



**CFIA Fund (Influenza)**  
**ANNUAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT**  
**REPORTING PERIOD: 01 JANUARY – 31 DECEMBER 2010**

<p><b>Submitted by:</b> United Nations High Commissioner for Refugees (UNHCR)  <b>Organization code:</b> 001997</p> <p><b>Contact Information:</b>  Marian Schilperoord  Snr. Public Health Officer  Public Health and HIV Section,  Division of Programme Support and Management,  UNHCR HQ  Geneva, Switzerland.  E-mail: schilpem@unhcr.org</p>	<p>Country and Thematic Area<sup>2</sup>  (when applicable)</p>
<p><b>Programme No:</b> CFIA- B15  <b>Project ID:</b>  <b>MDTF Office Atlas No:</b>  <b>Organization Reference:</b></p>	<p><b>Participating Organization:</b>  UNHCR</p>
<p><b>Programme Title:</b> Avian and Human Influenza Preparedness and Response in Refugee Settings  <b>Location:</b></p>	

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

<sup>2</sup> E.g. Priority Area for the Peace building Fund; Thematic Window for the Millennium Development Goals Fund (MDG-F); etc.

<p><b>Implementing Partners:</b>  DRC: IMC  Rwanda: ARC and AHA  Burundi: AHA  RoC: MDA  CAR: ACTED  Ethiopia -ARRA,  Djibouti – AMDA  East Sudan-HAI  Tanzania-TWESA, TRCS  Kenya – GTZ  Uganda - GTZ  Nepal: Association of Medical Doctors of Asia (AMDA)  Myanmar- Malteser International  Pakistan - Frontier Primary Health Care (FPHC), Union Aid for Afghan Refugees (UAAR), Community Development Program (PAK-CDP), Centre of Excellence in Rural Development (CERD)  Thailand: Committee for Coordination of Services to Displaced Persons</p>	<p><b>Programme Budget:</b>  US\$ 990,000</p>
<p><b>Programme Duration:</b> 12 months  <b>Start date<sup>3</sup>:</b> 1 January 2010  <b>End date:</b> 31 December 2010  • Original end date: 31 December 2010  • Revised end date, if applicable: <b>29 September 2011</b>  <b>Budget Revisions/Extensions:</b></p>	

**I. Purpose and how the programme relates to the Strategic UN Planning Framework guiding the operations of the Fund**

UNHCR is the UN Agency with the mandate to protect refugees. The project on Avian and Human Influenza Preparedness and Response in Refugee Setting (AHIPRRS) is a UNHCR contribution to the “**UN System Consolidated Action Plan- UNCAPAHI**” for influenza. Though the projects targets primarily influenza, it also tackles the prevention and control of other disease outbreaks.

AHIPRRS has been developed in close collaboration with national authorities and UNHCR implementing partners (IPs). AHIPRRS has contributed to UNCAPAHI by participating in the development of national capacity in surveillance, in communication strategies to prevent, detect and respond to outbreaks, and by contributing to a functional national emergency response capacity specifically in countries that hosted large number of refugees, internally displaced populations and other persons of concern (PoC<sup>4</sup>) to

<sup>3</sup> The start date is the date of the first transfer of funds from the MDTF Office as Administrative Agent.

<sup>4</sup> Refugees, internally displaced persons, returnees, asylum seekers, stateless persons, surrounding host populations, and other persons of concern

UNHCR. UNHCR has collaborated at all levels with other UN agencies, and with national and international agencies in countries where AHIPRRS has been implemented

### **Objectives / Goal:**

Under the overall UNHCR protection mandate, the strategic goal of AHIPRRS is to mitigate the direct and indirect consequences of the pandemic on the health and well being of refugees and other persons of concern to UNHCR. The project, funded through the **Central Fund for Influenza Action (CFIA)**, contributed to meeting the objectives in the UNCAPAHI, specifically related to human health, communication (public information and supporting behavioural change), and continuity under pandemic conditions.

