



## CENTRAL FUND FOR INFLUENZA ACTION FINAL PROGRAMME NARRATIVE REPORT

### Programme Title & Number

Programme Title: Humanitarian Pandemic Preparedness, Mitigation and Response: Capacity Building for Migrants and Host Communities

Programme Number: CFIA B13

### UNCAPAHI Objective(s) covered:

Objective 6: Continuity under pandemic conditions  
With reference to

Objective 3: Human Health:

Objective 5: Public information and communication for behaviour change

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

International Organization for Migration (IOM)

### Implementing Partners

National Emerging Infectious Disease Coordination Office (NEIDCO)

Center of Information and Education for Health (CIEH)

National Committee for Disaster Management (NCDM)

Egyptian Red Crescent

Youth Lead Project

Tadamon

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

CFIA Contribution:

• *by Agency (if applicable)* 495,000

Agency Contribution

• *by Agency (if applicable)*

Government Contribution  
*(if applicable)*

Other Contribution (donor)  
*(if applicable)*

**TOTAL:**

495,000

### Programme Duration (months)

Overall Duration December 2009 – June 2011

Start Date<sup>1</sup> 18 December 2009

Original end date December 2010

Revised End Date,  
*(if applicable)* June 2011

Operational Closure  
Date<sup>2</sup> June 2011

Expected Financial  
Closure Date 30 June 2011

### Final Programme/ Project Evaluation

Evaluation Completed

Yes  **No** Date: \_\_\_\_\_

Evaluation Report -

Yes  **No**

### Submitted By

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<sup>1</sup> The start date is the date of the first transfer of the funds from the MDTF Office as Administrative Agent. Transfer date is available on the [MDTF Office GATEWAY](http://mdtf.undp.org) (<http://mdtf.undp.org>).

<sup>2</sup> All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

## **FINAL PROGRAMME REPORT**

### **I. PURPOSE**

**a. Provide a brief introduction to the programme (*one paragraph*).**

The project Humanitarian Pandemic Preparedness, Mitigation and Response: Capacity Building for Migrants and Host Communities built on lessons learnt and partnerships established during the first and second phases of the project. In all project locations IOM has been recognised among the lead agencies working with migrant populations in pandemic preparedness. The project implemented activities to strengthen migrants and host communities capacities to prevent the spread of influenza like illness and other communicable diseases.

**b. Provide a list of the main outputs and outcomes of the programme as per the approved programmatic document.**

**Main outputs**

- Updated key pandemic preparedness information provided by national authorities to ensure it is migrant friendly and appropriate for the targeted migrants groups.
- In collaboration with appropriate national authorities a community surveillance data collection toolkit developed for use at the community level by community leaders and health workers to monitor the disease.
- Tested migrants and host communities pandemic and disaster preparedness plans using simulation exercises that include migrants and host communities.

**Main outcomes**

- Strengthen surveillance capacities in migrant populations by building the capacity of existing community support groups, community leaders and community health and development workers to disseminate information and lead pandemic preparedness actions, surveillance and monitoring;
- Provide public information and support behaviour change communication to community leaders and public institutions with the highest potential of stemming the spread and impact of the disease. This will include communicating with the public schools, households and migrant communities to involve and mobilize them to adopt appropriate behaviours to reduce risks and mitigate the impact of any outbreaks of pandemic;
- Ensure the continuity of essential, social, economic and governance services and effective implementation of humanitarian relief under pandemic conditions by facilitating local and cross-border (where appropriate) simulation exercises to test pandemic and disaster preparedness plans at the district and community levels. To also share lessons learnt and capacity building for pandemic preparedness experience in another border province.

**c. Explain how the programme relates to the UN Consolidated Action Plan and its objectives and is in line with the CFIA TOR.**

This project contributes to Objective 6 (including Objective 3 and Objective 5 as stated in the UN System and Partners Consolidated Action Plan for Animal and Human Influenza (UNCAPAH)).

- Objective 6, *Continuity under Pandemic Conditions*: ensuring the continuity of essential social, economic and governance services, and effective implementation of humanitarian relief, under pandemic conditions.
- Objective 3 *Human Health*, 3.2.3: Strengthened capacity for surveillance among migrant and mobile populations, and 3.3.4 Access to health services for migrant and mobile populations at risk of avian influenza or of any potential future pandemic.

