



CENTRAL FUND FOR INFLUENZA ACTION FINAL PROGRAMME NARRATIVE REPORT

Programme Title & Number

Programme Title: Migrant community information for behaviour change to reduce the spread of influenza-like illnesses (ILI)
Programme Number: CFIA B17

UNCAPAHI Objective(s) covered:

Objective 3: Human Health: build capacity to cope with pandemic including surge capacity for a pandemic.
Objective 5: Public information and communication for behaviour change.
Objective 6: Continuity under pandemic conditions

Participating UN or Non-UN Organization(s)

International Organization for Migration (IOM)

Implementing Partners

Caja Costarricense del Seguro Social
Inter Institutional Commission for Migratory Affairs (CIAM)
Government counterparts and health officers at the local level
Centre for Intercultural Orientation (COI)
United Nations Population Fund (UNFPA)

Programme/Project Cost (US\$)

CFIA Contribution: 119,254

- *by Agency (if applicable)*

Agency Contribution

- *by Agency (if applicable)*

Government Contribution
(if applicable)

Other Contribution (donor)
(if applicable)

TOTAL: 119,254

Programme Duration (months)

Overall Duration 19 months

Start Date¹ 24 February 2010

Original end date March 2011

Revised End Date,
(if applicable) August 2011

Operational Closure
Date² August 2011

Expected Financial
Closure Date
November 2011

Final Programme/ Project Evaluation

Evaluation Completed

Yes No Date: __Not done_____

Evaluation Report - Attached

Yes No

Submitted By

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

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

FINAL PROGRAMME REPORT

I. PURPOSE

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

The overall purpose of this project was to strengthen the capacity of migrant communities to cope with and respond to crises caused by influenza-like illnesses (ILIs) in countries with weak health systems by ensuring that migrants receive appropriate information to support and contribute to behavioral changes. In this context, IOM also advocated government counterparts to include the needs of migrants in pandemic preparedness plans and encouraged coordinated responses to better manage cross-border movement in case of a pandemic.

The project targeted the following countries in Africa, Central America and Europe: Nigeria, Costa Rica, Nicaragua, Panama and Ukraine, and it was coordinated globally from IOM Headquarters in Geneva.

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

Main outputs

- Meetings with national stakeholders to promote migrants access to health and social services equitable to that of host communities during ILI outbreaks
- Social mobilization campaigns conducted in Costa Rica and Panama
- Manual developed and published in appropriate language on basic counselling and communication skills
- Training conducted on basic counselling and communication skills
- This manual targets health and development workers whose work relates to migrant communities

Main outcomes

- National, district and community capacities to include the health and social needs of migrants in disaster preparedness and human influenza pandemic preparedness, mitigation and response plans strengthened.
- Human influenza pandemic preparedness information and social mobilization campaign conducted targeting migrant and host communities, civil society and national agencies, particularly those entities that work with migrants

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 (UNCAPAHI).

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.

Costa Rica

Primary implementing partners and stakeholders:

- Caja Costarricense del Seguro Social
- Inter Institutional Commission for Migratory Affairs (CIAM)
- Government counterparts and health officers at the local level
- Centre for Intercultural Orientation (COI)
- UNFPA
- Farmers working with indigenous migrants in project target areas
- Ministry of Health, the Ministry of Social Development:
- Ngobe-buglé indigenous migrants and their host communities

Key beneficiaries: Nicaraguan migrants and their host communities

Nicaragua

Primary implementing partners and stakeholders:

- Ministry of Labour, Migration authorities, Ministry of Health, Social Security System
- UNFPA

Key beneficiaries: health , social service and development staff who work with cross border migrants

Panama

Primary implementing partners and stakeholders:

- Ministry of Health, the Ministry of Social Development and the Ombudsman that participated in meetings to discuss a coordinated cross border response to pandemic preparedness with their counterparts in Costa Rica

Key beneficiaries: Staff who work with cross border migrants

Ukraine

Primary implementing partners and stakeholders:

- National pandemic preparedness stakeholders

Key beneficiaries: UNHCR and UNAIDS whose representatives participated in the basic counselling and communication skills training

Nigeria

The national pandemic preparedness stakeholders in Nigeria at the end of an earlier phase of the pandemic preparedness project, requested to be part of this project. Trainings on counselling and communication skills for staff of selected ministries working with different categories of migrants had been planned as part of this project activity. However these trainings were not implemented as there was a change in government and many planned activities were cancelled or postponed. It was not possible to fix a date for the training before the end of this project.

