

# CENTRAL FUND FOR INFLUENZA ACTION

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

*As of 30 September 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-A16				
<b>Programme Title:</b>	Pandemic Preparedness Small Project Funding Facility for UN Resident Coordinators				
<b>Total Approved Programme Budget:</b>	US\$ 2,889,186				
<b>Location:</b>	Countries with restricted implementation capacity (humanitarian preparedness)				
<b>MC Approval Date:</b>	5 October 2009				
<b>Programme Duration:</b>	12 months	<b>Starting Date:</b>	5 October 2009	<b>Completion Date:</b>	1 October 2010
<b>Funds Committed:</b>	US\$ 2,889,186			<b>Percentage of Approved:</b>	100%
<b>Funds Disbursed:</b>	US\$ 674,753.40			<b>Percentage of Approved:</b>	23.35%
<b>Expected Programme Duration:</b>	24 months	<b>Forecast Final Date:</b>	29 September 2011	<b>Delay (Months):</b>	12 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.	<p><b>1. Ghana</b></p> <p>While the bulk of project activities was completed by the end of the second quarter 2010, the remaining funds were utilized in the third quarter for printing of additional pamphlets and pandemic related materials.</p> <p><i>Expenditure to date:</i> \$99,886.58 (balance: \$113.42)</p>	4 projects have reported completion, while 8 of the remaining 22 projects (36.4%) have achieved valuable results as at 30.09.2010. 14 projects are in the process of project start up and will report on activities in the 4 <sup>th</sup> quarter.
	<p><b>2. Nepal</b></p> <p>The project has been successfully concluded.</p> <p>Although most planned activities had been implemented in the previous reporting period, in order to orient the mainstream media on the pandemic influenza reporting and to assess the trend of media reporting in Nepal a one-day media interaction programme was organized in 3 regions (Banke, Chitwan, and Butwal) during this reporting period. The Regional Media Resource Center was contracted to organize the interaction programme in each region. During the media interaction participants discussed the role of the media in each WHO pandemic</p>	

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

	<p>phase. The group also assessed the reporting trend on H5N1 and H1N1 in the last two years and identified gaps to address issues for future pandemic reporting.</p> <p>All planned activities for this project have been successfully implemented. However, as part of future plans, a planning guide and a district level plan will be distributed in all 5 districts, and UNICEF will continue working with the Government of Nepal to roll out the plan in other districts.</p> <p><i>Expenditure to date: \$70,000 (balance: \$0)</i></p>	
	<p><b>3. Vietnam</b></p>	
	<p>Currently, WHO is recruiting an international consultant while the FETP office is preparing procedures to hire national consultants. These consultants will meet with informants from various ministries and sectors to obtain background information on multi-sectoral pandemic preparedness and to facilitate a dissemination workshop. Such workshop is intended to be a forum for presenting findings, providing an opportunity for further discussions, and for identifying next steps to advance multi-sectoral preparedness in the country.</p> <p><i>Expenditure to date: \$7,391 (balance: \$56,850)</i></p>	
	<p><b>4. Madagascar</b></p>	
	<p>In addition to the first grant of \$75,000, early in 2010, Madagascar received CFIA approval for an additional tranche of USD 119,840 for the continuation of this project making a total of \$194,840.</p> <p>On 13 July, a workshop for consolidation of the first draft of the National Business Continuity Plan and presentation of the Critical Services committee at national level was conducted, followed by a multi-sectoral simulation exercise on 14 July. The next step involves the revision of the National Contingency Plan and the National Business Continuity Plan.</p> <p>On 29 September, a regional workshop on the whole-of-society approach focusing on essential sectors was held in the Vakinankaratra Region.</p> <p>In addition to these events, the Ministry of Health and WHO have conducted several field visits in regions and health districts to monitor and supervise flu pandemic and other epidemic diseases control.</p> <p><i>Expenditure to date: \$65,829 (balance: \$129,011)</i></p>	
	<p><b>5. Lebanon</b></p>	
	<p>This project was successfully concluded at the end of September 2010. Through this project, UNRWA implemented a variety of actions between June and September 2010 to prepare its staff and the Palestine community to effectively manage a potential outbreak of pandemic influenza.</p>	

