CFIA Fund (Influenza)
ANNUAL PROGRAMME[1] NARRATIVE PROGRESS REPORT
END PROJECT REPORTING: PERIOD, 01 JANUARY 2009 – 31 JUNE 2010

<table>
<tr><td colspan="2">Submitted by: United Nations High Commissioner for Refugees (UNHCR)
Organization code: 001997

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E-mail: schilpem@unhcr.org</td><td>Country and Thematic Area[2] (when applicable)</td></tr>
<tr><td colspan="2">Programme No: CFIA- B8
Project ID: 00067362
MDTF Office Atlas No: MDTF Office to supply
Organization Reference:</td><td>Participating Organization:
UNHCR</td></tr>
<tr><td colspan="3">Programme Title: Avian and Human Influenza Preparedness and Response in Refugee Setting
Location: Countries hosting refugees assisted in camps and in an urban situations</td></tr>
<tr><td colspan="2">Implementing Partners:
• Democratic Republic of Congo: IMC
• Rwanda: ARC and AHA
• Burundi: AHA
• Nepal: Association of Medical Doctors of Asia (AMDA)
• Egypt: Caritas / Refuge Egypt / Egyptian Family Planning Association/ Catholic Relief Services;
• Algeria: Triangle Generation Humanitarian- Algerie
• Syria: Syrian Red Crescent
• Yemen: SHS/ MSF-Spain/ Interaction for Development/ CSSW; and
• UNHCR direct implementation in 12countries.</td><td>Programme Budget:
US$ 2,970,00</td></tr>
<tr><td colspan="2">Programme Duration: 18 months
Start date[3]: 1 January 2009.
End date: 30 June 2010
• Original end date: 31 December 2009.
• Revised end date: 30/06/2010
Budget Revisions/Extensions: ------ extension approved on 15/12/2009</td><td></td></tr>
</table>

[1] The term "programme" is used for programmes, joint programmes and projects.
[2] E.g. Priority Area for the Peace building Fund; Thematic Window for the Millennium Development Goals Fund (MDG-F); etc.
[3] 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 sole 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 a number of other epidemics. UNHCR has the responsibility to ensure preparedness and pandemic mitigation and create appropriate conditions for the continuity of basic delivery assistance in case of pandemic

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[4]) 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; Only extension of the length of the contract with no additional cost has been approved

- 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 staff have been paid under this funding
- International Staff: 5 International staff have been working for this project
    - 4 Epidemic Preparedness and Response Coordinators deployed in 4 regions : Asia, Middle East and North Africa, East and Horn of Africa, and Central Africa
    - 1 Global Information Officer based in Geneva Head Quarter

[4] Refugees, internally displaced persons, returnees, asylum seekers, stateless persons, surrounding host populations, and other persons of concern

III. Implementation and monitoring arrangements

Projects were implemented in 22 countries, through IPs and by direct UNHCR implementation in 12 countries.

III.a. Key implementation strategies used:

- Advocating for PoC to UNHCR to be fully integrated as beneficiaries into the national epidemic/ pandemic preparedness and response system;
- Establishing and maintaining an effective health surveillance system enabling early warning detection of the outbreak and constant monitoring to guide and prioritize the intervention;
- Taking epidemic control actions, and behavioral change interventions;
- Prioritizing intervention towards vulnerable population among PoC;
- Mobilizing and training the community network for early detection of cases, home based monitoring and/or prompt referral; and to facilitate dissemination of health education messages and social mobilization activities;
- Training medical staff on the use of national and / or WHO standardized and updated protocols for management of cases highlighting life saving procedures;
- Ensuring staff and patient safety by providing adequate Personal Protective Equipment (PPE) and guidance on its use, and by adopting practices following the WHO recommendations on infection prevention in health care settings;
- Adapting the health working environment to a possible influx of patients and to the recommended specific isolation procedures;
- Ensuring that care for other diseases continues in the context of increased workload and possible staff absenteeism; give priority to acute/ life- threatening diseases;
- Coordinating pandemic preparedness and response plans in a multi-sectoral approach;
- Ensuring continuity of essential social, economic, protection and governance services, and the implementation of humanitarian relief under pandemic conditions;
- Strengthening partnerships with governments, camp coordinators and community leaders to ensure coordination of activities between UNHCR and PoC to UNHCR; and
- Carrying out missions in refugee camps to assess needs, conduct training, monitor, enforce coordination, and carry out risk analysis.