II. ASSESSMENT OF PROGRAMME/ PROJECT RESULTS

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

1. Advocacy for national capacities to include the needs of migrants in disaster preparedness and pandemic contingency plans (contribution to Objective 6 of the UNCAPAHI)

Costa Rica

IOM participated in the Second Meeting of the Steering Committee of the ICAO Cooperative

Arrangement for the Prevention of Spread of Communicable Disease through Air Travel Americas (CAPSCA), held on June 22-23, 2010 in Dallas Texas.

Meetings were held with relevant national stakeholders including migration authorities. Ministry of Education, the Inter Institutional Commission for Migratory Affairs, the *Caja Costarricense para el Seguro Social*, and personnel from health posts along the migratory routes. IOM advocated for access to health services to be granted to migrant and mobile populations. IOM provided support to the CIAM for the development and distribution of information sheets on access to health services for migrants for Los Santos and Coto Brus. IOM coordinated with the Ministry of Education to obtain statistics on indigenous population living in the area.

IOM advocated to the local government in San Marcos for an appropriate space to be provided to the Centre for Intercultural Orientation (COI) for its work with migrant and mobile populations.

IOM, in collaboration with UNFPA, organized meetings with health authorities and other relevant stakeholders in the northern province of Upala, on the border with Nicaragua. IOM raised awareness on the importance of providing health services for migrants to prevent the spread of ILIs and other communicable diseases such as cholera.

IOM regularly provided technical support to the team established by the national health authorities that is in charge of elaborating the strategies on ILIs and migrant populations.

Indicators:

- Two awareness raising workshops on ILIs and access to health services for migrants conducted.
- 59 individuals were sensitized on ILIs and access to health services for migrants.

Nicaragua

IOM, in collaboration with UNFPA, organized a bi-national meeting to advocate for the inclusion of migrant and mobile populations' needs into national pandemic preparedness plans and to discuss a coordinated response. Representatives from the national and local administrative authorities of Costa Rica and Nicaragua, Ministry of Labour, Migration authorities, Ministry of Health, Social Security System and members of the civil society participated in the meeting.

Panama

IOM liaised with government counterparts from the health and non health sector. IOM held meetings with the Ministry of Health, the Ministry of Social Development and with the Ombudsman at the national and regional levels, and with their counterparts in Costa Rica to advocate for a coordinated response to cross border migration issues regarding the Ngobe-Bugle indigenous population.

Ukraine

It was difficult to get the full participation of the government agency responsible for pandemic preparedness thus the focus was on raising the awareness of the need to strengthen migrant pandemic preparedness capacity among staff of UN agencies that work with migrants

Nigeria

IOM continued to participate in thenational multisectoral pandemic preparedness meetings to raise awareness of migrant needs. This was an ongoing process as government officials changed with the change in government. Unfortunately it was impossible to fix a date for the planned training within the during of this project

IOM Geneva

IOM Geneva raised awareness of the need for pandemic preparedness for migrants during a forum organized by Afro-European Medical and Research Network (AEMRN) for African diaspora health professionals in Bern, Switzerland. The *IOM Basic Counseling and Communication Skills for Pandemic and Crisis Situations Manual* was distributed to forum participants.

