CENTRAL FUND FOR INFLUENZA ACTION PROGRAMME[1]
QUARTERLY PROGRESS UPDATE
2nd Quarter: 01 April 2011 – 30 June 2011

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 Behaviour Change*** ***Obj 6: Continuity under Pandemic Conditions***
Implementing Partner(s):	**UNHCR's implementing partners involved in humanitarian assistance in refugee camps:** DRC: IMC Rwanda: ARC and AHA Burundi: AHA RoC: MDA CAR: ACTED Ethiopia -ARRA, Djibouti – AMDA East Sudan-HAI Tanzania-TWESA, TRCS Kenya – GTZ Uganda - GTZ Nepal: Association of Medical Doctors of Asia (AMDA) Myanmar- Malteser International Pakistan - Frontier Primary Health Care (FPHC), Union Aid for Afghan Refugees (UAAR), Community Development Program (PAK-CDP), Centre of Excellence in Rural Development (CERD) Thailand: Committee for Coordination of Services to Displaced Persons Middle East and North Africa (Egypt -Caritas / Refuge Egypt / Egyptian Family Planning Association/ Catholic Relief Services; Algeria-Triangle Generation Humanitarian- Algeria; Syria-Syrian Red Crescent; Yemen-SHS/ MSF-Spain/ Interaction for Development/ CSSW; 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	

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

<table>
<tr><td>MC Approval Date:</td><td colspan="5">B15: 14 December 2009</td></tr>
<tr><td>Programme Description:</td><td colspan="5">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</td></tr>
<tr><td>Programme Duration:
B15</td><td>12 months</td><td>Starting Date:</td><td>23 December 2009</td><td>Completion Date:</td><td>31 December 2010
Extended until September 2011</td></tr>
<tr><td>Funds Committed:
B15</td><td colspan="3">US$ 990,000</td><td>Percentage of Approved:</td><td>100%</td></tr>
<tr><td>Funds Disbursed:
B15</td><td colspan="3">US$ 767,732 in 2010
Extension approved for the remaining fund untill September 2011</td><td>Percentage of Approved:</td><td>78% in 2010 (100% within extension period)</td></tr>
<tr><td>Expected Programme Duration: B15 Extension</td><td>9 months</td><td>Forecast Final Date:</td><td>September 30, 2011</td><td>Delay (Months):</td><td></td></tr>
</table>

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.	• Through advocacy and dialogue by UNHCR, refugees in Bangladesh were included in the 2010 H1N1 national vaccination scheme for vulnerable population groups. • In Nepal, UNHCR actively participated in the district level contingency planning workshop on Epidemic Preparedness. • In East and Horn of Africa, refugees are not explicitly mentioned in the national contingency plans for pandemic influenza. However, practically refugees are included in most national programming • 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).	**60%**

	• Burundi: Advocacy continued to have refugee included into the first draft of NCP. • Chad: UNHCR and WFP continued advocacy for including refugees in the national contingency plans in avian and human influenza. They worked with IPs to develop specific contingency plans for the East of Chad where most of the refugees are located so far away from the Capital. • CAR: The National Plan included refugees living in the Batalimo Camp where 2,595 out of the 7,200 refugees were vaccinated against A (H1N1) influenza. • RoC**:** all of the 115,000 refugees currently living in the Likouala Province were covered by the national anti-polio vaccination campaign. UNHCR and WHO adapted the campaign monitoring tools so that they reflect coverage among refugees.	
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 during the reported period. • Refresher training on Health Information System (HIS) organised for 30 staffs in East Sudan; 52 participants from all health agencies in Dadaab were also trained on HIS and received on the job coaching on data collection. • Reporting systems, coordination and surveillance mechanisms at camp level were reviewed during the recent missions of the Regional EPR Coordinator and other team members to different refugee sites in RoC and IDP Camps and return areas in N. Kivu, S. Kivu and Katanga provinces of DRC. • Refresher training in the Health Information System (HIS) and epidemiological surveillance was conducted in Impfondo, RoC with the participation and support of the provincial health authorities.	**98%**

