlets, television and radio, to ensure maximum coverage, therefore UNICEF and its partners will help develop radio and television spots. Developed and distributed hand washing posters and fliers, Cholera prevention posters and fliers, and flu prevention posters and fliers. Other materials to be produced based on the needs of the program and/or emergencies encountered during 2011.	5,000 Posters, 10,000 fliers on hand washing practices were distributed in 55 primary schools. 1,500 training guides were developed to help train around 50 partners in Key Family Practices, covering a population of approximately 15500,000 people in 5 regions. 50,000 posters for polio were developed, 80,000 fliers for polio were developed, and 20,000 community relays jackets were produced.	80
5.4	Organize informational sessions for women's groups on handwashing technics as a way of disease prevention. To reach and address children and you, UNICEF and its partners will organize informational and awareness campaigns in 20 schools in targeted regions.	Through the CLT approach, the C4D team will provide capacity reinforcement in villages where this programme exists, in collaboration with the WASH programme. In addition, MOUs with women's' associations (CELIAF) are currently under negotiations, and a long term hygiene campaign is been planned for the rest of 2011 and 2012	

Country:	Central African Republic		
Funds Committed (Allocation):	\$112,100.00		
Date of Receipt of Funds:	23 December 2010		
Funds Disbursed (Requisitioned):	\$65,057.75	Percentage of Disbursed (Requisitioned):	58%
Programme Completion Date:	31 December 2011		
Purpose:	<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</i></p>		

	<i>effective communication interventions and health promotion.</i>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	Elaboration of a communication plan	The plan has been implemented during the 5th round of the polio campaign and it covered the entire population. Now, UNCT is going to support the country for the elaboration of a contingency plan.	50
5.2	Support for the promotion of good key family practices in health, food, nutrition, hygiene and sanitation and for the prevention of infectious diseases, through existing strategies (e.g. Gestes qui sauvent, PEINS, CLTS).	Communication and social mobilization activities in support to the response against the epidemic of Chikungunya, a mosquito-borne viral disease in Brazzaville and Pool Department.	25
5.3	Develop the messages and communication material prototypes necessary for the implementation of the plan	Planned for the second semester. This activity will focus on CLTS (community-led total sanitation)	0
5.4	Organize 3 training workshops for ensuring that training methods of community outreach personnel is in place and fully operational to reach out to children and mothers.	Training of 5,000 women members of Salvation Army on good key family practices in health, nutrition, hygiene and sanitation in Yangui, Pool Department	25

Country:	Cote d'Ivoire		
Funds Committed (Allocation):	\$200,000.00		
Date of Receipt of Funds:	23 December 2010		
Funds Disbursed (Requisitioned):	\$145,934.00	Percentage of Disbursed (Requisitioned):	73%
Programme Completion Date:	31 December 2011		
Purpose:	<p><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. Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i></p> <p><i>5.2 Strengthen community participation, engagement and partnerships</i></p> <p><i>5.3 Support the development of materials – in real time 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>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	Workshop planned to revise the current Child Survival Communication plan in order to include emergency aspects	Preparedness meetings held, Communication Plan on different outbreaks and emergency situation gathered for evaluation.	50

Activity	Planned	Achieved	% of completion
5.2	A partnership with Religious Leaders Alliance and with Local Radios Network was developed	The PCA with the Local Radios Network in Cote d'Ivoire was signed, a planning activities of 2 months designed and in discussion for finalizing. With the Alliance of Religious Leaders, a 2 months campaign to promote Child Survival facts in an emergency context was signed and has to be implemented by July.	50
5.3	Development of communication materials (flip charts, cartoons, guides, posters, TV spot and radio)	Different kind of supports produced, according the issue and the outbreak. Counseling cards = 500; Posters = 5000, Booklets = 2500, Guide adapted for both Muslims and Christians = 2500, Radio micro-programmes = 14; TV spots = 14; 06 Radio spots waved on 91 local radios.	70
5.4	4 workshops on C4D relative to Child Survival and Protection in emergency held (religious leaders, radio animators, NGOs)	Four workshops for the benefit of: NGOs (32), Youth peer educators in IDPs (12), Radio journalists (37), Religious leaders (33) were held.	75

