

# Submission Form

To

## Management Committee for the UN Central Fund for Influenza Action

<b>Meeting No: 5</b>	<b>Date of Meeting: 20 February 2008</b>
<b>Item No: 200810</b>	<b>Programme / project: Pandemic Preparedness For Migrants And Host Communities</b>
To: Management Committee for the UN CFIA	Date of Submission: 4 February 2008
From: Participating UN/ Non-UN Organisation <b>International Organization for Migration , IOM</b>	Contact: Telephone number, email Anita A. Davies +41 227179502 adavies@iom.int
National Authority  <input type="checkbox"/> Endorsement <input checked="" type="checkbox"/> Comments (mandatory if no endorsement) IOM has established liaison with National Authorities that are implementing the AHI preparedness activities, lead agencies and other partners and a member of UN country team pandemic preparedness. IOM already conduct migration management projects in all locations in this project. IOM Regional representatives in all locations participate in UN pandemic preparedness meetings in all locations and the proposal being implemented are discussed in these forums.	Contact: Telephone number, email  PIC regional officers for Asia, North Africa, West Africa, East Africa,, Southern Africa and Latin America
Proposed submission, if approved would result in:  <input type="checkbox"/> Continuation of existing programme/project <input checked="" type="checkbox"/> New programme/project <input type="checkbox"/> Other (explain)	Proposed submission resulted from:  <input type="checkbox"/> National Authorities request <input checked="" type="checkbox"/> Participating UN/Non-UN Participating Agency within the UN Consolidated Action Plan <input type="checkbox"/> NGO or other agency Request <input type="checkbox"/> Other (explain)
Programme/Project Title: Pandemic Preparedness For Migrants And Host Communities	
Category of project: <u>Country with restricted implementation capacity;</u>	
Unforeseen Urgency; <u>Joint programming:</u>	
Amount of CFIA funds requested for Proposed Programme/project: \$ 990,000	
Amount of indirect costs requested: (7 %) \$ 64,766	

## 1. Background

Many countries have responded to the threat of avian influenza to varying degrees at national, and community levels. Some countries have adhered to WHO pandemic preparedness guidelines as well as to the International Health Regulations (IHR, May 2005) and the Asia Pacific Strategy for Emerging Diseases (WHO, 2005) such as addressing the maintenance of essential services, prevention and rapid containment of the disease and mitigation of the socioeconomic consequences of a pandemic. However, attention to cross border areas and the people who live, work and move through them has not been sufficiently addressed in pandemic preparedness strategies worldwide. Some national strategies have identified cross border areas as an issue of importance in avian influenza transmission, however the specific needs of migrants, cross border communities as well as the pandemic preparedness capacity of border control and public health officers warrant further attention.

While movement of goods, live stock and people across borders is essential to international trade and cooperation between countries, ill-prepared or unprepared border zones may be considered as potential channels for the spread of avian influenza in both pre-pandemic and pandemic scenarios.

Some regions are more advanced than others in addressing this issue of border control measures as part of pandemic preparedness. The emergence of the H5N1 avian influenza virus in Asia region called for tighter control of the cross border movement of livestock and poultry.

Some countries have taken measures to increase surveillance at border crossings and prohibiting the importation of poultry. Many countries have not included the needs of migrants into their humanitarian and pandemic preparedness planning interventions. These interventions should include capacity building, research and planning to mitigate the impact of the potential pandemic or any other crisis. Migrants, their host communities, professionals and civil society who interact with them, can be made aware of avian influenza and pandemic preparedness. The IOM-MOPH Migrant Health Program in Thailand for example, has worked with migrants, mobile populations and communities impacted by mobility in areas of health education, community radio, production of IEC materials and AHI training for Community Health Volunteers to assist in efforts to respond to the threat of avian influenza. These migrant friendly approaches that IOM has used in Asia will be adapted to strengthen pandemic preparedness for migrants in other regions such as Africa and Latin America.

IOM will be building on lessons learnt from a Government of Japan funded pandemic preparedness for migrants project implemented in Indonesia, Thailand, Nigeria and Kenya and another project in Lao PDR.

