



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

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| <p><b>Submitted by:</b> United Nations High Commissioner for Refugees (UNHCR)<br/> <b>Organization code:</b> 001997</p> <p><b>Contact Information:</b><br/> Marian Schilperoord<br/> Snr. Public Health Officer<br/> Public Health and HIV Section,<br/> Division of Programme Support and Management,<br/> UNHCR HQ<br/> Geneva, Switzerland.<br/> E-mail: schilpem@unhcr.org</p>                               | <p>Country and Thematic Area<sup>2</sup><br/> (when applicable)</p> |
| <p><b>Programme No:</b> CFIA- B18<br/> <b>Project ID:</b><br/> <b>MDTF Office Atlas No:</b><br/> <b>Organization Reference:</b></p>  | <p><b>Participating Organization:</b><br/> UNHCR</p>                |
| <p><b>Programme Title:</b> UNHCR Humanitarian response to pandemic Influenza in Refugee Settings in the Middle East and North Africa region<br/> <b>Location:</b> Algeria, Egypt, Jordan, Syria and Yemen</p>  |   |
| <p><b>Implementing Partners:</b></p> <ul style="list-style-type: none"> <li>• Egypt: Caritas / Refuge Egypt / Egyptian Family Planning Association/ Catholic Relief Services;</li> <li>• Algeria: Triangle Generation Humanitarian- Algerie</li> <li>• Syria: Syrian Red Crescent</li> <li>• Yemen: SHS/ MSF-Spain/ Interaction for Development/ CSSW</li> <li>• Jordan (direct UNHCR implementation)</li> </ul> | <p><b>Programme Budget:</b><br/> US\$<br/> 245,045</p>              |
| <p><b>Programme Duration:</b> 12 months<br/> <b>Start date<sup>3</sup>:</b> 1 January 2010<br/> <b>End date:</b> 31 December 2010</p> <ul style="list-style-type: none"> <li>• Original end date: 31 December 2010</li> <li>• Revised end date, if applicable:</li> </ul> <p><b>Budget Revisions/Extensions:</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.

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

## 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 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 UNHCR. UNHCR has collaborated at all levels with other UN agencies, including WFP, 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 PoC 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 behavioral change), and continuity under pandemic conditions.

## 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:**

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

- National Staff: Provide details on the number and type (operation/programme)  
No national staff have been paid under this funding
- International Staff: 5 International staff have been working for this project
  - 1 Senior Regional Public Health Officer for the region, based in Cairo (recruited under the project)
  - 1 Senior Public Health Officer in Geneva Headquarters
  - 1 Health Information Officer based in Geneva Headquarters
  - 1 International UNV for public health in Yemen
  - 1 Senior Public Health officer for UNHCR Iraqi operation

### **III. Implementation and monitoring arrangements**

Programmes were implemented in 5 countries, through Red Crescent Society, NGO's, and direct implementation in the Middle East. The UNHCR health information system for camp based operations and the urban tool were used for monitoring the health and outbreak data. Furthermore regular monitoring and technical support missions to country operations were conducted by the Senior Regional Public Health Officer based in Cairo.

#### ***III.a. Key implementation strategies used:***

- Development of epidemic preparedness and response operational plans for the refugee camp settings in Algeria and Yemen.
- Health Surveillance and Reporting Systems and preparation for outbreak response strengthened in locations where refugees/PoCs live in camps (Algeria, Yemen), notably by training a response task force in camps, improving coordination mechanisms.
- Inclusion of refugees and other persons of concern to UNHCR into country National Contingency Plans
- Translation of public awareness documents done into appropriate languages for refugees in almost all the camps where necessary. Awareness materials on AHI and pandemic influenza reproduced in 7 languages (Arabic, English, Somali, Tigrigna, Amharic and Spanish) and provided to all MENA countries and to UNHCR Persons of Concern.
- Ensure that health centers are able to cope with outbreaks of diseases.
- Establish multi-sectoral coordination at country level OCHA, UNICEF, FAO, WFP, IOM, IFRC, CARE, SCF and national authorities.
- Training of Trainers for community health workers peer educators, religious leaders, and women community leaders have been organized and conducted for camp and urban settlement staff and refugees in Egypt, Jordan, Syria, Algeria, and Yemen.

#### ***III.b. Procurement procedures:***

Procurements were done according to the standard procurement procedures of UNHCR and managed at the field project level. In line with UNHCR drug management policy procurement of medicines and medical supplies was done internationally.

## **IV. Results**

To ensure further sustainability and integration of epidemic preparedness and response into the overall public health programming, UNHCR converted the regional epidemic and preparedness post into a Senior Regional Public Health position.

### **Ensure inclusion into national contingency plans**

Four countries: Algeria, Egypt, Jordan and Syria, have formally included refugees into their contingency plans.

Specific contingency plans have been established for the refugee camps in Algeria and Yemen ensuring linkages to the national contingency outbreak plans.

### **Medical supply and protection equipments**

Supplies that have been ordered from earlier funds for Algeria and Yemen have been monitored and rotated into the regular public health system, ensuring that they don't expire

### **Outbreak control**

The monthly Public Health coordination meetings in all countries, discussed on monthly basis the outbreak preparedness and response.

In Syria, UNHCR participated in the WHO organized meeting. Outcome of the meeting were strengthened coordination with Government of Syria (GoS), awareness raising among MOH's health staff on the H1N1 vaccine, and assist the GoS in preparing the national pandemic plan through a workshop during the Pandemic Influenza committee mission to Syria.

### **Public information and awareness campaigns**

Training of Trainers conducted in Yemen for community health workers and peer educators on hygiene promotion and awareness raising to prevent disease outbreaks. In Algeria, women community leaders were trained on community level prevention of epidemics, including AHI. Wide community based awareness campaigns were launched in Yemen and Algeria.

In Syria and Jordan, ongoing awareness campaigns and the distribution of IEC / BCC materials on hygiene and health promotion continued from the health centres and community based programmes. Educational materials on outbreak prevention were produced in 7 languages in Cairo, Egypt and shared with other countries in the region.

### **Business Continuity.**

#### **a) Food**

UNHCR participated in coordination activities initiated by WFP at regional level for setting up operational mechanisms for sustaining logistics and food delivery in case of crisis. Regular meetings took place between WFP and

UNHCR Headquarters and regionally for exchange of information and planning of workshops as well as to agree on regional plans. \

**b) Water and Sanitation**

Large review of the existing water and sanitation facilities took place in different camps with the perspective of creating optimal conditions for business continuity at camp; this is followed by implementing projects in Algeria and in Yemen by local partners and monitored by UNHCR water and sanitation Engineers under the overall supervision of the Coordinators.

**V. 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.