

CENTRAL FUND FOR INFLUENZA ACTION

PROGRAMME¹ NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1st January – 31st December 2010

Participating UN or Non-UN Organization(s): UN Office for the Coordination of Humanitarian Affairs	UNCAPAHI Objective(s) covered: Objective 6, continuity under pandemic conditions
Programme No. CFIA-B11 Programme Title: Pandemic Preparedness Small Project Funding Facility for UN Resident Coordinators ATLAS No: 00067365	Report Number: 1
Reporting Period: Annual narrative progress report for the period 1 st January – 31 st December 2010	Programme Budget: CFIA: US\$ 399,000 Other: US\$ 0
List Implementing Partners: <ul style="list-style-type: none">• Lao PDR – UNDP• Zambia – UNDP• Nigeria – UNDP• Mozambique – WHO	Programme Coverage/Scope: <i>This programme is being implemented in 4 separate countries, namely; Lao PDR, Zambia, Nigeria and Mozambique</i>
Programme/Project Timeline/Duration <u>Overall Duration</u> <i>The programme was started on 1st February 2009 and was due for competition on 28th Feb 2010.</i> <u>Original Duration</u> <i>13 months</i> <u>Programme/ Project Extensions</u> <i>A project extension until 29^h September 2011 has been approved.</i>	

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

1. Purpose

1.1 Programme objectives

The objective of this programme is to fund small high-value pandemic preparedness projects in priority countries lacking adequate capacity and resources. UN Resident Coordinators were invited to submit nominations to the Funding Facility for high priority project proposals that they felt would have a disproportionate impact in helping developing countries to be better prepared to mitigate the economic, humanitarian and social impacts of pandemic. A total of 15 project proposals were received and submitted to the CFIA review board. Due to the limited amount of funding available, the review board selected 4 projects in Lao PDR, Nigeria, Mozambique and Zambia.

Out of the four projects 1 has have now been completed (Lao PDR), with the exception of Nigeria the other two are making good progress and will be completed ahead of the agreed non cost extension date of 29th September 2011. Nigeria continues to be a cause for concern and in spite of numerous messages has failed to report on any activities since early 2010.

1.2 Programme scope

In terms of programme scope, the Funding Facility particularly favours projects which have a “beyond human and animal health” focus. As such, it supports initiatives which;

- Promote multi-sector pandemic preparedness and hence help to mitigate the economic, humanitarian and social impact of a pandemic and;
- Ensure robust multi sector pandemic preparedness planning is achieved in low capacity countries.

1.3 Alignment with UNAHICAP

This project comes directly under OCHA’s key objectives from the UNAHICAP objective 6: “*continuity under pandemic conditions*”.

- Pandemic influenza preparedness plans built upon existing mechanisms for disaster preparedness, mitigation and response and – as much as possible – fully integrated into existing structures for disasters and crisis management.
- Stakeholders engaged in the facilitation of coherent strategies for pandemic preparedness and response, including in humanitarian settings, encouraging synergy.
- Assessment, tracking and monitoring of pandemic preparedness.
- Support to national pandemic preparedness planning.

1.4 Implementing Partners

In accordance with the CFIA rules covering the establishment of the small project funding facility for Resident Coordinators, the overall management of the programme is done by OCHA through its Pandemic Influence Coordination section. Implementation at the country level is done through UNDP (in Lao PDR, Nigeria and Zambia) and WHO (in Mozambique).

With the closure of PIC at the end of 2010 discussions are on-going between OCHA and UNSIC as to the most efficient manner in which the management of this project will be continued.

2 Resources

2.1 Financial Resources

The total approved cost of this programme is US\$ 399,000. The four projects covered by this report amount to \$340,000. 26 projects are being funded under a subsequent DFID grant to this small fund, which is categorised as project A16 in the CFIA. One project is being part-funded by the balance of the USAID grant and part-funded by the new DFID funds. For the sake of simplicity, progress on that project is reported under A16. As this was the first tranche of funding under a new programme, there were some minor delays at the outset in terms of setting in train the new arrangements whereby funding would pass from UNDP CFIA to the implementing agency and then through to the agency country team upon the authorisation of PIC/OCHA. Experience has enabled us to optimise the financial processes. The breakdown of funds between the 4 projects is provided below.

