CENTRAL FUND FOR INFLUENZA ACTION PROGRAMME[1]
QUARTERLY PROGRESS UPDATE
1st Quarter Report: 01 January - 31 March 2010

Participating UN or Non-UN Organisation:	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)	**UNCAPAHI Objective(s) covered:** ***Obj 3: Human Health*** ***Obj 5: Communication: Public Information and Supporting Behavior Change*** ***Obj 6: Continuity under Pandemic Conditions***			
Implementing Partner(s):	**UNHCR's implementing partners involved in humanitarian assistance in refugee camps:** Democratic Republic of Congo: IMC Rwanda: ARC and AHA Burundi: AHA Association of Medical Doctors of Asia (AMDA) – Nepal Malteser International – Myanmar Frontier Primary Health Care (FPHC), Union Aid for Afghan Refugees (UAAR), Pakistan Community Development Program (PAK-CDP), Centre of Excellence in Rural Development (CERD) – Pakistan Thailand: Committee for Coordination of Services to Displaced Persons 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; Middle East and North Africa; and **UNHCR direct implementation in 12countries.**				
Programme Numbers:	CFIA-B15				
Programme Title:	Avian and Human Influenza Preparedness and Response in Refugee Settings				
Total Approved Programme Budget: B15	US$ 990,000				
Location:	B15: Countries hosting refugee communities assisted in camps and in urban situations				
MC Approval Date:	B15: 14 December 2009				
Programme Description:	UNHCR is the sole UN Agency with the mandate to protect refugees. UNHCR has the responsibility to: 1. Ensure preparedness and pandemic mitigation; and 2. Create appropriate conditions for the continuity of basic delivery assistance in case of pandemic				
Programme Duration: B15	12 months	**Starting Date:**	23 December 2009	**Completion Date:**	31 December 2010
Funds Committed: B15	US$ 990,000			**Percentage of Approved:**	**100%**
Funds Disbursed: B15	US$ 100,000			**Percentage of Approved:**	**10%**
Expected Programme Duration: B15	12 months	**Forecast Final Date:**	31 December 2010	**Delay (Months):**	-

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

Achievements against outcomes and results:

A. General

- Mainstreaming and maintaining the best possible level of outbreak preparedness acquired over the last few years is the main focus for 2010: 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; and 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
- 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, continue fundraising advocacy and sustain adequate response to mitigate the consequences of outbreaks on refugee populations.
- 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 country depending, among others, on UNHCR and IP staff turnover
- 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.

B. Regional and country progress:

B. 1. East and Horn of Africa

- None of the countries in the region have explicitly included refugees in their national contingency plans; ensuring continued advocacy for refugee inclusion in all national disaster plans and programs including pandemics remains necessary.
- Established close liaison and follow up with MOH of Kenya, East Sudan and Djibouti (eligible for WHO-coordinated donation of H1N1 vaccines) to ensure refugees and health staffs receive H1N1 vaccines in line with govt planning and prioritisation and similar to host populations.
- Almost 100% of camps are using HIS as a surveillance tool with its early warning component. South Sudan camps are the latest during the reporting period to start using the system with one day orientation given to the PHO in Nairobi and another training planned in the 2nd quarter. Review of HIS done in Uganda in March and recommendations for improvement agreed and support training provided to HCR and IP staffs in using HIS for epidemic monitoring.

- Assessment of available supplies done in collaboration with country operations resulting in gap identification and proposals for filling those gaps agreed especially for laboratory supplies. Efforts to mainstream stockpiling of these supplies in regular procurement are ongoing including their budgeting in COP for 2011.
- As part of food pipeline monitoring, regular updates are obtained from WFP with fairly healthy pipeline for Kenya, Tanzania, Ethiopia, East Sudan, Djibouti but not Uganda.
- 2009 AHI funded projects fully implemented in Ethiopia, East Sudan and Uganda. Construction of an isolation facility and a septic tank completed in Ifo new hospital, Dadaab Kenya.
- EPRC, Public Health Officer and IP health coordinators met with district health authority in Mbarara Uganda and agreed to integrate refugee preparedness plan with the district plans. Specific areas of focus included coordination, surveillance and public information and communication in addition to the adhoc support received from the district including transport of samples.
- Effort is directed towards maintaining stockpiles of drug and medical supply for outbreaks within the drug management system. A review of drug management system was undertaken in Uganda in March, gaps identified and plans made to improve the system including updating of SOP and appropriate budgeting in COP. 3 Interagency diarrhoeal kits, 5 pastorex meningitis kits (100 tests) and 5 vaccine refrigerators were 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 were 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 finalised 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

B.2. 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.
- 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.