Within the framework of UN system strategic approach, UNHCR set to contribute to the seven categories of actions to support a coordinated response to the threat of, A (H1N1) influenza and avian influenza and prepare for a potential human pandemic, with the following objectives:

1. Establish systems for surveillance of influenza –like illness, early warning of outbreaks and prompt verification of cause within human public health programs.
2. Ensure coordination of national, regional and international stakeholders.
3. Ensure strategic communication to provide clear and unambiguous risk and outbreak information to the general public and key groups of people with the highest potential for stemming the spread and impact of the disease.
4. Ensure continuity of essential social, economic and governance services, and the implementation of humanitarian relief under pandemic conditions.
5. Ensure animal health is safeguarded, new infections are detected and measures of bio-security are in place.
6. Ensure economic and nutritional impact of culling and other control measures is monitored and rectified, seeking fair and equitable compensation for those whose livelihoods are endangered.
7. Based on specific criteria, and where national population has access ensure refugee populations are included in vaccination campaigns against A (H1N1).

## **II. Resources**

### ***Financial Resources:***

- Provide information on other funding resources available to the project, if applicable.
  - None
- Provide details on any budget revisions approved by the appropriate decision-making body, if applicable.
  - NA;
- Provide information on good practices and constraints in the mechanics of the financial process, times to get transfers, identification of potential bottlenecks, need for better coordination, etc.
  - No problem was encountered

### ***Human Resources:***

- National Staff: Provide details on the number and type (operation/programme)  
No national UNHCR staff have been paid under this funding
- International Staff:

- 2 P3 Epidemic Preparedness Officer for Asia and East and Horn of Africa region
- 1 National consultant for Epidemic Preparedness and response in DRC (paid by the funding)
- 1 Snr. Operations officer in Geneva
- 1 Snr. Public Health officer in Geneva

### **III. Implementation and Monitoring Arrangements**

#### **Central Africa**

The key objective for Central Africa was to establish systems for surveillance of influenza –like illness and early warning of outbreaks. The AHI Project started in May 2007.

#### **Coordination**

- In Brazzaville, the UNHCR team managed to establish a mechanism for the coordination of health activities at the capital level. A series of bilateral meetings were initially held with WHO, UNICEF, UNFPA and WFP. As a result, the first UN coordination meeting on Health, Nutrition, HIV/AIDS, and WASH was held in January 2010. The meeting forum succeeded in bringing technical issues for discussion at the country and HQ level thus supporting the field staff in Likouala. Furthermore, the meeting emphasized the need to adopt a common approach to advocate for covering refugees by national plans including that for A (H1N1) influenza targeting MoH and other authorities.
- In the Likouala Province, RoC refugees have currently have free accesses to all health services, including hospital referrals, available to resident populations.
- Within the forum of Health Cluster in Kinshasa, UNHCR continued, along with sister UN agencies, common advocacy for displaced persons into the national contingency plan on A (H1N1) Influenza.
- In the Katanga Province of DRC, UNHCR lead the efforts to develop the first contingency plan on potential outbreak and pandemics including pandemic influenza and emphasizing cholera as an endemic disease in the area. UNHCR targeted 24 and 20 professionals from the Kalemie and Moba Districts respectively for TOT workshops in contingency planning. The participants included staff of the MOH, WHO, UNICEF, MDMF, AHA, AIDES, the “Commission National Pour les Refugees (CNR), MONUSCO, Radio Okabi developed a comprehensive contingency plan and submitted it to the MOH for approval and adoption.
- A total of 2,595 Congolese refugees currently living in the Batalimo Camp in CAR received vaccinations against A (H1N1) influenza within the context of the National Contingency Plan. Refugees were also targeted for the BCC campaigns that preceded the vaccination and targeted all inhabitants of the area.
- UNHCR actively participated in all planning, implementation and monitoring phases of the national anti-polio vaccination campaign that targeted all populations of RoC including about 115,000 Congolese refugees living in the Likouala Department. Four rounds of the campaign were accordingly launched during the last quarter of 2010.

#### **Training**

- All UNHCR-DRC staff received an orientation session on the different types of pandemic influenza focusing on methods of protecting staff and their families.

Topics discussed were: history of influenza pandemics; causative agents; ways of transmission; and ways of prevention and control.

