

**Submission Form**

To

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

*To be completed by the Participating UN and Non-UN Organisation*

<b>Meeting No: 5</b>	<b>Date of Meeting: 20 February 2008</b>
<b>Item No: 200807</b>	<b>Programme / project: Pandemic Influenza Contingency team/OCHA work programme</b>
To: Management Committee for the UN CFIA	Date of Submission: 31 January 2008
From: Participating UN Organisation Office for the Coordination of Humanitarian Affairs	Contact: Telephone number, email Michael Mosselmans, +41 22 910 2778, mosselmans@un.org
National Authority <i>NOT APPLICABLE</i> <input type="checkbox"/> Endorsement <input type="checkbox"/> Comments (mandatory if no endorsement)	Contact: Telephone number, email <i>NOT APPLICABLE</i>
Proposed submission, if approved would result in:  X Continuation of existing programme/project  <input type="checkbox"/> New programme/project  <input type="checkbox"/> Other (explain)	Proposed submission resulted from:  <input type="checkbox"/> National Authorities request  X Participating UN/Non-UN Participating Agency within the UN Consolidated Action Plan  <input type="checkbox"/> NGO or other agency Request  <input type="checkbox"/> Other (explain)
Programme/Project Title: Pandemic Influenza Contingency team/OCHA work programme	
Category of project: Countries with restricted implementation capacity (humanitarian readiness)	
Amount of CFIA funds requested for Proposed Programme/project: <b>\$1.485m</b>	
Amount of indirect costs requested: <b>(13%) \$170,000</b>	

## **1. Background**

The Pandemic Influenza Contingency team is located in the Office for the Coordination of Humanitarian Affairs (OCHA) in Geneva. Its purpose is (a) to help UN country teams to prepare to protect staff health and safety; continue essential operations; and support national governments during pandemic; (b) working through UN country teams, to help national governments to prepare to mitigate the beyond health (economic, governance, humanitarian and social) impacts of pandemic; (c) to strengthen the readiness of UN humanitarian agencies and their partners to meet the humanitarian needs of vulnerable populations during pandemic. To achieve these goals, PIC's work is a combination of advocacy; measurement of the current level of readiness of national governments and UN country teams; practical help to enable national governments and UN country teams to prepare; and coordination of pandemic actors at regional and headquarters level, to promote synergy, avoid duplication and identify gaps. PIC has seven regional planning officers, based in OCHA regional offices, who organise regional platforms to coordinate pandemic preparedness activities in Asia/Pacific; Caribbean/Latin America; Central Asia/Eastern Europe; Eastern Africa; Middle East/North Africa; Southern Africa; and West Africa respectively. PIC was established in late 2006. It has received funding from the Governments of Canada, Denmark, Japan, Switzerland, the United Kingdom and the United States.

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

### ***Intended Outcomes:***

- a) UN country teams worldwide more ready to maintain essential operations and assist their national host governments
- b) Greater awareness in restricted capacity developing countries of the need to prepare for a high mortality influenza pandemic
- c) Governments in restricted capacity developing countries improve their preparedness for a sudden pandemic
- d) Governments, UN and partners prepared to support humanitarian response in a pandemic
- e) Existing national and international institutions for disaster risk mitigation add 'sudden high mortality pandemic' to the list of risks they must work to mitigate
- f) In the event of WHO Pandemic Phase 4, 5 or 6 being declared the UN performs well in assisting governments to face the situation in a broad multi-sector fashion

### ***Outcome Indicators:***

- i) PIC data show at least a 30% improvement in UNCT readiness year to year
- ii) UN Country Teams use PIC tools and capacities to assist improvement of national readiness in at least 50 countries in 2008
- iii) At least 15 regional or sub-regional organisations in 2008 place sudden pandemic preparedness on their meeting agendas
- iv) PIC data show at least a 30% improvement in national readiness in 2008 compared to 2007 among the 140 countries with a UN field presence
- v) At least 80% of national governments answer yes to the question 'Is pandemic planning integrated into existing national disaster management structures?'
- vi) Organisations promoting disaster risk reduction in general clarify in writing the relationship between their existing disaster risk mitigation and preparedness work and that for sudden pandemics, and demonstrably mainstream pandemic preparedness into other aspects of their work
- vii) Post-pandemic studies

Some key intended outputs:

- 1) PIC-backed UN basic measurement of national pandemic readiness beyond the health sector standardised for all UN programme countries by the end of 2008
- 2) UN system adopts standardised indicators of readiness for UN Country Teams – bringing together readiness elements from different parts of the system such as medical services and human resources
- 3) At least 70 UN Country Teams assisted to support their national Governments with pandemic preparation, including simulations
- 4) Key presentations made at 20 regional and sub-regional organisations’ high level meetings advocating multi-sectoral pandemic preparedness
- 5) Regional platforms of the key actors in AHI organised and maintained in 6 out of 7 regions, covering participants from 100 countries
- 6) Humanitarians agree on – and undertake – priority actions
- 7) Best practices on pandemic readiness widely disseminated
- 8) Imaginative advocacy materials produced and widely distributed promoting a) the wisdom of pandemic readiness and b) mainstreaming this into other disaster risk reduction work
- 9) National disaster risk mitigation focal points lobbied in 150 countries to advocate inclusion of preparedness for a sudden pandemic in disaster risk reduction work
- 10) Set of new guidance for humanitarian field staff, filling in key gaps, developed
- 11) Simulation material developed tailored to humanitarian purposes
- 12) Meetings of donors, NGO, Red Cross and UN agencies convened to exchange best practice and coordinate priorities
- 13) Inter-agency visits to 4 priority countries to test and conduct simulations.
- 14) PIC assists UNDP, OCHA and ISDR to clarify their respective roles with regard to sudden pandemic preparedness, with written outputs
- 15) PIC collaborates successfully with WHO and makes a major contribution in a multi-sector process to broaden WHO Guidelines on Pandemic Preparedness to include more attention to other sectors and the ‘whole-of-society’ approach
- 16) PIC itself is ready for a pandemic, with a robust capability to remain functional even in Phase 6

**3. Project Implementability**

	<i>2007</i>	<i>2008</i>
<i>Total estimated commitments (\$mill)</i>	<i>\$3.68m</i>	<i>\$4.52m</i>
<i>Total estimated disbursements (\$mill)</i>	<i>\$3.68m</i>	<i>\$4.52m</i>
<i>Of which the following is requested from the CFLA</i>	<i>\$0.375m</i>	<i>\$1.11m</i>

**4. Evaluation of Proposals**

*Provide concise summary evaluation of proposal against:*

	<b><i>General principles and selection criteria</i></b>	
(a)	Must be explicitly based on the UN Consolidated Action Plan (UNCAPAHI),	Yes X No <input type="checkbox"/>
(b)	Must support national strategies,	Yes X No <input type="checkbox"/>
(c)	Must promote and ensure national ownership,	Yes X No <input type="checkbox"/>
(d)	Must demonstrate UN’s comparative advantage for specific intervention ,	Yes X No <input type="checkbox"/>
(e)	The organization must have the appropriate system to deliver the intervention,	Yes X No <input type="checkbox"/>
(f)	The UN response must be effective, coherent, context-sensitive, cost-efficient and the outcomes, sustainable,	Yes X No <input type="checkbox"/>

(g)	Must avoid duplication of and significant overlap with the activities of other actors,	Yes X No <input type="checkbox"/>
(h)	Must use strategic entry points that respond to immediate needs and yet facilitate longer-term improvements,	Yes X No <input type="checkbox"/>
(i)	Must build on existing capacities, strengths and experience,	Yes X No <input type="checkbox"/>
(j)	Must promote consultation, participation and partnerships.	Yes X No <input type="checkbox"/>

**Elaborate:**  
 PIC/OCHA's work programme is situated under items 6.1.1, 6.1.2, 6.1.3 and 6.1.4 of the UNCAPAHI. PIC's core business is to help UN country teams to provide relevant and effective support to assist national governments to improve their pandemic preparedness planning. PIC operates through a network of seven regional planning officers based in OCHA regional offices who liaise with UN country teams and national governments to ensure that PIC interventions are appropriate. PIC's work focuses heavily on seeking the integration of pandemic preparedness into wider national disaster management systems and processes to promote sustainability. PIC runs regional platforms that bring together key pandemic actors to seek to avoid duplication and promote coherence. PIC/OCHA plays a coordination role, working with IFRC, to bring together UN actors, the Red Cross Movement, NGOs and donors to promote partnerships, joint approaches and coherence.