2.2. Strengthen outbreak control and response task force in the camps.	• Asia: Bangladesh and Nepal, the epidemic preparedness plans were updated. In Nepal, the task force in the refugee camp and District public health office worked on joint communication and outreach plans. • A review of OCT done in East Sudan camps and training of the team undertaken to improve its capacity; more members were added to the teams to include all relevant stakeholders. • The IPs in Rwanda, Burundi, DRC, RoC and CAR continued working with refugees and IDPs to improve camp and district-specific contingency plans. Trainers of UNHCR, IPs, and MOH in DRC, Rwanda, Burundi, and Chad who provided camp teams with technical support in surveillance. • Task force committees were established for in the Moba and Kalemie Districts of DRC.	**97%**
2.3. Stockpile of drugs and medical equipment in place.	• In Nepal, the stockpile medicine and supplies moved to IP's store and mainstreamed in the regular drug management system. AHI stock pile replenished in Bangladesh and stationed in the camps. • A comprehensive review of drugs mgt system was undertaken in Djibouti with a core team from UNHCR and AMDA resulting in the development of drug mgt SOP and a detailed drugs list for procurement in 2011. • Medical equipment and supplies were completely distributed among camp health facilities in Rwanda, Burundi and Chad in addition to provincial health offices of North and South Kivu, DRC. Additional stocks of essential biomedical supplies were delivered to the Likoula Province of RoC this quarter to meet the urgent needs of Congolese 114,000 refugees. Furthermore regional stockpiles were delivered to ROC and CAR. • Additional stocks of essential drugs were procured and delivered to the Likoula Province of RoC and the Ruzuzi Valley of DRC.	**95%**

	• Hygiene kits were procured to improve IDP and urban refugee household level of hygiene in N. Kivu, DRC • In 2011, stockpiles of medicines were procured for Dzaleka refugee camp hosting 12,000 refugees in Malawi.	
2.4.Strategic communication plan for entire refugee communities in order to reduce risks and mitigate the impact of any outbreak or pandemic	• In Bangladesh**,** H1N1 vaccination of a total of 4,151 service providers and pregnant women, patients with chronic diseases was completed. • Volunteers and community health workers conducted awareness sessions in the door-to-door contact. Hygiene promotion activities have been streamlined into health, nutrition and Watsan activities at camp level and awareness sessions are ongoing. Leaflet produced by GoB on prevention of influenza-like illnesses were distributed and other posters with similar messages are displayed in the health centres, nutrition centres and other meeting places. GoB Live Stock Authority inspected camp level small scale poultry businesses. • In Malaysia community health workers (CHWs) continued awareness raising activities on hygiene and influenza prevention among others. Outreach to community schools and PoCs residing outside Klang valley were carried out regularly. About 60,000 PoCs have been reached during the year 2010. • IEC materials in the form of flipcharts to assist talks on Flu prevention were developed. Brochures on the topic were adapted from a local Ministry of Health brochure. • Mobile phone line set up as hotline to facilitate work of health professionals in hospitals /clinics with the health workers serving as interpreters for refugee patients admitted to public hospitals. This has proved to be very useful for health staff in the hospitals. • Similar activities continued during 2011 with 5 refresher sessions organised for the CHWs. A total of 100,000 brochures were reprinted with the funds provided. Outreach to about 80 community schools was conducted by the health	**85%**

	workers since January 2011. The community health workers reached out to an estimated 70,000 persons this year through their daily activities in the waiting areas in UNHCR office, clinics, schools and outreach to homes and community gatherings. • In Myanmar, 42 sessions of hygiene promotion sessions were conducted for 1,858 community members (808 male & 1050 female) and 28 sessions for 1307 students (709 boys & 598 girls) • In Nepal, AMDA and LWF Nepal organized a day long orientation in each camp for the members of AMDA PHCP; Community based organizations, Sanitation volunteers, CMC members, Epidemic preparedness committee members and Female Community Health volunteers from host community. Total ten session of one day long sensitization completed in all camps in 2010, facilitated by an external resource person. Total 380 community volunteers participants both from the camps and immediate host communities to undertake regular HP activities in the camps and its surroundings. • Two days long avian and pandemic influenza preparedness training for technical staff and day long sensitization orientation for non technical staff conducted for the health care providers and /or community volunteers both from the refugee camps and surrounding government health facilities in different groups with a particular focus on non-pharmaceutical interventions. The training was based on the national training manual developed by the MoHP and facilitated by a team of master trainers from the District Public Health Office (DPHO). The use of personal protective equipments and simple hand washing procedure were demonstrated to the participants during the training sessions. A total of 830 participants (AMDA-205, Community based organization in the camps -284, participants from the government health facilities located in the environs of the refugee camps-336) attended the training.	

