



Submission Form

To

UN Management Committee for the Central Fund for Influenza Action



To be completed by the Secretariat of the Management Committee	
Meeting No: 3	Date of Meeting: 12 July 2007
Item No: 200707	AVIAN AND HUMAN INFLUENZA PANDEMIC PREPAREDNESS FOR MIGRANT CONSTRUCTION WORKERS IN LAOS

(To be completed by the Participating Un or eligible Partner Organisation)

To: UN Management Committee for the CFIA	Date of Submission: 26 June 2007 Resubmitted on 3 September 2007 ←
From: UN / Eligible Partner Participating Organisation International Organization for Migration	Contact: Telephone number, email +41 22 717 95 02 adavies@iom.int
National Authority <input checked="" type="checkbox"/> Endorsement <input type="checkbox"/> Comments Endorsement letter attached	Contact: Telephone number, email Dr Bounlay Phommasack General Director NAHICO Tel 85621264324 NAHICO@laopdr.com Dr Nnette Motus Regional Migration Health Advisor, IOM Regional Office for Southeast Asia, Bangkok Mobile phone: + 66 89 924 3009 nmotus@iom.int IOM Laos Head of Office Mr. Hyun Ung GOH Tel: +856-20-2211-507 hgoh@iom.int

Proposed submission, if approved would result in: <input type="checkbox"/> Continuation of existing programme/project <input checked="" type="checkbox"/> New programme/project <input checked="" type="checkbox"/> Other (explain) This project will build upon AHI activities at the IOM Asia Regional office in Bangkok	Proposed submission resulted from: <input type="checkbox"/> National Authorities request <input checked="" type="checkbox"/> UN Agency/eligible Partner initiative within UN Consolidated Action Plan <input type="checkbox"/> NGO or other agency Request <input type="checkbox"/> Other (explain)
Programme/project Title: AVIAN AND HUMAN INFLUENZA PANDEMIC PREPAREDNESS FOR MIGRANT CONSTRUCTION WORKERS IN LAOS.	
Category of project: Country with restricted implementation capacity; Unforeseen Urgency; Joint programming	
Amount of CFIA funds requested for Proposed Programme/project: Total 162,488.00	
Amount of indirect costs requested: 5%	

1. Background

Avian influenza is a devastating disease in poultry that has led to enormous economic losses in several countries particularly in Southeast Asia. Most families particularly in the rural areas raise backyard poultry particularly since chicken is an inexpensive source of protein, a local source of food security and a means of livelihood. Globally, it has caused serious concern among medical and public health systems because a mutant form of the virus known as H5N1 has caused infection among humans from bird-to-human transmission. The potential of the H5N1 infection to develop into a human influenza pandemic is very likely such that it will require extensive collaboration at the national, regional and international levels. Individuals need to be more aware about the risks posed by avian influenza and how to protect themselves and countries need to become better equipped to detect and treat cases in both human and birds, to confirm diagnosis, and to report the findings at an international level to coordinate regional responses; this rests on timely and transparent sharing of information, as well as on resources sufficient to mount effective intervention campaigns.¹

The Lao PDR Government has taken proactive steps against the threat of an influenza pandemic by developing an integrated National Avian Influenza Control and Pandemic Preparedness Plan in partnership with UN agencies and key partners. It recognizes that public awareness and active engagement of communities cannot be more emphasized as these are crucial factors to prevent further loss of human life and quell outbreaks among poultry.

It was recognised, however, during the consultations with the National Avian and Human Influenza Coordination Office (NAHICO), UN Avian and Human Influenza Coordinator, UNICEF and other stakeholders that the migrant population was not addressed as another crucial target group of the Lao government strategic actions on AHI. It was also highlighted that the communication strategies on AHI fails to cover migrant populations due to their language barriers and lack of information materials and communication channels accessible to them.

Migrants, mobile populations and host communities generally have limited awareness and/or access to available health services in host countries. Assessments have identified a combination of legal, socio-cultural, behavioural and economic, especially language/communications barriers that can influence if the migrant may want to avail of health services in his/her new community or to comply with preventive health measures of the country. Studies also suggest that resource-poor and less-educated persons are more vulnerable to communicable diseases and other health problems that could be applicable to migrants,

¹ World Health Organization. "Avian Influenza and Human Pandemic Influenza Meeting Summary Report", Geneva, Switzerland -7-09 November 2005.

reflecting the circumstances where they come from. Evidence suggests that migrants carry a disproportionate burden of disease because they tend to live under especially poor environmental conditions and exhibit low awareness and practice of basic preventive health measures. These predispositions of the migrant/mobile groups admixed with traditional practices of allowing domestic flocks to roam freely and in continual close human proximity increase the danger of bird to human transmission exponentially. A variety of community-based interventions such as improved personal and environmental hygiene and educational campaigns in migrant languages may be able to slow the spread of the disease and limit outbreaks. Even during a human pandemic, these basic health precautions will be the 'principal protective tools,'² for at-risk populations. Migrant populations might well be at-risk if plans for their protection have not been put in place during the preparatory and prevention stages should a pandemic occur.

The development of modern highway systems and the promotion of trade zones are making travel throughout the region much faster and connecting people in new ways resulting in dramatic impact on traditional ways of life. The Ministry of Labour and Social Welfare reports that between 2000 to 2007, there were 28,428 foreign workers in Lao PDR mostly coming from Vietnam, China and Thailand. Ongoing road construction work in Laos³ employs migrants, mostly Vietnamese. Anecdotal accounts of Vietnamese migrant workers contracted in the major road development projects identified that certain numbers of migrants bring poultry along with them for their own consumption and/or to sell them in the local market. This will constitute high risk behaviour and would function as a corridor for contraction of AHI to the communities once immune from contact with outside.

IOM in collaboration with the Laos government partners such as the Ministry of Health including provincial and district health authorities, as well as primary health care workers and village health volunteers, Ministry of Communications, Transportation, Post and Construction, Ministry of Information and Culture, as well as with mass community organizations (such as Lao Women's Union), the Buddhist organizations, construction companies and key stakeholders will address the needs of an estimated 8,000 migrants and their surrounding host communities at risk of avian influenza or of any potential future pandemic in the national pandemic preparedness plans.

1.1 IOM experience with avian influenza and human pandemic influenza preparedness

IOM⁴ advocates for the health and well being of migrants as part of its mandate. IOM has worked in collaboration with WHO, UNICEF, the Ministry of Public Health of Thailand on avian influenza awareness raising and information campaigns targeting some of the most vulnerable migrant populations and host communities in Thailand. Similar activities have been conducted in Indonesia as part of its community-based health projects. IOM contributes to the integrated national and regional pandemic preparedness strategies as a member of the UN country team preparedness plans in several locations where there are IOM field offices. Funded by the Government of Japan, IOM's Avian Influenza Pandemic Prepared for Migrants Project started in March 2007 and is being piloted in Thailand, Indonesia, Nigeria, Kenya and IOM headquarters in Geneva.