III.b. Procurement procedures:

Procurements were done according to the standard procurement procedures of UNHCR and managed at the field project level. Depending on the specific items needed (drugs, lab test, masks…) purchasing was done either internally (most frequent case) or nationally (if good quality items available locally at competitive cost).

IV. Results

AHIPRRS was started in 2007 and continued to be implemented in the different countries where UNHCR has operations. UNHCR's AHI programmes have primarily concentrated on camp-based populations. In 2009, responding the needs created by the pandemic influenza, UNHCR decided to expand its program to urban refugee populations.

UNHCR held a Pandemic coordination meeting in early July 2009 with numerous agencies including donor, UN and NGOs to present and discuss the accomplishments and next steps of UNHCR's pandemic programmes.

In 2009-2010, emphasis was given to further develop the coordination of UNHCR with other field partner agencies; this was notably the case of WFP with which joint assessment missions

have been organised; it was also the case of the Red Cross / Red Crescent societies that have opened in few countries (incl. Bangladesh and Nepal) the participation of refugees / staff taking care of refugees to trainings organized at district level. Materials made available on the H2P website were regularly checked and used where needed. Timely adjustments of the protocols and case management have been done after recommendations were issued by WHO.

Surveillance regarding the detection and reporting of Influenza Like Illnesses have been intensified. Though sporadic cases among refugees have been confirmed in some locations including Dadaab camps /Kenya, Sahrawi camps/Algeria in 2009…H1N1 outbreaks have only been reported in Thailand refugee camps (Maela), no severe complication was observed during the outbreak.

UNHCR coordinated at global level the procurement of vaccines to refugee health care settings and Epidemic Preparedness and Response Regional Coordinators (EPRCs) have actively participated in the H1N1 vaccination planning process at field level for health staff serving PoC to UNHCR, including ensuring availability of local resources (e.g. staff, logistic support and cold chain).

Mainstreaming and maintaining at least a minimum level of outbreak preparedness acquired over the last few years has been and is the main focus in 2010; these include review of country by country preparedness activities that can reasonably be sustained in the absence of specific program; developing simple assessment check lists to be used in routine monitoring exercises; assessing all existing programs, identify and address remaining gaps notably in term availability of IEC materials and business continuity under pandemic condition; and developing an Epidemic Preparedness and Response strategic guidance document covering the main epidemic threats, including the risk of pandemic influenza of all kind, specifically designed for its use in camps hosting more than 5000 refugees

Being fully aware of the fragility of the epidemic preparedness in a quick changing environment, essentially part of the refugee nature, and moreover being aware of the frequent turnover of humanitarian staff, UNHCR continued fundraising advocacy to sustain adequate response to mitigate the consequences of outbreaks on refugee populations.

In 2010, progress is made in the country specific preparedness programmes in several regions. As reported last year, UNHCR sought to get a clear picture of the actual level of operational preparedness in each country; and needs to maintain the existing level of preparedness and be able to monitor it on a regular basis. These have been discussed during a coordination meeting of the Epidemic Preparedness and Response Coordinators (EPRCs) and HQ team in the reporting period. It has been agreed that; 1) UNHCR's main focus in 2010 should be on mainstreaming activities for sustained preparedness in camps hosting more than 5000 Refugees; 2) Give consideration to the quantitative indicators committed within the CFIA proposals; 3) Review the preparedness and response plans in all camps hosting more than 5000 refugees by 30th June;4) Identify major gaps (especially those related to Influenza H5N1 and H1N1, ensure the presence of IEC materials etc…) and plan to address them before the end of November 2010; and 5) Take stock of the experience gained over the recent years and write a strategic guidance document providing for all components of preparedness SOPs, TORs, drafted work plan and check list. This document will be used at country level to coordinate and monitor EPR; the strategic guidance document will detail preparedness activities (outside outbreak) and response activities (during outbreak) at different level (camp, district, national, regional).

