

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-A16				
Programme Title:	Pandemic Preparedness Small Project Funding Facility for UN Resident Coordinators				
Total Approved Programme Budget:	US\$ 2,889,186				
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\$ 2,889,186			Percentage of Approved:	100%
Funds Disbursed:	US\$ 730,223			Percentage of Approved:	25.27%
Expected Programme Duration:	24 months	Forecast Final Date:	29 September 2011	Delay (Months):	12 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	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 th quarter.
	The project has been successfully concluded. Details on activities conducted can be found in previous quarterly reports. <i>Expenditure to date:</i> \$99,886.58 (balance: \$113.42)	
	2. Nepal	
	The project has been successfully concluded. Details on activities conducted can be found in previous quarterly reports. <i>Expenditure to date:</i> \$70,000 (balance: \$0)	
	3. Vietnam	
	Over the last few months WHO has been in the process of recruiting an international consultant for the assessment. However, the WHO cost norms for hiring a consultant are apparently low for the experienced	

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

	<p>consultant with whom we have been in dialogue for the past few months. As a consequence, we have not identified a suitable international consultant yet. However, we are in the process of contacting other suitable candidates.</p> <p>Achievable Products: Consultant(s) report on National Pandemic Preparedness focusing on preparedness beyond the health and agriculture sectors (including both non-health sector support to the public health response, and the broader non-health sector response addressing business continuity and humanitarian aspects).</p> <ol style="list-style-type: none"> a. What "coordination" of planning has been done or is underway? How is that coordination carried out? What else is needed? b. In Viet Nam, what are the essential services and specific public/private/community roles and responsibilities for continuity of essential services? What plans exist? To what extent are the plans in-line with central government plans and operations? Have written continuity of operations plans been developed, tested, and implemented in the essential service sectors? c. What clear triggers and associated response actions by phase/period have been specified? What command and control guidelines/standard operating procedures (SOPs) exist and what additional guidelines/SOPs are needed? What command and control centres exist? And, what situation monitoring procedures have been developed and what additional mechanisms are needed? d. For each essential service, is there a multi-sectorial team designated to coordinate public information/risk communications if the service is interrupted? What, if any, messages and materials have been developed? <p><i>Expenditure to date: \$0 (balance: \$64,241)</i></p>	
	<p>4. Madagascar</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>Implementation of the first project grant has been completed with the technical support from OCHA/RCO and WHO Madagascar. The implementation of the second grant is on-going through UNDP with the technical support of OCHA/RCO and WHO Madagascar and its completion is planned before September 2011.</p> <p>Achievements under the CFIA funds can be summarized in five points.</p> <ol style="list-style-type: none"> a. The National Disaster Risk and Management (BNGRC) Institution in charge of coordinating 	

	<p>disaster preparedness and response is involved in the processes of pandemic preparedness planning and chairs the fifth commission on “essential services”. Other four commissions are chaired by the Ministry of Health.</p> <p>b. The establishment of five commissions in pandemic planning helped in promoting multi-hazard approach and strengthened the BNGRC capacities in preparedness and response to pandemic and generally, from its mandate, increases its capacities on preparedness and response to natural disasters.</p> <p>c. By activating the “essential service” commission which put together all actors from nine essential sectors in the country, the National Business Continuity Plan (BCP) will be drafted at the end of the finalisation of all sectoral BCPs (in progress for some) at the national level and in the eight large cities targeted by the CFIA round 3 (ongoing).</p> <p>d. Lessons learnt from the national functional simulation on the “Whole-of-Society” (WOS) helped the revision of the National Contingency Plan which was more limited to Health sector by integrating all actors and key sectors in the plan. The revision of the National Contingency Plan for pandemic influenza is re-orientated to a multi hazard approach and at the same time, covering pandemic and major epidemics.</p> <p>Through the CFIA 3, the strong involvement of the Red Cross Malagasy in the implementation (support to the BCP finalization at local level, and the local Commissions on Essential Services, training of essential staff in work place) will strengthen partnership and coordination at local level.</p> <p><i>Expenditure to date: \$75,000 (balance: \$119,840)</i></p>	
	<p>5. Lebanon</p>	
	<p>This project was successfully concluded at the end of September 2010. Details on activities conducted can be found in previous quarterly reports.</p> <p>There is still a remaining balance of \$3,507 for which we are still waiting for confirmation of expenditure on.</p> <p><i>Expenditure to date: \$96,003 (balance: \$3,507)</i></p>	
	<p>6. Guinea Bissau</p>	
	<p>No report submitted, data for 4th QTR will be included in 1st QTR report for 2011.</p> <p><i>Expenditure to date: \$100,000 (balance: \$0)</i></p>	
	<p>7. Jamaica</p>	
	<p>No report submitted, data for 4th QTR will be included in 1st QTR report for 2011.</p> <p><i>Expenditure to date: \$46,352.85 (balance: \$43,647.15)</i></p>	
	<p>8. Indonesia</p>	

