CENTRAL FUND FOR INFLUENZA ACTION

FINAL NARRATIVE REPORT
CFIA – B10 (PIC OCHA)

Participating UN Organization(s)	Country and Thematic Area
(if joint programme, indicate the lead agency) **UN Office for the Coordination of Humanitarian Affairs (OCHA).**	**Global coverage as part of UNCAPAHI Objective: 6 "Continuity under pandemic conditions".**

Programme/Project Title	Programme/Project Number
OCHA Pandemic Influenza Contingency work programme for Southern Africa	**Programme number: 67356** **ATLAS No. 55356** **CFIA-B10**

Programme/Project Budget			Submitted by
CFIA:	**$324,465**	USD	**Name, Title:** Mr. Ian Clarke
Govt. Contribution:		USD	**Organization:** PIC OCHA
Agency Core:			
Other:			**Contact Information:** clarkei@un.org
TOTAL:	**$324,465**	USD	

Final Programme/ Project Evaluation	Programme/Project Timeline/Duration
Evaluation Done: ☐Yes ☐No **Evaluation Report Attached:** **Yes**	**Overall Duration** **18 Months (Nov 08 – Mar 10)** **Original Duration** **15 Months (Nov 08 – Dec 09)** **Programme/ Project Extensions** **N/A**

FINAL NARRATIVE REPORT

I. Purpose: (Provide the main outcomes and outputs of the programme.)

1.1. Intended Outcomes:

The Pandemic Influenza Coordination (PIC) regional hub is located in the Office for the Coordination of Humanitarian Affairs (OCHA) Regional Office for Southern Africa. Its purpose is:-

a) To help UN country teams to prepare to protect staff health and safety; continue essential operations; and support Southern African national governments during pandemic.
b) Working through UN country teams, to help national governments to prepare to mitigate the beyond health (economic, governance, humanitarian and social) impacts of pandemic.
c) To strengthen the readiness of UN humanitarian agencies and their partners in Southern Africa to meet the humanitarian needs of vulnerable populations during pandemic.

To achieve these goals, PIC's Southern Africa hub's work is a combination of advocacy; measurement of the current level of readiness of national governments and UN country teams; practical help to enable national governments, UN and humanitarian country teams to prepare; and coordination of humanitarian pandemic preparedness actors at national and regional level, to promote synergy, avoid duplication and identify gaps in the region. The PIC regional hub was established in late 2006 and is covering 15 countries.

This project is an extension of OCHA-PIC's existing programme, previously partially funded by Agreement reference CFIA/B-1. The official start and completion dates of the preceding contract were 1 October 2007 – 30 September 2008.

1.2. Key intended outputs:

a) UN and humanitarian country teams in Southern Africa are ready to continue operating in pandemic.
   - Conduct table top and functional simulations to improve and test planning with UN and humanitarian country-based teams in Southern Africa.
b) Humanitarian community in Southern Africa ready to respond in the event of a pandemic.
   - Conduct simulations for Humanitarian Pandemic Preparedness initiative in priority countries.
   - Encourage existing humanitarian coordination mechanisms to develop plans for their roles in pandemic.
c) Regional coordination platform delivers improved regional coordination on pandemic preparedness.
   - Convene and facilitate regional joint planning meetings with pandemic preparedness actors of the region. Develop who does what where information to help identify opportunities for collaboration
d) Governments in Southern Africa are better prepared for non-health impacts of pandemic.
   - Advocate with governments in Southern Africa to include an influenza pandemic as a threat requiring multi-sector contingency planning.
   - Advocate with national disaster management focal points to include pandemic in national disaster plans.

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

a) Pandemic influenza preparedness plans built upon existing mechanisms for disaster preparedness, mitigation and response and – as much as possible – fully integrated into existing structures for disasters and crisis management.
b) Stakeholders engaged in the facilitation of coherent strategies for pandemic preparedness and response, including in humanitarian settings, encouraging synergy.

c) Assessment, tracking and monitoring of pandemic preparedness.
d) Support to national pandemic preparedness planning.

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

PIC's partners are:

a) UN country teams (UNCTs) in the Southern Africa regional and their national host governments (through UNCTs) to improve their preparedness for a sudden pandemic.
b) Regional humanitarian partners (NGOs, Red-Cross movements) to support humanitarian response in a pandemic
c) Regional national and international institutions for disaster risk management to advocate for adding 'sudden high mortality pandemic' to the list of risks they must work to mitigate

II. Resources

2.1. Financial Resources:

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

This project is fully funded by CFIA grants without any other external donor contributions.

