

Annual report

 International Federation
of Red Cross and Red Crescent Societies

Humanitarian Pandemic Preparedness (H2P)

MAA00018

13 April 2010

This report covers the period 1 January to 31
December 2009.



A volunteer from Malagasy Red Cross Society sensitizing communities on different preventive measures to take to avoid the H1N1 infection. **IFRC**

In brief

Programme purpose: To contribute towards minimizing human morbidity and mortality caused by an influenza pandemic.

Programme(s) summary:

The International Federation of Red Cross and Red Crescent Societies (IFRC) is supporting National Societies with financial and technical support, to prepare for, and respond to, an outbreak of pandemic influenza in their countries. Essential to the programme's success is ongoing collaboration and coordination with multiple implementing partners, including NGOs, UN agencies, local governments and Movement partners. National Societies implementing H2P projects are developing pandemic preparedness and response plans, training staff and volunteers, providing consistent messages to their communities, in addition to the ongoing in-country coordination with all stakeholders. Health, Food Security, Livelihoods and Communications working groups consisting of IFRC and partner organizations have developed tools, materials, guidelines and a website for pandemic preparedness and response efforts (www.pandemicpreparedness.org).

Financial situation: The total 2009 budget is CHF 12,805,734 (USD 12,075,800 or EUR 8,927,650), of which CHF 11,355,649 (90 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 11,275,150 (90 per cent) of the budget.

[Click here to go directly to the attached financial report.](#)

No. of people we have reached: Through USAID and the UK Department for International Development (DFID) funding, the IFRC has provided all 186 National Societies with basic guidance and an H1N1 communications campaign “Your best defence is you”. Furthermore, IFRC is providing more comprehensive support for preparedness and response projects to 96 National Societies and their communities. These projects help National Societies develop partnerships, train volunteers and community leaders, and initiate detailed business continuity and pandemic response plans

Our partners: The IFRC works in coordination with members of the International Red Cross and Red Crescent Movement, as well as members of the CORE Group, the Academy for Educational Development (AED), InterAction, all relevant United Nations (UN) agencies, the United States Agency for International Development, DFID and relevant national public authorities in countries of operation.

Context

IFRC’s work on pandemic influenza started in early 2006 with an avian influenza appeal that allowed IFRC to start avian influenza and pandemic preparedness activities. This work led to considerable funding from USAID in 2007. The influenza unit (IU) consequently developed the humanitarian pandemic preparedness (H2P) programme, which is both a project concept and an innovative partnership, led by IFRC and including US-based Non-governmental Organizations (NGO) and UN agencies. The main goal of the H2P programme is to prepare communities to mitigate the impact of an influenza pandemic on excess morbidity and mortality from risks related to health, food security, and livelihood. IFRC has in place H2P teams in each zone, as well as tools and material for training and education that only needs to be adapted locally according to the countries’ different contexts.

Initially, H2P “long” projects were designed to result, over 12 to 18 months, in a comprehensive, countrywide preparedness and response plan for multiple civil society actors. Essential staff in the Red Cross Red Crescent, as well as other civil society actors and government, in all districts are identified and trained so that the plan can be implemented during a pandemic.

After the outbreak of H1N1 that started in Mexico and the United States in late April 2009, and a subsequent announcement of pandemic phase six by WHO on 12 June 2009, IFRC has endeavoured to reach as many National Societies and vulnerable communities as possible. The influenza unit has worked with partners to design an accelerated H2P project (H2P AP) with similar goals to the H2P “long” project. However, this project was simplified, and Federation systems to approve and support the National Societies were streamlined, so that the project could be completed in a shorter time frame (four to six months). Additionally, IFRC created an even simpler version of the H2P project, called H2P mini, to allow National Societies with financial limitations conduct countrywide communication campaigns, and to address preventive messages to their communities.

Additional funding of GBP 1.5 million approved by DFID last July 2009 (received in September 2009) has so far been very important to design additional materials and expand the IFRC’s support from 49 countries (48 NSs funded by the USAID grant and 1 NS supported from remaining un-earmarked funds) funded, to an additional 47 countries with different projects.

