

PANDEMIC READINESS AND HUMANITARIAN ASSISTANCE

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LIST OF ACRONYMS AND ABBREVIATIONS

AHI	Avian and Human Influenza
BCP	Business Continuity Plan
CP	H2P Country Plan
DFID	Department for International Development, UK Government
DREF	Disaster Emergency Relief Fund
ECP	Extended Concept Paper
Federation	International Federation of Red Cross and Red Crescent Societies
FY09	Fiscal Year 2009
FY10	Fiscal Year 2010
FY11	Fiscal Year 2011
H2P	Humanitarian Pandemic Preparedness
H2P AP	Humanitarian Pandemic Preparedness – Accelerated Project
HWG	Health Working Group
IEC	Information, Education, Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
IRC	International Rescue Committee
LoA	Letter of Award
LoI	Letter of Intent
MENA	Middle East and North African Zone
MoU	Memorandum of Understanding
NGO	Non-Governmental Organisation
NS	National Society
PCI	Project Concern International
PoA	Plan of Action
PPE	Personal Protective Equipment
RC	Red Cross or Red Crescent
RFP	Request for Proposals
ToT	Training of Trainers
USD	United States Dollar
UN	United Nations
UNOCHA	United Nations Office of Coordination of Humanitarian Affairs
UNICEF	United Nations International Children’s Education Fund
UNPIC	United Nations Pandemic Influenza Coordination
UNSIC	United Nations Systems Influenza Coordination
USAID	United States Agency for International Development
VCA	Vulnerability and Capacity Assessment
WFP	World Food Program
WHO	World Health Organization
Zone	International Federation Zone
ZC	International Federation Zone Coordinator

I. EXECUTIVE SUMMARY

The IFRC is pleased to submit a Semi-annual report for Grant GHA-G-00-07-00006-00, covering the period from October 1, 2009 through March 31, 2010. This report covers progress against stated objectives and key activities, as well as different measures taken to accelerate implementation of projects, increase country coverage and shift projects into response activities during the last quarter of 2009. With a challenging funding situation in 2010, the Influenza Unit had to adapt and respond to ongoing requests by starting a reassessment of all country projects, and “redistributing” funds according to National Societies’ implementation and spending rates. This report also covers progress and planned activities in each zone and country of operation, as well as a financial update on the overall spending.

Progress toward program objectives during the current reporting period continued to improve with full implementation in 95 countries, out of which 48 countries are funded by USAID. This includes 24 “H2P long” projects, 23 H2P Accelerated Projects (including Mexico and 14 small, Caribbean island NS consolidated into a single regional plan of action). One additional NS is being supported with USAID funds through a mini-project. The H2P long project in Egypt ended in February, while projects in Ethiopia, Uganda and Mali ended in March. Costa Rica, DRC, and Serbia Accelerated Projects also ended in March. So far, a final report with a set of all produced materials was prepared by the Egyptian Red Crescent and Serbian Red Cross, and other final reports are expected shortly. Increasing activities are equally reflected in project expenditure. For the period between October to March spending was USD 5,956,767, or almost USD 1,000,000 per month.

Country activities were varied, and many national societies conducted interesting and innovative activities such as training railway staff and train conductors in Belarus to spread preventive messages in trains, awareness activities in schools, during religious ceremonies like in Senegal, and integration of H2P messaging in projects for vulnerable populations, such intravenous drug users, the homeless and as those with HIV, TB. Several national societies have also reported that H2P reinforced their position vis-à-vis their governments, to the extent that some have started advocating with their ministries of education to include influenza preventive measures into school curriculum. More details are available in section V and Annex II.

On the global level, the influenza unit closely monitored and supported national societies’ projects through H2P staff in zone and regional offices, developed criteria to reassess H2P project agreements, developed and updated a financial and risk management strategy and started work on a large-scale inter-agency program review. As part of a fundraising strategy and documentation of H2P success stories, the unit started a communication project that will include a few short videos (three minute vignettes), a longer seven minute video, and six to eight web stories. The first short video was presented during an Ask Event organized in Geneva during March.

Activities in the coming months will focus on ongoing reassessment of program and projects, finalizing project activities, monitoring and supporting national societies, phasing out and mainstreaming the H2P program into other IFRC regular programs, while continuing to search aggressively for additional funding opportunities.

II. CHANGES FROM ORIGINAL PROJECT AGREEMENT

As stated in our last report, the Influenza Unit had to make obligations to National Societies that exceed the year-to-year funding commitments of USAID due to the growing demand caused by the H1N1 pandemic. With a growing uncertainty of additional funding after September 2010, the Influenza Unit is no longer able to meet additional demands of National Societies and even fulfil its current obligations. While IFRC is still striving to raise additional funds, and may find some moderate

success, a new strategy has been put in place to mitigate the effects of a potential deficit. This strategy aims to reassess all country projects by comparing National Societies' spending rates versus their implementation rate. This will improve our projections of total spending during the time frame of each H2P project. Guidelines were developed and disseminated for this work to all Zone Coordinators.

Objectives of the reassessment include:

- To promote early identification and transparent communication from NS regarding challenges to implementation that result in significant delays in spending;
- To support NS in making revisions to their work plan and budget to ensure timely and cost effective implementation;
- To ensure NS budget revisions reflect current needs, experience and capacity to implement an approved work plan so that the Federation can optimize use of, and increase access of members to, its global H2P fund.

Through this reassessment process, amendments to grant agreements were signed with National Societies and many included a budget reduction due to slow implementation.

III. GLOBAL PROGRAM OVERVIEW & PROGRESS TO DATE

1) Progress against Objectives, Key Approaches and Activities

A work plan is attached as **Annex I**, providing a detailed, line-item report showing progress against specific objectives, key approaches and activities, referred to as milestones. As indicated in the last semi-annual report, this work plan combines the "global" and "country" tables from earlier reports and the specific indicators have been revised to make the language more efficient and indicators more measurable.

Below is an outline of program objectives and milestones, along with a brief summary of progress.

MANAGEMENT

During the reporting period, the Influenza Unit has been constantly monitoring country progress of implementation, finalization of tools and guidelines, adaptation and dissemination of communication and advocacy materials. The unit has also modified its global program management strategy to adapt to a more challenging funding situation and prepare for closing out country projects while mainstreaming H2P into other IFRC regular programs.

Objective 1: To develop preparedness plans and mechanisms for community resilience in the areas of public health, food security and livelihoods.

- ***Milestones 1 – 3: Health, Food Security/Livelihood, and Communications Working Groups***
Although inter-agency working groups have not met during the reporting period, as all materials, guidelines, and activities were completed, the health working group curricula was further revised by The Core Group to reflect more the uncertainty around pandemic severity and waves. The IFRC worked on a modified Spanish version of the curricula, and is planning to incorporate the modifications done by CORE into a new laid-out version in April.
- ***Milestone 4: Building Other Guidelines and Tools***
National Societies were provided guidance for their Accelerated Projects through materials and templates for submitting plans of action and budgets. Additional guidance was provided during workshops organized in the last quarter of 2009 in Budapest and Amman.

A guidance document and amendment templates were developed by the Influenza Unit to standardize the reassessment of country projects. The guidance included criteria for identifying H2P projects of national societies that needed reassessing. Reassessment of projects was carried out in many countries, and under-achieving H2P national society projects saw their budgets decrease while other successful H2P project budgets were increased or maintained

- ***Milestone 5: Monitoring and Evaluation***

As team of consultants was hired by the IFRC to drive the program review process starting from November 2009 through September 2010. The team includes representatives from USAID, CORE, and AED. The team has developed guidelines and questionnaires for site visits. The countries visited so far include Uganda, South Africa, Mozambique, Indonesia, and the Philippines. The Program Review Team has also developed a questionnaire for a survey that will be disseminated to all H2P national societies and selected other non-participating national societies.

Objective 2: To strengthen the capacity and competency of relevant staff and volunteers and civil society organizations to carry out community level pandemic preparedness activities in at least 20 countries.

- ***Milestones 1 – 2: Request for Proposals and Start-up***

This was finalized during the last reporting period.

- ***Milestones 3 – 5: Health Working Group Curricula, Food and Livelihood Guidelines***

The Health working group curriculum was further adapted under the leadership of the Core Group. The curriculum now reflects more uncertainty about pandemic severity and number of waves. An additional annex to the curriculum was developed with new data. The curricula was adapted by most national societies to local contexts, and translated into Spanish, Arabic, French, and Portuguese.

- ***Milestone 6: Training***

Training for zone staff on financial management of USAID grants continued during the last quarter of 2009. The IFRC organized workshops in Budapest and Amman for national societies applying for H2P AP projects.

At the project level, nearly all H2P national societies have now trained or initiated training of trainers, and training for first responders, district, community leaders, government health workers, and other NGO staff.

- ***Milestone 7: Personal Protection Equipment***

A total of 15,673 standardized PPE packages were dispatched to national societies participating in the H2P program (only those funded by USAID). National societies in Africa and MENA zones received them during the last quarter of 2009, while Asia Pacific, Americas, and Europe received them over the first quarter of 2010.

- ***Milestone 8: H2P Country Plan***

Approximately 75% of H2P long countries are in different stages of finalizing their country plan. They have either developed a first draft or tested, revised, and advocated with their governments and other stakeholders. While H2P Accelerated projects were not required to develop plans, at least 25% have developed contingency plans and/or business continuity plans to respond to a severe pandemic situation.

Objective 3: To develop well functioning coordination mechanisms at all levels with national, regional, and international stakeholders.

- ***Milestone 1: Establish Partnership Globally***

The inter-agency Operations Committee continued its successful cooperation in this reporting period. Three face-to-face meetings were organized in Washington DC (Oct09 & Jan10) and Geneva (Mar10). During these meetings, the group initiated a closer partnership with the U.S. Center for Disease Control, agreed on a strategy to review the program, planned to revise and publish final H2P tools and materials, created new common messages for training and advocacy, among others activities. The group also began defining mechanisms to sustain the partnership beyond funding.

- ***Milestone 2: Establish Partnership In-country***

All H2P long and AP national societies have established in-country partnerships, with local governments, local CBOs and International NGOs, as well as a few private sector organizations. As mentioned earlier in the report, we have received feedback that H2P has helped many national societies to reinforce their existing relationship with their respective governments given that they were already preparing for a pandemic before their own governments sometimes. The partnerships between the Ukraine RC and Coca Cola to secure free freight services or the Egyptian RC and a local gsm network for free phone calls between H2P staff in all districts are two examples of NS cooperating with the private sector for more efficient response. Many national societies either established or participated in task forces with governments and civil society organizations, but also included health workers and staff from other NGOs in their training sessions.

2) Major issues & constraints

While the influenza unit was expecting additional funding and an extension of its H2P program through FY11, USAID did not approve the request, despite proven success of the program at partner and country level. Since IFRC made obligations to NS that exceeded funding commitments - mainly due to the emergency situation at the onset of the H1N1 pandemic and to the commitment of the influenza unit towards IFRC's guiding principles – the IFRC is now faced with a potential deficit of CHF 3 millions (or USD 2.8 million).

While IFRC has been striving to raise additional funds to meet NS demands, through the organization of an Ask Event, a communication project, and closely working internally with the Resource Mobilization department to reach out to government missions and more affluent national societies, efforts have not been successful. Since the earthquake in Haiti and a new focus from donors on H1N1 vaccine programs, funding towards community-based, NPIs for pandemic and other emerging infections diseases has evaporated nearly completely.

The IFRC is currently revising its financial strategy to respond to this situation and reduce its financial exposure. National Society budgets will likely be drastically reduced, as well as Geneva and Zonal budgets. Among the likely implications is the elimination of all non-PRT meetings and travel from the IFRC budget in the coming months.

Another key challenge is around cash flow. The mounting deficit is making it hard for IFRC to meet the demands of national societies for working advances, while still facing uncertainty of unreported project activities and working advances. The IFRC's funding strategy will further complicate reporting and create additional confusion and delays to transfer of funds.

While there are a few other challenges related to project implementation, these are minor compared to the above mentioned funding situation.

3) Planned activities for the next 3 months

- IFRC will continue to make the country visits and conduct the analysis as part of the program review. Planned trips include visits to Tajikistan, Lebanon, and Ukraine. Additionally, a

survey is being developed that will be disseminated to all H2P participating national societies and selected non-participating national societies.

- The IFRC will develop a framework to reduce this potential deficit, mitigate the adverse impact on programs, and ensure ongoing compliance with donor requirements. The core guiding principles of this framework will include:
 - o To the greatest extent possible, fulfil commitments to National Societies (NS) and beneficiaries to further develop programs in pandemic preparedness;
 - o Promote participation and empowerment of zonal coordinators (ZCs) to contribute to decision making process. NS input will also be sought through ZCs;
 - o Preserve integrity of donor and IFRC procedures and requirements; and
 - o Ensure mutual responsibility and willingness of stakeholders to contribute to reach the desired outcome.

To achieve that, the following implementation plan will be put in place:

- o Revise project budgets and or income allocations to match income received from donors: This will involve revising budgets and allocating the remaining income to projects. If more grants become available, further income allocations will be made.
- o Review Zonal Office budgets for potential savings.
- o Review Geneva Unit budget for potential savings.
- o Explore opportunities for additional funding. In the event additional funds, are obtained, they will be used to ensure mainstreaming of lessons and preservation of successful projects.
- o Submit a letter to USAID requesting an advance of the remaining funds up to the obligated amount to reduce exchange rate uncertainty. If approved this will ensure certainty in CHF received and improve the close out planning processes.

IV. FINANCIAL REPORT

1) Summary

This report highlights the key financial issues during the reporting period. The scale up of activities as reported previously, are equally reflected in the expenditure for the period. Between October to March, spending was USD5,956,767 and cumulative expenditure amounted to USD13,165,186. Monthly expenditure has increased from approximately USD100,000/month in the first year to almost USD1,000,000/month during the last six months. Expenditure of Personal Protection Equipment (PPE) amount to USD1,435,212 .

Key challenges continue to include the significant deficit between funding available and project budgets. Exchange rate fluctuations have also impacted the programme in two ways. Firstly with decreased CHF funds available, and secondly with uncertainty of final budget figures. A strategy paper has been drafted and is being implemented to mitigate the impact of both the deficit and exchange rate issues.

2) Expenditure breakdown

Expenditure by fiscal year is noted in the table below. This indicates a scaling up of activities and related expenditure. The upcoming six month period from April 2010 to September 2010 will look towards a slower rate of expenditure with the remaining USD5,159,814 to be used.

Fiscal Year	Expenditure (USD)	% of total Obligation
07-08	\$1,237,321	6.7
08-09	\$5,971,098	32.6
Oct 09 to Mar 10	\$5,956,767	32.5

Total Expenditure	\$13,165,186	71.8
Total USAID Obligation	\$18,325,000	
Total Remaining	\$5,159,814	28.2

Details of expenditure per category and country are presented in the table below.

Tracking Codes	Oct09-Mar10 (USD)	Cumulative (USD)
PR1 Planning & Coordination		
GVA/Zones (inclusive of PPE)	2,049,755	7,136,810
PR2 Preparedness for Response		
Argentina	21,499	22,297
Azerbaijan	166,939	196,677
Benin	147,851	163,431
Bolivia	33,116	33,560
Burundi	113,074	113,089
Chile	56,386	56,830
Columbia	8,119	8,563
Cost Rica	27,465	27,909
Ecuador	17,549	19,044
Egypt	421,691	910,049
El Salvador	72,906	73,350
Ethiopia	162,285	374,541
Ghana	128,925	151,714
Guatemala	124,705	130,574
India	32,133	38,190
Indonesia	171,173	198,189
Kenya	92,065	277,769
Laos	2,450	5,050
Liberia	92,045	103,843
Malawi	72,640	86,213
Mali	175,614	233,334
Mexico	160,348	470,184
Mozambique	114,237	114,237
Nepal	248,060	492,053
Nicaragua	44,568	45,830
Nigeria	115,425	147,836
Peru	43,601	44,862
Philippines	148,526	168,140
Senegal	99,791	116,662
South Africa	103,020	106,380
Tanzania	162,674	162,720
Uganda	230,287	565,112
Ukraine	208,537	255,771
Vietnam	87,308	114,373
Total	5,956,767	13,165,186

(the above is inclusive of PPE kits of USD1,435,212)

3) Challenges

The key challenges relate to the following:

Deficit between funds obligated and project budgets:

Confirmation from USAID of no additional funds has required a process of reducing budgets and commitments to National Societies. Budgets have had to be reviewed and significantly reduced in all areas. As at the end of March, approximately CHF800,000 was available for allocation to projects with remaining budgets of CHF3.4m. This will require ongoing dialogue, negotiation, follow up and monitoring. A policy of no no-cost-extensions has been implemented, as well as reviewing budgets in the Geneva Unit, Zonal Units and National Societies in order to identify savings, review plans and implement a close out program within a reduced budget.

Exchange Rate uncertainty:

The adverse movement in exchange rates between the USD and the CHF has reduced the amount of funds expected. This has continued over the course of the period and especially during September 2009 through December 2009. During both November and December 2009, the USD was below parity with the CHF. A letter has been forwarded to USAID to request an advance of the remaining funds up to the obligated amount to reduce exchange rate uncertainty. If approved this will ensure certainty in CHF received and improve the close out planning processes.

4) Outlook

An updated financial framework is currently being implemented as the programme moves towards phase out. This framework aims to provide a strategic response to allocate the remaining funds and use these effectively and efficiently. During late April and early May, most of the key activities in the financial framework will be implemented. The expected outcomes are a zero deficit and a smoother close out than what would otherwise occur.

The audit of the USAID funded H2P Programme is expected to be undertaken during week commencing 24th May 2010 by KMPG Geneva. This will cover the period January 2009 to December 2009. This report, once completed, will be available to USAID.

V. PROGRESS REPORT BY ZONE/REGION

Below is a summary of activity in each zone, inclusive of DFID funded projects. For country specific details, please see **Annex II**.

