CENTRAL FUND FOR INFLUENZA ACTION PROGRAMME[1]
QUARTERLY PROGRESS UPDATE

2nd Quarter Report: 01 April-June 30, 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

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

Funds Committed: B15	US$ 990,000			**Percentage of Approved:**	**100%**
Funds Disbursed: B15	US$ 207,500			**Percentage of Approved:**	**21%**
Expected Programme Duration: B8	12 months	**Forecast Final Date:**	31 December 2010	**Delay (Months):**	--

Outcomes:	**Achievements/Results:**	**Percentage of planned:**
1. Advocacy: Advocate for refugees, internally displaced persons (IDPs), returnees and other persons of concern to UNHCR (PoCs) to be fully integrated as beneficiaries in the national host Government contingency plans.	• Malaysia and Nepal Health authorities have indicated verbally that refugees would be covered by the national plan for influenza although they are not yet specifically mentioned in written in the plan • Rwanda: Refugees are included in National Contingency plans (NCP) for AHI. Verbal approval provided by the MOH to include refugees into (NCP) for A (H1N1) expected to be issued shortly. • Burundi: NCP on A (H1N1) been drafted. Advocacy is going on to have refugee included into the first draft. • DRC: Most IPDs who used to live in camps in North Kivu are still going back home voluntarily. MOH and WHO had agreed to highlight covering vulnerable populations without necessarily mentioning IDPs. However, one IDP camp only is still hosting IDPs in N. Kivu.	**<50%**
2. Human Pandemic Preparedness: Prepare affected communities for the detection, prevention and mitigation of epidemics including AHI. ***2.1. Systems for surveillance of influenza-like illness through strengthening health services for refugees to include surveillance and detection, hygiene education and other forms of infection control, and contribution to containment.***	• All refugee camps in recipient countries in Asia have functioning surveillance system; no outbreak reported in the refugee camps during the reported period. • On-going monitoring of influenza-like illness (respiratory illnesses) is continuing in all country operations using HIS in East and Horn of Africa (EHA). Respiratory illness sentinel surveillance in also ongoing in Kenya camps as part of the national sentinel surveillance system supported by CDC. • Reporting systems, coordination and surveillance mechanisms at camp level put in place during precedent exercise are reviewed and assessed during the missions of the Regional EPR Coordinator in the different refugee camps in Rwanda and Burundi and the IDP camps in N. Kivu, and return sites in Katanga, DRC	**94%**

2.2. Strengthen outbreak control and response task force in the camps.	• Review of coordination mechanisms undertaken in East Sudan in June where coordination with national authorities was considered good and camp level coordination strengthened through review of composition and modalities for coordination of outbreak control teams. Outbreak control teams will be strengthened to ensure inclusion of all stakeholders and clarify roles and responsibilities. • The HIS Officer trained the UNHCR partners operating in the Republic of Congo and in Centre African Republic to use the Health Information System.	**69%**
Stockpile of drugs and medical equipment in place.	• Reviewed in all camps in Nepal, Bangladesh and Thailand (through CCSDPT); no information could be made available from Pakistan. • The management of the stockpile of medicine and supplies procured to provide a quick response to outbreaks in Nepal has been mainstreamed in the regular drug management system. AHI stock pile was replenished in Bangladesh, additional antibiotics were procured. • The stock of medical equipment and drugs purchased in 2007 has been reviewed; necessary adjustments were made. Additional supplies were shipped to Republic of Congo and Katanga Democratic Republic of Congo to replenish the stocks used to control the cholera outbreak. • As assessment of gaps in essential supplies done as part of the overall EPR assessment in Djibouti and East Sudan and gaps identified especially in laboratory supplies. EPR funds will be used to fill some of these gaps while the remaining gaps to be filled through regular procurement. • A Standard Operating Procedure for drug management was developed in East Sudan with the aim strengthens the drug mgt system.	**68%**