Context Status Update. The RC PI/AI coordination position continues to support national structures in the post-KOMNAS era however the creation of a National Zoonosis Commission has taken substantially longer than anticipated, however this last three months has seen the development of significant progress. In November 2010, the Ministry of People's Welfare (Menko Kesra) announced that the President had endorsed a new national zoonosis committee, with new Minister Laksono as its Executive Secretary. On November 18, a preliminary meeting was convened to discuss a plan of action for the next 3 months and arrangements for a national multi-sectoral pandemic preparedness and response initiative that will be undertaken jointly by ASEAN-USAID and UNRC/HC Office during the period Dec 2010-February 2011, involving a three phase approach and the involvement of multiple national stakeholders. In the same meeting, it was announced that the "skeleton" for a new national zoonotic strategic plan had been developed, and an inter-ministerial workshop involving high level officials from the Ministry of Health, Ministry of Agriculture, Menko Kesra and other governmental stakeholders to discuss the substance and the road forward took place on December 2, 2010 in Jakarta. Dr. Emil Agustiono, Menko Kesra Deputy, is nominated as the Chief Operating Officer and has requested technical assistance with the national strategic plan.

Menko Kesra and ASEAN Events Supported. Menko Kesra and ASEAN were supported on the development of a process to assess the status of pandemic influenza preparedness in Nov-Dec 2010 and put a plan into place to conduct a formal assessment on January 25-26, 2011, shortly after the new national zoonosis committee comes into being.

Technical and Coordination Support for Rabies and Neglected Tropical Diseases. Continued to provide technical and coordination support for rabies and related vaccines with MoH, WHO, WSPA and BAWA; as well as inputs for neglected tropical disease strategy. Collaborated on development of a USAID/WHO Plan of Action for Neglected Tropical Diseases in Indonesia, including review of major WHO report; initial meetings with USAID and WHO on Nov 12., and multi-donor presentation and findings on Nov 18th, 2010

Strategic Coordination Linkages Expanded. Strategic coordination linkages continue to be maintained with USAID (Dr. Kendra Chittenden, Sr. Infectious Disease Specialist and Artha Camellia), AusAID (Gerard Cheong), CDC (Frank Mahoney and Percy Hawkins), ASEAN (Dr. Noel Miranda) to discuss overall response and inter-institutional linkages and coordinated efforts.

UN Staff Replenishment of Stockpiles.

	<p>Recommendation on replenishment of vital supplies for 42 decentralized staff stockpiles, including Tamiflu and 3 antibiotics formulated an approved by UNCT, in coordination with UN Medical Office/NY, OMT Taskforce, WHO and Pandemic Preparedness Planning Officer: procurement now underway.</p> <p>Toward a Safer World. Collaborated on the “Toward a Safer World Initiative” (WFP/USAID) organized by Michael Mosselmans and Ingo Neu, including the identification of case studies in Indonesia for private sector practices (Unilever) and ASEAN case study followup with Noel Miranda. Conducted related interviews and drafted first case study.</p> <p><i>Expenditure to date: \$79,998.72 (balance: \$16,890.28)</i></p> <p>9. Bolivia (UNDP)</p> <p>No report submitted, data for 4th QTR will be included in 1st QTR report for 2011.</p> <p><i>Expenditure to date: \$0 (balance: \$16.050)</i></p> <p>10. Bolivia (WFP)</p> <p>No report submitted, data for 4th QTR will be included in 1st QTR report for 2011.</p> <p><i>Expenditure to date: \$0 (balance: \$6,780)</i></p>	
	<p>11. Senegal</p> <p>No report submitted, data for 4th QTR will be included in 1st QTR report for 2011.</p> <p><i>Expenditure to date: \$3,485 (balance: \$117,362)</i></p> <p>12. The Gambia</p> <p>The Gambia has had difficulties in accessing the funds amounting to US\$120,900 from the UNDP office. The first instalment of US\$70,900 which will cover the costs for the main training workshop was remitted to the accounts of the Ministry of Health and Social Welfare on 6th January 2011. This delay has affected the timely implementation of the activities planned in the project proposal.</p> <p>Following the transfer of the first tranche of funding the main 4 day training workshop will start on 28th February 2011. This 4 day training workshop will attract 60 participants from government, NGOs, UN Agencies, Civil Society Organizations and the media and will be facilitated by Dr. Amadou Diaite former staff of the OCHA Pandemic Influenza Regional Planning Office in Dakar. This will be followed by 7 other Regional Trainings.</p> <p><i>Expenditure to date: \$0 (balance: \$130,000)</i></p> <p>13. Benin</p> <p>No report submitted, data for 4th QTR will be included in 1st QTR report for 2011.</p>	