Country:	Democratic Republic of Congo		
Funds Committed (Allocation):	\$340,000.00		
Date of Receipt of Funds:	14 October 2010		
Funds Disbursed (Requisitioned):	\$288,528.14	Percentage of Disbursed (Requisitioned):	85%
Programme Completion Date:	31 December 2011		
Purpose:	<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> <p><i>Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i> <i>5.2 Strengthen community participation, engagement and partnerships</i> <i>5.3 Support the development of materials – in real time as the situation evolves</i> <i>5.4 Support capacity building to facilitate effective delivery and adoption of messages across society</i></p>		

Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	Development of a national C4D strategic vision to support the project interventions	A draft of a national and integrative C4D strategic vision is elaborated. This document will be validated in early July by all C4D partners.	80
5.2	Elaboration of communication plans at the provincial/district level with actors coming from community based structures and provincial partners	More than 3,000 actors trained in 4 provinces/district. Community participation has been encouraged and taught during the trainings of community based animators on the 5 KFP. At least 50 local radios and TV are involved in the promotion of the 5 KFP. Different community based actors are involved in the advocacy for the promotion of 5 KFP in communities	75
5.3	Production of 100 mural painting in 50 schools in Kinshasa & audiovisual materials	90% of mural painting achieved. 5 different radio and TV spots produced on the 5 Key Family Practices.	90
5.4	Training of trainers and community based animators of the 5 major religious groups in 4 provinces/district	Training of 50 trainers per province/district and 300 - 400 community based actors in each of the 4 provinces/district targeted	100

Country:	Lao PDR		
Funds Committed (Allocation):	\$100,000.00		
Date of Receipt of Funds:	14 October 2010		
Funds Disbursed (Requisitioned):	\$ 77,951.35	Percentage of Disbursed (Requisitioned):	78%
Programme Completion Date:	31 December 2011		
Purpose:	<p><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. Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i></p> <p><i>5.2 Strengthen community participation, engagement and partnerships</i></p> <p><i>5.3 Support the development of materials – in real time 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>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	Integrated communication strategies and related planning activities in two districts of Luangnamtha province.	The overarching communication strategy for 2011 in Luangnamtha province has been developed and agreed with central and provincial government partners.	70%

	These plans are aimed at designing interventions needed to impact changes on hygiene as well as health behaviours for mothers and children, which, in turn, include the prevention and response to emerging and re-emerging diseases.	UNICEF and counterparts in the Ministry of Health are developing area profiles and situation analyses to examine the specific make-up and needs of local communities in the selected districts. Orientation on communication activities at local levels is now planned for July/August 2011.	
Activity	Planned	Achieved	% of completion
5.2	<p>1) Form new partnerships with other UN agencies and NGOs working in similar areas and at community levels in Luangnamtha province.</p> <p>2) Establishment of multi-sectoral committees from select districts in Luangnamtha province.</p> <p>3) Training for local committees on the use of 'Participatory Community Assessments'. This includes training to conduct local level consultations for data gathering, data analysis, and a planning workshop for village chiefs, health workers, volunteers and other influential community figures. This will build on existing health education networks originally established for prevention and response to Avian and H1N1 influenzas.</p>	<p>1) New working partnerships with UN agencies and specific NGOs have been established.</p> <p>2) The overall communications strategy for 2011 in Luangnamtha has been developed and agreed with government partners.</p> <p>3) Training curriculum and planning process is nearly complete. Orientation and training on communication activities is scheduled for July/August 2011.</p>	<p>1) 80%</p> <p>2) 50%</p> <p>3) 50%</p>
5.3	<p>1) Develop a Nutrition Training Package for pregnant women, new mothers, infants and young children, including related, adaptable IEC materials.</p> <p>2) A computer inventory system of all available infectious disease and other health related materials, training curriculums, distribution plans and activity locations has been established and is now in operation at the Center for Information and Education on Health (CIEH) under the Ministry of Health.</p> <p>3) Previous materials produced for community leaders and volunteers – specifically those addressing breastfeeding and hygiene, such as hand and utensil washing with soap – improved and contribute to on-going efforts in Luangnamtha province and beyond.</p>	<p>1) Messages in the training package are being reviewed in a consultative process with partners and stakeholders. Agreed messages, community consultations and pre-testing are planned, but must be conducted and completed prior to the production of related materials.</p> <p>2) Inventory system is complete. Further inputs of materials and data along with on-going maintenance and training on usage of the system are on-going.</p> <p>3) Various materials on nutrition, especially Exclusive Breastfeeding and hygiene for disease prevention, have been developed. Adaptations and improvements are occurring in parallel with activities under item #1.</p>	<p>1) 50%</p> <p>2) 80%</p> <p>3) 80%</p>
5.4	Trainings for central level technical staff from the Center for Information and Education on Health under the Ministry of Health to train subnational staff.	Trainings for four central level technical staff complete. Pilots of the participatory Community Assessment process have also been conducted and reviewed at central level. Training curriculum and planning process is nearly complete.	95%

