**CENTRAL FUND FOR INFLUENZA ACTION**

**PROGRAMME QUARTERLY PROGRESS UPDATE**

*As of 30 June 2012*

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| **Participating UN or Non-UN Organization:** | United Nations Children’s Fund (UNICEF) | | | **UNCAPAHI Objective(s) covered:** | | Objective 5: Strengthening effective communications | |
| **Implementing partner(s):** | UNICEF Global, Regional and Country Offices in conjunction with national counterparts (government, United Nations (UN) agencies, non-governmental organizations (NGO) & others) | | | | | | |
| **Programme Number:** | CFIA-A22 | | | | | | |
| **Programme Title:** | 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 | | | | | | |
| **Total Approved Programme Budget:** | $6,376,513.77 | | | | | | |
| **Location:** | Selected regions and countries within those identified by Urgent Support for Developing Countries' Responses to the H1N1 Influenza Pandemic Report of October 2009 | | | | | | |
| **Programme Duration:** | 30 months | **Starting Date:** | 1 July 2010 | | **Completion Date:** | | 31 December 2012 |
| **Funds Committed (Allocation):** | $6,376,514.00 | | **Percentage of Approved:** | | 100% | | |
| **Funds Disbursed (Requisitioned):** | $5,351,905.49 | | **Percentage of Disbursed (Requisitioned):** | | 84% | | |
| **Expected Programme Duration:** | 30 months | **Forecast Final Date:** | 31 December 2012 | | **Delay (Months):** | | N/A |

**Note:**

The Central Fund for Influenza Action (CFIA) allocated UNICEF a total approved programme budget of $6,376,513.77 US dollars 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 June 2012, UNICEF disbursed US $5,351,905.49 which is 84% of the approved programme budget.

As stated in the annual programme narrative progress report for 2011, submitted to CFIA in April 2012, 12 of the 20 countries that received support from this programme (CFIA-A22), have completed the implementation of funds and development of proposed activities. Therefore, this quarterly progress update no longer reports on the following countries: Angola, Botswana, Chad, Cote d' Ivoire, Lao PDR, Malawi, Mozambique, Nepal, Northern Sudan, Sierra Leone, Swaziland and Uganda.

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| **Country:** | | **Afghanistan** | | | | |
| **Funds Committed (Allocation):** | | $200,000.00 | | | | |
| **Date of Receipt of Funds:** | | 8 February 2011 | | | | |
| **Funds Disbursed (Requisitioned):** | | $79,082.52 | **Percentage of Disbursed (Requisitioned):** | | 40% | |
| **Programme Completion Date:** | | 31 December 2012 | | | | |
| **Purpose:** | | 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.  Planned outputs:  1. A national communication plan for pandemic and other emerging infectious diseases interventions developed,  2. Pre-tested messages developed for recommended protective behaviours directed to households, public places and also for use in schools,  3. Capacity building workshop conducted to for the government, NGO, Civil society and other stakeholders on health risk communication interventions,  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,  5. Communication surveillance training and pilot communication surveillance at "Integrated Package" areas conducted. | | | | |
| **Summary of implementation of strategy/plan** | | | | | | |
| **Activity** | **Planned** | | | **Achieved** | | **% of completion** |
| 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. | | 30% |
| 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. | | 20% |
| 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. | | 10% |
| 5.4 | Training workshop on health risk communication interventions. | | | Training plan has been developed. | | 10% |

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| **Country:** | | **Bangladesh** | | | | |
| **Funds Committed (Allocation):** | | $270,000.00 | | | | |
| **Date of Receipt of Funds:** | | 14 October 2010 | | | | |
| **Funds Disbursed (Requisitioned):** | | $ 185,250.00 | **Percentage of Disbursed (Requisitioned):** | | 69% | |
| **Programme Completion Date:** | | 31 December 2012 | | | | |
| **Purpose:** | | Increase knowledge and practice of key safe, care and preventive behaviours among the backyard poultry community and general public in order to reduce the risk of transmission and spread of Avian and Pandemic Influenza within the country. Specific activities include:  5.1 Support governments in their planning of communication activities  5.2 Strengthen community participation, engagement and partnerships  5.3 Support the development of materials – in real time as the situation evolves  5.4 Support capacity building to facilitate effective delivery and adoption of messages across society | | | | |
| **Summary of implementation of strategy/plan** | | | | | | |
| **Activity** | **Planned** | | | **Achieved** | | **% of completion** |
| 5.1 | 1) UNICEF played important role in revising the 2nd National Avian and Pandemic Influenza Preparedness and Response Plan in 2009. In the light of recent human cases of H5N1, UNICEF along with the partners is holding a consultation to revisit the vulnerable factors and develop a communication plan for 2012-2013. It will be in-line with the existing strategic framework.  2) A consultative process in the form of a workshop was conducted in January 2012, to develop a One Health country level strategic framework for EIDs including a C4D/strategic communication component and a multi-year road map. A communication package using the One World-One Health approach is also being developed. A one day consultative workshop with the technical experts and stakeholders is planned to finalize the message concept. | | | 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 consultation has been planned for July 2012 to finalize the framework. A desk review analysis was completed with findings utilized to assist in the development of message concepts for the communication package to support preparedness and response to EIDs. | | 1) 85%  2) 80% |