Breakdown of CFIA funds received for B-11 project	
Country	Cost
Lao PDR	88,000
Nigeria	80,000
Zambia	95,000
Mozambique	77,000
Balance of funding reported under project A16	59,000
TOTAL	399,000

3. Implementation and Monitoring Arrangements

3.1 Programme monitoring and oversight

- Global Level: Overall programme oversight is conducted by OCHA in Geneva. This includes the consolidation of all project reports in accordance with CFIA reporting regulations.
- Regional Level: The Regional Planning Officers (RPOs) located within OCHA's regional offices are responsible for monitoring progress against the project objectives and goals stated in the project proposals. This is achieved through regular reporting, occasional field missions and through the use of PIC's "Readiness Tracker" website, which contains online measurement of UN Country Team and national government pandemic preparedness planning for all countries with a UN country team presence, using a system of simple indicators. The RPOs are also responsible for ensuring quarterly and annual reports on project outcomes are reported back to PIC/OCHA Geneva.
- Country level: Daily project implementation is the responsibility of the two project partners, UNDP for Lao PDR, Nigeria and Zambia and WHO for Mozambique. While in all cases, these projects are implemented in close collaboration with national government counterparts, accountability for each project rests with UNDP and WHO.

4. Results

The project in Lao PDR has now reported completion. Mozambique and Zambia are also making good progress and should complete implementation during the 1st-2nd 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.

4.1 Lao PDR

Substantial progress has been achieved during this reporting period enabling project completion.

With the CFIA funding support, the following outputs have been completed:

- 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.
- A toolkit manual on how to carry out a multi-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.
- 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>.
- 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.
- 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 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).

- 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.

4.1 Nigeria

For the fourth consecutive reporting period, no information has been provided by Nigeria on either activities conducted or expenditure. For 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.

4.3 Zambia

The Disaster Management Unit who is the coordinating authority for development of Business Continuity Planning has finalized the implementation road map.

TOR for the national consultant were developed and the consultant has been identified. The role of the national consultant will be to facilitate the implementation process. Discussions are underway with the Bank of Zambia, which has expertise in BCP – to participate in supporting the development of the BCP of DMMU, specifically in planning of simulation scenarios and exercises.

Participating institutions, comprising Government departments and the UN, have been identified and the letters of invitation to participate in the process have been sent.

4.4 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.

- Sensitization training on pandemic H1N1 influenza for the national media was conducted

in September.

- Advocacy to other humanitarian organizations, other key ministries/sectors and private sectors, ONG.
- Reproduction of IEC materials (pamphlets and brochures) on pandemic.
- Conduct of a national workshop for Rapid response team (RRT) comprised between clinicians, epidemiologists and IHR from all provinces.
- Conduct of a workshop to finalize the contingency plan for preparedness and response to pandemic.
- Organisation of one day table top exercise to improve the existing Contingency Plan and its operationalization.
- Conduct of a training Workshop for government and private sector on the development business continuity plans.

5 Future Work Plan

A project extension until 29th September 2011 has been approved to facilitate the full implementation of all projects.

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.

List of Abbreviations/Acronyms

CDC	Centre for Disease Control
IFRC	International Federation of Red Cross/Red Crescent Societies
OCHA	Office for the Coordination of Humanitarian Affairs
NEIDCO	National Emerging Infectious Disease Coordination Office
NGO	Non Governmental Organisation
PDR	People's Democratic Republic
PIC	Pandemic Influenza Coordination
PPRC	Pandemic Preparedness and Response Committee
RPO	Regional Planning Officer
RRT	Rapid Response Team
UNCAPAHI	UN Consolidated Action Plan for Avian and Human Influenza
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
USD	United States Dollars
WHO	World Health Organization