CENTRAL FUND FOR INFLUENZA ACTION
FINAL PROGRAMME[1] NARRATIVE REPORT

Programme Title & Project Number	UNCAPAHI Objective
• Programme Title: Urgent Support for Developing Countries' Responses to the H1N1 Influenza Pandemic • Programme Number (if applicable): CFIA-A22 • MPTF Office Project Reference Number:	*Country/Region* Global *Thematic/Priority* Objective 5: Public information and communication for behaviour change

Participating Organization(s)	Implementing Partners
• Organizations that have received direct funding from the MPTF Office under this programme United Nations Children's Fund (UNICEF)	• National counterparts (government, private, NGOs & others) and other International Organizations

Programme/Project Cost (US$)	
CFIA Contribution:	$6,376,513.77
Agency Contribution	
Government Contribution *(if applicable)*	
Other Contribution (donor) *(if applicable)*	
TOTAL:	$6,376,513.77

Programme Duration (months)	
Overall Duration	30 months
Start Date[2]	1 July 2010
End Date or Revised End Date, *(if applicable)*	31 December 2012
Operational Closure Date[3]	31 December 2012
Expected Financial Closure Date	31 December 2012

Final Programme/ Project Evaluation	Submitted By
Evaluation Completed ☐ Yes ☐ No Date: _____ Evaluation Report - Attached ☐ Yes ☐ No	○ Name: Dr. Maria Otelia Costales ○ Title: Senior Health Adviser, Health Section ○ Participating Organization (Lead): United Nations Children's Fund ○ Email address: mocostales@unicef.org

[1] The term "programme' is used for programmes, joint programmes and projects.
[2] The start date is the date of the first transfer of the funds from the MDTF Office as Administrative Agent. Transfer date is available on the MDTF Office GATEWAY (http://mdtf.undp.org).
[3] All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

FINAL PROGRAMME REPORT

EXECUTIVE SUMMARY

- **In ½ to 1 page, summarise the most important achievements of Project during the reporting period and key elements from your detailed report below. Highlight in the summary, the elements of the main report that you consider to be the most critical to be included in the CFIA Consolidated Final Report.**

The availability of DfID funds represented a unique opportunity for country offices to complement those received from other sources. Funds were catalytic to strengthen the national C4D capacity for the promotion of individual and community level protective behaviours.

These funds allowed country offices to undertake multi-sectoral interventions on the areas of health, education and WASH to work beyond pandemic risks. Across-the-board interventions aimed to promote the adoption of healthy behaviours were helpful to create and sustain prevention and response capacities against emerging and re-emerging diseases.

As a result of this project, 16 country offices and 2 regional offices were able to develop and implement integrated communication strategies and plans to prepare and respond to emerging infectious diseases. 10 country offices undertook community activities and promoted participation mechanism for children, families and community leaders. 13 countries develop a wide range of materials and audio and video resources to promote key and protective practices among vulnerable and most at-risk populations, while 42 country offices were able to implement capacity building activities to better prepare and response to epidemic outbreaks.

The project overall achieved the expected outputs of the log-frame of the project depending on the local context of the implementing offices. During the post-peak pandemic period, the commitment by governments, institutions and NGOs to engage in ongoing communication work at all levels faded amongst many competing priorities and insufficient resources.

The prompt availability of quality technical support from UNICEF at the global and national levels is a critical success factor to building community capacities to prepare for and respond to any pandemic. DfID funding has been invaluable in maintaining UNICEF's able to provide effective leadership in the UN system to enhance public understanding of the risks of emerging and re-emerging diseases and to empower communities to protect themselves and engage their governments in national preparedness and response.

I. PURPOSE

a. Provide a brief introduction to the programme/ project *(one paragraph).*

In July 2010 UNICEF received a grant from the Department for International Development (DfID) to support countries to develop and integrate H1N1 communications and develop required capacities to respond to emerging and re-emerging diseases and reduce the risks for children and families. At that time, given the evolving epidemiology of the disease, and the lessons learned from the pandemic (H1N1) 2009 organizational response, UNICEF directed these funds primarily to sustain the national Communication for Development (C4D) capacities for emergency responses to a variety of outbreak scenarios. These included emerging infections such as avian and pandemic influenza, cholera, yellow fever and Viral Haemorrhagic Fevers like Ebola and Marburg.

b. Provide a list of the main outputs and outcomes of the programme as per the approved programmatic document.