IOM engages with governments and migrant communities on migration management issues. During the SARS crisis IOM worked with national border control agencies in Cambodia to monitor the disease in mobile populations. In September 2007, IOM supported the 3<sup>rd</sup> cross border health meeting between the Cambodia and Vietnam Ministries of Health. IOM has also worked with border control agencies in Sub-Saharan Africa on counter trafficking, HIV/ AIDS campaigns and other issues. IOM is an active member of UN country team pandemic preparedness plans in countries where present. IOM proposes to work in collaboration with its Member States, UN agencies and other partners to strengthen national and migrant communities capacity for pandemic preparedness. IOM has conducted a pilot study on pandemic preparedness for migrants in Indonesia, Thailand, Nigeria and Kenya. This study was funded by the government of Japan and will be completed in March 2008.

During this first phase of the three year USAID funded project, IOM will implement activities to strengthen migrant community pandemic preparedness in Asia and Africa and engage with its

member states in Latin America and the Caribbean to raise awareness of the links between migration and avian influenza and pandemic preparedness.

## **2. Purpose of Proposed Programme/Project**

The project's goal is to contribute towards national, regional and global efforts for avian influenza response and pandemic preparedness by contributing to the UN System and Partner Consolidated Action Plan objectives 6 & 7 (revised September 2007).

### **Objective**

The overall objective is to ensure continuity of essential social, economic and governance services and effective implementation of humanitarian relief under pandemic conditions for migrant populations.

Specific Objectives are:

1. To increase capacity for community based surveillance, prevention, home based management of communicable disease (including influenza like illnesses) and social wellbeing of migrant communities in the event of a pandemic or other crisis;
2. To conduct pandemic preparedness social mobilization activities for migrant communities, civil society and border control agencies and;
3. To strengthen national capacities to include the needs of migrants in disaster preparedness and pandemic contingency plans.

### **Output**

- 3.3.4: Access to health needs for migrant populations at risk of avian influenza or any potential future pandemic
- 5.2.5: Government behaviour change strategies for migrants
- 6.1.10: Operations in place to respond to the needs of migrants and mobile populations

### **Activities**

Key activities of this project to ensure that migrant communities' capacity is strengthened to cope during a pandemic or other crisis are:

- Map migratory routes of migrant communities
- Train community staff to strengthen surveillance in migrant communities
- Train workers who interact with migrant communities on social well being and home based care of influenza like illnesses during a pandemic or other crisis
- Support governments to include migrants health and social needs in national plans
- Support governments to include migrant needs in national communication and behaviour change strategies
- Develop/adapt and disseminate IEC material among migrants
- Raise pandemic preparedness awareness among professionals ( border control and public health officers) that work with migrants
- Conduct scoping/ advocacy missions to at least one country in West Africa, East Africa, Southern Africa & Latin America

## Indicators.

- % of community staff trained that can correctly identify migrant community health needs
- % of border control and of public health staff that have at least one behaviour change related to pandemic preparedness for migrants
- Number of migrants in targeted communities that have an increased awareness of avian influenza and pandemic preparedness
- Number of government plans that have included migrant community preparedness within 1 year of intervention.
- Number of countries visited that are interested in working with IOM to strengthen capacity for cross border and migrants pandemic preparedness.
- Number of governments that are interested in pandemic preparedness activities for migrants after scoping and advocacy missions

### 3. Project Implementability

	2007	2008
Estimated commitments (\$mill)	.003	0.987
Estimated disbursements (\$mill)	0	0.99

### 4. Evaluation of Proposals

Provide concise summary evaluation of proposal against:

	<b>General principles and selection criteria</b>	
(a)	Must be explicitly based on the UN Consolidated Action Plan (UNCAPAH),	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 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"/>

### **Recommendations: UN Organizations that have lead responsibilities for the objectives of the UN CAP**

**WHO:** Very sound and designed to meet a clear need.

### **UNICEF: comments applying to all project proposals that fall under obj 5 (particularly 200803 IOM):**

Any agency that is planning to work on specific population groups on behavior change communication (BCC) and social mobilization around AI and PI needs to ensure that their work does not duplicate work that is underway or being planned by other UN agencies on aspects of BCC and social mobilization. Particularly, work done in 2006/7 such as extensive baseline research and proto-type development at the country level should be used to capitalize and jump-start the work planned. One way to capture this is to add a section in the proposal that outlines past and on-going communication work in the country and how the proposed plans address existing gaps.