**5. Review by Secretariat**

*Check on Programme/Project Proposal Format Contents*

- Cover sheet (first page) Yes  No
- Logical Framework with indicators of success and timelines Yes  No  (not required < \$500.000)
- Programme/Project Justification Yes  No
- Programme/Project Management Arrangements Yes  No
- Risks and Assumptions Yes  No
- Budget Yes  No
- Progress Report (for supplementary funding only) Yes  No
- Implementability*

The project document identifies some 17 planned outputs related to supporting UN to adopt standard measures of pandemic readiness that are multi-sectoral; outreach with key humanitarian actors and development of guidelines for field staff; dissemination of best practices; advocacy with national and UN actors; collaboration with WHO to broaden guidelines on pandemic preparedness; and build internal PIC capacity.

<i>General criteria for prioritisation</i>		
(a)	Must be in line with UN Consolidated Action Plan,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(b)	Recipient Organization is unable to meet high or urgent priority needs with existing level of funding,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(c)	Need to address high priority activities that have significant impact, and by nature must address seasonal or timing imperatives and considerations,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(d)	Supports activities that are likely to improve the overall situation at national and local levels,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(e)	Does not overlap with other ongoing programmes.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

To be completed by the Secretariat

- Overall review of programme submission

Project proposal submission criteria have been fulfilled. OCHA is the lead agency for Objective 6. OCHA's project covers outputs 6.1.1, 6.1.2, 6.1.3, 6.1.4 of the UN Consolidated Action Plan for which OCHA has been unable to find funding.

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

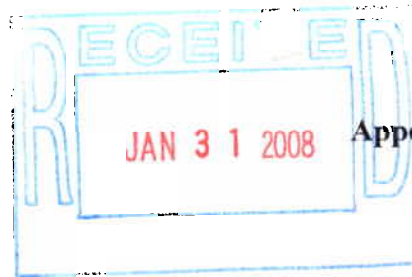
- Approved content and budget as submitted
- Approved for a total budget of \$ 1,485,000.00
- Approved with modification/condition on content
- Deferred
- Rejected

**Reason/Comments**

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

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

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



**CFIA PROJECT DOCUMENT COVER SHEET**

<p><b>Participating UN or Eligible Partner Organisation:</b> <i>Office for the Coordination of Humanitarian Affairs</i></p>	<p><b>UN CAP objective:</b> <i>Objective 6: Continuity under pandemic conditions</i></p>
<p><b>Programme/Project Manager</b> <b>Name:</b> <i>Michael Mosselmans</i> <b>Address:</b> <i>37-39 Rue de Vermont, Geneva</i> <b>Telephone:</b> <i>++ 41 22 910 2778</i> <b>E-mail:</b> <i>mosselmans@un.org</i></p>	<p><b>UN or Eligible Partner Organization that has lead responsibilities for the objective(s) of the UNCAP</b>  <b>Name:</b> <i>Office for the Coordination of Humanitarian Affairs (Michael Mosselmans)</i> <b>Address:</b> <i>37-39 Rue de Vermont, Geneva</i> <b>Telephone:</b> <i>++ 41 22 910 2778</i> <b>E-mail:</b> <i>mosselmans@un.org</i></p>
<p><b>Programme/Project Title:</b> <i>Pandemic Influenza Contingency team</i>  <b>Programme/Project Number:</b> <i>CFIA/B-1</i></p>	<p><b>Programme/Project Country and Location:</b> <i>Global – with a hub in Geneva and regional officers in Bangkok, Dakar, Johannesburg, Nairobi, Cairo and Panama</i></p>
<p><b>Programme/Project Description:</b>  (a) To strengthen the readiness of UN country teams to continue essential operations and help national governments in pandemic; (b) Through UN country teams, to strengthen the readiness of national governments to mitigate the beyond health impacts of pandemic; (c) To strengthen the readiness of humanitarian actors to meet humanitarian needs in pandemic.</p>	<p><b>Total Programme/Project Cost: \$4.31m</b> <b>CFIA: \$1.485m</b> <b>Government Input (if relevant): N/A</b> <b>Other: \$2.82m</b> <b>Total: \$4.31m</b>  <b>Programme/Project Duration:</b> <i>2 years (2007-2008)</i>  <b>Estimated Start Up Date:</b> <i>November 2006</i></p>
<p><b>UN CAP Objective (one or more of the seven objectives) and Key Immediate Objectives:</b> <b>Continuity under pandemic conditions</b>          6.1.1 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          6.1.2 Stakeholders engaged in the facilitation of coherent strategies for pandemic preparedness and response, including in humanitarian settings, encouraging synergy          6.1.3 Assessment, tracking and monitoring of pandemic preparedness          6.1.4 Support to national pandemic preparedness planning</p>	