Breakdown of CFIA funds received for B-10 project

Category	Cost
Supplies, Commodities, Equipment and Transport	0
Personnel (Staff, consultants, travel and training)	266,527
Training of Counterparts	0
Contracts	0
Other Direct Costs	16,500
Sub-total	287,129
Indirect Costs[1]	37,327
TOTAL	324,456

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

During the implementation of this project, there were no major constraints in the mechanics of the financial process. The budget is US$324,456.

2.2. Human Resources:

This project has a total of two staff members: One international staff (Regional Planning Officer, P-4) and one national officer (NOA) based in Johannesburg, South Africa.

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

- 1 field-based national staff member who provides administrative and financial support services.

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

– 1 international staff member at L-4 level with regional responsibilities in pandemic preparedness and planning.

[1] The indirect support cost, which is calculated as a percentage of the programme budget sub-total (1-8), should be in line with the rate or range specified in the CFIA TOR, MOU and LOA. The Management Committee encourages keeping management support costs at 7 percent level

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.

A field-based Regional Planning Officer supported by a global coordinating team in Geneva conducted the programme implementation through country-level and regional engagement. There were clear measurable deliverables (such as simulations exercise conducted, online global preparedness tracking and guidance platform maintained; joint work planning meetings with pandemic preparedness actors held). PIC has been working on non-health humanitarian pandemic preparedness since 2006, engaging with UN Country Teams, governments and other humanitarian actors in the Southern Africa region. PIC has implemented some efficiency savings to reduce its overall costs from 2008 to 2009.

The PIC programme addresses gaps in beyond-health and humanitarian pandemic preparedness in the Southern Africa region, as well as coordination amongst key regional actors. PIC maintains an online monitoring system, which consolidates information on the level of preparedness down to country level. Common prioritization amongst partners is agreed through a PIC-chaired regional coordination forum.

Preparedness action now could lead to significant reductions in the substantial economic, social and humanitarian impacts of a severe pandemic.

The programme outputs work towards coherence and synergy amongst humanitarian pandemic preparedness partners at regional level, whilst delivering improved preparedness planning amongst humanitarian country teams - who in turn support national authorities.

The needs of particularly vulnerable or marginalized groups are considered especially in dealings with UN and humanitarian county teams, where simulations and planning processes encourage managers to prioritize essential activities that must be continued during an influenza pandemic – for example support to refugees or malnourished children. OCHA advocates with Government partners the importance of planning for the humanitarian impact of pandemic on vulnerable communities and the importance of engagement with NGO and Red Cross/Red Crescent partners in this regard.

OCHA develops who does what where information, to help identify opportunities for collaboration – and provides a forum for strategic thinking by donor, NGO, Red Cross and UN actors on humanitarian pandemic preparedness priorities.

Engagement is managed through the OCHA Regional Office in Southern Africa, with PIC's Regional Planning Officer reporting to the OCHA Regional Office Head on a day-to-day basis. PIC seeks, records and analyses feedback and evaluation of all its simulations and table-top exercises so as to identify areas for improvement. Progress in preparedness is tracked via an online system managed by PIC: www.un-pic.org/web

Due to the risk of waning interest in governments, national disaster bodies, international organizations, humanitarian organizations and UN country teams. The project is designed to confront this problem with its advocacy work. Our approach is to encourage pandemic to be incorporated into existing national disaster plans, processes and structures so as to enhance sustainability. We also seek to articulate effectively the collateral benefits of pandemic preparedness to increase its attractiveness.

There is a risk that a lack of funding for pandemic activity will constrain the ability of UN country teams to support national efforts. Our separate CFIA small seed fund for UN Resident Coordinators helps to mitigate funding constraints.

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

There was no major procurement done in 2009 with CFIA contributions, all office equipment, furniture and other materials were purchased at the end of 2007 and delivered in 2008. OCHA procurement is undertaken following UNOG procurement procedures and regulations.

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

PIC runs a web-based system to measure the preparedness of UN country teams and national governments. This helps us to evaluate overall progress in the pandemic readiness agenda. We report back to the UN Deputy Secretary-General's Steering Committee on Influenza for each of its quarterly meetings on the state of progress of UN country team preparedness and planning. Over the reporting period the tracking system for preparedness has been updated to provide greater functionality for field teams to measure preparedness at a UNCT and National level. The application of this data allows for a consistent picture of global preparedness.