**OCHA:** The stated objectives are clearly in line with the UNAHICAP and address an important facet of national preparedness. The listed activities are appropriate for reaching the stated objectives, although perhaps some of them could be more explicit. For example, 'raising awareness amongst professionals' might be considered an objective rather than an activity. Most of the indicators are solid. More precise definitions of 'one behaviour change' per staff and of 'interested' countries might help

## 5. 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"/> (not required < \$500,000) |
| <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"/>                            |
- ☐ *Implementability*

The project has clearly defined activities focusing on strengthening community based surveillance capacity, prevention, and home based management of communicable disease; conducting pandemic preparedness social mobilization activities for migrant communities, civil society & border control agencies; and strengthening national capacities to include needs of migrant populations in pandemic contingency plans.

	<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"/>
(e)	Does not overlap with other ongoing programmes.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

- ☐ *Overall review of programme submission*

Project proposal submission criteria have been fulfilled. **See Section 4, Evaluation of Proposals, for comments by the lead agencies, WHO, UNICEF, & OCHA.**

This proposal covers outputs 3.3.4, 5.2.5, and 6.1.10 of the UN Consolidated Action Plan for which IOM has been unable to find funding

**6. Decision of the Management Committee for the UN CFIA**

- ☐ Approved content and budget as submitted
- ☐ Approved for a total budget
- ☒ Approved with modification/condition on content for a total budget of \$990,000.00
- ☐ Deferred
- ☐ Rejected

**Reason/Comments**

*The conditions for this approval are spelled out in  
the Note for the Record of the CFIA Management Committee  
on February 20 2008*

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

**7. Action taken by the Executive Coordinator, Multi-Donor Trust Fund Office, UNDP**

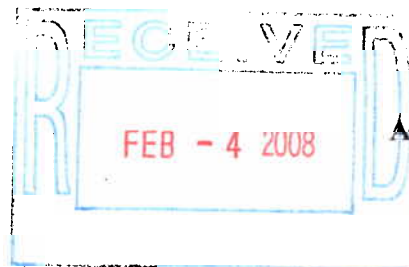
- ☐ Project consistent with provisions of the UNDP Administrative Agent-Participating UN and Non-UN Organization's Memorandum of Understanding and Letter of Agreement with donors (if applicable)

**CFIA Programme/Project Proposal Format and Guidelines**

**Contents:**

1. Cover sheet, first page of the programme/project document, (**Appendix A**)
2. Logical Framework (**Appendix B**)
3. Programme/Project Justification (**Appendix B**)
4. Programme/Project Management Arrangements (**Appendix B**)
5. Risks and Assumptions (**Appendix B**)
6. Programme/Project Budget (**Appendix C**)





Appendix A

## CFIA PROJECT DOCUMENT COVER SHEET

<b>Participating UN or Eligible Partner Organisation:</b> <b>International Organization for Migration</b> <b>IOM</b>	<b>UN CAP objective:</b> <b>Objective 6 ( Including objective 3 &amp; 5 as stated in CAP)</b>
<b>Programme/Project Manager</b>  <b>Name: Anita A. Davies</b> <b>Address: 17 route des Morillons</b> <b>P.O. Box 71</b> <b>CH-1211 Geneva 19</b> <b>Switzerland</b> <b>Telephone: +41 22 717 95 02</b> <b>E-mail: adavies@iom.int</b>	<b>UN or Eligible Partner Organization that has lead responsibilities for the objective(s) of the UNCAP</b> <b>OCHA/PICS/ WHO/ UNICEF</b> <b>Name: Micheal Mosselmans</b> <b>Pandemic Influenza Contingency PIC/ OCHA/UNSIC</b> <b>Address: United Nations, Palais des Nations,</b> <b>CH1211 Geneva 10</b> <b>Telephone: 41 22910 2778</b> <b>E-mail: Mosselmans@un.org</b>
<b>Programme/Project Title:</b> <b>Pandemic Preparedness For Migrants And Host Communities</b> <b>Programme/Project Number: CFIA/B-4</b>	<b>Programme/Project Country and Location:</b> <b>Project locations in Asia will be the Cambodia/ Vietnam cross border provinces of Tay Ninh and Svay Riengied.</b> <b>The locations in Egypt will be the migrant communities in Cairo and around the Nile regions.</b> <b>Locations to be visited in Sub-Sahara Africa and Latin America to be determined with other agencies</b>
<b>Programme/Project Description:</b> Many countries at national, and community levels have responded to the threat of avian influenza to varying degrees. Attention to cross border areas and the people who live, work and move through them has not been sufficiently addressed in pandemic preparedness strategies worldwide. Some national strategies have identified cross border areas as an issue of importance in avian influenza transmission. However the specific needs of migrants, cross border communities as well as the pandemic preparedness capacity of border control and public health officers warrant further attention. During this first phase of the three year USAID funded project, IOM will implement activities to strengthen migrant community pandemic preparedness in select countries in Asia and North Africa. During this initial phase of the project IOM will also engage with its member states in Sub-Sahara Africa, Latin America and the Caribbean to raise their awareness of the links between migration and avian influenza and pandemic preparedness.	<b>Total Programme/Project Cost</b>  <b>CFIA: USD 990,000</b> <b>Government Input (if relevant): Staff time cost</b> <b>Other, Lead agencies and other partners staff time</b> <b>Total: USD990,000</b>  <b>Programme/Project Duration:</b> 12 months  <b>Estimated Start Up Date: October 2007</b>



