



CENTRAL FUND FOR INFLUENZA ACTION

**FINAL NARRATIVE REPORT
CFIA – B14 (PIC OCHA)**

<p>Participating UN Organization(s) <i>(if joint programme, indicate the lead agency)</i></p> <p>UN Office for the Coordination of Humanitarian Affairs (OCHA).</p>	<p>Country and Thematic Area</p> <p>Global – with a hub in Geneva and regional officers in Bangkok, Dakar, Johannesburg, Cairo and Panama.</p>
<p>Programme/Project Title</p> <p>Pandemic Influenza Coordination team work programme</p>	<p>Programme/Project Number</p> <p>Programme number: 74963 ATLAS No. CFIA-B14</p>
<p>Programme/Project Budget</p> <p>CFIA: \$1,485,000 USD</p> <p>Govt. Contribution: USD</p> <p>Agency Core:</p> <p>Other: \$2,651,243</p> <p>TOTAL: \$2,491,021 USD</p>	<p>Submitted by</p> <p>Name, Title: Mr. Ian Clarke</p> <p>Organization: UNSIK</p> <p>Contact Information: clarkei@un.org</p>
<p>Final Programme/ Project Evaluation</p> <p>Evaluation Done: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Evaluation Report Attached: Yes</p>	<p>Programme/Project Timeline/Duration</p> <p>Overall Duration 1 year (Jan – Dec 2010)</p> <p>Original Duration 1 year (Jan – Dec 2010)</p> <p>Programme/ Project Extensions N/A</p>

FINAL NARRATIVE REPORT

I. Purpose

a. Provide the main outcomes and outputs of the programme

Outcome: PIC has worked with more than 56 national governments in assisting the development of multi sector plans. Of these, PIC has conducted simulations in 32 countries which have actively brought together key partners from critical sectors and resulted in demonstrably stronger multi sector planning for pandemic and other types of disaster.

Output: 15 national governments develop stronger plans for how key sectors will continue critical services in pandemic

Outcome: PIC has worked closely with a number of regional actors to ensure that multi sector pandemic preparedness has been added to their agenda. This has included the development by ASEAN of guidance on critical services and business continuity plan.

Output: 7 regional events promote regional cooperation in multi-sector pandemic preparedness

Outcome: In all countries where PIC has worked, PIC has advocated strongly for the adoption of pandemic preparedness to the agenda of national disaster management authorities. PIC has supported this activity through funds raised and distributed by the CFIA to 38 least developed countries.

Output: 15 national disaster management organisations add pandemic to their agendas

Outcome: Funding has been provided for a total of 17 projects in support of prioritised actions to strengthen national preparedness against H1N1. An additional 5 countries that were due to be funded through this mechanism are currently being funded bilaterally through GTZ. To date only one project has been completed. The remaining projects will be completed by 29 September 2011.

Output: 20 whole of society interventions funded by donors through the UNIP achieve their stated objectives

Outcome: Funding has been provided for a total of 15 projects (in 14 countries) in support of specified pandemic preparedness activities. To date 5 projects have successfully achieved their stated objectives and been completed. The remaining 10 projects are in advance stages of implementation and completion is expected during the first half of 2011. The majority of these projects have focused on the strengthening of national disaster management capacities to respond to pandemic and other threats.

Output: 15 projects funded by the PIC-managed UNDP-administered CFIA seed fund achieve their stated objectives.

Outcome: The PIC drafted pandemic guidance on “Whole of Society” has been published on the PIC on-line readiness tracker and also on WHO website as part of the revised WHO pandemic preparedness guidelines. This document has also been widely distributed to national disaster management authorities and now forms one of the main guidance tools used by PIC in supporting pandemic preparedness.

Output: Dissemination plan agreed with WHO for new pandemic preparedness guidance PIC whole of society chapter and successfully executed

Outcome: PIC in collaboration with WFP, various military actors and the humanitarian community released a paper title “The role of the military in Pandemic”. This paper has been widely distributed to the humanitarian communities and provides advice and guidance on the role armed forces may be able to play in supporting the humanitarian community in responding to a pandemic. This has resulted in a more transparent understanding between the military and humanitarian sectors as to the roles and expectations of each.

Output: Advocacy paper on role of the military in pandemic agreed by IASC-based Humanitarians in Pandemic group

Outcome: Cluster guidance from Civil Military, Logistics and Health has been agreed and provided to HCT's in planning to respond to pandemic. Incorporating pandemic guidance into the cluster agenda is part of the on-going process of ensuring the long terms sustainability of pandemic preparedness through mainstreaming with the broader disaster response and risk reduction community.