Progress towards outcomes

Outcomes

- Humanitarian pandemic preparedness messages and tools in the areas of health, food security and livelihood.
- A well-functioning network of NGO partners is developed in the areas of health, food security and livelihood.
- In-country capacities of staff, volunteers and selected NGO partner(s) are strengthened to carry out the influenza pandemic preparedness and response plans and protocols.
- An action plan (either comprehensive country plan or plan of action) is developed for in-country H2P partners that summarizes overall strategy, roles and responsibilities; priority tasks; and monitoring and evaluation plan, including indicators.

Achievements

- The IFRC has successfully accelerated the pace of the H2P programme at the global and country level, and has now expanded it to cover 96 countries. Forty-seven National Societies are funded by DFID, 48 National Societies from USAID and 1 National Society from unearmarked funds. Among those 96 countries, 26 National Societies are implementing “H2P long” (comprehensive preparedness and response) projects, 47 are implementing H2P “accelerated projects” (emergency response), and 23 have received H2P mini funds to conduct countrywide communication campaigns.
- In cooperation with WHO, UNOCHA, United Nations System Influenza Coordination (UNSIIC), the UN Pandemic Influenza Coordination (UNPIC), and UNICEF, IFRC published to all National Societies on 21 August a “call to action” summarizing the coming steps essential to responding to the pandemic, and urging National Societies to respond. This “call to action” changed the emphasis of IFRC’s direction to all 186 National Societies, suggesting energy and resources previously being used for preparedness, to be used for response. Suggested immediate activities included:
 - Identify populations most-at-risk of disease and death from H1N1.
 - Reduce death and disease by training staff and volunteers to identify symptoms from H1N1 and provide home care for the ill.
 - Reduce the spread of disease by disseminating risk communication material.
 - Continue critical services and plan for the worst by jump starting business continuity planning and securing personal protective equipment.
 - Re-affirm the need to partner and coordinate at the country level.
- The IFRC developed and distributed a “ready-to-use package” to all 186 National Societies during the first week of September. The package included a comprehensive set of information kits and tools that National Societies could use to respond to H1N1, such as:
 - Basic guidance covering the three essential elements of a response: business continuity planning, protection of staff and volunteers, and effective pandemic

mitigation and response activities. The basic guidance was shared with H2P partners who provided useful feedback before dissemination.

- Global Communication and Media Campaign guidance “Your best defence is you” consisting of generic material to be adapted and printed locally. This guidance included six posters with key messages to promote non-pharmaceutical interventions, a radio script and a 30 second video clip.
- A web-based e-learning package that targets National Society staff and volunteers, as well as the general public.

Many National Societies have used this package to train their volunteers and inform their communities by adapting the generic H1N1 campaign to their country context, translating material into local languages, printing posters and distributing leaflets, all with the approval of their ministry of health. Many National Societies conducted training on preventive measures in communities, but also in schools. At least 25 National Societies have formal agreements with their ministries of education to help prepare for and respond to the pandemic. Eleven National Societies were compelled to use the official campaign developed by their ministry of health, and Tajikistan used the WHO campaign.