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| **Activity** | **Planned** | | **Achieved** | **% of completion** |
| 5.2 | A campaign for API preventive behaviours and home management of patients in 91 wards of Dhaka city is planned. It aims to reach 3 million at risk population and create awareness about safe practices.  2) An intensive campaign to promote AI preventive behaviours is planned for July-November in Dhaka and other priority live bird markets with GoB, UN agencies and partners. The campaign will be implemented through the Department of Mass Communication and would include placement of IEC materials, film shows, IPC with poultry vendors and workers and M&E. | | 1) 100,000 leaflets on highly pathogenic avian and pandemic influenza printed were distributed by Department of Mass Communication in 91 wards of Dhaka City.  2) A meeting with all partners were convened in May 2012 to finalize the Live-Bird market Initiative. Training of the DMC will be conducted in June/July 2012. | 1) 50%  2) 10% |
| 5.3 | Sufficient quantities of 17 master TV and radio spots, 200,000 leaflets, 50,000 posters and 150 large size banners printed on both side; for public projection have been given to Department of Mass Communication for during an emergency. | All TV and radio stations are fully equipped with necessary IEC material needed for dissemination should there be any need. | | 100% |
| 5.4 | (1) Capacity building of District Information Officers (DIOs), Deputy Directors of Islamic Foundation, Imam leaders, Sub-district level Master Trainers, Buddhist monks and local journalists to promote key and safe API practices among vulnerable/most at risk population  (2) Conducted script review and workshop with the artists of Interactive Popular Theatre (Kahaloo) to reach most at risk population with messages on API safe practices. | (1a) Seven DIOs, seven Deputy Directors of Islamic Foundation, seven Imams Master Trainers and 5,876 Imams have been trained in API key and safe practices. About 11.5 million people will have better understanding of AI preventive behaviours and practices. (1b) 360 Monks were also trained in API key and safe practices. Around 100,000 people living in three sub-provinces of Chittagong Hills Tracks will have increased knowledge on API key and safe practices (1c) 80 journalists oriented to the situation of EID including API at national and sub-national level (40 each)  (2) 10 groups of Department of Mass Communication in 6 vulnerable districts were trained on the AI situation and preventive behaviours. DMC implemented 348 film shows at community level, 174 film shows at school level and 522 microphone sessions in 7 AI vulnerable districts. | | (1) 100%  (2) 100% |

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| **Country:** | | **Central African Republic** | | | | | |
| **Funds Committed (Allocation):** | | $250,000.00 | | | | | |
| **Date of Receipt of Funds:** | | 18 October 2010 | | | | | |
| **Funds Disbursed (Requisitioned):** | | $221,466.59 | **Percentage of Disbursed (Requisitioned):** | | | 89% | |
| **Programme Completion Date:** | | 31 December 2012 | | | | | |
| **Purpose:** | | The purpose of this grant is to finance the Communication for Development (C4D) Programme, UNICEF CAR, in its results related to promotion of essential family practices (EFPs), in particular in the context of health emergencies. The funds have contributed to the rapid response to a cholera outbreak in October 2011. It is also necessary in 2012 to build the capacity of central and local government in prevention of future outbreaks and preparedness for response to outbreaks with communication interventions.  Specific activities include:  5.1 Support governments in their planning of communication activities  5.2 Strengthen community participation, engagement and partnerships  5.3 Support the development of materials – in real time as the situation evolves  5.4 Support capacity building to facilitate effective delivery and adoption of messages across society | | | | | |
| **Summary of implementation of strategy/plan** | | | | | | | |
| **Activity** | **Planned** | | | | **Achieved** | | **% of completion** |
| 5.1 | Communication strategies for essential family practices are developed, approved and disseminated nationally and adapted and disseminated in the targeted prefectures. | | | | Specific communication plans have been developed for outbreaks including cholera and polio. | | 100% |
| 5.2 | Support capacity building at local levels including, civil servants and civil society (community leaders, youth groups, private sector and the media) in their capacity to implement C4D strategies on the five key family practices | | | Community networks were trained for emergency responses to polio outbreaks. Networks and partners include networks of local authorities as well as partners including national Red Cross, Catholic networks, the national Fire Brigade and networks of international NGOs. | | | 80% |