	<p><i>Expenditure to date: \$0 (balance: \$129,470)</i></p> <p>14. Cote d'Ivoire</p> <p>No report submitted, data for 4th QTR will be included in 1st QTR report for 2011.</p> <p><i>Expenditure to date: \$0 (balance: \$130,000)</i></p> <p>15. Niger</p> <p>No report submitted, data for 4th QTR will be included in 1st QTR report for 2011.</p> <p><i>Expenditure to date: \$0 (balance: \$120,000)</i></p> <p>16. Mozambique</p> <p>No report submitted, data for 4th QTR will be included in 1st QTR report for 2011.</p> <p><i>Expenditure to date: \$0 (balance: \$130,000)</i></p> <p>17. Uganda</p> <p>The WOS/ BCP CFIA project set out five main objectives as follows: -</p> <ol style="list-style-type: none"> I. To introduce the concept of the Whole-of-Society Pandemic Readiness and Business Continuity Planning to members of the National Task Force (NTF) and the other key sectors II. To build capacity among key stakeholders on the Whole of Society Pandemic Readiness and Business Continuity Planning III. To develop Sector Business Continuity Plans for the key sectors of society IV. To update the national influenza pandemic preparedness and response plan by incorporating the business continuity plans for the key sectors V. To conduct functional simulation exercise in order to test the updated multi-sectoral national pandemic preparedness and response plan. <p>A WOS/ BCP Capacity Building Workshop was conducted in September 2010 in Jinja to convene follow-up sector working group meetings for the various sectors and to initiate the process of developing sector BCPs. It was then decided that the sector working group meetings be conducted in phases, based on the experience from the group work exercise on developing BCP. The experience revealed that the process of developing sector BCP requires meticulous examination of all the activities undertaken in the sector, carefully ranking the activities and selection of critical functions and staffing that should ensure business continuity. In that respect, a 3-day Sector Working Group meeting was convened for the Health and Transport Sectors, held in Paradise Hotel Jinja from 10 – 12 November 2010. The meeting aimed at developing sector Business Continuity Plans for Health and Transport Sectors. The meeting, attended by 45 participants drawn from the two sectors, was facilitated with technical assistance from the WHO Country Office, MoH and Office of the Prime Minister.</p> <p>The methods of work employed included plenary</p>	
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	<p>presentations followed by discussions, simulation exercise and group work by sectors. As part of the group work, the participants were guided to work through the process of conducting business impact analysis, output of which were incorporated into a template for BCP.</p> <p>Key output of the workshop was development of the draft sector BCP for Transport and Health Sectors were developed.</p> <p>The major drawback elicited during the sector working group meeting was the absence of the private sector business organizations. The absence of the private sector was viewed to have negative implication in the functioning of the sector BCP, particularly transport sector that largely relies on the private sector for the actual delivery of transport services. It was then proposed that the regulatory authorities governing the private sectors engage the relevant stakeholders within the sectors in order to solicit for their participation.</p> <p>Implementation of this objective will continue in 2011 with the involvement of other key sectors to develop sector BCP.</p> <p><i>Expenditure to date: \$76,740.48 (balance: \$53,259.52)</i></p> <p>18. Sudan</p> <p>No report submitted, data for 4th QTR will be included in 1st QTR report for 2011.</p> <p><i>Expenditure to date: \$42,207 (balance: \$87,793)</i></p> <p>19. Lesotho</p> <p>No report submitted, data for 4th QTR will be included in 1st QTR report for 2011.</p> <p><i>Expenditure to date: \$0 (balance: \$130,000)</i></p>	
	<p>20. Bhutan</p> <p>With the initiation of and support of the CFIA project, the Royal Government of Bhutan (RGOB) established the Inter-agency Multi-sector pandemic preparedness Task-force with representation of critical sectors, such as human and animal health and disaster management, as well as transportation, aviation, communication, trade, finance, education, immigration, law enforcement. The Task-force is mandated to enhance representation of essential sectors, which were not represented in previous national pandemic preparedness and response structure, review and update of National Influenza Pandemic Preparedness Plan (NIPPP), act as focal points in developing sectoral BCPs and update National Committee for Disaster Management on the country's situation on pandemics. NIPPP, which was initially drafted in 2004, revised in 2007 and 2010, is in process of being revised by the Task-force.</p> <p>The project Inception Workshop was organized on 10</p>	