- The H2P country plan has been adapted and refined into a plan of action to help National Societies accelerate project design and implementation consistent with the more urgent risk posed by H1N1. National Societies have been receptive to the original and revised guidance. Mini-workshops were conducted in nearly every zone to prepare National Societies to complete the country plan or plan of action. Additional mini-workshops were conducted at InterAction-led meetings in Addis Ababa, Pretoria and Hanoi. Approximately 30 per cent of National Societies with signed projects have begun completing either the original country plan or the more recent plan of action. IFRC will need to facilitate further testing of the country plan and plan of action guidance, and continue to provide support to National Societies to fulfil this milestone.
- At least 38 National Societies have conducted briefing sessions and coordination meetings with government authorities, UN agencies and non-governmental organizations in order to coordinate efforts and develop action plans that summarize overall strategy to respond to the pandemic. For example in Belarus, coordination and planning meetings with key stakeholders were held in Minsk city, Brest, and Grodno districts with chairpersons, staff and volunteers of the regional organizations.
- Sixteen National Societies have conducted mapping activities, and identified focal persons and existing response capacities to coordinate work and to avoid duplication. In El Salvador, for example, the National Society developed tools and questionnaires and conducted a comprehensive survey in five districts.
- Although simulation exercises were not formally required in project agreements due to the response urgency of the H1N1 crisis, seven National Societies conducted such exercises that eventually proved to be very useful to sensitize government authorities and other agencies to the pandemic situation. As an example, The Gambia Red Cross Society (GRCS) initiated a pandemic preparedness simulation exercise for health authorities and key partners. Priority areas for rapid response, coordination, surveillance, prevention, control and communication were highlighted. Other partner organizations were encouraged to imitate the GRCS experience. For more information on this story, please visit: <http://allafrica.com/stories/201001130519.html>
- More than 30 National Societies have conducted workshops to adapt existing H2P training curricula to address generic health, food security and livelihood messages for in-country use. For example, Nepal Red Cross Society conducted three trainings for 90

health professionals in Kathmandu and Nawalparasi, two trainings for 58 community leaders in Ilam, and five trainings for 125 female community health workers in three districts. To increase country coverage, the Nepal Red Cross Society also conducted one-day trainings in 10 districts to reach 511 staff, volunteers and partner organizations' representatives.

- Twenty-five National Societies have trained volunteers and community members as first responders during an influenza outbreak. All other National Societies have reported that similar trainings will take place in 2010. In South Africa, for example, the National Society organized trainings for 754 volunteers and 1,874 staff, as well as for 278 staff members from other NGOs. The community was approached through 685 campaigns, reaching 373 taxi ranks (approximately 7295 people), 418 shopping malls (approximately 11,220 people), 135 schools (135,000 pupils), and over 35,149 individuals were reached through 363 door-to-door activities.
- As stated earlier in the report, the IFRC has provided small funds to support 23 National Societies to adapt and translate the global H1N1 campaign to the local context, or to coordinate and support their ministries of health or education in the government response. National Societies printed and distributed posters, leaflets and brochures, and ran radio messages or the H1N1 video clip on local channels. Several innovative ideas were reported such as the adaptation of H1N1 preventive messages on children's school diaries and paper games by the Yemen Red Crescent Society, as well as on carton fans by the Algerian, Tunisian and Libyan Red Crescent Societies.

Constraints or Challenges

- The greatest challenge facing the programme is that demand for financial and technical support from vulnerable communities to prepare for, and respond to, the H1N1 pandemic has far exceeded the resources available to the IFRC. Rather than hope the pandemic would be mild, IFRC was obliged by its mission to support its members and help prepare vulnerable communities. As a result, IFRC has obligated funds to National Societies exceeding the present obligations of its donors. While IFRC has been moderately successful in raising additional funds, it is not sufficient to close the projected deficit.
- Delays in starting the implementation of H2P projects: Although many National Societies signed their sub-agreements in September or October 2009, many started the implementation only in December 2009 or January 2010. This is mainly due to the difficulty of finding the appropriate H2P focal person.
- Translation and adaptation of training materials: Delays in testing and revising working group material and subsequent delays in translating and finalizing the materials have caused some anxiety among zone staff who felt pressured by National Societies in their regions. Efforts have been made to alleviate this pressure, by forming working groups to revise and publish shorter and more simplified material for immediate use by zones.
- The drop in the value of the US dollar against the Swiss franc has exacerbated the unit's financial challenges and increased the projected deficit. When the IFRC first received this grant on September 30, 2007, the exchange rate was 1.16 Swiss francs for 1 US dollar. On September 30, 2009 it was 1.03 Swiss francs for 1 US dollar. This huge loss of approximately 1.5 million US dollars may jeopardize obligations made to National Societies. IFRC will ask USAID to consider this loss when contemplating a potential financial commitment in fiscal year 2011.