Building on this experience and IOM involvement in integrated migrant health programs in partnership with the Thai Ministry of Public Health, as well as in emergency and post conflict activities, IOM will work closely with the UN System and Partners Pandemic Influenza Contingency Support (PICS) Team in the region complementing ongoing activities of lead agencies such as WHO, FAO, and UNICEF. The AHI educational materials developed for this project will be included in the IOM regional safe mobility information package.

2. Purpose of Proposed Programme/Project

² 'Strengthening Pandemic Influenza Preparedness and Response'. Fifty-eighth World Health Assembly. WHO Secretariat. 07 April 2005

³ For example, the Asian Development Bank (ADB) Roads for Rural Development Project (ADB 10) foreseen to rehabilitate separate roads in four provinces of Borikhamxai, Sayaboury, Attapeu and Vientiane, Lao PDR.

⁴ IOM is an inter-governmental organization with 120 member states and is working in over 300 field locations globally. In the ASEAN region, IOM has presence in Cambodia, Indonesia, Laos, Myanmar, Philippines, Thailand and Vietnam.

The overall objective is to contribute to Lao PDR's national behavioural change and outbreak communication responses and avian influenza and human pandemic preparedness contingency activities for Vietnamese migrants in Laos.

Project Purposes are:

- a) To conduct a Knowledge, Attitudes and Practices (KAP) assessment on AHI among Vietnamese migrants road construction workers in Vientiane and neighbouring province of Borikhamsai.
- b) To strengthen the avian influenza and human health pandemic preparedness capacity of primary health care workers who come in contact with Vietnamese migrant populations
- c) To disseminate cultural and language-appropriate AHI and basic hygiene information for behaviour change among 8,000 Vietnamese migrants working in Vientiane and neighbouring province of Borikhamsai, and their surrounding host communities.
- d) To determine any change in the knowledge attitude, practice or behaviour in the targeted population after the interventions of this project..
- e) To collaborate with the UN system and partners and the national government to ensure the inclusion of the needs of migrants and mobile populations in the avian influenza and human pandemic contingency plans.

3. Evaluation of Proposals

This proposal addresses three of the seven objectives of the consolidated action plan. It aims to support the national strategy and addresses the current gaps related to migrant/mobile populations and pandemic preparedness. IOM will be working with the national avian influenza pandemic preparedness team. National ownership will be built by strengthening the capacity at the community level. IOM will build the capacity to work with migrants and mobile communities that are already accessed. IOM works as part of the UN inter country team. This project will be supervised from IOM HQ by the AHI coordinator and the AHI focal point in the Bangkok office who will pay regular visits. The IOM head of office will be the daily line manager of the staff implementing this project. The AHI coordinator in Geneva is in contact with the lead agency focal points. She will facilitate links with the lead agencies and the regional and local IOM offices. The IOM AHI coordinator will also visit the project site and will request quarterly reports. The consultative meetings with other stakeholders at the national level will ensure that there is no overlap or duplication. The mid term evaluation of the project will ensure that needs are being met and allow for long term improvement of services to mobile populations. IOM is building upon the existing capacity and experience of working with migrants/mobile populations and their host communities in that region. The IOM regional AHI coordinator has visited the IOM Laos office and with the IOM Laos Head of Office has met with some of the government officials. IOM is a member of several UN country team activities in the region. IOM has staff whose skills that can be utilized in this project in the region. IOM will also work in partnership with local government staff and NGOs to ensure sustainability

Provide concise summary evaluation of proposal against:

<i>General principles and selection criteria</i>		
(a)	Must be explicitly based on UN Consolidated Action Plan (UNCAP),	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(b)	Must support national strategies,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(c)	Must promote and ensure national ownership,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(d)	Must demonstrate UN's comparative advantage for specific intervention ,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(e)	The organization must have the appropriate system to deliver the	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

	intervention,	
(f)	The UN response must be effective, coherent, context-sensitive, cost-efficient and the outcomes, sustainable,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(g)	Must avoid duplication of and significant overlap with the activities of other actors,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(h)	Must use strategic entry points that respond to immediate needs and yet facilitate longer-term improvements,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(i)	Must build on existing capacities, strengths and experience,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(j)	Must promote consultation, participation and partnerships.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Project Implementability

	2007	2008
<i>Estimated commitments (\$mill)</i>	_____	_____
<i>Estimated disbursements (\$mill)</i>	_____	_____

4. Review by Secretariat

Check on Programme/Project Proposal Format Contents

- | | |
|---|--|
| <input type="checkbox"/> Cover sheet (first page) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Logical Framework with indicators of success and timelines | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Programme/Project Justification | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Programme/Project Management Arrangements | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Risks and Assumptions | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Budget | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Progress Report (for supplementary funding only) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (not required) |

Provide concise summary assessment against:

Implementability

According to the secretariat the project is technically implementable. There are clear measurable deliverable: awareness raising activities, strengthening capacity of community health workers and assistance to national authorities in Laos.

	General criteria for prioritisation	
(a)	Must be in line with UN Consolidated Action Plan	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(b)	Recipient Organization is unable to meet high or urgent priority needs with existing level of funding.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(c)	Need to address high priority activities that have significant impact, and by nature must address seasonal or timing imperatives and considerations.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(d)	Supports activities that are likely to improve the overall situation at national and local levels.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(f)	Does not overlap with other ongoing programmes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Overall review of programme submission

This proposal addresses the IOM outputs under objectives 3, 5 and 6 in the UN Consolidated Action Plan and targets one specific country . IOM has been unable to find funding for this.

5. Decision of the UN CFIA Management Committee

- Approved content and budget as submitted**
- Approved for a total budget of \$.....**
- Approved with modification/condition on content**
- Deferred**
- Rejected**

Reason/Comments

**David Nabarro UN System Senior Coordinator for Avian and Human Influenza,
Chair of the Management Committee for the CFIA**

Signature

Date

6. Action taken by the Executive Coordinator, MDTF Office, UNDP

- Project consistent with provisions of the UNDP Administrative Agent-Participating UN Organizations Memorandum of Understanding and Letter of Agreement with donors (if applicable)**

**Bisrat Aklilu
Executive Coordinator, MDTF Office, UNDP**

.....
Signature

.....
Date



Submission Form

To

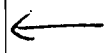
UN Management Committee for the Central Fund for Influenza Action



To be completed by the Secretariat of the Management Committee	
Meeting No: 3	Date of Meeting: 12 July 2007
Item No: 200707	Enhancing avian and Human influenza pandemic preparedness to migrants and mobility affected communities in Laos

(To be completed by the Participating Un or eligible Partner Organisation)

