



CENTRAL FUND FOR INFLUENZA ACTION
FINAL ANNUAL PROGRAMME NARRATIVE REPORT
REPORTING PERIOD: 1 JANUARY – 31 MAY 2011

Programme Title & Number
<ul style="list-style-type: none">Programme Title: UNICEF- H1N1 Response PakistanProgramme Number: CFIA-A-20 – H1N1 Response

UNCAPAHI Objective(s) covered:
Programme Coverage/Scope: National

Participating UN or Non-UN Organization(s)
National Influenza Control Program (GOP), UNICEF, WHO

Implementing Partners
<ul style="list-style-type: none">National Influenza Control Program (GOP)

Programme/Project Cost (US\$)	
CFIA Contribution:	US 248,900.541 ¹
Agency Contribution	
Government Contribution <i>(if applicable)</i>	
Other Contribution (donor) <i>(if applicable)</i>	
TOTAL:	US \$248,900.541

Programme Duration (months)	
Overall Duration:	12 months
Start Date ² :	June 1, 2010
End Date:	May 31, 2011

Programme Assessments/Mid-Term Evaluation
Assessment Completed - if applicable <i>please attach</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Mid-Evaluation Report – if applicable <i>please attach</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____

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¹ Programmable amount.

² 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>).

Abbreviations

C4D	Communication for Development
CFIA	Central Fund Influenza Action
GOP	Government of Pakistan
H1N1	Influenza A virus
KPK	Khyber Pakhtunkhwa
LHW	Lady Health Worker
MNCH	Maternal, New-born and Child Health
MOH	Ministry of Health
MDTF	Multi-Donor Trust Fund
NICP	National Influenza Control Program
TOR	Terms of Reference
UNICEF	United Nations Children's Fund
UN	United Nations
UNCAPAHI	UN Consolidated Action Plan for Avian and Human Influenza
WHO	World Health Organization

NARRATIVE REPORT FORMAT

I. Purpose

- **Expected result 1**
A national level multi-sectoral task force/committee guide and monitor the implementation of pandemic influenza communication activities.
- **Expected result 2**
Communities in targeted districts receive messages on how to prevent the spread of pandemic influenza and how to protect themselves through improved hygiene practices.
- **Expected result 3**
In collaboration with the Ministry of Health (MOH), Lady Health Workers (LHWs), teachers and community workers in emergency districts of Khyber Phaktunkhwa (KPK)³ have improved capacity to prevent the spread of pandemic influenza.

The relation of the programme to the UN Consolidated Action Plan and its objectives and the CFIA TOR

The programme relates directly to one or more of the seven objectives of the UNCAPAHI and Key Immediate Objectives, listed below, and CFIA TORs:

Key immediate objectives:

5.0 Communication: Public information and supporting behavior change

5.1 Strategic communication for awareness and convergent messages

5.2 Social mobilization for awareness and behavior change

Main implementing partners, roles and responsibilities, and interaction with participating UN or Non-UN Organizations

The main UN implementing partner is the World Health Organization (WHO). Non-UN implementing partners include the Government of Pakistan's (GOPs). National Influenza Control programme and the LHWs programme for community based work. Integrated messages were developed by partner NGOs (who?) who were also engaged during the flood emergency.

II. Resources

Human resources

National staff: There is no dedicated staff for H1N1. One Specialist C4D (National) is responsible for implementation and technical support is provided by Health Specialist L4 (International). Focal persons have been nominated in each UNICEF office and are responsible for monitoring and coordination of activities with GOP and partners.

III. Implementation and monitoring arrangements

No data available.

³ Previously known as the North West Frontier Province (NWFP).

IV. Results

Expected result 1:

A national level multi-sectoral task force/committee guides and monitors implementation of pandemic influenza communication activities.

The national task force under the leadership of the MOH has been established and oversees the implementation of the H1N1 plan. The task force has ensured that H1N1 remains high on the GOP agenda.