Output: 4 clusters issue guidance to country teams on humanitarian response to pandemic

Outcome: As part of the process of mainstreaming pandemic (and other biological hazards) into the broader multi hazard planning process more PIC has worked with 18 countries to convert their standalone pandemic plans into multi hazard plans. This is a major step forward in ensuring the longer term sustainability of pandemic planning and is slowly being replicated in more countries as a continuation of this work through efforts of other actors.

Output: 15 countries IASC contingency plans include planning for the humanitarian impacts of pandemic

Outcome: Understanding has been reached with the CERF Secretariat as to ways in which CERF funding might be accessible to support the humanitarian consequences of a pandemic.

Output: Agreement with CERF Secretariat how CERF will be used in pandemic

Outcome: Using the materials developed by PIC during previous years, over the course of the programme PIC conducted a total of 33 simulations. These simulations were held on request of various stakeholders (national governments, UN, Humanitarian organisations and civil society) to help develop, test and exercise pandemic response plans. These simulations have resulted in the identification of key gaps in preparedness and response plans, building of networks and trust between emergency response actors and building of greater understanding of implementation of response plans. The PIC developed materials have now been incorporated into the newly created Inter Agency Emergency Simulation package, this is a multi-hazard emergency response simulation package which is becoming the mainstream tool for assisting humanitarian country teams in preparedness.

Output: 20 exercises, drills and simulations conducted for which 3 or clear follow-up actions are implemented

Outcome: Completion and dissemination of a guidance document titled "Pandemic Influenza – Briefing paper for Humanitarians". Completion and dissemination on a guidance document which outlines the potential role of military actors during a pandemic. Preparation and delivery of a joint "Humanitarian's in Pandemic" advocacy statement for the Hanoi Ministerial Conference. Successful integration of key aspects of the HiP work into existing bodies (such as the IASC SWG on preparedness).

Output: 5 concrete results implemented from IASC-based Humanitarians in pandemic working group work plan

b. Explain how the programme relates to the UN Consolidated Action Plan and its objectives and is in line with the CFIA TOR

OCHA is the lead agency for UNCAP objective 6, Continuity under pandemic conditions. The activities of this project are fully aligned with purpose 6.1 of the UNCAP: contingency planning for continuity of operations during a pandemic, including preparation for humanitarian actions under pandemic conditions (WHO alert phases 5 and 6)

The OCHA Pandemic Influenza Contingency team supports 6 regional platform which have been instrumental in helping UN country teams to develop and maintain robust plans to protect their staff health and safety, maintain essential operations and help Governments in a pandemic.

PIC has also assisted national Governments to prepare for pandemic, beyond the health sector. PIC has also worked closely with the Humanitarians in Pandemic (HiP) group to coordinate the preparedness of humanitarian actors on a global level to deliver humanitarian assistance to vulnerable groups in a

pandemic.

c. Indicate the main implementing partners, their roles and responsibilities, and their interaction with the Participating UN or Non-UN Organization

UN Country Teams and National Disaster Management Authorities are the main implementing partners. UNCTs are responsible for pandemic preparedness planning, integrating pandemic into existing planning/preparedness structures, implementing lessons learned and best practices provided by OCHA PIC and other partners on pandemic related issues. UNCTs had to identify gaps in pandemic preparedness for the UN system and national government and liaise with OCHA PIC for appropriate support.

II. Resources

1. Financial Resources:

1.1. Provide information on other funding resources available to the programme, if applicable.

This project was fully funded by CFIA.

1.2. Provide details on any budget revisions approved by the appropriate decision-making body, if applicable

N/A

2. Human Resources:

2.1. National Staff: Provide details on the number and type (operation/programme)

This project had a total number of 9 national staff.

- GS-4: Geneva (1)
- NOA & GS-4: Asia Pacific (2)
- NOA & GS-2: West Africa (2)
- NOA & GS-2: Middle East / North Africa (2)
- NOA & GS-3: East / Central Africa (2)
- NOA & GS-5: Latin America and the Caribbean (2)

2.2. International Staff: Provide details on the number and type (operation/programme)

This project had a total number of 8 international staff.

- P-5 – Regional Planning Officer, Asia Pacific
- P-4 – Field Manager, Geneva
- P-4 – Regional Planning Officer, Eastern Europe / Central Asia
- P-4 – Regional Planning Officer, West Africa
- P-4 – Regional Planning Officer, Middle East / North Africa
- P-4 – Regional Planning Officer, Latin America and the Caribbean
- P-3 – Information Management / Humanitarian Affairs Officer, Geneva
- P-2 – Desk Officer, Geneva

In addition, one P-6 and one P-5 were both provided by UNSIC as part of a “no-cost” loan to PIC.

III. Implementation and Monitoring Arrangements

3.1. Summarize the implementation mechanisms primarily utilized and how they are adapted to achieve maximum impact given the operating context.