The expected outputs as stated in the Sub-Logframe C: Country Readiness Support, Objective 5 "Countries develop and implement integrated H1N1 communication approaches to respond to emerging and re-emerging diseases and reduce the risks for children and families" are:

- *Countries develop an integrated communication strategy to respond to emerging and re-emerging diseases.*
- *Countries have community activities and participation mechanisms in place.*
- *Countries have materials in use at national and sub-national levels.*
- *Countries implement capacity development activities.*

c. Explain how the Programme relates to the Strategic (UN) Planning Framework guiding the operations of the Fund.

This project is in line with the CFIA Terms of Reference. It contributes to Objective 5 (Communication: Public Information and Supporting Behaviour Change) with reference to Objectives 3(Human Health) and 6 (Continuity under Pandemic Conditions) as stated in the UN System and Partners Consolidated Action Plan for Animal and Human Influenza (UNCAPAHI).

d. List primary implementing partners and stakeholders including key beneficiaries.

UNICEF works with national governments (Ministries of Health, Family, Social Welfare, Education, Information), UN partner agencies (WHO, UNDP, FAO), the UN Country Team, US Agency for International Development (USAID), Humanitarian Pandemic Preparedness Initiative (H2P) partners, NGOs and civil society to implement the planned activities in the targeted countries.

Main beneficiaries include children and their families as well as national government's improved capacities to develop and implement communication and social mobilization interventions to respond to emerging and re-emerging diseases and reduce the risks for children and families.

II. ASSESSMENT OF PROGRAMME/ PROJECT RESULTS

a. Report on the key outputs achieved and explain any variance in achieved versus planned results.

Global Level:

- *An inter-agency website (www.influenzaresources.org) was revamped to include specific guidance on protective behaviours against H1N1 and other essential family practices. The pandemic influenza intranet site at UNICEF was also continuously updated to provide country offices the latest guidance and communication resources available. The inter-agency website received 70,048 visits from January 2011 to October 2012, with an average just above 100 visits per day.*
- *Support to global and regional inter-agency initiatives such as the UN System Workshop on Animal and Pandemic Influenza; The Asia Regional Risk Communication Initiative Forum; The International Health Regulations (IHR) Risk Communication & Capacity Building Working Group; the WHO Influenza Training Network and the Towards a Safer World Initiative.*

Regional Level:

- *UNICEF's* ***East Asia and Pacific Regional Office (EAPRO)*** *conducted regional advocacy on C4D for emerging infectious diseases (EID) along with partners and through the Asian Regional Risk Communication Initiative (ARRCI). It also provided technical assistance to country offices to promote preparedness and early warning systems as part of managing EID*

risks. 50 C4D and programme staff from 18 countries received training on the use of strategic communication to achieve child health outcomes, including response to emerging and on-going infectious disease outbreaks.

- *The **Central and Eastern Europe and the Commonwealth of Independent States Regional Office (CEE-CIS)** focused its efforts on strengthening the capacities of Ministries of Health to communicate effectively on priority maternal and child health areas including communicable diseases. The funds supported a regional workshop for 12 countries to enhance their capacity in health promotion, health communication and risk communication. This workshop used systematic assessments of existing health promotion capacity, and resulted in draft plans for strengthening country capacities. As a result, institutional capacity was strengthened through the endorsement (Turkmenistan) and development of national cross-sectoral strategies (Belarus, Moldova and Kazakhstan). Health Promotion units were consolidated in Armenia, Georgia. Funds were leveraged in the cases of Ukraine and Georgia and institutional mechanisms for staff capacity building were established in Azerbaijan.*
- *The **Eastern and Southern Africa Regional Office (ESARO)** developed an outbreak communication framework and a tool kit for emerging infectious diseases. The former includes a mapping of disasters and infectious diseases and a C4D capacity assessment in the region. ESARO validated and pre-tested the framework and tool kit with the countries in the region.*
- *The **West and Central Africa Regional Office (WCARO)** developed a framework for C4D emergency and response planning, guidelines to facilitate workshops for planning C4D strategies for water borne diseases in emergency and a handbook for community based approached for social and behaviour change. WCARO supported the development of C4D emergency preparedness and response plans in Chad, Guinee Conakry and Liberia. In Chad the national plan has been used as the basis for designing operational plans that have been rolled out in 6 at risk districts. In Guinee Conakry a national plan is currently being rolled. In Liberia a comprehensive National strategy for prevention and fighting against cholera was developed and is currently under implementation.*