- In collaboration with the North Kivu Provincial Inspectorate, 29 health managers, doctors and nurses who work for the MOH, National Refugee committee (NRC) and Agence AIDES were trained in diarrhoeal diseases. The 2-day didactic training focused on the ways of prevention and control of acute watery diarrhoea and improving hygiene.
- Targeted 24 and 20 professionals from the Kalemie and Moba Districts respectively for TOT workshops in contingency planning for disease outbreaks.
- Conducted in-service training in AHI and cholera targeting one doctor and 8 nurses from the “Association Pour Le Développement Social ET Sauvegarde L’Environnement (ADSSE)” and staff the Bukavu Transit Centre.
- Conducted in-service training in epidemic preparedness practices targeting 2 doctors and 14 nurses who work for IMC in Uvira.
- UNHCR is planning a training workshop on HIS in Impfondo, RoC. The involvement of the MoH will ensure sustainability of the efforts that aim at putting a simple and effective HIS and surveillance systems in place. The 3-day workshop targets key personnel working for the MoH, IPs and UN agencies.

### **Information, Education and communication (IEC)**

#### **DRC:**

- UNHCR team worked with the radio association called “Réseau de Radios de Proximité Du Nord Kivu (RDRP)” that continued airing key message on hygiene, diarrhoeal diseases, including cholera, and avian and human influenza (AHI). Around 1,700,000 beneficiaries including urban refugees, IDPs and local population received radio messages in French and Swahili. The spots employed attractive drama and music to change behaviour in favour of the prevention and control of key health problems. The messages were conveyed twice daily through 5 local radios that cover the whole area of N. Kivu. The local authorities were involved and used media, political gatherings and other social events to disseminate information on the activity.
- Also, the RDRP conducted 2 health fairs in the Mugunga III Camp in addition to one festival at the Mugunga quarter located at the outskirts of the Goma City. The team used music bands, quiz games (with awards for audience with best answers), banners, leaflets, theatre and drama. The festivals were filmed, copied and broad cast by local TV and radios. Most of the 4,750 IDPs who live in the camp in addition to several thousands who live in the quarter actively participated in the events. Copies of the radio messages and festival films are available and can be utilized later in similar occasions.
- In Katanga, BCC needs were thoroughly assessed during meetings with the concerned agencies and visits to health facilities run by the IP or other partners. Funded by WHO, Solidarité implemented several BCC activities but phased out due to lack of funds leaving a gap behind. The Red Cross also carried out similar BCC activities. The 2 posters on hand washing that were developed by UNICEF were not adequately disseminated. Consequently, UNHCR plans to reproduce IEC materials on AHI and cholera in Swahili to disseminate them among IDP populations in the east of DRC.

#### **Rwanda and Burundi:**

- Networks of community health promoters (CHP) in Rwanda and Burundi continued disseminating key messages on pandemic influenza and other outbreaks during their regular daily outreach activities in the refugee camps.

- In Rwanda, ARC and AHA continued BCC activities targeting refugees living in the camps of Gihembe, Nyabiheke and Kiziba for outreach visits using mobile video strategy to increase awareness in AHI, epidemics and common diseases thus coupling the WASH interventions completed in the same camps.
- In Burundi, the IP, AHA continued outreach activities to improve household hygiene and increase refugee awareness on preparedness for epidemics in the refugee camps of Gasorwe, Musasa and Gihinge.

### **Stockpiling**

#### **DRC:**

- UNHCR Provided the Ruzizi and Lemera MoH health centres located in the Ruzizi Valley with stocks of essential drugs. Also, procured a USD 25,000-worth of hygiene kits to improve water and sanitation conditions at the households of most needy refugee and IDP populations living in the Mogunga and Kitchanaga Camps and at the Urban Refugees Transit Centre in Goma.
- In Katanga, UNICEF is currently providing medical supplies required to treat cholera cases. However, UNHCR recommended continuing stockpiling for potential influenza pandemics.
- A shipment of medical supplies consisting mainly of ORS and other drugs required to treat cholera were sent to the IPs; AIDES in Katanga and AHA in Moba to help control the cholera outbreak currently reported in the province and strengthen stockpiling for AHI.

