

CENTRAL FUND FOR INFLUENZA ACTION

PROGRAMME¹ QUARTERLY PROGRESS UPDATE

As of 14th April 2010

Participating UN or Non-UN Organization:	UN Office for the Coordination of Humanitarian Affairs (OCHA)	UNCAPAHI Objective(s) covered:	Objective 6: Continuity under pandemic conditions		
Implementing Partner(s):	All funds disbursed will be managed by selected implementing agencies within UN country teams.				
Programme Number:	CFIA-A16				
Programme Title:	Pandemic Preparedness Small Project Funding Facility for UN Resident Coordinators				
Total Approved Programme Budget:	US\$ 718,470				
Location:	Countries with restricted implementation capacity (humanitarian preparedness)				
MC Approval Date:	5 October 2009				
Programme Duration:	12 months	Starting Date:	5 October 2009	Completion Date:	1 October 2010
Funds Committed:	US\$ 718,470			Percentage of Approved:	100%
Funds Disbursed:	US\$ 116,017			Percentage of Approved:	16%
Expected Programme Duration:	One year	Forecast Final Date:	1 October 2010	Delay (Months):	

Outcomes:	Achievements/Results:	Percentage of planned:
UN country teams support small projects which make a significant impact in stimulating greater progress in multisectoral pandemic preparedness in low capacity countries.	1. Ghana	7 of the 10 projects (70%) have started to achieve valuable results as at 31.03.2010.
	The programme for 2010 has not yet commenced, owing to an infectious disease outbreak in the country that caused Ghana's National Disaster Management Office (NADMA) to temporarily shift priorities away from pandemic influenza. That situation has since been contained and activities on public education and sensitisation on pandemic influenza are programmed to begin in April. <i>Expenditure to date:</i> \$0 (balance: \$100,000)	
	2. Nepal (UNICEF)	
	Planning Guidelines for Schools A one-day workshop was held at the national level to develop a pandemic preparedness planning guideline of the Education Sector. The planning guideline defines school level activities with respective roles and responsibilities of schools, the District Education Office and other stakeholders involved in pandemic influenza preparedness. It will be used as a basis to produce	

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

	<p>pandemic preparedness plans for specific District Education Offices in 5 selected districts. Government counterparts who have been part of this preparedness plan will serve as a resource when district-specific preparedness plans are prepared at the sub-national level.</p> <p>Advocacy & Messaging</p> <ul style="list-style-type: none"> • UNICEF produced a poster sticker on pandemic influenza A(H1N1) aiming at promoting four major hygiene behaviours for children in school. • Radio messages on H1N1 were disseminated through more than 87 FM radio stations spread across the country and TV spots were broadcast through more than 6 TV channels for seven days, which was effective in informing people about key behaviours to follow to prevent pandemic influenza. <p>Coordination</p> <p>UNICEF and WHO jointly worked in developing the activity plan for the national, regional and district level for non-pharmaceutical interventions for H1N1, in cooperation with the NHEICC (a Government body responsible for all health related messages).</p> <p><i>Expenditure to date: \$19,254.51 (balance: \$50,745.49)</i></p>	
	<p>3. Vietnam</p>	
	<p>Project implementation has not yet begun, owing to (a) internal debate about the advisability of revision to the scope of the consultant's mission to ensure maximum compatibility with prospective future ASEAN assessment work and (b) delays in the identification of a national counterpart for the mission with sufficient expertise in the non-health sectors).</p> <p><i>Expenditure to date: \$0 (balance: \$64,241)</i></p>	
	<p>4. Madagascar</p>	
	<p>Progress on the Madagascar project continues apace.</p> <p>As part of the effort to validate the national contingency plan and ensure its coherence with the business continuity plan for critical services, a regional workshop was held in the region of Atsinanana and the Ministry of Health conducted an internal workshop with all of its departments, hospitals and private clinics/practitioners to develop a common business continuity plan.</p> <p>In addition, a first Monitoring & Evaluation activity was conducted at the end of January 2010 on the East coast of Madagascar, determining that (a) the communication strategy should be enhanced to target students and others actors outside the health sectors, and (b) local authorities require strong support in implementing the "whole of society" approach.</p> <p><i>Expenditure to date: \$33,091 (balance: \$41,909)</i></p>	

5. Lebanon

The implementation of the project has progressed, with the main focus on communication campaigns and the development of the Preparedness Plan.