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| **Activity** | **Planned** | | **Achieved** | **% of completion** |
| 5.3 | · Produce communication material promoting EFPs in emergency and transition contexts (leaflets, posters, radio spots). | Communication materials for emergency and transitional contexts were produced and disseminated to all cholera affected areas in 2011. | | 100% |
| 5.4 | · Produce training modules on C4D/promotion of EFPs in emergency and transition contexts.  · Train community agents in promotion of EFPs in emergency and transition contexts. | · Thirty-four community agents have been trained in the promotion of EFPs in emergency and transition contexts. · During the nationwide African Vaccination Week, 2,900 community agents were trained in the promotion of EFPs, leading to the sensitization of 540,000 households on the importance of EFPs. · 50 trainers of trainers from the health and social affairs ministries received training in EFPs and communication techniques.  - Communication materials for emergency and transitional contexts are available as of September 2011. | | 100% |

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| **Country:** | | **Congo** | | | | | |
| **Funds Committed (Allocation):** | | $112,100.00 | | | | | |
| **Date of Receipt of Funds:** | | 23 December 2010 | | | | | |
| **Funds Disbursed (Requisitioned):** | | $69,562.95 | **Percentage of Disbursed (Requisitioned):** | | | 62% | |
| **Programme Completion Date:** | | 31 December 2012 | | | | | |
| **Purpose:** | | The purpose of the project is that UNICEF, working in partnership with others, provides high quality assistance to governments to plan, develop and implement communication strategies to respond to pandemic and other emerging infectious diseases outbreaks.  Expected results are :  (1) Country has a government endorsed communication plan for pandemic and other emerging infectious diseases;  (2) Pre-tested materials on recommended protective behaviours directed to households and public places are ready to be produced in case of an outbreak;  (3) Learning materials for children (hand-washing, hygiene messages and influenza related information) are made available to the education authorities of the country;  (4) Strengthened national communication capacities and competencies for effective communication interventions and health promotion. | | | | | |
| **Summary of implementation of strategy/plan** | | | | | | | |
| **Activity** | **Planned** | | | | **Achieved** | | **% of completion** |
| 5.1 | Elaboration of a communication plan | | | | 1: To address the emergency polio outbreak, a communication plan has been elaborated and implemented during the 5th, 6th and 7th round of the polio campaign and it covered the entire population.  2: • A draft EPI communication strategy for the Republic of the Congo with the involvement of all key partners has been developed in November 2011. One of the key steps in this process has been a stakeholders’ consensus building workshop, during which partners have strengthen their capacity, especially the MoH Health Promotion Personnel who have actively participated and observed the communication strategy making process, with the intention that they should learn how to do it themselves the next time. Its validation by all concerned partners is planned for the first quarter of 2012. | | 100% |
| 5.2 | Support for the promotion of good key family practices in health, food, nutrition, hygiene and sanitation and for the prevention of infectious diseases, through existing strategies (e.g. Gestes qui sauvent, Community-led Total Sanitation (CLTS)). | | | 1: Communication and social mobilization activities in support to the response against the epidemic of Chikungunya, a mosquito-borne viral disease in Brazzaville and Pool Department.  2: Training of 5,000 women members of Salvation Army on good key family practices in health, nutrition, hygiene and sanitation in Yangui, Pool Department. 3: Promotion of life saving skills by twelve local radios (at community level) during three months in 8 departments out of 12. | | | 50% |
| 5.3 | Develop the messages and communication material prototypes necessary for the implementation of the plan | | | 1: Field missions have been used to review the performance of the communication initiative and key messages, with a view to make recommendations to contribute to the improvement of the initiative’s communication efforts. For instance, field missions have provided a springboard for a wider evaluation of the initiative "Gestes qui sauvent" in early 2012. 2: To address different outbreaks which appeared in 2011 (Polio, Cholera, Chikungunya, Measles), UNICEF has supported the government to develop appropriate messages and materials, with the involvement of institutional partners, telecom companies, communities, media and artists. This approach has permit to create more audience cantered and effective messages | | | 100% |
| 5.4 | Organize 3 training workshops for ensuring that training methods of community outreach personnel is in place and fully operational to reach out to children and mothers. | | | Funds have contributed to the organization of one-week training in C4D with the technical support of an international consultant. The workshop participants were essentially UNICEF programme staff and key national partners, including NGOs and local communities. This capacity building event has contributed to improve the content of our communication strategy. | | | 75% |

