

CENTRAL FUND FOR INFLUENZA ACTION

PROGRAMME¹ QUARTERLY PROGRESS UPDATE

As of 31 December 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-B11				
Programme Title:	Pandemic Preparedness Small Project Funding Facility for UN Resident Coordinators				
Total Approved Programme Budget:	US\$ 399,000				
Location:	Countries with restricted implementation capacity (humanitarian preparedness)				
MC Approval Date:	14 November 2008				
Programme Duration:	17 months	Starting Date:	01 February 2009	Completion Date:	30 June 2010
Funds Committed:	US\$ 399,000			Percentage of Approved:	100%
Funds Disbursed:	US\$ 232,481			Percentage of Approved:	58.26%
Expected Programme Duration:	32 months	Forecast Final Date:	29 September 2011	Delay (Months):	15 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. Zambia	2 projects have now reported completion. Mozambique is also making good progress and should complete implementation during the 1 st quarter of 2011. A letter has been sent to the RC in Nigeria requesting a new project implementation plan, if this is not forthcoming or UNDP are not able to complete this project before September 2011, it is likely that this project will be cancelled.
	At the time of submission, in spite of regular follow up with the project focal point in UNDP no progress report had been received. PIC will submit an update on Zambia as and when their 4 th quarter report has been sent. PIC will also follow up with the UNDP Resident Representative in order to stress the requirement for regular reporting in accordance with the CFIA grant regulations. Expenditure to date: \$0 (balance: \$95,000)	
	2. Mozambique	
	The project in Mozambique has continued to report on good progress, it is anticipated that this project will reach completion during the 1st QTR 2011. Activities reported during the 4th QTR include. a. Sensitization training on pandemic H1N1 influenza for the national media was conducted in September. b. Advocacy to other humanitarian	

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

	<p>organizations, other key ministries/sectors and private sectors, ONG.</p> <ul style="list-style-type: none"> c. Reproduction of IEC materials (pamphlets and brochures) on pandemic. d. Conduct of a national workshop for Rapid response team (RRT) comprised between clinicians, epidemiologists and IHR from all provinces. e. Conduct of a workshop to finalize the contingency plan for preparedness and response to pandemic. f. Organisation of one day table top exercise to improve the existing Contingency Plan and its operationalization. g. Conduct of a training Workshop for government and private sector on the development business continuity plans. <p>Expenditure to date: \$56,288 (balance: \$20,712)</p>	
	<p>3. Nigeria</p>	
	<p>For the fourth consecutive reporting period, no information has been provided by Nigeria on either activities conducted or expenditure. To this reasons, a letter has been sent to the RC informing him that unless UNDP are able to provide a written project implementation plan to ensure full completion by September 2011 that the project should be terminated. In the case of project termination, all remaining funds would need to be returned to the CFIA.</p> <p>A situation update will be provided in the 1st QTR for 2011.</p> <p>Expenditure to date: \$29,193 (balance: \$50,807)</p>	
	<p>4. Lao PDR</p>	
	<p>Substantial progress has been achieved during this reporting period enabling project completion.</p> <p>With the CFIA funding support, the following outputs have been completed:</p> <ul style="list-style-type: none"> a. A national simulation exercise on multi-sectorial preparedness took place on 8-9 August 2009 and a National Disaster simulation exercise held on 29 September 2009, with the participation of 15 line ministries, UN agencies and INGOs. The exercises are considered to be important steps in helping both the health and non-health sectors begin the process of BCP. Once developed, BCP can easily be adapted for other kinds of disaster. Furthermore, the exercises will also contribute to strengthen inter-sectorial communication lines and improve coordination, which are important aspects in disaster management. b. A toolkit manual on how to carry out a multi- 	