1) Americas Zone

Americas Zone				
	H2P Long	H2P AP	H2P Mini	Donor
Argentina				USAID
Bahamas				USAID
Barbados				USAID
Belize				USAID
Bolivia				USAID
Chile				USAID
Columbia				USAID
Costa Rica		Ended Mar10		USAID
Dominica				USAID

Dominican Republic				USAID
Ecuador				USAID
Grenada				USAID
Guatemala				USAID
Guyana				USAID
Haiti				USAID
Honduras				DFID
Jamaica				USAID
Mexico (emergency one-shot) funding)				USAID
Nicaragua				USAID
El Salvador				USAID
St Kitts and Nevis				USAID
Saint Lucia				USAID
St Vincent et the Grenadines				USAID
Suriname				USAID
Peru				USAID
Trinidad and Tobago				USAID

i. Main accomplishments

By October 2009, all H2P NS in the Americas Zone, except for Ecuador and the Caribbean Region, had started implementation and most had already hired key project personnel (project coordinator, finance/accountant). Implementation of H2P projects, coupled with visible activities during the H1N1 response phase, has reinforced the position of several NSs within their respective National Pandemic Preparedness/Response Systems, in particular in the National Anti-Pandemic Commissions (Bolivia RC, Colombia RC, Guatemala RC or Peruvian RC).

Procurement of PPE kits was organized in the Americas Zone and delivery started in October. All PPE kits were dispatched and distribution was finalized in January 2010 after few delays.

Two new IFRC H2P Regional Officers started working in October, based in Guatemala (supporting 5 Central American countries) and Ecuador (supporting 6 South American Countries). The H2P team in the Americas was fully functional with 1 H2P Zone Coordinator, 3 H2P Regional Officers and 1 H2P Finance Officer.

Additional support was provided by organizing a 2-day H2P Finance workshop in Panama in December 2009 with the explicit aim of consolidating and improving the financial reporting for all NSs involved in the H2P programme in the Americas Zone. Additionally, 2 specific objectives were agreed for January 2010: to submit the first financial quarterly reports (all NSs, both long and accelerated projects), assess activity progress against their work plans and submit requests for no-cost extensions accordingly. As a consequence, all seven H2P AP projects were granted a two-month no-cost extension, and an additional no-cost extension for Costa Rica was approved.

By February, most of the H2P-AP projects had almost completed their expected results and National Societies were expanding their results by increasing the coverage of the project, thanks to strategic partnerships with public and private institutions.

With regards to coordination, H2P Zone Coordinator was seconded to Haiti operation as Deputy Team Leader for the Recovery Assessment Team (RAT) mission in February. Furthermore, initial talks have been held with Haitian Red Cross and Dominican Red Cross about the continuation of their respective H2P projects. The Americas Zone Office needed to increase even further their response efforts in the last part of February to support Chilean Red Cross after the devastating earthquake and tsunami that hit Chile. Obviously this has had an impact on the H2P project in the country, with all human resources in

Chilean Red Cross health department, including H2P personnel, diverting their efforts to support earthquake affected communities.

During the reporting period, the IFRC H2P team visited several NSs to provide technical support, monitor progress against objectives, revise work plans, and assess requests for no-cost extensions. The team served as liaison between NSs and other stakeholders such as USAID with the aim to facilitate initial meetings. They also conducted field visits at community level, supported NS in training and communication materials to help revise and integrate H2P into other health activities. All NSs have submitted their first financial reports. NSs with H2P-Long projects have submitted separate reports for the Start-up funds. Limitation in NSs accountaning systems led to delays in financial reporting.

ii. Planned activities

- English Caribbean Regional officer to continue the field visits to National Societies (Bahamas and Saint Lucia) as required to co-facilitate trainings, in conjunction with relevant line ministries and key National Society personnel.
- South America H2P Regional officer to support Chilean Red Cross and Regional Office in the consolidation of H2P in coordination with other epidemic control activities as part of the Earthquake Emergency Appeal.
- Central America H2P Regional Officer to pay a monitoring visit to Nicaragua.
- H2P Zone Coordinator to pay a visit to Guatemala Red Cross (discussion about progress against objectives, meeting new H2P Coordinator) and meet Central America H2P Regional Officer to plan close-out of H2P accelerated projects.
- To improve communication and information sharing with OCHA/UNPIC personnel in the region.
- Regional meetings both in El Salvador and Colombia are being planned for April to share main outcomes, successes and challenges and also to look at exit strategies and sustainability. One area of focus will be to look at how H2P projects we will integrated into National Societies Health Plans.

2) Asia Pacific Zone

Asia Pacific				
	H2P Long	H2P AP	H2P Mini	Donor
Afghanistan				DFID
Bangladesh				DFID
Cambodia				DFID
Fiji				DFID
India				USAID
Indonesia				USAID
Laos				USAID
Mongolia				DFID
Nepal				USAID
Pakistan				DFID
Philippines				USAID
Tuvalu				DFID
Sri Lanka				DFID
Vietnam				USAID

i. Main accomplishments

During the last quarter of 2009, one H2P long project was signed with India RC and seven H2P AP projects were signed with Afghan, Bangladesh, Cambodia, Fiji, Mongolia, Pakistan and Sri Lanka RC Societies (DFID funding). With the surge of influenza cases in temperate countries in the Zone at that time, H2P NSs accelerated implementation of activities and revised projects to include response-oriented activities. Additionally, the Zone worked with H2P teams in NSs to explore integration and use of H2P tools and material in on-going emergency operations, particularly in infectious disease prevention and control.

During the first quarter of 2010, all 12 H2P projects in Asia Pacific were implementing activities. In addition, a communication campaign of the Tuvalu Red Cross was approved. IFRC H2P focal points in the zone continued their close monitoring and facilitated project revisions. Integration of H2P tools, materials and experience, as well as mainstreaming influenza pandemic to broader emerging infectious diseases and/or disaster management via a multi-sector all-hazards approach, have become more prominent in forums within and outside national societies and the IFRC.

Activities during the reporting period included project reviews jointly done by implementing national societies together with zone, country office H2P focal points, and Geneva Senior Officer, as well as initiation of no-cost extension processes, and reporting preparations for projects ending in April 2010.

Coordination activities at Zone level included meeting and participating/presenting in different seminars and conferences with different organizations, including the Asian Disaster Preparedness Centre, Nestle Thailand, the Asia Europe Foundation, Ministry of Human Resources of Malaysia, ILO Malaysia, ASEF, UNSIC, WHO/WPRO, USAID missions in different countries, and AED.

Implementation of H2P projects in Indonesia, Philippines, and Vietnam was affected by typhoons and earthquakes and resulted in few unavoidable delays. H2P project teams have endeavoured to mitigate the impact and started exploring integration of programme priorities into disease prevention/health promotion components of NS/IFRC emergency response operations. Severe winter in Mongolia, cyclone Mick in Fiji and the volcanic eruption threat in the Philippines also affected implementation. The transitions in Indonesian Red Cross resulting from the appointment of new chairperson and secretary general, and the reengineering process in Sri Lanka Red Cross resulted to some delays in the implementation of activities.

In March, the key challenge was around financial reporting and reconciliation of working advances provided to national societies, taking longer than anticipated. The amount of unreported advances and the need for projects to be infused with additional funds also continued to be a dilemma because of the need to balance potential financial risk with timely project implementation. Also, IFRC is assuming a more conservative position due to very low cash position. Since the secretariat will not be able to transfer needed funds to projects, national societies will be compelled to lower targets in the next months and will not be able to get their no-cost extensions approved. Finally, the fading interest of governments and donors in pandemic preparedness has added to the challenge. As projects of other partners have been completed, national societies are also starting to find difficulty in engaging them in key project activities.

National Societies' progress is reflected in Annex II, few activities guided and supported by the Zone as follows:

- **Indonesia RC** revised project plan due to delays in implementation and to include community response activities. They recruited project consultants, reviewed terms of reference of H2P country planning and facilitated project review and revision for no-cost extension.
- Following a long negotiation process, a LoA was signed with the **Indian RC**. Delays in commencing implementation led them to update their workplan and budget.
- **Nepal RC** was guided by the Zone in the settlement of outstanding working advances and the submission of financial reports to ensure continued funds flow and sustained project

implementation. Additionally, internal mid-term reviews were conducted, project workplan and budget were reassessed, and a request for a two-month no-cost extension was granted.

- Similarly, the **Philippines RC** was provided guidance by the Zone in financial reporting and mid-term review that led to revised project plans and signature of a LoA. The NS also finalized training manuals and strategy for implementation, particularly 105 provincial, city and municipality trainings.
- **Lao RC** finalized the H1N1 communication and training action plan, started implementation and ended their mini project.
- The **Viet Nam RC** was provided guidance on their potential partnership with Abt Associates for the implementation of a joint pandemic preparedness project in 2010. The NS also reviewed draft multi-sectoral pandemic preparedness and response plans of Ha Nam province.
- The Zone advised **Mongolian RC**'s response to on-going epidemic as well as guided the revision of project to include intensified communication campaign and blood donor recruitment activities. The NS updated their workplan and budget to facilitate the incorporation of additional trainings and other activities into the project.
- **Cambodian RC** project team was briefed on H2P tools, guidelines and materials, and coordination with H2P in-country partners. The NS revised their project to incorporate translation and printing of training materials, conducted master training of CRC and partner trainers, and organized a workshop to start formulation of the pandemic preparedness and response plan. CRC, in partnership with the NS, translated material and conducted a training for master trainers.

ii. Planned activities

The following are priorities for April 2010:

- Follow up/facilitate completion of no-cost extension processes of Indonesia, Philippines, Afghanistan, Bangladesh, Cambodia and Pakistan Red Cross Societies.
- Facilitate/support project reviews – India and Vietnam RC.
- Follow up reports of projects completing in April – Fiji, Mongolia, and Sri Lanka RC, including communication campaign of Tuvalu RC.
- Follow-up/Coordinate Federation engagement in the Asia regional risk communication initiative, and participation in the IMCAPI, Hanoi.
- Continue to contribute to H2P programme review: Coordinate actual site visits in Indonesia and Philippines in April, and preparations of visit in Nepal in June; Coordinate survey involving H2P and non-H2P national societies.

3) Eastern Africa Region

Eastern Africa				
	H2P Long	H2P AP	H2P Mini	Donor
Burundi				USAID
Ethiopia	Ended Mar10			USAID
Kenya				USAID
Madagascar				DFID
Mauritius				DFID
Rwanda				DFID
Somalia				DFID
Sudan				DFID
Tanzania				USAID
Uganda	Ended Mar10			USAID

i. Main accomplishments

During the reporting period, the Zone provided technical support and guidance to National Societies and continued to monitor H2P project implementation progress. Particularly, in the last quarter of 2009, the Zone was following-up progress and continued urging National Societies to revise project plans and budgets into more response activities. During the first quarter of 2010, and following a global program strategy change, the Zone started a closer monitoring of implementation & spending rates of National Societies, leading to plan and budget reassessments of H2P projects in Ethiopia and Tanzania. In Ethiopia, a budget reassessment began with a review of planned project activities and resulted in significant changes to budget. In Tanzania, the Zone worked with the NS to reassess their project and accelerate implementation, leading to the granting of a no-cost extension while the budget was reduced. Madagascar was affected by a Chikungunya outbreak late February 2010, in addition to some H1N1 cases reported in the same areas. Malagasy RC dispatched posters and key messages to the affected areas. Implementation of the H2P project in Uganda was very successful, a no-cost extension was granted in December to allow them to finalize and scale-up activities until the end of March. The Uganda RC is now preparing their final report. Similarly, the Ethiopia RC ended their project in March and a final report is being prepared.

At the Zone level, coordination with several actors was ongoing. Particularly, the Zone participated in a USAfricom Military Pandemic Influenza tabletop exercise, and collaboration and follow-up meetings were conducted. Since operation Natural Fire 10 brought positive results, similar exercises in the East Africa region are planned during 2010. During the last quarter of 2009, the Zone distributed home care posters and flyers to non-H2P countries and held an exhibition stand for H2P/H1N1 during the IFRC's General Assembly. Additionally, H1N1 fact sheets were distributed to participants as part of their welcome package.

H2P mini projects were completed in four countries, reports submitted, and expenses booked. The invitation for a 2nd round of H2P mini funds was shared with the four remaining NSs of the region. Seychelles RC expressed their interest, but did not submit any proposal.

National Societies' specific progress is reflected in Annex II, a few activities are as follows:

- **Burundi RC** translated, produced and distributed IEC materials, received PPE kits, adapted training modules and trained 17 trainers. Burundi volunteers were actively participating in H1N1 response activities, such as airport screening. Burundi is not usually on time with their reports, although activities are carried on.
- **Tanzania RC** finalized IEC and training manuals, organized ToT for staff, government employees and partners, simulation exercises for staff and volunteers, and community sensitization activities. Interagency meetings in the two pilot districts were conducted, as well as National and District planning meetings. A simulation exercise to test the plan is now being prepared. A two-month no-cost extension was granted, for a project end date in May 2010.
- Following H1N1 outbreaks in several districts, **Uganda RC** carried out response activities in non-pilot areas, door to door community sensitization, worked with National Taskforce to trace H1N1 suspect cases and disseminated IEC materials to both pilot and non-pilot districts. After a three month no-cost extension, the H2P project ended in March and final reports are being drafted. Contracts for project staff ended, the emergency health team will be serving as focal point for mainstreaming learning from H2P. Uganda was also a pilot country for the H2P program review, where the PRT visited the NS during March 2010. Uganda is the only country that implemented a pilot, pandemic related food security project. This project proved effective at providing an entry point to discuss influenza and helped local food producers diversify their income so they may be less vulnerable to pandemic threats.
- **Ethiopia RC** conducted simulation exercises and ToT for 41 CBHFA and volunteer health professionals, produced IEC materials, trained volunteers on HWG curricula, developed Pandemic Influenza country and district plans as well as a BCP. The project ended in March and final report is being prepared.
- **Rwanda RC** signed a letter of agreement (AP), received a 1st cash transfer and started implementation. Orientation meetings and volunteer trainings were conducted. The number of

volunteers to be trained was increased to 1500 following a request from the MoH who will in turn support financially in part. The NS has also produced IEC materials.

- **Kenya RC** conducted CBHFA training for Community own resource persons (CORPs) and ToT for project officers, regional health officers, community health extension workers and district health management teams. IEC materials are being produced for volunteers, expected dissemination in April. The KRCS is trying to get involved with the MoH in the H1N1 vaccination campaign expected in April. A short three minute video has been produced to reflect some aspects of the H2P project in Kenya, it is available on:
<http://www.youtube.com/watch?v=DT6g29NAKnA>.
- **H2P mini projects:** Madagascar and Mauritius RC finalized posters and distributed in all districts. Somalia RC printed its posters in Nairobi and distributed in three regions by ICRC flights. Sudan MoH insisted that all partners use standard sample IEC materials with MoH logo. All finalized their projects and submitted final reports.

ii. Planned activities

Quarter two activities in the East Africa Zone will include closely monitoring implementation of projects in Kenya, Tanzania, Burundi and Rwanda, receive quarter one reports from all participating NSs and final reports from Ethiopia and Uganda. Depending on the received reports, reassessment of projects might be needed, particularly in Kenya and Rwanda.

4) Europe Zone

Europe				
	H2P Long	H2P AP	H2P Mini	Donor
Armenia				DFID
Azerbaijan				USAID
Belarus				DFID
Bosnia & Herzegovina				DFID
Cyprus				DFID
Georgia				DFID
Hungary				DFID
Kazakhstan				DFID
Kosovo				DFID
Kyrgyzstan				DFID
Macedonia				DFID
Moldova				DFID
Russia				Others
Serbia		Ended Mar10		DFID
Tajikistan				DFID
Ukraine				USAID

i. Main accomplishments

The H2P Coordinator and Zone has provided continuous support to NSs of the region. In October 2009, an H2P AP workshop was organized in Budapest and as a consequence, six NS' projects were approved (Tajikistan, Hungary, Georgia, Kazakhstan, Serbia and Moldova). Additionally, two National Societies were granted funding to start H2P mini projects (Macedonia and Cyprus). During the reporting period, the Zone kept close contact with partners, including Ministries of Health, WHO, USAID and UNICEF, shared project plans and developed materials.