Development of the Preparedness Plan

UNRWA completed a general assessment of its primary health care clinics, as well as mapping of other health providers in the camps. A "health database" was developed to enable rapid identification of the main health providers in each area and camp (with information on specific health services; number and size of the installations; availability of equipment; number and type of staff; health programmes). This information is essential in order to put in place a preparedness plan that aims to take account of all resources available to cope with a pandemic or any other health emergency in the camps. UNRWA also conducted the mapping of other stakeholders that are not specifically working in health (NGOs working in education, relief, protection).

Implementation of a Communications Campaign

The competition among all UNRWA's 67 schools is still ongoing with lots of enthusiasm among the students. Starting in February 2010, the Evaluation Committees made up of volunteers from the staff in UNRWA's Health and Education Departments, visited a number of schools in Beirut, Beqa'a and Saida areas. At the end of the academic year, the schools with the best marks in each area will receive special recognition and will be awarded with extra recreational activities.

The preparations for the Mobile Health Information Unit (MHIU) are near completion and the MHIU will be run from 19 April until the end of June.

The draft of the Animation Film on preventive measures for Pandemic Influenza was finalised in mid-March. Amendments are being made and the final version is due to be ready in the first week of April.

UNRWA has launched an internal competition among the health staff to temporarily hire a Health Supervisor who will run the MHIU for two and a half months. The Health Supervisor will ensure that the activities convey specific and clear health messages within the community.

Hygiene Preventive Measures

A second round of distribution of liquid soap took place with a total of 8,535 litres (2,255 gallons) of liquid soap being sent to all 67 schools in early March 2010. In addition, 80 new dispensers were sent to the schools that requested more dispensers for the basins and to replace a few that were broken (43 liquid soap dispensers are being stored in the warehouse in case any need replacing in the coming school year).

	<p><i>Expenditure to date: \$55,917 (balance: \$43,593)</i></p> <p>6. Guinea Bissau</p> <p>CFIA funds have been received in country. Project implementation is still in the early stages but there are signs of progress.</p> <p>National Pandemic Planning WHO is working with the Ministry of Public Health (MINSAP) to prepare the formal documents to formalise the status of the CNMGE and other epidemic management structures within the Government. This activity is underway, and will be boosted by the anticipated recruitment of a national expert.</p> <p>Regional Pandemic Planning WHO is working with MINSAP to organise regional epidemic management committee planning meetings in 6 health regions (of 11 health regions nationally) – emphasizing the importance of influenza management. The terms of reference for these meetings have been approved by the National Inter-Ministerial Committee for Epidemic Management (CNMGE). The regional epidemic management committees will be composed of the Governor, security officials, community representatives, regional directorates of health, agriculture, education and planning, NGOs and the private sector. These meetings will define the roles of the epidemic committees – including for planning and monitoring, resource mobilisation, behaviour change communication, stock management and the development of regional preparedness plans.</p> <p>Communication and Social Mobilisation UNICEF is working with NGOs to produce behaviour change communication materials for personal hygiene and treatment of influenza, including through the national hand washing campaign which begins on 15 April 2010. Such materials will be produced and promoted through NGOs and the Ministry of Agriculture and Rural Development, both through production of comic books and community theatre.</p> <p>Capacity development for pandemic prevention and treatment Training of health personnel on prevention and clinical management of influenza is scheduled, in collaboration with the Cuban Medical Brigade, under the framework of the physicians training project.</p> <p><i>Expenditure to date: \$0 (balance: \$100,000)</i></p> <p>7. Jamaica</p> <p>The funds for the project were transferred and the last administrative details were completed in the last week of March 2010. Although no funds have been used to date, project implementation has already been initiated.</p> <p>Action Plan and Monitoring & Evaluation An implementing committee has been formed from</p>	
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	<p>professionals from different government and international bodies, such as: Ministry of Health, Ministry of Education, Ministry of Labour and Employment, Office of Disaster Preparedness (ODPEM), Bureau of Tourism, UNICEF and PAHO/WHO. Three groups have been formed to prepare a plan of action and a budget.</p> <p>Information materials on the prevention, detection and containment of the virus</p> <p>A budget and action plan have been prepared. The Ministry of Health has also prepared public education materials for the prevention, detection and containment of the Virus Influenza AH1N1.</p> <p>Inter-sectoral community-based and national Pandemic Preparedness</p> <p>Three professional staff members from the Ministry of Health and ODPEM have received training as Trainers for the preparation of Business Continuity Plans in the public and private sectors. A manual for the preparation of Business Continuity Plans is being updated by ODPEM. This Manual will be printed and put in a CD for widespread distribution among the private and public sectors.</p> <p>Information on prevention, containment and treatment</p> <p>Staff from each of the participating agencies has been identified to participate in the design and construction of an AH1N1 Web page.</p> <p><i>Expenditure to date: \$0 (balance: \$90,000)</i></p>	
	<p>8. Indonesia</p> <p>Despite some delays and external constraints, UNCT Indonesia reports substantial progress on their project.</p> <p>One World One Health Workshop</p> <p>In partnership with USAID, FAO, and WHO, project funds were used to support the Indonesia National Committee on Avian Influenza Control and Pandemic Preparedness to host a "One World One Health" International Seminar on March 9 2010 in Jakarta, Indonesia entitled "Winning the Disease Battles of the 21st Century". For a three month period preceding the event, significant assistance was provided in terms of drafting a concept paper, developing participant lists, recruiting international and local speakers, and shaping the agenda.</p> <p>Vaccination Campaign Planning</p> <p>Support was provided to the H1N1 vaccination campaign planning in conjunction with WHO, UNICEF, USAID and USAID contractors. However, the effort to deploy 3.5 million doses encountered unexpected opposition in Parliament, with the result that the deployment plan for H1N1 vaccinations was postponed in February 2010.</p>	