**Outputs and Key Activities:**

*Paragraph outlining essential details of the programme/project*

**Output 1** *Greater awareness in restricted capacity developing countries of the need to prepare for a high mortality influenza pandemic*

Activities: Develop analysis on what Governments need to do to prepare for pandemic. Disseminate guidance and information. Deliver presentations on Phase 6 pandemic preparedness at meetings of key regional bodies

**Output 2** *Existing national and international institutions for disaster risk mitigation add 'sudden high mortality pandemic' to the list of risks they must mitigate*

Activities: Lobby national disaster risk reduction focal points to include pandemic amongst the risks they prepare for.. Design and secure donor funding for national capacity building projects to strengthen the inclusion of pandemic risk in national disaster management processes.

**Output 3** *In the event of WHO Pandemic Phase 4, 5 or 6 being declared the UN performs well in assisting governments to face the situation in a broad multi-sector fashion*

Activities: Support and advocate for UN country teams to develop robust business continuity plans. Disseminate best practice in business continuity planning. Undertake missions to support country teams.

**Output 4** *PIC-backed UN basic measurement of national pandemic readiness beyond the health sector standardised for all UN programme countries. UN system adopts standardised indicators of readiness for UN Country Teams – bringing together readiness elements from different parts of the system such as medical services and human resources*

Activities: Develop an online pandemic readiness tracker system based on simple indicators so as to measure and monitor progress within both UN country teams and national governments.

**Output 5** *70 UN Country teams assisted to support their national Governments with pandemic preparation, including simulations*

Activities: Support and advocate for UN country teams to assist national governments to strengthen pandemic preparedness. Assess what support UN country teams should provide to countries. Develop and distribute guidance and advocacy materials for agencies and national actors promoting readiness for the beyond health consequences of Phase 6 pandemic.

**Output 6** *Regional platforms of the key actors in AHI organised and maintained in 6 regions, covering participants from 100 countries*

Activities: Organise multi-actor regional platforms on pandemic preparedness. Maintain networks of key partners. Map who does what where.

**Output 7** *Humanitarians agree on and undertake priority actions needed to prepare to provide humanitarian assistance in a sudden pandemic*

Activities: Convene interaction between agencies and donors to develop inter-agency thinking on how to progress humanitarian preparedness. Identify gaps in guidance for humanitarian actors. Commission additional guidance. Test new guidance in the field. Conduct field level simulations to assess humanitarian preparedness. Develop optimal simulation materials.. Work with IFRC to exchange best practices with interested NGOs. Convene meetings in Geneva to stimulate dialogue between donors, NGOs, the Red Cross Movement and UN agencies.

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UN organization that has lead responsibilities for the objective of the UN CAP Review Date: 13 February 2008  
Secretariat Review Date: 5 February 2008

Management Committee Approval Date: 20 February 2008  
Total Approved Amount: \$ 1,485,000.00





UN organization that has lead responsibilities for the objective of the UN CAP Review Date: 13 February 2008  
Secretariat Review Date: 5 February 2008

Management Committee Approval Date: 20 February 2008  
Total Approved Amount: \$ 1,485,000.00

On behalf of:

Participating  
Organisation

Chair CFIA MC

*Name/Title*

M. MOSELMAVIS  
DIRECTOR A.I.  
PANDEMIC INFLUENZA CONTINGENT  
OCHA

David Nabarro  
UN System Senior Coordinator  
for AHI

## Appendix B

### Programme/project Justification

#### Background

1. The Pandemic Influenza Contingency team was created by OCHA and UNSIC in 2006, in close collaboration with UNDP. During its first 13 months, PIC has organised regional platforms in four regions and held training and planning workshops with representatives of governments and organisations from over 80 countries. Simulations or simulation training have been conducted for specialists from over 40 countries. An online system for tracking global pandemic readiness has been developed and is being populated with initial data. And some practical tools have been put at the disposal of UN Country Teams and others.