Indicators:

- 30 manuals on basic counselling and communication skills distributed to African diaspora health professionals and other participants in English and French

2. Surveillance system strengthened (contribution to Objective 3 of the UNCAPAHI)

Costa Rica

IOM established a pilot registry system at the border post in Rio Sereno to register migrants' personal and health data to be shared with health centers in the country to ensure follow up visits for migrants.

IOM trained cultural advisors to provide information on basic hygiene measures to prevent the spread of ILIs and other communicable diseases among indigenous population.

IOM provided trained cultural advisors for the border health post in Rio Sereno. The health post is managed by a bi-national team from Costa Rica and Panama. Awareness was raised among migrants on pandemic influenza and other respiratory illnesses and on preventive measures. IEC materials and information on access to health services in Costa Rica were also provided to migrants.

Indicators:

- One pilot registry system established to register migrants' personal and health data
- 31 cultural advisors trained on basic hygiene measures to prevent the spread of ILIs and other communicable diseases
- Two IOM trained cultural advisors provided to the border health post in Río Sereno
- 3,013 migrants attended in the health post in Rio Sereno
- 2,000 antibacterial soaps and 2,000 nutritive cookies delivered in the health post in Rio Sereno

Ukraine

IOM's training manual on basic counselling and communication skills was produced in Russian. A training for trainers on basic counselling and communication skills was conducted for representatives of UN partner agencies, such as UNHCR and UNAIDS and for IOM staff of different migration management services. IOM Geneva provided technical support and facilitation for this training. Each participant at this training agreed to incorporate the new information they had acquired about pandemic preparedness into their agencies activities for migrants.

The manual was distributed to all UN partner agencies in Ukraine and to IOM offices in Moldova and Belarus to strengthen pandemic preparedness for migrants.

Indicators:

- 500 copies of the counselling and communication skills manual produced
- 100 copies of the counselling and communication skills manual distributed
- 10 individuals trained as trainers on basic counselling and communication skills

3. Pandemic preparedness, mitigation and response -- social mobilization activities for migrant and host communities (contribution to Objective 5 of the UNCAPAHI)

Costa Rica

IOM produced migrant friendly IEC materials on basic hygiene measures to prevent the spread of ILIs and other communicable diseases. IOM disseminated IEC materials during social mobilization campaign, and provided IEC materials to the health posts of San Vito and Rio Sereno. IOM's IEC materials were also disseminated among migrants by COI and CIAM.

IOM also provided inputs and validated the IEC materials developed by the University of Costa Rica with the support of indigenous cultural advisors.

IOM, with the support of the local station Radio Emaus, recorded radio jingles in the indigenous language to raise awareness on preventive measures for ILIs. The jingles are regularly broadcasted by two local radio stations.

IOM, in collaboration with UNFPA, organized a health festival in the northern border area of Santa Elena. In coordination with local health authorities, health services were provided to migrants and social mobilization campaign on ILIs were conducted.

Indigenous cultural advisors trained by IOM conducted social mobilization campaign on basic hygiene measures to prevent the spread of ILIs and other communicable diseases, and on access to health services for migrants. These activities were conducted in farms and at the COI. The cultural advisors also conducted demonstration on how to properly wash hands, and distributed soaps and nutritional cookies.

IOM conducted social mobilization campaign on ILIs with Nicaraguan migrants in the border areas of Upala and Los Chiles. IEC materials were distributed.

Indicators:

- One health festival organized in Santa Elena
- At least 322 migrants reached in Santa Elena
- Five social mobilization campaigns on ILIs held with Nicaraguan migrants
- At least 82 Nicaraguan migrants reached by the social mobilization campaign
- Four radio jingles to raise awareness on ILIs broadcasted by two local radio stations
- 12 farms targeted by social mobilization campaign
- 1,565 indigenous migrants reached by social mobilization campaign
- 2,160 soap bars distributed and 2,000 nutritional cookies
- At least 5,367 IEC materials distributed during social mobilization campaign among indigenous migrants

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.