	<p>November 2010 with participation of a broad set of stakeholders, including members of NIPPP National Executive Committee, the Command Center, National Task Force, other Ministries and stakeholder focal points, and representatives of international organizations and foreign missions in Bhutan. Beyond the project objectives, outcomes and activities, the participants shared past experiences, lessons learnt and joint efforts on pandemic preparedness and response in Bhutan. The concept of the “Whole-of-Society” pandemic readiness and possible impacts of serious pandemic scenarios on society, economy and businesses were introduced during the workshop.</p> <p>The Task-force meeting on multi-sectoral pandemic preparedness project was convened on 3 December 2010 to identify the ToR and mandates of the Task-force, Bhutan’s essential services and sectors that play important roles during an outbreak of pandemics, pilot districts (Dzongkhags), where CFIA trainings/simulation exercises will be conducted, and revision of the project activities in line with the Government priorities.</p> <p><i>Expenditure to date: \$29,132 (balance: \$100,868)</i></p>	
	<p>21. Myanmar</p> <p>Since the commencement of the CFIA Project, however, the progress in past quarter has been rather limited mainly due to the political constraints due to the fact that the administrative procedures are exceptionally difficult preceding the upcoming national election planned in November 2010. However, the planned advocacy meeting in October 2010 will direct most other planned activities especially after the election.</p> <p>Pandemic Preparedness Working Committee had been already in place with the standing of the Central Epidemiology Unit (CEU), Ministry of Health (MOH) when CFIA proposal was submitted. Since it was decided not to develop a separate committee in the context of the CFIA, the CEU- led working committee takes responsibility of the coordination of the multi-sectoral pandemic preparedness planning. The previously formed Working Committee was composed of 32 ministries and 11 separate departments. Deputy Minister chaired and Director General of Health served as the secretary in collaboration with the Director of Epidemiology, CEU. Director Generals of other ministries were the members of the Committee. The primary intent of the present CFIA Project is to revitalize this existing Committee and facilitate it to embrace the multi-sector pandemic preparedness planning and BCP development. So far since the commencement of the CFIA Project, discussions between the WHO Myanmar as the implementation body of it and CEU have been made. It has been agreed that the approach to non-health ministries should be re-convened after the planned advocacy meeting planned in October 2010</p>	