#### **CAR:**

- UNHCR procured 1,000 kits of Paracheck to replenish supplies at the health posts that serve 3,600 and 7,200 refugees living in the Camps of Zemio and Batalimo respectively. A USD 13,000 worth of hygienic supplies and tools including antiseptic lotions, detergents, water reservoirs and cleaning tools were distributed among the same camp facilities to improve infection control at the health posts and enhance hygienic conditions in a select of refugee households.

#### **RoC:**

- Additional stocks of essential drugs were procured and delivered to the Likoula Province to bridge gaps created upon the departure of MSF/F from Impfondo.
- Provided the implementing partners (IP) in Impfondo and Betou with considerable quantities of biomedical supplies including intravenous fluids, IV sets, antibiotics, personal protection equipment (PPE) and disposables. The supplies helped MDA fill the sever gaps at the field health facilities and stockpile for potential pandemics or other diseases.

### **Business continuity**

#### **a) WASH**

- A plan to implement WASH activities and improve water, sanitation and hygiene levels at the Gihembe, Niabiheke and kiziba Camps of Rwanda was developed. The plan addresses current gaps of WASH in those populated refugee camps and is integrated into other WASH plans funded by UNHCR.
- UNHCR has recruited a new WASH Officer in the Likouala Province of RoC.
- UNHCR continued provision of logistical support to UNICEF and its IP to continue efforts of treating river water and digging wells in several locations on the Department.
- In RoC, the needs of a total of 3,600 Congolese refugees living in the Zemio Camp were assessed and thoroughly discussed with MSF/H, ACTED and

UNICEF. In response to the acute shortage of water supply UNHCR mobilized its medical and WASH team from HQ, Kinshasa and RoC to the area. UNHCR, ACTED and the refugee community are in the process of installing a water bladder of 15 CM that was provided by the UNICEF along with a water purification system. UNHCR has so far procured an electric generator, a water pump and other necessary accessories for this purpose.

- In Rwanda: interventions to improve access to clean water and latrine to 28.000 refugees living in the Gihembe and Nyabiheke are completed. In the Nyabiheke Refugee Camp UNHCR managed to construct: 2 latrines in the vicinity of the health and nutrition centres; 2 shower blocks in the health and nutrition centres; and 18 latrine blocks within the camp quarters. In the Gihembe Refugee Camp UNHCR managed to: construct 48 VIP latrines; rehabilitate 56 latrines; construct 6 new washstands bringing the total number of washstands to 56. In the health centre: replaced 28 tap stands, 25 valves and 240 m of pipes
- In response to reports on 17 cases of cholera reported during the last quarter in the Bukavu Town, UNHCR leveraged additional funds to improve the WASH system in its Transit Centre there. The community Services Section contacted the “Regie des Eau Nationale (REGIDESO) “; (the government agency in charge of water and sanitation) that managed to provide the centre with an additional public water line. Furthermore, UNHCR established another system using a water reservoir that can be filled by trucks. The Transit Centre is a station where Rwandan refugees who come from 8 different assembly centres temporarily reside in preparation for their voluntarily return

#### **b). FOOD**

- The team held meetings with WFP in RoC to ensure continuity of food provision during potential pandemics. The WFP team has accordingly, promised to contact its HQ to get more guidance in developing a plan for RoC country and the Likoula Province.
- In Katanga, the team met with WFP team and found out that WFP has no province-specific plan for continuity of services in case of influenza pandemics. However, WFP provincial office decided to contact its country office to seek advice on developing such a plan.
- During his visit to the Transit Centre in Goma, the Health Coordinator for DRC contacted WFP and recommended increasing the current inadequate quantities of food provided to the children less than 10 years of age.
- In May, WFP conducted a food security assessment in Betou, RoC.
- In Cameroon, UNHCR, UNICEF, FICR, WFP, MoH completed the Nutrition and Mortality survey carried out in the East and Adamaoua Regions.
- Severely malnourished refugee children living in the camps of Batalimo and Zemio. Preliminary results of a survey that has been recently conducted by MERLIN shows that almost 10% of refugee population under 5 years of age living in Batalimo suffers from some form of severe acute malnutrition.
- In July, in the East of Chad, UNHCR and WFP held a coordination meeting to: address difficulties encountered while transposing food stocks from the WFP warehouse to the distribution points; identify ways for improving the effectiveness of the monthly post-distribution monitoring activities; and prepare for the upcoming nutritional survey. Key recommendations were to: 1) move the distribution points closer to the WFP warehouse so that food can be transported by manual labour rather than trucks. This was piloted in the Guéréda Camp and will possibly be applied to all camps; 2) establish a committee to study the possibility of using old distribution points that has been abandoned; and

