

# CENTRAL FUND FOR INFLUENZA ACTION

## PROGRAMME<sup>1</sup> QUARTERLY PROGRESS UPDATE

*As of 14<sup>th</sup> April 2010*

<b>Participating UN or Non-UN Organization:</b>	UN Office for the Coordination of Humanitarian Affairs (OCHA)	<b>UNCAPAHI Objective(s) covered:</b>	Objective 6: Continuity under pandemic conditions		
<b>Implementing Partner(s):</b>	All funds disbursed will be managed by selected implementing agencies within UN country teams.				
<b>Programme Number:</b>	CFIA-B11				
<b>Programme Title:</b>	Pandemic Preparedness Small Project Funding Facility for UN Resident Coordinators				
<b>Total Approved Programme Budget:</b>	US\$ 399,000				
<b>Location:</b>	Countries with restricted implementation capacity (humanitarian preparedness)				
<b>MC Approval Date:</b>	14 November 2008				
<b>Programme Duration:</b>	17 months	<b>Starting Date:</b>	01 February 2009	<b>Completion Date:</b>	30 June 2010
<b>Funds Committed:</b>	US\$ 399,000			<b>Percentage of Approved:</b>	100%
<b>Funds Disbursed:</b>	US\$ 133,861			<b>Percentage of Approved:</b>	34%
<b>Expected Programme Duration:</b>	17 months	<b>Forecast Final Date:</b>	30 June 2010	<b>Delay (Months):</b>	6 months

<b>Outcomes:</b>	<b>Achievements/Results:</b>	<b>Percentage of planned:</b>
UN country teams support small projects which make a significant impact in stimulating greater progress in multisectoral pandemic preparedness in low capacity countries.	<b>1. Zambia</b>	4 of the 5 projects (80%) have achieved valuable results as at 31.03.2010 – of which 2 (40%) achieved valuable results during the quarter in question.
	The DMMU who are the principle recipient of the funds have called meetings with various stakeholders and had briefing meetings as they prepare the road map for doing the Business Continuity Plan (BCP). The DMMU has been carrying out a Comprehensive Vulnerability Assessment (CVAA) which will feed into the development of the BCP. The CVAA will come up with district disaster profiling for the whole country. The CVAA data is a critical input for the BCP. The data collection will finish on 15 May. The data will be ready for use at the beginning of June. The Government would like to have a local consultant co-facilitate the BCP as part of national capacity-building and have embarked on development of TORs for the local counterpart. The TORs will be circulated for comments and the consultant will be hired competitively. This will be done by the end of May. If they do not find the	

<sup>1</sup> The term “programme” is used for projects, programmes and joint programmes.

	<p>required expertise they will nominate a staff member to be a counterpart to OCHA.</p> <p>They have been developing a programme for rolling out the district BCP development phases and have been discussing this with district disaster management committees. The BCP development process will involve consultations. Each selected district will have a BCP in line with the national BCP. The Government has decided the BCP will cover all pandemics so the Ministry of Health is very closely involved.</p> <p>The Government has also created a team comprising the UN, DMMU and Ministry of Health to ensure effective implementation.</p> <p>The initial exercise has been postponed so as to incorporate the consultancy into the schedule.</p> <p>CFIA funds have not yet been spent, as the activities to date have been preparatory and the substantive activities are to follow.</p> <p><i>Expenditure to date: \$0 (balance: \$95,000)</i></p>	
	<p><b>2. Mozambique</b></p> <p>The project in Mozambique continues to make excellent progress with strong national leadership. In terms of positive regional impact, many of the achievements coming out of Mozambique are now being shared with others countries as examples of best practice.</p> <p>The UNCT Mozambique has carried out strong advocacy to humanitarian organizations, key Ministries, the private sector and NGOs for their involvement in pandemic preparedness which resulted in the participation of all key Ministries, private sector actors and NGOs in the table top exercise held on 26 January 2010. The table top exercise recommended 15 actions, including the revision of the current plan in line with the WHO-recommended Whole-of-Society guidelines. A revision committee has been established and is currently revising the plan.</p> <p>The Ministry of Health produced public awareness materials (pamphlets and brochures) and disseminated to communities at risk thus ensuring strengthened community-level knowledge of Influenza A H1N1 prevention modalities.</p> <p>National workshops were held to train Rapid Response Teams (RRTs) comprising clinicians and epidemiologists from all provinces. National and provincial RRTs are in place and their responsibilities include management of Influenza A H1 N1.</p> <p>The UN Technical group on Pandemic Influenza held a one-day workshop to update its preparedness and response plan. The Humanitarian Country Team is strengthening the plan with its</p>	

	<p>inputs.</p> <p><i>Expenditure to date: \$40,330 (balance: \$36,670)</i></p> <p><b>3. Nigeria</b></p> <p>Further to the re-establishment of the Expanded National Pandemic Preparedness and Response Plan committee, retreat to draft the Plan, consultancy to finalise the Plan, Contingency Planning workshop and resource mobilisation activities described in the previous quarterly report, the project in Nigeria has not made significant progress during this quarter owing to the departure of the project coordinator at the end of the previous quarter and the absence of a UN Resident Coordinator for Nigeria.</p> <p>A new Resident Coordinator has now been appointed (as of 19 April); and a new UNCT Emergency Preparedness and Response Working Group (EPRWG) has been established, headed by UNHCR. The Chairperson of the EPRWG will identify a new technical focal point for influenza to take forward the coordination of this project.</p> <p>The EPRWG has met 4 times and includes WHO, FAO, UNICEF, UNDSS, UNHCR, ILO, UNAIDS and UNFPA. The Group reviewed the UN system's Emergency Preparedness documents. The National draft document approved by the Ministry of Health has been shared with the Group.</p> <p><i>Expenditure to date: \$29,193 (balance: \$50,807)</i></p> <p><b>4. Lao PDR</b></p> <p>Project implementation is now at full strength following the recruitment of a consultant.</p> <p>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) is being prepared.</p> <p>Thereafter, a BCP Workshop will be organized where each Ministry will present their progress. This will increase the multi-sectoral pandemic preparedness capacity of line Ministries and strengthen service delivery through identification of key service providers.</p> <p>The Desktop Review of Avian Influenza and Pandemic Management in Lao PDR, 2004-2010 was completed in March. 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.</p> <p><i>Expenditure to date: \$64,338 (balance: \$23,662)</i></p> <p><b>5. Nepal (WHO)</b></p> <p>WHO Nepal recently received the funds and plan to</p>	
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	<p>implement the project activities between May and July 2010 – commencing with a national-level workshop scheduled for late May.</p> <p>Expenditure to date: \$0 (balance: \$59,000)</p>	
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<p><b>Qualitative achievements against outcomes and results:</b></p>
<p>Although WHO Nepal submitted its proposal as part of the second tranche of funding (corresponding to project CFIA-A16), it was decided that the \$59,000 awarded to the WHO Nepal project would be drawn from the remaining balance of funds in project CFIA B11.</p> <p>During this quarter, the projects in Laos and Mozambique have continued successful progress – the project in Nepal has started planning for implementation – and the projects in Nigeria and Zambia have suffered temporary delays.</p> <p>Discussions are ongoing with a donor to initiate a third tranche of funding under this small fund for Resident Coordinators, so as to enable implementation of requests for whole-of-society support submitted by certain Least Developed and Global Alliance on Vaccines and Immunisation-eligible countries under the auspices of the joint WHO/UNSC/OCHA urgent needs identification and prioritisation (UNIP) process.</p>