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| **Country:** | | **Democratic Republic of Congo** | | | | |
| **Funds Committed(Allocation)** | | $451,711.37 | | | | |
| **Date of Receipt of Funds:** | | 14 October 2010 | | | | |
| **Funds Disbursed (Requisitioned):** | | $339,999.99 | **Percentage of Disbursed (Requisitioned):** | | 66% | |
| **Programme Completion Date:** | | 31 December 2012 | | | | |
| **Purpose:** | | 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).  Specific activities include:  5.1 Support governments in their planning of communication activities  5.2 Strengthen community participation, engagement and partnerships  5.3 Support the development of materials  5.4 Support capacity building to facilitate effective delivery of messages | | | | |
| **Summary of implementation of strategy/plan** | | | | | | |
| **Activity** | **Planned** | | | **Achieved** | | **% of completion** |
| 5.1 | Development of a national C4D strategic vision to support the project interventions | | | A national integrated C4D strategic vision developed in a series of 2 workshop involving governmental and non-governmental partners. | | 100% |
| 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. | | 50% |
| 5.3 | Production of 100 mural paintings in 50 schools in Kinshasa & audiovisual materials | | | 45 mural paintings. 5 audio and video jungles/spots on the 5 KFP produced and disseminated. | | 95% |
| 5.4 | Training of trainers and community based animators of the 5 major religious groups in 4 provinces and 1 district | | | 250 trainers and about 3,000 community based actors from 5 out of 11 provinces have been trained on the 5 KFP | | 100% |

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| **Country:** | | **Mali** | | | | |
| **Funds Committed (Allocation):** | | $196,000.00 | | | | |
| **Date of Receipt of Funds:** | | 8 February 2011 | | | | |
| **Funds Disbursed (Requisitioned):** | | $132,045.80 | **Percentage of Disbursed (Requisitioned):** | | 67% | |
| **Programme Completion Date:** | | 31 December 2012 | | | | |
| **Purpose:** | | Working in partnership with others as needed, be able to provide high quality assistance to government to plan, develop and implement communication strategies to respond to pandemic and other infectious diseases outbreaks.  Specific activities include:  5.1 Promoting behaviour change in households and public places face hygiene. Products and tools will be ready for release in the event of an outbreak.  5.2 To provide the Ministry of Education of the communication media on prevention messages related diseases and hygiene facilities for washing hands.  5.3 Strengthening the capacity of social and health workers in interpersonal communication in the planning of participatory approaches in the organization of vaccination campaigns and routine activities | | | | |
| **Summary of implementation of strategy/plan** | | | | | | |
| **Activity** | **Planned** | | | **Achieved** | | **% of completion** |
| 5.1 | Strengthening communication activities on hygiene measures in the fight against the cholera epidemic. Support to the Ministry of Health in implementing the communication plan on the *"World Handwashing Days"* | | | Existence of a media plan for dissemination of messages as part of the fight against cholera. Conceptual framework of communication activities related to the *""World Handwashing Days"* | | 100% |
| 5.2 | 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 | | | Dissemination of messages on TV, national and local radio stations radio stations related to World Hand washing Days with the topic “*washing hands with soap,water hygiene and latrine sanitation”* | | 100% |
| 5.3 | Develop training manual for health and social agents | | | The training manual for health and social workers was completed and the training sessions were conducted in January 2012. | | 90% |