PIC works with UNSIC to provide a chapter for the annual World Bank/UNSIC progress report on avian and human influenza which is prepared to inform the annual inter-Ministerial conference. In addition, we work with UNSIC on the chapter covering the state of pandemic preparedness. A survey is issued to all Governments in advance of this report to generate information and feedback on the state of pandemic preparedness. PIC then evaluate with UNSIC the data that emerges and uses this to inform work priorities over the coming period.

One of our main products is simulation exercises. In the region PIC undertook 5 simulations during the course of this project. We require all participants to deliver feedback at the end of each exercise and we monitor this feedback on an Excel spreadsheet. Lessons that emerge are built into the design of future simulation exercises.

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

Nothing to report

IV. Results

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

a) A total of 13 countries adopted the PIC planning framework for pandemic contingency planning. (Exceeds target of 5).
b) 16 countries updated the data on their state of readiness on the PIC tracker. (Exceeds target of 12). 5 simulations carried out (100% of target of 5).
c) 17 disaster management focal points were lobbied (exceeds target of 8)
d) 6 briefings and presentations were made to governments and regional bodies (exceeds target of 4).
e) 5 meetings for regional organizations (exceeds target of 4).

4.2. Main activities undertaken and achievements.

In 2009, 4 simulations were held in Namibia, Botswana, Seychelles and Malawi. Plans were revised, antiviral medicines stockpiled and Business continuity plans developed.

The Namibia TTX involved some 20 participants from UN Agencies such as UNDSS, UNICEF, FAO, WHO, UNDP and UNRCO, as well as the local Red Cross.

The UNCT technical team attended the table top exercise for the Botswana Government. The Malawi TTX involved representatives of different UN Agencies, the Malawi Ministry of Health and the Malawi Disaster Management Department (in the Ministry of Home Affairs). The two key ministries' participation was very useful to the UN Technical Group. The two ministries confirmed the support which their Government would require from the UN System in a worst-case scenario. UNCT Malawi agreed to revise the Contingency Plan (CP) as per the gaps identified during the TTX.

PIC provided guidance to UNCTs in the region in the finalization of their Pandemic Preparedness Plans.

Constant communication was held with all UNCT Focal points on disseminating various guidelines and the PIC readiness framework to the UNCTs, assessing the UNCTs' and National Governments' pandemic readiness, and providing support to UNCTs in updating their pandemic influenza preparedness and response plans.

Due to the threat of the pandemic AH1H1, PIC Southern Africa briefed the Regional Directors Team (RDT) on the importance of supporting the process of preparedness plan revision. Letters were sent to all UN RCs in the region, requesting them to speed up the process of revising and implementing plans, and informing them of the availability of PIC in revising and testing plans through table-top exercises and functional simulations.

Regarding South Africa, PIC has permanent interaction with the UNCT in South Africa. Guidance and technical support have been given to the UNCT Technical Committee. PIC, UNICEF and WHO attend weekly meetings of the National Multisectoral Committee on Pandemic Influenza and give guidance and technical support to the South African Government in developing their response plan.

UNCT Focal Points were requested to update the PIC readiness tracker indicators for both UNCTs and National Governments.

In 2009, PIC Southern Africa took part in the "WFP Regional Training for Country Office Avian and Pandemic Influenza Focal points". The training was attended by the UNCT South Africa Technical Committee on Pandemic Preparedness. Members of the Technical Committee provided similar training to their staff members. OCHA ROSA (Regional Office for Southern Africa) had its training in May 2009. Various UNCTs conducted training for their staff and dependents on prevention.

In 2009, PIC assisted the OCHA Regional Office for Southern Africa (ROSA) and the OCHA Country Office for Zimbabwe. The BCPs were implemented and the necessary materials and equipment purchased.
PIC also coordinated and supported Regional Offices, UNCTs and humanitarian actors to define their roles and responsibilities during pandemic and the development of UNCT Business Continuity Plans.

PIC Southern Africa also developed and shared national-level fortnightly situation reports on pandemic preparedness with both UNCTs and National Governments.