	<p>During the final months of the project, UNRWA completed and endorsed an Agency-wide Emergency Preparedness Plan and a specific Action Preparedness Plan for the health centers.</p> <p>Major activities completed include a comprehensive mapping of all agencies providing health services in Lebanon and the creation of a database of potential partners that can be activated in case of a crisis. UNRWA also concluded a successful public outreach campaign on pandemic influenza prevention in its schools during the year through a nationwide school competition and a Mobile Health Information Unit (MHIU), which yielded very positive results in terms of increasing student awareness of healthy preventative habits. Finally, UNRWA completed emergency plans which can be implemented immediately in case of any future outbreak of influenza.</p> <p>A presentation on the project achievements was delivered by UNRWA on 23 September at a workshop organized in Beirut by OCHA/CFIA in cooperation with the Arab Network for Environment and Development. The objective of the event was to promote partnership between civil society organizations and government on issues related to national pandemic preparedness and response and the need to integrate pandemic preparedness into the wider national disaster risk management plan.</p> <p><i>Expenditure to date: \$96,003 (balance: \$3,507)</i></p>	
	<p><b>6. Guinea Bissau</b></p>	
	<p>This project continues to make progress and is approaching completion phase.</p> <p>WHO and the Ministry of Public Health (MINSAP) expanded regional epidemic management committee planning meetings to cover all 11 health regions and 10 meetings were conducted. Three of the regions completed their regional contingency plans and the remainder are finalizing theirs.</p> <p><b>Planned activities</b></p> <p>Supervision visits are scheduled for October and November to follow up on the application of the manual on Integrated Disease Surveillance (IDS) and the management of the Regional Epidemic Management Committees.</p> <p>On 21 and 22 October, a “training of trainers” workshop will be held jointly by MINSAP, the National Institute of Health, and the National Commission for the Control of Human and Avian Influenza to raise awareness within the target institutions and within communities nationwide on how to identify, protect and take basic adaptive measures in case of a disease outbreak.</p> <p>Community level meetings in high risk areas will begin following the training of trainers session described</p>	

	<p>above.</p> <p><i>Expenditure to date: \$100,000 (balance: \$0)</i></p>	
	<p><b>7. Jamaica</b></p>	
	<p>Project implementation has stalled. A nationwide Dengue outbreak coupled with Tropical Storm Nicole negatively affected the execution of activities planned for this reporting period in that these events took priority within the Ministry of Health and the Office of Disaster Preparedness and Emergency Management. As a result, the project completion will need to be adjusted for a later date.</p>	
	<p><i>Expenditure to date: \$46,352.85 (balance: \$43,647.15)</i></p>	
	<p><b>8. Indonesia</b></p>	
	<p>Overall progress toward project strategic priorities has been made. However, progress on outputs related to coordination has been affected and delayed as a result of pending approvals from relevant ministries for the constitution of the National Zoonosis Commission. In the interim, the implementation timeframe will need to allow some flexibility for these unanticipated events.</p> <p><b>ASEAN Events Supported:</b> on 27 July, an ASEAN-ILO meeting was facilitated for the purpose of coordinating activities for inclusion of Indonesia team in the regional event in Cambodia on 16-20 August. Attendance of Gol teams was adversely affected by ongoing ambiguity about the evolution of National Zoonosis Committee.</p> <p><b>Mainstreaming of Pandemic Influenza and Emerging Infectious Diseases:</b> Technical, preparatory and implementation support was provided to a third mission in coordination with UNDP Crisis Prevention and Recovery Unit, to further conceptualize and develop mainstreaming/disaster risk reduction concept for emerging pandemic threats. The work culminated in the development of a project document and the approval of \$125,000 for such activities as review of national policies, capacity development, and integration of epidemics/outbreaks in the DRR portfolio.</p> <p><b>Hyogo Framework:</b> work to refine a Hyogo Framework for Emerging Infectious Diseases continues to be done.</p> <p><b>Strategic coordination linkages</b> continue to be maintained with USAID, AusAID, CDC, and ASEAN to discuss overall response and inter-institutional linkages and coordinated efforts.</p> <p><b>UN Contingency Plan and Standard Operating Procedures Developed:</b> Sections on Epidemic Hazards and a scenario for pandemic influenza for 2010 IASC Contingency Plan developed.</p> <p><b>Rabies Outbreak:</b> the outbreak in Bali has culminated in an official MOU between provincial authorities,</p>	