National Societies' specific progress is reflected in Annex II, a few activities are as follows:

- **Belarus RC** developed their Country Plan, and the global communication campaign, basic guidance and H2P training materials were adapted, translated, and disseminated. Five to seven district branches from each regional Belarus RC organization are involved in project implementation while all Belarus RC district branches will disseminate H2P materials among communities. In all regional organizations (in both H2P pilot and non-pilot communities) staff and volunteers were trained to carry out different informative sessions, round-tables, radio, and TV sessions. Additionally, staff of the railroad organization were trained and started disseminating preventive messages to the public and train passengers. The global campaign video clip is playing at Minsk railway and subway stations, and is available on the local internet portal. Calendars and information posters were distributed in public areas including transport stations. Awareness campaigns were conducted in schools and universities, and IEC materials were distributed to private sector enterprises. A short three minute video has been produced to reflect some aspects of the H2P project in Belarus, it is available on: http://www.youtube.com/watch?v=5L5S6Y_IU0c
- Following the announcement of influenza and Acute Respiratory Viral Infection epidemic on 30 October 2009, the **Ukraine RC** updated their project plans and implementation to include response activities, and the Country Plan was further updated to cover the whole country instead of only pilot districts. Training materials were adapted and translated, and a ToT was organized for 40 people, 3 people from each oblast. Additional workshops were conducted to train visiting nurses so they can monitor flu while visiting patients. IEC materials were adapted, printed, and distributed to communities and in factories, schools and institutes. The NS had secured free delivery with Coca Cola's freight services. The H1N1 campaign video was broadcasted on national and regional television channels. PPE kits were purchased and delivery is ongoing. The Ukraine RC is regularly participating in central interagency taskforce meetings on epidemic threats. A press conference was held in Kiev, on March 4 to communicate results of URCS and health institutions activities carried out during the first flu outbreak and to discuss the readiness for a possible second outbreak in the spring.
- **Azerbaijan RC** started a baseline survey carried out by 69 volunteers at the community level, and an additional questionnaire was also used for ministers, medical departments and partner organizations. ToT sessions on HWG curricula were organized for staff, volunteers, working group members, community leaders, and health workers in all five regions. Campaign materials and curricula were translated, the H1N1 video clip was broadcasted in a public TV channel, posters and leaflets were distributed. The NS also produced its own video-clip on vaccination and shared with WHO and the Ministry of Health. Coordination meetings were organized with NS' regional representatives, chairmen of local committees, working groups, as well as representatives from ministries and local authorities. Other meetings were held with WHO, USAID, MoH, World Bank, UNICEF and PHRC to discuss vaccination campaigns. PPE kits were purchased and delivered.
- **The Russian RC** conducted a communication campaign after adaptation and translation of global material. An e-learning H1N1 website was launched in Russian. The NS also carried out a few fundraising activities with pharmaceuticals. The Russian RC does not have a full understanding of the H2P program, as it will benefit from further training on non-health risks related to pandemic.
- **Serbia RC** focused their H2P AP project on communication of key preventive influenza messages through other key programs such as voluntary blood donation, open kindergarten for Roma children, and soup kitchens for the homeless. They also organized training in schools and printed and disseminated IEC materials across all RC branches.
- **Moldova RC** held several coordination meetings with partners to plan for a 2nd wave activities, conducted several awareness sessions and disseminated IEC materials to communities across 29 locations. Activities in the media included radio broadcasting and press releases in local newspapers. In two RC branches, volunteers organized theatre plays on influenza pandemic in schools. A national ToT was conducted for volunteers and branch directors, as well as simulation exercises in two districts, jointly organized with the MoH and MoE.
- **The Hungarian RC** conducted a national ToT, as well as a second level of trainings for teachers and kindergarten staff members. The H2P training materials will be incorporated in the national curricula as of next calendar school year. IEC materials were adapted and will be disseminated soon. PPE kits were procured for volunteers.

- **Kazakhstan RC** extensively used the Best Defence Campaign in train stations, airports, schools, universities, and construction sites (to reach migrant workers). A ToT for volunteers from targeted vulnerable communities took place, where new volunteer trainers then continued training their communities, to reach a total of 14200 beneficiaries. A control questionnaire was later conducted and knowledge increased from 45 to 85%. Three round tables with key stakeholders were organized, where the MoH, municipality representatives and community leaders participated. PPE were centrally procured and distributed to branches.
- **Bosnia and Herzegovina RC** prepared the first ToT for three entities.
- **Georgia RC** organized awareness sessions for communities in target regions through activities implement by 100 trained volunteers, to reach a total of 824 community leaders and 250 internally displaced persons.
- **H2P Mini projects** in Kirgizstan, Kosovo, Macedonia, Cyprus and Armenia started awareness raising activities in different parts of the countries and dissemination of IEC materials and radio broadcasting messages.

ii. Planned activities

Quarter two activities in the Europe Zone will include close monitoring of project implementation and budget reassessment if needed. Specifically:

- The NS in **Belarus** is planning training sessions at branch level, awareness activities through mass media and message dissemination at community level in all districts, and to continue coordination meetings with different stakeholders at regional and district levels.
- In **Ukraine**, the NS will continue information campaigns in all regions, and purchase PPEs for their visiting nurses.
- The Red Crescent Society of **Azerbaijan** is planning different meetings with WHO, the MoH, USAID and UNICEF. The NS will also continue awareness campaigns, particularly broadcasting a video on the national TV channel. Training with media workers on H2P is being planned jointly with WHO.
- In **Russia**, the NS will conduct volunteer trainings in all regions and continue the discussions with other program managers around including H2P in HIV and TB programs.

5) Middle East & North Africa Zone

MENA				
	H2P Long	H2P AP	H2P Mini	Donor
Egypt	Ended Feb10			USAID/DFID
Iraq				DFID
Tunisia				DFID
Jordan				DFID
Lebanon				DFID
Morocco				DFID
Palestine				DFID
Syria				DFID
Yemen				DFID

i. Main accomplishments

Egyptian Red Crescent H2P project was extended for one month without additional funds and finished by the end of January 2010. The Moroccan RC signed the agreement in December 2009 and started implementation of activities. Egyptian RC, Palestinian RC, Syrian RC, and Lebanese RC Accelerated

Projects started late in Dec09/Jan10. All H2P AP projects will end in April 2010. The national societies of Jordan, Iraq, Yemen and Tunisia ended their H2P mini projects at the end of Dec09.

During the reporting period, the Zone followed-up financial and narrative reports of national societies, facilitated an H1N1 workshop for the civil defence in United Arab Emirates as well as and H2P AP workshop in Amman, and conducted a visit to the Moroccan RC to provide technical support and overcome implementation delays. Additionally, several coordination meetings were organized, particularly with UNSIC.

Egypt H2P AP main activities:

- Two TOT courses were conducted through which 55 HQ and branches volunteers were trained on pandemic influenza prevention, personal protection, communication, and reporting.
- Coordination meetings were held at HQ with representatives from the ministry of health, ministry of education, ministry of social solidarity as well as heads of districts.
- Developed different reporting and data collection systems (monthly report, school visit checklist, home visit checklist, etc...)
- Developed a new brochure directed to households and targeting mothers and children. IEC materials printed within the H2P long project were also used.
- Conducted six trainings for 180 community leaders (religious leaders, social workers, school teachers...) in 6 different governorates.
- Conducted 50 educative seminars in various governorates for approximately 2500 beneficiaries.
- Awareness raising campaigns in schools covered 347 schools in 13 governorates.
- Approximately 6000 home visits were conducted.

Morocco H2P long main activities:

- Identified project staff at HQ and branches level, and conducted a series of consultative meetings with heads of regional offices and coordinators.
- Sensitization of regional committees.

Palestine H2P AP main activities:

- Project staff recruited, PoA reviewed.
- Two central trainings were implemented in Gaza in Dec09 and Kefel Hares and its surrounding villages in the West bank in January 2010; about 120 female volunteers participated in each event.
- Printed awareness materials, publications and posters;
- Conducted 46 community awareness campaigns in Gaza, Jabalia, Dier Al Balah and Khanyounis.
- Distributed 300 PPE kits to volunteers and EMS (Emergency Medical Services) staff.

Syria H2P AP main activities:

- Identified project staff and volunteers at HQ and branch levels, PoA reviewed.
- Developed IEC materials to prepare for community activities.
- A ToT workshop was organized during February 2010 where 17 community health trainers were trained,.

Lebanon H2P AP main activities:

- Conducted over 40 health promotion and awareness raising seminars for parents, students, and health workers, among others.
- Conducted several ToT workshops for 25 first aid workers at Al-Akar district, 17 nurses/midwives, 15 medics/paramedics from different LRC branches, 50 school teachers.
- Conducted coordination meetings with several actors, including Ministry of Education and MoH representatives, as well as other local NGOs.
- IEC materials were developed and printing is ongoing.

ii. Planned activities

The next quarter will include closing up of all projects in the Zone, with the exception of Morocco that will end in September 2010. In Egypt, the NS is planning to continue awareness raising campaigns, particularly in schools. In Morocco, a ToT is planned for 500 volunteers from 14 different districts. In Syria, 4 regional workshops will be organized, and hygiene promotion materials will be developed for schools.

6) Southern Africa Region

Southern Africa				
	H2P Long	H2P AP	H2P Mini	Donor
Malawi				USAID
Mozambique				USAID
Namibia				DFID
South Africa				USAID

i. Main accomplishments

South Africa Red Cross (SARCS) and Malawi Red Cross (MRCS) are actively continuing the implementation of their H2P projects. The Mozambique Red Cross (CVM) commenced their H2P AP activities in January 2010. Namibia Red Cross has revised their plan of action for their H2P AP project prior to commencing activities.

A new Avian and Human Influenza Coordinator (Nicholas Prince) commenced in February 2010, started monitoring NS' implementation progress and revised the H2P plan and budget for Namibia RC to be in line with reduced funds available. He also attended several coordination meetings with OCHA, the SARCS, as well as the Monthly National Outbreak Response Team in Pretoria.

National Societies' specific progress is reflected in Annex II, few activities as follows:

- **Malawi RC** completed a baseline analysis and mapping in the pilot districts and conducted the ToT sessions and orientation and awareness raising sessions for the District Volunteer Action Teams (Civil Protection Committee members). The NS commenced targeting village leaders/elders and has so far trained three Traditional Authority Teams (41 persons). Posters and leaflets on Pandemic Flu (in English and Tumbuka languages) sourced from USAID Office were distributed to the NS' branches, some district government offices and community representatives. Coordination was ongoing with different partners, including USAID, UNDP, and FAO where stakeholders shared plans and materials about influenza pandemic preparedness and response. The H2P baseline survey results will be presented to different stakeholders during an upcoming workshop.
- **Mozambique RC** conducted workshops with provincial secretaries and key branch coordinators to disseminate H2P project and activities. The NS also translated into Portuguese the H2P Curriculum training manual for trainers and volunteers; prepared and distributed H1N1 awareness and prevention pamphlets in Portuguese and started the translation of materials into local languages as well. In coordination with the MoH, they also developed and disseminated pandemic awareness posters.
- **South Africa RC** printed 150 training materials and trained so far 68 volunteers in Gauteng province and 14 staff at Port Elizabeth. H1N1 education on "flu fighters" and infection control in households is ongoing. A database of primary humanitarian sector organizations was completed to enable the NS to contact and disseminate information related to H2P and Red Cross related activities. The NS has been coordinating activities with various stakeholders, they are regularly participating in the National and also Provincial Outbreak Response Team meeting chaired by the National Department of Health, they attended a two-day workshop on the preparations for the World Cup, and assisted the Department of Correctional Services on Pandemic Preparedness. South Africa RC assisted the Provincial Health on developing/updating Provincial Pandemic

Influenza Plans based on National Plan and have started the discussion with the National Department of Health regarding changes to current (2007) National Pandemic Influenza Plan to include roles and responsibilities of Red Cross and NGO at community level response.

ii. Planned activities

Quarter two activities in the zone will include close monitoring of project implementation and budget reassessment if needed. Specifically:

- **Malawi RC** will continue training of District Volunteer Action Teams, conduct a workshop to disseminate baseline survey results, continue the distribution of IEC materials, and conduct quarterly coordination meetings at national and district levels.
- **Mozambique RC** will distribute received PPE kits to Provincial/District branches, disseminate completed H2P curricula in Portuguese for trainers and volunteers, conduct simulation exercises at CVM district branches and support the integration of H2P into CBHFA training, all while the H2P Coordinator monitors and supervises activities in 11 provinces.
- **South Africa Red Cross** will complete and analyze results of the baseline survey, organize a National workshop on H2P Plans, organize Provincial Workshops with humanitarian sector, develop provincial pandemic preparedness plans and attend regular meetings of National and Provincial Outbreak Response Teams.

7) West & Central Africa Region

Western Africa				
	H2P Long	H2P AP	H2P Mini	Donor
Benin				USAID
Cameroon				DFID
CAR				DFID
Cote d'Ivoire				DFID
Congo Brazzaville				DFID
DRC		Ended Mar10		DFID
Gabon				DFID
Ghana				USAID
Gambia				DFID
Liberia				USAID
Mali	Ended Mar10			USAID
Sao Tome				DFID
Sierra Leone				DFID
Nigeria				USAID
Senegal				USAID

i. Main accomplishments

During the reporting period, National Societies' H2P Teams kept fully involved in their National H1N1 Pandemic task forces across the region, new H2P AP (two NS) and Mini projects (five NS) were approved, training of master trainers and volunteer trainers were conducted in several countries. Response oriented activities were initiated within all H2P NS, including training of volunteers as first responders and acceleration of community sensitization activities.

IFRC Regional support was provided by sending weekly updates and technical support to NSs for the development of their country and district level pandemic preparedness and response plans. IFRC supported by co-facilitating some NS workshops, developing IEC materials, or in different coordination activities with government authorities and other partners such as WHO, OCHA, UNICEF, IOM, and other NGOs. A monitoring visit conducted by the zone coordinator and Geneva senior officer in October to Senegal and Mali lead to a significant decrease in both budgets and to a more realistic work plan.

National Societies' progress is reflected in Annex II, a few activities are as follows:

- **Ghana RC** conducted ToT and started training volunteers as first responders.
- **Benin RC** submitted a first draft of the pandemic contingency plan, trained approximately 300 volunteers, 38 peers educator, and a few health workers based in UNHCR refugee sites. Posters, leaflets, and flyers on key influenza messages were produced and used by volunteers for community sensitization.
- **Mali RC** conducted sensitization campaigns in pilot districts, adapted and distributed IEC materials by more than 200 volunteers. A manual of procedures for H2P project management, H2P monitoring and evaluation, and an influenza communication plan were produced. VCA assessments were conducted in nine communes, ToT were conducted, trainings for volunteers as first responders, as well as branch staff members, community representatives and other civil society organizations representatives. A one month no-cost extension was granted following a reassessment of their project plan and budget. The H2P project in Mali ended in March and a final report will be sent soon.
- The **Nigeria RC** has been entirely restructured, a new management team is in place; there are no H2P staff for the moment.
- The **Liberia RC** conducted a first round of responders training in three chapters (Grand Gedeh, Nimba and Maryland), and developed and printed IEC materials.
- The **Senegalese RC** conducted a TTX simulation exercise with representatives from IFRC, OCHA and IOM. The NS also participated in the development of the National Pandemic Plan with the MoH, the Directorate of Civil Protection and WHO. Orientation training for staff at headquarters was organized, as well as a ToT and volunteers as first responders workshops. IEC materials were developed and distributed.
- The **Gambia RC** jointly organized with the MoH a stakeholder's orientation meeting and a simulation exercise where the country plan was reviewed and updated, and roles and responsibilities identified. The NS also reviewed and adapted training materials, developed one school booklet, and participated in H2P task force meetings to prepare for the H1N1 immunization campaign in March 2010.
- As part of their H2P mini activities, the **Ivory Coast** and **Sierra Leone RC** developed and disseminated IEC materials, and organized sensitization sessions among volunteers, village chiefs and the public.

ii. Planned activities

- Review the submitted Country Plans and finalize.
- Gambia : facilitate the Training of Trainers workshop planned for the 2nd week of February 2010.
- Nigeria, Liberia and Ghana: start the reassessment of the H2P project .
- National simulation exercise in Benin.
- Closure of Mali H2P long project.

VI. ANNEXES

- 1) **Annex I – Progress versus Objectives and Specific Activities**
- 2) **Annex II – Progress versus expected results by country**

Program WorkPlanning Table

Output or Activity	Year 1	Year 2	YEAR 3												Comments
			Q1 Reporting Period			Q2 Reporting Period			Q3 Reporting Period			Q4 Reporting Period			
			Oct.09	Nov.09	Dec.09	Jan.10	Feb.10	Mar.10	Apr.10	May.10	Jun.10	Jul.10	Aug.10	Sep.10	
MANAGEMENT															
Hire staff															DONE. Grant manager and zone coordinator replaced.
Draft global strategy															DONE. Initial program strategy drafted, but overtaken by financial issues. Financial strategy draft complete in April.
Draft country-specific H2P Country Plan Strategy															ONGOING
Review risks and opps, re-write and circulate updated global strategy															ONGOING
Conduct Scenario Planning exercise to assess country specific H2P Country Plan															
Review risks and opps, re-write and circulate updated country-specific H2P C. Plan															
Prepare semi-annual reports to USAID															COMPLETED semi annual reports on time to date.
Organise quarterly H2P Zone Coordination and Technical Assistance workshops															CANCELED - Future meetings not possible in new financial strategy. See planned activities .
Objective 1: To develop preparedness plans and mechanisms for community resilience in the areas of public health, food security and livelihoods.															
Milestone 1: Health Working Group															
Set-up a Health Working Group															
Draft generic HWG curricula															
Review effectiveness of HWG curricula in revise as needed															Curriculum reviewed, revised and translated. Additional testing no longer possible per new financial strategy.
Revise and publish HWG curricula															
Train H2P staff on HWG curricula															Ongoing, as needed.
Draft NS-specific guidelines on H1N1 vaccination campaign as needed		NEW													NOT APPLICABLE - No vaccines received or support requested from WHO or MoH.
Milestone 2: Food Security Working Group															
Set-up a Food Security & Livelihoods Working Group															Ops Com discussed and agreed to revisit in goals for FY10; talking with WFP.
Produce generic Food Security and Livelihoods guidelines															Plan to work with WFP to revisit and refine
Test FS&L guidelines in pilot countries															Plan to work with WFP
Revise and publish FS&L guidelines															Plan to work with WFP
Train H2P staff on FS&L guidelines															As needed
Milestone 3: Communications working group															
Set-up a Communications working group															
Solicit bids for design															
Approve design, functionality and presentation															
Go live for internal H2P team (IFRC and partners only)															
Go live for the public															
Provide information for AED to update website															New documents are regularly uploaded on the H2P website after thorough review by the working group.
Milestone 4: Building other guidelines and tools															
Draft a template for the Detailed Proposal to National Societies															
Internal review of the Detailed Proposal template															
Disseminate the Detailed Proposal template to National Societies															
Draft a template for H2P Country Plan															
Review and approve the H2P Country Plan template with the Ops Committee															
Publish the H2P Country Plan template															
Develop reference manual to harmonizing and being consistent in H2P messages and presentations for meetings		NEW													Plan to create reference manual with specific modules for meeting has been deferred until funding for FY 11 can be secured
Develop guidelines to ensure consistency, transparency and the integrity of financial data															
Re-assess all financial and legal procedures, systems and guidelines and revise accordingly															DONE.
Draft new guidance on closing out projects		NEW													DONE.