A total of 13 Southern African countries (Angola, Botswana, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Swaziland, Seychelles, South Africa, Zambia and Zimbabwe) adopted the PIC Planning Framework for Pandemic Contingency Planning. (Achievement of 13 countries versus 5 targeted for the year – Target exceeded).

14 countries updated the data on their state of readiness on the PIC Tracker. (Target of 12 exceeded).

4 simulations were carried out from January to December 2009 in Southern Africa. (80% of targeted 5 simulations). Zambia and Mozambique were in the list of countries to carry out simulations in 2009 but due to various circumstances the planned simulations were postponed to early 2010.

In order to reach and involve disaster managers in Africa, PIC Southern Africa worked closely with UNISDR, OCHA regional offices and the African Union (AU) Commission to integrate Pandemic Preparedness into the Africa Regional Platform for Disaster Risk Reduction (DRR) agenda. PIC participated in the preparatory meeting and the Second Africa Regional Platform for DRR Consultative Meeting and made a presentation during the event from 3-4 May in Nairobi. PIC was able to meet the main actors, carried out advocacy and forged partnerships with disaster managers. For Southern Africa, 13 National governments revised their H5N1 preparedness plan by adapting them to the pandemic AH1H1. Others opted to develop a new AH1N1 preparedness and response plan. PIC and WHO Country Offices as the natural focal points within the UN System at national level gave technical assistance.

Partnership with IFRC: The partnership between PIC Southern Africa and the IFRC included information sharing and participation in events/workshops organized by the IFRC. PIC attended the Humanitarian Pandemic Preparedness workshop for National Red Cross/Crescent Societies and national disaster managers in the region held in Pretoria South Africa, in July 2009. PIC also supported the participation of

disaster managers in the workshop. It was agreed with IFRC that they should coordinate the INGOs involved in pandemic preparedness.

PIC also had interaction in information sharing with OXFAM Great Britain, World Vision and Care on their own organizations' pandemic preparedness. As a follow up, INGOs developed their own BCPs at national level and identified the support they could provide to National Governments.

In 2009, Regional UN Agencies and International NGOs (INGOs) had various meetings to discuss the regional contingency plans and information sharing on the status of readiness of each organization. PIC also attended Regional Inter-Agency Standing Committee (RIASCO) Meetings to give regular updates on progress made in the region, offer assistance, and make a presentation on "The UNIP and The Way Forward for Southern Africa" to regional humanitarian partners based in South Africa.

The UN Regional Office Task Force was reactivated to assess the status of UN Agencies' preparedness, updated the list of critical functions, and discussed pandemic preparedness support to be given to countries.

In November 2009, PIC gave a presentation on the "Whole-of-society Approach" during a WFP workshop held in Zambia on pandemic preparedness for middle managers from various key sectors in the Zambia Central Government and from the Zambia National Red Cross Society. On that occasion, PIC met the National Coordinator and staff of the Zambia Disaster Management and Mitigation Unit to discuss pandemic preparedness and the "Whole-of-Society Approach". One of the recommendations from the simulation training was the nomination of focal points in each key sector to coordinate sectoral business continuity planning.

After the human influenza outbreak in Mexico, PIC Southern Africa urged UNCTs and National Governments to rapidly revise their preparedness and response plans. PIC Southern Africa developed a matrix for assessing country pandemic readiness to enable the revision of existing pandemic preparedness plans both at UNCT and National Government level, provided the necessary technical support to the plan revision process, including BCP development, through WHO country offices and UN Resident Coordinators' Offices in Angola, Botswana, Comoros, Lesotho, Malawi, Madagascar, Mozambique, Mauritius, Namibia, the Seychelles, South Africa, Swaziland, Zambia and Zimbabwe. Documents related to pandemic influenza preparedness were disseminated to UNCTs and National Governments. PIC supported National Governments through UN Technical Focal Points by disseminating guidelines for pandemic influenza preparedness planning, and engaged UNCTs and National Governments in the UNIP Process. All UNIP countries submitted their assessments of needs. Technical support (WHO, UNICEF and PIC) was given to the South African Government in the development of its communication strategy on H1N1. 13 countries out of 14 (not Comoros) requested technical assistance.
In January 2009, PIC Southern Africa met, in Botswana, the country's Disaster Management Department (in the Office of the President) and Ministry of Health to advocate the importance of the "Whole-of-society Approach" to pandemic preparedness. It was agreed that a TTX for the Botswana Government, the UNCT and the Botswana-based SADC secretariat was to be held on 22 April 2009. PIC also initiated discussions with the SADC Secretariat to integrate pandemic preparedness into the Regional Health and Population Strategy. The planned TTX took place, as scheduled, on 22 April in Gaborone, Botswana, facilitated by PIC and involving the Botswana Government, UN Agencies, embassies and international organizations based in Botswana. A week after the TTX, the Government of Botswana revised its contingency plan as per the findings of and recommendations from the TTX.