	• The reprinting of various AHI and influenza related IEC materials through this project completed and dispatched to the camps by AMDA. • In 2011 AMDA in Nepal organized a day long community sensitization workshop on avian and pandemic influenza in and outside refugee camps. Altogether 379 participants were sensitized on avian and pandemic influenza preparedness in seven groups, among them 204 were from immediate host community and 175 were from refugee community The sensitization workshop was mainly focussed on home based care and preventive and control measures of avian and pandemic influenza at community level. • In Pakistan, the activities through this project focused on raising community awareness about the importance of personal hygiene and cleanliness to avoid disease outbreaks like diarrhoeal diseases, water & vector borne diseases, seasonal flu and other seasonal infections like conjunctivitis, to which the target population remain susceptible throughout the year • Mass campaigns conducted in Djibouti to inform refugees on hygiene following an AWD outbreak; weekly environmental cleaning campaigns and waste disposal education provided. A hand washing week targeting refugee communities conducted in East Sudan as well as distribution of soap and IEC materials. • Epidemic Preparedness and Response plan for AWD/cholera developed in Djibouti in collaboration with core team from AMDA and UNHCR. • Treatment guidelines for H1N1 and Dengue Hemorrhagic Fever (DHF) developed in East Sudan and shared to facilitate quality patient care during outbreaks. • DRC: More than 1,700,000 refugees, IDPs and resident populations living in the North Kivu province received daily radio spots with key	

	messages on AHI, hygiene and cholera through 5 local radios. The IDPs and returnees in N. Kivu participated in 3 health festivals to encourage healthy behaviour towards the prevention AHI and other epidemics. • Chad: UNHCR and its IP continued behaviour change communications (BCC) activities targeting refugees living in the camps of Abeche. • Rwanda and Burundi**:** • IPs continued outreach activates aiming at changing refugee behaviour to prevent and control common outbreaks and potential pandemics. • Contingency plans already existing in the camps in Bangladesh and Nepal and have been updated.	
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	• Almost all recipient countries developed and updated interagency contingency plans for AHI and actively partcipated in different related activities during the implemntation period • Rwanda and Burundi: Contingency plans were developed and updated in all of the 6 refugee camps. • DRC: UNHCR, MoH and other partners developed contingency plans for the Katanga, N. Kivu and S. Kivu Provinces in addition to detailed plans for the Moba and Kalemie Districts. • East Chad: UNHCR, its IPs and other stakeholders continued working on camp-specific plans. • DRC, CAR and Rwanda: Liaised with WFP counterparts for food pipe line contingency planning.	**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.***	All recipeint countries in Asia, Africa amd MENA regions created and updated service delivery plans under pandemic.	**>95%**
3.2. Improvement and enhancement of water delivery capacity and sanitation conditions in view of creating optimal conditions for the response to an outbreak.	• Bangladesh: 4 tube wells were put back into action in Kutupalong making the total number of operational units from 89 to 93 (out of 107 installed tube wells, delivering about 24 litres/person/day (population increased based on Dec. 2010 figures). Additional 18 small bins and 240M of main/sub drains were also provided by ACF under UNHCR funding. Construction of pump houses and gate valve chambers are on-going in Nayapara to control and give a more balance distribution of water in the camp. Water delivery is about 19 litres/person/day. Under UNICEF funding, Watsan facilities (water supply, wash basin and latrines) in schools were completed in the camps by TAI, 7 and 4 primary schools in NYP and KTP, respectively. • In Myanmar, Malteser conducted drilling of 4 open wells at four villages in Sittwe Township, tested water quality at 38 public water sources in 16 villages in Sittwe & Rathedaung Townships and 100 households in Sittwe, provided 325 water filters in Rathedaung Township, organized & trained 10 new water management committees for maintaining the wells and ponds. • Running water supply connected in the new health facility in Djibouti as well as latrine construction for the facility. • Rwanda: Constructed latrines, showers, washstands and rehabilitated WASH infrastructure at the health facilities and a few other sites in the Nyabiheke and Gihembe Refuge Camp. • DRC: Established a new public water line and installed a water reservoir to improve WASH conditions at the Bukavu Transit Centre.	**90%**