	<p>donors, the World Society for the Protection of Animals and the Bali Animal Welfare Association.</p> <p><b>2011 Work Plan</b> has been drafted, along with concept note for additional funding.</p> <p><i>Expenditure to date:</i> \$72,230.13 (balance: \$24,658.87)</p> <p><b>9. Bolivia (UNDP)</b></p> <p>Little overall progress of the project has been reached mainly due to the involvement and engagement of new actors in non-health sectors that were not clearly identified within the Contingency Plan. Inter-institutional and inter-sectoral workshops have been conducted to define roles and to identify value-added information to be disseminated in public and private institutions.</p> <p>UNDP and the Vice-Ministry of Civil Defense (VIDECI) held workshops with the prefectures of La Paz and Santa Cruz to assess response to the H1N1 pandemic and to gather information for an analysis of the economic impact of the pandemic, most notably on the transport and tourism sectors.</p> <p>Ten civil society institutions active in the non-health sector have been identified and will be included in the H1N1 Contingency Plan. Workshops will be held with these institutions to determine specific roles.</p> <p><i>Expenditure to date:</i> \$0 (balance: \$16.050)</p> <p><b>10. Bolivia (WFP)</b></p> <p>Implementation of the project has finally begun. The project is in the phase of consolidating and organizing the information obtained for preparation of the final document. A first draft should be submitted in late October for discussion with stakeholders.</p> <p>Interviews and workshops with national and departmental cooperation agencies were held in October in Cochabamba, Santa Cruz, and La Paz with a view to preparing Bolivia's Pandemic Contingency Plan in case of food insecurity. Proposed partnerships and strategies to address food insecurity are under analysis.</p> <p>Agencies and national entities in the most vulnerable regions completed a questionnaire to gather information on their respective national projects. Information is currently being compiled and incorporated into the final document.</p> <p><i>Expenditure to date:</i> \$0 (balance: \$6,780)</p>	
	<p><b>11. Senegal</b></p> <p>The Senegal Ministry of Health (MoH) has previously organized two workshops involving multiple stakeholders (MoH, Ministry of Education, militaries, Senegalese Red Cross, IFRC, UNICEF, WHO) in order to identify and agree on actions to be taken at each</p>	