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

Specific Objectives are:

1. To increase capacity for community based surveillance, prevention, home based management of communicable disease (including influenza like illnesses) and social wellbeing of migrant communities in the event of a pandemic or other crisis;
2. To conduct pandemic preparedness social mobilization activities for migrant communities, civil society and. border control agencies and;
3. To strengthen national capacities to include the needs of migrants in disaster preparedness and pandemic contingency plans

**Outputs and Key Activities:**

Outputs as stated in consolidated action plan

3.3.4 Access to health needs for migrant populations at risk of avian influenza or any potential future pandemic

5.2.5 Government behaviour change strategies for migrants

6.1.10 Operations in place to respond to the needs of migrants and mobile populations

Key activities of this project to ensure that migrant communities' capacity is strengthened to cope during a pandemic or other crisis are:

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- Support governments to include migrant needs in national communication and behaviour change strategies
- Develop/adapt and disseminate IEC material among migrants
- Raise pandemic preparedness awareness among professionals ( Border control and public health officers) that work with migrants
- Sensitization missions to select countries in sub-Saharan Africa and Latin America and the Caribbean

**UN organization that has lead responsibilities for the objective of the UN CAP Review Date:**

**13 February 2008**

**Secretariat Review Date: 6 February 2008**

**Management Committee Approval Date: 20 February 2008 Total Approved Amount: \$ 990,000.00**

On behalf of:  
Participating Organisa  
International  
Organization  
for Migration

Chair CFIA MC

*Name/Title*

**Luca Dall'Oglio**  
**IOM Permanent Observer to the**  
**United Nations**

**David Nabarro**  
**UN System Senior Coordinator for AHI**

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**UN organization that has lead responsibilities for the objective of the UN CAP Review Date:**

**13 February 2008**

**Secretariat Review Date: 6 February 2008**

**Management Committee Approval Date: 20 February 2008 Total Approved Amount: \$ 990,000.00**

On behalf of: Signature

Date

Name/Title

Participating Organisation

David Nabarro

UN System Senior Coordinator for AHI

## **Appendix B**

### **Programme/project Justification**

The background to the programme/project, and the approach adopted should be explained.

#### **Background**

IOM engages with its Member States to manage migration. During the SARS crisis IOM worked with national border control agencies in Cambodia to monitor the disease in mobile populations. In September 2007, IOM supported the 3<sup>rd</sup> cross border health meeting between the Cambodia and Vietnam Ministries of Health. IOM has also worked with border control agencies in Sub-Saharan Africa on counter trafficking, HIV/ AIDS campaigns and other health and migration management issues. IOM has conducted a pilot study on pandemic preparedness for migrants in Indonesia, Thailand, Nigeria and Kenya. This study was funded by the government of Japan and will be completed in March 2008. IOM is currently implementing an avian influenza project in Lao PDR. IOM is an active member of UN country team pandemic preparedness plans in countries where present. IOM proposes to work in collaboration with its Member States, UN agencies and other partners to strengthen national and migrant communities capacity for pandemic preparedness. IOM medical staff have participated in several pandemic preparedness trainings organized by lead agencies that contribute to the UN system and partners consolidated action plan for avian influenza

IOM presented this proposal to the government of Japan as an extension of the current pandemic preparedness for migrants project. The government of Japan informed IOM that they would not be funding strengthening pandemic preparedness for migrants in 2008.

IOM is presenting this proposal to the CFIA for USAID funding.

