



Central Fund for Influenza Action, Indonesia

ANNUAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2011

Form with 8 sections: Programme Title & Project Number, Country, Locality(s), Thematic/Priority Area(s), Participating Organization(s), Implementing Partners, Programme/Project Cost (US\$), Programme Duration, Programme Assessment/Review/Mid-Term Eval., Report Submitted By.

1 The term "programme" is used for programmes, joint programmes and projects.
2 Strategic Results, as formulated in the Performance Management Plan (PMP) for the PBF; Sector for the UNDG ITF.
3 The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to "Project ID" on the MPTF Office GATEWAY
4 The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the MPTF Office GATEWAY
5 As per approval by the relevant decision-making body/Steering Committee.
6 All activities for which a Participating Organization is responsible under an approved MPTF programme have been completed. Agencies to advise the MPTF Office.

<b>ACRONYMS</b>	
AB-CRC	Australian Biosecurity Cooperative Research Centre for Emerging Infectious Disease
ADIS	Animal Disease Information System (EC)
AIDS	Acquired immuno-deficiency syndrome
AusAID	Australian Agency for International Development
AHI	Avian and human influenza
ASEAN	Association of Southeast Asian Nations [(+3) China, Japan and the Republic of Korea]
BAPPENAS	National Agency for Planning
BAPPEDA	Regional Agency for Planning
BNPB	National Agency for Disaster Management
BSE	Bovine spongiform encephalopathy (also known as "mad cow disease")
CDC	Centers for Disease Control and Prevention (USA)
CFIA	Central Fund for Influenza Action (managed by UNDP MDTF)
CIDA	Canadian International Development Agency
CMC-AH	FAO Crisis Management Centre - Animal Health
CMU	Campaign Management Unit (HPAI)
CSF	Classical swine fever (also known as hog cholera)
DAH	Directorate of Animal Health
DEPDAGRI	Ministry of Home Affairs, Republic of Indonesia
DEPKES	Ministry of Health, Republic of Indonesia
DEPKOMINFO	Ministry of Communication and Information, Republic of Indonesia
DEPTAN	Ministry of Agriculture, Republic of Indonesia
DIC's	Disease Investigation Centres
Dinas Peternakan	Animal Health Services in local and district government, Republic of Indonesia
EC	European Community
ECTAD	Emergency Centre for Transboundary Animal Diseases (FAO)
EID	Emerging infectious diseases
EU	European Union
EMPRES	Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases (FAO)
FAO	Food and Agriculture Organization of the United Nations
FMD	Foot and mouth disease
GAR	Global Alliance for Rabies
GLEWS	Global Early Warning System (FAO/OIE/WHO)
GOARN	Global Outbreak Alert and Response Network (WHO)
GoI	Government of the Republic of Indonesia
GPS	Global position system
HIV	Human immuno-deficiency virus
HPAI	Highly pathogenic avian influenza
H5N1	'Avian influenza A' subtype (H5 haemagglutinin; N1 neuraminidase)

IASC	Inter-Agency Steering Committee
ILO	International Labour Organisation of the United Nations
INGO	International Non-Governmental Organisation
JICA	Japan International Cooperation Agency
KOMNAS Zoonosis	National Committee for Zoonotic Disease Control and Preparedness
LDCC's	Local Disease Control Centres
MDGs	Millennium Development Goals
MDTF	Multidonor Trust Fund
MENKOKESRA	Coordinating Ministry for People's Welfare
NZAID	New Zealand Agency for International Development
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OFFLU	OIE-FAO Network of Expertise on Avian Influenza
OIE	World Organisation for Animal Health
PDSR	Participatory Disease Surveillance and Response
PMI	Indonesian Red Cross
POLRI	National Police, Republic of Indonesia
PVS	OIE-PVS Tool for the Evaluation of Performance of Veterinary Services (formerly "Performance, Vision and Strategy")
SARS	Severe acute respiratory syndrome
SEARO	Southeast Asia Regional Office (WHO)
TADs	Transboundary Animal Diseases
TB	Tuberculosis
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNPDF	United Nations Partnership for Development Framework (2011-2015)
UNRC/HC	United Nations Office of the Resident and Humanitarian Coordinator
UNSIIC	United Nations System Influenza Coordinator
USAID	United States Agency for International Development
WAHID	World Animal Health Information Database (OIE)
WB	World Bank
WFP	World Food Programme (of the United Nations)
WHO	World Health Organization (of the United Nations)
WPRO	Western Pacific Regional Office (WHO)
WTO	World Trade Organization
WWF	World Wildlife Fund

