

CENTRAL FUND FOR INFLUENZA ACTION PROGRAMME¹
QUARTERLY PROGRESS UPDATE

4th Quarter Report: 01 October - 31 December 2009

Participating UN or Non-UN Organisation:	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)	UNCAPAHI Objective(s) covered: <i>Obj 3: Human Health</i> <i>Obj 5: Communication: Public Information and Supporting Behavior Change</i> <i>Obj 6: Continuity under Pandemic Conditions</i>			
Implementing Partner(s):	UNHCR's implementing partners involved in humanitarian assistance in refugee camps: Democratic Republic of Congo: IMC Rwanda: ARC and AHA Burundi: AHA Nepal: Association of Medical Doctors of Asia (AMDA) Thailand: Committee for Coordination of Services to Displaced Persons Egypt: Caritas / Refuge Egypt / Egyptian Family Planning Association/ Catholic Relief Services; Algeria: Triangle Generation Humanitarian- Algeria Syria: Syrian Red Crescent Yemen: SHS/ MSF-Spain/ Interaction for Development/ CSSW; and UNHCR direct implementation in 12countries.				
Programme Number:	CFIA-B8				
Programme Title:	Avian and Human Influenza Preparedness and Response in Refugee Settings				
Total Approved Programme Budget:	US\$ 2,970,00				
Location:	Countries hosting refugee assisted in camps and in an urban situations				
MC Approval Date:	14 November 2008				
Programme Description:	UNHCR is the sole UN Agency with the mandate to protect refugees. UNHCR has the responsibility to: <ol style="list-style-type: none"> 1. Ensure preparedness and pandemic mitigation; and 2. Create appropriate conditions for the continuity of basic delivery assistance in case of pandemic 				
Programme Duration:	12 months	Starting Date:	1 January 2009	Completion Date:	31 December 2009
Funds Committed:	US\$ 2,970,00			Percentage of Approved:	100%
Funds Disbursed:	US\$ 2,620,000			Percentage of Approved:	88.2%
Expected Programme Duration:	18 months	Forecast Final Date:	30 June 2010	Delay (Months):	6 months

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

<p>3. Continuity of humanitarian services:</p> <p>3.1. Organise and put in place adequate planning with Implementing and Operational Partners (IPs/Ops) for ensuring basic delivery assistance under pandemic conditions.</p> <p>3.2. Improvement and enhancement of water delivery capacity and sanitation conditions in view of creating optimal conditions for business continuity at camp level.</p> <p>2.5. Contingency Plans at camp level.</p> <p>2.6. Logistics and food pipe line contingency planning with WFP</p>	<ul style="list-style-type: none"> • UNHCR and WFP collaboration continued to ensure continuity of food delivery during a pandemic. • Projects and activities continued to improve WatSan services in many camps. • Construction of an isolation facility and a septic tank for new Ifo hospital, Kenya, almost complete. • Piped water and improved sewage system provided to Nybaiheke and Gihembe Camp health facilities in Rwanda • Improved WatSan situation in the 3 refugee camps in Burundi through provision of piped water and improved waste disposal at the maternity and other sections of the health facilities. • Isolation rooms constructed in 3 camps in Burundi. • Provided IDP camp health facilities in DRC with stock of water reservation equipment and cleaning tools. • Water, Sanitation and Hygiene Promotion projects ongoing in Algeria and in Yemen. • Hygiene campaigns conducted in Southern Africa through the distribution of soap and H1N1 educational materials. • Contingency Plans drafted in approximately 80% of camps in the EHA • Contingency Planning initiated in Yemen, almost complete for Algeria, Syria and Egypt (adapted to urban setting). Jordan still remains as gap. • Checked food stocks, with WFP in case of disruptions by the H1N1 pandemic • A joint WFP-UNHCR food plan developed; being implemented in Kenya to ensure continuity of food delivery in emergencies. 	<p>80%</p> <p>80%</p> <p>90%</p> <p>85%</p>
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	<ul style="list-style-type: none"> • Shared plans with WFP in Rwanda and in Burundi to ensure inclusion in UN consolidated plan and national plans • In collaboration with WFP, conducted hazard-risk analysis for continuity of food provision in Chad; results will be utilized to update and modify WFP's contingency plans. 	
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Qualitative achievements against outcomes and results:

General

- Progress is made in the country specific preparedness programmes in several regions
- Epidemic Preparedness and Response Regional Coordinators (EPRCs) have supported the H1N1 vaccination planning process for health staff serving PoC to UNHCR, including ensuring availability of local resources (e.g. staff, logistic support and cold chain).
- No H1N1 outbreaks have been reported in refugee settings during the 4th quarter.
- UNHCR and WHO's Pandemic Influenza Vaccines Deployment department discussed the feasibility of WHO procuring vaccines directly for UNHCR in case procurement through MOH would incur unacceptable delays.
- Despite progress at country level, UNHCR is yet to get a clear picture of the actual level of operational preparedness in each country. Simulation exercises could be an option but this does not seem feasible given the time and resources it consumes, specifically at a time when UNHCR is downsizing its staff and has budgetary limitations. UNHCR also needs to maintain the existing level of preparedness and be able to monitor it on a regular basis. These will be priority areas of discussion during the UNHCR's public health and HIV staff retreat in March 2010 that also includes EPRCs.

Country progress

A. Central Africa:

A.1. Rwanda:

- 150 health personnel, camp leaders, community health promoters (CHP) and refugee representatives trained in control measures.
- Generic camp contingency plans developed and disseminated to all camps; 3 camps developed camp-specific contingency plans.
- 37 medical and paramedical staff implementing partners (IPs) trained on case management and reporting of influenza like illnesses.
- Influenza like illnesses included in the weekly statistical reports submitted by all camps.
- Hygiene promotion supplies stocked in the camps.
- IEC materials disseminated; public awareness promoted through audio-visual aids.
- Constructed an isolation room at each of Nyabiheke and Kiziba Camps
- Trained 52 CHPs from ARC and AHA in the Nyabiheke, Gihembe and Kiziba camps Gasorwe in A (H1N1) with an emphasis on disseminating key awareness messages.
- Carried out rehabilitation in the Gihembe, Nyabiheke and Kiziba camps (health facilities provided with piped water, floors of health centres cemented and sewage disposal improved).

A.2. Burundi:

- Trained 30 CHPs in case detection to improve outreach activities
- Included Influenza like illnesses in the weekly statistical reports from all camps
- Trained 52 health personnel, camp leaders, CHPs and refugee representatives in control measures.

- Camp task force committees strengthened and trained.
- Simulation exercise carried out at the national level; UNHCR and IPs participated in this exercise.
- Medical supplies and equipment in addition to PPE delivered to 3 camps.
- Reproduced 20 videotapes on AHI and distributed for refugee camps and transit centers.
- Launched outreach campaigns in the Gasorwe and Musasa camps to enhance public awareness on influenza and hygiene.
- Disseminated IEC materials.
- Constructed patient isolation rooms in 3 camps.
- Procured pumps to provide water and evacuate Latrines in one refugee camp.
- Improved electrical supply to the health facilities in 2 camps.

A.3. Chad:

- Trained 8 trainers in H1N1
- Medical supplies and equipment in addition to PPE delivered to camps

A.4. DRC:

- Trained 250 health professionals' doctors, nurses, laboratory technicians, managers, communication specialists, journalists, veterinary doctors and agronomies in case management and reporting of pandemic influenza.
- Influenza like illnesses included in weekly reporting format.
- Supported health authorities to improve contingency plans.
- Medical supplies and equipment in addition to PPE delivered to 3 IDP camps.
- Stocks of hygiene promotion supplies including cleaning tools and supplies, water reserving containers and soap distributed among 3 camp health facilities
- IEC materials disseminated among IDPs living in North and south Kivu camps.
- Radio and TV awareness programs regularly aired and reached IDP populations living in North and south Kivu.
- Provided IDP camp health facilities with stock of water reservation equipment and cleaning tools.
- Soap and other hygiene supplies distributed for returnees in North Kivu.