- Objective 5 *Communication: Public Information and Supporting Behaviour Change*, 5.2.5 Government behaviour change strategies for migrants and mobile populations.

**d. List primary implementing partners and stakeholders including key beneficiaries.**

In this project, in all of the targeted countries, IOM worked in collaboration with the national government, UN partner agencies, local NGOs, H2P initiative partners and civil society to implement the planned activities in all the project countries.

International partners, Government partners, NGO& civil society

National Ministry of Health in all countries

Academy for International Development (AED)

CARE

United Nations Children's Fund (UNICEF)

United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA)

World Food Programme (WFP)

World Health Organization (WHO)

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

**Cambodia**

Primary implementing partners and stakeholders:

- National Committee for Disaster Management (NCDM)
- Svay Rieng Province officials from the provincial, district, commune and village levels working in the health and non-health sectors
- National Coordination Committee on Information, Education and Communication (IEC) for Avian and Human Influenza
- Cambodian Red Cross

Key beneficiaries:

- Migrants and host communities, government and community representatives from the health and non health sectors of selected districts of Svay Rieng border province.

**Egypt**

Primary implementing partners and stakeholders:

- NGO Tadamon
- Caritas Egypt
- NGO Youth Lead Project
- Egyptian Red Crescent
- OCHA-PIC
- IOM Yemen and Lebanon with support from IOM Cairo

Key beneficiaries:

- Migrant and host communities, national stakeholders and civil society representatives in Egypt, Lebanon and Yemen.

**Lao PDR**

Primary implementing partners and stakeholders:

- National Emerging Diseases Coordination Office (NEIDCO)
- Center for Information and Education for Health (CIEH)
- Lao Youth Union
- Lao Women Union
- National IEC taskforce

Key beneficiaries:

- Migrants and host communities, including ethnic minorities, of the provinces of Luangnamtha, Bokeo, Savannakhet and Champasack
- Multi-sector national stakeholders at the provincial and district levels in Luangnamtha, Bokeo, Savannakhet and Champasack

## II. ASSESSMENT OF PROGRAMME/ PROJECT RESULTS

### a. Report on the key outputs achieved and explain any variance in achieved versus planned results.

#### 1. Strengthen capacity of surveillance in migrant populations through capacity building activities. (contribution to Objective 3 of the UNCAPAHI)

##### **Cambodia**

A training of trainers (ToT) was conducted on a community-based pandemic preparedness and mitigation for focal points from government counterparts from health and non-health sectors, school principal and teachers, village health and social workers in the four border districts of Kompong Ro, Chantrea, Bavet and Svay Tiep in the province of Svay Rieng.

In addition, one workshop was conducted on school occupational and safety procedures for government counterparts from the Department of Education, Youth and Sport, pandemic preparedness focal points from Offices of Education and school principals from the four border districts of Kompong Ro, Chantrea, Bavet and Svay Tiep in the border province of Svay Rieng.

IOM participated in the National Coordinating Committee meeting on IEC for Avian and Human Influenza to discuss, and receive updates on, pandemic A/H1N1 and vaccination programs.

IOM participated in a H2P Training workshop on Community Pandemic Planning and Response, organized by the CRC Phnom Penh in collaboration with CARE Cambodia

##### **Indicators:**

- One refresher training and two training sessions on community-based pandemic preparedness and mitigation conducted;
- 15 individuals participated in the refresher training;
- 415 individuals trained on community-based pandemic preparedness and mitigation;
- School Occupational and Safety Procedure developed by the Department of Education for the Offices that cover four districts and 31 schools.

##### **Egypt**

IOM conducted two training sessions on pandemic preparedness and response for migrant community leaders in Egypt. IOM Cairo in its regional office capacity facilitated the training on pandemic preparedness and response for migrants and host communities including migrant community leaders, government counterparts and civil society representatives in Yemen.

IOM conducted two training sessions on tuberculosis (TB) orientation for pandemic trainers in partnership with the National TB Programme for a total of 60 trainers trained

IOM conducted training on health promotion to reduce the spread of influenza-like illnesses (ILIs) for migrant community leaders in Egypt, and one in Lebanon for migrant community leaders, representatives of Red Crescent and civil society organizations.