The project was implemented in line with original planned contributions to the UNCAPAHI Objective 6, including Objectives 3 and 5. IOM worked in close collaboration with government counterparts, UN partner agencies and other relevant stakeholders. The activities implemented with the indigenous Ngobe-Buglé population and with Nicaraguan migrants in Central America built on results and lessons learned from the CFIA funded project, "Pandemic preparedness among migrant populations in Latin America" implemented from February 2009 to June 2010. Within this project, IOM continued to raise awareness and strengthen the community capacity to cope with and respond to crisis caused by ILIs. Through advocacy meetings with relevant stakeholders in the target countries in Central America, IOM also continued to sensitize them on the importance of including migrant and mobile populations' needs in pandemic and disaster management plans. Ukraine was selected by IOM as part of a strategy to reach out to the European region. In Ukraine, IOM conducted a capacity building activity to strengthen counselling and communication skills of humanitarian workers engaging with migrant populations.

The trainings planned for implementation in Nigeria were not possible due to change in

government focal points. In place of these activities in Nigeria, IOM Geneva presented the importance of counseling and communication skills during crisis situations during a forum organized by Afro-European Medical and Research Network (AEMRN) for African diaspora health professionals in Bern, Switzerland. The *IOM Basic Counseling and Communication Skills for Pandemic and Crisis Situations Manual* was distributed to forum participants. forum created an opportunity to raise the awareness of pandemic preparedness for migrants among participants from Africa.

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

In all locations in line with UNCAPAHI objectives IOM worked in collaboration with UN partner agencies, government counterparts at the national and local levels, civil society organizations and NGOs. Within this project, IOM contributed to strengthen the capacity of migrant communities to cope with and respond to crisis caused by ILIs in countries with weak health systems by ensuring that migrants receive appropriate information for behaviour change. IOM also raised awareness to government counterparts for the needs of migrants to be included in pandemic preparedness plans and encouraged coordinated responses to better manage cross-border movement in case of a pandemic.

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

In **Costa Rica**, IOM engaged with the following implementing partners:

- *Caja Costarricense del Seguro Social* that provided support for the implementation of activities
- UNFPA that collaborated in the organization of social mobilization campaign on ILIs for migrant populations and in strengthening networks with relevant stakeholders in the province of Upala on the border with Nicaragua.
- Centre for Intercultural Orientation (COI) that contributed in the dissemination of IEC materials to indigenous migrants

In **Nicaragua** IOM engaged with the following implementing partners:

- UNFPA that collaborated in the organization of bi-national advocacy meeting between Costa Rica and Nicaragua for the inclusion of migrants needs in pandemic preparedness plans.

In **Panama**, IOM engaged with the following implementing partners:

- Ministry of Health, the Ministry of Social Development and the Ombudsman that contributed to discussion on coordinated cross border response to pandemic preparedness with their counterparts in Costa Rica

In **Ukraine**, IOM engaged with the following implementing partners:

- UNHCR and UNAIDS whose representatives were provided with skills to communicate with and to counsel migrant and host communities in the event of a pandemic or any other crisis situation.

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.

Costa Rica

- Indigenous migrants that participated in development of IEC materials, capacity

- building activities and social mobilization campaign.
- Nicaraguan migrants that participated in social mobilization campaigns and social mobilization campaign.

Nicaragua

Participants at the bi-national advocacy meeting to promote the inclusion of migrants into cross border pandemic plans for Costa Rica and Nicaragua

Panama

The project raised the awareness of Staff of the Ministry of Health, the Ministry of Social Development and other relevant stakeholders to the need for migrants to be included in cross border pandemic preparedness plans with Costa Rica.

Ukraine

- Primary beneficiaries of this capacity building activity were representatives of UN partner agencies and IOM staff of the Ukraine office. They were trained as trainers in counselling and communication skills to be used during a pandemic or crisis situation when working with migrant communities.

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

Geneva

IOM HQ, in Geneva, continues to provide technical support for capacity building and training relating to pandemic preparedness, migration health and other migration management areas.