Output or Activity	Year 1	Year 2	Q1 Reporting Period			Q2 Reporting Period			Q3 Reporting Period			Q4 Reporting Period			Comments
			Oct.09	Nov.09	Dec.09	Jan.10	Feb.10	Mar.10	Apr.10	May.10	Jun.10	Jul.10	Aug.10	Sep.10	
Draft new guidance on project amendments and budget revisions		NEW													DONE. Guidelines around accelerating close-out, canceling NCEs to align with AID grant end date..include process and procedures which apply specifically to USAID grant
Draft new guidance on mainstreaming skills and knowlegde		NEW													Initiative delayed until funding FY11 can be secured.
Consolidate guidelines to administer and implement USAID requirements and an IFRC global program		NEW													DELAYED.
Conduct training on new administrative guidance		NEW													Future workshops canceled per new financial strategy.
Develop legal documents approved by legal council to ensure consistency, transparency and integrity of all sub-agreements, award letters and other grant tools															
Develop training material for H2P staff and National Societies to ensure compliance with contractual obligations between IFRC and USAID															NS will need ongoing support for grant compliance and particularly for closing out projects
Develop training material for IFRC staff (working with USAID)															
Milestone 5: Monitoring and evaluation															
Draft logframe for the program															
Create tool/checklist to measure state of pandemic readiness															
Test tool in pilot countries															
Replicate in at least 20 countries															
Revise and publish tools															
Create financial report															DONE.
Objective 2: To strengthen the capacity and competency of relevant staff and volunteers and civil society organisations to carry out community level pandemic preparedness activities in at least 20 countries.															
Milestone 1: Request For Proposals															
Select and agree with USAID on eligible countries															
Draft RFP and annexes (ECP guidelines, Budget guidelines and templates, application form, checklist for shortlisting NSs...)															
Review internally and finalise RFP and annexes															
Publish RFP and annexes to eligible NSs and Zones															
Conduct technical assistance workshops to help NSs draft their ECPs															
Review ECPs within AHI Unit and with Ops Committee															
Decide on Awards to NSs															
Send Letters of Award to selected countries and letters offering a small grant/technical assistance to non-awarded countries to resubmit ECP															
Milestone 2: Start-up and review															
Schedule start-up visits to all awarded countries															
Secure representatives from IFRC Geneva, IFRC Zones & Partners in each start-up visit															
Conduct start-up visits in at least 18 countries															
Create a local network in each country with Red Cross/Red Crescent, NGO partner(s), UN system, government authorities															
Review draft Detailed Proposal submitted by each NS															
Approve Detailed Proposals & prepare sub-agreements															
Review Concept papers from H2P countries for no cost extension		NEW													Guidelines for No-cost extensions created and process of reassessment begun. Several projects amended and over 700K "clawed back." However, under new strategy no more NCEs and project amendments will be driven by need to align income and budget.
Re-assess the Detailed proposal according to context and implementation rate		NEW													Geneva office insisted on project amendments based on slow implemenation. Further revisions and more NS will be subject to revision to meet objectives of new financial strategy.
Milestone 3: Health Working Group curricula															
Adapt generic HWG curricula in selected pilot countries															
Test HWG curricula in pilot countries															
Revise and finalise HWG curricula															
Adopt HWG curricula in all H2P countries															ONGOING
Milestone 4: Food Security guidelines															
Adapt generic Food Security guidelines to H2P countries															ONGOING

Output or Activity	Year 1	Year 2	Q1 Reporting Period			Q2 Reporting Period			Q3 Reporting Period			Q4 Reporting Period			Comments
			Oct.09	Nov.09	Dec.09	Jan.10	Feb.10	Mar.10	Apr.10	May.10	Jun.10	Jul.10	Aug.10	Sep.10	
Publish Food Security communication messages to volunteers and communities														ONGOING	
Milestone 5: Livelihoods guidelines															
Adapt generic Livelihoods guidelines to H2P countries														ONGOING	
Publish Livelihoods communication messages to volunteers and communities														ONGOING	
Milestone 6: Training															
Train staff and volunteers from RC/RC and civil society organisations in H2P countries on baseline surveys/vulnerability & capacity assessments														Complete in 15 countries but no more recommended after May 2009	
Train staff and volunteers from RC/RC and civil society organisations in H2P countries on HWG curricula														ongoing	
Train staff and volunteers from RC/RC and civil society organisations in H2P countries on Food Security guidelines														ongoing	
Train staff and volunteers from RC/RC and civil society organisations in H2P countries on Livelihoods guidelines														ongoing	
Ongoing training to Zone and NS staff on financial processes and reporting														Regularly planed	
Organise workshops, conferences, meetings when needed														Regularly planed	
Milestone 7: Personal Protective Equipment															
Solicit bids for PPE															
Order PPE															
Dispatch PPE to National Societies														DONE.	
Milestone 8: H2P Country Plan															
Adapt generic H2P Country Plan to selected pilot countries															
Conduct simulation exercise in all RC/RC branches/districts with partners to initiate planning of the H2P Country Plan														Will depend on the Pandemic priorities (response mode)	
Revise and finalise H2P Country Plan														ONGOING	
Conduct simulation exercise in all RC/RC branches/districts with partners to test the H2P Country Plan														Will depend on the Pandemic priorities (response mode) and interest of NS	
Adapt H2P Country Plan in all H2P countries														ONGOING	
Fund pilot-tests of post-H2P activity		NEW												CANCELED, per the new financial strategy. May be revisited should FY11 funds be secured.	
Advocate H2P Country Plan in all H2P countries														Regularly planed	
Objective 3: To develop well functioning coordination mechanisms at all levels with national, regional and international stakeholders.															
Milestone 1: Establish partnership globally															
Create an Advisory Committee with high level decision-makers from IFRC, CORE, AED and InterAction															
Conduct regular Advisory Committee meetings														CANCELED, per the new financial strategy. May be revisited should FY11 funds be secured.	
Create an Operations Committe with representatives from IFRC, CORE, AED and InterAction															
Conduct regular Ops Committee meetings														Conducted Jan (DC) and March (GVA). Future meetings canceled per new financial strategy. One more may be possible if combined with PRT meeting in July.	
Conduct partners meeting															
Produce a status report of H2P activities regularly and share with donor, partners, IFRC stakeholders in Geneva and Zones														ongoing	
Organise quarterly H2P Zone Coordination and Technical Assistance workshops														Anney will be last meeting. Future meetings canceled per new financial strategy.	
Organise a Movement Coordination meeting with Secretaries General of NSs, partners and other major stakeholders															
Participate in partners meetings, conferences and workshops														CANCELED, per the new financial strategy. May be revisited should FY11 funds be secured.	
Sharing strategy & donor reports among partners														Will share this report.	

Output or Activity	Year 1	Year 2	Q1 Reporting Period			Q2 Reporting Period			Q3 Reporting Period			Q4 Reporting Period			Comments
			Oct.09	Nov.09	Dec.09	Jan.10	Feb.10	Mar.10	Apr.10	May.10	Jun.10	Jul.10	Aug.10	Sep.10	
Sharing tools, templates & workplans among partners															ongoing
Milestone 2: Establish partnership in-country															
Include at least one representative from Partners (international or local) in each start-up visit to NSs															When International partners were not available to participate, local in-country representatives were invited to join the start-up team for initial sensitization.
Create guidance to ensure replication at the ditrict level		NEW													
Test the guidance to ensure the right replication beyond H2P time frame		NEW													CANCELED, per the new financial strategy.
Provide training on replication of partnerships		NEW													
Update country level strategy		NEW													A document along with a plan will be created to guide NS decision for FY 11 and beyond
Create a local network in each country with Red Cross/Red Crescent, NGO partner(s), UN system, government authorities															100% complete - during start-up, initial meetings were organised with NGOs, government and UN and NSs carried on sensitization workshops and coordination meetings.

Activities planed but not completed in year 1 and 2
 New activity



Table 1. Summary of developments of national society H2P Projects, Americas Zone – March 2010

RESULTS H2P LONG PROJECTS		PERU	ECUADOR	NICARAGUA	GUATEMALA
Prep phase	Detailed proposal is approved	YES	YES	Yes	Yes
	Sub-agreement is signed	YES	YES	Yes	Yes
Implementation phase	H2P staff is recruited	National and local staff completed.	National and local staff completed.	<ul style="list-style-type: none"> - ONLY CORDINATOR, But the rest of the staff has already been selected for November - COMPLETED 	COMPLETED
	H2P staff has received technical briefings	Yes. Briefing Received.	Yes. Briefing Received.	<ul style="list-style-type: none"> - No, induction process will take place in November - Only office staff has been briefed in December - NIT's teams will begin training workshops - 22 NITs from 8 RC branches concluded successfully their basic ENI training, they all will replicate to at least 15 volunteers from their branch and will be part of the regional teams that are being conform. - 34 emergency medical sicknesses from the central NRC office were trained in H1N1 subjects including the transport guidelines of H1N1 patients given by the Ministry of Health. 	<ul style="list-style-type: none"> - Yes, except for accountant - Community AVC has been validated and systematized in 5 delegations, this by the 5 local coordinators and project technicians. - The results of the VCA have been presented to 1 delegation and 8 communities. - 6 delegations have been presented with base line results and the possibilities to expand the H2P area of coverage have begun to be discussed thru strategic alliances. - The Red Cross staff thru its 3 secretaries will evaluate their collaborators knowledge in H1N1 subjects.
	Briefings/Sensitization sessions to RC staff are conducted	Yes. The sessions were received. National and local Staff	Yes. The sessions were received. National and local Staff	<ul style="list-style-type: none"> - Planed for December - First Nicaraguan Red Cross Preparedness and contingency plan (1st draft) has been revised, currently waiting January for second draft check by societies' secretaries. - The national disaster prevention technicians will support H2P community mapping process due to their experience in the field. 	<ul style="list-style-type: none"> - Yes - Health Secretary staff with the H2P staff will elaborate their response protocol. - 56 volunteers out of a total planed of 120 have concluded their PPE training.
	Orientation/Sensitization sessions to NGOs are organised	Advances with the relation of local actors	Good relations with NGOs	<ul style="list-style-type: none"> - Co-sponsored trainings have been scheduled as a result of reunions with 	<ul style="list-style-type: none"> - Yes - 6 NGO where presented with VCA

Annex II – Progress by country – March 2010

RESULTS H2P LONG PROJECTS		PERU	ECUADOR	NICARAGUA	GUATEMALA
				<p>NicaSalud, MSH-stop AI, Care, CDC</p> <ul style="list-style-type: none"> - In Chinandegas 5 new provinces (municipios) are trying to be included in the H2P strategy through the alliance with ADRA and Lutheran Federation (both rural development) - 3 radios in the Chinandegas region are awaiting the communication material to start spreading IEC audio material. (Donated) 	results
	Orientation/Sensitization sessions to Government are organised	Meeting with National Anti Pandemic Commission.	Member of the National Anti Pandemic Commission	<ul style="list-style-type: none"> - Only emailing among members of the anti pandemic commission - First reunion with the Anti Pandemic National Commission occurred with an outcome of a possible extension of the H2P project sponsored by other member. - The recollection of Municipal Plans for them to be reviewed and renewed in subjects as Pandemic occurrences and Food Security has begun. - The h2p is pursuing an alliance with radio- network stations which could eventually transmits H1N1 material - The recollection of State (departamentos), municipal and local plans have begun and it's now being revised and updated in Pandemic preparedness and food security like subjects. Currently working in the Somotillo (Municipio) and La Danta Community. The lack of such a plan in Pto. Cabezas has been confirmed. - Education Ministries in Chinandega and Pto. Cabezas has been involved in the integration of the teachers of Chinandega and somotillo province (municipio) this to consolidate their participation in the spreading of key 	<ul style="list-style-type: none"> - Yes - 6 Governors office and Municipality have been presented with the results of the base line study. - H2P personnel has manage to perform effective political lobby in order to maintain its legit presence in communities located in protective rainforest areas where other institutions are not allowed to go. - The 48 AVC have concluded in the 6 delegations of 5 states (departamentos) its results were socialize in local reunions gathering more than 30 NGO's and OG's in total.

Annex II – Progress by country – March 2010

RESULTS H2P LONG PROJECTS		PERU	ECUADOR	NICARAGUA	GUATEMALA
				<p>messages and H2P strategy in general.</p> <ul style="list-style-type: none"> - Nursery and Policlinic all schools have been involved in the H2P strategy. The first one will involved their person ell to disseminate the key messages in to rural areas in which they work and the 2nd will allow RC volunteers to spread key messages with their visitors. 	
	Baseline Survey is conducted	Yes. The form was recieved. Processing data.	Yes. The form was sent. Waiting for data.		The 48 Community were the VCA tool was developed have assume the compromise to participate in the elaboration of their contingency plans.
	Baseline Survey findings are disseminated			<ul style="list-style-type: none"> - First one was conducted in march 09' witch will be enriched in January 2010 taken into account migration factors among the population - Surveys house to house to update the existing previous base line (march09) have begun in Pto. Cabezas's communities. In Somotillo's communities the activities have been delayed do to MINSAs and other local authorities have not come to an agreement in the final survey document. 	Base line has been concluded by contractor, hasn't been analyzed.
	Interagency working group(s) is (are) set-up	Good relations with another agencies			
	NGO partnership (MoU) is formalized			<ul style="list-style-type: none"> - Member of the National Anti Pandemic Commission - Analyzing possibility of sponsoring H2P activities to extend area of coverage - NicaSalud (integrated by 25 national NGO) has accepted to support H2P activities in 10 states (departments) originally not included in the project. (NOW 12 IN TOTAL) - Red NicaSalud, Care, MINSAs, MSH and other partners have kept contact with 	The project is part of the CONAI (National Anti Pandemic Committee)

Annex II – Progress by country – March 2010

RESULTS H2P LONG PROJECTS		PERU	ECUADOR	NICARAGUA	GUATEMALA
				<p>the H2P project but the reunion planed for January did not take place do to their multiple begging of the year activities.</p> <ul style="list-style-type: none"> - Talks with the Health and Education minister's authorities have derived in allowing H2P volunteers to access schools and heath centres in order to deliver key messages to students and its personnel. This action will derive in many messages receptors that where not initially targeted by the project (the amount will be calculated soon). - The mapping of "pandemic" related institutions has been concluded in Pto. Cabezas Region (12 inst. in total) unlike Chinadegas where the amount of institution hasn't allowed the process to conclude. Both regions have begun the exchange of information among mapped institutions. 	
	Simulation/Table Top exercises are conducted	-	-		-
Tools and materials	Health curricula are adapted & tested	-	-	-	A Pandemic simulation exercise in coordination with FAHUM (Allied human Forces) validating knowledge in the implementation of COE information system to be implemented in case of the occurrence of a Pandemic.
	Food and Livelihoods guidelines are adapted & tested	-	-		
	IEC materials are adapted	-	-		Participation in the Pandemic Simulation Exercise, coordinated by the National Disaster Reduction Secretary witch included NGO's and GO and the National Anti Pandemic Commission

Annex II – Progress by country – March 2010

RESULTS H2P LONG PROJECTS		PERU	ECUADOR	NICARAGUA	GUATEMALA
Training	Pilot districts RC staff and/or volunteers are trained on Health	-	-		Participation in workshop, validating educational, promotional and informational Influenza pandemic materials. In response to the Ant pandemic Communication National Plan.
	Pilot districts RC staff and/or volunteers are trained on FS&L	Programmed	-	-	-
Country Plan	Country Plan is drafted	Country Plan is reviewed	-	<ul style="list-style-type: none"> - Designs for visual assets terminated. Shirts, caps etc. Already designed and checked. - The north Atlantic (Puerto Cabezas) regional authorities and H2P field coordinator have requested the translation of visual material to the Mayagna language as an outcome of the great number of communities mayagan speakers Currently in search of a Qualify translator. - First materials have been printed and distributed among the region. The sumo Mayanga IEC material has been delayed due its translation. As a new approach the strategy has included public transportation as a mean to distribute the Material or to post it. - Misquito IEC material has all ready been translated and the printing process has begun, The Zumo Mayagna one awaits translation. 	The NIT's Health in emergencies field manual has been revised to identify common links with the epidemiology control module to strengthen the national societies response capacities in the outbreak of a Pandemic..
	Country Plan is tested	-	-	<ul style="list-style-type: none"> - 350 people have been trained in general Human Influenza aspects through 12 regional offices along the country. Preparing 2 workshops trainings pursuing to capacitate over 50 people. - 24 members of the NRC from all regional societies were trained in Psychosocial support. 	

