



[Name of Fund or Joint Programme]

GENERIC ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2011

<p>Programme Title & Project Number</p> <ul style="list-style-type: none"> • 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, October 2009” • Programme Number (if applicable) CFIA-A22 • MPTF Office Project Reference Number:³ 	<p>Country, Locality(s), Thematic/Priority Area(s)²</p> <p>(if applicable) Country/Region</p> <hr/> <p>Thematic/Priority</p>																								
<p>Participating Organization(s)</p> <ul style="list-style-type: none"> • Organizations that have received direct funding from the MPTF Office under this programme <i>UNICEF</i> 	<p>Implementing Partners</p> <ul style="list-style-type: none"> • National counterparts (government, private, NGOs & others) and other International Organizations 																								
<p>Programme/Project Cost (US\$)</p> <table> <tr> <td>MPTF/JP Contribution:</td> <td>\$6,376,513.77</td> </tr> <tr> <td>• by Agency (if applicable)</td> <td></td> </tr> <tr> <td>Agency Contribution</td> <td></td> </tr> <tr> <td>• by Agency (if applicable)</td> <td></td> </tr> <tr> <td>Government Contribution (if applicable)</td> <td></td> </tr> <tr> <td>Other Contributions (donors) (if applicable)</td> <td></td> </tr> <tr> <td>TOTAL:</td> <td>\$6,376,573.77</td> </tr> </table>	MPTF/JP Contribution:	\$6,376,513.77	• by Agency (if applicable)		Agency Contribution		• by Agency (if applicable)		Government Contribution (if applicable)		Other Contributions (donors) (if applicable)		TOTAL:	\$6,376,573.77	<p>Programme Duration</p> <table> <tr> <td>Overall Duration (months)</td> <td>30</td> </tr> <tr> <td>Start Date⁴ (dd.mm.yyyy)</td> <td>1 JULY 2010</td> </tr> <tr> <td>End Date (or Revised End Date)⁵</td> <td>31 DEC 2012</td> </tr> <tr> <td>Operational Closure Date⁶</td> <td>31 DEC 2012</td> </tr> <tr> <td>Expected Financial Closure Date</td> <td>31 DEC 2012</td> </tr> </table>	Overall Duration (months)	30	Start Date ⁴ (dd.mm.yyyy)	1 JULY 2010	End Date (or Revised End Date) ⁵	31 DEC 2012	Operational Closure Date ⁶	31 DEC 2012	Expected Financial Closure Date	31 DEC 2012
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¹ The term “programme” is used for programmes, joint programmes and projects.

² Strategic Results, as formulated in the Performance Management Plan (PMP) for the PBF; Sector for the UNDG ITF.

³ The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to “Project ID” on the [MPTF Office GATEWAY](#)

⁴ The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

⁵ As per approval by the relevant decision-making body/Steering Committee.

⁶ All activities for which a Participating Organization is responsible under an approved MPTF programme have been completed. Agencies to advise the MPTF Office.

Programme Assessment/Review/Mid-Term Eval.

Assessment/Review - if applicable *please attach*

Yes No Date: *dd.mm.yyyy*

Mid-Term Evaluation Report – if applicable *please attach*

Yes No Date: *dd.mm.yyyy*

Report Submitted By

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CFIA-A22 “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, October 2009”

ANNUAL REPORT 2011

I. Purpose

Support selected 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.

The objective of the programme is to use and integrate a wide range of different methods to reach individuals, households, community leaders and community health care workers so as to support individuals, families and least resourced communities to effectively adopt the most appropriate risk reduction behaviours. This ‘integrated’ approach requires:

- (a) Effective planning and development of appropriate strategies
- (b) Effective involvement of partners at community level – community leaders, NGO and civil society
- (c) Development of appropriate support materials (posters, leaflets, games, training packages, teaching materials etc.)

The programme contributes to the implementation of activities of objective 5 “Communication: Public Information and Supporting Behaviour Change” of the Consolidated Action Plan for Contributions of the UN System and Partners (Avian and Human Pandemic Influenza).