To: UN Management Committee for the CFIA	Date of Submission: 26 June 2007
From: UN / Eligible Partner Participating Organisation International Organization for Migration	Contact: Telephone number, email +41 22 717 95 02 adavies@iom.int
National Authority <input type="checkbox"/> Endorsement <input checked="" type="checkbox"/> Comments I do not have an endorsement letter but the government suggested to the IOM head of office in Laos that they should assist as similar work is being conducted in the IOM Bangkok office which is a regional head quarters.	Contact: Telephone number, email
Proposed submission, if approved would result in: <input type="checkbox"/> Continuation of existing programme/project <input checked="" type="checkbox"/> New programme/project <input checked="" type="checkbox"/> Other (explain) This project will build upon AHI activities at the IOM Asia Regional office in Bangkok	Proposed submission resulted from: <input type="checkbox"/> National Authorities request <input checked="" type="checkbox"/> UN Agency/eligible Partner initiative within UN Consolidated Action Plan <input type="checkbox"/> NGO or other agency Request <input type="checkbox"/> Other (explain)
Programme/project Title: ENHANCING AVIAN AND HUMAN INFLUENZA PANDEMIC PREPAREDNESS TO MIGRANTS AND MOBILITY AFFECTED COMMUNITIES IN LAOS	
Category of project: Country with restricted implementation capacity; Unforeseen Urgency; Joint programming	
Amount of CFIA funds requested for Proposed Programme/project: Total 162,488.00	
Amount of indirect costs requested: 5%	



1. Background

Avian influenza is a devastating disease in poultry that has led to enormous economic losses in several countries particularly in Southeast Asia. Most families particularly in the rural areas raise backyard poultry particularly since chicken is an inexpensive source of protein, a local source of food security and a means of livelihood. Globally, it has caused serious concern among medical and public health systems because a mutant form of the virus known as H5N1 has caused infection among humans from bird-to-human transmission. The potential of the H5N1 infection to develop into a human influenza pandemic is very likely such that it will require extensive collaboration at the national, regional and international levels. Individuals need to be more aware about the risks posed by avian influenza and how to protect themselves and countries need to become better equipped to detect and treat cases in both human and birds, to confirm diagnosis, and to report the findings at an international level to coordinate regional responses; this rests on timely and transparent sharing of information, as well as on resources sufficient to mount effective intervention campaigns.¹

The Lao PDR Government has taken proactive steps against the threat of an influenza pandemic by developing an integrated National Avian Influenza Control and Pandemic Preparedness Plan in partnership with UN agencies and key partners. It recognizes that public awareness and active engagement of communities cannot be more emphasized as these are crucial factors to prevent further loss of human life and quell outbreaks among poultry.

Migrants, mobile populations and host communities generally have limited awareness and/or access to available health services in host countries. Assessments have identified a combination of legal, socio-cultural, behavioural and economic, especially language/communications barriers that can influence if the migrant may want to avail of health services in his/her new community or to comply with preventive health measures of the country. Evidence suggests that migrants carry a disproportionate burden of disease because they tend to live under especially poor environmental conditions and exhibit low awareness and practice of basic preventive health measures. These predispositions of the migrant/mobile groups admixed with traditional practices of allowing domestic flocks to roam freely and in continual close human proximity increase the danger of bird to human transmission exponentially. A variety of community-based interventions such as improved personal and environmental hygiene and educational campaigns in migrant languages may be able to slow the spread of the disease and limit outbreaks. Even during a human pandemic, these basic health precautions will be the 'principal protective tools,'² for at-risk populations. Migrant populations might well be at-risk if plans for their protection have not been put in place during the preparatory and prevention stages should a pandemic occur.

Within the framework of the UN System and Partners Avian and Human Influenza Consolidated Action Plan³, IOM proposes to implement activities to collaborate with UN lead agencies governments, community leaders, NGOS, and other stakeholders to include migrants in national pandemic preparedness plans to improve access to health needs for migrant populations at risk of avian influenza or of any potential future pandemic, and advocate for appropriate health promotion programs for migrant and strengthen national and international communication strategies for migrant and mobile populations, and other mobility-affected communities.

1.1 IOM experience with avian influenza and human pandemic influenza preparedness

IOM⁴ advocates for the health and well being of migrants as part of its mandate. IOM has worked in collaboration with WHO, UNICEF, the Ministry of Public Health of Thailand on avian influenza awareness

¹ World Health Organization. "Avian Influenza and Human Pandemic Influenza Meeting Summary Report", Geneva, Switzerland -7-09 November 2005.

² 'Strengthening Pandemic Influenza Preparedness and Response'. Fifty-eighth World Health Assembly. WHO Secretariat. 07 April 2005

³ Avian and Human Influenza Consolidated Action Plan (CAP) for Contributions of the UN System and Partners – Revised Activities and Financial Requirements up to December 2007' produced by the UN System Influenza Coordinator (UNSIC) in behalf of FAO, ICAO, IOM, OCHA, OIE, UNDP, UNHCR, UNICEF, UNWTO, WFP and WHO.

⁴ IOM is an inter-governmental organization with 120 member states and is working in over 300 field locations globally. In the ASEAN region, IOM has presence in Cambodia, Indonesia, Laos, Myanmar, Philippines, Thailand and Vietnam.

raising and information campaigns targeting some of the most vulnerable migrant populations and host communities in Thailand. Similar activities have been conducted in Indonesia as part of its community-based health projects. IOM contributes to the integrated national and regional pandemic preparedness strategies as a member of the UN country team preparedness plans in several locations where there are IOM field offices. Funded by the Government of Japan, IOM's Avian Influenza Pandemic Prepared for Migrants Project started in March 2007 and is being piloted in Thailand, Indonesia, Nigeria, Kenya and IOM headquarters in Geneva.

Building on this experience and IOM involvement in emergency and post conflict activities, IOM will work closely with the UN System and Partners Pandemic Influenza Contingency Support (PICS) Team in the region complementing the already ongoing activities of lead agencies such as WHO, FAO, and UNICEF. The AHI educational materials that will be developed within this project will add to IOM's regional safe mobility information package that includes animation video series, life skills activities and facilitator manuals on counter-trafficking ('Shattered Dreams'), HIV and AIDS and population mobility ('For Life, With Love') as well as on tuberculosis (cartoon booklet).

2. Purpose of Proposed Programme/Project

To enhance migrant-friendly community awareness raising activities on avian influenza in domesticated flocks, migratory fowl and humans, as well as to inform communities on modes of transmission and methods of reporting using available educational materials (video, animated VCD and facilitator's guide).

b) To enable migrants to be protected against newly emerging infections, particularly avian influenza by strengthening the capacity of community health workers and non-health authorities working with migrant populations

c) To assist the Government in the development of avian influenza contingency planning that includes migrants and mobile populations' health before, during and after a pandemic crisis at community, national and regional levels.