Annex II – Progress by country – March 2010

RESULTS H2P LONG PROJECTS		PERU	ECUADOR	NICARAGUA	GUATEMALA
				<ul style="list-style-type: none"> - New training to volunteers are planned to begin in February. - 22 ENI concluded their training. - Training to the 34 Emergency technicians was performed by the H2P project coordinator. 	
	Country Plan is revised	-	-	-	30 communities have been analyzed with the AVC method. Which will aid the writing of the communities' response plans.
	Country Plan is advocated	-	-		<ul style="list-style-type: none"> - The distribution of the PPE equipment has begun, 40 kits where distributed in 1 of 6 delegations. 15 participants where trained for in the proper use of the PPE. - 56 volunteers out of a total planed of 120 have been given the PPE and are already trained. - 20 new NIT's with pandemic orientations concluded their training successfully and are now preparing their incorporation to the H2P strategy.
Coordination meetings		-		-	-
Reporting	Monthly/Quarterly report is sent	Yes, on time	Yes, on time	The revise process of the NRC Preparedness and contingency plan (first draft) was cancelled due to other institutional activities. Expected to take place in mid February.	-
Finances	Cash transferred to NS	Yes.	Yes	-	-
Zone	Monitoring/Support provided by H2P Zone Coordinator	Yes. Feedback report was sent	Yes. Feedback report was sent	-	-
	Meetings/Conferences/workshops attended	None	Yes. Operational Planning.	-	-
	Other important documents relevant to this month's results		-	-	-

Annex II – Progress by country – March 2010

RESULTS H2P ACCELERATED PROJECTS		ARGENTINA	CHILE	COLOMBIA	BOLIVIA	COSTA RICA	HONDURAS	EL SALVADOR
Prep phase	Detailed proposal is approved	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Sub-agreement is signed	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Implementation phase	H2P staff is recruited	National and local staff completed.	NO, except for the local coordinator. - Completed	YES, except for accountant who will be hired as it in November. Staff Completed	Yes			
	H2P staff has received technical briefings	Yes. Briefing Received.	Yes. Briefing Received.	Yes. Briefing Received.	Yes. Briefing Received.	<ul style="list-style-type: none"> - A Plan has been developed to coordinate PPE distribution and replacement process among auxiliary committees along the country. To the date more than 75% of the mentioned committees have received PPE. - All 9 regions (560 volunteers), y auxiliary committees(40 equipped with PPE), local, regional and national directors have received electronic, physical information or regional workshops to present the renewed internal procedures to attend and transport patients to hospital centers according to their illness stage.(All 	<ul style="list-style-type: none"> - Out of the 25 TUM (medical Urgencies Tecnitias) 18 have attended the 1st workshop in which they defined the detection and transfer protocol of H1N1 cases. - 22 ENI's out of an initial goal of 15 have been instructed in pandemic cases management. 	<p>Yes, awaiting H2P material requested to be sent</p> <ul style="list-style-type: none"> - 30 volunteers were trained on Epidemic control which will eventually become trainers at their sectionals (departamentos/states) - a training for facilitators in food security has been planned for December - An international agronomist donated his time and visited several food security projects distributed in 4 provinces (municipios) of 2 States (departamentos). Making suggestions and solving questions in order to maximize the productivity of the land of those involved in this project. Sharing its personal projects and methods to have been said were successful in his country.

Annex II – Progress by country – March 2010

RESULTS H2P ACCELERATED PROJECTS	ARGENTINA	CHILE	COLOMBIA	BOLIVIA	COSTA RICA	HONDURAS	EL SALVADOR
					info available en CRRC web page)		
Briefings/Sensitization sessions to RC staff are conducted	Yes. The sessions were received. National and local Staff	Yes. The sessions were received. National and local Staff	Yes. The sessions were received. National and local Staff	Yes. The sessions were received. National and local Staff	<ul style="list-style-type: none"> - The H2P program has been presented to all Red Cross staff (central and regional) - The contingency plan is being developed integrating all National Societies areas and its personnel. - CRRC staff has held its monthly reunion to keep track of the AH1N1 development in the country. All operative personal has been vaccinated. Trained AH1N1 teams have increased from 13 to 117 equipped teams to attend identify patients. Currently 2098 CRRC members are ready to the taking care and transport of patients. - 362 new CRRC members were trained on the taking care and transport of H1N1 patients. To the day 2460 in TOTAL to the day. 	<ul style="list-style-type: none"> - In coordination with the project " REDES Para la Salud Comunitaria", the training strategy which will reach over 50% of the final goal has been developed. - Strategy alliance with MANCORSARIC allowing us to train their collaborators, for them to replicate committing them selves to develop a cascade training intending to reach the goal of 150VSC and 50,000 people. 25% proy salud comu de marcala la Paz el 25 rest pro desrrollo sur cruz roja suiza. - In junction with the Emergencies and disasters administration office ENIS where trained focusing in Pandemic issues. - The REDES for community health project has been involve in the design of the strategy to be implemented in the states of Santa Bárbara 	<p>The project was officially presented to 7 delegations through the country, including the commitments that were implied with the acceptance of it. Only one declined.</p> <p>H2P personnel have begun to support the writing of states (deptos.) continuity plans by local authorities and RC branches.</p> <p>SRC continuity plan will begin to be written in march.</p> <p>- Guatemalan and Salvadorean H2P operators exchange experiences during the course of their project. Currently working on a report to consolidate such experiences. This as a pilot to the forseen Central American H2P operators Reunion to take place in april.</p> <p>- 90 recue team members were trained in H1N1 strategies and PPE use.</p>

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RESULTS H2P ACCELERATED PROJECTS	ARGENTINA	CHILE	COLOMBIA	BOLIVIA	COSTA RICA	HONDURAS	EL SALVADOR
						<p>and Copán.</p> <ul style="list-style-type: none"> - The 1st reunion to design protocol of the detection, referral and transport of H1N1 cases by the Medical Urgencies Technicians has concluded. ENIS team has also been trained. - The ONG MANCOSARIC and HRC sectaries' programs are including H2P in all the different projects being manage by them soon we will be able to quantify the impact. - 96 regional NS's volunteers were trained which will assume the implementation of H2P workshops in Churches, Factories, schools and other institution that require it. - 130 members of the rescue direction were trained during a base camp. 	
Orientation/Sensitization sessions to NGOs are organised	-	Good relations with NGOs	-	Good relations with NGOs	-	Radio agreement its enforced to cover, compose and create air transmitted PANDEMIA messages thru national radio	- The Salvadorian Medical University and the Breast Milking Support Centre representatives area analyzing the signing of letters of understanding with the H2P project this will allowed the project to extend its are of

Annex II – Progress by country – March 2010

RESULTS H2P ACCELERATED PROJECTS	ARGENTINA	CHILE	COLOMBIA	BOLIVIA	COSTA RICA	HONDURAS	EL SALVADOR
							<p>coverage and its personnel since university is considering to include the support of the program as valid for the one year medical practice required to their students.</p> <ul style="list-style-type: none"> - Trainings in public schools have begun, 6 have already gone thru the process (4,200) students and teacher have been reached in (1) Municipio. Its expected to include all (8) States (departamentos) intervening by H2P.
Orientation/Sensitization sessions to Government are organised	-	Member of the National Anti Pandemic Plan	Recognition of national and local authorities of health	Member of the National Anti Pandemic Commission	Active member of the government health commission	<ul style="list-style-type: none"> - 15 health centers are involved in coordinating training activities related to AH1N1 with the participation of H2P delegate. - The h2p has established an alliance with radio-TV network stations witch are transmitting H1N1 material reaching a great deal of listeners witch were not initially targeted by the project but are majorly affected by temperature drop off and considerable long rainy seasons. - The health secretary is supporting H2P team efforts in 15 health centers to promote 	<ul style="list-style-type: none"> - The ministry of health has delegated Dr. Rodríguez to be the (head epidemiologist) to be the counterpart responsible for the actions with the H2P project. - An H2P presentation has been schedule for the Municipal Health Coordination Committee of Soyapango to acquire commitments in reference to Pandemic prevention. This coordination represents over 42 communities and over 600,000 individuals witch will eventually be reached with H2P messages. - The San Salvador and La Libertad Municipalities are being advised during the formulation of their Plans of Actions to contain Pandemic Influenza, Dengue and HIV-AIDS.

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RESULTS H2P ACCELERATED PROJECTS		ARGENTINA	CHILE	COLOMBIA	BOLIVIA	COSTA RICA	HONDURAS	EL SALVADOR
							<p>community training, prevention and the referral of H2P cases</p> <ul style="list-style-type: none"> - As an outcome of the monthly reunion. The Public health secretary has agreed to support the IEC material evaluation, this to assure its properness and give its full support to make it a National Health document. - The Social Security office has begun to revise the pre hospitalization attention protocols witch after its approval will be implemented as official for all patient transport involve institutions. - Military, municipality and ministry of education staff has began the training of their personnel with the objective to effectively integrate the H1N1 prevention activities and 	<ul style="list-style-type: none"> - H2P Preparation Estrategy and response to a pandemia and interinstitutional coordination workshop. Involving the ministries of Health, education and governor of 14 states (departamentos). With the ojective of improving the response capacity of the country. - The Governor’s office, municipality, Ministry of education, health and Agriculture have agreed to participate in the elaboration of the state response plan (departamento) to emergencies like Dengue, AH1N1. - Candelaria, Cuscatlán Administrative personnel from the Municipality (12) where trained on H1N1 prevention methods. Perusing to make them strategic collaborators in case of an H1N1 Outbreak. - Health personal form the health ministry from Chalatenango (state) was trained in pandemic properness subjects and anti Dengue preparedness strategy witch will be replicated by them in the communities. Cisalud has declared a yellow dengue alarm requiring aid from all institutions.
	Baseline Survey is conducted	Finished.	Baseline survey is	-	No survey		<ul style="list-style-type: none"> - 271 leaders and community health 	<ul style="list-style-type: none"> - Cuscatlán, Santa Ana y Chalatenango states (deptos.) are

Annex II – Progress by country – March 2010

RESULTS H2P ACCELERATED PROJECTS	ARGENTINA	CHILE	COLOMBIA	BOLIVIA	COSTA RICA	HONDURAS	EL SALVADOR
		finished.				<p>volunteers were trained by H2P regional volunteers. They will assume the training and the visits of the people of their communities.</p> <ul style="list-style-type: none"> - 500,000 people are expected to be reach with key messages by the community voluntary service collaborators (over 12,000around the country) - 1,000 workers from industrial park areas have been targeted by volunteers. 5 key messages spreading among them has begun. - Taxi corporations have begun to distribute IEC material to their costumers 	<p>testing the results derived from park reunions, in which the volunteer take advantage of weekend days or regional celebration to implement theatre, puppet and other activities to promote the dissemination activities in the usual reunion spots. Also 110 elderly citizens where involved in the trainings in an attempt to test the effect this will have in supporting the general strategy.</p> <ul style="list-style-type: none"> - As an H2P strategy 360 heads of families where sensitized on the importance of finding new ways to insure their food security.
Baseline Survey findings are disseminated		The findings are used for project.	-	-	-	-	<ul style="list-style-type: none"> - Instruments already created and validated - The surveys have begun in 5 departments.
Interagency working group(s) is (are) set-up	-	-	-	Good relations with another agencies	-	-	- Not yet
NGO partnership (MoU) is formalized	-	Yes: 4 NGO's	-	-	- The project is part of the CONAI and (Influenza Pandemic Prepares and Prevention	- Strategic alliance with MANCOSARIC (organization including 4 municipalities in the Copán region) allowing	<ul style="list-style-type: none"> - Now active member of the National Commission for Avian Influenza - Prevention.(CONAPREVIAR) 2 reunions have already taken

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RESULTS H2P ACCELERATED PROJECTS	ARGENTINA	CHILE	COLOMBIA	BOLIVIA	COSTA RICA	HONDURAS	EL SALVADOR
					<p>Commission)(CONPPI)</p> <ul style="list-style-type: none"> - The H2P communication representative is part of the CONPPI communication commission. - CRC is actively participating of all government actions organized by the Ministry of Health and all the entities that conform the National Health System. - Monthly reunions to follow up, advice, correct, support the different strategies concurred with Influenza Emergency Operation Centre, The Health Ministry National Influenza committee, CRRC Influenza Pandemic Influenza Prevention and Preparedness Mission. As an outcome 4 flyers and posters were design and do to the lack of funds in the ministry of health H2P assume the costs with no extra funds needed do to savings 	<p>the project to trained their staff under the condition of them replicating to 150 VSC who will attend over 50,000 people.</p> <ul style="list-style-type: none"> - 11health centres have provided H2P a 1.3 X 3 mts. Announcing board which will provide H1N1 actual information and IEC material to all visitors. 	<p>place</p> <ul style="list-style-type: none"> - Continuity plans have been discussed during the revision of local ant pandemic plans. - As an outcome of Interagency work CALMA H2P has expanded. CALMA will assume the Morazán area, which wasn't included in the original plan. - A unique epidemiological surveillance sheet has been established with the Ministry of Health. - Ministry of Health has asked SRC to support their anti dengue activities, Therefore H2P volunteers have included in their house to house activities to include dengue subjects and the elimination of mosquito reproducing means. - An agreement its awaiting final signature with the Technological Center of Agroforestral Science (of the ministry of agriculture) to assure the technical support required by the food security projects been developed. - Municipalities, CALMA and other partners have given IEC material to be use by distributed by them.

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RESULTS H2P ACCELERATED PROJECTS	ARGENTINA	CHILE	COLOMBIA	BOLIVIA	COSTA RICA	HONDURAS	EL SALVADOR
					<p>they have had reflection of their abilities to form alliances with private sector.</p> <ul style="list-style-type: none"> - Monthly reunion with the health Ministry representatives, members of the National Commission for influenza to design the vaccination Protocols. 		
	Simulation/Table Top exercises are conducted	No simulation designed.	No simulation designed.	Simulation groups are prepared (continuous)	No simulation designed.	-	<p>Experts in pandemic subjects have agreed to participate the coming month in the workshop to create pre-hospital care H1N1 individuals protocol.</p> <ul style="list-style-type: none"> - Agreements have been established with: <ul style="list-style-type: none"> - Salvadorean Medical University, to allowed their volunteers to aid in the dissemination of the key messages KM. - ONG "CALMA" which will have their staff trained in the dissemination of the 5 KM. - Plan International who wants to support the message dissemination process - An agreement with agronomical school of the National University has been established to facilitate technical assistance to the families that will be included in the food security project. - 55 CALMA technicians were trained in h1n1 and Dengue control subjects. This will educate an estimate of 25,000 Chalatenango habitants.

Annex II – Progress by country – March 2010

RESULTS H2P ACCELERATED PROJECTS		ARGENTINA	CHILE	COLOMBIA	BOLIVIA	COSTA RICA	HONDURAS	EL SALVADOR
								<ul style="list-style-type: none"> - 35 new facilitators of the national university have been trained and are helping the dissemination of the 5 key messages to the 55,000 students. - Private and public schools have been involved in the strategy given as an outcome 12,000 students have already been reached with H1N1 and Dengue messages.
Tools and materials	Health curricula are adapted & tested	The curricula was adapted in 100%	Reviewed proposal and approved.	-		<ul style="list-style-type: none"> - Now working on the National continuity plan - Internal Procedures to attend and transport patients according to the gravity of their condition - Awaiting Kits Arrival to be distributed and used in simulation Exercises - PPE Kits have been distributed through all the country with its respective existence policy. - 7100 PPE units have been distributed in all the country regions 900 have been kept in the main warehouse. 	<ul style="list-style-type: none"> - The TUM team (35 members) executed id and referrals simulation exercises. Concluding with this 2 out of the 4 steps planned in the TUM H2P training. - 2 suspected H1N1 individuals were transported by volunteers of the same amount of regional offices. 	<ul style="list-style-type: none"> - Since IDA hurricane emergency started H2P volunteers have been called upon to support Ministry of health activities in affected communities (mainly health education and psychological support). The 5 key messages have been, strongly, disseminated among the communities affected by flooding and soil slides. H2P has included 2 NEW "departments" affected by IDA.
	Food and Livelihoods guidelines are adapted & tested	-	-	-	-			

Annex II – Progress by country – March 2010

RESULTS H2P ACCELERATED PROJECTS		ARGENTINA	CHILE	COLOMBIA	BOLIVIA	COSTA RICA	HONDURAS	EL SALVADOR
	IEC materials are adapted	Communications products are finished. Disaster Control web page finished too.	Products was printed with authorization of health ministry.	Material distributed.	The material is distributed			
Training	Pilot districts RC staff and/or volunteers are trained on Health	Training of agents facilitators in prevention, prepared	Training of agents facilitators in prevention, finished		All training to Volunteers finished. Community advancing.			-
	Pilot districts RC staff and/or volunteers are trained on FS&L	Programmed, 60% finished	-		Programmed, 70% finished	-	-	- Food security workshops have begun to be discussed. The guide to select communities and families to be included home cropping is ready. - 11 plantation workshops organized for 500 participants who received the same amount of seed kits, as an outcome of the external Agronomist visit, it has become evident the need to develop a document o manual to be consulted by them.
Country Plan	Country Plan is drafted	Contingency plan preparation.		-	National plan is socialized.	- Currently working on the elaboration of a National Rescue Plan in order to assure continuity of the activities. - Lack of funds have not permitted the printing of Flyers and the rest of visual materials that	- The process for the selection of the company to be hired to do the revision and adaptation of the publicity material has concluded. - The media strategy has been design with the cooperation of the radio enterprise Audio	- The H2P web Material has been revised and doings have begun in order to obtain IEC Material recommended by the federation. - All necessary actions to contract, reproduce and buy educational material, goods and equipment have been done, awaiting for them to be delivered

Annex II – Progress by country – March 2010

RESULTS H2P ACCELERATED PROJECTS		ARGENTINA	CHILE	COLOMBIA	BOLIVIA	COSTA RICA	HONDURAS	EL SALVADOR
						<p>support these activity. The Design of such materials is being worked in accordance with the MINISTRY OF HEALTH.</p> <ul style="list-style-type: none"> - First batch of Flyers and Posters have been printed and its distribution among the selected distribution Channels has begun. - Community workshops have iniciated as a follow up of the distribution of Flyers and Posters. - H2P subjects as prevention. have been transmitted in radio programs during the holidays. - Due to very efficient fund managing and strategic alliances savings have been made in the printing of IEC material. Allowing the printing of 20,800 iec new units of the “TU MEJOR DEFENSA ERES TU” campaign to be placed in the 9 country regions involving 117 auxiliary committees. 	<p>video. Awaiting the creation of the tools and materials.</p> <ul style="list-style-type: none"> - Local media messages are being adapted for cable TV, radio, schools, bank agencies and supermarkets. This strategy is expected to reach a great amount of people in the nations territory. 	<ul style="list-style-type: none"> - Almost 6,000 pamphlets and trifoliar have been distributed to community members containing the 5 key messages supporting IDA's contention plan. - A validation of the IEC material has been schedule with the participation of the ministry of health and the University and 3 ONG - Workshop to validate the IEC material supporting the H2P strategy, this activity to take place with the members of the commission (university school of medicine , CALMA, Plan International, Foundation para El Cuidado de La Salud y MSPAS). All members have sponsored workshops according to their area of expert to provide the H2P facilitators with great deal of knowledge. - Messages, images and definition of the targets to be included in the video and radio massages were validated during a workshop. - Due to the ability to negotiate with media owners 8 states (departamentos) are being targeted by H2P messages thru local radio or TV channels. All donated to the branches and volunteers. - 15000 new trifolaries have been elaborated due to the