- establishing a joint committee to enhance collaboration on food provision protocols and funding and ensure inclusion of IDPs.
- Burundi: UNHCR contributed to the National Health and Nutrition Survey conducted in November 2010.

### **East and Horn of Africa**

Significant achievements were noted in the areas of contingency planning with 60% of the existing 70% camp plans reviewed and updated in 2010 in the wake of H1N1 pandemic influenza. Of the 3 countries selected to receive H1N1 vaccine donation from WHO, only Kenya received the vaccines where 579 health staffs and 269 chronically ill were immunized on voluntary basis. Almost 95% of camps in the region have a functioning Health Information System (HIS) with an early warning component able to early detect influenza-like illnesses and other epidemic prone diseases. Four countries (Kenya, Ethiopia, Uganda and East Sudan) received surveillance training with 130 participants benefiting from it. EPR funds supported Ethiopia, Djibouti and Uganda to fill gaps in drugs supply, and to avoid recurrent stock outs, drug management systems of Uganda and Djibouti were strengthened through development of Standard Operating Procedures (SOP) and training on drug management. To ensure continuity of essential services (food, WASH, health), EPR funds supported Kenya, Ethiopia, Uganda and East Sudan to dig additional boreholes, repair pipelines, rehabilitate health facilities and construct isolation wards. Project funds also supported Kenya program to construct multi-drug resistant TB ward in Dadaab and rehabilitation of urban health facilities.

With these achievements, some challenges and constraints were evident including the vertical perception of EPR project, diminishing attention on pandemic influenza and inadequate technical capacity.

### **Contingency Plans / EPR plans review / development**

- Approximately 70% of camps with more than 5,000 refugees in the region drafted a contingency plan for pandemic influenza
- About 60% of these plans were reviewed and updated in 2010 in the wake of H1N1 influenza pandemic
- EPR plans for common outbreaks were developed / reviewed in East Sudan (cholera, meningitis, Dengue Hemorrhagic Fever (DHF)), Djibouti (cholera) and Uganda (cholera, measles)
- Treatment guidelines developed / reviewed for H1N1, cholera, DHF and meningitis in East Sudan and Djibouti

### **H1N1 vaccination for health staffs**

- The project established close liaison and follow up with ministry of health (MOH) of Kenya, East Sudan and Djibouti to ensure refugees and humanitarian health staffs receive H1N1 vaccination in line with government planning and prioritization and similar to host population.
- A total of 579 health staffs were immunized in Dadaab (148) and Kakuma (431), with some 269 chronically ill and non-health staffs receiving the vaccine.
- The MOH provided the vaccines and UNHCR and partners undertook the immunization campaign supporting the MOH with logistics
- East Sudan and Djibouti did not receive the vaccines from WHO

### **Surveillance**



- A functioning surveillance system with an early warning component using UNHCR HIS exist in almost 95% of camps in the region.
- Case definitions exist for H5N1, H1N1 and other epidemic-prone diseases
- On-going monitoring of influenza-like illness (respiratory illnesses) continued throughout 2010 using HIS in all country operations
- Respiratory illness sentinel surveillance in Kenya camps continued as part of the national sentinel surveillance system supported by Centre for Disease Control (CDC)
- Surveillance training provided in Ethiopia, Uganda and East Sudan where 33, 15 and 30 participants attended respectively
- 52 participants from all health agencies in Dadaab were also trained on HIS and received on the job coaching on data collection

### **Medicines and supplies management**

- Fairly adequate stockpiles of drugs and medical supplies were available in all country operations in 2010.
- Support provided to mainstream drugs procurement in Djibouti and Uganda through country operation planning for 2011
- EPR funds were used to fill drug shortages in Ethiopia, Djibouti and Uganda
- A review undertaken of drug management system for Uganda and Djibouti leading to the development of Standard Operating Procedures (SOP)
- Drug management training conducted in Ethiopia for 33 participants