3. Evaluation of Proposals

This proposal addresses three of the seven objectives of the consolidated action plan. It aims to support the national strategy and addresses the current gaps related to mobile populations and pandemic preparedness. IOM will be working with the national avian influenza pandemic preparedness team. National ownership will be built by strengthening the capacity at the community level. IOM will build the capacity to work with mobile communities that are already access. IOM works as part of the UN inter country team. This project will be supervised from IOM HQ by the AHI coordinator and the AHI focal point in the Bangkok office who will pay regular visits. The IOM head of office will be the daily line manage of the staff implementing this project. The AHI coordinator in Geneva is in contact with the lead agency focal points. She will facilitate links with the lead agencies and the regional and local IOM offices. The IOM AHI coordinator will also visit th project site and will request quarterly report. The consultative meetings with other stakeholders at the national level will ensure that there is no overlap or duplication. The mid term evaluation of the project will ensure that needs are being met and allow for long term improvement of services to mobile populations. IOM is building upon the existing capacity and experience of working with mobile populations in that region. The IOM regional AHI coordinator has visited the IOM laos office and has meet with some of the government officials IOM is a member of several UN country team activies in the region. IOM has staff whose skills that can be utilized inthis project in the region. IOM will also work in partnership with local government staff and NGOs to ensure sustainability

Provide concise summary evaluation of proposal against:

	<i>General principles and selection criteria</i>	
(a)	Must be explicitly based on UN Consolidated Action Plan (UNCAP),	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(b)	Must support national strategies,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(c)	Must promote and ensure national ownership,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(d)	Must demonstrate UN's comparative advantage for specific	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

	intervention ,	
(e)	The organization must have the appropriate system to deliver the intervention,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(f)	The UN response must be effective, coherent, context-sensitive, cost-efficient and the outcomes, sustainable,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(g)	Must avoid duplication of and significant overlap with the activities of other actors,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(h)	Must use strategic entry points that respond to immediate needs and yet facilitate longer-term improvements,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(i)	Must build on existing capacities, strengths and experience,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(j)	Must promote consultation, participation and partnerships.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Project Implementability

	2007	2008
<i>Estimated commitments (\$mill)</i>	—	—
<i>Estimated disbursements (\$mill)</i>	—	—

4. Review by Secretariat

Check on Programme/Project Proposal Format Contents

- | | |
|---|--|
| <input type="checkbox"/> Cover sheet (first page) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Logical Framework with indicators of success and timelines | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Programme/Project Justification | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Programme/Project Management Arrangements | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Risks and Assumptions | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Budget | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Progress Report (for supplementary funding only) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (not required) |

Provide concise summary assessment against:

Implementability

According to the secretariat the project is technically implementable. There are clear measurable deliverable: awareness raising activities, strengthening capacity of community health workers and assistance to national authorities in Laos.

	<i>General criteria for prioritisation</i>	
(a)	Must be in line with UN Consolidated Action Plan	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(b)	Recipient Organization is unable to meet high or urgent priority needs with existing level of funding.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(c)	Need to address high priority activities that have significant impact, and by nature must address seasonal or timing imperatives and considerations.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(d)	Supports activities that are likely to improve the overall situation at national and local levels.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(f)	Does not overlap with other ongoing programmes	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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- *Overall review of programme submission*

This proposal addresses the IOM outputs under objectives 3, 5 and 6 in the UN Consolidated Action Plan and targets one specific country . IOM has been unable to find funding for this.

5. Decision of the UN CFIA Management Committee

- Approved content and budget as submitted
- Approved for a total budget of \$..... *162,488.00*
- Approved with modification/condition on content
- Deferred
- Rejected



Reason/Comments

The Management Committee approved the proposal with the following conditions. IOM will rewrite its proposals, consulting with relevant partners in order to ensure that there will be no duplication, especially with regard to the production of materials. IOM will also refocus the proposal on dissemination of existing material where possible. Finally IOM will discuss the project with the Laos authorities. Within four week IOM will resubmit the proposal to the secretariat of the Management Committee together with a report detailing the changes in the proposal and outcome of discussions with partners.

6. Action taken by the Executive Coordinator, MDTF Office, UNDP

- Project consistent with provisions of the UNDP Administrative Agent-Participating UN Organizations Memorandum of Understanding and Letter of Agreement with donors (if applicable)

Bisrat Aklilu
Executive Coordinator, MDTF Office, UNDP

.....
Signature

.....
Date

see next page for Ex Co's authorization

- Deferred
- Rejected

Reason/Comments

**David Nabarro UN System Senior Coordinator for Avian and Human Influenza,
Chair of the Management Committee for the CFIA**

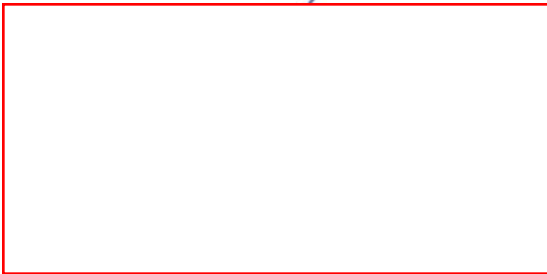
Signature

Date

6. Action taken by the Executive Coordinator, MDTF Office, UNDP

- Project consistent with provisions of the UNDP Administrative Agent-Participating UN Organizations Memorandum of Understanding and Letter of Agreement with donors (if applicable)

*Approved with the
modifications requested.*



19/9/2007

Date



CFIA PROJECT DOCUMENT COVER SHEET

<p>Participating UN or Eligible Partner Organisation: International organization for migration (IOM)</p>	<p>UN CAP objective: Objective 3: Human Health: Build Capacity to cope with a pandemic including surge capacity for a pandemic Objective 5: Public information and communication for behaviour change Objective 6: Continuity under pandemic conditions</p>
<p>Programme/Project Manager IOM AHI Coordinator Name: Anita Davies Address: 17 route des Morillons Geneva CH 1211 Switzerland Telephone: +41 22 717 95 02 E-mail: adavies@iom.int</p>	<p>UN or Eligible Partner Organization that has lead responsibilities for the objective of the UN CAP Name: WHO, UNICEF, OCHA</p>
<p>Programme/Project Title: AVIAN AND HUMAN INFLUENZA PANDEMIC PREPAREDNESS FOR MIGRANT CONSTRUCTION WORKERS IN LAOS. Programme/Project Number: 200707</p>	<p>Programme/Project Country and Location: Laos</p>
<p>The overall objective is to contribute to Lao PDR's national behavioural change and outbreak communication responses and avian influenza and human pandemic preparedness contingency activities for Vietnamese migrants in Laos.</p> <p>Project Purposes are:</p> <p>a) To conduct a Knowledge, Attitudes and Practices (KAP) assessment on AHI among Vietnamese migrants road construction workers in Vientiane and neighbouring province of Borikhamsai.</p> <p>b) To strengthen the avian influenza and human health pandemic preparedness capacity of primary health care workers who come in contact with Vietnamese migrant populations</p> <p>c) To disseminate cultural and language-appropriate AHI and basic hygiene information for behaviour change among 8,000 Vietnamese migrants working in Vientiane and neighbouring province of Borikhamsai, and their surrounding host communities.</p> <p>d) To determine any change in the knowledge attitude, practice or behaviour in the targeted population after the interventions of this project.</p> <p>e) To collaborate with the UN system and partners and the national government to ensure the inclusion of the needs of migrants and mobile populations in the avian influenza and human pandemic contingency plans.</p>	<p>Total Programme/Project Cost: CFIA: USD 162,488.00 Government Input (if relevant): Other: Total: USD 162,488.00</p> <p>Programme/Project Duration: 9 months</p>