## **NARRATIVE REPORT FORMAT**

### **I. Purpose**

#### **Goal:**

Indonesian society is better prepared to confront the threats caused by pandemic influenza and other emerging diseases, and has increased, equitable access to timely information and essential, coordinated, multi-sectoral services which help mitigate the risks and impact of any severe outbreaks.

#### **Outcome:**

- A programmatic framework for a multi-year “One Health” approach to emerging zoonotic diseases is developed in at least one of Indonesia’s “least developed, frontier, outer and post conflict areas” as identified in the 2011-2015 UN Partnership Development Framework (UNPDF), likely the province of West Timor or Papua. West Timor is afflicted by a broad spectrum of diseases, combined with food insecurity, and high chronic malnutrition rates. Knowledge generated through such geographically focused programs are intended to serve as inputs into national knowledge generation and policy making processes.

#### **Complementary Activities:**

- If additional funding sources are identified, the following complementary programming priorities will be explored during the period of this extension (however there is insufficient funding in the extension to undertake these without additional resources):
- Capacity of Government of Indonesia coordination and disaster management structures strengthened, through focused technical assistance and transitional support, promoting harmonization of emergency infectious disease preparedness priorities and responses, as well as identifying potential donor collaboration;
- Efforts to build a joint coordinated programmatic partnership effort among key governmental and UN agencies which maximize public access to the continuity of essential services and synergize the impact of various investments accelerated;
- Capacity of decentralized coordination and disaster management structures strengthened in pilot districts in Indonesian provinces to expand pandemic preparedness and contingency planning efforts utilizing a whole-of-society, multi-sectoral approach which builds on existing capacities, resources and structures, and addresses the needs of vulnerable groups;
- Legislation, regulatory framework, policies and resources for cross sectoral outbreak prevention, preparedness and response at national, provincial, district and community level are revised and completed (likely under the SCDRR Project at UNDP).

#### **Outputs:**

- Desk review is conducted of One Health technical resources, drawing on experience in Africa, Asia and other field sites;

- UNCT-Indonesia members are introduced to One Health concepts and programming approaches at a retreat or seminar and discuss its relevance and applicability to current programming areas, utilizing local and regional resources;
- UN and partner roles are defined for the assessment and pilot efforts;
- Site selection criteria are defined; and the province confirmed;
- Methodology for a feasibility study is designed and conducted by a joint UN team, in coordination with field-based colleagues and partners; incorporating technical experts as necessary and incorporating established prototypes;
- One Health orientation is held for provincial colleagues and partners;
- Disease surveillance information is collected from provincial health and livestock agencies;
- Diseases are mapped and site visits are conducted;
- Joint UN feasibility study is produced; incorporating potential strategies, for review by UNCT;
- Multi-year joint programme framework is produced;
- Joint programme proposal is drafted for multi-year initiative.
- Field experience in Indonesia is documented and lessons learned developed for broader range of practitioners.

### **Deliverables:**

- Presentation materials for UNCT and minutes of related discussion and decisions
- Finalized site selection criteria;
- Finalized feasibility study methodology;
- Orientation agenda for provincial colleagues and partners;
- Disease maps;
- Finalized feasibility study;
- Multi-year One Health joint programme framework;
- Multi-year One Health joint programme proposal.
- Lessons learned, Indonesia, which helps to define key One Health concepts for wider development audience, as well as the identification of 10-12 key or "buzz" words.