2. In 2007, PIC received funding from the Governments of Canada, Denmark, Japan, the United Kingdom and the United States, and from UNDP.

3. PIC/OCHA's total project cost over the year October 2007 – September 2008 is \$4.3m. OCHA seeks \$1.485m from the USAID-funded second window of the CFIA. OCHA intends to approach other donors – such as Canada, Denmark, Germany, Switzerland, the United Kingdom and the Norway-funded first window of the CFIA – to secure the remaining \$2.8m. OCHA's projected spend is \$1.1m in each quarter of the year. OCHA would like to utilise the CFIA second window money to fund the earlier part of its operations for the year, thus enabling it to avoid cash flow problems and to continue operations whilst it goes through the processes to secure other donor funding to cover its budgetary needs for the latter part of the year.

#### Programme/project approach

4. PIC/OCHA coordinates the continuity and humanitarian preparedness work of the UN family working at country level.

5. Preparedness action now could lead to significant reductions in the substantial economic, social and humanitarian impacts of pandemic, including mortality.

6. Working through UN country teams and with UN partners, PIC will contribute to:

- supporting national governments in developing robust national pandemic preparedness plans.
- helping Governments to promote robust business continuity planning to enable key services to continue to function; and to plan for the appropriate use and timing of prevention and control measures such as isolation and quarantine, promotion of personal hygiene and 'social distancing'.
- advocating for the interests of vulnerable groups, including refugees, to be included in national planning
- developing materials for desk-top exercises, drills and simulations to test contingency plans
- promoting advocacy efforts to heighten awareness of the case for preparedness
- supporting Governments to integrate pandemic preparedness into existing national disaster management processes and disease surveillance and control plans

7. PIC will work with agencies to:

- develop guidance and train staff on modalities for humanitarian action in pandemic
- conduct simulations of country team contingency plans in priority countries
- disseminate best practice in business continuity planning
- work with non-UN partners to develop a clearer understanding country-by-country of who has the

capacity to address different humanitarian needs in pandemic

-clarify the roles of different actors

-prioritise support to those countries that have the least capacity to tackle the challenges with their own resources

-build the capacity of national actors to meet basic needs during pandemic

-work closely with civil society organisations, the military, the private sector, and the Red Cross movement to facilitate a coherent response

-convene meetings with Member States and IASC partners (NGOs and the Red Cross) to share best practices.

## **Management arrangements**

8. PIC is a part of OCHA, but also has a close relationship with UNSIC. The Director of PIC reports to the Deputy Emergency Relief Coordinator/Assistant Secretary-General of OCHA. The Director's work is also guided by the Senior UN System Influenza Coordinator and the Director of UNDP's Bureau for Crisis Prevention and Recovery.

9. PIC is situated in OCHA Geneva, and five out of seven of its Regional Officers are situated in OCHA's regional offices. These officers work as an integrated part of the OCHA office. They report to the Director of PIC through their OCHA regional Head of Office, who strongly supports their work.

10. PIC was set up by an inter-agency effort. UNDP has seconded staff to PIC. DFID has seconded PIC its Deputy Director. Switzerland has seconded PIC a pandemic preparedness adviser. FAO is in the process of seconding a rural livelihoods and food security adviser. Other UN agency and partner colleagues work remotely as strong members of the PIC network (for example from UNICEF, WFP and IOM) by spearheading their agencies' involvement from within their organisations. PIC maintains close relations with WHO in particular, regarding human health issues, and is careful not to duplicate its work. PIC also helps the UN System work with close partner agencies like IFRC.

## **Analysis of risks and assumptions**

11. One risk for the project is the risk the project is designed to mitigate against – an influenza pandemic with high morbidity and mortality. Risk mitigation is built into the design – PIC itself is a model of readiness, with a robust capability to remain functional even in Phase 6.

12. There is a risk of waning interest in governments, national disaster bodies, international organisations, humanitarian organisations and UN country teams if the current avian influenza epizootic subsides, along with media coverage of the issue. The project is designed to confront this problem with its advocacy and diplomacy work.

13. There is a risk that some Governments will not see the United Nations as their preferred source of support on pandemic preparedness. By producing quality outputs attuned to government's needs, we intend to develop a reputation for being a reliable source of assistance and advice.