	<p>Regional Exchange Visit to Cambodia and Laos An interchange visit was conducted with UN Cambodia and UN Laos in February to study models of inter-agency, multi-sectoral coordination and the effective harmonization of technical assistance for pandemic influenza.</p> <p>Five Country Workshop UNCT Indonesia provided technical design input, and supported logistics for a “Technical Discussion on Best Practices for Prevention and Containment of H5N1/HPAI” with USAID, FAO, WHO and DAI-CBAIC from March 29-31 in Bali, Indonesia; for participants from Bangladesh, China, Egypt, Indonesia and Vietnam.</p> <p>Asia/Pacific Regional Conference A report was prepared on the implications for Indonesia of the outcomes of a January Asia/Pacific Regional Conference in Bangkok for Pandemic Influenza with delegations from 15 countries.</p> <p>UN Staff Vaccination Process An order for 4040 H1N1 doses for 3500+ UN staff was placed in January as part of the UN Staff Vaccination information gathering and ordering process.</p> <p><i>Expenditure to date: \$7,754 (balance: \$89,135)</i></p>	
	<p>9. Bolivia (UNDP)</p>	
	<p>Project activity began in March 2010 following the adjustment of the project workplan.</p> <p>The terms of reference of two consultants who will support implementation of the project have been developed and are under review by the Vice Minister of Civil Defence.</p> <p>Dialogue was established with the National Influenza Committee to coordinate the activities of the project and participate in communication activities that are currently under development.</p> <p><i>Expenditure to date: \$0 (balance: \$16.050)</i></p>	
	<p>10. Bolivia (WFP)</p>	
	<p>Implementation of this project has been delayed because of some administrative confusion arising between WFP Bolivia, the UNDP MDTFO and OCHA regarding the transfer of CFIA funds. WFP, UNDP and OCHA are now in communication to seek to resolve these funds transfer issues as soon as possible.</p> <p><i>Expenditure to date: \$0 (balance: \$6,780)</i></p>	

<p>Qualitative achievements against outcomes and results:</p>
<p>Solid progress is reported in the majority of projects. In some cases, delays in the transfer of funds have affected the start date of the activities. This partly relates to this being a new fund and therefore not all</p>

participating UNCTs being fully expert in implementing the procedures for accessing funding from UNDP New York for their first ever projects under this facility. It is envisaged that all projects will have commenced implementation by the time of the second quarterly report for 2010.

Discussions are ongoing between DFID, OCHA and UNDP regards the possibility of a third tranche of funding for this small fund for UN Resident Coordinators, to support implementation of priority UNIP requests for whole-of-society support in least developed and vulnerable countries.