Country Level:

***Afghanistan:** UNICEF in partnership with the Public Health Institute of the Ministry of Public Health. UNICEF developed a national communication plan for pandemic and other emerging infectious diseases interventions. Messages were tested and developed for recommended protective behaviours directed to households, public places and also for use in schools.*

***Angola:** The Angola country office utilized DFID funds primarily to strengthen the promotion of the family competencies, through the Happiness Recipe programme. The alliance delivered messages on family competencies to about 18 million citizens, the training of approximately 85,000 religious leaders and activists, and the establishment of 18 provincial committees for the promotion of these key behaviours.*

10,000 booklets for families were printed; manuals for activists and mobilisers, an illustrated booklet with 50 principles of hygiene, health and education a music album with 12 specific thematic songs and a set of 8 radio mini dramas in Portuguese and four national languages were developed.

A course of trainings in communications, including social micro-planning and mapping reached 260 trainers and 1,460 activists to support more than 12,000 most vulnerable families and 30,000 children under 5 years of age in 15 provinces.

***Bangladesh:** The objective of the Bangladesh country office was to support the national government in improving its preparedness capacities. UNICEF actively supported the development of the communication strategy, an action plan, and a communication package using One World-One Health approach.*

To promote key and safe avian and pandemic practices among vulnerable and most at-risk populations, 300,000 leaflets, 50,000 posters and 150 large size banners were printed reaching 3 million at-risk populations and 7 master TV and radio spots were produced.

Orientation and training were given to 7 district information officers, 10 groups of personnel from the Department of Mass Communication, 80 journalists and 5,800 imams. 522 film sessions at schools and communities were aired.

***Botswana** used these funds to strengthen hygiene and hand washing strategies directed to school children as well as integrating information on H1N1 in the celebration of Child Health Days. UNICEF in partnership with Ministries of Education and of Health supported the production and publication of a Hand Washing Resource Book for Pre and Primary schools and Hand Washing Kits for schools. The resource book reached about 300,000 pupils and teachers. The country office also produced and distributed to public schools 3,500 copies of Hand Washing Resource Book; 2,000 copies of School Health Clubs Manual; 1,600 copies of School Sanitation & Hand Washing Survey Report; and 40,000 copies of Hand Washing posters.*

***Central African Republic:** UNICEF supported the government in the implementation of communication plans promoting Essential Family Practices (EFP). These practices include hand washing, immunization, and treatment of diarrhoea, exclusive breastfeeding, and use of long-lasting insecticide-treated bed nets to prevent malaria.*

*In **Chad**, facing the worst cholera epidemic in the history of the country, UNICEF mobilized key stakeholders, including government partners, civil society, and religious groups to deploy targeted C4D strategies. Cholera materials were updated, produced and distributed to high-risk areas.*

***Cote d'Ivoire** updated its integrated communication plan to respond to the cholera emergency. Communication materials were produced (booklets, guides, brochures). Different kinds of learning and education materials were produced including 2,500 counselling cards, 5,000 posters, 2,500 booklets and 2,500 guides adapted for both Muslims and Christians, 1,500 facts-for-life cartoons for children, 14 radio micro-programmes, 14 radio stories for children and 6 Radio spots broadcasted on 91 local radios.*

***Democratic Republic of Congo:** UNICEF led the design of a national communication for development (C4D) strategy to support the implementation of the African Child Survival and Development Strategy to promote Key Family Practices (KFP). More than 6,200 religious community workers were trained to promote KFP*

Four provincial communication plans and one district level communication plan were developed with the participation of community based organizations and health partners. More than 3,000 people were trained in the promotion of key family practices in 4 provinces and 1 district. Community participation was taught during the trainings of community based animators on the 5 key family practices.

