

CENTRAL FUND FOR INFLUENZA ACTION

2012 PROGRAMME¹ NARRATIVE PROGRESS REPORT

REPORT COVER PAGE

Participating UN or Non-UN Organization(s): UN Office for the Coordination of Humanitarian Affairs and the UN System Influenza Coordination (UNSCIC)	UNCAPAHI Objective(s) covered: Objective 6, Continuity under pandemic conditions
Programme No. CFIA-B11 Programme Title: Pandemic Preparedness Small Project Funding Facility for UN Resident Coordinators	Report Number:
Reporting Period: Final narrative progress report for the period 1 st January 2009 to 31 December 2012.	Programme Budget: CFIA: US\$ 399,000 Other: US\$
List Implementing Partners: <ul style="list-style-type: none">• Lao PDR – UNDP• Zambia – UNDP• Nigeria – UNDP• Mozambique – WHO	Programme Coverage/Scope: <i>This programme is being implemented in four countries: Lao PDR, Zambia, Nigeria and Mozambique</i>
Programme/Project Timeline/Duration <u>Overall Duration</u> <i>The programme was started on 1st February 2009 and was due for completion on 31st Dec 2009.</i> <u>Original Duration</u> : 12 months <i>Revised Duration:</i> 48 months <u>Programme/ Project Extensions</u> <i>A project extension was approved for 2010, 2011, and 2012 to allow completion of activities</i>	

¹ The term “programme” is used for projects, programmes and joint programmes.

NARRATIVE REPORT FORMAT

1. Purpose

1.1 Programme objectives

The objective of this programme is to create a *funding facility* to be used to fund small high-value pandemic preparedness projects in priority countries lacking adequate capacity and resources. UN Resident Coordinators were invited to submit nominations to the Funding Facility for high priority project proposals that they felt would have a disproportionate impact in helping developing countries to be better prepared to mitigate the economic, humanitarian and social impacts of pandemic. A total of 15 project proposals were received and submitted to the CFIA review board. Due to the limited amount of funding available, the review board selected 4 projects in Lao PDR, Nigeria, Mozambique and Zambia.

1.2 Programme scope

In terms of programme scope, the Funding Facility particularly favours projects which have a “beyond the human and animal health” focus. As such, it supports initiatives which;

- Promote multi-sector pandemic preparedness and hence help to mitigate the economic, humanitarian and social impact of a pandemic and;
- Ensure robust multi sector pandemic preparedness planning is achieved in low capacity countries.

1.3 Alignment with UNAHICAP

This project comes under the UN Consolidated Action Plan for Avian and Human Influenza (UNCAPAHI) objective 6: “*continuity under pandemic conditions*”.

- Pandemic influenza preparedness plans built upon existing mechanisms for disaster preparedness, mitigation and response and – as much as possible – fully integrated into existing structures for disasters and crisis management.
- Stakeholders engaged in the facilitation of coherent strategies for pandemic preparedness and response, including in humanitarian settings, encouraging synergy.
- Assessment, tracking and monitoring of pandemic preparedness.
- Support to national pandemic preparedness planning.

1.4 Implementing Partners

In accordance with the CFIA rules covering the establishment of the small project funding facility for Resident Coordinators, the overall management of the programme is done by OCHA through its Pandemic Influence Contingency section. Implementation at the country level is done through UNDP (in Lao PDR, Nigeria and Zambia) and WHO (in Mozambique).

2 Resources

2.1 Financial Resources

The total approved cost of this programme is US\$ 340,000 which is fully funded by a grant from USAID of USD 399,000. The remaining balance (US\$ 59,000) has been added to a similar programme with additional funds from DFID (CFIA-A16) and is therefore reported on as part of

that programme. During the implementation of this programme, there were no major constraints in the mechanics of the financial process, times to get transfers, identification of potential bottlenecks, need for better coordination. The breakdown of funds between the 4 projects is provided below.