	<p>stage of the scenarios, the coordination mechanisms to be put in place and finally to produce the outline of the national contingency plan. The Steering Committee at the MoH subsequently decided on the recruitment of a consultant to draft the national contingency plan according to terms of reference elaborated by the Director of Prevention (MoH), along with WHO and OCHA representatives.</p> <p>Upcoming planned activities include: (a) the distribution of the NCP to members of the restricted follow-up group and then to stakeholders; (b) the validation of the national contingency plan with sign-off of government officials; and (c) the organization of a simulation exercise at the regional level.</p> <p><i>Expenditure to date:</i> \$3,485 (balance: \$117,362)</p>	
	<p><b>12. The Gambia</b></p> <p>The project has yet to start as there have been problems transferring the funds from their recipient (UNDP) to the implementing organization (The Gambia Ministry of Health). As such, there is no substantial progress to report, although preparatory work is already underway and a multi-sectoral simulation exercise is expected to be scheduled in the next month or two.</p> <p><i>Expenditure to date:</i> \$0 (balance: \$130,000)</p>	
	<p><b>13. Benin</b></p> <p>The formal project document was developed and signed off by the primary stakeholders (UNDP Benin and the Government of Benin) on 11 October 2010. Implementation of activities is set to begin in the coming days with a workshop aimed at sharing information and training for various stakeholders on the importance of risks and impacts of Influenza A (H1N1).</p> <p><i>Expenditure to date:</i> \$0 (balance: \$129,470)</p>	
	<p><b>14. Cote d'Ivoire</b></p> <p>UNCT Côte d'Ivoire received the funding for the project and is finalizing the paperwork required to start up the project. A meeting was held in September with the Ministry of Health and Public Hygiene, the Directorate of Civil Protection of the Interior Ministry, WHO and UNDP, during which the draft action plan was presented by the Ministry of Health. The views of the different stakeholders are to be taken into account and incorporated into the final version prior to the formal adoption of the action plan. A multi-sectoral pandemic preparedness workshop is currently planned to take place in mid-October.</p> <p><i>Expenditure to date:</i> \$0 (balance: \$130,000)</p>	
	<p><b>15. Niger</b></p> <p>A working session was held with the Director and Deputy Director of the Division of Communicable Diseases (MoH) in order to schedule the workshop to update the national preparedness and response plan for</p>	

	<p>pandemic influenza and to incorporate the multi-sectoral approach. Tentative dates are 18-19 November 2010. Terms of reference for the workshop and a list of potential participants have been drafted, and logistical arrangements have been initiated. The process of recruiting a consultant to help prepare the workshop and the implementation of the remainder of the project has already begun.</p> <p><i>Expenditure to date:</i> \$0 (balance: \$120,000)</p>	
	<p><b>16. Mozambique</b></p>	
	<p>Implementation of this project phase has not yet begun due to delays in implementing the first stage.</p> <p><i>Expenditure to date:</i> \$0 (balance: \$130,000)</p>	
	<p><b>17. Uganda</b></p>	
	<p>The project implementation is progressing well.</p> <p><b>Orientation of the National Task Force (NTF) and other key sectors on the Whole-of-Society Pandemic Preparedness approach and Business Continuity Planning</b></p> <p>A series of technical presentations and meetings were conducted during the month of July to engage key stakeholders (MoH's Basic Package Technical Working Group, department of disaster preparedness and management in the Office of the Prime Minister, the MoH's Integrated Disease Surveillance and Response committee, OPM's Disaster Risk Reduction Platform) in the project implementation.</p> <p><b>Capacity building workshop on Whole-of-Society Pandemic Readiness and Business Continuity Planning</b></p> <p>With support from WHO Uganda, the Office of the Prime Minister (OPM) and the MoH organized a 3-day Capacity Building Workshop on the WOS approach and BCP from 13-15 August. The workshop's objective was to facilitate integrated planning and contribute towards building a multi-sectoral national preparedness and response capacity in all key sectors of society, including public and private sector organizations and essential services. Some 43 participants drawn from various government ministries and civil society organizations attended the event. However, there was conspicuous absence of critical private sector organizations (e.g. communication, transport, energy, water and the banking sectors).</p> <p><i>Expenditure to date:</i> \$59,162.79 (balance: \$70,837.21)</p>	
	<p><b>18. Sudan</b></p>	
	<p>Project implementation began in July focusing on revising/updating the national plan with involvement of all concerned stakeholders. In August, a 4-day preparatory workshop for the simulation exercise was organized by the Ministry of Animal Resources and Fisheries (MoARF). Among the stakeholders that participated in the workshop were the Federal Ministry</p>	