The main objective of UNICEF’s response is to ensure that the needs of children are adequately addressed in preventing, preparing and responding to avian influenza and the human pandemic. In order to achieve this objective UNICEF has:

- In collaboration with governments, and with FAO and WHO as technical lead agencies, developed communication strategies for advocacy and behavioural change to prevent bird-to-bird, bird-to-human and human-to-human transmission.
- In collaboration with governments and as part of the UN country team, assessed the potential impact of a pandemic on country programme activities.
- In collaboration with governments and UN country teams, identified which programme activities are essential and should continue in a pandemic and which additional critical actions should be added to the programme of cooperation; and
- In collaboration with governments, UN country teams and Inter-Agency Regional Support Networks put in place technical and material assistance needed to support critical new activities for national preparedness and response.

At country level, UNICEF provided technical assistance and support to direct implementation. UNICEF Regional Offices provided coordination, technical support to country offices, and regional oversight and share good practices. UNICEF Headquarters provided policy guidance and global oversight.

II. Resources

The Central Fund for Influenza Action (CFIA) allocated UNICEF a total approved programme budget of \$6,376,513.77 US dollars to be used over a period of 18 months starting in 1 July 2010 in selected regions and countries within those identified by the Urgent Support for Developing Countries' Responses to the H1N1 Influenza Pandemic Report of October 2009.

In 16 September 2011, the Management Committee of the CFIA approved UNICEF request for the extension of grant programme CFIA-A-22 to 31 December 2012. By 31 December 2011, UNICEF disbursed US \$4,685,383.38 which is 73% of the approved programme budget.

III. Results

In Angola, 5,000 booklets for families and social activists were printed and used to train 356 provincial trainers in Luanda, Bié, Samba, Ingombotas and Maianga in communications, including social micro-planning and mapping. To support the promotion of family competences, eight mini radio dramas in Portuguese and seven national languages and a music album with 12 thematic lyrics were developed.

An alliance between the Government of Angola and the most influential churches (Catholic, Methodist, Baptist, Adventist and 6 Evangelic churches) was signed in January 2011 to deliver messages on family competencies to the population and strengthen the alliance in the 18 provinces through the constitution of provincial committees.

On the September 22, 2011, the Ministry of Family and UNICEF launched the Happiness Recipe campaign at the national level, with extensive media coverage and the participation of more than 100 church leaders and activists. A partnership agreement 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 reached 12,000 families and approximately 60,000 people. Interventions included awareness sessions, counselling and family visits.

In Bangladesh UNICEF actively supported a consultative process and a workshop to develop an Emerging Infectious Diseases (EID) Communication strategy, an action plan and a communication package using One World-One Health approach. 100,000 leaflets on highly pathogenic avian and pandemic influenza (API) preventive behaviours and home management of patients were printed reaching 3 million at risk population in 91 wards of

Dhaka city. 17 master TV and radio spots, 200,000 leaflets, 50,000 posters and 150 large size banners were given to Department of Mass Communication for its use during an emergency.

7 District Information Officers, 7 Deputy Directors of Islamic Foundation, 360 monks, and 5,876 Imams were trained to promote key and safe API practices among vulnerable and most at risk population . It is expected that around 100,000 people living in three sub-provinces of Chittagong Hills Tracts will have increased knowledge on API key and safe practices. 80 journalists were oriented to the situation of EID including API at national and sub-national level. 10 groups of personnel from the Department of Mass Communication in 6 vulnerable districts were trained on the API situation and preventive behaviours. The Department of Mass Communication showed 348 film sessions at the community level and 174 film sessions in schools. 522 audio sessions were aired in 7 API vulnerable districts.

In Botswana, UNICEF supported the Ministries of Education and of Health to develop and implement media plan to disseminate hygiene and hand washing messages to school children. A media plan to promote hand washing messages was disseminated through 7 local newspapers, 4 local radio stations and Botswana television through a Television (TV) advert for children. As part of a Hand Washing Kit for Pre- & Primary schools, 3500 copies of Hand Washing Resource Book, 2,000 copies of School Health Clubs Manual., 1,600 copies of School Sanitation & Hand Washing Survey Report and 40,000 copies of Hand Washing posters were printed. A workshop for 45 field education officers was held in October 2011 to train them in the use of resources of the Hand Washing Kit for Pre- & Primary schools.