IOM conducted training on first aid and pandemic influenza for migrants in collaboration with the Egyptian Red Crescent.

IOM held an award ceremony in Egypt for trained migrants who have engaged in community mobilization throughout the project.

IOM produced the text, *“Introduction to Basic Counselling and Communication Skills: IOM Training Manual for Migrant Community Leaders and Community Workers”* in Arabic. With the support of IOM Geneva team, a training on basic counseling and communication skills was conducted for representatives of local NGOs, academic institutions and migrant communities. IOM staff working in different migration management services also participated in the training. One pilot training session on basic counseling and communication skills was conducted for IOM staff working in the counter-trafficking unit.

IOM produced a training package in English and Arabic on pandemic influenza to be used in training activities and in cultural orientation (CO) classes targeting IOM beneficiaries for resettlement programmes.

IOM developed a new module for the pandemic preparedness and health promotion, in line with the Ministry of Health and WHO indications.

**Indicators:**

- Two training sessions on pandemic preparedness and response held;
- 65 individuals trained on pandemic preparedness and response in Egypt and Yemen;
- 16 health promotion training sessions held on ILIs and other communicable diseases;
- 280 individuals trained on health promotion in Egypt and Lebanon;
- Four trainings conducted on first aid and pandemic preparedness;
- 81 migrants trained on first aid and pandemic influenza;
- 50 individuals participated in the Award Ceremony in Egypt
- Two training on basic counseling and communication skills conducted
- A total of 41 individuals trained on basic counseling and communication skills
- At least 150 copies of the basic counseling and communication skills manual were distributed
- 500 copies of a training package in English and Arabic produced

**Lao PDR**

IOM provided the Bolikhamxay Health Department with equipment to strengthen its working capacity.

IOM, in collaboration with National Emerging Infectious Disease Coordination Office (NEIDCO) and the Center of Information and Education for Health (CIEH), conducted a ToT on transmission and prevention of ILIs including pandemic influenza. Participants in the training included provincial and district health offices, district agriculture offices, Lao Youth Union (LYU) and Lao Woman Union (LWU) in Bolikhamxay, representatives from the CIEH and community workers.

Participants in the ToT conducted trainings in six villages of in Paksan, Bolikhan and Khamkeud Districts of Bolikhamxay Province.

**Indicators:**

- One computer and one digital camera provided to the Bolikhamxay Health Department
- One ToT conducted on transmission and prevention of ILIs
- 24 individuals participated in the ToT on pandemic influenza and other ILIs transmission and prevention
- 9% of participants in the ToT perceived that their knowledge in pandemic influenza were very good before the training. The percentage changed to 62% after the ToT training.
- Six training conducted in 15 villages
- 126 village representatives trained on ILIs transmission and prevention

- Before training 21% of villages representatives indicated that their knowledge on ILIs transmission and prevention was very good, 21% indicated their knowledge was good, 24% reported as fair, 16% reported as little, and 14% stated that it was very little. After training, the percentages changed to 77% very good, 14% good, 7% fair, and 1% little.

## **2. Provide public information and support behaviour change communication to community leaders and public institutions with the highest potential for stemming the spread and impact of disease. (Contribution to Objective 5 of the UNCAPAHI)**

### **Cambodia**

Based on lessons learned from 2009 social mobilization activities IOM conducted social mobilization activities to raise awareness on pandemic influenza and disseminate information to promote behaviour change in communities and schools.

IEC materials were reproduced and disseminated in schools in the districts where community-based pandemic preparedness activities were implemented. IEC materials were also provided to the Offices of Education and to the Department of Education, Youth and Sport to raise awareness on pandemic influenza in other schools in districts not targeted by the social mobilization activities.

#### ***Indicators:***

- 60 banners were distributed
- 360 individuals reached by social mobilization campaigns in the communities and 1,498 children in schools

### **Egypt**

IOM conducted social mobilization campaigns targeting migrant and host communities in collaboration with local civil society organizations to raise awareness on pandemic preparedness IEC materials were distributed during the campaigns. IOM raised awareness on pandemic preparedness and other health issues during CO classes for resettlement beneficiaries.

IOM held the Health in Motion for Migrant events to raise awareness on health issues including pandemic preparedness among migrant and host communities.