Country:	Malawi		
Funds Committed (Allocation):	\$100,000.00		
Date of Receipt of Funds:	14 October 2010		
Funds Disbursed (Requisitioned):	\$86,009.88	Percentage of Disbursed (Requisitioned):	86%
Programme Completion Date:	31 December 2011		
Purpose:	<p><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. Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i> <i>5.2 Strengthen community participation, engagement and partnerships</i> <i>5.3 Support the development of materials – in real time as the situation evolves</i> <i>5.4 Support capacity building to facilitate effective delivery and adoption of messages across society</i></p>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	1. Planning meetings at national level to prioritize which activities to implement; 2. Plan to formulate and strengthen partnerships that would help effectively create an environment for community members to adopt positive behaviours in emergencies; 3. Capacity building of network district communicators and community extension workers to facilitate education sessions on emergency preparedness at community and household levels; 4. Production and dissemination of communication materials; 5. Monitoring and Evaluation Plan	So far achievements are as follows: 1. At national level, activity plan has been agreed; 2. Partnerships have been formulated with the Media (both mainstream and community), with district level institutions (IEC Officers and Information Officers and Disaster Preparedness Officers-referred to as Network of District Communicators); 3. There is an agreed format of community social mobilization activities to be used through local leaders, faith groups and opinion leaders agreed upon; 4. Communication materials package to be used-called IEC kit-in-a-box pre-tested, designed and agreed upon; 4. Consensus on capacity building plan for district and community workers reached.	100

Activity	Planned	Achieved	% of completion
5.2	This will be done in the following ways: 1. Orientating 84 members of the Network of District Communicators to how to use IEC tool-kit-in-a-box; 2. Supporting the network with 130, 500 IEC materials (posters, brochures, flyers, accordions, flip charts, CDs and DVDs); 3. Supporting Network of District Communicators to train extension workers in facilitating community social dialogue	1. Orientation plan for 84 members of the network of district communicators planned; 2. Jointly with government partners, we identified 15 most vulnerable districts as targets for roll out of communication activities after orientation of network of district communicators; 90% of the 130,500 IEC materials to benefit primary schools, communities and households with an estimated population of 750,000 per district and 50 primary schools per district;	40
5.3	1.UNICEF has provided technical and financial support for the development of new communication materials and adaptation and reproduction of existing materials. 2. The materials both reviewed and adapted have been harmonized with those in Facts for Life-most messages adopted from FFL booklet; 3. materials agreed with partners for production are flyers, brochures, posters, accordions and flip charts. 3. Electronic materials like DVDs-with jingles and TV spots have already been produced and shared with media and the Ministry of Information and Civic Education and Health Education who are doing community filming in the 15 districts.	1. Materials have already been designed, pre-tested are about to go to printing, following which they will be pre-positioned in the districts; 2. audio-materials were already pre-positioned and are being broadcast through both community and mainstream media houses with an estimated total reach of about 9 million people; 3. Other materials (mainly posters and brochures) already produced and also addressing emergencies have been shared with Network of District Communicators for dissemination at community level.	45
5.4	1.Orientation of Network of District Communicators on standard messages for emergency preparedness; 2 Orientation of the network on the use of the Tool kit with communities and household members; 3. Training of extension workers in the use of social dialogue to promote positive behaviours during emergencies at community level; 4. Letters of Agreement with 10 community radios to support message dissemination and community participation through listeners' clubs.	1.Capacity building of key district officials plan finalized with Ministry of Information and Civic Education; 2. Training for 84 district officers across the country re-scheduled to take place in July 2011; 3. Plan in place for orientation of community extension workers on use of tool kit and facilitation of social dialogue on emergency issues in districts; 4. Signing of Letters of Agreement with community radios in July 2011to support broadcast of messages and community participation.	40