#### **Programme/project approach**

- During the last International ministerial conference on avian and pandemic influenza held in New Delhi from 4-6 December 2007, several governments stated that there is a need to manage cross border and migration issues relating to pandemic preparedness. This project will strengthen the capacity to address these issues. IOM regional office in Bangkok is already working with other stakeholders on migration health cross border programmes with countries that share a border with Thailand. This experience will be used to develop and implement cross border pandemic preparedness activities in Egypt during this phase of the project and subsequently in other locations during the second phase of this project. These other locations will be determined after scoping and sensitization missions that will be conducted in collaboration with other agencies and the donor.
- This project will strengthen the capacity of community workers to increase migrant access to health care through training of trainers for community surveillance, home based care and social wellness of migrant communities. The project will also increase pandemic preparedness awareness of professionals such as border control and public health officers that work with migrant communities along borders. Social mobilization activities will also be conducted among select migrant communities.

Sensitization of governments will ensure that migrant needs are included in national communication strategies and pandemic preparedness plans.

- AHI plans in some of the targeted countries have already included the needs of migrants. This project will work within the framework of human health and information for behaviour change and communication strategies. In countries that do not have a plan or have not included migrants in their existing plans it is hoped that this project will highlight the need for migrant and cross border pandemic preparedness. Capacity building activities will be implemented in these countries in the next phase of this three year project.
- This project will be implemented through IOM regional offices in Bangkok, Thailand and Cairo Egypt where IOM has made contact with PIC and UNSIC regional officers, UN country team and national stakeholders. Scoping and sensitization missions will be conducted in one country in West Africa, one country in East Africa, one country in Southern Africa and one country in Latin America. These locations will be determined in collaboration with other agencies that contribute to the consolidated action plan. IOM Regional offices and country offices will be involved in these identified locations.
- This project will be addressing objective 6 of the UN Consolidated Action Plan on AHI with specific reference to migrants pandemic preparedness.
- It is expected that national governments and migrant populations will benefit from this project. Governments will include migrant communities needs in their national plans. Professionals that work with migrants will have strengthened their pandemic preparedness capacity. Migrants will have increased access to home based care and social wellbeing for a pandemic or other crisis in their communities.
- This project will focus on cross border migrants and host communities and professionals that interact with these communities along the Cambodia/ Vietnam cross border provinces of Tay Ninh and Svay Rieng. The locations in Egypt will be in Cairo and around the Nile regions. Target groups will be migrants for resettlement, international traders and migrants returning to Sudan.
- This project will work within the framework of existing national structures such as the ministries of health, communication and the national avian influenza and pandemic preparedness taskforces. The activities will be finalized in collaboration with all national stakeholders to ensure that they contribute to national capacity building.

### **Management arrangements**

IOM has an in-house project monitoring system. The IOM Regional Representatives, Chief of Missions, and avian influenza focal points, in the countries of implementation, with the help of national staff will liaise with national and international stakeholders. The project workplan and time line in all locations will be finalized with all stakeholders' inputs.

The IOM avian influenza and pandemic preparedness global coordinator based in Geneva will be in

weekly contact with IOM staff in project locations and focal points in relevant national and international agencies. Missions will be conducted to provide technical support and hold meetings with national and international stakeholders will be conducted. Quarterly updates will be requested from the project assistant in project locations. These reports will be presented to PICS, UNSIC and at national meetings.

All activities will be conducted in collaboration with lead UN agencies and other partner agencies.

The impact on the targeted populations will be measured and the project will be evaluated.

### **Analysis of risks and assumptions**

IOM has a good working relationship with its member states and has already begun to raise the issue of pandemic preparedness for migrants. It is assumed that this project will succeed as it will be building up on experiences with interactions with governments in Asia and Africa during the pandemic preparedness for migrants project funded by the Government of Japan in 2007.

It is assumed that governments will have no objections to the implementation of a project funded by the donors. It is assumed that the donors have no problems with funding a project in the selected countries.

It is assumed that IOM staff will remain in post in the country of implementation till the end of the project.

It is essential that stakeholders at the national and UN and partners country teams collaborate with IOM for this project to succeed.