Regionally, the actual level of readiness to respond to epidemics varies a lot from a country to another depending, among others, on staff of UNHCR a and IP staff turnover and other challenges

EPRCs have supported the H1N1 vaccination planning process for health staff serving PoC to UNHCR, including ensuring availability of local resources (e.g. staff, logistic support and cold chain).
No H1N1 outbreaks have been reported in refugee settings during this reporting period.

IV.1. Country progress achieved

A. Central Africa:

- The IPs in Rwanda, Burundi and DRC continued working with refugee and IDP representative to improve their contingency plans. Key staff of UNHCR, IP, and MOH in DRC, Rwanda, Burundi, and Chad who was trained on reporting and surveillance were involved in the process and provided camp teams with technical support in this respect.
- The North Kivu Radio Association continued airing radio spots with key messages on the prevention on pandemic influenza. The 2-minute spots include attractive voice message with musical background conveying key messages on pandemic influenza and ways of prevention. The spots were aired 3 times daily through 5 radio channels covering all areas populated by IDPs.
- The community health promoter (CHP) teams in Rwanda and Burundi continued disseminating key messages on pandemic influenza and other outbreaks during their regular daily outreach activities in the refugee camps.
- UNHCR team held meetings with WFP in RoC to ensure continuity of food provision during potential pandemics.
- A plan to implement WASH activities and improving 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 to be carried out under different funds of UNHCR.

A.1. Rwanda:

- 150 health personnel, camp leaders, community health promoters (CHP) and refugee representatives trained in control measures.
- Generic camp contingency plans developed and disseminated to all camps; 3 camps developed camp-specific contingency plans.
- 37 medical and paramedical staff implementing partners (IPs) trained on case management and reporting of influenza like illnesses.
- Influenza like illnesses included in the weekly statistical reports submitted by all camps.
- Hygiene promotion supplies stocked in the camps.
- IEC materials disseminated; public awareness promoted through audio-visual aids.
- Constructed an isolation room at each of Nyabihke and Kiziba Camps
- Trained 52 CHPs from ARC and AHA in the Nyabiheke, Gihembe and Kiziba camps Gasorwe in A (H1I1) with an emphasis on disseminating key awareness messages.
- Carried out rehabilitation in the Gihembe, Nyabiheke and Kiziba camps (health facilities provided with piped water, floors of health centres cemented and sewage disposal improved).
- Coordination for ERP and general health activities improved and refugees covered by national contingency plans
- Surveillance systems for pandemic influenza and other outbreaks improved
- Staff knowledge on case management upgraded
- Physical conditions of the camp health facilities remarkably improved
- Patient isolation area of reasonable standards established
- A cadre of trainers in pandemic influenza and EPR empowered to conduct cascaded training
- Physical conditions and water provision for camp health facilities including the maternity improved

- The patient isolation area expanded, improved and meets reasonable standards
- Supplies for influenza pandemics adequately stockpiling
- The IP's networks of health educators disseminated key messages through outreach visits and hygiene campaigns.

A.2. Burundi:

- Trained 30 CHPs in case detection to improve outreach activities
- Included Influenza like illnesses in the weekly statistical reports from all camps
- Trained 52 health personnel, camp leaders, CHPs and refugee representatives in control measures.
- Camp task force committees strengthened and trained.
- Simulation exercise carried out at the national level; UNHCR and IPs participated in this exercise.
- Medical supplies and equipment in addition to PPE delivered to 3 camps.
- Reproduced 20 videotapes on AHI and distributed for refugee camps and transit centers.
- Launched outreach campaigns in the Gasorwe and Musasa camps to enhance public awareness on influenza and hygiene.
- Disseminated IEC materials.
- Constructed patient isolation rooms in 3 camps.
- Procured pumps to provide water and evacuate latrines in one refugee camp.
- Improved electrical supply to the health facilities in 2 camps.
- In **Gasorwe and Musasa Camps:**
    - Coordination for ERP and general health activities improved;
    - Surveillance system for pandemic influenza established and that for other outbreaks improved;
    - Staff knowledge on case management upgraded,;
    - Supplies for influenza pandemics adequately stockpiled;
    - Effective and innovative human animal separation measures are in place;
    - The IP's networks of volunteer health workers disseminated key messages through outreach visits and hygiene campaigns.
    - Water provision and swage disposal in camp health facilities improved.
    - Staff knowledge on case management upgraded.
    - Supplies for influenza pandemics adequately stockpiling;
    - The IP's networks of volunteer health workers disseminated key messages through outreach visits and hygiene campaigns.