A series of refresher training workshops with health beat reporters on responsible reporting, and key advocacy and networking events with media personalities (editors, heads of TV and radio channels, famous show hosts) are under way.

A task force meeting to provide an update of ongoing activities and discuss future programme plans was conducted in May 2011, in Lahore (Punjab), and was attended by all task force members.

Three media launches showcasing radio and TV spots, and other communication material developed for H1N1 prevention and control were conducted in the months of April and May, one each in Sindh (120 media representatives), Punjab (75 media personnel) and KPK (70 media personnel). In addition to media personnel, the launch was attended by the members of the task force and other key stakeholders including district government and community representatives.

Expected result 2:

Communities in targeted districts receive messages on how to prevent the spread of pandemic influenza and how to protect themselves through improved hygiene.

Messages were developed and disseminated through LHWs and NGO networks in each district during the flood emergency. Achievements are made through a range of community awareness activities at different levels, targeting the public and people at risk through integration with other activities such as the UNICEF supported Mother Child Weeks, conducted by the LHWs programme, and through the mobile teams of the Mother, Newborn and Child Healthcare (MNCH) programme in the flood-affected areas.

During the reporting period, the following messages and material was disseminated:

- Two radio commercials and one TV spot aired in May and will be aired again during the flu season.
- IEC materials (banners and posters) were displayed at all major airports, schools, public places (e.g. parks, shops and bus stops), tour operators, general practitioners and Haji camps.
- City branding was completed in 45 districts of Sindh and Punjab with targeted communication messages to spread awareness regarding influenza among the population.
- In addition, school-children were provided medical checkups with support from local general practitioners. Medical cards with influenza awareness messages (importance of hand washing, coughing etiquette and yearly vaccination) were distributed among the school-children, along with coloring books and pencils with messages on influenza prevention.

Expected result 3:

In collaboration with the MOH, LHWs, teachers and community workers in emergency districts of KPK have improved their capacity to prevent the spread of pandemic influenza.

LHWs, teachers, and other community workers working in emergency districts in both KPK and other flood-affected provinces received orientations on H1N1 prevention and control, building their capacity to prevent the spread of pandemic influenza. The LHWs have already been trained to give messages and counseling on diarrhoea and pneumonia prevention and treatment, and integration of H1N1 messages to ensure that the most vulnerable are protected. Training of community workers, opinion leaders, teachers and religious leaders will ensure sustainability and reinforce important flu prevention messages in the communities.

The following trainings were conducted during the reporting period:

1. Six sensitization sessions were conducted with LHWs, LHS' and District Administration in Sindh, KPK and Punjab.

Sindh (four sessions)

Karachi: LHWs (1,800), Executive District Officer (EDO) Health (1), District Officer (DO) Health Preventive (1) and town Health Officers (18).

Mirpurkhas: LHWs/LHS' (250), EDO Health (1) and DO Health Preventive (1).

Badeen / Hyderabad: LHWs/LHS' (250), EDO Health (1) and DO Health Preventive (1).

Sukkur: LHWs/LHS' (250), EDO Health (1) and DO Health Preventive (1).

KPK (one session)

Peshawar: LHWs/LHS' (250), EDO Health (1) and DO Health Preventive (1).

Punjab (one session)

Lahore: LHWs/LHS' (250), EDO Health (1) and DO Health Preventive (1).

2. Four orientation sessions were conducted with religious leaders in Punjab, KPK and Sindh. The religious leaders are playing an important role in promoting an integrated package of positive health behavior practices across Pakistan. Orientation on influenza prevention and control was given to 280 religious leaders from across the country.

Punjab (two sessions)

Lahore: Religious leaders (70).

Burbhan and Muree: Religious leaders (70).

KPK (one session)

Peshawar: Religious leaders (70).

Sindh (one session)

Karachi: Religious leaders (70).

Key outputs achieved in the reporting period

- Task force established and meets regularly. H1N1 implementation plan monitored by the task force.
- Materials developed for groups identified as high risk in the communication strategy and targeted with H1N1 prevention control messages. These materials also used in orientation sessions with various community workers.
- LHWs, teachers and other community workers working in emergency districts in both KPK and other provinces received orientations on H1N1 prevention and control.