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| **Country:** | | **Pacific Islands** | | | | |
| **Funds Committed (Allocation):** | | $125,000.00 | | | | |
| **Date of Receipt of Funds:** | | 8 September 2010 | | | | |
| **Funds Disbursed (Requisitioned):** | | $ 113,134.28 | | **Percentage of Disbursed (Requisitioned):** | 91% | |
| **Programme Completion Date:** | | 31 December 2012 | | | | |
| **Purpose:** | | The overall objective of the project is to strengthen community participation, engagement and partnerships. Develop community partnerships and engage communities in the development, dissemination and evaluation of communication messages. This activity aims to do this through (a) development of materials to support partnership building (b) build on existing networks and partnerships to support the effective dissemination and evaluation of communication messaging and materials. The final objective is to build capacities that can be utilised in the future for a range of health issues.  Specific activities include:  5.1 Support governments in their planning of communication activities  5.2 Strengthen community participation, engagement and partnerships  5.3 Support the development of materials – in real time as the situation evolves  5.4 Support capacity building to facilitate effective delivery and adoption of messages across society | | | | |
| **Summary of implementation of strategy/plan** | | | | | | |
| **Activity** | **Planned** | | **Achieved** | | | **% of completion** |
| 5.1 | Federated States of Micronesia (FSM), Republic of the Marshall Islands (RMI), Tuvalu, Samoa and Tonga planned for quarter 1 and 2 | | Solomon Islands, Vanuatu, Kiribati, Fiji, Tonga and Tuvalu completed. FSM and RMI has shared copies of own plans already produced. Samoa postponed. | | | 90% |
| 5.2 | FSM, RMI, Tuvalu, Samoa and Tonga planned for quarter 1 and 2 | | Solomon Islands, Vanuatu, Kiribati, Fiji, Tonga and Tuvalu completed. FSM and RMI has shared copies of own plans already produced. Samoa postponed. | | | 90% |
| 5.3 | FSM, RMI, Tuvalu, Samoa and Tonga planned for quarter 1 and 2 | | Solomon Islands, Vanuatu, Kiribati, Fiji, Tonga and Tuvalu completed and pre-positioned. Additional materials and communication activities addressing drought emergency and related hygiene issues - under development and distribution. FSM and RMI has shared copies of own plans already produced. Samoa postponed. | | | 90% |

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| **Activity** | **Planned** | **Achieved** | **% of completion** |
| 5.4 | FSM, RMI, Tuvalu, Samoa and Tonga planned for quarter 1 and 2 | Solomon Islands, Vanuatu, Kiribati, Fiji completed. FSM and RMI depending on request from government - to be pursued. Samoa and Tuvalu expected to be completed in quarter 3 and 4. Support to process M&E of on-going risk communication and C4D on PI and WASH taking place in Solomon Islands, Vanuatu and Kiribati in June and July. Complete review of support to C4D in the Pacific by SPC and UN completed in collaboration with UNFPA. Revision of capacity building support framework to be undertaken. | 90% |

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| **Country:** | | **Tanzania** | | | | |
| **Funds Committed (Allocation):** | | $200,000.00 | | | | |
| **Date of Receipt of Funds:** | | 9 February 2011 | | | | |
| **Funds Disbursed (Requisitioned):** | | $ 135,367.00 | | **Percentage of Disbursed (Requisitioned):** | 68% | |
| **Programme Completion Date:** | | 31 December 2012 | | | | |
| **Purpose:** | | UNICEF, working in partnership with others to provide high quality assistance to governments to plan, develop and implement communication strategies to respond to pandemic and other emerging infectious diseases outbreaks. Specific activities include:  5.1 Support governments in their planning of communication activities  5.2 Strengthen community participation, engagement and partnerships  5.3 Support the development of materials – in real time as the situation evolves  5.4 Support capacity building to facilitate effective delivery and adoption of messages across society | | | | |
| **Summary of implementation of strategy/plan** | | | | | | |
| **Activity** | **Planned** | | **Achieved** | | | **% of completion** |
| 5.1 | Training of district teams on emergency communication preparedness a and response plans in 8 high risk districts (polio, measles, yellow fever, H1N1, ) | | Training completed for 144 health promotion and emergency focal points in 16 district councils and district emergency communication plans integrated in the Council Disaster Team Management. Ministry of Health Zanzibar and Ministry of Health and Social Welfare (MOHSW) in mainland Tanzania supported to set Social Mobilization Committees to plan and implement communication activities for Integrated Measles campaigns. | | | 100%. |
| 5.2 | Support social mobilization activities for integrated measles campaign | | Community participation, partnerships and engagement activities for the polio sub national Immunization campaign in Mara were completed in September 2011 and national measles campaign in November 2011. | | | 100%. |