A.3. Chad:

- Trained 8 trainers in H1N1.
- Medical supplies and equipment in addition to PPE delivered to camps
- Funds were made available to the country team to continue a series of cascaded training in Chad, and work with the UNICEF and other stakeholders to produce and adopt IEC materials.

A.4. DRC:

- Trained 250 health professionals' doctors, nurses, laboratory technicians, managers, communication specialists, journalists, veterinary doctors and agronomies in case management and reporting of pandemic influenza.
- Influenza like illnesses included in weekly reporting format.
- Supported health authorities to improve contingency plans.
- Medical supplies and equipment in addition to PPE delivered to 3 IDP camps.
- Stocks of hygiene promotion supplies including cleaning tools and supplies, water reserving containers and soap distributed among 3 camp health facilities
- IEC materials disseminated among IDPs living in North and south Kivu camps.

- Radio and TV awareness programs regularly aired and reached IDP populations living in North and south Kivu.
- Provided IDP camp health facilities with stock of water reservation equipment and cleaning tools.
- Soap and other hygiene supplies distributed for returnees in North Kivu.
- Revised preparedness, response and continuity of business plans for A (H1N1) and other epidemics with WFP at Uvira.

B. East and Horn of Africa

- Effort is directed towards mainstreaming of drug and medical supply procurement through adequate budgeting in the UNHCR country operations plan (COP) and strengthening of drug mgt systems. A review of drug mgt system was undertaken in Uganda, gaps identified and plans made to improve the system including updating of standard operations procedures (SOP) and appropriate budgeting in COP. 3 Interagency diarrhoeal kits, 5 pastorex meningitis kits (100 tests) and 5 vaccine refrigerators procured in Ethiopia.
- In Ethiopia, hand washing facilities installed for OPD, IPD and labour ward in Awbarre, Kebrebeyah, Sherkole, Shimelba and Mai Aini camps; OPD waiting area and respiratory ward in Shimelba renovated and equipped; borehole at Anuak site of Fugnido rehabilitated. In Uganda, AHI project has contributed to elimination of water trucking operations in Juru, Ngarama and Kahirimbi areas; increase in safe water collection points and reduction in average walking distance from 2.5km to 700m; and reduction of waiting time at water collection points. Initial water coverage at Nakivale and Juru was estimated to be 12 and 8 l/p/d and now the coverage is estimated at 16 l/p/d pending confirmation as the pump testing exercise is not complete. In East Sudan, pipeline connection to the elevated tanks was carried out in Wad-sharifey camp and communal latrines constructed at the reception centre in Shagarab and new arrivals are now using it.
- An isolation ward at Ifo new hospital in Dadaab Kenya is now complete including a septic tank as planned and will be in full use shortly. A disinfectant slab is being finalized at the entrance. The facility with 3 separate compartments and approximately 30 bed capacity can be used to separate patients with different illnesses at the same
- Up to date information regularly shared with all camps.
- Awareness training on H1N1conducted in East Sudan and in Ethiopia for community health workers (CHWs).
- 50 participants trained on the use of HIS for epidemic monitoring in East Sudan and in Ethiopia.
- Surveillance has been heightened in refugee camps in Kenya after a confirmed case of H1N1; IFO old Hospital has set up as isolation ward. There are sufficient supplies of Tamiflu and protective materials for staffs in Kenya programme. As part of preparedness plan for UNHCR staff, 90 doses of Tamiflu, 400 face masks and 900 pairs of gloves are made ready. This is part of. SOP developed with the IPs in Dadaab on preparedness and response plan for H1N1 (Dadaab-Kenya).
- WASH projects in Uganda and in East Sudan were supported.