#### ***Indicators:***

- A total of 1,837 migrants reached by awareness raising sessions and social mobilization campaigns
- Three Health in Motion for Migrants events held
- At least 680 individuals participated in the Health in Motion for Migrants events

### **Lao PDR**

IOM conducted social mobilization activities with the support of government officials from Centre for Health Information and Education and provincial health staff in the northern provinces of Luangnamtha and Bokeo, and in the southern provinces of Savannakhet and Champasack. IEC materials were distributed during the campaigns. A radio quiz was broadcasted by a radio in Savannakhet and IOM provided IEC materials to the Health Office to distribute to quiz participants.

IOM, in collaboration with government officers from health and agriculture offices, LYU, and LWU conducted social mobilization campaigns targeting migrants and host communities, including ethnic minorities in Bolikhamxay province. IEC materials were disseminated, including booklets, flyers, soap bars, t-shirts and posters.

IOM in collaboration with CIEH conducted social mobilization campaigns in Vientiane capital in occasion of the Global Hand Washing Day. IOM raised awareness on pandemic influenza and ILIs

and promoted hand washing and other basic hygiene practices among Chinese and Vietnamese migrants and their host communities. IEC materials were disseminated.

IOM Laos in collaboration with IOM offices in Cambodia, Indonesia, Myanmar, Thailand and Vietnam developed a radio drama on topics related to influenza-like illnesses (ILIs) prevention in seven local languages. The radio drama was shared with the IEC Taskforce in Laos and pretested among Chinese, Khmer, Lao, Myanmar, Thai and Vietnamese migrants. Recording was completed in Thai, Vietnamese, Myanmar, Lao, and Cambodian. The radio drama was used for community outreach activities in Bolikhamxay province. A training for trainers (ToT) manual for community workers was developed to be used with the radio drama, and was pre-tested during the ToT workshop for government counterparts and community workers held in Bolikhamxay province. The final draft was submitted to counterparts for review.

IOM project team regularly participated in IEC taskforce meetings to share information and provide input to sub-working group on communication issues. IOM maintains contacts among all AHI working agencies in Lao PDR.

IOM participated in a meeting with members of the Laos IEC Taskforce, where UNICEF presented the results of the Knowledge, Attitudes and Practice (KAP) study on H1N1 conducted in Vientiane Capital and Bolikhamxay Province.

***Indicators:***

- A total of 7,556 individuals participated in social mobilization campaigns
- A total of 44,370 IEC materials were distributed during the social mobilization campaigns
- 30 IEC materials were distributed to Savannakhet Health Office
- Two episodes of radio drama developed in seven languages, pretested and recorded in five languages
- One draft ToT manual to be used with the radio drama pre-tested

**3. Ensuring the continuity of essential social, economic and governance services and effective implementation of humanitarian relief under pandemic conditions (contribution to Objective 6 of the UNCAPAHI)**

**Cambodia**

IOM Multi-sector Pandemic Preparedness Planning and Response manual was distributed to NCDM partner and reviewed based on their input and on the lessons learned from the ToT refresher training on community-based pandemic preparedness.

IOM, in collaboration with NCDM, conducted a functional simulation exercise at the Svay Rieng Provincial Government Office to test four selected sectors of the multi-sector pandemic preparedness and response plans. IOM advocated for the needs of migrants and mobile populations to be included in the plans. The exercise was attended by leaders/decision makers from provincial health and non-health sectors, private companies, and district-to-community representatives.

IOM, in collaboration with NCDM, conducted a workshop to evaluate project activities, discuss challenges, lessons learnt and recommendations for future activities. All pandemic preparedness focal points involved trained by IOM were invited to the workshop. Each sector delivered presentations on the pandemic preparedness and mitigation activities that were implemented.

***Indicators:***

- 160 of copies of the manual shared with NCDM partner
- 38 people participated in the simulation exercise
- 4 sectors of the Svay Rieng Multi-sector Pandemic Preparedness and Response Plan were tested: Command & Control, Health, Information & Education, and Border Control.

## **Egypt**

IOM participated in at least two meetings with the Ministry of Health (MoH) to coordinate implementation of activities on ILIs and other communicable diseases. IOM participated in the HIV National conference organized by the MoH.

IOM regularly coordinates with Avian and Pandemic Influenza (API) UN Country Team (UNCT). IOM also regularly participates in coordination meetings of the Refugee Working Group including UNHCR, NGOs and CBOs to strengthen consideration on migration health issues.