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| **Activity** | **Planned** | **Achieved** | **% of completion** |
| 5.3 | Developed prototype materials for polio, yellow fever, measles, tetanus & reproduction of H1N1 materials will be stored in the data base for quick retrieval and production. | Following review of recent epidemiological trends in Tanzania, priority focus is now on measles, cholera, polio, yellow fever and H1N1. Workshop is planned for July to review existing materials, develop key messages and new materials. IEC materials (posters, flyers,radio and TV spots) on polio, measles, tetanus, pentavalent, Bacillus Calmette-Guérin (BCG), have been developed, over 300,000 copies printed and distributed during the polio catch up campaign in Mara region and integrated measles campaign in addition to TV and Radio spots. Collection of other existing materials is still on-going, consultative meetings with partners has been on going through the National Advocacy, communication and social mobilization Sub Committee. | 100%. |
| 5.4 | Support Health Promotion to establish an emergency IEC materials data base for easy access, consistency of messaging and reproduction and dissemination. | Consultation on feasibility, location and operation plan for data base completed. The MOHSW has proposed to expand the functions of proposed data base to include all health promotion materials, discussions on-going to revise the protocol and assessment tools with other partners (WHO, German Society for International Cooperation (GiZ),Africare, Swiss Development Corporation), completion date is now set for June 2012 | 40%. |

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| **Office:** | | **Asia-Pacific Shared Services Centre (APSSC) (EAPRO and ROSA Regional Offices)** | | | | |
| **Funds Committed (Allocation):** | | $257,000.00 | | | | |
| **Date of Receipt of Funds:** | | 8-Sep-2010 | | | | |
| **Funds Disbursed (Requisitioned):** | | $ 205,337.95 | | **Percentage of Disbursed (Requisitioned):** | 80% | |
| **Programme Completion Date:** | | 31 December 2011 | | | | |
| **Purpose:** | | • 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.  • 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.  • Update and make available CREATE C4D materials resource pack for COs in Asia Pacific | | | | |
| **Summary of implementation of strategy/plan** | | | | | | |
| **Activity** | **Planned** | | **Achieved** | | | **% of completion** |
| 5.1 | Comprehensive analysis of C4D readiness across countries with recent transmission | | Development of risk based on capacity assessment and government investment in key areas | | | 75% |
| 5.2 | Support participation of C4D specialist in the EAPR Health-Related Network Meeting | | Dissemination of evolving policy and research to support future country and regional actions | | | 100% |
| 5.3 | Update and populate CREATE with EID communication materials for CO adaptation in collaboration with other agencies and regional | | The website is updated and has been maintained as repository of communication materials. | | | 100% |
| 5.4 | Enhanced C4D including risk communication capacity along with key partners such as ARRCI. | | Planned development of communication materials and training manual in Lao, PDR on child and maternal nutrition including hygiene practice and early childhood care and development message focusing on targeted provinces which has prevalence of wasting beyond the threshold considered globally as an emergency situation (≥15%) | | | 50% |

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| **Office:** | | **Central and Eastern Europe and the Commonwealth of Independent States (CEE-CIS Regional Office)** | | | | |
| **Funds Committed(Allocation):** | | $875,000.00 | | | | |
| **Date of Receipt of Funds:** | | 8 September 2010 | | | | |
| **Funds Disbursed (Requisitioned):** | | $665,036.43 | | **Percentage of Disbursed (Requisitioned):** | 76% | |
| **Programme Completion Date:** | | 31 December 2012 | | | | |
| **Purpose:** | | 1. To support priority countries to develop national intersectoral health communication strategies that improve public health, including addressing threats of pandemic influenza. 2. To ensure institutional mechanisms to achieve the above are developed. 3. To support regional and/or national capacity building networks. | | | | |
| **Summary of implementation of strategy/plan** | | | | | | |
| **Activity** | **Planned** | | **Achieved** | | | **% of completion** |
| 5.1  5.4 | Concept note, planning and preparation for sub-regional capacity building workshop; sub-regional workshop with 7-10 first phase countries; follow-up activities with countries supported according to agreed milestones and timeline. | | Capacity building continued in the region on high priority. A proposal outlining the strategic approach for sustained capacity building in health promotion/communication based on lessons learned from previous experiences has been submitted. A complementary proposal for an online platform to support capacity building through knowledge transfer, sharing and enrichment has also been drafted, and will be finalized in collaboration with WHO. Turkmenistan is preparing to conduct health promotion capacity assessment with an external consultant supporting a MoH Task Team.  Moldova, Armenia and Georgia are extending capacity building using the introduction of Rotavirus as an entry point. Moldova MoH has developed a communication strategy through an intensively consultative process based on a comprehensive formative qualitative research investigating attitudes and potential resistance to immunization and new vaccines. It is implementing parts of the strategy, namely, partnership and trust building with the media. Health promotion and EPI teams were twinned in this process, and supported by UNICEF CO and RO. The slow but undeniable shift in attitudes and capacities of the MoH counterparts are evident through several indicators. They are fundraising using the communication strategy providing evidence of greater realization of the need for sustained domestic investment and ownership. Armenia and Georgia are similarly developing a communication strategy through a consultative process while simultaneously conducting qualitative research on potential resistance to vaccines, the process being facilitated by UNICEF CO and RO. | | | 90% |