Depending upon the timing of the funding, activities should be completed within approximately six months of receipt.

### **Monitoring and Evaluation:**

- Monthly inter-agency meetings shall be conducted to discuss progress. Progress on achievements will be reported to and monitored by the Head of the Resident/Humanitarian Coordinator's Office. CFIA quarterly reports will summarize achievements and report on any unexpected events.

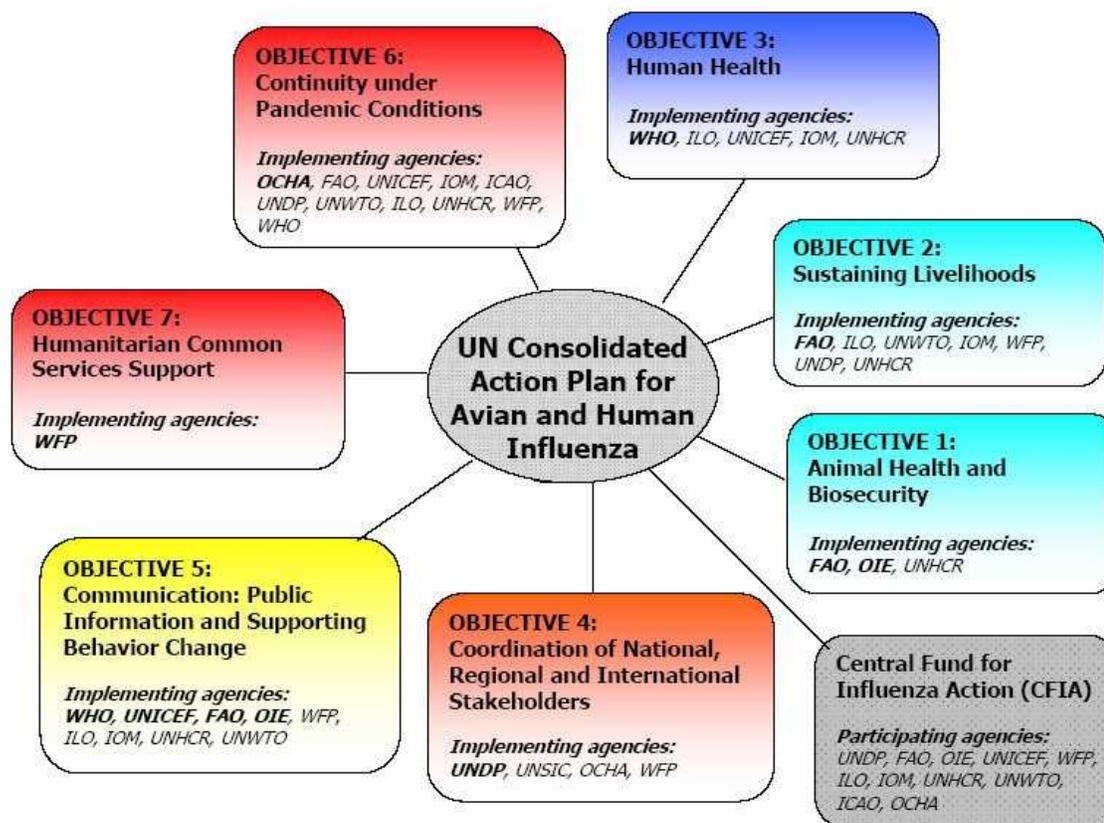
### **CFIA Overview**

- The Central Fund for Influenza Action (CFIA) is a multi-donor trust fund (MDTF) that enables donors to pool their resources and rapidly provide funding for urgent unfunded and under-funded priority actions. It complements other funding mechanisms that may be used by a Government and United Nations (UN) organizations.
- In the face of the growing risk of a human influenza epidemic, an effective, coordinated contribution by the UN system could help to reduce risk and increase the preparedness of all countries. The UN System Consolidated Action Plan for Avian and Human Influenza

(UNCAPAHI) was developed by the UN system as a basis for resource mobilization and the strategic allocation of resources. It identifies seven strategic objectives that cover the entire scope of AHI action and provides a template for a coordinated UN system response to AHI.