	<p>and potentially the national election in November.</p> <p>Advocacy meeting of contingency planning on pandemic preparedness and response -sectoral approach was conducted on 30 and 31 December 2010. The representatives from 20 key ministries participated in this meeting.</p> <p><i>Expenditure to date: \$3,450 (balance: \$126,550)</i></p>	
	<p>22. Lao PDR</p>	
	<p>Following the 2nd workshop in August 2010, the ten BCP teams have been working on revising their draft BCPs. Although the new draft was due in late November 2010, there were only 3 ministries- Ministries of Public Security (MPS), Ministry of Industry and Commerce (MoIC) and Ministry of Public Work and Transport (MPWT) submitted the revised drafts (please kindly refer to annex I). Due to the delay in submitting the new drafts, the third BCP workshop has been rescheduled from early December 2010 to 31 January 2011. The key objectives of the workshop are to discuss the operational draft BCP of the four (4) ministries and to assist other six (6) ministries to redefine their critical activities and critical staff to heads forwards development of operational BCP from February – June 2011.</p> <p>It is now clear that not all team have progressed at an equal pace and quality. In this respect the UN and NEIDCO are taking such notion into consideration in strategizing our next steps. Through the process, it became apparent that Electricity du Laos (EDL), National Authority for Posts and Telecommunications (NAPT), Vientiane Water Authority (Nampapa Lao) and Ministry of Public Work and Transport (MPWT) are the leading actors in this exercise, while seven other are finding the task more challenging and requiring additional capacity support. The models from the three (4) Ministries have been shared with the other participants, and the importance of having a champion in moving on BCP efforts was recognized and valued.</p> <p><i>Expenditure to date: \$2,856 (balance: \$123,404)</i></p>	
	<p>23. Sri Lanka</p>	
	<p>WHO has obtained the services of a National Consultant to help in the development of BCP for 13 essential sectors identified by the Disaster Management Centre of the Ministry of Disaster Management. He has already had preliminary discussions with these sectors.</p> <p>The first step in the BCP development is for each of these sectors to establish a working group. These working groups will then initiate assessments to evaluate within the sector the level of pandemic preparedness (e.g. Should an emergency arise, what</p>	

	<p>will be activated? What is the number of minimum staff required for the continuation of the services they are providing? Etc.)</p> <p>These assessment reports within each sector will also help to identify the support that would be needed to establish the BCP i.e. capacity building including training, infrastructure development, essential machinery/ equipment needed to ensure continuation of services etc.</p> <p>The stakeholders' meeting of 21 October, 2010 sensitized all stakeholders why the pandemic preparedness and response was not limited to health sector alone, and helped them understand what a Business Continuity Plan (BCP) was and why it was important. The BCP Consultant took part at this stakeholders' meeting as a resource person and briefed the participants on the development of BCP plans and the different steps involved in it. He also provided with the tools necessary for development of a BCP. In addition, the BCP consultant also carried out a one day "trainer of trainers" training with staff from the MoH and DMC on the use of the template for a BCP development.</p> <p>Competing priorities faced by the Disaster Management Centre and the relevant essential sectors has been the big challenge. The ongoing emergency due to floods has already affected more than 1 million people in 16 districts. The Ministry of Disaster Management and the DMC is the lead Ministry for emergency response.</p> <p><i>Expenditure to date: \$0 (balance: \$119,840)</i></p>	
	<p>24. Yemen</p>	
	<p>No report submitted, data for 4th QTR will be included in 1st QTR report for 2011.</p> <p><i>Expenditure to date: \$0 (balance: \$126,000)</i></p>	
	<p>25. Honduras</p>	
	<p>The National Technical Committee (NTC) is reviewing and discussing the need of amending of the executive decree for Anti-Pandemic National Influenza Commission</p> <p>.</p> <p>The NTC members were defined among the different Public Institutions involved in the plan. This NTC will oversee the implementation of the National Anti-pandemic Plan.</p> <p>The Guidelines on organization and operation of the Anti-pandemic National was finalized.</p> <p>The NTC was divided into 6 sub-committees or groups to oversee the implementation according to the different sections/issues contained in the plan.</p> <p>The sub-committees are actively meeting (to date 6 meeting were held)</p>	

	<i>Expenditure to date: \$5,114 (balance: \$124,886)</i>	
	26. Nicaragua	
	No report submitted, data for 4 th QTR will be included in 1 st QTR report for 2011.	
	<i>Expenditure to date: \$0 (balance: \$130,000)</i>	

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.

The projects in Ghana, Guinea Bissau, Nepal and Lebanon have been concluded all with substantive achievements. Madagascar Viet Nam, Honduras, Indonesia, Uganda, Bhutan, Myanmar, Lao and Sri Lanka all have reported solid progress in project implementation and are on line to complete the proposed activities on time. Implementation in Ghana and Niger was delayed due to administrative reasons, there have now been resolved and both countries have made a good start. No reports were received from Jamaica, Bolivia, Senegal, Benin, Cote d'Ivoire, Sudan, Lesotho, Yemen and Nicaragua, data for 4th QTR will be included in 1st QTR report for 2011.

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