In Central African Republic, UNICEF supported the government in the implementation of communication plans promoting essential family practices (EFP) such as hand washing, immunization, treatment of diarrhoea, exclusive breastfeeding and use of long-lasting insecticide treated bed nets to prevent malaria. As part of this initiative, during the nationwide African Vaccination Week, 2,900 community agents were trained in the promotion of EFPs, leading to the sensitization of 540,000 households. Communication materials for emergency and transitional contexts were produced and disseminated to all cholera affected areas and 50 trainers were prepared to train and supervise 1,300 community mobilizers in response to the cholera epidemic in Bangui, and adjacent regions of Lobaye and Ombella Mpoko.

In Chad, 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 about 500,000 people in 5 regions. 50,000 posters and 80,000 fliers for polio were developed, and 20,000 community jackets were produced. Cholera materials were updated, produced and distributed to high risk areas. Memorandums of understanding with women's' associations and a long term hygiene campaign started in June 2011 to respond to the cholera and polio outbreaks

In Congo, to address the emergency polio outbreak, a communication plan has been elaborated and implemented covering the entire population. A draft of an Expanded Programme on Immunization (EPI) communication strategy with the involvement of all key

partners was developed in November 2011. Communication and social mobilization activities in support to the response against the epidemic of Chikungunya, a mosquito-borne viral disease were undertaken in Brazzaville and Pool Department. 5,000 women members of Salvation Army were trained on good key family practices in health, nutrition, hygiene and sanitation in Yangui, Pool Department.

In Cote d'Ivoire, the validation, through a workshop, of the Child Survival Communication Plan including emergency preparedness was completed. 5 workshops were held benefitting 64 NGOs, 12 Youth peer educators in Internally Displaced People (IDP) sites, 70 radio journalists and 33 religious leaders.

Different kinds of learning and education materials were produced including 2,500 counselling cards, 5,000 posters ; 2,500 booklets and 2,500 guides adapted for both Muslims and Christians, 1,500 facts-for-life cartoons for children, 14 radio micro-programmes, 14 radio stories for children and 6 Radio spots broadcasted on 91 local radios. A partnership cooperation agreement (PCA) with the local Radio Network was signed and a business plan for 3 months was developed. With the Alliance of religious leaders, a three-month campaign was launched on 30 November 2011 to promote child survival in emergency contexts.

In the Democratic Republic of Congo, UNICEF led the design of a national communication for development (C4D) strategy to support the implementation of the African Child Survival and Development Strategy to promote Key Family Practices (KFP). 5 provincial communication plans at the provincial/district level with the participation of actors coming from community based structures and health provincial partners were developed. More than 3,000 actors were trained in 4 provinces/districts. Community participation was taught during the trainings of community based animators on the 5 KFP. As a result, at least 10,000 children at primary school and 20,000 households in 5 provinces were sensitized. At least 50 community radios and TV stations were involved in the promotion; 45 mural paintings. 5 audio and video spots on the KFP were produced and disseminated. 250 trainers and about 4,372 community based actors from 5 provinces were trained on the promotion of KFP.

Five major Religious Groups signed a Memorandum of Understanding with UNICEF aiming at the promotion the KFP at household level through their community and religious networks and communication structures, reaching a total of about 36 million people in DRC.

In Lao PDR, an overarching communication strategy aimed at directing interventions to impact changes on hygiene as well as health behaviours for mothers and children, including the prevention and response to emerging and re-emerging diseases for 2011-2015 in Luangnamtha province has been developed and agreed with central and provincial government partners. Various materials on nutrition, especially Exclusive Breastfeeding and hygiene for disease prevention, were developed, including a nutrition training package for pregnant women, new mothers, infants and young children with related and adaptable information, education and communication materials.