Breakdown of CFIA funds received for B-11 project	
Country	Cost
Lao PDR	88,000
Nigeria	80,000
Zambia	95,000
Mozambique	77,000
	16,500
Sub-total	340,000
Indirect Costs	0
TOTAL	340,000

3. Implementation and Monitoring Arrangements

3.1 Programme monitoring and oversight

- Global Level: Overall programme oversight coordination was conducted by OCHA in Geneva. This includes the consolidation of all project reports in accordance with the CFIA programme reporting regulations.
- Regional Level: The Regional Pandemic Planning Officers located within OCHA’s regional offices were responsible for monitoring progress against the project objectives and goals stated in the project proposals. This is achieved through regular reporting, occasional field missions and through the use of PIC’s “Tracker” website, which contains online measurement of UN Country Team and national government pandemic preparedness planning for all countries with a UN country team presence, using a system of simple indicators. The PRO’s are also responsible for ensuring quarterly and annual reports of project outcomes for are reported back to the Geneva.
- Country level: Daily project implementation was the responsibility of the two project partners, UNDP for; Lao PDR, Nigeria and Zambia and WHO for Mozambique. While in all three cases, these projects are implemented in close collaboration with national government counterparts, accountability for each project rests with the stated partner.

4. Results

4.1 Lao PDR

The project was implemented by a consultant hired to work in direct collaboration with the National Emerging Infectious Disease Coordination Unit (NEIDCO) and the UNCT Pandemic Influenza Working Group. By end of the project, the following activities were implemented:

- Compile for publication the outcomes of the multi-sectorial simulation exercise that took place in Vientiane in August 2009.
- Prepare a document on the pandemic experience in Lao PDR from 2004 – 2010. This publication records the history of the pandemic process from H5N1 (bird flu) to the H1N1 influenza pandemic and serves as institutional memory for NEIDCO and the UNCT.
- A desk top review resulting in a publication entitled “Progress on avian influenza and Pandemic Management in Lao PDR from 2004-2010”. This records the history of the pandemic process from H5N1 (bird flu) to H1N1 and will serve as institutional memory for the National Emerging Infectious Disease Coordination Unit (NEIDCO) and the UNCT.
- Following the workshop on business continuity planning held on 14 January 2010 and meeting with the Prime Minister’s Office (PMO), a letter from the PMO to key Ministries requesting them to develop Business Continuity Plans (BCP) was sent.
- A BCP Workshop was organized where each Ministry presented their progress. This increases the multi-sectoral pandemic preparedness capacity of line Ministries and strengthens service delivery through identification of key service providers.

4.1 Nigeria

The project aimed to help identify gaps that existed in the emergency preparedness and response and disaster risk reduction capacity in Nigeria and to build the culture of safety and resilience particularly in the most vulnerable communities through policies and effective risk reduction instruments. A total sum of US\$67,489.17 was available for programming under this project.

The following is a narrative of the main activities and achievements implemented:

1. Reconstitution of an expanded National Pandemic Preparedness and Response Plan Development Committee

Members from key sectors identified as critical during an Influenza pandemic formed the expanded Pandemic Preparedness and response committee. The critical services identified in Nigeria are Health, Defense, Law and Order, Finance, Transport, communications, Energy, Food, Water, and the National Emergency Management Agency, the coordinating authority for disasters in Nigeria. The team was taken through an orientation meeting facilitated by the Ministry of Health, WHO, RCs Office and FAO for better understanding of their terms of reference and the context of the planning exercise. The committee agreed upon their Terms of Reference and an Action plan to be followed for the entire exercise.

2. Retreat to Draft the PPP

A three day retreat was organized in Kaduna in which the drafting committee participated in the actual drafting of the pandemic preparedness and response plan. The retreat was funded by CDC, Nigeira. It provided an opportunity for all members to work together and participate actively in the consolidation of the sectoral inputs to develop a draft zero pandemic preparedness and response plan. The participants in the retreat were from the UN (RC Office, FAO, UNDP, UNICEF, UNHCR, IOM, WHO), the government (Federal Ministry of Health, Agriculture & Water Resources, Information and Communications, Transport, Petroleum, Power, Finance, NEMA, Defense Headquarters, Customs), development partners International Federation of the Red Cross and the Centre for Disease Control.

3. Finalisation of the plan

The RCs Office hired a consultant to work on the draft zero and produce a first draft of the plan. Sectors such as security that were missing were mobilized by the Ministry of Health in collaboration with the RCs office and their inputs were added to the report. The first draft of the National Pandemic Influenza Preparedness and response plan has been delivered to the Ministry of Health for further distribution prior to conducting of a simulation exercise.