### **Coordination**

- Review of the composition and functioning of OCT undertaken in East Sudan, Uganda and Djibouti to ensure inclusion of all relevant stakeholders and a proactive approach to managing disease outbreaks strengthened
- To strengthen coordination with national authorities, meetings with District health authorities in Uganda, State MOH in East Sudan and MOH in Djibouti were undertaken to advocate for refugee inclusion and strengthen collaboration in all EPR related initiatives including surveillance, public information and communication and capacity building

### **Public information and communication**

- Awareness campaigns undertaken mainly in the context of immunization campaigns for measles /national immunization days and as part of malaria and HIV information and hygiene promotion for the communities in Ethiopia, Djibouti, East Sudan and Tanzania

### **Business continuity planning (Food, WASH and health services)**

- Regular updates were received from WFP on food pipeline status
- AHI funds supplemented other sources of funding such as the High Commissioner special projects to improve WASH services in some selected camps
- Additional boreholes were dug, pipeline repaired and more water points constructed or repaired in East Sudan, Uganda and Ethiopia
- Hand washing facilities installed for OPD, IPD and labour ward in Awbarre, Kebrebeyah, Shimelba and Mai Ani camps in Ethiopia
- OPD and respiratory ward in Shimelba camp renovated and equipped
- AHI funds contributed to elimination of water trucking in Juru, Ngarama and Kahirimbi areas in Uganda; reduced average walking distance from 2.5 km to 700m; reduced waiting time at collection points; and increase water coverage from 12 to 16 l/p/day

- Two isolation wards were constructed in Ifo camp, Kenya and Shagarab camp in East Sudan
- A multi-drug resistant TB ward constructed in Dadaab to support multi-partner efforts to provide comprehensive and quality TB services to the many TB affected refugees and host communities in the area

## **Asia**

The activities carried out in UNHCR Asia-Pacific region country operations focused on the reduction and prevention of exposure and the communication and public awareness.

### **BANGLADESH:**

#### Influenza Prevention Activities:

- Through advocacy and dialogue by UNHCR, refugees in Bangladesh were included in the recently concluded 2010 H1N1 national vaccination scheme for vulnerable population groups.
- The epidemic preparedness plan was reviewed, updated and shared with agencies working in and outside the camps.
- AHI stock pile was made available at camp level and was continuously replaced to prevent expiry. IP (MoH) in Bangladesh is maintaining the stockpile of AHI. Regular verification of drug/consumable items with their proper storage is ensured.
- H1N1 vaccination of a total of 4,151 service providers and pregnant women, patients with chronic diseases was completed.
- GoB Live Stock Authority inspected camp level small scale poultry businesses.

#### Water and Sanitation:

- The average water supply in 2010 increased to 19 (from 16 in 2009) and 24 (from 28 in 2009) litres/person/day in Nayapara (NYP) and Kutupalong (KTP), respectively. The increase of water supply in NYP was due to the completion of new ferro-cement tanks and additional 7 litres/day fuel allocation for the water pumps. However, a slight decrease of water supply in KTP was due to the broken tube wells and increase in population.
- Construction of the retaining wall for water plant number 2 and the fence to secure the perimeter of the treatment plant ensured the safety of ferro-cement tanks from soil erosion and from contamination of treated water.
- Installation of 10 new tube wells in KTP, replaced 7 non-functioning tube wells due to filter damage and added 3 new tube wells (from 104 in 2009 to 107 in 2010).
- Out of 107 tube wells, 93 (from 89 non-functioning in 2009) are now functioning in KTP.
- Water quality testing was conducted on monthly basis by UNHCR Watsan staff in both camps to ensure the quality and safety of drinking water for the refugees.
- Following the damage brought about by heavy rains in June 2010, the repair of embankment dam and spillway allowed the level of the water in reservoir up its maximum level, ensuring constant water supply especially during the dry season.
- Construction of pump houses and gate valve chambers will secure the water pump/engines that draw water from the reservoir and will give control to the

water flow in the pipeline network thereby ensuring a more balance distribution of water in various tap points in Nayapara camp.