In Lao PDR, 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.

In Malawi, programme content on hand washing with soap and promotion of hygiene and sanitation was developed and shared with mainstream and community radio stations. UNICEF designed an innovative Information Education Communication (IEC)-Kit-In-A-Box to address emergencies. An orientation in the use of this kit targeted 84 officers from 28 districts, with 3 officers per district. Following the orientation, 4 IEC boxes were distributed per district. Each box was expected to reach: 80,000 people per district and over 100,000 children in all 28 school districts. UNICEF held training workshops for community radio stations directed to improve the quality and content of a variety of programmes addressing behaviours during the cyclical cholera season from October to December.

In Mali, funds were used to strengthen communication activities on hygiene measures in the fight against the cholera epidemic and supporting the Ministry of Health in the implementation of the communication plan on the "World Hand washing Days". UNICEF provided technical support to the Ministry of Health in the revision, adaptation, production and distribution of communication tools related to hygiene practices in the fight against cholera. A training manual for health and social agents on washing hands with soap, water hygiene and latrine sanitation was developed and training is underway.

In Mozambique with UNICEF support, the Ministry of Health completed and validated a national communication plan on infectious diseases with focus on cholera prevention. Completed 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 and developed learning materials for the 10-14 years age group to promote healthy behaviours and hand washing. A Regional training for the Social Communication Institute's (ICS) and other C4D partners on the areas of human resources, equipment and production of audio visual materials on key thematic areas of interventions (hygiene promotion and hand-washing) was conducted.

In Nepal, UNICEF conducted capacity building exercises on risk communication in 8 high risk districts which included 200 health, education and livestock service providers. The trained service providers are able to respond to future outbreaks and pandemic following risk communication guidelines. Other activities included the development and printing of materials and production of TV and Radio Public Service Announcements (PSA). The use of print materials in schools and in communities helped to increase knowledge and retention of messages.

In North Sudan consultations with mothers and other carers of children under 5 years old in 3 states took place. Other activities included the development of community-based mother-to-mother radio programming; development of tool for Participatory Action Research;

implementation of Participatory Action Research activities in pilot 3 communities; a set of printed materials (2 posters, 6 stickers and 1 leaflet), pre-recorded radio spot series (18 spots), pre-recorded song, and audio visual spot were produced.

Interpersonal communication training on Participatory Action Research and communication for promotion of essential family care practices was conducted for community level coordinators and volunteers of 4 non-governmental organizations and personnel of development centres of the Ministry of Social Welfare in Khartoum state.

In Sierra Leone a cholera communication plan was developed as well as information, education and communication materials to support increase in public knowledge about cholera risks, symptoms and treatment. Other interventions included community theatre performances with post-performance discussions at community level to facilitate discussion and dialogue for cholera preparedness; community self-assessments on hand washing, hygiene promotion. A Learning Summit to strengthen UNICEF supported women's network operating at the community level was conducted in October 2011, attended by Wi Pikin women's group members, councillors, chiefs and potential partners in adult literacy, livelihoods and microfinance.

In Swaziland, an emergency risk communication strategy for Influenza AH1N1 and other pandemic influenzas was developed. the Healthy Swaziland 2011 Mass Campaign exposed over 12,000 people to health education. In addition, over 4,000 AH1N1 IEC materials were disseminated. Information, education and communication materials were developed and disseminated, pandemic influenza guidelines and protocols reviewed, documentary equipment purchased and the healthy Swaziland mass campaign was undertaken.

In Tanzania, 144 district health promotion focal points were trained in emergency and outbreak communication planning and response. UNICEF supported the Ministry of Health Zanzibar and Ministry of Health and Social Welfare (MOHSW) in mainland Tanzania to set Social Mobilization Committees to plan and implement communication activities for Integrated Measles Campaign in November 2011. UNICEF country office developed prototype materials for polio, yellow fever, measles, tetanus and reproduction of H1N1 materials now stored in a data base for quick retrieval and production.