	• Isolation facility constructed in East Sudan (Shagarab camp) using 40,000 USD EPR funds for 2010. • The construction of the isolation ward in Wad Sharifey Camp (East Sudan) started during the second quarter of 2011 with 4 rooms each with 10 patients' capacity. • Multi-Drug Resistance TB isolation ward constructed in Kenya (Dadaab) • Coordination at country level continued well with different stakeholders. The team in East Sudan participated in national coordination meeting on Dengue Haemorrhagic Fever as well as bi-weekly meetings at state level involving WHO, MOH and others • In Ghana (Ampain camp) an additional health facility with 2 connsultation rooms, 1 delivery room, 1 dressing room, 1 records room, an EPI/injection room, 2 toilets and an ambulance bay is under construction in 2011 through the extension • In Mozambique, partial funding was contributed towards an isolation facility of 24 beds in Marratane refugee camp to be used for potential outbreaks including AHI. The construction activities are ongoing	
3.3. Logistics and food pipe line contingency planning with WFP	• UNHCR and WFP continued to collaborate to ensure food distribution for refugees under pandemic and to ensure healthy food pipeline.	**88%**
4. AHI Coordination in Geneva	UNHCR reamins active in all AHI related activities under the umbrella of UNSIC.	**100%**

Qualitative achievements against outcomes and results:
During this quarter, various activities continued under the extended funding in Malaysia, Nepal and Pakistan in Asia and Mozambique, Malawi, Eastern Sudan, DRC and Ghana in Africa. A public health consultant was recruited for 6 weeks through this funding in 2011 for Somali refugee emergency in Ethiopia in order to put in place the system of outbreak control and mitigation during emergency phase of the influx. A guideline has been finalised whcih will be used by public health coordinators in the UNHCR country operations to crate and maintain ongoing preparedness agaist epidemics incldung AHI. **Asia:** **1/ Refugees included in National Plans.** No country in Asia region has formally included refugees in national plans, though substantial verbal commitment made in Bangladesh, Nepal and Malaysia. Some MoH responses included refugee population like H1N1 vaccination in Bangladesh. UNHCR Nepal Public Health team actively participates in district AHI contingency planning. **2/ Medical supply and protection equipment.** Medical supply and protection equipment s are gradually being integrated with regular supply management mechanism in order to obtain sustainability. **3/ Outbreak control** A guideline has been finalised which will help UNHCR and its implementing partners prepare and respond to outbreaks among UNHCR's PoC. **4/ Public Information and awareness campaigns**. An IEC data bank has been created in Bangladesh, Myanmar and Nepal listing all the materials available with possibility of rapid mobilisation/reproduction. Those country banks have been compiled into a regional bank and shared with regional countries hosting refugees of common origin. All the countries in the region maintained awareness raising activities among the PoCs. **5/ Business Continuity**. Business continuity plans have been updated in countries with camps (Nepal, Bangladesh) in cooperation with WFP and IPs/CPs. **East and Horn of Africa:** **1/ Refugees included in National Plans.** Due to lack of review of national contingency plans, there has been no opportunity to

advocate for formal inclusion of refugees in national contingency plans for pandemic influenza. Pandemic influenza has been afforded limited attention in most countries of the region. It must be noted that refugees are included in most national programs such as national immunisation days, malaria planning, HIV planning, etc. In same ways, refugees also benefited from pandemic influenza related national activities.

2/ Medical supply and protection equipment.

A consultant reviewed drugs situation in Uganda with a view to looking for strategies to deal with drugs shortages in the country among others. A comprehensive drugs list prepared for Djibouti to ensure consistent drugs availability and avoid shortages in 2011. There has been no reported drugs shortage in the reporting period from other countries.

3/ Outbreak control.

Most camps have OCTs comprising agencies working in the camp. Leadership is required to ensure these teams are strengthened and active at all times. A review was done in East Sudan during EPRC mission where it was noted that these teams were not very active at camp level and no collaboration among different agencies resulting in the need to train and strengthen these teams.

4/ Public Information and awareness campaigns.

While the focus has not been on influenza, public information and awareness campaigns had continued during the reporting period. Messages on hygiene in particular and disease / condition specific messages are provided on regular basis by CHWs, health promoters and sanitation assistants. Information campaigns are however more aggressive when a disease outbreak occurs which is not necessarily a bad thing but a more coherent approach is more appropriate.

5/ Business Continuity.

