

**CENTRAL FUND FOR INFLUENZA ACTION  
PROGRAMME QUARTERLY PROGRESS UPDATE**

*As of 30 September 2012*

<b>Participating UN or Non-UN Organization:</b>	United Nations Children's Fund (UNICEF)		<b>UNCAPAHI Objective(s) covered:</b>	Objective 5: Strengthening effective communications	
<b>Implementing partner(s):</b>	UNICEF Global, Regional and Country Offices in conjunction with national counterparts (government, United Nations (UN) agencies, non-governmental organizations (NGO) & others)				
<b>Programme Number:</b>	CFIA-A22				
<b>Programme Title:</b>	UNICEF Effective Use of the UK Donation of GBP 23 million to support the urgent needs identified and prioritized in the World Health Organization (WHO)/United Nation System Influenza Coordination (UNSIC) report "Urgent Support for Developing Countries" Responses to the H1N1 Influenza Pandemic, October 2009				
<b>Total Approved Programme Budget:</b>	\$6,376,513.77				
<b>Location:</b>	Selected regions and countries within those identified by Urgent Support for Developing Countries' Responses to the H1N1 Influenza Pandemic Report of October 2009				
<b>Programme Duration:</b>	30 months	<b>Starting Date:</b>	1 July 2010	<b>Completion Date:</b>	31 December 2012
<b>Funds Committed (Allocation):</b>	\$6,376,514.00		<b>Percentage of Approved:</b>	100%	
<b>Funds Disbursed (Requisitioned):</b>	\$5,828,118.50		<b>Percentage of Disbursed (Requisitioned):</b>	86%	
<b>Expected Programme Duration:</b>	30 months	<b>Forecast Final Date:</b>	31 December 2012	<b>Delay (Months):</b>	N/A

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

In 16 September 2011, the Management Committee of the CFIA approved UNICEF request for the extension of grant programme CFIA-A-22 to 31 December 2012. By 30 September 2012, UNICEF disbursed US \$5,828,118.50 which is 86% of the programme budget.

To date, 17 out of the 20 countries and the Programme Division at UNICEF headquarters that received support from this programme (CFIA-A22), have completed activities and fully utilized the funds. Therefore, this quarterly progress update no longer reports on the following countries: Angola, Botswana, Central African Republic, Chad, Congo, Cote d'Ivoire, Lao PDR, Malawi, Mali, Mozambique, Nepal, Northern Sudan, Pacific Islands countries, Programme Division (PD), Sierra Leone, Swaziland, Tanzania and Uganda.

<b>Country:</b>	<b>Afghanistan</b>		
<b>Funds Committed (Allocation):</b>	\$200,000.00		
<b>Date of Receipt of Funds:</b>	8 February 2011		
<b>Funds Disbursed (Requisitioned):</b>	\$79,082.52	<b>Percentage of Disbursed (Requisitioned):</b>	40%
<b>Programme Completion Date:</b>	31 December 2012		
<b>Purpose:</b>	<p>UNICEF, working in partnership with Afghanistan Public Health Institute, Ministry of Public Health, is able to provide quality assistance to governments to plan, develop and implement communication strategies to respond to pandemic and other emerging infectious diseases.</p> <p>Planned outputs:</p> <ol style="list-style-type: none"> <li>1. A national communication plan for pandemic and other emerging infectious diseases interventions developed,</li> <li>2. Pre-tested messages developed for recommended protective behaviours directed to households, public places and also for use in schools,</li> <li>3. Capacity building workshop conducted to for the government, NGO, Civil society and other stakeholders on health risk communication interventions,</li> <li>4. Training and orientation of key government and NGO officials at provincial level on the national communication plan and communication strategy for pandemic and other emerging infectious diseases interventions,</li> <li>5. Communication surveillance training and pilot communication surveillance at "Integrated Package" areas conducted.</li> </ol>		
<b>Summary of implementation of strategy/plan</b>			
<b>Activity</b>	<b>Planned</b>	<b>Achieved</b>	<b>% of completion</b>

5.1	Development of national communication plan.	Work on background materials and further planning has started with the hiring of an International consultant and one national assistant. Both are based in Health Promotion Department of the Ministry of Public Health.	70%
5.2	Training and orientation of key government, NGO and CBO officials at the province level.	Training plan has been developed and training materials are in the process of development.	60%
5.3	Design, develop and produce materials on the recommended protective behaviours.	Existing communication materials were collected; reviewed and new materials and messages will be pretested and developed.	50%
5.4	Training workshop on health risk communication interventions.	Training plan has been developed.	60%