PIC's overall goal in 2010 was to provide substantive support to UNCTS and national governments in the strengthening of preparedness for pandemic through the development of multi sector whole of society plans. As part of the desire to ensure longer term sustainability of this work, a high emphasis was placed on mainstreaming pandemic preparedness into the broader disaster response and risk reduction community.

3.2. Improving measurement of worldwide pandemic preparedness

PIC used a web-based system to measure the capacity of UN country teams and national governments to mitigate the impacts of a pandemic. This system helped identify countries and areas that are least well-prepared (according to standard indicators) and to prioritize our assistance and advocacy efforts accordingly.

3.3. Advocacy

PIC advocated for pandemic preparedness at all levels by highlighting non-health consequences of the pandemic during important events and meetings globally, regionally and at country levels with the UN, Governments, regional bodies and other relevant partners. Assisting with simulations was essential to the credibility of the advocacy and measurement effort. PIC also successfully advocated for the inclusion of pandemic into the broader agenda of national disaster managers.

3.4. Help

At the country level, PIC provided technical support to the process of incorporating pandemic planning into national disaster management structures. PIC helped UNCTs with contingency planning and assistance to national pandemic preparedness.

At a regional level, PIC maintained 6 regional platforms which brought together regional AHI actors to coordinate their activities, agree on priority needs and gaps and avoid duplication.

At a global level, PIC worked with structures such as the IASC SWG on preparedness and the HiP in order to develop tools and guidance for use in emergency preparedness.

3.5. Provide details on the procurement procedures utilized and explain variances in standard procedures

The CFIA funds received covered staff, travel, translation and workshop costs. Standard UNDP procurement procedures were used in all cases.

3.6. Provide details on the monitoring system(s) that are being used and how you identify and incorporate lessons learned into the ongoing programme

A web-based system to measure preparedness is the main monitoring tool used to identify gaps and incorporate lessons learnt into the ongoing project. **In addition, we have a standard evaluation form that is used at all simulation exercises so we can keep track of the success of our simulation effort and improve our package in the light of feedback.**

At the end of 2010, a multi agency initiative titled "Towards a Safer World" has been launched to identify the key lessons learnt from the investments made in pandemic over the past years and to analysis which of these lessons might have wider applicability to preparedness for other types of disasters. The findings of this initiative will be published in Rome during a conference in the third quarter of 2011.

3.7. Report on any assessments, evaluations or studies undertaken in the reporting period or plans to undertake assessment/evaluation

N/A

IV. Results

4.1. Information in this section includes - An assessment of the extent to which the programme component is progressing in relation to the outcomes and outputs expected for the reporting period

Despite a difficult environment of competing priorities and the shift to a “post H1N1 pandemic period”, the project was successful in its efforts and was able to generate increased interest around pandemic preparedness among humanitarian partners as well as inter-governmental.

4.2. Main activities undertaken and achievements

PIC provided technical support to UNCTs in updating their contingency plans and in integrating pandemic preparedness into existing UNCT and governmental disaster management structures. The following UNCTs were particularly supported during the reporting period: Lao, Mozambique, Zambia, Nigeria, Indonesia, Nepal, Vietnam, Bolivia, Jamaica, Lebanon, Madagascar, Ghana, Guinea Bissau, Bhutan, Myanmar, Sri Lanka, Uganda, Nicaragua, Benin, Cote d’Ivoire, Senegal, The Gambia, Yemen, Lesotho, Honduras, Niger.

PIC successfully facilitated simulation 33 exercises to help develop and test if emergency response plans are operational and functional.

PIC ensured that 18 country IASC contingency plans included planning for the humanitarian impacts of a pandemic, exceeding the annual target of 15 plans. In addition, 31 country teams incorporated pandemic preparedness into multi-hazard Business Continuity Planning exceeding the annual target of 15 teams.

PIC has worked in collaboration with the CFIA to raise funding for use by RC’s in 32 least developed countries to undertake priority pandemic planning actions. In many cases, this has focused on capacity building with the national disaster management authorities to better enable them to respond to disaster.

PIC has made more than 58 updates to the on-line readiness tracker as part of the ongoing process of monitoring and measuring the level of preparedness of UNCT’s and national governments on a global level. This information has been used to help prioritise resources and also in reporting.

PIC has worked on the preparation of key guidance documents such as;

- Whole of Society pandemic preparedness guidance which has now been incorporated into the revised WHO pandemic contingency planning guidelines.
- Guidelines for Humanitarians in Pandemic
- Role of Militaries in a pandemic
- Framework for Crisis and continuity management
- Table top and functional simulation packages

4.3. Implementation constraints, lessons learned from addressing these and knowledge gained in the course of the reporting period.

With the decline in interest partly as a result of the “post H1N1 pandemic period” it remains relatively challenging to persuade UN country teams and Governments to give serious attention to pandemic preparedness.