## THE LOGICAL FRAMEWORK

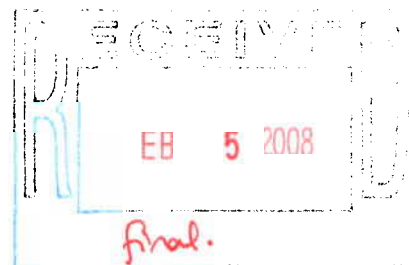
Objectives	Indicators of success	Important assumptions	Time line
<b>Overall Objective :</b> To ensure continuity of essential social, economic and governance services and effective implementation of humanitarian relief under pandemic conditions for migrant populations		Funds available Governments recognize migrants needs Political stability to allow implementation of project	12 months
<b>Immediate Objectives:</b> 1.To increase capacity for community based surveillance, prevention, home based management of communicable disease (including influenza like illnesses) and social wellbeing of migrant communities in the event of a pandemic or other crisis; 2. To conduct pandemic preparedness social mobilization activities for migrant communities, civil society and. border control agencies and; 3.To strengthen national capacities to include the needs of migrants in disaster preparedness and pandemic contingency plans	% of community staff trained that can correctly identify migrant community health needs by the end of the project  % of border control and of public health staff that have at least one behaviour change related to pandemic preparedness for migrants  Number of migrants in targeted communities that have an increased awareness of avian influenza and pandemic preparedness  Number of government plans that have included migrant community preparedness within 1 year of intervention.  Number of countries visited that are interested in working with IOM to strengthen capacity for cross border and migrants pandemic preparedness.	<b>(Immediate Objective to UN Action Plan Objective)</b>  Collaboration of partner agencies Collaboration of community workers Interest of national government	For detailed timeline see attached Gantt charts

<p><b>OUTPUTS:</b> Outputs as stated in consolidated action plan</p> <p>3.3.4: Access to health needs for migrant populations at risk of avian influenza or any potential future pandemic</p> <p>5.2.5: Government behaviour change strategies for migrants</p> <p>6.1.10: Operations in place to respond to the needs of migrants and mobile populations</p>	<p>Number of health and welfare services that migrants are aware of and that they can access in their communities.</p> <p>Number of staff trained to provide social wellbeing and home based and community care</p> <p>A report of migrant mobility patterns</p> <p>Number of government plans that have operations in place for migrant community preparedness.</p>	<p><b>(Outputs to immediate objective)</b></p> <p>Collaboration of lead agencies</p> <p>Collaboration of community workers</p> <p>Collaboration of migrant communities</p> <p>Collaboration of national government</p>	
<p><b>ACTIVITIES:</b></p> <ul style="list-style-type: none"> <li>• Baseline survey</li> <li>• Map migratory routes of migrant communities</li> <li>• Train community staff to strengthen surveillance in migrant communities</li> <li>• Train workers who interact with migrant communities on social well being and home based care of influenza like illnesses during a pandemic or other crisis</li> <li>• Support government to include migrants' health and social needs in national plans</li> <li>• Support governments to include migrant needs in national communication and behaviour change strategies</li> <li>• Develop/adapt and disseminate IEC material among migrants'</li> <li>• Raise pandemic preparedness awareness among professionals (</li> </ul>	<p><b>INPUTS:</b></p> <p>IOM personnel</p> <p>Professional services</p> <p>Training</p> <p>Social mobilization</p> <p>Sensitization meetings</p> <p>Transport</p> <p>Supplies &amp; commodities</p> <p>Equipment</p> <p>Staff Travel</p> <p>IEC material</p>	<p><b>(Activity to output)</b></p> <p>Lack of stakeholder collaboration</p> <p>Lack of information sharing</p>	



<p>Border control and public health officers) that work with migrants</p> <ul style="list-style-type: none"> <li>• Conduct scoping/advocacy missions to countries in Sub-Saharan Africa and Latin America</li> <li>• Scoping sensitization missions</li> <li>• Post intervention evaluation</li> </ul>			
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Appendix C  
THE PROGRAMME/PROJECT BUDGET - IOM



CATEGORY	ITEM	UNIT COST	NUMBER OF UNITS	TOTAL COST
<b>1. Personnel</b> • including staff and consultants				300,000
<b>2. Contracts</b> • including companies, professional services, grants				140,000
<b>3. Training</b>	Training Social mobilization Sensitization meetings			250,000
<b>4. Transport</b>				20,000
<b>5. Supplies and commodities</b>				49,580
<b>6. Equipment</b>				30,000
<b>7. Travel</b>				45,000
<b>8. Miscellaneous</b>	IEC material			90,654
<b><i>SUB-TOTAL</i></b>				925,234
<b>9. Management Support (7%)</b>				64,766
<b>TOTAL</b>				990,000