<b>Country:</b>	<b>Bangladesh</b>		
<b>Funds Committed (Allocation):</b>	\$270,000.00		
<b>Date of Receipt of Funds:</b>	14 October 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$ 226,676.83	<b>Percentage of Disbursed (Requisitioned):</b>	84%
<b>Programme Completion Date:</b>	31 December 2012		
<b>Purpose:</b>	Increase knowledge and practice of key safe, care and preventive behaviours among the backyard poultry community and general public to reduce the risk of transmission and spread of Avian and Pandemic Influenza within the country.		
<b>Summary of implementation of strategy/plan. Activities 5.3 and 5.4 have been completed and reported in previous quarters.</b>			
<b>Activity</b>	<b>Planned</b>	<b>Achieved</b>	<b>% of completion</b>
5.1	1) Develop the National communication Avian and Pandemic Influenza Preparedness and Response Plan 2012-2013.  2) Develop a strategic framework for EIDs communication package using the One World-One Health approach.	1) The plan is waiting vetting of the technical committees of DG Health Services and the DGLS, following which it will be approved by the government. 2) The draft framework was reviewed with partners and UN agencies. A two-day was held on 8-9 September, 2012 to finalize the framework.	1) 85%  2) 80%
5.2	1) A campaign for API preventive behaviours and home management of patients in 91 wards of Dhaka city.  2) An intensive intervention to promote AI preventive behaviours is underway in Dhaka and in nine other priority live bird markets.	1) 100,000 leaflets on highly pathogenic avian and pandemic influenza were distributed by Department of Mass communication. 2) The initiative is being rolled out from the second week of September 2012.	1) 50%  2) 40%

<b>Country:</b>	<b>Democratic Republic of Congo</b>		
<b>Funds Committed(Allocation)</b>	\$451,711.37		
<b>Date of Receipt of Funds:</b>	14 October 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$430,119.32	<b>Percentage of Disbursed (Requisitioned):</b>	95%
<b>Programme Completion Date:</b>	31 December 2012		
<b>Purpose:</b>	The project aims at the design of a national C4D strategy to support the implementation of the African Child Survival and Development Strategy to promote five Key Family Practices (KFP), namely hand washing, basic hygiene and prevention of H1N1 at the household level. At least 10,000 children at primary school and 20,000 households in 5 provinces are sensitized on the subjects; communication plans are developed and implemented by the 5 major religious groups in 5 of the 11 provinces of Democratic Republic of Congo (DRC).		
<b>Summary of implementation of strategy/plan</b> <i>Activities 5.1, 5.3 and 5.4 have been completed and reported in previous quarters.</i>			
<b>Activity</b>	<b>Planned</b>	<b>Achieved</b>	<b>% of completion</b>
5.2	Elaboration of communication plans at the provincial/district level with actors coming from community based structures and health provincial partners	The 5 provincial communication plans developed with the participation of actors representing community based structures. More than 3,000 actors trained in 4 provinces/districts. Community participation was taught during the trainings of community based animators on the 5 KFP. At least 50 community radios and TV are involved in the promotion.	80%

<b>Office:</b>	<b>Asia-Pacific Shared Services Centre (APSSC) (EAPRO and ROSA Regional Offices)</b>		
<b>Funds Committed (Allocation):</b>	\$257,000.00		
<b>Date of Receipt of Funds:</b>	8-Sep-2010		
<b>Funds Disbursed (Requisitioned):</b>	\$ 210,831.00	<b>Percentage of Disbursed (Requisitioned):</b>	82%
<b>Programme Completion Date:</b>	31 December 2011		
<b>Purpose:</b>	<ul style="list-style-type: none"> <li>• Develop C4D guidance and implementation tools for countries in the Asia Pacific region to for responding to H1N1 or other Type A influenza pandemics and outbreaks.</li> <li>• Provide technical support to COs in the Asia Pacific region in identifying entry points for integration of influenza related behaviours into existing health, nutrition, WES and education programmes.</li> <li>• Update and make available CREATE C4D materials resource pack for COs in Asia Pacific</li> </ul>		
<b>Summary of implementation of strategy/plan</b> <i>Activities 5.2 and 5.3 have been completed and reported in previous quarters.</i>			
<b>Activity</b>	<b>Planned</b>	<b>Achieved</b>	<b>% of completion</b>
5.1	C4D and EIDs – readiness and analysis	Comprehensive analysis of C4D readiness across countries with recent transmission	75%
5.4	Support capacity building in Lao to facilitate effective delivery and adoption of messages across society	Enhanced C4D including risk communication capacity along with key partners such as ARRCI.	80%