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RESULTS H2P ACCELERATED PROJECTS		ARGENTINA	CHILE	COLOMBIA	BOLIVIA	COSTA RICA	HONDURAS	EL SALVADOR
						comités auxiliares.		<p>need of our new associates who have a lack of resources to do this.</p> <ul style="list-style-type: none"> - 6 radio station of Usulutlan, Cuscatlan, San Salvador, Santa Ana, La Libertad and La Union states (departamentos) are transmitting the 5 key messages. - Channels 10, 21 private national coverage TV channels are transmitting 30 minutes H1N1 and Dengue related interviews to SRC staff. Also 62 from Usulutlan is involved in such activities.
	Country Plan is tested	-		-	-	<ul style="list-style-type: none"> - Lack of funds have not permitted the begging of activities nor the hiring of the facilitator. Having to reschedule all trainings. - Trainings have begun the facilitator has been hired and and rescheduled. - 4 volunteer Epidemic Control training have concluded. - And Regional and Local facilitator trainings have begun. 2,482 Community leaders have received IEC material and have been trained, the final count is still going. 	<ul style="list-style-type: none"> - Date for the training "detection, referring and transport of AH1N1 +s " of the Medical Emergency team at the NS has been schedule. - The training of 74 volunteers of the northern zone has concluded. It is intended for them to reach over 5,000 scholars. - A Health centre in San Lorenzo is being swept with key message spread by volunteers to over 30 visitors on daily basis, this as a pilot to determine if its a worth repeating experience around the country. 	<ul style="list-style-type: none"> - A volunteer training in epidemic control has already been schedule by the Disaster Prepares Regional Center - 30 volunteers were trained on "Epidemiology Control" - Training workshops for volunteers continues. - Trainings have already been scheduled for NGO's personnel CALMA and MSPAS. CALMA will assume activities in the Morazán state (depto) (not included in the H2P project). - 90 new volunteers were trained and incorporated into the dissemination process in their communities. - Over 79 community leaders where trained and will assume the dissemination of the 5 key practices. - Due to strategic alliances 35

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RESULTS H2P ACCELERATED PROJECTS		ARGENTINA	CHILE	COLOMBIA	BOLIVIA	COSTA RICA	HONDURAS	EL SALVADOR
						<ul style="list-style-type: none"> - 2 more volunteer Epidemic Control training have concluded. Total count until today its 6 in 10 country regions with a total count of 131 (volunteers and pay roll personnel). - 967 new Community leaders have received IEC material and have been trained, the final count is still going (until today 3,449) 	.	<p>National University volunteers were trained and will assume the dissemination of the key messages to over 25,000 students in the campus.</p> <ul style="list-style-type: none"> - 35 Technicians of the NGO CALMA were trained. Witch will assume the spread of the H2P messages to over 40,000 habitants of the state of Morazán.
	Country Plan is revised	-		Country Plan is revised	-			
	Country Plan is advocated	-	Yes. Plan is advocated with national organization	-	-			
Coordination meetings		-	-	-	-	<i>A 24 hrs open line to answer question is open by National Communication Department with the government economical support.</i>		-
Reporting	Monthly/Quarterly report is sent	Yes, on time.	No. Earthquake in Chile has focused efforts of NS.	No, pendent	Yes, on time.		As part of the country plan Honduras Red Cross is trying to get all of its field personnel vaccinated.	5 communities plans of action have been elaborated this to be incorporated to the final general continuity National plan.
Finances	Cash transferred to NS	Yes. Final cash	Yes. Final cash	Yes. Final cash transferred.	Yes.	-	-	-

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RESULTS H2P ACCELERATED PROJECTS		ARGENTINA	CHILE	COLOMBIA	BOLIVIA	COSTA RICA	HONDURAS	EL SALVADOR
		transferred.	transferred.					
Zone	Monitoring/Support provided by H2P Zone Coordinator	Yes. Feedback report was sent			Yes. Feedback report was sent	-	-	-
	Meetings/Conferences/workshops attended	None	None	None	None	-	-	-
	Other important documents relevant to this month's results	Time extension approved	Time extension approved	Time extension approved	Time extension approved	Time extension approved	Time extension approved	Time extension approved

Table 2. Summary of developments of national society H2P Projects, Asia Pacific – March 2010

RESULTS H2P LONG PROJECTS	INDIA	INDONESIA	NEPAL	PHILIPPINES	VIETNAM
Reporting					
Latest monthly report submitted	March 10	March 10	March10	March 10	March 10
Attachments included in monthly reports	1) List of activities to be undertaken and their revised time line 2) Project Work planning table (revised on 16 March 2010)	No attachment Draft planning guidelines Samples of communication, visibility materials Pictures of key activities	Reports: pandemic planning workshops; reviews; district VCA/mapping reports Country and district plans, training curriculum Pictures of key activities	Reports: consultation, sensitisation meetings; assessments/VCA; pilot trainings; simulation exercises Samples of communication, visibility materials Project guidelines, draft country plans/BCP, training curriculum/manual No attachment	Draft provincial plans No attachment
Preparatory Phase					
Detailed proposal is approved	Yes	Yes	Yes	Yes	Yes
Sub-agreement is signed	Yes	Yes	Yes	Yes	Yes
Implementation phase					
H2P staff is recruited	Most project staff for HQ and state branches recruited; recruitment of Punjab staff is underway.	All project staff recruited in Nov 09 Communication/training officer joined civil service in Feb10; replacement worked out with HRD. Another consultant to be recruited and recruitment process has been conducted by IFRC Jakarta	All project staff recruited	All project staff recruited	All project staff recruited
H2P staff has received technical briefings	Orientation workshop held for project staff in Dec 09	Technical briefing done; HR briefing in Jan 10.	Done	Done	Done
Briefings/Sensitization sessions to RC staff are conducted	State-level orientation workshop organised in Andra Pradesh and Maharashtra, and reported awaited.	Done to health staff of regional/provincial branches (during health coordination meeting) Reps from PMI depts updated	Done; on-going for regional staff	National symposium conducted	Done at HQ

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RESULTS H2P LONG PROJECTS	INDIA	INDONESIA	NEPAL	PHILIPPINES	VIETNAM
		on H2P project.			
Orientation/Sensitization sessions to NGOs are organised	During start up	Yes	Yes	National consultative workshop conducted	Project launch, 17-18 Sept
Orientation/Sensitization sessions to Government are organised	During start up	Yes	Yes	Yes	Project launch, 17-18 Sept
Baseline Survey is conducted		Mapping continued using information from coordination meetings	VCA reports being finalised, used as bases for district pandemic planning.	PRA in 4 pilot areas done Mapping exercises integrated into trainings, on-going in all areas.	
Baseline Survey findings are disseminated			District VCA finalisation workshops done		
Interagency working group(s) is (are) set-up	National working group for communications and training constituted, met in Jan10 Project advisory committee also constituted and convened in Feb10.	H2P country planning, training and communications working groups established, work on-going.	Yes	Training, communication and pandemic planning committees formed	H2P country planning committee established in Dec09; VNRC consults with national IEC committee on training and IEC materials.
NGO partnership (MoU) is formalized					LOA with CARE signed
Simulation/Table Top exercises are conducted		Participated in KOMNAS incident command system exercise	Participated in PACOM exercise	During start up	During start up Hanam Red Cross to proceed with testing the plan on 6 April 2010 after scenarios has been finalized.
Project reviews	Via IFRC country office, review/updating of workplan, budget on-going.	Internal review scheduled in March10	Internal mid-term review conducted in Nov 09, informal internal review done in Feb10.	Internal mid-term review done in Dec 09, review proposed in late March/April10.	Four-month review conducted in Dec 09, another project review planned in April10.
Tools and materials					
Health curricula are adapted & tested	Training curriculum developed and approved by working group. Curriculum/manuals printed and distributed to participants of national trainers' training.	Consultation, socialisation workshop on translated training curricula done with 9 partners. Field testing of training curricula, guidelines done.	Completed, utilised for national, district trainings	Materials received during Kathmandu and Hanoi meetings adapted during trainings Training committee formed, TOR drafted	Together with CARE, training curriculum/agenda, content and materials finalised and tested. In Jan10, inter-agency meeting called to finalise training

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RESULTS H2P LONG PROJECTS	INDIA	INDONESIA	NEPAL	PHILIPPINES	VIETNAM
	Procurement of jackets, caps and arm bands as incentives for volunteers completed and will be distributed soon.	In Jan10, communication working group finalised training materials based on field testing in Dec09. Work for printing of training materials on-going, aimed to complete in time for provincial trainings.			materials; final product will be published in Feb10. Procurement of PPE, masks, and other materials for training demonstration completed.
Food and Livelihoods guidelines are adapted & tested				Liaised with WFP for technical inputs. Guidelines from global H2P working group and WFP input incorporated in trainings. Incorporation of more livelihood content in H2P materials explored with Plan Intl.	Following global guidelines, food and livelihood security incorporated in provincial multi-sector plan.
IEC materials are adapted	Pandemic IEC materials compiled, reviewed/adapted by staff for local use. Prototype IEC material in different languages is available with NS, and is being replicated for dissemination.	Adaptation workshop done with 8 partners Field testing of comms materials done. In Jan10, communication working group finalised materials based on field testing in Dec09. Work for printing of communication materials on-going, aimed to complete in time for provincial trainings. Materials: 2 posters, each of them are 56,795 exp, 5,415 exp flipchart and 1,310,100 exp leaflet will be distributed in April to all chapters, branches and related agencies	60,500 coloured leaflets, posters and flex prints produced, distributed at HQ and 4 project districts. Visibility materials produced. 300,000 H1N1 leaflets reproduced for distribution to all non-project districts. 365 posters, 600 pamphlets, 15 flex prints distributed in Bardiya district.	H1N1 materials reproduced, distributed to chapters In Jan10, additional brochure and mini-posters being produced.	'Best Defence' posters adapted, finalised for printing.
Training					
Pilot districts RC staff and/or volunteers	Preparations for the conduct	Selection criteria for trainees	All district trainings in	Field testing of training	Training plan, criteria for

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RESULTS H2P LONG PROJECTS	INDIA	INDONESIA	NEPAL	PHILIPPINES	VIETNAM
<p>are trained on Health</p>	<p>of masters’ training underway; will involve resource persons from NCDC, UNICEF, IFRC.</p> <p>21 participants from three states completed national trainers’ training facilitated by resource persons from IFRC, NCDC, AED.</p>	<p>agreed. Training roll-out plan developed.</p> <p>National TOT produced 31 master trainers from PMI provincial branches and partners. Trainers consisted of representatives from various agencies.</p> <p>Three 3-day regional trainings completed in Jan-Feb10, producing 67 trainers who will lead provincial trainers.</p> <p>20 provincial chapters submitted plans for conduct of provincial chapters.</p> <p>38% of 60 provincials have been trained, remaining will be conducted in April 2010</p>	<p>approved proposal completed:</p> <ul style="list-style-type: none"> - 8 five-day TOT completed in Sept09. - 8 two-day trainings for health professionals completed in Nov09. - 16 one-day trainings for community leaders completed in Dec09. - 40 trainings for female community health volunteers completed in Feb10. <p>As part of increasing coverage, one-day trainings in 10 districts in Dec09 reached 511 NRCS staff, volunteers and reps from partners. In Jan10, trainings in 20 districts reached 736 people consisting of above groups.</p> <p>Various pandemic orientation sessions conducted by H2P staff reached 327 staff and reps of diff. agencies/ institutions. In Jan10, Ilam district reached 266 people through four orientation and awareness sessions. In Feb, 85 people were oriented in Nawalparasi and 28 in Ilam district.</p> <p>Distribution of 1,025 FCHV kits completed. Volunteers were oriented on use of kits prior to distribution.</p> <p>All trained health workers,</p>	<p>curriculum, cascade completed.</p> <p>Training strategy revised to include some community trainings. In Jan10, training committee further adapted/updated training manual and guide, as well as the training plan.</p> <p>All 9 regional trainings completed, producing 226 trainers from 84/96 chapters. They are now actively involved in provincial and city trainings.</p> <p>Between Jan-Feb10, 11 provincial trainings produced 351 graduates, while 3 city/municipal trainings 112 graduates.</p> <p>Informal assessment of on-going training process done; findings will be incorporated into on-going trainings.</p> <p>Work on H2P video materials for documentation, for promotion and for teaching started.</p>	<p>participant selection drafted. Selection of participants together with branches conducted. Preparations for trainings of 700 community leaders and 700 first responders underway.</p> <p>One TOT course in Ha Nam updated 20 trainers. Preparations for 9 other TOT undertaken.</p> <p>Seven communes each of Ha Nam and Quang Tri provinces selected for trainings of community leaders and responders. Two additional provinces selected for similar trainings.</p> <p>VNCR trainers delivered four TOT training courses for 65 provincial trainers in Hanoi and Nghe An.</p> <p>38 participants were trained in TOT courses in Hanoi.</p> <p>175 first responders and 175 community leaders were trained in Hanam Province. In addition to 2 selected provinces, 7 rolling out provinces have been submitted to VNRC.</p>

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RESULTS H2P LONG PROJECTS	INDIA	INDONESIA	NEPAL	PHILIPPINES	VIETNAM
			volunteers entered into Nepal RC volunteer database; accessible via www.rcvolunteers.org.np .		
Pilot districts RC staff and/or volunteers are trained on FS&L				Food and livelihood security guidelines have been incorporated in trainings.	
Country Plan					
Country Plan is drafted	Work on National Headquarters preparedness plan has been initiated.	<p>Consultant recruited to lead country plan development; TOR agreed.</p> <p>Coordination meeting and planning workshop conducted in Jan10. Meetings to review/ further develop H2P country plan, PMI contingency and continuity plans conducted with partners in Feb10.</p> <p>Tangerang, Cilegon and Batam branches involved in development of contingency plans with local governments.</p> <p>Final draft of Country Plan, Contingency Plan and BCP to be expected on 8 April 2010.</p>	<p>Inter-agency country plan finalised after consultations with government (public health and disaster management), UN agencies, NGO.</p> <p>Consultation meetings organised in four districts to finalise pandemic plans, as well as discuss simulation exercise concepts.</p>	<p>NS BCP drafted, presented during symposium</p> <p>Planning committee formed</p> <p>Consolidation of existing pandemic plans conducted.</p> <p>PNRC pandemic response plan submitted to DOH for incorporation in updating of national plan.</p> <p>Plans drafted during regional and provincial trainings shared to H2P planning committee; these are inputs in developing the H2P country plan – on-going in Feb10.</p>	<p>H2P country planning team established, met in Dec 09. Continued to work with mass organisations for the drafting of country plan; consultation meetings held in Jan10. Third draft reviewed by inter-agency committee in Feb10.</p> <p>VNRC pandemic contingency plan under development with support from MOH and Federation. Consultation meeting planned to review plan; preparations for Mar10 consultation meeting started.</p> <p>Third draft of Ha Nam multi-sector plan reviewed by planning team; Quang Tri planning meetings also held. In Jan10, Quang Tri draft plan being reviewed.</p> <p>TOR for experts to review, finalise provincial plans underway. Experts started to work with provincial teams.</p>
Country Plan is tested		Following PMI pandemic protocol, participated in border area pandemic exercise organised by	Preparations for the conduct of district simulation exercises have started.	As part of planned series of exercises to test plans, a simex was organised in Pasay City chapter to test HQ-branch	VNRC coordinator, Ha Nam planning team participated in exercise organised by IOM, WHO, Pasteur Institute and

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RESULTS H2P LONG PROJECTS	INDIA	INDONESIA	NEPAL	PHILIPPINES	VIETNAM
		<p>KOMNAS.</p> <p>In Jan10, PMI participated in village pandemic response simulation conducted by Muhammadiyah. PMI will base experience in preparing simulations to test H2P plan.</p>		<p>communication and branch BCP. Exercise involved representatives from local government, NGO and Phil Air Force.</p> <p>NHQ BCP tested via simex with debriefing.</p>	<p>health dept of Tay Ninh.</p> <p>Preparations for testing of Ha Nam pandemic plan underway. Details of tabletop exercise being laid out.</p> <p>Preparatory meeting held in Feb10.</p> <p>The first draft of VNRC contingency plan was done in March 10, 2010 with 15 people of related departments.</p>
Country Plan is revised			To be undertaken after simulation exercise		
Country Plan is advocated		Advocacy of country plan with partners involved on-going.	H2P country plan adopted as non-pharmaceutical interventions plan which is annex to Nepal national pandemic plan.	3 rd planning committee meeting was held on 29 March to update on-going activities regarding the PPRP.	
Coordination activities					
	<p>Project advisory committee constituted. Committee meeting conducted in Feb10 with participation from MHFW, WHO, NCDC, UNICEF and IFRC.</p> <p>Communication and training working group convened in Jan10; involving reps from NCDC, GOI, AED, IFRC. Follow up meeting conducted in Feb10 which finalised, approved prototypes of materials and flipcharts.</p> <p>Due to unavoidable</p>	<p>KOMNAS, World Vision, HOPE, Oxfam, CBAIC, Nahdutul Ulama, Muham-madiyah, OCHA, ILO, IOM, WHO, USAID, AmCross involved in activities during the month.</p> <p>H2P coordination meeting conducted with KOMNAS and 11 partners.</p> <p>Various parnters also sharing references in implementation of project activities.</p> <p>PMI participated in USAID AI chief of party meeting, and committed to regular attend/ contribute in meeting.</p>	<p>Nepal H2P working group conducted monthly meetings; one done in Feb10.</p> <p>National coordination meeting conducted with leadership from DPNet Nepal; another quarterly national coordination meeting held in Feb jointly with National AI Control Program.</p> <p>National project advisory committee meeting held in Jan10.</p> <p>Coordination meeting in Ilam district approved VCA results and appraised project status.</p>	<p>Inter-agency pandemic planning committee formed, TOR drafted</p> <p>Met with WFP on inputs/collaboration on food security</p> <p>Pool of resource persons and trainers of partner agencies developed; included trainers from Food for the Hungry, Helen Keller, NDCC/OCD, Plan International, and Salvation Army. Identification of partners at provincial and city/municipal on-going as trainings are conducted.</p>	<p>Meetings with WHO, USAID done to gather inputs on planning, share project developments. On-going.</p> <p>Project activities at HQ and provincial levels were closely coordinated with authorities and relevant partners. On-going.</p> <p>In Jan10, experience of Ha Nam chapter in multi-sector pandemic planning shared to VNRC central executive board, which was also attended by meber of the Politburo/Party Central Committee, government</p>