C. MENA

- Supported Water, Sanitation and Hygiene Promotion projects in Algeria and in Yemen.
- Water filters purchased, hygiene promotion training conducted for school teachers and students and WASH IEC/BCC materials distributed for Bassateen urban settlement and Kharaz camp in Yemen.

C.1. Syria

- Supported the printing of the H1N1 awareness raising materials for the MoH; delivered 75,000 brochures and posters on H1N1 to the Ministry of Health (MoH).
- Organised awareness session on H1N1 for UNHCR staff.

C.2. Algeria

- First case of H1N1 was detected among Sahrawi refugees during this reporting period. Measures taken to contain the outbreak. Because large number of Sahrawi refugee children often travel to various European countries to spend their summer vacation within the framework of the "Vacations in Peace" program, UNHCR continued to monitor the situation during the reporting period. UNHCR pre-positioned pandemic preparedness items and control measures involving all health actors in the camps with the aim of addressing the first surge of Pandemic Influenza cases in the camps; and closely coordinated with the Algerian MoH and WHO. By the time this report was compiled, no new cases of Influenza A H1N1 detected after the first confirmed case.

D. West Africa:

- UNHCR has launched ***"AHI preparedness and response in camp settings"*** in Guinea, Ghana, Ivory Coast, Liberia, Nigeria and Sierra Leone in 2007.
- Confirmed cases of A H1N1 to date are in Cote d'Ivoire, Nigeria, Ghana and Liberia.
- Key interventions included; training of CHWs and community leaders; establishment of task forces (created in 6 camps: Budumburan and Krisan in Ghana, Nicla (Zaaglo) in Ivory Coast and Kouankan 1 – 2 and Laine in Guinea); and procurement and stockpile of personal protective equipments, essential drugs including Tamiflu
- 8 countries[5] were selected for interventions on securing access PoC to clean water and hygienic items and ensuring adequate sanitation; hygiene promotion through awareness campaigns; improving outbreak preparedness by stockpiling medical and PPE and; rehabilitations of water and sanitation facilities
- Developed a joint sub regional project with IOM aimed at improving awareness and response capacities in refugee and migrant hosting areas in Senegal, Guinea, Mali and the Gambia.

D.1. Sierra Leone:

- Developed a joint proposal to support the Government of Sierra Leone to raise the level of awareness and prevention within the communities where refugees are locally integrating in four targeted Districts of Moyamba, Kenema, Pujahun and Bo.
- Trained 80 persons (health workers, students and CHWs).
- Conducted awareness campaigns and distributed locally developed/adapted IEC materials
- Procured hygiene promotion materials, rehabilitated sanitation and water points for health facilities (10) and schools (8).

D.2. Guinea

- Interventions focused on public awareness, hygiene promotion and capacity building.
- Reactivated and trained EPR task force, including CHW, 47 persons from refugee and host communities.
- Trained 38 health staff in the refugee camp and government health facilities on A (H1N1) clinical management and surveillance.
- Procured essential drugs, IEC materials and PPE for CHWs, health facilities, peer educator and the task force.

D.3. Togo

- Rehabilitated a health centre and a maternity ward that provide health services to around 30 villages.
- Rehabilitated the only water pump that provides safe water to the community, school and health facility

[5] *Cote d' Ivoire, Guinea, Togo, Benin, Liberia, Sierra Leone, and Nigeria and Ghana*

- Provided essential drugs, PPE to 2 health facilities (AGOE health centre and BE hospital) and the National EPR committee as part of UNHCR's contribution to EPR to the Togolese government.

D.4. Cote d'Ivoire:

- Trained 60 CHW and 50 health club members on hygiene promotion.
- Produced various IEC materials locally in collaboration with the MOH.
- Stockpiled drugs, hygiene and PPE at UNHCR's IP's offices in Tabou and Guiglo.
- 11 schools benefited from a ToT training on hygiene promotion and received "hygienic kits"
- Conducted around 360 awareness sessions on A H1N1 reaching about 13,000 people.