2.4.Strategic communication plan for entire refugee communities in order to reduce risks and mitigate the impact of any outbreak or pandemic	• Hygiene promotion activities have been conducted by 41 volunteers in the camps in Bangladesh. • In Malaysia, 30 community health workers (CHW) who have been trained in conducting health awareness talks and plays continued with their daily outreach activities. They have also targeted community schools the past 3 months. In all, they have reached out to 20,627 persons in the past quarter. They also accompany mobile clinic teams of Implementing Partners to provide health education in other states. • In Nepal, more IEC materials are needed; IEC samples were shared with AMDA for re-printing. The implementation modalities of training events as per the project proposal were discussed with AMDA and finalized. The training will be provided to all cadres of health care providers and community people based on the national training manual developed by GoN/MoHP. • In Pakistan: CHWs/ Basic Health Unit staff, were trained on awareness raising messages that they will have to deliver to the communities. • Health messages about influenza prevention were mainstreamed by some of the Implementing Partners into the regular health education sessions. • The importance of hand washing is explained to everyone visiting a health facility; presence of soap and water is ensured on the daily basis • Translation of public awareness documents into Swahili and Kenny Rwanda was done in all camps and IDP sites in DRC, Rwanda and Burundi. • Agreements developed to resume TV and radio spots with key messages on influenza, cholera and hygiene to regularly air messages through 14 local channels in N. Kivu and s. Kivu in DRC. • Community health promoters trained in Burundi, DRC and Rwanda • UNHCR, other UN and IP staff based in Abeche, Chad continued provision of outreach activities to enhance refugee awareness on AHI. • Discussions and agreements reached with Djibouti and East Sudan to print and distribute IEC materials for influenza and other common outbreaks to all camps in their country operations using the EPR funds budgeted for and transferred for this purpose. Ethiopia and Uganda to follow.	**82%**

2.5. Coordination: A strong coordination mechanism for supporting and monitoring all related operations in the field and to play an active role within the different bodies/platforms established under the leadership of UNSIC	• UNHCR regularly attends the UNSIC, WHO, and PIC-OCHA meetings and teleconferences • UNHCR participated in the 7th International Ministerial Conference on 'Animal and Pandemic Influenza (IMCAPI) from 19 to 21 April 2010 in Ha Noi. • UNHCR participated in the 2nd Influenza Training Network (ITN) in Hammamet, Tunisia from 27 – 29 April 2010 organised by WHO together with other agencies. The purpose was to share experiences in influenza training and agree how best to share training materials, and also review the mandate of ITN and draw a work plan.	**100%**

3. Continuity of humanitarian services: ***3.1. Organise and put in place adequate planning with Implementing and Operational Partners (IPs/Ops) for ensuring basic delivery assistance under pandemic conditions.*** ***3.2. Improvement and enhancement of water delivery capacity and sanitation conditions in view of creating optimal conditions for the response to an outbreak***.	• Immunisation of health care staffs in the two Kenyan camps was done in collaboration with MOH during May 2010 where (579) health staffs immunised in Dadaab (148) and Kakuma (431). Some 269 chronically ill and non-health staffs from other agencies were also immunised. The MOH provided the vaccines and UNHCR and partners undertook the campaign. East Sudan and Djibouti are the two remaining priority countries who could receive H1N1 vaccines • Bangladesh took significant measures to improve existing WatSan facilities in the two refugee camps of Kutupalong (KTP) and Nayapara (NYP) and to address the gaps in epidemic preparedness plan. The average supply of water in Nayapara increased from 16 litres/person/day in 2009 to 19 litres/person in 2010 due to the construction of Ferro-cement tanks. In addition, emergency repair of water reservoir dam embankment in Nayapara was initiated following recent heavy rains and floods which caused significant damage to the reservoir dam. The average water supply in Kutupalong is 26 litres/person, however as per latest assessment 21 tube-wells were damaged beyond repair causing long delays in access to water, thus we are constructing 10 additional tube-wells in Kutupalong. To improve the sanitation and to raise awareness of proper hygiene in the camps, construction of 1,621m of drains and 20 garbage/refuse pits is ongoing • In Myanmar, Malteser officially handed over the newly constructed isolation ward with the furniture for the patients as well as for the staff to Township Medical Officer; the hospital will now be able to better manage complicated cases of influenza and other infectious diseases. • In Pakistan, emphasis was given to improve infection prevention in health care setting; it has included training on disinfection of instruments, table tops and examination couch, sterilisation and chlorination, use of universal infection prevention precaution and hand washing • In Burundi, water provision and sewage disposal improved in health posts in 2 refugee camps. • In Rwanda: physical rehabilitation of camp health posts in Gihembe and Nyabiheke Camps completed with activities including cementing of floor and providing piped water to all inpatient and outpatient sections. A patient isolation room was constructed in Kiziba camp. Construction of	**90%** **70%**