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| **Office:** | | **Eastern and Southern Africa Regional Office (ESARO)** | | | | |
| **Funds Committed(Allocation)** | | $612,000.00 | | | | |
| **Date of Receipt of Funds:** | | 8 September 2010 | | | | |
| **Funds Disbursed (Requisitioned):** | | $ 506,191.28 | **Percentage of Disbursed (Requisitioned):** | | 83% | |
| **Programme Completion Date:** | | 31 December 2012 | | | | |
| **Purpose:** | | 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. | | | | |
| **Summary of implementation of strategy/plan** | | | | | | |
| **Activity** | **Planned** | | | **Achieved** | | **% of completion** |
| 5.1 | * Conduct mapping of disasters and infectious diseases in the region. * Undertake C4D capacity assessment. * Develop an annotated outline for communication framework. * Develop overall outbreak communication framework. * Develop an outbreak communication tool kit. * Validate and pre-test framework and tool kit with the countries in the region. | | | 1) As of 30 June 2012, the draft of the regional Risk Communication Framework for Outbreaks of Epidemic/ Pandemic Infectious Diseases in ESAR and the Outbreak Communicator's Toolkit have been finalized, and process is underway to design, print, disseminate and distribute them among the countries of the region, UNICEF country offices, partners, counterparts and other stakeholders.  2) A C4D training consultant has been hired to facilitate training of country C4D teams on outbreak communication.  3) A training package has been developed to support country communication teams and UNICEF staff in rolling out the framework and the toolkit at the country level.  4) Two (2) Train of Trainers workshops were organized for UNICEF & counterparts in Swaziland (21 – 25 May) & Kenya (25 – 29 June) to develop their capacities in outbreak communication and to support development of national outbreak preparedness plans.  5) Technical assistance was provided to Swaziland and Kenya, to develop their national emergency/ outbreak communication strategies.  6) The opportunity of the Regional Communication Network Meeting for ESAR countries, 7-11 May in Johannesburg, South Africa, was used to present the global, regional and country level perspectives on risk communication for outbreaks of epidemic and pandemic infectious diseases.  . | | 80% |