Delays and constraints in programme implementation and lessons learned

- The biggest constraint in programme implementation was the 2010 floods that affected the entire country and severely damaged the existing health care infrastructure. The LHW program, a major implementing partner at the community level, was working at a very low capacity as 10,000 LHWs were directly affected by the floods.
- Frequent change in Program Managers, three Program Managers have changed in the reporting period, delayed implementation of the project.

Key partnerships and collaborations

- The most significant partnership for H1N1 within the UN system is with WHO. Most programme activities have been conducted with technical support from WHO. The materials have been jointly developed with input from both UNICEF WHO technical and communication personnel. A communication committee comprising of members from both the Agency and GOP worked together to develop and implement communication activities.
- Partnerships with networks of NGOs, religious leaders and health service providers were been promoted.
- In addition, capacity of existing NGOs was developed and integrated H1N1 prevention control messages were distributed through the NGO network during the floods.

Other highlights and cross-cutting issues

Capacity of the implementation partners, both GOP and NGOs, remains a source of concern for all programmes, including H1N1. Future plans include reviewing and revising the LHW curriculum and reviewing and revising partners' orientation packages to create more integrated training packages.

V. Future work plan

Activities underway and in the pipeline include:

- UNICEF will continue to provide technical support to the task force of NICP.
- All communication and awareness material developed for the H1N1 programme will be regularly updated and shared with UN agencies, government, non-government and community partners.
- Continued advocacy with senior government officials and public leaders to keep pandemic influenza on the priority list and allocate appropriate resources for support of the NICP.
- Broadcasting of television and radio spots during the flu season.

VI. 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 1⁴							
UNCAPAHI Output 1.1 Strengthen capacity of surveillance in migrant populations through capacity building activities.	Indicator 1.1.1		Number of self-reported cases from migrant communities to health workers increase				
	Indicator 1.1.2		Available records from migrant communities				
UNCAPAHI Objective 2							
UNCAPAHI Output 2.1 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.	Indicator 2.1.1		At least one social mobilization activity in each project location per quarter	2	More intensive during the flood emergency	LHW records and 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				

⁴ From UNCAPAHI (see <http://mdtf.undp.org/document/download/4117>).

VII. H1N1 Communication Printed Materials

انفلونزا اے H1N1 (سوائن فلو) اپنی اور دوسروں کی حفاظت کیسے کریں

انفلونزا سے بچنے کے لیے بیمار لوگوں سے اجتناب کریں۔
 اپنے منہ اور ناک سے ہاتھ نہ لگائیں۔
 صابن اور پانی سے ہاتھ دھو لیں۔
 عام جگہوں سے اجتناب کریں۔
 اپنے منہ اور ناک سے ہاتھ لگاتے وقت کھانسی یا کھانسی کا تھپکا کر لیں۔
 بیمار ہو کر گھر پر ہی رہیں۔

انفلونزا اے H1N1 (سوائن فلو) اپنی اور دوسروں کی حفاظت کیسے کریں

انفلونزا سے بچنے کے لیے بیمار لوگوں سے اجتناب کریں۔
 اپنے منہ اور ناک سے ہاتھ نہ لگائیں۔
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 عام جگہوں سے اجتناب کریں۔
 اپنے منہ اور ناک سے ہاتھ لگاتے وقت کھانسی یا کھانسی کا تھپکا کر لیں۔
 بیمار ہو کر گھر پر ہی رہیں۔

(H1N1) ویکسین ہدایات برائے ویکسٹریٹر

ویکسین ہدایات برائے ویکسٹریٹر
 ویکسین ہدایات برائے ویکسٹریٹر
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 ویکسین ہدایات برائے ویکسٹریٹر