	additional latrines is in process for the Kiziba Refugee camp. • Chad: needs of isolation rooms and improvement of infection control practices in the camps were assessed. In RoC, UNHCR recruited a new WASH Officer in the Likouala Province that hosts114,000 refugees • Most health facilities have running water supply for hand washing and other hygiene needs. EPR budget 2010 to be used to improve water supply and sanitation in Uganda and E Sudan for the remaining health facilities. To be reported in the next quarter	
2.5. Contingency Plans at camp level.	• Contingency Planning has been drafted in the refugee camps of Rwanda and Burundi and in the provinces of N. Kivu and S. Kivu where the biggest IDP population of DRC live. Trainers from East Chad were trained on principles of contingency planning. A workshop is planned to develop contingency plans for the Katanga Region of DRC • Contingency plans already existing in the camps of Nepal, Bangladesh and Thailand (later through CCSDPT). • In Iran UNOCHA organised a half a day workshop, on Influenza preparedness and response. During the workshop the necessity of contingency plan and the other relevant arrangement for this kind of situation has been discussed. No information from Pakistan	**67%**
2.6. Logistics and food pipe line contingency planning with WFP	• Review and update of EPR plans for AWD in Djibouti, and influenza, AWD, meningitis, dengue haemorrhagic fever for East Sudan undertaken in April and June respectively. Ethiopia and Uganda to follow • Nothing happened on this aspect over the last 3 months in EHA. Food pipeline is healthy at least up to end of the year • Done in Bangladesh, Nepal and Thailand (later through CCSDPT). No information from Pakistan • In Rwanda and DRC, EPR coordinator is liaising with WFP counterparts for food pipe line contingency planning. In Cameroon, UNHCR contributed to the Nutrition and Mortality survey conducted in June 2010	

Qualitative achievements against outcomes and results:

1/ Refugees included in National Plans.

- No country in Asia region has included refugees in national plans, an area difficult to accomplish, although there has been verbal commitment from some countries.
- In the Likoula Province of the Republic of Congo (RoC) advocacy efforts continued to convince the health authorities of the importance of covering refugee populations into provincial plans. Refugees currently have free accesses to all health services, including hospital referrals, available to resident populations. On return, UNHCR and other UN agencies continued ongoing support to both refugee and resident populations.
- In the forum of Health Cluster coordination meetings in Kinshasa, UNHCR continued, along with sister UN agencies, common advocacy for including refugees, among other vulnerable populations, into the national contingency plan on Influenza A (H1N1).

2/ Medical supply and protection equipment.

- Management of Medical supply and protection equipments is gradually being integrated with regular supply management mechanism in order to obtain sustainability. Lot of work in this aspect have been done in Nepal and other countries will follow.
- In Katanga, Stocks are currently provided by UNCEF for medical supply to treat cholera cases. However, the UNHCR-SRPHO There recommended continuing stockpiling for potential influenza pandemics.
- In North Kivu, DRC, assessed needs of hygiene supplies for IDP camps. Funds were earmarked for and plans developed for the procurement of the supplies. The hygiene kits will help enhance hygiene among the dynamic IDP population of the Province.
- A shipment of medical supplies mainly containing ORS and other drugs required to treat cases of cholera were sent to the IPs; AIDES in Katanga and AHA in Moba to help control the cholera outbreak currently reported in the province and strengthen stockpiling for AHI

3/ Outbreak control

- Targeted all field office staff for an orientation session on the different types of pandemic influenza focusing on methods of protecting staff and their families. Topics discussed were: history of influenza endemics; causative agents; ways of transmission; and ways of prevention and control among staff and target beneficiaries.
- In collaboration with the North Kivu Provincial Inspectorate, trained 29 health managers, doctors and nurses who work for the MOH, National Refugee committee (NRC) and AIDES in diarrhoeal diseases. The 2-day didactic training focused on the ways of prevention and control of acute watery diarrhoea and hygiene improvement
- In Katanga, DRC, All stakeholders agreed on the need to develop a practical contingency plan on chorea. UNHCR plans to conduct a workshop involving all concerned partners
- Surveillance on cholera and other epidemics is going on in Katanga using the WHO data collection form. UNHCR raised the issue that the form is too general as data are not broken down by age and sex thus making the analysis and interpretation of data of limited value. UNHCR will shortly organize a workshop involving WHO and other stakeholders to improve contingency planning in the affected areas and revise the formats. A monthly Newsletter has been issued by the WHO on regular basis.
- A guideline is underway being prepared by the EPRCs which will include outbreak control in detail and will be used by public health coordinators in the country operations

4/ Public Information and awareness campaigns.