	<p>sectorial pandemic simulation exercise was developed based on the outcomes of the multi-sectorial simulation exercise and it was translated into Lao for NEIDCO to carry out similar simulation exercises at the provincial level.</p> <p>c. The desk top review on Avian Influenza and Pandemic Management in Lao PDR, 2004-2010 was endorsed by NEIDCO on 5 March 2010 (submitted to OCHA already). The process of the desk top review has, nevertheless been a participatory one, where various stakeholders, Government ministries and relevant development partners have been consulted through the leadership of NEIDCO. The document records the history of the pandemic process from H5N1 (bird flu) to the H1N1 influenza and will serve as institutional memory for NEIDCO and the UN Country Team (UNCT) of Lao PDR. For dissemination purpose, this desk top review is planned to be uploaded on NEIDCO's website http://www.neidco.org.</p> <p>d. The first workshop on Business Continuity Plan (BCP) was organized on 19 January 2010, hosted by NEIDCO and the UN. This workshop was conducted with a view to introducing the BCP template to 15 key line ministries and 3 mass organizations that would develop BCPs. Furthermore, throughout its process, the UN Resident Coordinator Office (UNRCO) has supported NEIDCO with a view to better integrate BCP into Strategy 5 of the National Avian Influenza Control and Pandemic Preparedness 2006-2010. As the need for multi-sector planning is increasingly recognized, it has become clear that no single ministry or sector can effectively address the challenges of a pandemic in isolation. The evolving international consensus on responses to this event has reconfirmed the importance of having BCPs in place as well as the Pandemic Preparedness; the two are not mutually exclusive.</p> <p>e. On 09 July 2010, PMO issued a letter to 9 ministries - (1) Ministry of Health; (2) Ministry of Agriculture and Forestry; (3) Ministry of Education; (4) Electricity Du Laos, Ministry of Energy and Mines; (5) Ministry of Defense; (6) National Authority for Posts and Telecommunication and National Tourism Authority of Lao PDR, PMO; (7) Water Supply Authority (Nam Papa Lao), Ministry of Public Works and Transport; (8) Ministry of Public Security; and (9) the Ministry of Industry and Commerce- to embark their BCPs. In response to the letters, the respective ministries have nominated their BCP focal points and establish BCP teams to participate in BCP development. Prior to meeting with the Pandemic</p>	
--	---	--

	<p>Preparedness consultant, the BCP template was translated into Lao and delivered to respective BCP teams. During the week of 26-30 July 2010, the Pandemic preparedness consultant briefed the BCP teams on the concept of Business Continuity Planning and explained the use of the BCP Template. The consultant used information collected from the meeting to produce the initial draft of BCPs, which cover the Ministry's mission-critical activities and critical personnel to carry out the activities. The drafts had sent to each BCP team for further modification or improvement and returned to NEIDCO before the second BCP workshop in 31 August 2010 (the draft BCPs submitted to OCHA already).</p> <p>f. The second BCP workshop was organized on 31 August 2010 and attended by the newly established Ministry BCP teams, representatives from NEIDCO and the UNRCO. The objectives of the workshop were 1). To revise the concept of Business Continuity Planning, 2). To receive an update from 10 BCP teams on progress in completing the BCP Template, particularly in defining mission-critical activities and the critical personnel required to carry them out and 3). To identify interdependencies between Ministry BCPs. It was notable that the majority of participants seemed to understand the basic BCP concepts. Some participants saw the BCP process as narrow to public health preparedness exercise rather than as a broad multi-sectorial process requiring input for all Ministries. The misperception that the BCP planning exercise is an MoH and MAF responsibility was addressed during the Workshop</p> <p>Expenditure to date: \$88,000 (balance: \$0)</p>	
	<p>5. Nepal (WHO)</p>	
	<p>This project has been successfully completed.</p> <p>Detailed reports on all activities conducted are contained in pervious CFIA quarterly reports.</p> <p>Expenditure to date: \$0,000 (balance: \$0)</p>	

Qualitative achievements against outcomes and results:

This is the final quarterly report to be compiled by OCHA's Pandemic Influenza Contingency team, as of the end 2010 PIC will be closed. Discussions are currently on-going between OCHA and UNSIC in order to determine the most viable solution to continue to support, monitor and report on these programmes. This will likely involve a combination of national support from OCHA and UNSIC regional offices with some oversight from OCHA and UNSIC at the HQ level.