About half of the health facilities have no adequate WASH services important for disease prevention and control. EPR funds in 2010 have supported some countries to improve WASH services such as East Sudan and Uganda. This is an area that the region will continue to work on in the coming years.

Central Africa

1/ Refugees included in National Plans.

RoC: Actively participated in all planning, implementation and monitoring phases of the national anti-polio vaccination campaign that targeted all populations of RoC including about 115,000 Congolese refugees living in the Likouala Department. Four rounds of the campaign were accordingly launched during the reporting quarter.

DRC: In the Katanga Province, UNHCR continued its efforts to develop the first contingency plan on potential outbreak and pandemics including pandemic influenza and emphasizing plans for cholera which is endemic in the area. The province comprehensive contingency plan is pending the approval of MoH. District specific plans for Kalemie and Moba are also in process.

2/ Medical supply and protection equipment.

RoC: Additional stocks of essential drugs were procured and delivered to the Likoula Province

to bridge gaps created upon the departure of MSF/F from Impfondo.
DRC: UNHCR Provided the Ruzizi and Lemera MoH health centres located in the Ruzuzi Valley with stocks of essential drugs. Also, procured a USD 25,000- worth of hygiene kits to improve water and sanitation conditions at the households of most needy refugee and IDP populations living in the Mogunga and Kitchanaga Camps and at the Urban Refugees Transit Centre in Goma

3/ Outbreak control
RoC:
UNHCR contributed to the anti-polio vaccination campaign that covered all population of RoC including about 115,000 Congolese refugees living in the Likouala Department. The campaign came in response to the outbreak of a virulent strain of poliomyelitis that hit the RoC in November 2010. In addition to the logistical support provided by UNHCR, MDA was in charge of implementing all campaign interventions in the Southern Region of Likouala. All refugees were indiscriminately included into the national plan and were targeted for the 4 rounds of the campaign. Furthermore, UNHCR worked with the MOH and WHO to have vaccination coverage among refugees reported explicitly to ensure that they received the same level of care
A training workshop on HIS is planned to take place in Impfondo, RoC. The involvement of the MoH will ensure sustainability of the efforts that aim at putting a simple and effective HIS and surveillance systems in place. The 3-day workshop targets key personnel working for the MoH, IPs and UN agencies.
DRC: Conducted in service training in AHI and cholera targeting one doctor and 8 nurses who work for the "Association Pour Le Développement Social ET Sauvegarde L'Environnement (ADSSE)" and staff the Bukavu Transit Centre.

4/ Public Information and awareness campaigns.
DRC:
UNHCR team worked with the radio association called "Réseau de Radios de Proximité Du Nord Kivu (RDRP)" that continued airing key message on hygiene, diarrhoeal diseases, including cholera, and avian and human influenza (AHI). Throughout the whole quarter, around 1,700,000 beneficiaries including urban refugees, IDPs and local population received radio messages in French and Swahili. The spots employed attractive drama and music to change behaviour in favour of the prevention and control of key health problems. The messages were conveyed twice daily through 5 local radios that cover the whole area of N. Kivu. The local authorities were involved and used media, political gatherings and other social events to disseminate information on the activity.

Also, the RDRP conducted 2 health festivals in the Mugunga III Camp in addition to one festival at the Mugunga quarter located at the outskirts of the Goma City. The team used music bands, quiz games (with awards for audience with best answers), banners, leaflets, theatre and drama. The festivals were filmed, copied and broad cast by local TV and radios. Most of the 4,750 IDPs who live in the camp and several thousands who live in the quarter actively participated in the events. Copies of the radio messages and festival films are available and

can be utilized later in similar occasions.

Conducted in-service training in epidemic preparedness practices targeting 2 doctors and 14 nurses who work for the IMC in Uvira.

Burundi: The IP, AHA continued outreach activities in the Camps of Gasorwe, Musasa and Gihinge to improve household hygiene and upgrade refugee awareness on preparedness for epidemics.
Rwanda: ARC and AHA continued different BCC activities targeting refugees living the camps of Gihembe, Nyabiheke and Kiziba thus coupling the WASH interventions completed in Gihembe and Nyabiheke.

5/ Business Continuity.
In the East of Chad, UNHCR and WFP started implementing new strategies to: address the problems encountered while transporting food stocks from the WFP warehouse to the distribution points; identify ways for improving the effectiveness of the monthly post-distribution monitoring activities; and coordinate for the nutritional survey.