- An IEC data bank has been created in Nepal listing all the materials available with possibility of rapid mobilisation/reproduction. Similar idea is underway in other countries.
- In Katanga, DRC, the needs for BCC activities were thoroughly assessed during meetings with agencies and visits to health centers run by IP or other partners, Funded by WHO, SLOIDARITE is providing BCC services but funding will end by April 2010 and the gap will be big. The Red Cross was also doing some activities and will be out of fund at the same period. Two posters on hand washing developed by WASH-UNCEF but not adequately distributed and disseminated. Consequently, UNHCR plans to reproduce IEC materials on AHI and cholera in Swahili then disseminate them among IDP populations.

5/ Business Continuity.

- Business continuity plans being updated in countries with camps (Nepal, Bangladesh) in cooperation with WFP and IPs/CPs.
- In Katanga, the team met with WFP team and found out that WFP has no province-specific plan for continuity of services in case of influenza pandemics. However, WFP provincial office decided to contact the country office to seek advice on developing such a plan.
- During his visit to the Transit Centre in Goma, the Health Coordinator for DRC contacted WFP and recommended increasing the current inadequate quantities of food provided to the children less than 10 years of age.
- In May, WFP is conducted a food security assessment in Betou, RoC.
- In Cameroon, UNHCR, UNICEF, FICR, WFP, MoH completed the Nutrition and Mortality survey carried out in the East and Adamaoua Regions.

6) Coordination

- Epidemic Preparedness and Response Coordinator for Asia participated in IMCAPI meeting in Hanoi in April and advocated for inclusion of humanitarian population including refugees in national and regional planning.

Examples of country updates from Central Africa:

I. Gasorwe Camp, Burundi

Achievements:

1) Coordination for ERP and general health activities improved;
2) Surveillance system for pandemic influenza established and that for other outbreaks improved;
3) Staff knowledge on case management upgraded,
4) Supplies for influenza pandemics adequately stockpiled;
5) Effective and innovative human animal separation measures are in place;
6) The IP's networks of volunteer health workers disseminated key messages through outreach visits and hygiene campaigns.

II. Musasa Camp, Burundi

Achievements:

1. Coordination for ERP and general health activities improved.
2. Surveillance system for pandemic influenza established and that for other outbreaks improved;
3. Water provision and swage disposal in camp health facilities improved.
4. Staff knowledge on case management upgraded.
5. Supplies for influenza pandemics adequately stockpiling;
6. The IP's networks of volunteer health workers disseminated key messages through outreach visits and hygiene campaigns.

III. Gihembe Camp, Rwanda

Achievements:

1. Coordination for ERP and general health activities improved and refugees covered by national contingency plans;
2. Surveillance systems for pandemic influenza and other outbreaks improved;
3. Staff knowledge on case management upgraded;
4. Physical conditions of the camp health facilities remarkably improved;
5. Patient isolation area of reasonable standards established;
6. Supplies for influenza pandemics adequately stockpiled; and
7. The IP's networks of health educators disseminated key messages through outreach visits and hygiene campaigns.

IV. Nyabihike Camp, Rwanda

Achievements:

1. Coordination for ERP and general health activities improved and refugees covered by national contingency plans;
2. Surveillance system for pandemic influenza and other outbreaks improved;
3. Staff knowledge on case management upgraded;
4. Physical conditions and water provision for camp health facilities including the maternity remarkably improved;
5. The patient isolation area expanded, improved and meets reasonable standards;
6. Supplies for influenza pandemics adequately stockpiling; and
7. The IP's networks of health educators disseminated key messages through outreach visits and hygiene campaigns.

V. Kiziba Camp, Rwanda

Achievements:

1. Coordination for ERP and general health activities improved and refugees covered by national contingency plans;
2. Surveillance system for pandemic influenza and other outbreaks improved;
3. Staff knowledge on case management upgraded;
4. A cadre of trainers in pandemic influenza and EPR empowered to conduct cascaded training;
5. Physical conditions and water provision for camp health facilities including the maternity remarkably improved;
6. The patient isolation area expanded, improved and meets reasonable standards;
7. Supplies for influenza pandemics adequately stockpiling; and
8. The IP's networks of health educators disseminated key messages through outreach visits and hygiene campaigns.