D.5. Liberia:

- Trained 155 healthcare providers and CHWs.
- Stockpiled PPE and infection control materials for schools, clinics.
- 260 persons trained in hygiene promotion.
- Developed and distributed IEC/BCC materials adapted from the MOH.
- Rehabilitated 15 water points and constructed latrines.

D.6. Ghana

- Coordination meetings held between the national health partners and the UNHCR IPs.
- Intensification of public education through mass media and surveillance for early detection of other cases conducted.
- Holding rooms and isolation rooms identified in all regions including in health facilities in the camps, collection and transportation of samples from suspected cases for diagnosis organized.
- Distributed drugs and specimen collection materials to all camps.
- Trained 48 clinical staff, 38 taskforce members, and 40 volunteers form refugee camps and surrounding host communities.
- Stockpiled clinical and protective materials and equipment.

E. Southern Africa

E.1. South Africa

- Distributed IEC materials on H1N1 prevention to IPs in Pretoria, Durban and Cape Town as a key component of the prevention and sensitization campaign.
- Improved sanitation systems through the provision of portable latrines at Musina area (border with Zimbabwe).
- Conducted hygiene campaigns in all major refugee sites (Cape Town, Durban, Johannesburg, Musina and Pretoria) and distributed soap and H1N1 education materials in different refugee languages.

E.2. Zimbabwe

- Improved water and sanitation systems in Tongogara camp through the fencing of water sources, construction of new boreholes and family latrines.
- Conducted hygiene campaign in the camp.
- Conducted refresher training on outbreak preparedness for CHWs.
- Developed communication plan for the refugees in order to reduce risks and mitigate the impact of cholera outbreak

F. Asia

- The new EPRC took office at the end of February 2010. During the reporting the coordinator period mission was carried out in refugee camps in Nepal in order to update the contingency plans and review the stockpiles.

- All refugee camps in recipient countries have functioning surveillance system for ILI (UNHCR HIS or other).
- All refugee camps in recipient countries have functioning surveillance system.
- No outbreak reported during the reported period.
- 5 countries received funding through CFIA to implement AHI preparedness and response activities and implemented ranges of activities to reduce risk as well as mitigate impact. The countries included Bangladesh, Malaysia, Myanmar, Nepal and Pakistan. The activities initiated through the funding in 2009, continued beyond to 2010.

F.1. Myanmar

- Facilitated pandemic simulation exercise with NGOs and Health Authorities
- Case definition for suspect and probable cases distributed to some health facilities of the Northen Rakhine State
- Renovated and improved water points, including a water storage facility; hence increased availability of water.
- Isolation Ward built in Maungdaw hospital (equipments were provided by WHO)
- Overall the project contributed through improved WASH facilities, hygiene education and the provision of an isolation ward, which should also lead to improved health status of the target population.
- An isolation ward has been constructed at Maungdaw Hospital and Water supply improved in a poor quarter in Sittwe town, Rakhine State of Myanmar. The isolation ward has been furnished during this quarter with necessary equipment from WHO and now capable of hospitalising complicated cases of influenza including other infectious diseases.
- Through the improvements of the water points, together with the storage tank, the quantity and quality of water available improved. The system is still functioning properly.

F.2. Nepal

- Enhanced surveillance mechanism set up; training provided on H1N1 for 28 UNHCR Community Development Facilitators.
- Health posts staff from the MoH trained on pandemic influenza.
- Nepal created AHI related stockpile which is being maintained during this quarter. Following items were procured through the funding and in stock during 1st quarter of 2010.

F.3. Thailand

- UNHCR is involved in the surveillance system. The H1N1 outbreak that happened in Maela camp was documented retrospectively.

F.4. Pakistan

- UNHCR has requested that the Influenza Pandemic 2009 Urgent Needs Identification and Prioritization Tool (UNIP) that has been developed by WHO, OCHA and UNSIC to also cover humanitarian issues.