IOM participated in at least two meetings organized by OCHA-PIC in Egypt and other UN partners at the regional and national levels to advocate for migrants and mobile populations to be included in pandemic preparedness and disaster management plans and strategies and to share best practices and lessons learned.

IOM participated in two meetings with the Special Representative to the UN Secretary General for Food Security and Nutrition and Senior UN System Coordinator for Influenza, to share information and coordinate activities with government and other partners.

IOM participated in two regional meetings on emergency preparedness and response as member of the Inter-Agency Coordination Network on Emergency Preparedness and Response in Middle East and North Africa.

IOM Cairo, in coordination with IOM Libya and OCHA-PIC, participated to the joint UN-Government of Libya workshop and simulation exercise on multi-sectoral pandemic preparedness planning.

IOM Cairo, in coordination with IOM Yemen, co-chaired with WHO and WFP a workshop on influenza pandemic and simulation in Yemen, for ministerial and parliamentary representatives of the Government of Yemen.

## **Lao PDR**

IOM participated in the Joint Review of National Avian Influenza Control and Pandemic Preparedness Plan 2006 – 2010. Pandemic health education and outreach activity for migrants, falling under strategy four – Information, Education and Communication - were included in the strategy presentation and reflected in the Aide Memoire, where it was stated that outreach to migrants should continue.

IOM participated in the Stakeholder Planning Meeting for the next five years Plan (2011-2015) on Risk Communication for Emerging Infectious Diseases (EID) organized by the National Emerging Infectious Disease Coordination Office (NEIDCO). As an outcome of the meeting, migrants were included in EID National Plan.

IOM participated in three meetings organized by NEIDCO and national and international stakeholders on pandemic preparedness research and response systems.

IOM attended the workshop on Asia Pacific Strategy for Emerging Diseases (APSED) evaluation organized by National Emerging Infectious Disease Coordination Office

IOM participated in the 1<sup>st</sup> Asia Regional Risk Communication Initiative Forum organized by UNSIC in Bangkok.

### **Indicators:**

- Migrants were included in the Aide Memoire of Strategy four of the national pandemic preparedness plan
- Migrants were included in the EID National Plan



**b. Report on how achieved outputs have contributed to the achievement of the relevant UNCAPAHI objectives and explain any variance in actual versus planned contributions to the UNCAPAHI objectives. Highlight any institutional and/ or behavioural changes amongst beneficiaries at the UNCAPAHI objectives level.**

Activities were implemented as planned to contribute to the achievement of Objective 6 of the UNCAPAHI including objective 5 and 3. IOM worked in close collaboration with government counterparts, UN partner agencies and other relevant stakeholders.

Access to information for migrants was improved through the development and dissemination of appropriate IEC materials among target populations, and pandemic preparedness capacity at the community level was strengthened with capacity building activities in all locations involving multi-sector stakeholders. Inputs were provided for the development of migrant friendly communication strategies through participation in meetings of national IEC taskforces and other relevant stakeholders. In Cambodia IOM interventions enabled multi-sector stakeholders to test pandemic and disaster preparedness plans at the provincial level. All governments were sensitized on the need to include migrants and mobile populations in pandemic preparedness and disaster management plans and, as a result of IOM advocacy in Lao PDR, migrants were included in the Risk Communication for Emerging Infectious Diseases (EID) national plan.

**c. Explain the overall contribution of the programme/ project/ to the UNCAPAHI.**

IOM has implemented activities to support the governments of the selected countries in addressing the gaps existing in relation to avian and human influenza preparedness and population mobility. The project has contributed to strengthening institutional and community capacity to prepare for and cope with an influenza pandemic. Informative and training tools were developed in several languages that can be used in the event of pandemic or other crisis situations. Awareness on pandemic preparedness for migrant population was raised at the local, national, regional and international levels.

**d. Explain the contribution of key partnerships and collaborations, and explain how such relationships impact on the achievement of results.**

Project work plans were coordinated with all partners and presented to the national government's relevant pandemic preparedness focal point for endorsement before activities were implemented in the country's communities. Inputs were received from UN lead agencies and national government focal points during the development of the information, education and communication materials.