- The CFIA has been designed as a central financing mechanism that enhances inter-agency coordination; respects the key UN agency responsibilities; promotes a coherent, effective and predictable overall UN system response; and simplifies, through one pooled account, the capacity to support the range of UN agencies engaged in specific responses. It will complement other channels for the transfer of donor resources to the UNCAPAHI.
- Coordination among all actors involved, and within the UN system in particular, is a fundamental pre-condition for meeting these objectives and managing the complexity of the challenges at stake. Such coordination is provided by the UN System Senior Coordinator for Avian & Human Influenza.
- The CFIA is administered by the Multi-Partner Trust Fund Office (MPTF Office) of the United Nations Development Programme (UNDP) in accordance with its financial regulations and rules.

The 2006 UNCAPAHI Action Plan identifies seven strategic Objectives (Figure 1), which cover the scope of the global response to Avian and Human Influenza (AHI).



## II. Resources

### *Financial and Human Resources:*

- The funding resources available to the project are quite limited. Following an application to CFIA in April, 2011, a budget extension of \$95,000 was approved and funds transferred on July 5, 2011. Standard UNDP practices have been applied to the management of the financial aspects of the programme, which has had a limited number of transactions. There are no national or international staff hired by the project due to the insufficiency of funding.

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

- Standard procurement procedures have been utilized in all aspects of the project. The attainment of deliverables and key milestones are monitored by UN coordination specialists. Lessons learned are an explicit deliverable within the contracted work. Assessments, evaluations or studies include a feasibility and site selection survey in November-December, 2012. Please see Section V for details.

### **IV. Results: Planned Outcomes**

#### **Strategic Alignment of UN Indonesia.**

##### Indonesia's Medium Term Development Plan and the Focus of UN Assistance 2010-2014.

In close collaboration with the National Ministry of Planning, the Government of Indonesia and the United Nations have recently finalized the United Nations Partnership for Development Framework (UNPDF) 2011-2015 in Indonesia, that identifies true and strategic ways in which the UN can support national priorities. Each outcome has been designed to relate to specific national priorities articulated in the RPJMN 2010 - 2014, The National Medium Term Development Plan. The programmes implemented to meet the outcomes of the UNPDF will, therefore, also meet the priorities enshrined in the RPJMN 2010 - 2014.

The partnership is embodied in the following mission statement: "The Government of Indonesia is committed to build an Indonesia that is prosperous, democratic and just, where development benefits all regions and all people, and where the same rights for future generations are protected.

In these five years, the partnership between the United Nations and Government of Indonesia will seek to tap into the collective national and global expertise to improve policies, regulatory frameworks and capacities, with a view to making development work for all, including and in particular the poor, vulnerable and disadvantaged. We will do so while ensuring a human rights-based approach to development, and promoting good governance, gender equality, and sustainable use of natural resources.

We are committed to achieving this through a closer collaboration and strengthened coordination among UN organizations, the Government and broader development community. Guided by the needs and priorities of the Indonesian people, the Millennium Development Goals, the Jakarta Commitment and the principles enshrined in the UN charter, the United Nations organizations will work closely together and will be effective and efficient partners to the Government of Indonesia."

The overall goal of the Government of Indonesia is 'Development for All'. The Medium Term Development Plan (RPJMN) 2010-2014 is an inclusive development strategy based on equity, justice and diversity. It emphasizes the development of regional capacities within an integrated national economy. The plan identifies 11 national priority programmes, which fully mainstream Sustainable Development, Good Governance and Gender perspectives.