F.5. Bangladesh

- AHI stock pile replenished in Bangladesh with a purchase of 12,000 tablets of Erythromycin 250mg
- UNHCR has coordinated with the Bangladesh Red Crescent Society (BDRCS) pandemic preparedness activities.
- WASH was improved in both camps incl. water supply that now reaches 16 and 24 liters per capita per day in each camp, respectively.
- Bangladesh implemented programme to improve existing WATSAN facilities in the two refugee camps of Kutupalong (KTP) and Nayapara (NYP) and to address gaps in other

sanitation related activities.

- The average water supply in 2009 was 16.18 in Nayapara which is expected to increase in 2010 due to the construction of Ferro-cement tanks. 100% of water taps (256) are now functioning in NYP. The new pump installed including pump house at the reservoir, pipe line connections, necessary fittings and additional staff for the management are still functioning in second quarter of 2010.
- The 41 hygiene promoters (HPs) who were trained are now working to improve the hygiene practices in the camps.
- Necessary information dissemination materials were distributed among the HPs to conduct the awareness sessions.

F.6. India:

- 40 UNHCR staff (40) and community animators from IPs (45) in New Delhi were trained on pandemic influenza.

F.7. Malaysia.

- Hired 20 community health workers (CHW) who have been trained in conducting health awareness talks and plays. They continued to carry out daily outreach visits during this quarter targeting 50000 refugees in 1 year.
- IEC materials were printed and disseminated.

IV.2. Achievements per generic activities: Refugees inclusion in National Plans.

- As of end of June 2010, approximately 40% of the countries have included refugees in their National Contingency Plans (NCPs). Despite the challenging nature of this activity, this was an improvement as compared to the first quarter of 2009 where only 5% of countries where UNHCR has AHIPRRS have included refugees into their NCPs.
- UNHCR continues to advocate for the inclusion of refugees and other persons of concern not only in the existing, updated and / or new contingency plans/NCPs, but also in the surveillance and control of communicable diseases.
- Some countries agreed to highlight to cover vulnerable populations without necessarily mentioning refugees. UNHCR is working with the UN country teams to support UNHCR in its advocacy effort.

IV.3. Achievements per generic activities: Contingency Plans at camp level: 80%

- Contingency Plans are developed in approximately 80% of camps.
- Contingency Planning for AHI outbreaks have been initiated with key IP in all camps that host > 5000 refugees. Since their initiation, they have been undergoing continuous process of evaluation and improvement.
- Assessment of UNHCR operations and partners on capacity to respond and support in business continuity planning is done in East and Horn of Africa.

IV.4. Achievements per generic activities: Systems for surveillance: 95%

- Health Information System (HIS) has been established in all old camps and is progressively extended to new camps. Reporting systems, coordination and surveillance mechanisms and systems are put in place in most camps hosting more than 5000 refugees. The reporting system is linked to the national HIS of the Ministries of Health. Case definitions are available for both H5N1 and H1N1.
- Trends in respiratory illnesses are monitored in most camps using Health Information System (HIS).
- Epidemiological information is regularly shared to all country operations including disease spread in neighboring countries.
- Both community level and health facility surveillance is enhanced using WHO case definitions.

- Outbreak reports are made weekly in each camp (including zero reporting).
- HIS Officer is now based in North Kivu, DRC

IV.5. Achievements per generic activities: Stock of drugs and medical equipment in place: (95%)

- Drugs and medical equipment in place in the majority of refugee camps. The distribution and the storage of medical supplies and protection equipment have been finalized at the different health posts in the camps.
- Storage conditions have been reviewed and refreshing drug management training has been completed in all the camps provided with equipment and supply.
- Stockpiled drugs and supplies are being utilized and a system will be put in place to ensure mainstreaming of procurement and availability of buffer stocks through establishing an agreed minimum level of supplies.

IV.6. Achievements per generic activities: Water, Sanitation and Hygiene: 90% achievement

- UNHCR undertook a review of the existing water and sanitation facilities in different camps with the perspective of the business continuity.