<b>Office:</b>	<b>Central and Eastern Europe and the Commonwealth of Independent States (CEE-CIS Regional Office)</b>		
<b>Funds Committed(Allocation):</b>	\$875,000.00		
<b>Date of Receipt of Funds:</b>	8 September 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$717,330.02	<b>Percentage of Disbursed (Requisitioned):</b>	82%
<b>Programme Completion Date:</b>	31 December 2012		
<b>Purpose:</b>	<p>(i) To support priority countries to develop national intersectoral health communication strategies that improve public health, including addressing threats of pandemic influenza.</p> <p>(ii) To ensure institutional mechanisms to achieve the above are developed.</p> <p>(iii) To support regional and/or national capacity building networks.</p>		
<b>Summary of implementation of strategy/plan. Activities 5.1 and 5.4 have been completed and reported in previous quarters.</b>			
<b>Activity</b>	<b>Planned</b>	<b>Achieved</b>	<b>% of completion</b>
Activity 5.2 Strengthen community participation, engagement and partnerships	Supporting communication for rotavirus introduction in Armenia, Georgia and Moldova	Two preparatory workshops with WHO, provision of technical consultancy, conducting formative research, development of communication plans.	80%
Activity 5.3 Support the development of materials – in real time as the situation evolves	* Support Armenia, Georgia and Moldova to develop communication materials for RV introduction * Issue contract to develop online knowledge sharing platform	* Materials developed in Moldova, under way in others. * Concept note developed for online platform.	50%

<b>Office:</b>	<b>Eastern and Southern Africa Regional Office (ESARO)</b>		
<b>Funds Committed(Allocation)</b>	\$612,000.00		
<b>Date of Receipt of Funds:</b>	8 September 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$ 563,413.21	<b>Percentage of Disbursed (Requisitioned):</b>	92%
<b>Programme Completion Date:</b>	31 December 2012		
<b>Purpose:</b>	The purpose of the grant is to enhance capacity within the countries of Eastern and Southern Africa to ensure strong evidence based communications plans are in place for the regional priority areas. In particular this includes the preparedness and response to infectious diseases such as H1N1 and other emerging diseases within a broader context of young child survival and development.		
<b>Summary of implementation of strategy/plan</b>			
<b>Activity</b>	<b>Planned</b>	<b>Achieved</b>	<b>% of completion</b>
5.1	<ol style="list-style-type: none"> <li>1. Conduct mapping of disasters and infectious diseases in the region.</li> <li>2. Undertake C4D capacity assessment.</li> <li>3. Develop an annotated outline for communication framework.</li> <li>4. Develop overall outbreak communication framework.</li> <li>5. Develop an outbreak communication tool kit.</li> <li>6. Validate and pre-test framework and tool kit with the countries in the region.</li> </ol>	<ol style="list-style-type: none"> <li>1. Completed.</li> <li>2. Completed.</li> <li>3. Completed.</li> <li>4. Completed.</li> <li>5. Completed.</li> <li>6. Two country level workshops to carry out the validation of the framework were conducted in the second quarter of 2012. Two additional ones (Somalia and Uganda) are planned for the last quarter.</li> </ol>	90%

<b>Office:</b>	<b>West and Central Africa Regional Office (WCARO)</b>		
<b>Funds Committed (Allocation):</b>	\$782,000.00		
<b>Date of Receipt of Funds:</b>	8 September 2010		
<b>Funds Disbursed (Requisitioned):</b>	\$ 702,836.24	<b>Percentage of Disbursed (Requisitioned):</b>	92%
<b>Programme Completion Date:</b>	31 December 2012		
<b>Purpose:</b>	<p><i>Supporting countries to develop and integrate H1N1 communications and develop required capacities to respond to emerging and re-emerging disease and reduce the risks for children and families. Specific activities include:</i></p> <p><i>5.1 Support governments in their planning of communication activities</i>  <i>5.2 Strengthen community participation, engagement and partnerships</i>  <i>5.3 Support the development of materials – in real time as the situation evolves</i>  <i>5.4 Support capacity building to facilitate effective delivery and adoption of messages across society</i></p>		
<b>Summary of implementation of strategy/plan. Activities 5.1, 5.3 and 5.4 have been completed and reported in previous quarters.</b>			
<b>Activity</b>	<b>Planned</b>	<b>Achieved</b>	<b>% of completion</b>
5.2	<ol style="list-style-type: none"> <li>1. . Development of an handbook for community based C4D approaches for child survival in WCAR context.</li> <li>2. . Development of an handbook for M&amp;E of community based C4D.</li> </ol>	<ol style="list-style-type: none"> <li>1. . Handbook for community based approached for social and behaviour change available.</li> <li>2. . Handbook on M&amp;E of community based C4D available.</li> </ol>	<ol style="list-style-type: none"> <li>1. 95%</li> <li>2. 95%</li> </ol>