## THE LOGICAL FRAMEWORK

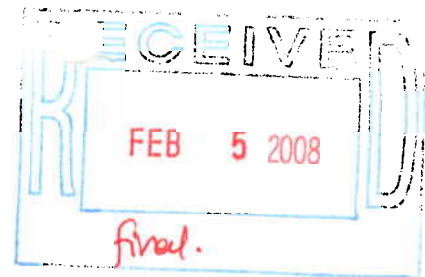
Objectives	Indicators of success	Important assumptions	Time line
Continuity under pandemic conditions			Throughout the project
<p>Immediate Objectives:</p> <ol style="list-style-type: none"> <li>1. UN country teams worldwide more ready to maintain essential operations and assist their national host governments</li> <li>2. Governments in restricted capacity developing countries improve their preparedness for a sudden pandemic</li> <li>3. Governments, UN and partners prepared to support humanitarian response in a pandemic.</li> </ol>	<p>a PIC data shows at least a 30% improvement in UNCT readiness year to year</p> <p>b PIC data shows at least a 30% improvement in national readiness in 2008 compared to 2007 among the 140 countries with a UN field presence</p> <p>c PIC indicators of humanitarian preparedness demonstrate improvement in 2008</p>	<p><b>(Immediate Objective to UN Action Plan Objective)</b></p> <p>National governments, humanitarian actors and UN country teams willing to devote sufficient attention to pandemic readiness</p>	Steady proportionate progress toward delivery of indicators (a) (b) and (c) by November 08
<p><b>OUTPUTS:</b></p> <p>Output 1 Greater awareness in restricted capacity developing countries of the need to prepare for a high mortality influenza pandemic</p> <p>Output 2 Existing national and international institutions for disaster risk mitigation add 'sudden high mortality pandemic' to the list of risks they must mitigate</p> <p>Output 3 In the event of WHO Pandemic Phase 4, 5 or 6 being declared the UN performs well in assisting governments to face the situation in a broad multi-sector fashion</p> <p>Output 4 PIC-backed UN basic measurement of national pandemic readiness beyond the health sector standardised for all UN programme</p>	<p>a UN country teams use PIC tools and capacities to seek improvement of national readiness in 50 countries in 2008</p> <p>b At least 15 regional or sub regional organisations in 2008 place sudden pandemic preparedness on their meeting agendas</p> <p>c 25 country humanitarian plans developed collaboratively by Red Cross, NGOs, UN and national governments</p> <p>d At least 80% of national governments answer yes to the question 'Is pandemic planning integrated into existing national disaster management structures?'</p> <p>e Organisations promoting disaster risk reduction in general (including UNDP, OCHA and ISDR) clarify</p>	<p><b>(Outputs to immediate objective)</b></p> <p>PIC has a robust capability to remain functional even in Phase 6</p> <p>Interest in governments and international organisations does not wane if the current avian influenza epizootic and media coverage of the issue subside</p>	<p>Gradual proportionate progress on outputs 1, 2, 5 and 7 and indicators (a), (b), (d) and (e) toward achievement of goals by November 2008</p> <p>Successful achievement of output 3 and indicator (f) will be measurable and demonstrable after the pandemic has taken place</p> <p>Outputs 4 and 6 to be achieved by end June 2008</p> <p>Indicator (c) to be achieved by end 2010</p>