4. Inter-agency contingency planning

The UNCT organized an interagency contingency planning workshop with the participation of the national government and NGOs. Conflicts, Natural disasters and Pandemics were prioritized as the most likely disasters in Nigeria. The UNCT is re-establishing the Emergency Preparedness and Response Thematic Group to coordinate overall disaster preparedness and planning through which pandemic will be integrated into the overall humanitarian work in Nigeria for sustainability.

5. Mobilised resources from other partners

The Influenza pandemic planning process has led to mobilisation of funds from other partners in Nigeria. They include the CDC in Nigeria and the World Bank through the Avian Influenza Control Project via the Human Health component that has coordinated the process.

The fund provided under this project was also utilized to support critical elements of the initial activities of the emergency preparedness and response, as well as, disaster risk reduction programme in Nigeria that provided the basis for UNDP programming in disaster risk reduction thematic area. Particularly the following activities were undertaken:

6. Develop National Action Plan for emergency preparedness and response, as well as, disaster risk reduction in place.
7. Conduct validation workshop for the capacity assessment draft report on emergency preparedness response and disaster risk reduction
8. Organize a national advocacy and sensitization workshop on the report

4.3 Zambia

In April 2009 Zambia received US\$95,000 to assist the Government to coordinate pandemic preparedness and response and to ensure continuity of businesses in the event that there is an emergency. The final outcome was envisioned as a national preparedness plan that covers business continuity as well as general preparedness.

Zambia has a national action plan, which content mostly speaks to containment, sensitization of communities, setting up of AHI/H1N1 centres but does not cover the logistics of how this will be done.

The National Disaster Management and Mitigation Unit (DMMU) is responsible for coordinating government response to disasters. The DMMU fully assumes its role with regard to natural disasters. However, for health-related disasters, the coordinating responsibilities have been with the Ministries of Health and Ministry of Agriculture responsible for human and animal health.

Discussions were held among the Office of the Vice President under who the DMMU fall, the Ministry of Agriculture, the Ministry of Health and the UN through its UN Disaster Management Team (UNDMT) to move the coordination of pandemic response to the DMMU with the technical ministries (health and agriculture) remaining to deal with the technical aspects of the response.

In addition to the above institutional issues, other difficulties were faced in implementing the project. This included the high turnover of national focal points and consultants hired to develop the Business Continuity Plan (BCP). Therefore, the development of the plan could not commence. The UNDMT suggested to national authorities that an international consultant could be hired. The DMMU did not object. However, due to the general elections in the country the execution of the idea was postponed. After elections, the RC office resumed his effort to hire the international consultant. Letters of interests were shared by UNSIC with the RC office from several consultants. Later the RC office withdrew its request and assigned an internal staff to work on the project. This did not continue long and the project stalled again. As a result, no activities have been implemented and fund was requested to return to the CFIA by the end of 2012.

4.4 Mozambique

The implementation of the project in Mozambique was outstanding with strong national leadership. Beyond its direct impact at national level, the project had a positive regional impact, as many of the achievements resulting from this project has been shared with others countries as examples of best practices.

The specific activities undertaken under this project included the following:

- Working through WHO, the UNCT in Mozambique has carried out strong advocacy to humanitarian organizations, key ministries and public and private sectors and NGOs for their involvement in pandemic preparedness. This resulted in the participation of all key ministries, private sectors and NGOs in the table top exercise held on 26 January 2010. The table top exercise recommended 15 actions and among them is the revision of the current plan in line with the Whole-of-Society approach. A revision committee has been established and revised the plan.

- The Ministry of Health has produced public awareness materials (pamphlets and brochures) and disseminated them to communities at risk; strongly informing them on Influenza A H1N1 prevention measures and behaviour.
- At a national workshop for Rapid Response Teams (RRT) clinicians, epidemiologists and IHR focal points from all provinces in the country were trained and national and provincial response teams were put in place to cover the management of influenza outbreak response, when needed.
- The UN Technical Group on Pandemic influenza conducted a one day workshop to update the preparedness and response plan. The Humanitarian Country Team has consolidated its plan with their inputs.