- Construction of additional 20 (NYP) and 18 (KTP) garbage/refuse pits decreased the user ratio from 395 to 274 (garbage pit/person) in NYP and 315 to 212 (garbage pit/person) in KTP.
- Additional 1,621M and 240M of main/sub drains constructed in NYP and KTP, respectively, improved the drainage capacity and reduced the risk of flooding in the camps.
- Bridge foundation strengthening works reduced the danger of the bridge structure from collapsing when heavy flow of water comes from the hills. This water conveyance structure is also an important road link for the refugees to commute between NYP1 and NYP2 camps.
- 100% of 342 water taps (from 256) are functioning in NYP.
- 100% of population is within the 200 M distance from the water point in both camps.

#### Advocacy and Awareness on Importance of Hygiene

- Volunteers and community health workers conducted awareness sessions in the door-to-door contact. Hygiene promotion activities have been streamlined into health, nutrition and Watsan activities at camp level and awareness sessions are ongoing.
- Leaflet produced by GoB on prevention of influenza-like illnesses were distributed and other posters with similar messages are displayed in the health centres, nutrition centres and other meeting places.

#### Influenza Prevention Activities:

- UNHCR Cox's Bazar will maintain coordination mechanisms and operational links with existing regional and/or national capacities to ensure refugees have access to laboratory and veterinary services.
- Conduct regular evaluation of the surveillance and reporting systems at camp level.
- Improve access of the refugee population to health care.
- Stockpile medical supplies, drugs, hygiene material and equipment and ensure sustainability of buffer stocks in field operations.

#### Water and Sanitation:

- Assess water sanitation and shelter situation against minimum standards and conduct necessary improvement where needed
- Conduct refresher training sessions for front line health staff in risk and risk avoidance, case management, and management of waste according to latest WHO protocols and set up a monitoring system to regularly evaluate the practices.

#### Advocacy and Awareness on Importance of Hygiene:

- Continue hygiene promotion activities in the camps.

### **ISLAMIC REPUBLIC OF IRAN:**

UNHCR actively participated in selection process of the workshop designers and lecturers. This was based on the available capacities and experience in the Institute for Health Research of Tehran University of Medical Sciences plus the Bureau for Refugees health In MOH and UNHCR. UNHCR provided inputs for the IEC materials based on UNHCR areas of focus in accordance with global norms and standards.

MOH organized the workshop and invited relevant participants as well as trainers. Ministry of health in collaboration with UNHCR provided with training materials. In addition, MOH compiled IEC materials on EPR including API to continue awareness campaigns both in the camps and in urban area.

Two workshops organised with average 20 participants in each consisting mainly of focal points of emergency management centres and other sections of MoH. IEC materials on API produced and disseminated.

#### **MALAYSIA:**

- Trainings were conducted for the health workers to provide accurate information on basic hygiene and flu prevention.
- IEC materials in the form of flipcharts to aid talks on Flu prevention were developed. Brochures on the topic were adapted from a local Ministry of Health brochure.
- A report form was designed to provide feedback on the number of persons health education was provided for.
- Data from the Report form was entered weekly.
- Meetings were held fortnightly to discuss the challenges and issues arising from the work and to plan further activities.
- Outreach to community schools was conducted by the health workers. The health workers also reached out to urban refugees outside of the Klang Valley, to states in the north and south of Malaysia.
- Mobile phone line set up as hotline to facilitate work of health professionals in hospitals /clinics with the health workers serving as interpreters for refugee patients admitted to public hospitals.

The community health workers reached out to an estimated 60,000 persons this year through their daily activities in the waiting areas in UNHCR office, clinics, schools and outreach to homes and community gatherings.

#### **MYANMAR:**

In accordance with Malteser International Logistic Guidelines, and in line with UNHCR procurement guidelines, proper procedures were respected in all relevant procurement stages. There was no variation from standard procedures.

UNHCR and Malteser were responsible for the whole process of planning, implementing and monitoring of both locations in Rathedaung and Sittwe townships. UNHCR Programme team regularly monitored the progress of both sites. In addition, MI staff at Rathedaung and Sittwe worked and monitored closely with the contractors and the suppliers.