<p>countries. UN system adopts standardised indicators of readiness for UN Country Teams – bringing together readiness elements from different parts of the system such as medical services and human resources</p> <p>Output 5 70 UN Country teams assisted to support their national Governments with pandemic preparation, including simulations</p> <p>Output 6 Regional platforms of the key actors in AHI organised and maintained in 6 regions, covering participants from 100 countries</p> <p>Output 7 Humanitarians agree on and undertake priority actions needed to prepare to provide humanitarian assistance in a sudden pandemic</p>	<p>in writing the relationship between their existing disaster risk mitigation and preparedness work and that for sudden pandemics, and demonstrably mainstream pandemic preparedness into other aspects of their work</p> <p>f Post-pandemic studies</p>		
<p><b>ACTIVITIES:</b></p> <p>1 Develop analysis on what Governments need to do to prepare for pandemic. Disseminate guidance and information. Deliver presentations on Phase 6 pandemic preparedness at meetings of key regional bodies</p> <p>2 Lobby national disaster risk reduction focal points to include pandemic amongst the risks they prepare for.. Design and secure donor funding for national capacity building projects to strengthen the inclusion of pandemic risk in national disaster management processes.</p> <p>3 Support and advocate for UN country teams to develop robust business continuity plans. Disseminate best practice in business continuity planning. Undertake missions to support country teams.</p> <p>4 Develop an online pandemic readiness tracker system based on simple</p>	<p><b>INPUTS:</b> (\$m)</p> <p>Geneva HQ 1.52 E Europe/C Asia 0.36 Asia/Pacific 0.51 L America/Caribbean 0.39 C and E Africa 0.35 S Africa 0.34 W Africa 0.37 Middle East/N Africa 0.47</p> <p>Of which: Staff cost: 2.69m Non-staff cost: 1.12m Programme support cost: 0.5m</p> <p>Total 4.31m</p>	<p><b>(Activity to output)</b> Governments see UN as one of key sources of support on pandemic preparedness</p> <p>Governments, UN country teams and PIC Regional Planning Officers have capacity for regular dialogue</p> <p>Continued project funding secured from donors</p>	<p>Activities 1, 2, 3, 5 and 7 ongoing throughout 2008, with all activities delivered by November 2008.</p> <p>Activities 4 and 6 delivered by end June 2008.</p> <p>Financial inputs spent proportionately throughout year with 25% of total budget spent in each 3-month period.</p>

<p>indicators so as to measure and monitor progress within both UN country teams and national governments.</p> <p>5 Support and advocate for UN country teams to assist national governments to strengthen pandemic preparedness. Assess what support UN country teams should provide to countries. Develop and distribute guidance and advocacy materials for agencies and national actors promoting readiness for the beyond health consequences of Phase 6 pandemic.</p> <p>6 Organise multi-actor regional platforms on pandemic preparedness. Maintain networks of key partners. Map who does what where.</p> <p>7 Convene interaction between agencies and donors to develop inter-agency thinking on how to progress humanitarian preparedness. Identify gaps in guidance for humanitarian actors. Commission additional guidance. Test new guidance in the field. Conduct field level simulations to assess humanitarian preparedness. Develop optimal simulation materials.. Work with IFRC to exchange best practices with interested NGOs. Convene meetings in Geneva to stimulate dialogue between donors, NGOs, the Red Cross Movement and UN agencies.</p>			
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## Appendix C

## THE PROGRAMME/PROJECT BUDGET



<b>Overall PIC Project Cost: Oct 2007 - Sept 2008</b>			
<b>Category</b>	<b>Item</b>	<b>No of units</b>	<b>Total Cost</b>
<b>1. Personnel</b>			
Director	D-1	1	231,504
Regional Planning Officer	L-5/4	9	1,510,662
Information Management Officer	L-3	1	146,478
Desk Officer	L-2	1	121,224
National support staff	NOA/GSL	19	676,490
Consultants			74,657
<b>Staff cost</b>			<b>2,761,015</b>
<b>2. Contracts</b>			276,198
<b>3. Training</b>			82,532
<b>4. Transport</b>			180,356
<b>5. Supplies &amp; Commodities</b>			87,887
<b>6. Equipment</b>			104,704
<b>7. Travel</b>			303,550
<b>8. Miscellaneous</b>			15,186
<b>Non-staff cost</b>			<b>1,050,413</b>
<b>9. Management support cost (13%)</b>			495,485
<b>Total</b>			<b>4,306,913</b>

<b>Share of Total PIC Project Cost to be financed by CFIA Grant</b>			
<b>Category</b>	<b>Item</b>	<b>No of units</b>	<b>Total cost</b>
<b>1. Personnel</b>			950,000
<b>Sub-total</b>			<b>950,000</b>
<b>2. Contracts</b>			100,000
<b>3. Training</b>			40,000
<b>4. Transport</b>			60,000
<b>5. Supplies &amp; Commodities</b>			25,000
<b>6. Equipment</b>			40,000
<b>7. Travel</b>			100,000
<b>8. Miscellaneous</b>			
<b>Sub-total</b>			<b>1,315,000</b>
<b>9. Management support cost (13%)</b>			170,000
<b>Total</b>			<b>1,485,000</b>