**UN CAP Objective (one or more of the seven objectives) and Key Immediate Objectives:
Objective 3, 5 & 6**

Recommendations UN organization that has lead responsibilities for the objective of the UN CAP:

OCHA: RESERVATION - project is limited in scope. not clear how this population group has been considered a priority. How does this project link into other activities at the country level? Suggest this project be looked at in the country/ regional context.

UNICEF:

- There is a clear need for the proposed activities, as the current communication plan in Lao PDR does not address migrant/mobile population.
- It would be good to see the complementarity of IOM's proposed activities to current work and reach by other agencies (i.e. UNICEF).
- Evidence of plans to work with/through the national task force and government endorsement is strongly recommended. Also, one of the objectives mentioned is to, "Assist the government in including migrant populations in the national A/PI preparedness and response plan." CFIA should seek clarification on this point, as a national preparedness plan is already in place for Lao PDR, under which the overall behavior change and outbreak communication response is being implemented.
- The plan to use existing materials and tools on A/PI is a good one and should be encouraged.
- One of the project purposes is "to raise community awareness about AI, its modes of transmission and promote reporting". This purpose could be further focused, as well as go beyond just awareness raising. IOM could determine whether they want to focus on control/prevention of animal-animal transmission or animal-human transmission and then elaborate what behavioural outcomes are feasible in the communities they plan to work with. In addition, the scope of messages and behaviours to be targeted could be wider to also include hygiene messages.
- An estimate of the population to be reached should be provided. Also, geographic coverage could be better specified based on the risks - right now the proposal mentions "suggested "communities.
- In the log frame, the indicators for success should reflect changes in awareness and behaviours in communities and also health workers rather than only reporting the number of meetings held and materials produced. IOM could refer to the 2006 WHO-FAO-UNICEF Ad-hoc meeting report to see the types of indicators that can used to measure the effectiveness of the behaviour change communication activities. It would also be helpful if some form of assessment is built into the project.

WHO: no reply

IOM have made changes to the proposal based on the above Recommendations 13/7/07 and feedback from the World Bank, the national taskforce and UN and other partners in the field.

Name/Title

Luca Dall'Oglio, Permanent Observer to the United Nations, International Organization for Migration (IOM)

David Nabarro, Chair, CFIA Management Committee

Outputs and Key Activities

Output 1: A Knowledge, Attitudes and Practices (KAP) assessment conducted on AHI and basic hygiene among Vietnamese migrants road construction workers before and after the dissemination of cultural and language-appropriate AHI information for behaviour change.

Activities:

1. Share project plans and activities at national and UN and partners technical working groups
2. Adapt existing instruments, translate, pre-test and finalize for AHI KAP survey among Vietnamese migrant workers before and after information dissemination activities. Qualitative methods will use focus group discussions and key informant interviews. IOM will ensure that the KAP assessment will be done in consultation with UNICEF, CARE, AED, FAO and WHO. Vietnamese migrants will be hired on data collection among Vietnamese migrants.
3. Identification of baseline parameters – mobility and backyard poultry situation; basic hygiene and influenza prevention and treatment; work and living situation; beliefs, community environment, access to basic health care services, constraints and limitations and potential channels and strategies
4. Conduct actual field KAP survey in identified up to 4 separate migrant groups in Vientiane and Borikhamsai province.
5. Share results with NAHICO, WHO, UNICEF and key AHI stakeholders by hosting 1 consultative workshop

Output 2: Activities to strengthen the capacity of primary health care workers in contact with Vietnamese migrant populations for avian influenza and human health pandemic preparedness.

Activities:

1. In collaboration with WHO Organize training of trainers (TOT) workshops to train up to 100 primary healthcare workers and village health volunteers serving migrant communities on AHI and pandemic preparedness in Vientiane and Borikhamsai
2. In consultation with partners, support / implement a public information and awareness campaign at municipal and national levels on migrant-inclusive continuity plans and pandemic preparedness plans

Output 3: In collaboration with UNICEF, CARE, AED, dissemination of cultural and language-appropriate AHI information for behaviour change among Vietnamese migrants working in the infrastructure sector particularly along road construction sites) in Vientiane and neighbouring province of Borikhamsai.

Activities:

1. Establish contact with migrant communities in urban and rural settings; meet with primary health care workers, village health volunteers
2. Regular consultative meetings with stakeholders for targeted AHI information dissemination campaign particularly with the IEC Task Force Working Group (combined government and international technical staff (UN and NGOs)
3. Translating and adapting the existing IOM and UNICEF AHI materials
4. Production of IEC material in Lao and in Vietnamese,
4. Promote and disseminate materials using existing mechanisms and non-formal sectors within migrant communities

Output 4: Knowledge attitude, practice or behaviour changes determined among Vietnamese migrant workers on road construction sites.

Activities:

1. Conduct a post intervention survey of targeted populations.
2. Compare information collected before and after the interventions
3. Analyze data
4. Produce a report
5. Disseminate findings to all stakeholders

Output 5: Advocacy for inclusion of migrant needs in the national pandemic contingency plans**Activities:**

1. Collaboration established with Government particularly NAHICO, UN agencies and other stakeholders to include the needs of migrants in the avian influenza contingency plans before, during and after a pandemic crisis at community, national and regional levels.

AVIAN AND HUMAN INFLUENZA PANDEMIC PREPAREDNESS FOR MIGRANT CONSTRUCTION WORKERS IN LAOS.

Summary

As of May 2007, the H5N1 Influenza (AI) laboratory-confirmed infection has claimed the lives of 185 people mostly coming from Asian countries (Cambodia, China, Indonesia, Laos Thailand and Vietnam) out of at least 306 persons since 2003.^{5 6} In March 2007, Laos confirmed its two human deaths due to H5N1 avian influenza virus. While no 'human to human' transmission has been confirmed, medical experts predict that should the virus mutate, a global or regional spread is considered highly likely and may result in a human influenza pandemic where a large number of the world's population will require significant medical care with enormous economic implications. The Lao PDR government's 5-year National Avian Influenza Control and Pandemic Preparedness Plan⁷ (2006-2010) includes animal and human health interventions as well as pandemic preparedness planning that is implemented and coordinated by the National Avian and Human Influenza Coordination Office (NAHICO), and supported by UN agencies, donor governments, national and international NGOs.