Working together in an equal partnership of mutual benefit is a key tenet that the UN and Government of Indonesia have agreed to abide by – along with donors - in the Jakarta Commitment of 2009. The UN will honour the spirit and dynamic of this partnership over the next five years and beyond, through ensuring government ownership of programmes within the UNPDF, and making use of national mechanisms and systems wherever possible. A primary

focus concerns the achievement of capacity development objectives and targets within sector plans and thematic strategies. The UNPDF was designed within the framework of the Millennium Development Goals, commitments and targets of the international conferences, summits, conventions and rights instruments of the United Nations system.

Three focus areas form the pillars of the UN development partnership with Indonesia for the period 2011-2015 in implementing its USD 800 million programme. These are:

- a. Enhancing EQUITY in access to benefits, services and economic opportunities for improved sustainable, productive and decent livelihoods;
- b. Promoting effective PARTICIPATION and protecting the rights of the poor and vulnerable;
- c. Strengthening national and local RESILIENCE to climate change, threats, shocks and disasters.

While a sound rationale can be made for a relationship between emerging infectious diseases and all three pillars of the UN development partnership programme, the concept of multi-sectoral pandemic preparedness and response in the emergency context most easily aligns with the third pillar – strengthening national and local resilience to climate change, threats, shocks and disasters.

### **One Health Intervention.**

**Strategic Priority 1.** A programmatic framework for a multi-year “One Health” approach to emerging zoonotic diseases is developed in at least one of Indonesia’s “least developed, frontier, outer and post conflict areas” as identified in the 2011-2015 UN Partnership Development Framework (UNPDF), likely the province of West Timor (or Papua). West Timor is afflicted by a broad spectrum of diseases, combined with food insecurity, and high chronic malnutrition rates. Knowledge generated through such geographically focused programs are intended to serve as inputs into national knowledge generation and policy making processes.

<b>Implementation Plan 2011-2012</b>																						
		<b>Nov</b>			<b>Dec</b>			<b>Jan</b>			<b>Feb</b>			<b>March</b>			<b>April</b>					
1.	Desk review conducted of One Health technical resources																					
2.	Desk review conducted of donor strategic documents for One Health																					
3.	International travel																					
4.	Consultations are held with FAO, WHO, UNICEF and UNDP																					
5.	Consultations are held with national partners and key donors																					
6.	UN, technical and partner roles defined for field assessment																					
7.	Site selection criteria are defined, taking UNPDF initiatives into account																					
8.	Feasibility study methodology is finalized																					
9.	Consultations are held with key provincial partners and relevant stakeholders																					
10.	Disease surveillance information is collected from provincial health and livestock agencies																					
10.	Diseases are mapped																					
11.	Site visits are conducted to potential																					



as “The Tripartite Concept Note (April 2010): Sharing Responsibilities and Coordinating Global Activities to Address Health Risks at the Animal-Human-Ecosystems Interface” and the FAO/OIE/WHO “Joint Scientific Consultation (April 2010): Influenza and Other Emerging Diseases at the Human-Animal Interface, Verona, Italy.” Further, the design corresponds to the conceptual framework and priorities articulated in the United Nations Partnership Development Framework (UNPDF) in Indonesia, 2011-2014, and its three strategic programming pillars: participation, equity and resilience.