B. East and Horn of Africa

- Up to date information regularly shared with all camps.
- Awareness training on H1N1 conducted in East Sudan and in Ethiopia for community health workers (CHWs).
- 50 participants trained on the use of HIS for epidemic monitoring in East Sudan and in Ethiopia

C. MENA

- Water, Sanitation and Hygiene Promotion projects ongoing in Algeria and in Yemen.
- Water filters purchased, hygiene promotion training conducted for school teachers and students and WASH IEC/BCC materials distributed for Bassateen urban settlement and Kharaz camp in Yemen.

D. Southern Africa:

- Hygiene campaigns conducted in Angola, Mozambique and Zambia through the distribution of soap and H1N1 educational material.
- WASH projects in Uganda and in East Sudan, and isolation ward construction at Ifo hospital in Kenya under implementation-completion expected in early 2010.

E. West Africa:

- UNHCR launched “*AHI preparedness and response in camp settings*” in Guinea, Ghana, Ivory Coast, Liberia, Nigeria and Sierra Leone in 2007.
- Confirmed cases of A H1N1 to date are in Cote d’Ivoire, Nigeria, Ghana and Liberia.
- Key interventions included; training of CHWs and community leaders; establishment of task forces (created in 6 camps: Budumburan and Krisan in Ghana, Niela (Zaaglo) in Ivory Coast and Kouankan 1 – 2 and Laine in Guinea); and procurement and stockpile of personal protective equipments, essential drugs including Tamiflu
- In September 2009 EPR focusing on A H1N1 scaled up; 8 countries² were selected for interventions on: Securing access PoC to clean water and hygienic items and ensuring adequate sanitation; hygiene promotion through awareness campaigns; improving outbreak preparedness by stockpiling medical and PPE and; rehabilitations of water and sanitation facilities
- Developing a joint sub regional project with IOM aimed at improving awareness and response capacities in refugee and migrant hosting areas in Senegal, Guinea, Mali and the Gambia. Project will be implemented in 2010 depending on availability of funds.
- Regularly participated in the teleconference of the working group on pandemic influenza

E.1. Sierra Leone:

- Developed a joint proposal to support the Government of Sierra Leone to raise the level of awareness and prevention within the communities where refugees are locally integrating in four targeted Districts of Moyamba, Kenema, Pujahun and Bo.
- Trained 80 persons (health workers, students and CHWs).
- Conducted awareness campaigns and distributed locally developed/adapted IEC materials
- Procured hygiene promotion materials, rehabilitated sanitation and water points for health facilities (10) and schools (8).

E.2. Guinea

- Interventions focused on public awareness, hygiene promotion and capacity building.
- Reactivated and trained EPR task force, including CHW, 47 persons from refugee and host communities.
- Trained 38 health staff in the refugee camp and government health facilities on A (H1N1) clinical management and surveillance.
- Procured essential drugs, IEC materials and PPE for CHWs, health facilities, peer educator and the task force.

E.3. Togo

- Rehabilitated a health centre and a maternity that provide health services to around 30 villages.
- Rehabilitated the only water pump that provides safe water to the community, school and health facility
- Provided essential drugs, PPE to 2 health facilities (AGOE health centre and BE hospital) and the National EPR committee as part of UNHCR’s contribution to EPR to the Togolese government

E.4. Cote d’Ivoire:

- Trained 60 CHW and 50 health club members on hygiene promotion.
- Produced various IEC materials locally in collaboration with the MOH.
- Stockpiled drugs, hygiene and PPE at UNHCR’s IP’s offices in Tabou and Guiglo.
- 11 schools benefited from a ToT training on hygiene promotion and received “hygienic kits”
- Conducted around 360 awareness sessions on A H1N1 reaching about 13,000 people.