Increased migration and mobility patterns in the Greater Mekong Sub-region (GMS) is largely driven by poverty and widening economic disparities between and among countries which pushes people to migrate for employment and hope for better human security. The ease and speed of travel is faster with the development of highway systems and economic corridors in and through Laos and the rest of the GMS countries. Migrants who mostly come from resource-poor countries and have lower levels of education may be ill-equipped with basic knowledge and skills on general health promotion and how to stay healthy. They face increased vulnerability to contracting communicable diseases. Additionally, there is a concern that generally health care systems of host countries have not incorporated migrants/mobile populations into their national health policies, including AHI preparedness response. Migrants carry a disproportionate burden of disease because they tend to live under especially poor environmental conditions, exhibit low awareness and practice basic preventive health measures, and have very limited access to health care services. Thus it is crucial to engage migrants, other mobile populations and host communities in AHI prevention and pandemic preparedness mechanisms.

Contributing to Lao PDR government's efforts to enhance national AHI pandemic preparedness, IOM proposes to work in collaboration with UNICEF, WHO and other lead agencies that to achieving the UN System and Partners Avian and Human Influenza (AHI) consolidated action plan.⁸ IOM will ensure that migrants and mobile populations are included in national behavioural change and outbreak communication responses through the dissemination of appropriate materials. IOM will build upon its ongoing advocacy and safe mobility activities to include migrants and mobile populations in accessing health care services⁹. In collaboration with UNICEF and other stakeholders migrant-inclusive approaches already developed by IOM¹⁰ and locally available material will be used to disseminate avian influenza and basic hygiene information to migrants working on road construction sites in Vientiane municipality and in

⁵ WHO. Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO, May 2007; http://www.who.int/csr/disease/avian_influenza/country/cases_table_2007_05_16/en/index.html; last accessed 21May2007.

⁶ Cambodia: 7 deaths (7 cases); China: 15 deaths (24 cases), Indonesia: 76 deaths (96 cases); Laos: 2 deaths (2 cases); Thailand: 17 deaths (25 cases) and Vietnam: 42 deaths (93 cases). WHO May 2007

⁷ http://www.unlao.org/AHI/AI_Book_En.pdf; last accessed 21May2007

⁸ Avian and Human Influenza (AHI) Consolidated Action Plan for contributions of the UN system and partners revised activities and financial requirements up to December 2007. 24 November 2006.

⁹ This complements IOM's regional activities on safe migration, using information education and communications (IEC) tools on counter – trafficking ('Shattered Dreams'), Safe Migration and Tuberculosis and HIV and AIDS and Life Skills Package ('For Life, With Love') in Khmer, Lao, Vietnamese, Myanmar, Thai and English, and on avian influenza prevention/awareness in Thai, English and 4 Myanmar languages.

¹⁰ IOM and WHO in Thailand have developed and disseminated avian influenza 'edutainment' materials (cartoon booklet and CD) on avian influenza to targeted migrant populations in the Greater Mekong Sub-Region. These are available in Thai, Myanmar and English). 2006.

Borikhamsai province, host communities and local government authorities.

- to enhance migrant-friendly community awareness raising and information for AHI and basic hygiene for behaviour change activities,
- to enable migrants to be protected against newly emerging infections through capacity building initiatives of health and non health workers serving migrant communities,
- to collaborate with UN agencies and the national government to ensure that the needs of migrants and mobile populations are included in the national AHI contingency plans

This 9 month project will be implemented in Vientiane municipality and in Borikhamsai province with an estimated budget of **US\$ 162,488**.

1. Background and Justification

Avian influenza is a devastating disease in poultry that has led to enormous economic losses in several countries particularly in Southeast Asia. Most families particularly in the rural areas raise backyard poultry particularly since chicken is an inexpensive source of protein, a local source of food security and a means of livelihood. Globally, it has caused serious concern among medical and public health systems because a mutant form of the virus known as H5N1 has caused infection among humans from bird-to-human transmission. The potential of the H5N1 infection to develop into a human influenza pandemic is very likely such that it will require extensive collaboration at the national, regional and international levels. Individuals need to be more aware about the risks posed by avian influenza and how to protect themselves and countries need to become better equipped to detect and treat cases in both human and birds, to confirm diagnosis, and to report the findings at an international level to coordinate regional responses; this rests on timely and transparent sharing of information, as well as on resources sufficient to mount effective intervention campaigns.¹¹

The Lao PDR Government has taken proactive steps against the threat of an influenza pandemic by developing an integrated National Avian Influenza Control and Pandemic Preparedness Plan in partnership with UN agencies and key partners. It recognizes that public awareness and active engagement of communities cannot be more emphasized as these are crucial factors to prevent further loss of human life and quell outbreaks among poultry.

It was recognised, however, during the consultations with the National Avian and Human Influenza Coordination Office (NAHICO), UN Avian and Human Influenza Coordinator, UNICEF and other stakeholders that the migrant population was not addressed as another crucial target group of the Lao government strategic actions on AHI. It was also highlighted that the communication strategies on AHI fails to cover migrant populations due to their language barriers and lack of information materials and communication channels accessible to them.

Migrants, mobile populations and host communities generally have limited awareness and/or access to available health services in host countries. Assessments have identified a combination of legal, socio-cultural, behavioural and economic, especially language/communications barriers that can influence if the migrant may want to avail of health services in his/her new community or to comply with preventive health measures of the country. Studies also suggest that resource-poor and less-educated persons are more vulnerable to communicable diseases and other health problems that could be applicable to migrants, reflecting the circumstances where they come from. Evidence suggests that migrants carry a disproportionate burden of disease because they tend to live under especially poor environmental conditions and exhibit low awareness and practice of basic preventive health measures. These predispositions of the migrant/mobile groups admixed with traditional practices of allowing domestic flocks to roam freely and in continual close human proximity increase the danger of bird to human transmission exponentially. A variety of community-based interventions such as improved personal and environmental hygiene and educational campaigns in migrant languages may be able to slow the spread of the disease and limit outbreaks. Even during a human pandemic, these basic health precautions will be the 'principal protective tools,¹² for at-risk populations. Migrant populations might well be at-risk if plans for their

¹¹ World Health Organization. "Avian Influenza and Human Pandemic Influenza Meeting Summary Report", Geneva, Switzerland -7-09 November 2005.

¹² 'Strengthening Pandemic Influenza Preparedness and Response'. Fifty-eighth World Health Assembly. WHO

protection have not been put in place during the preparatory and prevention stages should a pandemic occur.