**Egypt**

- The NGO Tadamon with whom IOM signed a service agreement. Tadamon hosted and provided support to conduct capacity building activities for migrants and social mobilization campaigns
- Caritas Egypt that provided support for the events Health in Motion for Migrants
- NGO Youth Lead Project that provided support conduct capacity building activities among young migrants in Greater Cairo Area

**Cambodia**

- National Committee for Disaster Management (NCDM) provided support for all project activities
- Svay Rieng Province officials from the provincial, district, commune and village levels working in the health and non-health sectors participated in social mobilization activities as well as in multi-sector pandemic preparedness and response planning workshops.

**Lao PDR**

- National Emerging Diseases Coordination Office (NEIDCO), provincial authorities from Luangnamtha, Bokeo, Svannakhet and Champasack, provided support for the dissemination of IEC materials

- e. **Who have been the primary beneficiaries and how they were engaged in the programme/project implementation? Provide percentages/number of beneficiary groups, if relevant.**

#### **Cambodia**

- Primary beneficiaries of these activities were migrants and host communities members, government and community representatives from the health and non health sectors of selected districts of Svay Rieng border province. The beneficiaries participated in trainings on community-based pandemic preparedness and mitigation and on pandemic preparedness planning capacity building activities. (2,326 individuals)

#### **Egypt**

- Primary beneficiaries of these activities were migrant community leaders, government counterparts and civil society representatives in Egypt, Lebanon and Yemen. The beneficiaries participated in training and social mobilization activities on health promotion to reduce the spread of ILIs and other respiratory diseases. Beneficiaries also participated in training on basic counselling and communication skills. (At least 3,034 individuals)

#### **Lao PDR**

- Migrants and host communities, including ethnic minorities, of the provinces of Luangnamtha, Bokeo, Savannakhet and Champasack, that participated in training activities and social mobilization campaigns on transmission and prevention of ILIs. (7,556 individuals)
- Multi-sector government counterparts at the provincial and district levels that were involved in training activities and social mobilization campaigns on transmission and prevention of ILIs. (150 individuals)

- f. **Highlight the contribution of the programme on cross-cutting issues pertinent to the results being reported.**

- This programme provided an opportunity to raise awareness of the health and social service needs of migrants in all locations. It created a good forum for IOM to engage with the Government, other IOs, NGOs, Community-based organizations (CBOs) and other stakeholders. The programme has also created an opportunity for migrant and host communities to be included in pandemic and multi-hazard preparedness plans

- g. **Has the funding provided by the CFIA to the programme been catalytic in attracting funding or other resources from other donors? If so, please elaborate.**

IOM has not been able to get any other funds from donors for migrant pandemic preparedness.

- h. **Provide an assessment of the programme/ project based on performance indicators as per approved project document using the template in Section IV, if applicable.**

See below

### **III. EVALUATION & LESSONS LEARNED**

- a. **Report on any assessments, evaluations or studies undertaken relating to the programme and how they were used during implementation. Has there been a final project evaluation and what are the key findings? Provide reasons if no evaluation of the programme have been done yet?**

Focus group discussions and in-depth discussions with migrants and stakeholders have been conducted in the various project locations to provide information to modify the programme activities accordingly.

Due to limited funds an external consultant was only able to visit one of the project locations - Cairo. The consultant's report was shared with project focal points. Recommendations were noted and implemented accordingly. This report is available upon request.

- b. Explain, if relevant, challenges such as delays in programme implementation, and the nature of the constraints such as management arrangements, human resources, as well as the actions taken to mitigate, and how such challenges and/or actions impacted on the overall achievement of results.**

In Egypt implementation of activities was suspended in January 2011 due to political unrest. The project activities had to be delayed till March. However migrant communities that IOM Cairo had engaged with were encouraged to put their pandemic preparedness plans into action

When activities are to be implemented in collaboration with national authorities the schedules are often delayed because of cancellations due to clashes with other government activities that take priority of the focal points.