Working in partnership

- The primary partners for the H2P programme are all National Societies, and particularly those identified as priority and thus provided with funding to implement pandemic preparedness and response activities.
- The IFRC works in coordination with DFID, USAID, relevant UN agencies, the CORE Group, the Academy for Educational Development and InterAction. Through the funding from USAID, collaboration with the CORE Group, AED and UNPIC was initiated, and an operations committee was formed. This partnership has been maintained beyond the donor requirements, as it proved to be very beneficial to the IFRC and its membership. Through this partnership and the different working groups that were formed, many H2P materials, health, food security and livelihoods curricula and guidelines were developed.

Contributing to longer-term impact

Since many of the messages and activities of the H2P programme are related to activities found in others programmes, such as the Community-based Health and First Aid (CBHFA) or the Epidemic Control for Volunteers (ECV), the country-level implementation of the H2P programmes should, ideally, be incorporated into the above-mentioned existing programmes. This incorporation will ensure that pandemic preparedness messages are sustained beyond the funding available and beyond the end of the current H1N1 pandemic.

Looking ahead

- The IFRC will continue its current activities of coordination, reviewing and updating material, as well as follow up on the progress of country projects. Since the media focus has shifted from the H1N1 pandemic, the IFRC and the communications working group will be working on the development of a new message to address pandemic threats beyond the H1N1 crisis. Furthermore, IFRC will strive to sustain the good practices and behavioural change messages by mainstreaming activities with regular programmes.
- As the IFRC enters the most intense phase of implementation, the influenza unit will use the criteria for reassessing H2P project plans and budgets of National Societies. Objectives of the reassessment are:
 - To promote early identification and transparent communication from National Societies regarding challenges to implementation that result in significant delays in spending;
 - To support National Societies in making revisions to their work plan and budget to ensure timely and cost-effective implementation; and
 - To ensure National Society budget revisions reflect current needs, experience and capacity to implement an approved work plan so that the IFRC can optimize use of, and increase access of members to, its global H2P fund.

A financial monitoring report is currently being sent on a monthly basis from the influenza unit to zone coordinators to closely follow up on country projects, and to trigger reassessment when needed.

The IFRC has assembled an inter-agency team to conduct a review of the H2P programme from November 2009 through September 2010. The review will include a look at the programme at both the global partner level and in ten country-level projects.

The review is divided into three phases to address questions of outputs, results and discovery (unintended outcomes).

The objective of the programme review at the partner level will be to understand the nature of the partnership and the ways in which it serves as an effective network.

The objectives of the project review will be:

- Phase I. Outputs: To understand what outputs were realized by the different grants.
- Phase II. Results: To understand where positive results were achieved and how, and if, these results were associated with the outputs developed as part of the grant or something else.
- Phase III. Discovery: To learn what has made the projects successful.

How we work

The IFRC's activities are aligned with its Global Agenda, which sets out four broad goals to meet the IFRC's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this report, please contact:

- In the IFRC secretariat in Geneva: Robert Kaufman, Influenza Unit Manager; e-mail: robert.kaufman@ifrc.org; phone: +41 22 730 4674; and fax: +41 22 733 0395.
- In the Africa zone:
 - Rose Njiraini, H2P Coordinator; e-mail: rose.njiraini@ifrc.org; phone: +27 11 303 9743.
 - Soonyoung Choi, H2P Coordinator; e-mail: soonyoung.choi@ifrc.org; phone: +254 736 309 755.
 - Aliou Boly, H2P Coordinator; e-mail: aliou.boly@ifrc.org; phone: +221 33 868 2283.
- In the Americas zone: Lorenzo Violante, H2P Coordinator; e-mail: lorenzo.violante@ifrc.org; phone: +507 380 0284
- In the Asia Pacific zone: Jim Catampongan, H2P Coordinator; e-mail: jim.catampongan@ifrc.org; phone: +603 92075779.
- In the Europe zone: Zlatko Kovac; H2P Coordinator; e-mail: zlatko.kovac@ifrc.org; phone: +361 888 4521.
- In the MENA zone: Dr. Kasbar Tashdjian, H&SS Coordinator; e-mail: kasbar.tashdjian@ifrc.org; phone: +962 6 568 1060.