V. **Achievements per generic activities: *Training***

- Training have been organized and conducted for camp staff and refugees in Mozambique, Namibia, Zambia, Nigeria, Sierra Leone, Dadaab, Tanzania, Uganda, Egypt, Rwanda, Burundi, Nepal, Myanmar, Pakistan and Myanmar. Technical support and coordination missions executed in all countries. Training on AHI and on HIS and epidemiological surveillance done MENA (5 countries) and in Central Africa. HIS refresher trainings conducted in Nepal, Bangladesh, and Thailand.
- All UNHCR country operations staff received orientation sessions on H1N1.IEC / awareness materials developed and distributed for UNHCR and implementers partners staff in MENA, Central Africa, and in East and Horn of Africa.
- Training of Trainers (ToT), training of community promoters, Peer Education and mobilized community associations have been organized in many settings

VI. Achievements per generic activities: Coordination (100%)

- UNHCR regular participated in coordination meetings and conference calls at al levels; global, regional and country level. Bilateral and multi- lateral coordination were conducted with OCHA, UNICEF, FAO, WFP, IOM, IFRC, CARE, SCF and national authorities.

VII. Achievements per generic activities: Infrastructure

- Isolation wards, incinerators and tents are available in most refugee camps.

V.III. Achievements per generic activities: Public Information and awareness campaigns: 100%

- 100% of refugees and other PoC are properly informed and encouraged to adopt healthy behavior. Regular communication and information on H1N1 provided to PoC to UNHCR in camps and in IDP settings where UNHCR is operational. Public awareness documents and information-education-communication (IEC) materials continue to be used and when needed translated into local languages. Training of community promoters, peer education and community associations continued.
- Up to date information regularly shared with relevant staff of refugee camps including treatment guidelines, and vaccine use and access.
- Several meetings were held with camp health authorities to scale up awareness activities in the camps, and awareness sessions conducted for the refugees conducted on H1N1.

IX. Achievements per generic activities: Outbreak control: 95% achievement

- Outbreak control teams have been established and activated in most old camps; this process is building up in new ones.

X. Achievements per generic activities: Logistics and food pipe line contingency planning with WFP (67%)

- Monitored food stocks with WFP in case of disruptions by the H1N1 pandemic. Coordination ongoing with WFP for implementing a common food strategy in case of pandemic or major disaster continued; assessments and planning are undertaken in many target countries.
- In collaboration with WFP, conducted hazard-risk analysis for continuity of food provision in Chad; results will be utilized to update and modify WFP's contingency plans.
- UNHCR and WFP collaboration continued to ensure continuity of food delivery during a pandemic. UNHCR participated in a WFP's logistic workshop for developing coordination in case of a crisis in Southern Africa region.

XI. Challenges

- One of the challenging aspects for UNHCR was to ensure that refugees are included in the National Contingency Plan. Despite intensive advocacy efforts, the percentage of countries that included refugees in their AHI preparedness and response plans was not more than 40%.
- Despite progress made at country level, UNHCR is yet to get a global and clear picture of the actual level of operational preparedness in each country program. Frequent turn over of staff (both in UNHCR and in Implementing Partners) make difficult to sustain the staff awareness and their capacity to respond quickly in case of an outbreak. UNHCR is currently looking into this.
- Maintaining the stockpile of the different items is also a big challenge.
- The Epidemic Preparedness and Response program for refugees and other PoC could not be expanded to more operations as wished because of funding challenges and poor perspective in this matter.

XII. Next steps

Mainstreaming and maintaining at least a minimum level of outbreak preparedness acquired over the last few years is the main focus for 2010. UNHCR has to:

- Review country by country preparedness activities that can reasonably be sustained in the absence of specific program
- Develop simple assessment check lists to be used in routine monitoring exercises.
- Assess all existing programs, identify and address remaining gaps notably in term availability of IEC materials and business continuity under pandemic condition
- Develop an Epidemic Preparedness and Response strategic guidance document covering the main epidemic threats, including the risk of pandemic influenza of all kind, specifically designed for its use in camps hosting more than 5000 refugees