[Counselling and communication skills are promoted as a generic skill neede for humanitarian disaster prparedness.](#)

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.

No. There is general pandemic fatigue due to the fact that the H1N1 pandemic did not happen as the worst case scenario predicted by many, and many countries had more pressing funding priorities .

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.

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?

There was no overall evaluation of this project by IOM as the activities were implemented in several regions with activities tailored to the different national migrant situations. IOM participated in the CFIA evaluation and lessons learnt activities conducted by external consultants at the end of 2011

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.

Implementation of activities targeting migrants in Nicaragua were suspended due to the embargo imposed by the Government on all activities in the border areas due to the border

dispute that commenced in October 2010.

In Nigeria, due to changes within relevant ministries, there have been influenza fatigue and partners have not been able to set dates for the planned activities in 2010.

In Ukraine there was only one training due to pandemic fatigue.

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 they involve multi-stakeholder cooperation and coordination.
- Projects and services involving the movement of people should include pandemic preparedness as a component.
- Involvement of migrants and indigenous representatives 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 migrants' resilience to other crisis situations.
- The focus of future projects need to be on influenza and other emerging and re-emerging communicable diseases of importance in the locations to maintain any interest.
- Generic skills, like counseling and communication skills, can be used in a wide range of public health emergencies and is thus seen as relevant in many locations.

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)
UNCAPAHI Objective 6: Continuity under Pandemic Conditions: ³							
UNCAPAHI Output 1.1 Advocacy for national capacities to include the needs of migrants in disaster preparedness and pandemic contingency plans	Indicator 1.1.1		Meetings with national stakeholders to promote migrants access to health and social services equitable to that of host communities during ILI outbreaks	Meetings with relevant national stakeholders held in Costa Rica, Nicaragua and Panama to promote migrants access to health and social services equitable to that of host communities during ILI outbreak		Quarterly/ Annual reports Meeting notes	
	Indicator 1.1.2			Liaison meetings held in Nigeria with relevant national stakeholders	No training held because focal points kept on changing due to government reshuffle	Quarterly/ Annual reports Meeting notes	

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

	Indicator 1.1.3			Pilot registry system established to collect migrants' personal and health data		Quarterly/ Annual reports	
UNCAPAHI Objective 3 <i>Human Health</i>							
UNCAPAHI Output 3.1 Surveillance system strengthened	Indicator 3.1.1		Manual on basic counselling and communication skills produced in Russian and distributed	500 copies of the counselling and communication skills manual produced in Russian; 100 copies distributed to training participants, IOM offices in the region and UN partner agencies		Quarterly/ Annual reports	
	Indicator 3.1.2		Training on basic counselling and communication skills in Kiev	10 individuals trained in Ukraine on basic counselling and communication skills		Quarterly/ Annual reports	
UNCAPAHI Objective 5 <i>Communication: Public Information and Supporting Behaviour Change</i>							
UNCAPAHI Output 2.1 Pandemic preparedness, mitigation and response -- social mobilization activities for migrant and host	Indicator 2.1.1		Social mobilization campaigns conducted in Costa Rica and Panama	Social mobilization campaign conducted in Costa Rica.		Quarterly/ Annual reports	
	Indicator 2.1.2			At least 13,527 IEC materials disseminated		Quarterly/ Annual reports	

communities	Indicator 2.1.3			At least 1,565 migrants reached by social mobilization campaigns in Costa Rica		Quarterly/ Annual reports	
	Indicator 2.1.4			Four radio jingles to raise awareness on ILIs broadcasted by two local radio stations		Quarterly/ Annual reports	
	Indicator 2.1.5			Training on basic hygiene measures to prevent the spread of ILIs conducted; 31 indigenous cultural advisors trained on basic hygiene measures to prevent the spread of ILIs		Quarterly/ Annual reports	
	Indicator 2.1.6			Two indigenous cultural advisor provided to a border health post; 3,013 migrants attended at the border health post		Quarterly/ Annual reports	