45 mural paintings were made, 5 audio and video spots on the key family practices were produced and disseminated. 250 trainers and about 4,372 community-based actors from 5 provinces were trained on the promotion of KFP.

***Lao PDR:** In 2011 UNICEF shifted its focus from influenza related interventions to complementing and sustaining evidence-based interventions particularly related to hygiene and nutrition. This strategy included trainings nationwide for more than 5,000 community volunteers and 1,300 health care workers. The efforts targeted approximately 72,000 pregnant or lactating women at the community level via inter-personal communication efforts reinforced by mass media advertising, print material distributions and wide-scale advocacy efforts.*

Technical assistance with support from a variety of funding partners including DfID, helped CIEH to build and maintain a computer inventory system of all available infectious disease and other health-related IEC materials, training curricula, distribution plans and activity locations is now established, in- use and housed at CIEH.

New IEC materials on household water treatment were developed, printed and distributed in communities affected by Typhoon Haima in four central provinces.

*In **Malawi**, UNICEF designed an innovative Information Education Communication (IEC)-Kit-In-A-Box to address emergencies. Programme content on hand washing with soap and promotion of hygiene and sanitation was developed and shared with mainstream and community radio stations.*

Mali: *The country office forged a partnership with the government to promote the operationalization of the National Policy on Communication for Development. As a result, institutional efforts for communication for behaviour change and social change to support community-based approaches, mass communication and social mobilization for the promotion of key family practices (KFP) was strengthened.*

DfID funds were used to support communication activities on hygiene measures in the fight against the cholera epidemic and supporting the Ministry of Health in the implementation of the communication plan on the "World Hand Washing Days." UNICEF provided technical support to the Ministry of Health in the revision, adaptation, production and distribution of communication tools related to hygiene practices in the fight against cholera.

Mozambique: *UNICEF supported the Ministry of Health in developing a National Communication Plan to prevent cholera and other infectious diseases. In 2011 UNICEF working in partnership with the Ministry of Education pre-tested, developed, printed and distributed 185,000 copies of the booklet "Hygiene in your hands" and the poster "Prevent Cholera" to 1,500 primary schools and radio clubs in Nampula and Cabo Delgado provinces.*

Between November 2011 and May 2012, in the cholera affected provinces of Cabo Delgado and Nampula, 146,327 people participated in community debates and video sessions on hygiene promotion, cholera prevention, malaria, and breastfeeding and HIV prevention.

From January to May 2012, following the emergency caused by Tropical Depression Funso, an intensification of hygiene promotion, cholera and malaria prevention was carried out by ICS. Interventions included radio programming and broadcasting of radio spots in Zambezia, Manica, Nampula and Cabo Delgado provinces.

In 2011 UNICEF developed a flipchart on hygiene to be used in small group discussions at community level by Community Health Workers (CHWs). 1,500 copies were printed and distributed in response to the floods caused by Tropical Depression Funso in January 2012.

In ***Malawi****, UNICEF designed an innovative Information Education Communication (IEC)-Kit-In-A-Box to address emergencies. Programme content on hand washing with soap and promotion of hygiene and sanitation was developed and shared with mainstream and community radio stations.*

In ***Nepal****, UNICEF working in close coordination and collaboration with the Government and other national partners developed and implemented a detailed social mobilization and a communication plan for addressing human and avian influenza pandemics. UNICEF conducted capacity building exercises on risk communication in 8 high-risk districts which included 200 health, education, and livestock service providers.*

Sierra Leone: *In October 2011, UNICEF led institutional efforts to develop a National Cholera Preparedness Communication Strategy. The goal of the communication strategy is to build community capacity to act to prevent, identify and secure proper treatment for Cholera affected people.*

During recent cholera outbreaks, the Communication Strategy has been used for the national and district level communication response in the country. The response activities include national and community radio broadcasts and public announcements, community meetings with opinion leaders at the national and sub-national levels, orientation sessions with food handlers/vendors, mobilization of the school system, and street to street announcements on public announcement systems, drama performances and development and distribution of IEC materials.