Country:	Mali		
Funds Committed (Allocation):	\$196,000.00		
Date of Receipt of Funds:	8 February 2011		
Funds Disbursed (Requisitioned):	\$35,500.00	Percentage of Disbursed (Requisitioned):	18%
Programme Completion Date:	31 December 2011		
Purpose:	<p><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. Specific activities include:</i></p> <p><i>5.2 Strengthen community participation, engagement and partnerships</i></p> <p><i>5.3 Support the development of materials – in real time 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>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	NA	NA	NA
5.2	Develop and pretest messages and communication materials on prevention of pandemics	Partners are identified and the first meeting is scheduled for the 2nd week of August	20
5.3	Promote hand washing in schools in four regions of the country with the purchase of the devices' lava-hands "	In addition to the 600 family of devices handwashing given to 200 schools in 4 regions a control group of 600 devices to the same schools is underway.	90
5.4	Develop training manual for health and social agents	Working sessions held with government partners. Planning is completed and the workshop is planned for the first week of Aoui. Funds available at partner level	10

Country:	Mozambique		
Funds Committed (Allocation):	\$200,000.00		
Date of Receipt of Funds:	8 February 2011		
Funds Disbursed (Requisitioned):	\$122,107.87	Percentage of Disbursed (Requisitioned):	61%

Programme Completion Date:	31 December 2011
Purpose:	<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> <p><i>Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i></p> <p><i>5.2 Strengthen community participation, engagement and partnerships</i></p> <p><i>5.3 Support the development of materials – in real time 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>

Summary of implementation of strategy/plan

Activity	Planned	Achieved	% of completion
5.1	Review and update the government communication plan, tackling emerging infectious diseases, with focus on cholera and other hygiene related diseases.	Desk review completed and draft plan prepared. A validation meeting is planned for 20 June, 2011.	80
5.2	Support the production of pre-tested Facts for Life audio-visual materials in Portuguese and Macua for small-groups and community media on hand - washing behaviours.	Partners in the Northern provinces being trained for pre-testing of IEC materials. The audio-visual material will be produced and pre-tested in August. The production will be jointly executed by the Institute for Social Communication (ICS), overseen by a professional film production company already contracted.	30
5.3	Develop learning materials for children in the 10-14 age groups to promote healthy behaviours such as hand washing.	Desk review of existing materials on-going. Final production of master copy to be finalized by September.	40
5.4	Undertake an assessment of the Social Communication Institute's (ICS) capacity (HR, equipment and capacity of production of audiovisual materials) and define activities to strengthen their capacity to undertake effective communication interventions. Regional training of ICS and other C4D partners on the main areas identified in the capacity assessment report and key thematic areas of interventions (hygiene promotion and hand-washing).	ICS capacity assessment initiated. The field work in July will involve five key provincial delegations. Regional training scheduled for September 2011.	40

Country:	Nepal		
Funds Committed (Allocation):	\$101,000.00		
Date of Receipt of Funds:	14 October 2010		
Funds Disbursed (Requisitioned):	\$ 59,880.00	Percentage of Disbursed (Requisitioned):	60%
Programme Completion Date:	31 December 2011		

Purpose:	<p><i>To develop a UNCT Inter-agency communication strategy (both external and communication for development). Activity 5.1</i></p> <p><i>To scale up implementation of School Based Education programme on influenza linked with community awareness on key behaviours to follow. Activity 5.2</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. Activity 5.3</i></p> <p><i>To support NGOs to develop promotion activities and prevention in the communities working with them. Activity 5.2</i></p> <p><i>To design, produce and disseminate materials (print, broadcast, internet, other) Activity 5.3</i></p> <p><i>Technical and support to Government to build their capacity on sustainable and effective use of materials emphasizing local participation. Activity 5.4</i></p>
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Summary of implementation of strategy/plan

Activity	Planned	Achieved	% of completion
5.1	Capacity building exercises on risk communication in 8 high risk districts.	Government signature in process	30
5.2	Expansion of community based school education program on PI with emphasis on hand washing in 3 districts.	NHEICC proposal to be submitted by June, 2011 due to delay in Government approval process.	20
5.3	Development and printing of materials and production of TV and Radio Public Service Announcements (PSA).	ToR developed and ready to be sent for bidding.	20
5.4	Conduct communication strategy development workshop in two regions.	Workshop sessions and materials finalized and prepared	20

Country:	Pacific Islands		
Funds Committed (Allocation):	\$125,000.00		
Date of Receipt of Funds:	8 September 2010		
Funds Disbursed (Requisitioned):	\$ 43,330.00	Percentage of Disbursed (Requisitioned):	35%
Programme Completion Date:	31 December 2011		
Purpose:	<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. Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i></p>		