In early May, PIC Southern Africa met the Director-General of the Seychelles Department of Risk and Disaster Management (DRDM - in the Office of the President) to discuss the way forward for the Seychelles. It was then agreed that a TTX was to be organized with the Seychelles National Platform for Disaster Reduction under the leadership of the Seychelles Disaster Risk and Management Secretariat (also in the Office of the President). The TTX – a multisectoral one - was preceded by a field visit to various disaster management operation centres in the country and by an Emergency Preparedness and Response Workshop. In July, PIC Southern Africa met the Department of Risk and Disaster Management (DRDM), Ministry of Health & Social Development and WHO Liaison Office (ensuring UN Coordination in the country) to explain further the "whole-of-society" approach. PIC had a special session with the DRDM to brief its staff on the "whole-of-society" approach and the role and responsibilities of disaster

management institutions in pandemic influenza. On 09 July, the multisectoral TTX on pandemic influenza was organized in the Seychelles with technical support from PIC and WHO, under the chairmanship of the Permanent Secretary in the Vice President's Office and the Director-General of the DRDM. The small UNCT in Seychelles also participated in the TTX. As some private sector members had been able to develop BCPs, their experience was used to train other sectors.

In mid-August, OCHA-PIC Southern Africa and UNICEF technical Hub based in Johannesburg participated to the WHO Africa Regional Conference on H1N1 held in South Africa, attended by over 300 delegates from African Ministries of Health and WHO Country Offices. The Conference provided a forum to review preparedness and response plans, and share information and experience on surveillance, communication, case management and infection control, laboratory and research and vaccines.

During the same WHO Regional Conference, PIC Southern Africa held separate meetings with Government Officials from Angola, Botswana, the Comoros, Madagascar, Malawi, Mauritius, the Seychelles and Zimbabwe, to discuss progress and responses made by their National Governments. It emerged from the meetings that: the Angola plan had been revised and covered non-health issues; the Botswana plan had been revised just after the TTX in April; the Comoros plan had been revised but not finalized yet; the Madagascar plan had been revised and adopted on 28 July, and Government BCP was to be developed; the Malawi plan had been revised but needed to be tested; a Mauritius simulation had been carried out in June to test its new plan; the Seychelles plan had to be finalized; and the Zimbabwe plan had been revised but not finalized.

In August, PIC Southern Africa met with South Africa's National Disaster Management Committee (NDMC) to discuss its leadership of pandemic preparedness and response beyond the health sector. It was agreed that the National Plan was not sufficient because each Provincial Government's operations were independent from Central Government and available resources were not the same. NDMC proposed that plans ought to be developed in the most H1N1-affected provinces of Gauteng and Western Cape, stressing that Disaster Management Departments in the two provinces required more capacity and finance. In October, PIC had another meeting with South Africa's National Disaster Management Committee (NDMC) to discuss the involvement of other key sectors in pandemic preparedness planning. The meeting was followed by another meeting in November. The South African government agreed to give priority to pandemic influenza and cholera preparedness for 2010 and a budget has been allocated to the Ministry of Health.

In September, PIC facilitated, in Madagascar, a National Training Workshop on Whole-of-Society Approach and Business Continuity Planning. Participants were from various key ministries, the UN System, INGOs and the Private sector. Madagascar's National Office for Risk and Disaster Management (BNGRC in French) was to coordinate the implementation of the road map of BCP development from October to December 2009. Further technical guidance was given to Madagascar and the Seychelles. PIC attended the national BCP committee in Madagascar in which the Energy and Water company presented its business continuity plan.

In September, a TTX for the Zambia National Task Force on H1N1 was held in Zambia. PIC Southern Africa provided guidance to the National Government and UN RC's Office on the organization of the TTX. Gaps were identified.