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RESULTS H2P LONG PROJECTS	INDIA	INDONESIA	NEPAL	PHILIPPINES	VIETNAM
	<p>circumstances, the scheduled 1 day state level mapping activity could not be conducted.</p>	<p>H2P project brochure produced, distributed to chapters and partners.</p> <p>Seminar “One World One Health” was held on 9 March</p> <p>12 March – AI COP monthly meeting was conducted. Next meeting will be on 7 April 2010</p> <p>23 – 25 March: 1st Scenario Building Workshop and Multisectoral Planning and Response in Siem Reap</p>		<p>Coordinated with Region 3 health officials for conduct of simulation exercise in March.</p> <p>Worked with Plan Intl for development of materials on livelihood in pandemics.</p> <p>Simulation exercise was conducted with DOH, Local Government Unit, PRC chaptres (Valenzuela City, Pampanga, Neuva Ecija, ZDS) and community leaders.</p>	<p>agencies, leaders from 63 RC chapters.</p> <p>In discussion with MoH for presenting country and provincial planning experience.</p> <p>H2P webpages in VNRC website updated with pictures and project developments.</p> <p>Preparations for a documentary also started.</p> <p>The webpage on H2P was updated from time to time to post pictures and brief news on progress of H2P. The documentary has been started. Activities at central and provincial level was filmed to produce TV and video clip in the following months.</p>
Finance					
<p>Allocations and reports</p>	<p>Feb2010 income allocation almost totally released, additional allocation direly needed in March.</p> <p>IFRC country office closely following up finance reports.</p> <p>Budget were revised and would be made available soon to partners</p>	<p>Feb2010 income allocation almost totally released, additional allocation direly needed in March.</p> <p>Big report expected end of March. IFRC country office closely following up finance reports.</p>	<p>4Q 2009 finance report and 1Q 2010 cash request received; partial funds released in Feb10.</p> <p>Additional allocation also needed in March.</p>	<p>Feb2010 income allocation almost totally released, additional allocation direly needed in March.</p> <p>IFRC country office closely following up finance reports.</p>	<p>Feb2010 income allocation almost totally released, additional allocation direly needed in March.</p> <p>IFRC country office closely following up finance reports.</p>
Federation field secretariat					
<p>Monitoring/Support provided</p>	<p>Dedicated support provided by fulltime H2P project officer and 50% finance officer.</p> <p>ZC support provided via H2P officer: updating of workplan,</p>	<p>Dedicated support provided by fulltime H2P project officer.</p> <p>Direct support also provided via e-mail and phone, and review of monthly reports.</p>	<p>Project support visit in Feb10 focused on project review, updating of workplan and re-programming of ‘unspent funds’; process followed up</p>	<p>In Dec, technical visit/participation in internal mid-term review together with Senior Officer, Influenza Unit.</p>	<p>Dedicated support provided by fulltime H2P project officer and 50% finance officer.</p> <p>Project support visit made in</p>

Annex II – Progress by country – March 2010

RESULTS H2P LONG PROJECTS	INDIA	INDONESIA	NEPAL	PHILIPPINES	VIETNAM
	<p>monthly report comments. Planned visit of H2P zone coordinator again postponed.</p> <p>Regular review meeting are being held at National Headquarters</p>	<p>Project support visits made in June, Oct and Dec 09. Project review visit conducted on 7-11 Mar10.</p>	<p>via e-mail and phone.</p> <p>Letter of amendment, formalising extension of up to June10 and adjustment of budget, signed.</p>	<p>Remote inputs on updating of workplan, project revision; further defining of training strategy; development of PRC contribution to updated national pandemic plan.</p> <p>Follow up visit made in Jan10 to finalise above.</p> <p>After receipt of NCE</p>	<p>mid Dec 09 to review progress, update workplan, and observe activities.</p> <p>Remote inputs on preparedness planning, training plan, collaboration with CARE, Ha Nam pandemic plan, as well as potential collaboration with Abt Associates,</p>
<p>Meetings/Conferences/workshops attended</p>		<p>Meeting with OCHA, USAID country mission and PMI senior management and division heads.</p>	<p>During visit, meetings with USAID country mission, CARE and SCF focal points.</p>	<p>Meetings with DOH, NDCC, WHO</p>	<p>Meeting with USAID country mission, CARE Vietnam.</p> <p>VNRC attended some meetings with partners in preparation for the coming inter-ministerial meeting on avian and human influenza in Hanoi in April 2010.</p>
<p>Other important documents relevant to this month's results</p>	<p>1) List of activities to be undertaken and their revised time line</p> <p>2) Project WorkPlanning table (revised on 16 March 2010)</p>	<p>Report: Jun, Oct, Dec09, Mar10 duty travels.</p>	<p>Duty travel report; updated status of implementation; updated project proposal, workplan, budget.</p>	<p>Report: Dec09 duty travel.</p>	<p>Report: Dec09 duty travel.</p>

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RESULTS H2P AP	AFGHANISTAN	BANGLADESH	CAMBODIA	FIJI	MONGOLIA	PAKISTAN	SRI LANKA
Reporting							
Latest monthly report submitted	Jan10	Feb10	March 10	Feb10 Unable to submit March report due to on-going typhoid operations.	March 10	Dec 09	Feb10
Attachments included in monthly reports		Photos of national workshop	TOR, agenda of branch workshop Photos of translated flipchart and (draft) training curriculum. Volunteer training and community work photos; agenda of master training. Master Facilitator on Community Preparedness and Response for Pandemic Influenza, 29 – 31 March 2010 List of participants attending the master facilitator training	E-copy of volunteer toolkit. Photos of activities, copy of draft pandemic plan	Prevention posters for schoolchildren Photos of activities conducted, materials produced.		Adapted IEC materials, video clips
Preparatory Phase							
Detailed proposal is approved	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sub-agreement is signed	Yes	Yes	Yes Project revised to inc. critical activities related to training; amendment letter signed.	Yes	Yes Project revised to include more response activities; amendment letter signed	Yes	Yes
Implementation phase							
H2P staff is recruited	PHIE officer designated as	PHIE coordinator	PHIE coordinator	Health & Care	Health & Care	Deputy director of	Com-based

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RESULTS H2P AP	AFGHANISTAN	BANGLADESH	CAMBODIA	FIJI	MONGOLIA	PAKISTAN	SRI LANKA
	project coordinator. Existing RHO, CBFA officers as implementors, monitors	designated as project manager.	designated as project manager. With project support, branch officers mobilised to oversee work of volunteers.	Coordinator responsible for project implementation.	Program Manager designated as project manager.	health designated as project manager.	Health Manager designated as project manager. Two field officers were recruited in Mannar branch
Briefings/Sensitization sessions to RC staff, partners are conducted	800 volunteers, 30 others as trainers were trained in Kabul, Jalalabad, Herat and Mazar.	30 PHIE TOT participants oriented on H2P project. In Jan10, 220 measles campaign volunteers and 24 road traffic accident volunteers were sensitised on H1N1.	35 CRC staff at HQ and branches, including NDMC and MoH reps. oriented on project.	All branches communicated about the project.	1-day sensitisation meeting for HQ, mid-level branches secretaries conducted. Experts from health, commu-nicable disease, emergency depts delivered lectures.	Detailed briefings done with provincial chapters. Preliminary discussions with Sindh and Pubjab branches done re training, mobilisation of volunteers.	All branches communicated about project with advice to do groundwork for project launch.
Preparedness, response planning							
Task force to develop plan created		Inter-departmental committee formed	Workshop on community health was held on 5 – 7 April 2010	Pandemic preparedness, response policy developed, awaiting endorsement.	Working group created and met in Dec 09.	Focal persons in Punjab and Sindh branches started working on plan development.	
NS plan drafted and consultation made	Following national government plan, NS plan started to be developed.	Plan being developed.	CRC national pandemic plan will be developed based on inputs from district branches, which officers met in Dec09 to discuss the process. The latter have already consulted different stakeholders and are	Consultations between FRCS health and DM teams, and with IFRC Suva office on plan development conducted; being followed up and expected to be out in March10. Role of crisis	2-day planning workshop conducted in end Oct 09, participated in by HQ programme and branch mid-level staff. Similar workshop conducted for 6 districts in Ulaanbaatar, resulting to drafting	Health contingency, preparedness plan developed; second draft in circulation and expected to be approved in Jan 10.	

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RESULTS H2P AP	AFGHANISTAN	BANGLADESH	CAMBODIA	FIJI	MONGOLIA	PAKISTAN	SRI LANKA
			<p>expected to submit to HQ agreed roles and responsibilities of branches and their volunteers.</p> <p>By end of March10, 6 among 12 target branches submitted their plan.</p>	<p>management team for influenza pandemic expanded to include other disease outbreaks: such as the on-going typhoid fever outbreak in Fiji which the team was mobilised.</p>	<p>of joint Red Cross and local authorities plan. A similar workshop was also conducted in Dornogobi province.</p> <p>Regional workshop conducted in Darkhan province to develop similar plan. Govt, health and education reps from three provinces contributed in devt of joint plans.</p> <p>MRCS plan drafted and in final stage of consultation.</p> <p>MRCS regularly participates in meeting of Government’s working group. Also, it is updating the partners and stakeholders on MRCS project activities and performance.</p>		
NS plan tested via exercise, drill							
Approved NS Plan disseminated							
Business continuity planning							
NS BCP committee formed	Not in project	Committee formed, approved by BDRCS chairperson.	48 participants from 24 provinces were identified	Consultations within FRCS and IFRC Suva office on plan development conducted.	PHIE focal points at 9 mid-level branches identified as responsible persons.		Internal discussions between health and senior

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RESULTS H2P AP	AFGHANISTAN	BANGLADESH	CAMBODIA	FIJI	MONGOLIA	PAKISTAN	SRI LANKA
							management held on BCP development.
NS BCP drafted, consultation made	Not in project	In Jan10, draft BCP prepared and being reviewed.	Training was organized by CRC health dept and team is starting to compile info	Under development using IFRC Pacific BCP as reference. Expected to be circulated in Feb10.	HQ BCP drafted; under revision and aimed to be finalised next month. Sample BCP for mid-level branches prepared as model.		IFRC Sri Lanka BCP to be shared SLRCS staff. Due to the HR structural changes, this activity is postponed till SLRCS finalizes the new structure.
NS BCP tested, finalised	Not in project	Business continuity plan is being tested for finalization					
NS BCP disseminated	Not in project						
Tools and messages							
Materials developed, adapted, reproduced	MoPH materials identified, being printed. Printing completed in March; materials being distributed.	Adaptation together with government on-going. Translation to Bengali will be done by consultant.	H2P tools shared with, approved by national IEC committee Best defence video clip adjusted to Cambodian context, translated. Flipchart 'pandemic influenza, what people should know?' already translated and reproduced for, and distributed to 738 volunteers. T-shirts and caps with	H2P tools and messages adapted into toolkits; distributed to branch H&C volunteers. More IEC materials (Best Defence) printed, distributed to branches. Packed PPE kits distributed to branches.	'Best defence' materials adapted jointly with MOH, UNICEF. 6,500 posters produced while MoH also provided 4,000 to be distributed by MRCS to provinces, countries and public organisations. Series of 'flu-fighter' posters for school children designed, printed (3,000 copies) and distributed.	'Best defence' messages translated into Urdu, being printed. MoH messages in leaflets, posters being re-printed by PRCS.	'Best defence' posters adapted to Sri Lankan context, translated into Sinhala and Tamil. 39,000 posters and 150,000 leaflets were printed and currently distributed to branches. Additional 28,000 posters and 526,000

Annex II – Progress by country – March 2010

RESULTS H2P AP	AFGHANISTAN	BANGLADESH	CAMBODIA	FIJI	MONGOLIA	PAKISTAN	SRI LANKA
			<p>messages also distributed to volunteers.</p> <p>12 target RC branches and volunteers received 120 pcs of protective clothes, gloves, hand gels and mask N95 respectively.</p>				<p>leaflets printed in Jan10 using AmCross funds. IEC materials distributed to 12 branches.</p> <p>SLRCS also to print adapted MoH H1N1 materials as part of its support to MoH.</p> <p>SLRCS also to print adapted MoH H1N1 materials as part of its support.</p>
Mass media campaigns undertaken			<p>‘Best defence’ video spot translated into Khmer and now broadcasted by nine TV channels.</p>		<p>Adapted ‘Best defence’ video clip broadcasted nationwide for 3weeks, financed by MOH.</p> <p>In Jan10, TV spots on home disinfection and MRCS H2P activities were aired by national TV 60 times for three weeks.</p> <p>Three TV spots on blood donation broadcasted via</p>		<p>‘Best defence’ radio and video clips were also adapted and translated into Sinhala and Tamil, and aired by 4 TV channels between 2-4 weeks for a total of 300 spots. Radio clip was aired by 4 radio</p>

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RESULTS H2P AP	AFGHANISTAN	BANGLADESH	CAMBODIA	FIJI	MONGOLIA	PAKISTAN	SRI LANKA
					<p>Mongolian TV 40 times in last three weeks.</p> <p>A 3min, 35 sec, cartoon movie, focusing on prevention, was also broadcasted from mid-Feb by MTV and education channels.</p> <p>6000 additional copies of posters on “Your best defence is you” are printed and distributed to 32 midlevel branches.</p>		<p>stations for a month for a total of 1,120 spots.</p> <p>Video campaign continued until mid-Jan10, radio campaign until end Jan10.</p> <p>Funded by CBFA and DM projects.</p> <p>15,911 direct beneficiaries and an estimated 73,300 indirect beneficiaries through the IEC campaign</p>
Campaigns in communities undertaken			<p>Updated community volunteers have started dissemination of prevention messages in communities via home visits, or community meetings. It is estimated that 11,651 persons will have benefited from volunteer actions.</p>		<p>1000 notebooks with H1N1 messages were printed and distributed to school children.</p> <p>Due to influenza B outbreak, district RC branches intensified activities through distribution of IEC materials in schools and kindergartens.</p>		<p>SLRCS health and H2P managers appeared on national TV for 30-minute talk on pandemic preparedness and H2P. Also done in Jan10.</p> <p>Community outreach activities in 922 public and private places, reached 823</p>

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RESULTS H2P AP	AFGHANISTAN	BANGLADESH	CAMBODIA	FIJI	MONGOLIA	PAKISTAN	SRI LANKA
							households.
Trainings							
Training curriculum adapted	ARCS will use MoPH guidelines, materials		H2P community planning and response curriculum in the final stage of translation. Printing of 400 copies underway, done by Mar10.	H2P training materials being adapted, reviewed.	Training curricula for schoolchildren piloted, adapted and improved.	H2P training facilitators' and volunteers' manual being adapted, translated into Urdu. Printing completed and manuals used during provincial trainings.	Volunteer toolkit translated into Sinhala and Tamil, finalised for printing. Dissemination kits for volunteers prepared.
Staff and volunteers trained	TOT in Kabul and Jalalabad reached 60 ARCS health officers, CBFA supervisors, leaders and trainers. 800 CBFA team leaders underwent H1N1 training via annual refresher course. 25 one-day H1N1 training sessions reached 575 CBFA, HIV staff/volunteers in Kabul city.	National TOT produced 30 volunteer trainers from 6 districts. Preparations for second batch underway. Training of trainer with 54 volunteers from 12 selected districts has been completed	738 community volunteers were updated through 28 refresher trainings focusing on pandemic influenza. 33 representatives from CRC, CARE, World Vision, PCDM, PHD/Rapid Response Team, IOM and H2P attended the master facilitator meeting, 29 – 31 March 2010	Branch volunteers already identified for training. National training for H&C volunteers conducted 25-29 Jan10. Trained volunteers provided PPE and community education kits.	Instructors, volunteers of mid-level branches prepared as trainers. 20 training sessions for school doctors and teachers from 19 schools in Ulaanbaatar conducted Frontline MRCS staff and volunteers trained on use of masks. In Jan10, 29 teachers from 7 secondary schools in Darkhan-Uul province were trained, while school 21 doctors and 105 teachers and social workers from 21 secondary schools in Khan-Uul, Chingeltei and Sukhbaatar districts were	Two provincial trainings in Lahore and Karachi were conducted in Dec 09; 35 persons completed the trainings.	20 Kandy branch volunteers underwent H1N1 session using translated materials. In Jan10, 20 Matara branch volunteers trained. Volunteers from Colombo city and district branches trained on H1N1 and communication campaign. 20 Mannar branch volunteers were trained

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RESULTS H2P AP	AFGHANISTAN	BANGLADESH	CAMBODIA	FIJI	MONGOLIA	PAKISTAN	SRI LANKA
					involved in TOT. 52 teachers, doctors, social workers from 13 schools in Dornogobi and Orkhon provinces were trained on pandemic mitigation. 900 hygiene and sanitation kits distributed to 60 schools. 182 kits were distributed in 13 schools in Feb10.		
Community trainings, awareness activities done	Mazar health office conducted H1N1 sessions for 20 teachers, students. Updated volunteers reached 27,500 school children and community people through orientation sessions. Some 2,175 trained volunteers were able to deliver services to more than 21,000 people		Via various community health educ methods, CRC volunteers reached 10,820 during the month. RCVs had household visit, small discussion, integrating with village meeting and other events/campaigns	Community visit workplan of trained volunteers for Feb-April being reviewed by national office. Branch volunteers trained and mobilised to deliver preventive messages to communities.	600 peer educators from 40 schools in Ulaanbaatar city were trained and mobilised. 260 peer educators from 13 schools were further trained in Feb10. A total of 25 teachers and social workers from secondary schools in Dornogobi province have been involved in 2-day training on A (H1N1) prevention. A total of 900 peer educators trained in 60 schools (40 schools in UB, 3 schools in 3 provinces) in March.		Community mobilisation started in Colombo city and district branches.