	<p>5.2 Strengthen community participation, engagement and partnerships 5.3 Support the development of materials – in real time as the situation evolves 5.4 Support capacity building to facilitate effective delivery and adoption of messages across society</p>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	FSM, RMI, Tuvalu, Samoa and Tonga planned for quarter 1 and 2	Solomon Islands, Vanuatu, Kiribati, Fiji completed. Tonga expected to be completed in July. FSM and RMI depending on request from government - to be pursued. Samoa and Tuvalu expected to be completed in quarter 3 and 4	50
5.2	FSM, RMI, Tuvalu, Samoa and Tonga planned for quarter 1 and 2	Solomon Islands, Vanuatu, Kiribati, Fiji completed. Tonga expected to be completed in July. FSM and RMI depending on request from government - to be pursued. Samoa and Tuvalu expected to be completed in quarter 3 and 4	50
5.3	FSM, RMI, Tuvalu, Samoa and Tonga planned for quarter 1 and 2	Solomon Islands, Vanuatu, Kiribati, Fiji completed. Additional participatory AV materials promoting PI preparedness and WASH planned for July in Vanuatu and Solomon Islands. FSM and RMI depending on request from government - to be pursued. Samoa and Tuvalu expected to be completed in quarter 3 and 4	50
5.4	FSM, RMI, Tuvalu, Samoa and Tonga planned for quarter 1 and 2	Solomon Islands, Vanuatu, Kiribati, Fiji completed. FSM and RMI depending on request from government - to be pursued. Samoa and Tuvalu expected to be completed in quarter 3 and 4. Support to process M&E of on-going risk communication and C4D on PI and WASH taking place in Solomon Islands, Vanuatu and Kiribati in June and July. Complete review of support to C4D in the Pacific by SPC and UN completed in collaboration with UNFPA. Revision of capacity building support framework to be undertaken.	50

Country:	Sudan (Northern States)		
Funds Committed (Allocation):	\$100,000.00		
Date of Receipt of Funds:	14 October 2010		
Funds Disbursed (Requisitioned):	\$27,394.64	Percentage of Disbursed (Requisitioned):	27%

Programme Completion Date:	31 December 2011		
Purpose:	<p><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. Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i> <i>5.2 Strengthen community participation, engagement and partnerships</i> <i>5.3 Support the development of materials – in real time as the situation evolves</i> <i>5.4 Support capacity building to facilitate effective delivery and adoption of messages across society</i></p>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	Formative consultative and planning meetings with government counterparts in Health, Nutrition, and WASH conducted at national level and with three states; presentation made and awareness raised on methodologies and channels appropriate for long- and short-term communication objectives;	consultative and planning meetings for communication strategy development held with government counterparts in Health, Nutrition, and WASH conducted at national level; consultation and planning meetings conducted with health/nutrition counterparts in one state;	75
5.2	Consultations with mothers and other carers of U5s in 3 states; development of community-based mother-to-mother radio programming; development of tool for Participatory Action Research (PAR); implementation of PAR activities in pilot 3 communities	consultations carried out with mothers groups in 3 states, through the community radio listening groups structures. In June 2011 a series of additional focus group discussions (6) with mothers and fathers held in Khartoum state	30
5.3	Develop state-level standby guidelines for radio announcements and programmes focussed on EFPs for U5s in infectious disease outbreak situation	Preliminary work has started in two states.	10
5.4	Identify and engage CBO and NGO networks in selected areas as community-level agents for Shuffa'a Alsoghar initiative; provide training on interpersonal communication skills and on implementation of PAR tool and use of findings in on-going communication activities in the communities.	Relevant CBO & NGO networks mapped in one state. Interpersonal communication training conducted for community level co-ordinators and volunteers in group of 4 NGOs	15

Country:	Sierra Leone		
Funds Committed (Allocation):	\$100,000.00		
Date of Receipt of Funds:	14 October 2010		
Funds Disbursed (Requisitioned):	\$0.00	Percentage of Disbursed (Requisitioned):	0%
Programme Completion Date:	31 December 2011		

Purpose:	<p>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. Activities include:</p> <p>5.2 Strengthen community participation, engagement and partnerships 5.4 Support capacity building to facilitate effective delivery and adoption of messages across society</p> <p>At the moment qualitative achievements cannot be reported, as implementation has not yet started. It will start in the period July - August 2011.</p>
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Summary of implementation of strategy/plan

