CENTRAL FUND FOR INFLUENZA ACTION PROGRAMME¹ QUARTERLY PROGRESS UPDATE

Q1, Q2 and Q3: 01 January – September 30, 2010

	UNITED NATIO		September				
Participating UN or	HIGH COMMIS		UNCAPAHI Objecti	vo(s) sovered:			
Non-UN Organisation:	FOR REFUGEE		Obj 6: Continuity u	• •	Conditions		
Non-ON Organisation:		3	Obj 6: Continuity u	nuer Punuemic (Conditions		
	(UNHCR)	.1					
			•		rian assistance for		
	refugees and other persons of concern (PoC) to UNHCR:						
	Egypt: Caritas / Refuge Egypt / Egyptian Family Planning Association/ Catholic Relief Services;						
Implementing							
Partner(s):	Algeria: Triangle Generation Humanitarian- Algerie						
	Jordan						
	Syria: Syrian Red Crescent						
	Yemen: SHS/ I	Yemen: SHS/ MSF-Spain/ Interaction for Development/ CSSW					
Programme Numbers:	CFIA-B18						
Programme Title:	UNHCR Humanitarian response to pandemic Influenza in Refugee Settings in the						
110gramme Title.	Middle East a	nd North A	frica region				
Total Approved							
Programme Budget:	LISC 245 045						
B15	US\$ 245,045						
Location:	Countries hosting refugee communities assisted in camps and in urban situations						
200000000	in the Middle East and North Africa: Egypt, Algeria, Yemen, Syria and Jordan						
MC Approval Date:	B18: 14 December 2009						
	UNHCR is the sole UN Agency with the mandate to protect refugees. UNHCR has				fugees. UNHCR has		
the responsibility to:							
Programme	Ensure preparedness and pandemic mitigation						
Description:	2. Create	appropria	ppropriate conditions for the continuity of basic delivery				
	assista	assistance in case of pandemic					
Programme Duration:		Starting		Completion			
B18	12 months	Date:	01 January 2010	Date:	31 December 2010		
Funds Committed:				Percentage of			
B18							
DIO	US\$ 245,045			Approved:	100%		
Funds Disbursed:				Percentage of			
B18				Approved: 100%			
D10	US\$ 245,045		Αργίονεα.				
Expected Programme		Forecast		Delay			
Duration:		Final	31 December	(Months):	0 months		
B8	12 months	Date:	2010	(iviolitiis).			

¹ The term "programme" is used for projects, programmes and joint programmes.

Outcome:	Achievements/Results:	Percentage of planned:
Operations planned and ready for responding to the needs of pandemic affected refugees	 Epidemic preparedness and response operational plans drafted in refugee camp settings. Health Surveillance and Reporting Systems and preparation for outbreak response strengthened in locations where refugees/PoCs live in camps (Algeria, Yemen), notably by training a response task force in camps, improving coordination mechanisms. UNHCR in close collaboration with IOM and other partners succeeded to include refugees and other PoCs into National Contingency Plans in Algeria, Egypt, Jordan and Syria. UNHCR, WHO and MOH provided on-job technical support to implementing partners (IPs) on epidemic preparedness and response; five days training coming up in December 2010 for IPs. Translation of public awareness documents done into appropriate languages for refugees in almost all the camps where necessary. Awareness materials on AHI and pandemic influenza reproduced in 7 languages (Arabic, English, Somali, Tigrigna, Amharic and Spanish) and provided to all MENA countries and to UNHCR Persons of Concern. Yemen: International procurement of emergency stock, including WHO IDD kits, drugs and medical supply for common epidemic potential diseases and universal precaution, is placed. Constructions of additional five rooms with bath service ongoing at the health centre in Kharaz refugee camp. This will highly contribute to improve health service quality and appropriate universal precaution in health center in Kharaz refugee camp. Coordinating activities with IOM for urban migrants and refugees in Cairo, Egypt Information disseminated to UNHCR staff, IPs 	> 85%

- adapting them.
- Logistics and Food pipe line aspect have been addressed in close collaboration with WFP.
- Mainstreaming of activities and maintaining outbreak preparedness for quick and efficient response is going on in several countries in the region.
- A regional epidemic preparedness and response officer post was transformed into a broader regional public health function to ensure better linkages and tighter integration with health, nutrition, food security, WASH and livelihood interventions.
- Training of Trainers from community health workers (CHWs), peer educators, religious leaders, and women community leaders have been organized and conducted for camp and urban settlement staff and refugees in Egypt, Jordan, Syria, Algeria, and Yemen.
- Close bilateral and multi- lateral coordination established with OCHA, UNICEF, FAO, WFP, IOM, IFRC, CARE, SCF and national authorities.

Qualitative achievements against outcomes and results:

Pandemic Preparedness Program has continued throughout the different countries in the region where UNHCR has the responsibility for refugee camps, IDPs and urban refugees.

The Senior Regional Public Health Officer and the Health coordinators in different countries of the region undertook various missions to provide technical support.

Overall, the preparedness and response capacity of UNHCR and its partners was further improved by setting up AHI and later H1N1 task forces in camps, improving coordination mechanisms, and developing contingency plans. This was achieved in Syria, Jordan, Algeria and Yemen. As most of those systems and mechanisms are not specific to Influenza, it is the overall epidemic preparedness and response that has been improved.

In camp-based settings in the region (Algeria, Yemen), UNHCR continued to strengthen the surveillance system for outbreak-prone diseases with better integration into UNHCRs standard health information system and made improvements in sharing data with national surveillance networks.

Preparedness and mitigation activities in refugee camps focused on strengthening drug management

systems, and on improving and enhancing of water delivery capacity and sanitation conditions in view of meeting the increased needs during an outbreak condition. Information materials were developed to raise awareness among UNHCR and partner staff and to sensitise persons of concern.

Achievements in the different activities of the project can be reported as follows:

1/ Refugees included in National Plans.

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

2/ Medical supply and protection equipment.

All supplies ordered through AHI funds have reached the countries of MENA. These included some cholera kits, lab reagents for measles, rubella, hepatitis, meningitis, Tamiflu, anti-malarials, IV fluids, anti-pyretics, alcohols and chlorine, as well as Personal Protective Equipment and bio-hazard and hospital waste bags.

3/ Outbreak control

Outbreak response task forces are in place in most of the camps/ countries including Egypt, Yemen, and Algeria.

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

4/ Public Information and awareness campaigns.

Training of Trainers conducted in Yemen: CHWs, HIV Peer Educators, and religious leaders on Hygiene Promotion and awareness raising to fight epidemics. In Algeria, women community leaders were trained on community level prevention of epidemics, including AHI. Awareness campaigns launched in Yemen and Algeria.

UNHCR coordinated with IOM who conducted training for migrants in the community. In Syria and Jordan, ongoing awareness campaigns and the distribution of IEC / BCC materials is a principal activity. IEC / BCC posters were produced in 7 languages in Cairo, Egypt and shared with other countries in the regions as well as other regions.

5/ Business Continuity.

a) Food

UNHCR participated in coordination activities initiated by WFP at regional level for setting up operational mechanisms for sustaining logistics and food delivery in case of crisis. Regular meetings took place between WFP and HCR Headquarters and regionally for exchange of information and planning of workshops as well as to agree on regional plans.

b) Water and Sanitation

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