A. RISK FACTORS FOR ZOOONOTIC DISEASE	
<b>I. Epidemiological Factors</b>	<ol style="list-style-type: none"> <li>1. Disease burden in animal and humans;</li> <li>2. Presence of animal-origin agents and high public health impact zoonoses;</li> <li>3. History of outbreaks and epidemics in animal and human populations;</li> </ol>
<b>II. Demographic and Topographical Characteristics</b>	<ol style="list-style-type: none"> <li>1. High population density;</li> <li>2. Movement of people and animals/trade/border implications;</li> <li>3. Presence of high risk human behaviors that have an impact on health and disease emergence risks;</li> <li>4. Poor biosecurity and food safety practices,</li> <li>5. Cross border areas with potential to affect adjacent country or land masses (e.g. inhabited islands, national parks, etc.);</li> </ol>
<b>III. Environmental Characteristics</b>	<ol style="list-style-type: none"> <li>1. Areas susceptible to changes in land-use practices, natural resource extraction, wildlife trade, encroachment on forest/wetland buffer zones that increase risks of disease emergence and transmission from wildlife to domestic animals;</li> <li>2. Areas susceptible to climate change impact (especially above-average rainfall and flooding);</li> <li>3. Changes in vector and reservoir ecology, e.g. bat and rodent populations, palm civets, monkeys; “die-offs” in wildlife</li> </ol>
<b>IV. Services</b>	<ol style="list-style-type: none"> <li>1. Weak or insufficient veterinary and/or animal production services;</li> <li>2. Insufficient public health services for the diagnosis and treatment of zoonotic diseases;</li> <li>3. Insufficient established early surveillance systems for risk detection within ecosystem, animal and human populations;</li> <li>4. Insufficient established laboratory and diagnostic capacity for animal and public health testing;</li> <li>5. Insufficient cold chains for human and animal vaccines;</li> <li>6. Insufficient data reporting and management systems; lack of timely and adequate shared data;</li> </ol>

7. Insufficient, routine appropriate vaccine availability and use in animal and human populations;
8. Insufficient regulations/enforcement surrounding food handling, safety and use, including live animals, meat and poultry

The results of the fieldwork confirmed an extensive presence of risk factors in NTT, including the presence of the following zoonotic diseases: 1) endemic rabies; 2) brucellosis; 3) anthrax; 4) avian influenza and 5) leptospirosis. Additionally, there are a number of important livestock diseases (haemorrhagic septicaemia, classical swine fever, surra, among others) which are causing an extremely adverse impact on livelihoods, trade, and economic security). Provincial authorities are extremely eager for collaboration and assistance, and there is a strong correlation between the areas of expressed need and the UN's strategic intent in NTT.

## **VI. Future Work Plan (2012)**

As reported in section V., the first four months of 2012 are dedicated to the finalization of the feasibility study, the finalization of a programme framework, the production of lessons learned, and the finalization of a programme proposal.

The discussed next steps beyond May 1, 2012 include more intensive work with individual donors and development partners; the design and implementation of a One Health orientation for provincial partners and UN colleagues in NTT province (West Timor); and the design and implementation of a One Health retreat or seminar for the UN Country Team in Indonesia and key development partners.

As Indonesia remains an extremely high risk country for Avian Influenza and Emerging Infectious Diseases of a zoonotic nature, these short term outputs are aimed at long term achievement of the UN System Consolidated Action Plan for Avian and Human Influenza (UNCAPAHI) goals and objectives (see page 5).

## VI. 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)
<b>Outcome 1</b> <sup>7</sup> A programmatic framework for a multi-year “One Health” approach to emerging zoonotic diseases is developed in at least one of Indonesia’s “least developed, frontier, outer and post conflict areas” as identified in the 2011-2015 UN Partnership Development Framework (UNPDF), likely the province of West Timor or Papua.							
<b>Output 1.1</b>	Indicator 1.1.1 Programmatic framework developed.	0	1	in progress			on track
	Indicator 1.1.2						
<b>Output 1.2</b>	Indicator 1.2.1						
	Indicator 1.2.2						
<b>Outcome 2</b>							
<b>Output 2.1</b>	Indicator 2.1.1						
	Indicator 2.1.2						
<b>Output 2.2</b>	Indicator 2.2.1						
	Indicator 2.2.2						

<sup>7</sup> For PBF: Either country relevant or PMP specific.