Swaziland: *DfID grant funds allowed UNICEF to provide technical support to the Ministry of Health for the development and dissemination of information, education and communication materials, and the review of pandemic influenza guidelines and protocols.*

One key initiative was the Healthy Swaziland" 2011 Mass Campaign. This campaign exposed over 12,000 people to health education messages. Its objective was to elevate the number of people utilizing health services and reinforce the importance of the adoption of protective behaviours to prevent communicable diseases.

An emergency risk communication strategy for Influenza AH1N1 and other pandemic influenzas was developed to support institutional policies to diminish risk and minimize the impact of the epidemics. In addition, over 4,000 AH1N1 Information-Education-Communication (IEC) materials were disseminated.

***Uganda:** An evidence-based National Disease Outbreak Communication Plan, with special focus on vaccine preventable diseases was completed in June 2012. Disease outbreak trainings to strengthen the communication capacities of front line workers at district and sub-district levels were carried out in November 2010, April and May 2011 and April and May 2012.*

*In **Tanzania**, UNICEF supported the Ministry of Health and Social Welfare (MOHSW) to train 150 district focal points from 16 high-risk districts in emergency and outbreak communication preparedness and response plans. The drafting and review of the national health promotion strategic framework is underway.*

b. Report on how achieved outputs have contributed to the achievement of the outcomes and explain any variance in actual versus planned contributions to the outcomes. Highlight any institutional and/ or behavioural changes amongst beneficiaries at the outcome level.

Regional and country offices overall did a very good work in accommodating the objectives of this project, the organization's priorities and the government counterparts impeding needs. It Eastern and Central Africa regions these funds were fundamental to allow an efficient and swift response to several cholera outbreaks across the region. Regional guidance for disease outbreak response was completed in Western Africa. Governments' capacities in the areas of communication for immunization were improved in Western Europe. Overall, this project was fundamental to support the development of technical capacities of government counterparts. It was also encouraging to see the development of appropriate materials fulfilling impeding needs rather than just as a pure product of the implementation of communication strategies.

c. Explain the overall contribution of the programme to the Strategy Planning Framework or other strategic documents as relevant.

The project contributed effectively to help make the UN system work to its best effect in support of national, regional and global efforts to address the threats posed by avian and human influenza. It also contributed to increase the capacities of regional and country offices to support their government counterparts in better planning and preparing to respond to emerging and re-merging infectious diseases outbreaks.

d. Explain the contribution of key partnerships and collaborations, and explain how such relationships impact on the achievement of results.

*In **Mozambique**, the need to strengthen the operational capacities of key actors, in particular the Institute for Social Communication (ICS), a governmental organization working in communication for development, including social mobilization, with special emphasis on reaching rural communities and media out of reach areas with interpersonal communication interventions, led to establishment of a partnership. As a result, the ICS mandate to inform, educate, and communicate with under-served, hard-to-reach populations was strengthened.*

*In **Lao PDR**, UNICEF led capacity building support to the Centre for Information and Education on Health (CIEH) under the Ministry of Health. Technical and coordinating leadership to conduct health promotion activities, research, and IEC materials production is recognized as an institutional weakness in this sector.*

e. Who have been the primary beneficiaries and how they were engaged in the programme/ project implementation? Provide percentages/number of beneficiary groups, if relevant.

Main beneficiaries include children and their families as well as national government's improved capacities to develop and implement communication and social mobilization interventions to respond to emerging and re-emerging diseases and reduce the risks for children and families. The main tool of UNICEF approach was to use communication for development techniques, understood as an evidence-based, consultative and participatory process that aims to inform and influence the knowledge, beliefs, attitudes and practices of an individual or a group of individuals. Communication for development uses multiple communication channels in an appropriate manner to attract and engage participants in ways that will promote and sustain behaviour change.

f. Highlight the contribution of the programme on cross-cutting issues pertinent to the results being reported.