(H1N1) ویکسین

داغی دیرینہ بیماریوں میں مبتلا افراد کیلئے ضروری ہے
 واپائی فلو H1N1 (سوائن فلو) شہریدہ بنا کر سکتا ہے
 اگر آپ کثیر شمارہ HIV/AIDS یا سانس کی مختلف بیماریوں سے متاثر ہیں تو کھینچتے کی بات سے احتیاط
 واپائی فلو H1N1 (سوائن فلو) کا پائیدار شہریدہ بن سکتا ہے

انفلونزا اے اپنی اور دوسروں کی حفاظت کیسے کریں

انفلونزا سے بچنے کے لیے بیمار لوگوں سے اجتناب کریں۔
 اپنے منہ اور ناک سے ہاتھ نہ لگائیں۔
 صابن اور پانی سے ہاتھ دھو لیں۔
 عام جگہوں سے اجتناب کریں۔
 اپنے منہ اور ناک سے ہاتھ لگاتے وقت کھانسی یا کھانسی کا تھپکا کر لیں۔
 بیمار ہو کر گھر پر ہی رہیں۔

انفلونزا اے اپنی اور دوسروں کی حفاظت کیسے کریں

انفلونزا سے بچنے کے لیے بیمار لوگوں سے اجتناب کریں۔
 اپنے منہ اور ناک سے ہاتھ نہ لگائیں۔
 صابن اور پانی سے ہاتھ دھو لیں۔
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 اپنے منہ اور ناک سے ہاتھ لگاتے وقت کھانسی یا کھانسی کا تھپکا کر لیں۔
 بیمار ہو کر گھر پر ہی رہیں۔

(H1N1) ویکسین

ویکسین ہدایات برائے ویکسٹریٹر
 ویکسین ہدایات برائے ویکسٹریٹر
 ویکسین ہدایات برائے ویکسٹریٹر
 ویکسین ہدایات برائے ویکسٹریٹر
 ویکسین ہدایات برائے ویکسٹریٹر
 ویکسین ہدایات برائے ویکسٹریٹر

واپائی فلو H1N1 (سوائن فلو) کی ویکسین

آپ کی اور آپ کے بولنے والے بچے کی حفاظت کرتی ہے
 ماہانہ تھپکا کر اپنی H1N1 (سوائن فلو) سے محفوظ رہیں۔
 اگر آپ کو H1N1 (سوائن فلو) کی ویکسین لگانا پڑے تو اسے لگائیں۔
 اگر آپ کو H1N1 (سوائن فلو) کی ویکسین لگانا پڑے تو اسے لگائیں۔
 اگر آپ کو H1N1 (سوائن فلو) کی ویکسین لگانا پڑے تو اسے لگائیں۔

انفلونزا اے H1N1 (سوائن فلو) سے بچیں اپنے ہاتھ صابن اور پانی سے بار بار دھوئیں

انفلونزا سے بچنے کے لیے بیمار لوگوں سے اجتناب کریں۔
 اپنے منہ اور ناک سے ہاتھ نہ لگائیں۔
 صابن اور پانی سے ہاتھ دھو لیں۔
 عام جگہوں سے اجتناب کریں۔
 اپنے منہ اور ناک سے ہاتھ لگاتے وقت کھانسی یا کھانسی کا تھپکا کر لیں۔
 بیمار ہو کر گھر پر ہی رہیں۔

یہاں فلو کی ویکسین مفت لگائی جاتی ہے۔

یہاں فلو کی ویکسین مفت لگائی جاتی ہے۔
 ویکسین ہدایات برائے ویکسٹریٹر
 ویکسین ہدایات برائے ویکسٹریٹر
 ویکسین ہدایات برائے ویکسٹریٹر
 ویکسین ہدایات برائے ویکسٹریٹر

VIII. H1N1 Orientation Sessions with religious leaders, health professionals and media representatives:



DG Punjab at the at the Task force meeting



National Program Manager- media Launch



Stakeholders at the media Launch



Religious leaders meeting



A panel of religious leaders



Planning session religious leaders meeting



Speakers at the health professional's session



Audience at the health professionals sessions



Planning session with stakeholders in Sindh