Training packages for district teams on community participation, partnerships and engagement were developed and prototype materials were pretested, printed and used. This component was strengthened by the social mobilization for polio sub national immunization campaign in Mara (September 2011) and national measles campaign (November 2011) in which mobilization and participation of the community were crucial part.

In Uganda, a national disease outbreak communication plan was developed. Partnerships were established out of the yellow fever and Ebola outbreak response including those with 3 major faith based organizations, NGOs and with private sector companies.

The UNICEF's Asia-Pacific Shared Services Centre conducted regional advocacy on C4D for emerging infectious diseases (EID) along with partners and through the Asian Regional Risk Communication Initiative (ARRCI) and provided technical assistance to country offices to promote preparedness and early warning systems as part of managing EID risks. They trained 50 C4D and programme staff from 18 countries on the use of strategic communication to achieve child health outcomes, including response to emerging and on-going infectious disease outbreaks.

The Central and Eastern Europe and the Commonwealth of Independent States (CEE-CIS) Regional Office organized a sub-regional workshop on capacity building in health communication, health promotion and risk communication in July 2011 in Almaty, Kazakhstan. Twelve countries in the region participated in this five day workshop and drafted a vision and plan of strengthening health promotion and risk communication systems within their own countries.

CEE-CIS in conjunction with the WHO/International Health Regulations (IHR) conducted a workshop on Risk Communication for the five Central Asian countries in November 2011. Ministry of Health representatives and WHO and UNICEF CO staff participated in a 4 day training that broadened understanding of critical concepts such as trust, transparency and risk perception, especially relevant to the countries. Follow up actions have created the potential for an informal sub regional network on risk communication.

The Eastern and Southern Africa Regional Office (ESARO) conducted a mapping of disasters and infectious diseases in the region; undertook a C4D capacity assessment; developed an annotated outline for communication framework, an overall outbreak communication framework and an outbreak communication tool kit. It is currently validating and pre-testing the framework and tool kit with the countries in the region.

The West and Central Africa Regional Office (WCARO) developed a framework for C4D emergency and response planning and a guideline to facilitate workshops for planning C4D strategy for water borne diseases in emergency. WCARO supported the development of C4D emergency preparedness and response plans in Chad, Cote d' Ivoire, Sierra Leone and three provinces of Congo DRC. It has completed the draft of a training MLM (Mid-Level Managers for EPI) module on C4D and a handbook for community based approached for social and behaviour change.

At headquarters, UNICEF provided continuous technical and strategic guidance to four regional offices and 20 country offices to improve their disease-related communications systems and be better able to develop, deliver and evaluate the effectiveness of health interventions messages. UNICEF HQ supported and participated on different interagency initiatives such as the UN System Workshop on Animal and Pandemic Influenza; the International Health Regulations (IHR) Risk Communication & Capacity Building Working Group; the Influenza Training Network and the FAO Communication Seminar. UNICEF also contributed to the development of content of the Towards a Safer World Initiative with WFP,

WHO and FAO; and the High Level Technical Meeting WHO-FAO-OIE “Health Risks at the Human, Animal, Ecosystems interfaces”.

Communication approaches to polio eradication, routine immunization, the introduction of new vaccines, and addressing new diseases emerging from the animal-human-ecosystems interface, including leading inter-agency and cross-sectoral collaborations on communication on the Avian and Pandemic Influenza programme were further integrated. Finally, the inter-agency website (www.influenzaresources.org) and the pandemic influenza intranet site at UNICEF were maintained up to date.

IV. Challenges

The main challenges are to ensure that the most deprived children, those at higher risk of exposure, and with limited access to basic services are reached. Immediate challenges include insufficient funding to implement interventions in communication plans and limited funding for global coordination beyond December 2012.

UNICEF experience has shown that sustainability of behavioural interventions and strong public engagement are critical for success in emergency readiness and containment efforts. In order to achieve them, a much longer term investment is required in building C4D capacity – the best way to be ready for an emergency. A shift from an emergency communication mode to a long-term integrated communication approach is needed.