Activity	Planned	Achieved	% of completion
5.2	1. Community radio, Theatre for Development and mobile cinema with post-performance discussions at community level to facilitate discussion and dialogue for the adoption of handwashing and improving pandemic preparedness. 2. Integration of UNICEF Sierra Leone supported Nutrition "Mothers Clubs" and Education "Mothers Clubs" into a single women's network operating at the community level.		0
5.4	Information workshops with Inter Religious Council members to build capacity to facilitate message delivery and influence adoption of favourable preventive behaviours and immunisation.		0

Country:	Swaziland		
Funds Committed (Allocation):	\$100,000.00		
Date of Receipt of Funds:	14 October 2010		
Funds Disbursed (Requisitioned):	\$100,000.00	Percentage of Disbursed (Requisitioned):	100%
Programme Completion Date:	31 December 2011		
Purpose:	<p>Development of an emergency risk communication strategy for Influenza AH1N1 and other pandemic Influenzas. Activities include:</p> <p>5.1 KAP and rapid assessment on H1N1 and other pandemic influenzas 5.2 Healthy Swaziland Mass Campaign 5.3 Development of emergency risk communication plan for AH1N1 and other pandemic influenzas 5.4 IEC review</p>		

Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	Protocol development, tool development, training workshop, assessment, data analysis, report writing	Protocol development, tool development, training workshop, assessment have been achieved. Data Analysis and report compilation are in progress. Pending activities include planned dissemination of findings.	85
5.2	Conduct Healthy Swaziland Mass Campaign	Over 12,000 people attended and exposed to health education. Over 4,000 AH1N1 IEC materials disseminated in the form of brochures and leaflets	100
5.3	Engagement of consultant, workshop, documentation of draft, consultative workshop and finalization of the plan	Consultant has been engaged. TORs and timelines have been agreed upon for the development of the National Emergency risk communication plan	50
5.4	Assembling of health promotion specialists and translators through session for review of IEC versus assessment findings and literature review	IEC review process has begun focusing on pediatrics and all risk groups with emphasis on prevention	70

Country:	Tanzania		
Funds Committed (Allocation):	\$200,000.00		
Date of Receipt of Funds:	9 February 2011		
Funds Disbursed (Requisitioned):	\$ 98,774.39	Percentage of Disbursed (Requisitioned):	49%
Programme Completion Date:	31 December 2011		
Purpose:	<p><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></p> <p><i>Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i></p> <p><i>5.2 Strengthen community participation, engagement and partnerships</i></p> <p><i>5.3 Support the development of materials – in real time 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>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	Training of district teams on emergency communication preparedness and response plans in 8 high risk districts (polio, yellow fever, H1N1).	Data review of disease incident trends from epidemiology Department has led to some adjustments in the selected districts. Programme and curriculum in place (CDC package), consultation going on with other partners on other districts and coordination. The training has been delayed due to administrative	30

		bottlenecks in disbursing funds to MOHSW - this has now been resolved and the training are set to start in July.	
5.2	Integrated in activity 5.1	This function is Integrated in training of district teams and development of data base, pretesting of prototype materials, prepositioning and use of existing materials. Identification and mobilization of community participation in emergency response is included in the training package.	40
5.3	Developed prototype materials for polio, yellow fever, Rift valley fever & reproduction of H1N1 materials will be stored in the data base for quick retrieval and production.	Following review of recent epidemiological trends in Tanzania, priority focus is now on measles, cholera, polio, yellow fever and H1N1. Workshop is planned for July to review existing materials, develop key messages and new materials. Collection of existing materials is on-going, meeting is planned, workshop with partners is planned for July 2011 to develop key messages and design options.	30
5.4	Support Health Promotion to establish an emergency IEC materials data base for easy access, consistency of messaging and reproduction and dissemination.	Consultation on feasibility, location and operation plan for data base completed Consultation on feasibility and development of a Document Management System (DMS) structure is in place.	80

Country:	Uganda		
Funds Committed (Allocation):	\$200,000.00		
Date of Receipt of Funds:	22 February 2011		
Funds Disbursed (Requisitioned):	\$ 26,971.38	Percentage of Disbursed (Requisitioned):	13%
Programme Completion Date:	31 December 2011		
Purpose:	<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. Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i> <i>5.2 Strengthen community participation, engagement and partnerships</i> <i>5.3 Support the development of materials – in real time as the situation evolves</i> <i>5.4 Support capacity building to facilitate effective delivery and adoption of messages across society</i></p>		

Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	Development of a national disease outbreak communication plan	Terms of reference for a national disease communication consultant have been developed. Hiring of a consultant has been delayed. However, UNICEF C4D staff actively supported Ministry of Health to respond to two major disease outbreaks: yellow fever in northern Uganda and Ebola in central Uganda. Both outbreaks required massive social mobilization.	20
5.2	Development of partnerships with faith based organisations, NGOs and with private sector companies	Important partnerships have evolved out of the yellow fever/Ebola outbreak response including with three major faith based organisations, NGOs and with private sector companies.	40
5.3	Development of a Village Health Team (VHT) toolkit	Terms of reference for a consultancy to develop the VHT toolkit have been developed. Development of the VHT toolkit however has been delayed.	20
5.4	Strengthening of national communication capacities	Disease outbreak training has been conducted in Northern Uganda covering two districts of Kitgum and Agago and in Central Uganda covering the two districts of Kabarole and Kasese. Total number of participants was 87 involving district officers, sub-county and parish level officers, community elders and CSOs	30

Country:	Yemen		
Funds Committed (Allocation):	\$190,000.00		
Date of Receipt of Funds:	11 March 2011		
Funds Disbursed (Requisitioned):	\$0.00	Percentage of Disbursed (Requisitioned):	0%
Programme Completion Date:	31 December 2011		
Purpose:	<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. Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i></p> <p><i>5.2 Strengthen community participation, engagement and partnerships</i></p> <p><i>5.3 Support the development of materials – in real time as the situation evolves</i></p> <p><i>5.4 Support capacity building to facilitate effective delivery and adoption of</i></p>		

	<p><i>messages across society</i></p> <p><i>Planned activities have been severely constrained by the political and civil unrest and insecurity. None essential internal TAs have been prevented from missions in Country. Movement within the country has also been curtailed for the few intentional staff. Funds disbursements to government and partners for regular programming have been suspended since April.</i></p>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	Establish a communication task force with TORS, develop a communication plan mirrored on the components of a comprehensive EPI Communication Plan (advocacy , social mobilization and programme communication)	None	0
5.2	Informative and updated Child participation materials (SCS and WASH) developed, printed and disseminated	None	0
5.3	Identify field focal points in the governorate from 5.4 below and obtain regular feedback on evolving behaviours	None	0
5.4	Train front line workers on Interpersonal communication; identify C4D focal points in each governorate	None	0

Office:	Asia-Pacific Shared Services Centre (APSSC) (EAPRO and ROSA Regional Offices)		
Funds Committed (Allocation):	\$487,000.00		
Date of Receipt of Funds:	8-Sep-2010		
Funds Disbursed (Requisitioned):	\$ 8,652.00	Percentage of Disbursed (Requisitioned):	2%
Programme Completion Date:	31 December 2011		
Purpose:	<ul style="list-style-type: none"> • <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> • <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> • <i>Update and make available CREATE C4D materials resource pack for COs in Asia Pacific</i> 		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	Regional advocacy on C4D for EIDs	At least 30% COs in AP especially those	25

	along with partners and through the Asian Regional Risk Communication Initiative (ARRCI) & Technical assistance to COs to promote preparedness and early warning systems as part of managing EID risks	high risk of recurring AI/EIDs have advocated with governments to develop C4D plans by end of 2011	
5.2	In partnership with the regional forum, document good practice on community engagement in risk communication on EIDs and other emergencies to inform a regional guidance document.	At least 30% COs are supported by the inter-agency regional partnership forum (such as the Asia Regional Risk Communication Initiative) with timely guidance and TA on community preparedness in risk communication.	25
5.3	Update and populate CREATE with EID communication materials for CO adaptation In collaboration with other agencies and regional partners, develop an on-line tool, that provides information on EIDs linked to early warning systems for preparedness. Both activities planned for Q3/4.	Regional EID communication stock-pile and monitoring tool updated and available by end 2011	0
5.4	Develop institutional partnerships to develop regional resource on risk communication capacity along with key partners such as ARRCI.	Regional Risk Communication training course developed by 2011 and UN, government and partners trained from priority countries	10