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| **Office:** | | | **West and Central Africa Regional Office (WCARO)** | | | | |
| **Funds Committed (Allocation):** | | $782,000.00 | | | | | |
| **Date of Receipt of Funds:** | | 8 September 2010 | | | | | |
| **Funds Disbursed (Requisitioned):** | | $ 701,459.24 | | | **Percentage of Disbursed (Requisitioned):** | 90% | |
| **Programme Completion Date:** | | 31 December 2012 | | | | | |
| **Purpose:** | | *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:*  *5.1 Support governments in their planning of communication activities*  *5.2 Strengthen community participation, engagement and partnerships*  *5.3 Support the development of materials – in real time as the situation evolves*  *5.4 Support capacity building to facilitate effective delivery and adoption of messages across society* | | | | | |
| **Summary of implementation of strategy/plan** | | | | | | | |
| **Activity** | **Planned** | | | **Achieved** | | | **% of completion** |
| 5.1 | Develop a framework for C4D emergency and response planning and its roll it out in the seven countries (CAR, Chad, Congo B, DRC, Mali, Sierra Leone and Ivory Coast).  Develop and roll out C4D emergency preparedness and response plans in Sierra Leone, and Guinea.  Participate to emergency proposals (CERF, CAP, EAP, Flash Appal, etc.) for water borne infectious diseases that will be prepared by COs and WCARO in response to outbreaks. | | | (1) A framework for C4D emergency and response planning available (2) Guideline to facilitate workshops for planning C4D strategy for water borne diseases in emergency available (3) C4D emergency preparedness and response plans developed in Chad, Ivory Coast, Sierra Leone and three provinces of Congo DRC.  (4) Draft of a training MLM (Mid Level Managers for EPI) module on C4D available (5) An international Consultant L4 level) recruited for a three months period to conduct missions in three countries (Guinea, Niger and Ghana) to develop for C4D/Cholera plans (6) Funds for three months of two national consultants to roll out C4D/Cholera plans made available to Guinea CO and Ghana  (7) Support provided to Guinea to identify an international (L3) consultant to roll out C4D/Cholera plans  (8) Input provided for C4D/Cholera to two regional cholera funding proposals (to ECHO and OFDA) | | | (1) 95%  (2) 100%.  (3) 57%.  (4) 70% |
| 5.2 | . Development of an handbook for community based C4D approaches for child survival in WCAR context. . Development of an handbook for M&E of community based C4D. | | | (1) Handbook for community based approached for social and behaviour change available. (2) Handbook on M&E of community based C4D available. (3) Participatory appraisal by refugees in three Liberian camps about quality of humanitarian aid as a basis for planning community resilience to a disaster. | | | (1) 95%  (2) 95%  (3) 100% |
| 5.3 | C4D communication material for promotion of protective behaviours in occasion of water related emergencies for adults and for children will be made available to all 24 countries in the region. | | | Images for a flipchart and a brochure on the prevention and treatment of water-borne diseases available. Different versions of images have been developed in order to permit local adaptation. | | | 100% |
| 5.4 | . Training on C4D principles with a focus on Emergency in five countries (Benin, Chad, Congo Brazzaville, DRC and Guinea Bissau). | | | Training on C4D principles conducted in six Countries (Benin, Chad, Congo B, DRC, Guinea Bissau and Mauritania). | | | 120% |

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| **Office:** | | **Headquarters (HQ)** | | | | |
| **Funds Committed (Allocation):** | | $434,703.00 | | | | |
| **Date of Receipt of Funds:** | | 8 September 2010 | | | | |
| **Funds Disbursed (Requisitioned):** | | $414,120.73 | **Percentage of Disbursed (Requisitioned):** | | 95% | |
| **Programme Completion Date:** | | 31 December 2012 | | | | |
| **Purpose:** | | *This project looks to primarily sustain the national Communication for Development (C4D) capacities for emergency responses, including emerging infections such as pandemic influenza. These funds complement those received from other sources to strengthen the C4D capacity.* | | | | |
| **Summary of implementation of strategy/plan** | | | | | | |
| **Activity** | **Planned** | | | **Achieved** | | **% of completion** |
| 5.1 | The staff supports countries in developing and integrating H1N1 communications and in developing required capacities to respond to emerging and re-emerging disease and reduce the risks for children and families. | | | On-going technical and strategic guidance has been provided to four regional offices and 20 country offices to improve their disease-related communications systems and be better able to develop, deliver and evaluate the effectiveness of health interventions messages.  Staff at HQ supported the Government of Bangladesh in developed a strategic communication and advocacy component for the national strategy aimed to facilitate processes so that individuals and communities have the knowledge and skills to use information to assess their situation and to take action to protect their health, livelihoods and ecosystems against EIDs. Outputs include an action plan to support project implementation with strategic communication and advocacy; validated media formats and strategies to meet the requirements for communications and advocacy in the field; a tool to train field workers to enable effective implementation of strategic communication and advocacy targets; and specific strategies to facilitate community engagement; review of materials.  Provided technical support for the organization and development of the ESAR Regional Communication Network Meeting held in in Johannesburg, South Africa, 7-11 May 2012.  Provided technical guidance to the ESAR Regional Office in the development and field test of the ESAR Outbreak Communication Framework and Toolkit for Epidemic Diseases, including participation in train of trainer exercise with staff of different level of the Ministry of Health of Kenya.  In conjunction with WHO HQ, completed the elaboration of joint guidance Communication-for-Behavioural-Impact (COMBI) behavioural and social communication toolkit for outbreak response. | | 80% |
| 5.3 | Update and maintain global inventory of guidance, documents and creative materials and make it available in the www. | | | The inter-agency website ([www.influenzaresources.org](http://www.influenzaresources.org)) and the pandemic influenza intranet site have been continuously updated | | 100% |