The development of modern highway systems and the promotion of trade zones are making travel throughout the region much faster and connecting people in new ways resulting in dramatic impact on traditional ways of life. The Ministry of Labour and Social Welfare reports that between 2000 to 2007, there were 28,428 foreign workers in Lao PDR mostly coming from Vietnam, China and Thailand. Ongoing road construction work in Laos¹³ employs migrants, mostly Vietnamese. Anecdotal accounts of Vietnamese migrant workers contracted in the major road development projects identified that certain numbers of migrants bring poultry along with them for their own consumption and/or to sell them in the local market. This will constitute high risk behaviour and would function as a corridor for contraction of AH1 to the communities once immune from contact with outside.

IOM in collaboration with the Laos government partners such as the Ministry of Health including provincial and district health authorities, as well as primary health care workers and village health volunteers, Ministry of Communications, Transportation, Post and Construction, Ministry of Information and Culture, as well as with mass community organizations (such as Lao Women's Union), the Buddhist organizations, construction companies and key stakeholders will address the needs of migrant populations at risk of avian influenza or of any potential future pandemic in the national pandemic preparedness plans.

1.1 IOM experience with avian influenza and human pandemic influenza preparedness

IOM¹⁴ advocates for the health and well being of migrants as part of its mandate. IOM has worked in collaboration with WHO, UNICEF, the Ministry of Public Health of Thailand on avian influenza awareness raising and information campaigns targeting some of the most vulnerable migrant populations and host communities in Thailand. Similar activities have been conducted in Indonesia as part of its community-based health projects. IOM contributes to the integrated national and regional pandemic preparedness strategies as a member of the UN country team preparedness plans in several locations where there are IOM field offices. Funded by the Government of Japan, IOM's Avian Influenza Pandemic Prepared for Migrants Project started in March 2007 and is being piloted in Thailand, Indonesia, Nigeria, Kenya and IOM headquarters in Geneva.

Building on this experience and IOM involvement in integrated migrant health programs in Thailand in partnership with the Thai Ministry of Public Health and in emergency and post conflict activities, IOM will work closely with the UN System and Partners Pandemic Influenza Contingency Support (PICS) Team in the region complementing ongoing activities of lead agencies such as WHO, FAO, and UNICEF. The AH1 educational materials developed for this project will be included in the IOM regional safe mobility information package.

2. Objectives

The overall objective is to contribute to Lao PDR's national behavioural change and outbreak communication responses and avian influenza and human pandemic preparedness contingency activities for Vietnamese migrants in Laos.

3. Project Purposes are:

a) To conduct a Knowledge, Attitudes and Practices (KAP) assessment on AH1 among Vietnamese migrants road construction workers in Vientiane and neighbouring province of Borikhamisai.

Secretariat. 07 April 2005

¹³ For example, the Asian Development Bank (ADB) Roads for Rural Development Project (ADB 10) foreseen to rehabilitate separate roads in four provinces of Borikhamisai, Sayaboury, Attapeu and Vientiane, Lao PDR.

¹⁴ IOM is an inter-governmental organization with 120 member states and is working in over 300 field locations globally. In the ASEAN region, IOM has presence in Cambodia, Indonesia, Laos, Myanmar, Philippines, Thailand and Vietnam.

- b) To strengthen the avian influenza and human health pandemic preparedness capacity of primary health care workers and village health volunteers who come in contact with Vietnamese migrant populations
- c) To disseminate cultural and language-appropriate AHI and basic hygiene information for behaviour change among 8,000 Vietnamese migrants working in Vientiane and neighbouring province of Borikhamsai, and their surrounding host communities.
- d) To determine any change in the knowledge attitude, practice or behaviour in the targeted population after the interventions of this project..
- e) To collaborate with the UN system and partners and the national government to ensure the inclusion of the needs of migrants and mobile populations in the avian influenza and human pandemic contingency plans.

4. Target Beneficiaries

Migrant Vietnamese construction workers and their host communities

5. Time Frame : 9 months

6. Outputs and Activities

Output 1: A Knowledge, Attitudes and Practices (KAP) assessment conducted on AHI and basic hygiene among Vietnamese migrants road construction workers before and after the dissemination of cultural and language-appropriate AHI information for behaviour change.

Activities:

1. Share project plans and activities at national and UN and partners technical working groups.
2. Adapt existing instruments, translate, pre-test and finalize for AHI KAP survey among Vietnamese migrant workers before and after information dissemination activities. Qualitative methods will use focus group discussions and key informant interviews. IOM will ensure that the KAP assessment will be done in consultation with UNICEF, CARE, AED, FAO and WHO. Vietnamese migrants will be hired on data collection among Vietnamese migrants.
3. Identification of baseline parameters – mobility and backyard poultry situation; basic hygiene and influenza prevention and treatment; work and living situation; beliefs, community environment, access to basic health care services, constraints and limitations and potential channels and strategies.
4. Conduct actual field KAP survey in identified up to 4 separate migrant groups in Vientiane and Borikhamsai province.
5. Share results with NAHICO, WHO, UNICEF and key AHI stakeholders by hosting 1 consultative workshop

Output 2: Activities to strengthen the capacity of primary health care workers in contact with Vietnamese migrant populations for avian influenza and human health pandemic preparedness.

Activities:

1. In collaboration with WHO Organize training of trainers (TOT) workshops to train up to 100 primary healthcare workers and village health volunteers serving migrant communities on AHI and pandemic preparedness in Vientiane and Borikhamsai
2. In consultation with partners, support / implement a public information and awareness campaign at municipal and national levels on migrant-inclusive continuity plans and pandemic preparedness plans

Output 3: In collaboration with UNICEF, CARE, AED, dissemination of cultural and language-appropriate AHI information for behaviour change among Vietnamese migrants working in the infrastructure sector

particularly along road construction sites) in Vientiane and neighbouring province of Borikhamisai.

Activities:

1. Establish contact with migrant communities in urban and rural settings; meet with primary health care workers, village health volunteers
2. Regular consultative meetings with stakeholders for targeted AHI information dissemination campaign particularly with the IEC Task Force Working Group (combined government and international technical staff (UN and NGOs).
3. Translating and adapting the existing IOM and UNICEF AHI materials
4. Production of IEC material in Lao and in Vietnamese,
5. Promote and disseminate materials using existing mechanisms and non-formal sectors within migrant communities

Output 4: Knowledge attitude, practice or behaviour changes determined among Vietnamese migrant workers on road construction sites.

Activities:

1. Conduct a post intervention survey of targeted populations.
2. Compare information collected before and after the interventions
3. Analyze data
4. Produce a report
5. Disseminate findings to all stakeholders

Output 5: Advocacy for inclusion of migrant needs in the national pandemic contingency plans

Activities:

1. Collaboration established with Government particularly NAHICO, UN agencies and other stakeholders to include the needs of migrants in the avian influenza contingency plans before, during and after a pandemic crisis at community, national and regional levels.