UNICEF approach to better respond to epidemic outbreaks use a cross-sectoral approach in the areas of health, communication for development, nutrition, education, water and sanitation and child protection to ensure that the rights of children and families are fulfilled when disaster strikes based on the Core Commitments for Children in Emergencies.

g. Has the funding provided by the CFIA to the programme been catalytic in attracting funding or other resources from other donors? If so, please elaborate.

In late 2010 and 2011 the organization complemented the resources provided by DfID with its own resources from the 7% set aside ($13.1 M) to ensure an effective programmatic response the influenza A H1N1 2009 outbreak. The organization has also committed substantial resources to respond to the different cholera outbreaks in Eastern and Western Africa.

h. Provide an assessment of the programme/ project based on performance indicators as per approved project document using the template in Section IV, if applicable. *See section IV.*

III. EVALUATION & LESSONS LEARNED

a. Report on any assessments, evaluations or studies undertaken relating to the programme and how they were used during implementation. Has there been a final project evaluation and what are the key findings? Provide reasons if no evaluation of the programme have been done yet?

*In **Botswana**, a situation analysis on hand washing was conducted in schools, which revealed inadequate knowledge and practices. It was found that in most primary schools ablution facilities are inadequate as evidenced by poor maintenance of toilets, inadequate supplies and hand washing facilities. The survey also found that students' knowledge and practice of proper hand washing for disease prevention was inadequate. Based on the survey, and using the feedback from a pilot test, UNICEF in partnership with Ministries of Education and of Health supported the production and publication of a Hand Washing Resource Book for Pre and Primary schools and Hand Washing Kits for schools. The resource book reached about 300,000 pupils and teachers.*

*In the **Democratic Republic of Congo** a behavioural analysis study was conducted in these 50 schools to assess the impact of promotional campaigns on changing student behaviour and their knowledge on hygiene, hand washing practices and prevention of waterborne diseases. The main results of this study showed a significant increase in the number of students who have a good knowledge of two key moments of hand washing as the rate increased from 30% to 67% after sensitization.*

b. Explain, if relevant, challenges such as delays in programme implementation, and the nature of the constraints such as management arrangements, human resources, as well as the actions taken to mitigate, and how such challenges and/or actions impacted on the overall achievement of results.

During the post-peak pandemic period, the commitment by governments, institutions and NGOs to engage in on-going communication work at all levels faded amongst many competing priorities and insufficient resources.

c. Report key lessons learned that would facilitate future programme design and implementation, including issues related to management arrangements, human resources, resources, etc.,

The prompt availability of quality technical support from UNICEF at the global and national levels is a critical success factor to building community capacities to prepare for and respond to any pandemic. DfID funding has been invaluable in maintaining UNICEF's able to provide effective leadership in the UN system to enhance public understanding of the risks of emerging and re-emerging diseases and to empower communities to protect themselves and engage their governments in national preparedness and response.

IV. INDICATOR BASED PERFORMANCE ASSESSMENT

Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
Output 5: Countries develop and implement integrated H1N1 communication approaches to respond to emerging and re-emerging diseases and reduce the risks for children and families						
Number of countries with integrated communication strategy in operation	0	Up to 20	16	Contextual and local needs of countries	UNICEF quarterly reports	Regional strategies for the Eastern and Southern Africa region covering 22 countries and Western and Central Africa Region covering 24 were developed.
Number of countries with community activities and participation mechanisms in place	0	Up to 20	10	Contextual and local needs of countries	UNICEF quarterly reports	
Number of countries with materials in use at national and sub-national levels	0	Up to 20	13	Contextual and local needs of countries	UNICEF quarterly reports	The Western and Central Africa Region developed generic materials and a Cholera Toolkit used in 15 countries.
Number of countries implementing capacity development activities	0	Up to 20	42	Contextual and local needs of countries	UNICEF quarterly reports	