	<p>of Health (FMOH), Ministry of Defense, Ministry of Transport, Ministry of Finance, representatives from the Ministry of Water Resources, Electricity, Education, and FAO, WHO and NGOs.</p> <p>A public health consultant has been recruited by WHO-Sudan to look after the project implementation.</p> <p><b>Planned activities</b>  A simulation exercise will be conducted by the MoARF and FMOH in October with the participation of FAO, WHO and other relevant UN agencies.</p> <p>In November-December, a multi-stakeholder workshop will be organized to identify multi-sector vulnerabilities to continue critical services according to the gaps identified in the pandemic preparedness and response plan. National and regional experts from government, FAO, WHO, OCHA, NGO community and civil society will be invited to participate and contribute.</p> <p>Considering the frequent outbreaks of diseases such as cholera, meningitis and viral haemorrhagic fever, the pandemic plan will be adapted to alleviate public health impact of other disease outbreaks as well. This activity will be synchronized with the government's plan for International Health Regulations and revision of strategies for disease surveillance and outbreak response.</p> <p><i>Expenditure to date: \$42,207 (balance: \$87,793)</i></p>	
	<p><b>19. Lesotho</b></p> <p>No progress was reported from Lesotho. At the current time there appears to be a problem with the funding transfer from CFIA to WHO in Lesotho. PIC will follow up in an attempt to resolve this issue.</p> <p><i>Expenditure to date: \$0 (balance: \$130,000)</i></p>	
	<p><b>20. Bhutan</b></p> <p>Members of the UN Crisis and Response Team and all critical staff were trained on 12-13 July, and a joint UN inter-agency emergency simulation exercise was conducted on 15-16 July with support from OCHA-PIC. Based on the feedback from the training and simulation, the UN business continuity plan, the inter-agency contingency plan and pandemic preparedness plan are currently being updated. Following the simulation, a comprehensive exercise report containing recommendations was produced.</p> <p>To ensure effective implementation of the project, UNDP recruited a consultant for a period of 9 months, starting on 7 October.</p> <p><i>Expenditure to date: \$6,070.96 (balance: \$123,929.04)</i></p> <p><b>21. Myanmar</b></p> <p>Limited progress has been made in the past quarter</p>	

	<p>mainly due to the run-up to the national election in November, which puts a constraint on administrative procedures. In addition, outbreaks of diseases such as dengue hemorrhagic fever and meningococcal meningitis required intense response activities that involved the MoH focal person. However, the advocacy meeting planned for October will direct most other activities, in particular after the election.</p> <p><b>Planned activities</b> An advocacy meeting to discuss contingency planning and multi-sectoral pandemic preparedness and response approach will be conducted in late October.</p> <p>Development of BCPs by each ministry is planned for January 2011.</p> <p>WHO Myanmar plan the actual multi-sectoral pandemic preparedness simulation exercise to be carried out in February 2011.</p> <p><i>Expenditure to date: \$3,450 (balance: \$126,550)</i></p>	
	<p><b>22. Lao PDR</b></p>	
	<p>The project experienced significant delay from the initial stage due to the administrative complication between NEIDCO and the Prime Minister's Office in engaging partners in the BCP activities. This had an impact on the scheduled activities for this second phase.</p> <p>Not all 10 BCP teams in the ministries made progress at an equal pace and quality. A distinct pattern is emerging, which indicates potential "champions" of the BCP process. The UN and NEIDCO are taking such notion into consideration in strategizing the next steps.</p> <p><b>Planned activities</b> In October all BCP teams will be working with the BCP Consultant to finalize the draft BCP for submission to NEIDCO.</p> <p>A National Project Coordinator to assist NEIDCO in the BCP preparation will be recruited. ToR was finalized and recruitment is underway.</p> <p>A third BCP workshop will be held in December 2010 for BCP focal points to discuss the final draft BCPs of the 9 ministries (10 teams). The workshop's goal will be to discuss interdependences in multi-sectoral BCPs.</p> <p>In addition, the BCP process will further discuss the possibility of broadening the ministerial BCPs to sectoral BCPs by involving private sector actors in the process.</p> <p><i>Expenditure to date: \$2,685 (balance: \$123,575)</i></p>	
	<p><b>23. Sri Lanka</b></p>	
	<p>This project is still in its initial stage following delays in the transfer of funding to the implementing organization.</p>	