Main activities undertaken:

- Malteser conducted drilling of four open wells at four villages in Sittwe Township as planned, (100%)
- Conducted testing for water quality at 38 public water sources in 16 villages in Sittwe & Rathedaung Townships and 100 households in Sittwe (100%)
- Provided 325 water filters in Rathedaung Township, (98.5%, as Malteser target was 330)
- Organized & trained 10 new water management committees for maintaining

- the wells and ponds, (200% as Malteser planned for 5 committees)
- Conducted hygiene training - 42 sessions for 1,858 community members (808 male & 1050 female) and 28 sessions for 1307 students (709 boys & 598 girls) - 32.6% target against 9700 planned. That low achievement occurred as the Malteser staff involved in the activities to support the villages affected by cyclone Giri and it was difficult to organize the beneficiaries and students as they were also affected by the cyclone.

Constraints, lessons learned and knowledge gained:

- As funds were available only in the second half of the year, Malteser staff was obliged to implement activities within this short period of time, stretching their time to the maximum possible.
- Expectation from local authorities continued to increase despite the limited resources UNHCR supports and Malteser implements. This has somehow caused more demanding requests from authorities which were not possible to cover with limited capacity.
- Despite above issues, the following points have encouraged us to support more and fill similar gaps if opportunities are available:
  - Strong input and participation from the communities show encouraging results for community-led initiatives to improve their water and sanitation situation;
  - Generally, water is scarce in Sittwe Township and comes from a lake just north of the town. With the limited access to water in the four targeted villages, the community was very happy to receive the additional storage facilities adjacent to the existing public water points or wells.
  - With a careful planning and the development of Water Safety Plans, by the Water Users Group (WUG), timetabling and guidance on the quantity of water that can be withdrawn by each family will both contribute to the water management that is important in ensuring the water supply lasts for as long as possible.

#### **NEPAL:**

UNHCR entrusted the responsibility of stocking of drugs, infection prevention materials and personal protective equipments (PPEs) to AMDA-Nepal. The re-printing of IEC materials was done by AMDA locally based on the available samples from different sources in consultation with and with technical support from UNHCR. In addition, AMDA organized the proposed training to build up the capacity of the health care providers, community volunteers and refugees for preventing & responding to outbreak-prone diseases in the camps. UNHCR Sub-Office Damak also monitored the implementation of the project activities on regular basis. All international procurement was done by UNHCR directly.

Main activities undertaken:

- The stockpile medicine and supplies procured under this project mainstreamed in the regular drug management system where 25% buffer stock on top of regular drug stock maintained through out the year.
- Community sensitization orientation on Hygiene promotion through message dissemination and behaviour change carried out in each camp for the members of AMDA PHCP; Community based organizations, Sanitation volunteers, CMC members, Epidemic preparedness committee members and Female Community Health volunteers from host community. Total ten session of one day long sensitization completed in all camps in 2010, facilitated by an

external resource person. Total 380 community volunteers participants both from the camps and immediate host communities to undertake regular HP activities in the camps and its surroundings.

- Two days long avian and pandemic influenza preparedness training for technical staff and day long sensitization orientation for non technical staff conducted for the health care providers and /or community volunteers both from the refugee camps and surrounding government health facilities in different groups with a particular focus on non-pharmaceutical interventions. The training was based on the national training manual developed by the MoHP and facilitated by a team of master trainers from the District Public Health Office (DPHO). The use of personal protective equipments and simple hand washing procedure were demonstrated to the participants during the training sessions. A total of 830 participants (AMDA-205, Community based organization in the camps -284, participants from the government health facilities located in the environs of the refugee camps-336) attended the training.
- The reprinting of various AHI and influenza related IEC materials through this project completed and dispatched to the camps by AMDA.

### **III. Challenges and way forward**

UNHCR continues to work on the inclusion of refugees into national contingency plans and outbreaks in the region. All refugee operations in the region will finalise their contingency plans in 2011. The web based health information system for refugee camp settings will facilitate the monitoring of health indicators. First steps will be made to ensure improved monitoring of diseases and outbreaks among urban refugee populations.