In October, PIC Southern Africa gave a presentation at an OCHA Regional Workshop on Disaster Preparedness to brief Southern African disaster managers and partners on progress made and the way forward in the Southern Africa region. The same month, PIC Southern Africa gave a presentation on pandemic preparedness and the role of PIC during the commemoration of the International Day for Disaster Reduction in South Africa, attended by some 200 disaster managers from South Africa and neighbouring countries (Madagascar, Mauritius, Mozambique, Tanzania, the Seychelles and Zimbabwe).

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

As the political and media profile of the pandemic issue declines, it is becoming more challenging to sustain the interest of some Governments and UN country teams in pandemic preparedness.

Given the declining profile, we consider that pandemic interventions need to be punchy, concise, modest and proportionate. There is a limit to what degree of resources one can realistically expect a resource-poor country to devote to the pandemic agenda.

We have identified that in order to promote sustainability; it is desirable to seek to integrate pandemic planning into wider forms of multi-hazard emergency planning and into the remits of institutions responsible for such wider planning. We have identified that it is valuable to enumerate and articulate the collateral benefits of pandemic planning. We have identified that in order to maximise progress and generate momentum, it is important for a wide range of actors to work closely together on pandemic preparedness planning – for example the United Nations, the Red Cross Movement, civil society organisations, Governments and the military.

We have identified that table top exercises and simulations are a valuable tool for raising awareness of pandemic.

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).

In 2009, PIC continued to work closely with UNSIC and other key UN, Red Cross and NGO stakeholders in updating both the UN Concept of Operations for an influenza pandemic and other policy issues.

PIC spearheaded the development of a new WHO guidance product for Governments that captures the essential actions that need to be taken by Governments to ensure that the whole of society is prepared for the consequences of an influenza pandemic. This document, called the 'Whole of Society Readiness Guidelines' will become an important component of the revised WHO Global Pandemic Preparedness Plan – expected to be released in the spring of 2009. PIC managed the work of a multi-stakeholder taskforce on beyond health pandemic preparedness, with the participation of specialists from UN agencies and member states.

PIC Johannesburg supported the South African Department of Health to organize a Table Top simulation exercise with the Government of SA, the Regional Inter-Agency Steering Committee (RIASCO) and the UN Country Team (UNCT) in South Africa with the participation of Disaster Managers from SADC countries as observers.

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

N/A

V. Future Work Plan

5.1. 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.

PIC submitted a project worth US$ 1,485,000, including Southern Africa and 4 other PIC regional hubs, for 2010, which was approved by CFIA Committee on 14 December 2009. PIC's goal is to protect vulnerable groups from the impacts of a pandemic. PIC's work involves:

a) Working with UN Country Teams to help National Governments in restricted-capacity developing countries improve their "whole-of-society" readiness for pandemic.
b) Helping UN and humanitarian country teams to be more ready to maintain essential operations, assist National Governments and deliver humanitarian assistance in a pandemic.

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

N/A

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

This project is fully funded by CFIA grants without any other external donor contributions.

Breakdown of CFIA funds received for B-10 project	
Category	**Cost**
Supplies, Commodities, Equipment and Transport	0
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Indirect Costs[2]	37,327
TOTAL	324,456

[2] The indirect support cost, which is calculated as a percentage of the programme budget sub-total (1-8), should be in line with the rate or range specified in the CFIA TOR, MOU and LOA. The Management Committee encourages keeping management support costs at 7 percent level

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 6[3]							
UNCAPAHI Output 1.1	Indicator 1.1.1	Countries adopted the PIC planning framework for pandemic contingency planning.	5	13		PIC monthly reports.	
	Indicator 1.1.2	Countries updated the data on their state of readiness on the PIC tracker.	12	16		PIC online readiness tracker (self assessment tool for use by UNCT's to track levels of preparedness).	
	Indicator 1.1.3	simulations carried out in support of national preparedness	5	5		PIC monthly reports	
	Indicator 1.1.4	Disaster management focal points were lobbied	8	17		PIC monthly reports	

[3] From UNCAPAHI (see h http://mdtf.undp.org/document/download/4117).

		to include pandemic preparedness in their multi hazard planning process.					
	Indicator 1.1.5	Briefings and presentations were made to governments and regional bodies on multi hazard pandemic preparedness.	4	6		PIC monthly reports	
	Indicator 1.1.6	Meetings for regional organizations to discuss pandemic preparedness.	4	5		PIC monthly reports	