	<p>A BCP consultant who will provide technical assistance and assist in organizing the advocacy meetings has been identified.</p> <p><b>Planned activities</b> The revision to update the National Pandemic Influenza Preparedness Plan with the participation of the Avian and Pandemic Influenza Technical Committee will begin in November 2010.</p> <p>The first meeting for key stakeholders, with the Ministry of Disaster Management, will be held in Colombo on 21 October to guide the work of various key sectors in development of their respective BCPs. A representative from WHO Maldives office and the focal persons from the National Disaster Management Centre in the Government of Maldives and the Ministry of Health and Family have been invited to participate in this advocacy meeting.</p> <p><i>Expenditure to date:</i> \$0 (balance: \$119,840)</p>	
	<p><b>24. Yemen</b></p> <p>This project experienced delays in fund transfer, which negatively impacted the start of its implementation. Funding arrived in September.</p> <p>In order to accelerate the implementation process, PIC will provide support for WHO Yemen and the Ministry of Public Health. A first phase work plan has already been agreed upon.</p> <p><b>Activities planned for November</b> A 2 day workshop for technical staff from 22 governorates in Yemen will be carried out to identify specific needs of each region in the context of pandemic preparedness and whole-of-society approach.</p> <p>A training workshop for high level officials focusing on the need to develop business continuity plans will be conducted by WHO and PIC.</p> <p><i>Expenditure to date:</i> \$0 (balance: \$126,000)</p>	
	<p><b>25. Honduras</b></p> <p>A delay in fund allocation to PAHO-Honduras (moneys were received only in September) negatively impacted the project implementation.</p> <p>Thus far, the project work plan and schedule were prepared and a meeting with the Secretary of Health's national influenza team was held in order to introduce the project.</p> <p><i>Expenditure to date:</i> \$0 (balance: \$130,000)</p>	
	<p><b>26. Nicaragua</b></p> <p>Implementation of this project has been delayed as the funds were made available to PAHO-Nicaragua only on 16 September. Planning for project implementation with</p>	

	<p>the Executive Secretariat of the National System for Disaster Prevention and Mitigation (SE SINAPRED), the partner with whom PAHO will implement the project, began on 7 October.</p> <p><i>Expenditure to date: \$0 (balance: \$130,000)</i></p>	
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**Qualitative achievements against outcomes and results:**

The projects in Ghana, Guinea Bissau, Nepal and Lebanon have been concluded or are approaching their completion, all with substantive achievements. Madagascar also reported solid progress in its project. Good initial progress was reported from Uganda, where a number of important events took place. Likewise, the projects in Benin, Senegal, Sudan and Bhutan also reported on training workshops, meetings and presentations involving key stakeholders. Issues involving funding transfer were resolved and the projects in Bolivia finally entered the implementation phase, although little progress has been reported.

Meanwhile, the project in Jamaica came to a halt due to unforeseen events that affected the country (a tropical storm and a Dengue outbreak). Delays in the funding transfer to implementing agencies negatively impacted the start of a number of projects, namely those in Honduras, Nicaragua, the Gambia, Cote d'Ivoire, Yemen, and Sri Lanka. Similarly, implementation of the projects in Lao PDR and Mozambique are behind the schedule due to delays in the completion of their respective first stages, whilst in Myanmar the upcoming national elections were responsible for slowing down the progress. Most of these projects are currently in their early stages of implementation. Consultants will be hired to help expedite project implementation in Vietnam, Niger, Senegal, Sudan, and Bhutan.

PIC/OCHA regional Planning Officers (RPOs) are providing technical assistance and support to UN country teams and Governments in implementation of the projects.

The focal points in implementing agencies for the projects in Zambia, Lesotho and Mozambique have not reported on progress in their respective projects.

*\*Approved projects in Cambodia, Indonesia, Burkina Faso, Togo, and Nepal have not yet begun implementation due to pending funding from GTZ.*