- c. Report key lessons learned that would facilitate future programme design and implementation, including issues related to management arrangements, human resources, resources, etc.,**

- It is important to continue raising awareness of public health implications relating to population mobility and spread of emerging and re-emerging diseases
- Pandemic preparedness plans and strategies can only be effective if involve multi-stakeholder cooperation and coordination
- Involvement of community representatives is key to ensure promotion of pandemic preparedness plans and strategies ownership
- Projects and services involving movement of people should include pandemic preparedness as a component
- Involvement of migrants is key for the production of appropriate IEC materials
- Capacity building tools produced for pandemic preparedness can be used in different crisis contexts
- Capacity building activities conducted for pandemic preparedness have strengthened resilience to other crisis situation



#### IV. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
<b>UNCAPAHI Objective 3<sup>3</sup> Human Health</b>							
<b>UNCAPAHI Output 1.1 Strengthen capacity of surveillance in migrant populations through capacity building activities.</b>	Indicator 1.1.1	No baseline	Number of self reported cases from migrant communities to health workers increase				No migrants reported signs and symptoms of H1N1 influenza during the project
	Indicator 1.1.2		Available records for migrant communities				
	Indicator 1.1.3	No trainings for migrants		Nine ToT sessions on pandemic preparedness, mitigation and response conducted		Quarterly/ annual reports	
	Indicator 1.1.4	No individuals trained		576 individuals trained on pandemic preparedness, mitigation and response		Quarterly/ annual reports	
	Indicator 1.1.5	No individuals trained		23 ToT sessions on health promotion to reduce the spread of ILIs		Quarterly/ annual reports	
	Indicator 1.1.6	No individuals trained		430 individuals trained on health promotion to reduce the spread of ILIs		Quarterly/ annual reports	
	Indicator 1.1.7	No safety training in schools		Workshop on school occupational and safety procedures conducted;  School Occupational and Safety Procedure developed by the Department of Education, 4 offices of		Quarterly/ annual reports	

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

				Education of the four districts and 31 schools.			
	Indicator 1.1.	No manual in Arabic		300 copies of basic counseling and communication skills manual produced in Arabic; At least 150 copies distributed		Quarterly/ annual reports	
	Indicator 1.1.8	No trainings conducted		Two ToT on basic counseling and communication skills conducted		Quarterly/ annual reports	
	Indicator 1.1.9	No trained individuals		41 individuals trained on basic counseling and communication skills		Quarterly/ annual reports	
	Indicator 1.1.10			500 copies of training package on health promotion and pandemic influenza in English and Arabic produced		Quarterly/ annual reports	

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

<b>UNCAPAHI Output 2.1</b> <b>Provide public information and support behaviour change communication to community leaders and public institutions with the highest potential for stemming the spread and impact of disease.</b>	Indicator 2.1.1		At least one social mobilization activity in each project location per quarter	Social mobilization activities were conducted in all project locations; At least 11,931 individuals participated in social mobilization activities		Quarterly/ annual reports	
	Indicator 2.1.2		Number of migrants who report the use of appropriate home based physical and social care increases over the duration of the project				
	2.1.3			44,460 Migrant friendly IEC materials distributed		Quarterly/ annual reports	
	2.1.4			Two radio drama episodes		Quarterly/	

				developed in seven languages; One draft ToT manual to use with the radio drama developed and pre-tested		annual reports	
	2.1.5			Advocacy for migrant friendly communication strategies through participation in national IEC taskforce meetings		Quarterly/ annual reports	
<b>UNCAPAHI Objective 6</b> <i>Continuity under pandemic conditions</i>							
<b>UNCAPAHI Ensuring the continuity of essential social, economic and governance services and effective implementation of humanitarian relief under pandemic conditions</b>	Indicator 3.1.1			Four selected sectors of a multi-sector provincial pandemic preparedness and response plan tested through a functional simulation exercise; 38 multi-sector representatives participated in the functional simulation exercise		Quarterly/ annual reports	
	Indicator 3.1.2			160 copies of multi-sector pandemic preparedness manual distributed among stakeholders		Quarterly/ annual reports	
	3.1.3			Participation in a simulation exercise on multi-sectoral pandemic preparedness planning organized by OCHA-PIC			
	3.1.4			Advocacy for the inclusion of migrants in pandemic preparedness and disaster management strategies through participation in at least 10 multi-stakeholders meetings at the national and regional levels;			

	3.1.5			Migrants were included in the Aide Memoire of Strategy four of the Lao PDR national pandemic preparedness plan; Migrants were included in the Plan (2011-2015) on Risk Communication for Emerging Infectious Diseases in Lao PDR			