² ICO, GUI, TOG, BEN, LBR, SLE, NIG, GHA,

E.5. Liberia:

- Trained 155 healthcare providers and CHWs.
- Stockpiled PPE and infection control materials for schools, clinics.
- 260 persons trained in hygiene promotion.
- Developed and distributed IEC/BCC materials adapted from the MOH.
- Rehabilitated 15 water points and constructed latrines.

E.6. Ghana

- Coordination meetings held between the national health partners and the UNHCR IPs.
- Intensification of public education through mass media and surveillance for early detection of other cases conducted.
- Holding rooms and isolation rooms identified in all regions including in health facilities in the camps, collection and transportation of samples from suspected cases for diagnosis organised.
- Distributed drugs and specimen collection materials to all camps.
- Trained 48 clinical staff, 38 taskforce members, and 40 volunteers from refugee camps and surrounding host communities.
- Stockpiled clinical and protective materials and equipment.

F. Southern Africa

F.1. South Africa

- Distributed IEC materials on H1N1 prevention to IPs in Pretoria, Durban and Cape Town as a key component of the prevention and sensitization campaign.
- Improved sanitation systems through the provision of portable latrines at Musina area (border with Zimbabwe).
- Conducted hygiene campaigns in all major refugee sites (Cape Town, Durban, Johannesburg, Musina and Pretoria) and distributed soap and H1N1 education materials in different refugee languages.

F.2. Zimbabwe

- Improved water and sanitation systems in Tongogara camp through the fencing of water sources, construction of new boreholes and family latrines.
- Conducted hygiene campaign in the camp.
- Conducted refresher training on outbreak preparedness for CHWs.
- Developed communication plan for the refugees in order to reduce risks and mitigate the impact of cholera outbreak

G. Asia

G.1. Myanmar

- Working closely with the State Health Directorate; UNHCR willing to provide medical equipment in short supply in the township hospitals.
- Facilitated pandemic simulation exercise.
- Case definition for suspect and probable cases distributed to all health facilities

H. MENA

H.1. Syria

- Delivered 75,000 brochures and posters on H1N1 to the Ministry of Health (MoH).
- Supported the printing of the H1N1 awareness raising materials for the MoH.
- Organised awareness session on H1N1 for UNHCR staff.

1/ Refugees' inclusion in National Plans.

Inclusion of refugees achieved in Algeria, Egypt, Jordan, Syria and Yemen.

2/ Medical supply and protection equipment.

- UNHCR is reviewing the stocks in Yemen to gauge the consumption, and hence work to replenish the stocks.
- Drug management training provided to clinicians, pharmacists and store managers in Uganda and East Sudan by MOH and IPs. Stockpiled drugs and supplies are being utilised and a system will be put in place to ensure mainstreaming of procurement and availability of buffer stocks through establishing an agreed minimum levels of supplies.

3/ Outbreak control

- Contingency Plans drafted in Kenya, Tanzania, Djibouti, East Sudan, and in Ethiopia camps but not yet fully operational; these plans need to be tested and updated.

5/ Other pandemic related issues: Business continuity

a) Food pipeline

- Joint WFP-HCR missions undertaken in several countries including in Kenya, Dadaab and Kakuma refugee camps where subsequently a joint food plan was developed after detailed assessment of food pipeline, transport corridors, storage capacity and distribution modalities. This plan is being implemented.

b) Access to Water, Sanitation and Hygiene:

- WASH project completed in Yemen. Project activities were aimed at improving the water, sanitation and hygiene situation in Kharaz Camp and Bassateen urban settlement. The outcome is being monitored and the level of awareness among the refugees and host community is seen to have improved. UNHCR is implementing the project through its IPs and in close coordination with UNICEF
- Although health systems in the Southern Africa are relatively well prepared to mitigate epidemics, water and sanitation systems remain the weakest point requiring additional resources.