Office:	Central and Eastern Europe and the Commonwealth of Independent States (CEE-CIS Regional Office)		
Funds Committed (Allocation):	\$675,000.00		
Date of Receipt of Funds:	8 September 2010		
Funds Disbursed (Requisitioned):	\$538,657.54	Percentage of Disbursed (Requisitioned):	80%
Programme Completion Date:	31 December 2011		
Purpose:	<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>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1 5.4	Concept note, planning and preparation for sub-regional capacity building workshop; sub-regional workshop with 7-10 first phase countries; follow-up activities with countries supported according to agreed milestones and timeline.	A sub-regional capacity building workshop will be held in Almaty, Kazakhstan, from 4-8 July 2011. Sixty senior officials from the Ministry of Health and allied health institutes officials from 13 countries are expected to participate. Invited experts from risk	40%

		<p>communication, communication for development, and health promotion will provide thematic inputs as well as cross-sectional support in developing draft national plans based on an analysis of country situations. The workshop be being held in collaboration with WHO HQ/IHR and WHO EURO who will provide key inputs on risk communication and health promotion, while bringing in vetted tools and frameworks. A visit to Kazakhstan's National Healthy Lifestyle Centre will expose participants to operational aspects of progressive policies and plans.</p> <p>The workshop is expected to result in draft national action plans for strengthening systemic communication capacity to respond to on-going and emergency health issues. A preparatory field visit was made to Ukraine to support capacity development in integrated communication planning for mother and child health (MCH) and related health issues.</p>	
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Office:	Eastern and Southern Africa Regional Office (ESARO)		
Funds Committed (Allocation):	\$612,000.00		
Date of Receipt of Funds:	8 September 2010		
Funds Disbursed (Requisitioned):	\$ 237,674.00	Percentage of Disbursed (Requisitioned):	39%
Programme Completion Date:	31 December 2011		
Purpose:	<i>The purpose of the grant it 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.</i>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	Development of SOP to support countries in the development of locally appropriate communications plans; Meeting to support capacity development of UNICEF, Government and WHO counterparts around communications for	TOR developed; meeting held in May	15%

	outbreaks/pandemics, social research, preparing situation analysis, within the context of child survival including EPI		
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Office:	West and Central Africa Regional Office (WCARO)		
Funds Committed (Allocation):	\$612,000.00		
Date of Receipt of Funds:	8 September 2010		
Funds Disbursed (Requisitioned):	\$ 321,405.00	Percentage of Disbursed (Requisitioned):	53%
Programme Completion Date:	31 December 2011		
Purpose:	<p><i>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. Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i></p> <p><i>5.2 Strengthen community participation, engagement and partnerships</i></p> <p><i>5.3 Support the development of materials – in real time 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>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	<p>. Develop a framework for C4D Emergency and response planning and its roll it out in the seven countries that received the funding (CAR, Chad, Congo B, DRC, Mali, Sierra Leone and Cote d'Ivoire).</p> <p>. Development of a handbook for M&E of community based C4D interventions for child survival in WCAR context.</p>	<p>. C4D emergency preparedness and response framework has been developed with national counterparts in Chad.</p> <p>. First draft of M&E handbook available.</p>	<p>C4D emergency preparedness and response framework: 14%</p> <p>M&E handbook: 30%</p>
5.2	. Development of a handbook for community based C4D approaches for child survival in WCAR context.	First draft of handbook for community based approached available.	50
5.3	C4D communication material for promotion of protective behaviours in occasion of water related emergencies for adults and for children will be made available to all 24 countries in the region.	Images for a flipchart on the prevention of water-borne diseases available. Different types of images have been developed in order to adapt to local contexts.	70
5.4	. Training on C4D principles with a focus on Emergency in five countries (Benin, Chad, Congo, DRC and Guinee Bissau).	Training on C4D principles conducted in Guinee Bissau.	20

Office:	Headquarters (HQ)		
Funds Committed (Allocation):	\$616,414.00		
Date of Receipt of Funds:	8 September 2010		
Funds Disbursed (Requisitioned):	\$ 501,352.00	Percentage of Disbursed (Requisitioned):	81%
Programme Completion Date:	31 December 2011		
Purpose:	<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>		
Summary of implementation of strategy/plan			
Activity	Planned	Achieved	% of completion
5.1	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.	On-going technical and strategic guidance has been 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.	50
5.3	Update and maintain global inventory of guidance, documents and creative materials and make it available in the www.	The inter-agency website (www.influenzaresources.org) and the pandemic influenza intranet site have been continuously updated	50