Management arrangements (anita, is this line covering items below? I think this can be deleted?)

7. Monitoring and Evaluation

IOM will adapt the M & E Framework that has been developed for the national plan to be relevant to the target population. IOM project team will monitor the project activities to ensure they address the project objectives. IOM will give regular updates of the project progress to the national and UN and partners health education and community action technical working groups. Monitoring and Evaluation activities will include:

- Establishment of work plans and periodic revision of planned versus actual activities
- Review outputs as compared to objectives as set out in project document and donor's contract
- Validation of the progress made by verifying if an assumed or reported progress actually was made or not, through physical checks, spot checks, field visits, etc
- Close monitoring of financial aspects of the project including monitoring of expenses versus budget, assistance in budget revision and financial reports

A quarterly review and reporting of achievements and lessons learned will be conducted and adjust plans for activities of the next quarter. An interim narrative and financial report will be submitted to the donors as requested. A final donor report will be submitted 30 days after the completion of the project.

Analysis of risks and assumptions

It is assumed that the NAHICO, IOM and other stakeholders are working in collaboration to meet the set objectives of the project. As IOM already works with migrant population in Laos, it is

assumed that migrant communities will participate willingly in all planned activities. As IOM already has material that has been piloted in Thailand, it is assumed that using this material translated into appropriate languages and the use of available UNICEF materials will meet the information needs of migrant Vietnamese construction workers in Laos. As the national government has an agreement for IOM to work on migrant and mobility issues this AHI project will be acceptable to all.

IOM is a projectized organization and 100% funding will be needed to implement this project. This project is cost effective as it will be implemented in communities and in collaboration with stakeholders that IOM have made contact. Information developed in this project can be used in other AHI projects in the region.

THE LOGICAL FRAMEWORK

Objectives	Indicators of success	Important assumptions	Time line
Overall Objective	% of behaviour change activities accessed by migrant workers % of primary health care workers and village health volunteers with training to use information that can change behaviour in migrant workers communities % national pandemic contingency activities that migrants have accessed	Primary health care workers and village health volunteers attend training Information for behaviour change acceptable to migrant communities Migrants can access national programmes	Over a 9 month period
Immediate Objectives: a) To conduct a Knowledge, Attitudes and Practices (KAP) assessment on AHI among Vietnamese migrants working along road construction sites in Vientiane and neighbouring province of Borikhamsai. b) To strengthen the capacity of primary health care workers and village health volunteers working with Vietnamese	% of migrant workers who have any knowledge of AHI % of primary health care workers and village health volunteers who correctly recognize signs and symptoms of avian influenza and human influenza like symptoms. % of migrant workers who wash hand properly	(Immediate Objective to UN Action Plan Objective) Objectives 3, 5 & 6 in CAP Collaboration with lead agencies, WHO, FAO, UNICEF UNSIC/ PICs	1/2 months

<p>migrant populations for avian influenza and human health pandemic preparedness.</p> <p>c) To disseminate cultural and language-appropriate AHI information for behaviour change among Vietnamese migrants working in the infrastructure sector particularly along road construction sites in Vientiane and neighbouring province of Borikhamsai.</p> <p>d) To determine any change in the knowledge attitude, practice or behaviour in the targeted population after the interventions of this project..</p> <p>e) To collaborate with the UN partners and the national government to ensure the inclusion of the needs of migrants and mobile populations in the avian influenza and human pandemic contingency plans.</p>	<p>% of migrant workers who have received IEC materials</p> <p>% of migrants who know at least 3 behaviours to protect themselves and their families from avian influenza</p> <p>% of avian influenza preparedness activities that are available for migrants</p>		<p>2 months</p> <p>Over lap all activities from 3rd month to 6th month</p> <p>8th month post intervention survey</p> <p>9th month Give feedback to all and update plans at the end of project. Monitoring and evaluation halfway through project and at the end of the project. Final Report at the end of 9 months</p>
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<p>OUTPUTS: <u>output1:</u> Migrant and host communities' knowledge and awareness of avian and human influenza are enhanced using available educational information materials;</p> <p><u>Output 2:</u> Strengthen the capacity of primary health care workers and village health volunteers working with Vietnamese migrant populations for avian influenza and human health pandemic preparedness.</p> <p><u>Output 3:</u> Dissemination of cultural and language-appropriate AHI information for behaviour change among Vietnamese migrants working in the infrastructure sector particularly along road construction sites) in Vientiane and neighbouring province of Borikhamsai.</p> <p><u>Output 4:</u> To determine and knowledge attitude, practice or behaviour change in migrant Vietnamese migrant workers after the interventions of this project.</p> <p><u>Output 5:</u> Collaboration with UN partners and NAHICO to include migrants needs in national AHI plan</p>		<p>(Outputs to immediate objective)</p> <p>Out put contribute to CAP objective 5</p> <p>Outputs for CAP objective 3 & 5</p> <p>Output for CAP objective5</p> <p>Objective 3 & 5</p> <p>Objective 5</p>	<p>Within the1 -2 months</p> <p>Within the 2 to 3 months</p> <p>Within the3/4 /5 & 6 month</p> <p>Within the 7 & 8 month</p> <p>Ongoing through out the project</p>
<p>ACTIVITIES: Consultative meetings</p>	<p>INPUTS: The project budget will</p>	<p>(Activity to output) Stakeholder agreements</p>	

<p>Translation of material Production of material Train primary health care workers and village health volunteers Include migrants needs in national action plan. Include in national simulation exercise.</p>	<p>be used for a percentage of IOM staff salaries as IOM is a projectized organization. The funds will also be used for hired consultants, and professional services to produce IEC material and TOT activities. Supplies, equipment, transportation is needed to implement activities. The IOM over head is 5% of operational and office cost.</p>	<p>Engage with migrant Vietnamese construction workers Material translated & disseminated Appropriate TOT material developed Community workers trained Appropriate supplies and equipment purchased Post intervention survey IOM contribute to national contingency plans activities Monitoring and evaluation using indicators similar to those in the national plan. Changes incorporated after mid point evaluation</p>	
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Budget in UNDG format

CATEGORY	ITEM	UNIT COST	NUMBER OF UNITS	TOTAL COST
1. Personnel • including staff and consultants				60,750.00
2. Contracts • including companies, professional services, grants				10,000.00
3. Training			4	20,000.00
4. Transport				5,000.00
5. Supplies and commodities (for Survey , production and dissemination of materials)				30,000.00
6. Equipment (Office costs)	Per month	1,000	9	9,000.00
7. Travel				5,000.00
8. Miscellaneous Monitoring and evaluation Consultation meetings				15,000.00
9. Management Support**	1	5%		7,738.00

Total 162,488