BANGLADESH:

- Bangladesh implemented programme to increase water delivery in the two refugee camps of Kutupalong (KTP) and Nayapara (NYP)
- The average quantity of water available per person and per day in 2009 in Nayapara camp was 16 litres only. It has been increase by the construction of Ferro-cement tanks. In addition, 100% of water taps (256) have been checked and replaced if needed, all are now functioning.
- The 41 hygiene promoters (HPs) who were trained are now fully operational.
- Necessary information and IEC materials were distributed among the health partners.

MALAYSIA:

- 20 community health workers (CHW) have been trained to promote health awareness among their communities. IEC materials translated from the Ministry of Health materials were printed and disseminated.

MYANMAR:

- 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.

NEPAL:

- Nepal refilled its AHI related stockpile.

PAKISTAN:

- 124 new school latrines were constructed
- 103 school latrines were rehabilitated
- 12 water storage tanks were installed

B.3. Central Africa

During the reported quarter, more than 100 thousand people fleeing the violence that erupted in the equatorial region of the Democratic Republic of Congo arrived in the Republic of Congo and in Central African Republic.

1/ Refugees included in National Plans.

In Brazzaville, the UNHCR team managed to establish a mechanism for the coordination of health activities for the refugees and hosting population. Advocacy was initiated to ensure the covering of refugees by the national plans including that for influenza A (H1N1). In the Likoula Province, it was agreed that the Ministry of Health allows access of refugees to all health services available for the resident population whilst UN agencies support will not be limited to refugees.

During Health Cluster taking place in Kinshasa UNHCR called for common advocacy for refugee populations. As a result, WHO and other members decide to state refugees explicitly as one of "vulnerable populations" included into the national contingency plan on Influenza A(H1N1). The team was closely following up Influenza A (H1N1) vaccination plans but the country has opted, so far, not to apply for receiving the vaccine.

2/ Medical supply and protection equipment.

Supplies of intravenous fluids, IV sets, antibiotics, Personal Protection Equipment and disposables were procured to the implementing partners operating in Republic of Congo. The supplies were used to fill the severe gaps at the field health facilities and stockpiling for potential spread of pandemic influenza or other epidemic cases.

To couple previous efforts on biomedical supply distribution and BCC carried out previously, needs of other non medical equipment and supply that can help promotion of hygiene and make pandemic response and control effective, were assessed for the IDP camps located in N. Kivu, DRC. Detailed proposal was submitted by the Field staff including items, target populations, estimated costs and justifications and expected outcomes. The procurement process has accordingly started.

3/ Outbreak control

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.

4/ Public Information and awareness campaigns.

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.

5/ Business Continuity.
UNHCR team held meetings with WFP in Roc to ensure continuity of food provision during potential pandemics. The WFP team has accordingly, promised to contact its HQ to get more guidance in developing a plan for RoC country and the Likoula Province.

B.4. MENA

- A mission was carried out in Yemen to follow up on ongoing EPR activities including Pandemic Influenza contingency planning and a WASH project that has been started in July 2009, as well as provide training to UNHCR health staff on the latest guidelines issued by WHO on case management and vaccination for Pandemic Influenza A H1N1; the purpose of the latter was to keep UNHCR staff up-to-date with global developments, so that they can extend the training to country IPs, thereby ensuring that the quality of health services provided to UNHCR PoCs is in line with the latest guidelines from WHO.
- The mission has fulfilled its purpose in reviewing the WASH project, now under implementation, provided training to UNHCR Health and Nutrition Coordinator in Aden, and conducting a working session on Pandemic Influenza Contingency Planning with UNHCR major health IP, CSSW in Aden. The governorate level Epidemic Surveillance Officer from Lahaj into the training on H1N1 case management, and a series of successful advocacy and negotiation meetings were held with MOH Yemen in Aden, Lahaj and at capital level in Sana'a. The three meetings culminated in UNHCR receiving confirmation on the inclusion of refugees in national Pandemic Influenza Response Plans, as well as inclusion of NGO health staff from UNHCR IPs in the upcoming H1N1 vaccination scheme, where Yemen has been identified as one of 7 priority countries to receive WHO support with vaccine deployment.
- UNHCR participated with 2 colleagues from UNHCR Iraq Operation in two days meetings of the Regional Inter-Agency Emergency Preparedness and Response Network in Amman, Jordan. The meetings addressed various issues focusing on climate change, pandemic influenza, and Disaster Risk Reduction.