4.4. Key partnerships and inter-agency collaboration: impact on results. Explain synergies fostered with Participating UN Organization(s), and activities undertaken jointly with

Participating UN Organization(s)

- WHO has used the PIC “whole of Society” planning guidelines in the revised WHO pandemic preparedness guidelines.
- PIC has supported WFP in the development and implementation of a Pandemic readiness and response exercise testing regional logistics corridors in Eastern and Central Africa.
- PIC developed pandemic simulation packages have now been used to enhance the newly created Inter Agency Emergency Simulation Package. In addition, PIC as a member of the IASC SWG on preparedness assisted in the planning and implementation of the first IAES facilitators training course.

4.5. Other highlights and cross-cutting issues pertinent to the results being reported on.

N/A

V. Future Work Plan

5.1. Information in this section includes - Priority actions planned for the following reporting period to overcome constraints, build on achievements and partnerships, and use lessons learned during the previous reporting period.

The Pandemic Influenza Contingency unit was closed at the end of 2010 and the majority of its function has now been incorporated into other emergency preparedness and response structures.

5.2. Indication of any major adjustments in the strategies, targets or key outcomes and outputs planned in the programme.

N/A

5.3. Estimated Budget required (including any major funding shortfalls).

In terms of finances the grant provided for this project is part of the wider PIC annual work plan for 2010 totaling \$3.2 million. At the closure of OCHA accounts for 2010 (31st March 2011) the total project expenditure for 2010 was \$2,491,021.

The total donor contribution for 2010 is \$2,511,486 (this breaks down as follows: \$1,097,798 paid from CFIA B-14 in November 2010, the carried over funds of \$1,189,128 from CFIA B-6, \$324,456 from B-10 and a contribution from CIDA of \$58,864. In addition a refunded payment for travel costs of personal seconded to PIC of \$139,755 was made in 2010 which takes the overall total funds received in 2010 to \$2,651,243.

Therefore this project has been provided with more funds than have currently been expended. It is possible that once full costs for the closure of PIC have been taken into account, that this surplus will be used. In addition to the surplus funds already provided to OCHA, there is a remaining balance of \$387,202 in CFIA B-14.

IV. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
UNCAPAHI Objective 6¹							
UNCAPAHI Output 1.1	Indicator 1.1.1	national governments develop stronger plans for how key sectors will continue critical services in pandemic	15	56	The RC's small grants funding mechanisms established through the CFIA generated far greater interest in this activity than initially anticipated.	PIC monthly reports and online readiness tracker.	
	Indicator 1.1.2	regional institutions put multi-sector pandemic preparedness planning of their Member States on their agendas.	7	12		PIC monthly reports.	
	Indicator 1.1.3	national disaster management organisations add pandemic to their	15	38		PIC monthly reports.	

¹ From UNCAPAHI (see <http://mdtf.undp.org/document/download/4117>).

	agendas					
Indicator 1.1.4	Whole of society interventions funded by donors through the UNIP achieve their stated objectives	20	17 projects are currently being funded.		CFIA reporting.	4 additional projects are being bilaterally funded through GTZ.
Indicator 1.1.5	Projects funded by the CFIA fund achieve their stated objectives.	15	15		CFIA reporting.	
Indicator 1.1.6	updates made to PIC's national and UN country team tracker systems	50	58		PIC online readiness tracker (self-assessment tool for use by UNCT's to track levels of preparedness).	
Indicator 1.1.7	Dissemination plan agreed with WHO and successfully executed	1	1		WHO website	
Indicator 1.1.8	Advocacy paper on role of the military in pandemic agreed by IASC-based Humanitarians	1	1		PIC website	

	in pandemic group					
Indicator 1.1.9	clusters issue guidance to country teams on humanitarian response to pandemic	4	3 (Health, Civil Military, Logistics)	Difficulty in engaging other clusters as a result in the decline of interest in pandemic preparedness.	PIC reports and cluster reports	
Indicator 1.1.10	country IASC contingency plans include planning for the humanitarian impacts of pandemic	15	18		PIC monthly reports.	
Indicator 1.1.11	UN country teams incorporate pandemic preparedness into multi hazard BCPs	15	18		PIC monthly reports.	
Indicator 1.1.12	Agreement with CERF Secretariat how CERF will be used in pandemic	1	1		OCHA	
Indicator 1.1.13	exercises, drills and simulations conducted for which 3 or more clear	20	33		PIC monthly reports and UNCT reports published on the PIC online readiness tracker.	

		follow-up actions are implemented					
	Indicator 1.1.14	concrete results implemented from HiP work plan	5	4		PIC monthly reports.	
	Indicator 1.1.15	improved tools	3	4		PIC monthly reports and UNCT reports published on the PIC online readiness tracker.	