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RESULTS H2P AP	AFGHANISTAN	BANGLADESH	CAMBODIA	FIJI	MONGOLIA	PAKISTAN	SRI LANKA
Coordination							
NS regularly participated in coordination meetings at various levels	ARCS and IFRC represented in emergency task force/health cluster meetings addressing pandemic issues – daily in Nov, monthly starting Dec 09. Continued in Mar10.	BDRCS represented in national planning, technical committees. Participated in Jan10 meeting. Project manager attended a national communication strategy devt arranged by MoH, UNICEF. In Jan10, letter from BDRCS SG established formal linkage with MoH/IEDCR	CRC represented in monthly national IEC committee and H2P team meetings. In Jan10, training and communication materials were approved for adaptation and translation by the IEC committee. In Feb10, CRC attended IEC committee meeting with tackled issues around H1N1, H5N1, DHF and AWD among others.	FRCS represented in national pandemic task force meetings. Bet Jan-Feb10, coordination via phone and e-mail, no meeting called by task force.	MRCS regularly participating in NEMA and MoH meetings related to pandemic response. On-going. Partnership with organisations targeting children and youth (MoH, MoE, UNICEF) expanded. Partnership plan also developed. Coordination and integration with partner organizations i.e. MOH, MOE, UNICEF, National Blood transfusion center and other relevant organizations are being expanded. Participated in MoH assessment of communication campaigns and further needs. Diploma of appreciation awarded by MOH to MRCS for its contribution to the H1N1 outbreak response.	National influenza program, MoH and provinces, have been coordinated with, informed of project. WHO, UNICEF and via health cluster, kept in the loop on H2P developments. PRCS member of special working group for H1N1 pandemic constituted in Dec 09.	SLRCS, with IFRC, met with epidemiology and education depts of MoH to present, discuss project. Regional health directors instructed to support SLRCS volunteers on campaign work. Continued in Feb 10. The regular meetings with the health education bureau of Health Ministry to update them on the campaign and to get their support. Government designed leaflet on A/H1N1 was printed and distributed by SLRCS

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RESULTS H2P AP	AFGHANISTAN	BANGLADESH	CAMBODIA	FIJI	MONGOLIA	PAKISTAN	SRI LANKA
					<p>Provincial planning workshops held together with local officials from NEMA, health, social welfare, and other agencies.</p> <p>In Feb10, meetings with MRCS and MOH were conducted related to blood collection during disasters and public health emergencies.</p>		
NS worked with other partners in country			CRC H2P and CARE project team organized master facilitator training, 29 – 31 March 2010		<p>Works with World Vision on school-based communication component of the project. Cooperation expanded; on-going.</p>	<p>PRCS works with Merlin, Save the Children, IOM and local organisations via the working group.</p> <p>Provincial branches also involve partners in project activities, such as orgs working on watsan, hospital, students, poultry industry, gender and poverty alleviation.</p>	<p>Together with IFRC, liaised with WHO and World Bank for possible collaboration.</p>
Other relevant developments/activities							

Annex II – Progress by country – March 2010

RESULTS H2P AP	AFGHANISTAN	BANGLADESH	CAMBODIA	FIJI	MONGOLIA	PAKISTAN	SRI LANKA
	<p>Emergency mobile units in Heart diagnosed, assisted 663 patients presenting ARI/ILI symptoms (of which 42 were hospitalised).</p> <p>Panprep integrated with com-based health program with training of 800 CBFA leaders using other resources.</p>		<p>In Jan10, some activities have been postponed due to delays in the transfer for project funds. CRC may be asking for a no-cost extension.</p> <p>The farming season has proven the implementation of some activities, particularly mobilisation of volunteers, requiring more time.</p>	<p>In Dec09, cyclone Mick affected project sensitisation in north and western divisions.</p>	<p>As an essential function of MRCS, it launched a blood donor recruitment campaign resulting from outbreaks which started in Oct 09. To date, 5,551 blood donors have been recruited via 72 mobile blood collection campaigns.</p> <p>Blood donor recruitment BCP also modified.</p> <p>Development of BCP focused on blood donor recruitment cancelled due to severe winter/dzud operations.</p> <p>Two types of posters on donor recruitment and promotion printed, distributed.</p> <p>Three types of TV spots on donor promotion developed and broadcasted nationwide.</p> <p>7300 N95 masks procured in Dec09; 1000 pieces distributed to social care programme volunteers.</p>		<p>IFRC DM provided CHF30,000 to support communication campaign, and response activities in Ratnapura and Nuwara Eliya branches.</p> <p>Linked up with American and Canadian RC to mobilise more resources for the communication component of this project.</p> <p>AmCross has provided USD35,000 for activities in 10 branches, and possibly more funds in coming months. Above support enabled SLRCS to implement H2P activities in 18 branches.</p> <p>For additional funding support, SLRCS link up with</p>

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RESULTS H2P AP	AFGHANISTAN	BANGLADESH	CAMBODIA	FIJI	MONGOLIA	PAKISTAN	SRI LANKA
					<p>Discussions on expanding cooperation between RC branches and schools resulted to plans to establish Junior RC teams in schools.</p> <p>Harsh winter conditions have resulted to postpone-ment of some activities. MRCS also involved in dzud response.</p> <p>There was a noticeable decrease regarding participation of governmental organizations and departments in project related workshops as activities were overlapping with Dzud operation.</p> <p>The World Water Day 2010 was celebrated with participation of 120 trained peer educators in UB city; 20 junior members from each districts. The logo of the day wa "Clean hands</p>		<p>the American RC</p>

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RESULTS H2P AP	AFGHANISTAN	BANGLADESH	CAMBODIA	FIJI	MONGOLIA	PAKISTAN	SRI LANKA
					prevent from A (H1N1) virus infection”. As a result of recruiting additional 6000 donors to make up for expected 25% loss of potential blood donors during pandemic, the number of newly recruited donors are increasing by month through effective national blood donor promotion.		
Finance							
Income allocation	Done	Done	Done	Done	Done	Done	Done
Federation field secretariat							
Monitoring/Support provided	Technical and management support done via IFRC Afghanistan health manager; ZC provides remote support. Project review/ further support provided by SouthAsia health team – included in health visit planned in April.	Technical and management support done via IFRC country office; ZC provides remote support. Project review/ further support provided by South Asia health team – during visit in March discussed and started NCE process.	Management support provided by IFRC country office. Technical support done by ZC and Southeast Asia health delegate - Visited by ZC in Nov 09. Project revision support via email. Input into pandemic planning process, project management done via e-mail, phone.	Technical and management support provided by IFRC Pacific health delegate. Remote ZC support via e-mail: inputs on draft plan, comments on monthly reports.	Technical and management support done via IFRC HoD and country office Further technical support provided by East Asia health delegate - Via visit in Nov 09, project revision received further support. Remote ZC support provided.	Technical and management support done via IFRC Pakistan health manager. Due to departure, technical support is now provided remotely between South Asia health team and ZC	Technical and management support done via IFRC Sri Lanka health coordinator, complemented by remote support by South Asia health and ZC.
Meetings/Conferences/workshops attended			In Nov 09, meeting with H2P in-country				

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RESULTS H2P AP	AFGHANISTAN	BANGLADESH	CAMBODIA	FIJI	MONGOLIA	PAKISTAN	SRI LANKA
			partners				
Other important documents relevant to this month's results			Nov 09 duty travel report				

Table 3. Summary of developments of national society H2P Projects, East Africa – March 2010

RESULTS		ETHIOPIA	UGANDA	KENYA	TANZANIA	BURUNDI	RWANDA
Prep phase	Detailed proposal is approved	completed	completed	completed	completed	completed	completed
	Sub-agreement is signed	completed	completed	completed	completed	completed	completed
Implementation phase	H2P staff is recruited	completed	completed	completed	completed	completed	completed
	H2P staff has received technical briefings	completed	completed	completed	completed	completed	completed
	Briefings/Sensitization sessions to RC staff are conducted	completed	completed	completed	completed	completed	Y
	Orientation/Sensitization sessions to NGOs are organised	Y	Y	N	Y	Y	Y
	Orientation/Sensitization sessions to Government are organised	Y	Y	Y	Y	Y	Y
	Baseline Survey is conducted	Suspend	Y	Y	Suspend	Suspend	N/A
	Baseline Survey findings are disseminated	N/A	Y	N	N/A	N/A	N/A
	Interagency working group(s) is (are) set-up	Y	Y	Y	Y	Y	Y
	NGO partnership (MoU) is formalized	Y	Y	N	N	Preparing	N
Simulation/Table Top exercises are conducted	Yes(others to be held)	Y	N	Y	Y	N	
Tools and materials	Health curricula are adapted & tested	completed	completed	completed	completed	completed	completed
	Food and Livelihoods guidelines are adapted & tested	N	N	Y	Doing it now	N	N/A
	IEC materials are adapted	Y	Y	Y	Y	Y	Y
Training	Pilot districts RC staff and/or volunteers are trained on Health	Y (94%)	completed	Completed (108%)	Completed (100 %)	Y	Y
	Pilot districts RC staff and/or volunteers are trained on FS&L	N	N	Y	Y	N	N
Country Plan	Country Plan is drafted	Y (100%)	Y (50%)	Y	On-going	N	N
	Country Plan is tested	Y	N	N	N	N	N
	Country Plan is revised	N	N	N	N	N	N
	Country Plan is advocated	N	Y	N	N	N	N
Reporting	Monthly/Quarterly report is sent	Dec 09	Dec 09	Dec 09	Jan 10	Jan 10	Feb 10
Finances	Cash transferred to NS (CHF, up to date)	388,612	570,468	202,366	174,798	144,609	45,354
Zone	Monitoring/Support provided by H2P Zone Coordinator (visit?)	Y	N	Y	N	N	N
	Meetings/Conferences/workshops attended	N	N	N	N	N	N
	Other important documents relevant to this month's results	N	N	N	N	N	N

Table 4. Summary of developments of national society H2P Projects, Europe – March 2010

RESULTS		AZERBAIJAN	UKRAINE	BELARUS	RUSSIAN FEDERATION
Prep phase	Detailed proposal is approved	Yes	Yes	Yes. The Agreement in the form of a letter dated August 20th, 2009	Yes
	Sub-agreement is signed	Yes	Yes	Yes. The decree of Secretary General dated September 14th, 2009	Yes
Implementation phase	H2P staff is recruited	Yes	Yes	Yes	Yes
	H2P staff has received technical briefings	Yes	Yes	Yes	Yes
	Briefings/Sensitization sessions to RC staff are conducted	Yes	Yes	yes	Yes
	No. of RC branches sensitized versus total no. of branches	19 regions	All 27	All 8 regional and 8 pilot district branches are informed	18%
	Orientation/Sensitization sessions to NGOs are organised	No	Yes	No	No
	Orientation/Sensitization sessions to Government are organised	No	Yes	No	8
	Baseline Survey is conducted	Yes	Yes	No	Yes
	Baseline Survey findings are disseminated	Finalizing	Yes	No	Yes
	Interagency working group(s) is (are) set-up	Yes	Yes	No	Yes
	NGO partnership (MoU) is formalized	Yes	Yes	No	Partly
Simulation/Table Top exercises are conducted	Materials pprepared	No	No	No	
Tools and materials	Health curricula are adapted & tested	Yes	Yes	Curricula is in the process of translation	Partly
	Food and Livelihoods guidelines are adapted & tested	No	In progress	No	No
	IEC materials are adapted	Yes	Yes	Yes	No
Training	Pilot districts RC staff and/or volunteers are trained on Health	Yes	Yes	yes	Yes
	No. of branches trained on Health versus total no. of branches	5 regions and Baku city district	All	No	4
	Pilot districts RC staff and/or volunteers are trained on FS&L	No	Yes	No	Yes
	No. of branches trained on FS&L versus total no. of branches	No	All	No	2
Country Plan	Country Plan is drafted	Started not finalised	Yes	Yes	No
	Country Plan is tested	No	Yes	No	No
	Country Plan is revised	No	Yes	No	No
	Country Plan is advocated and disseminated to all branches	No	Yes	No	no
Reporting	Quarterly report is sent	No	Yes	No	No
Finances	Cash transferred to NS	Yes	Yes	Yes	Yes
Zone activities	Monitoring/Support provided by H2P Zone Coordinator (visit?)	Yes	Yes	Yes	0
	Meetings/Conferences/workshops attended	Yes	No	No	2
	Please reference any other important document/report relevant to this month's results or documents translated by Zone (or NSs)	No	No	No	No

Table 5. Summary of developments of national society H2P Projects, MENA – March 2010

RESULTS		EGYPT LONG	EGYPT AP	MOROCCO LONG	PALESTINE AP	SYRIA AP	LEBANON AP
Prep phase	Detailed proposal is approved	Yes	Yes	Yes	Yes	Yes	Yes
	Sub-agreement is signed	Yes	Yes	Yes	Yes	Yes	Yes
Implementation phase	H2P staff is recruited	Yes	Yes	Yes	Yes	Yes	Yes
	H2P staff has received technical briefings	Yes	Yes	Yes	Yes	Yes	Yes
	Briefings/Sensitization sessions to RC staff are conducted	Yes	Yes	Yes	Yes	Yes	Yes
	Orientation/Sensitization sessions to NGOs are organised	2/30	Yes	Yes	Yes	Yes	Yes
	Orientation/Sensitization sessions to Government are organised	Yes	Yes	Yes	Yes	Yes	Yes
	Baseline Survey is conducted	Yes	Yes	Yes	Yes	Yes	Yes
	Baseline Survey findings are disseminated	Yes	Yes	No	Yes	Yes	Yes
	Interagency working group(s) is (are) set-up	Yes	Yes	No	Yes	No	Yes
	NGO partnership (MoU) is formalized	Yes	Yes	No	No	No	Yes
Simulation/Table Top exercises are conducted	Yes	Yes	No	No	No	Yes	
Tools and materials	Health curricula are adapted & tested	Yes	Yes	No	Yes	No	Yes
	Food and Livelihoods guidelines are adapted & tested	Yes	Yes	No	No	No	Yes
	IEC materials are adapted	Yes	Yes	No	Yes	Yes	Yes
Training	Pilot districts RC staff and/or volunteers are trained on Health	Yes	Yes	No	Yes	Yes	Yes
	Pilot districts RC staff and/or volunteers are trained on FS&L	Yes	Yes	No	Yes	Yes	Yes
Country Plan	Country Plan is drafted	2/30	Yes	Yes	Yes	Yes	Yes
	Country Plan is tested	Yes	Yes	No	Yes	Yes	Yes
	Country Plan is revised	2/30	Yes	No	Yes	Yes	Yes
	Country Plan is advocated	Yes	Yes	No	Yes	Yes	Yes
Reporting	Monthly/Quarterly report is sent	No	Yes	Yes	Yes	Yes	Yes
Finances	Cash transferred to NS	Yes	Yes	Yes	Yes	Yes	Yes
Zone	Monitoring/Support provided by H2P Zone Coordinator (visit?)	Yes	Yes	Telephone	Telephone	Telephone	Yes
	Meetings/Conferences/workshops attended	Yes	Yes	No	No	No	No
	Other important documents relevant to this month's results	No	No	No	No	No	No

Table 6. Summary of developments of national society H2P Projects, Southern Africa – March 2010

RESULTS		SOUTH AFRICA	MALAWI	MOZAMBIQUE	NAMIBIA
Prep phase	Detailed proposal is approved	Yes, 14/07/09, email	Yes, 13/0709, email	Yes, 23/07/09	Yes
	Sub-agreement is signed	Yes, 29 Jul 09	Yes, 30 Jul 09	Yes	Yes
Implementation phase	H2P staff is recruited	Yes, at HQ	Yes, at HQ	Yes	Yes
	H2P staff has received technical briefings	Yes	Yes, 4 Jun 09, meeting	Yes	Yes
	Briefings/Sensitization sessions to RC staff are conducted	Yes, 18 Jul 09, meeting	Yes, 4 Jun 09, meeting	Yes	No
	Orientation/Sensitization sessions to NGOs are organised	Yes	Yes	Yes	No
	Orientation/Sensitization sessions to Government are organised	Yes, 26 Aug 09	Yes	Yes	No
	Baseline Survey is conducted	Awaiting confirmation.	Yes	N/A	N/A
	Baseline Survey findings are disseminated	No		N/A	N/A
	Interagency working group(s) is (are) set-up	Yes	Yes	Awaiting confirmation	N/A
	NGO partnership (MoU) is formalized	No	No	Awaiting confirmation	N/A
	Simulation/Table Top exercises are conducted	No	No	No	N/A
Tools and materials	Health curricula are adapted & tested	Yes	Yes	Awaiting information on completion of translation	No
	Food and Livelihoods guidelines are adapted & tested	No	No	No	No
	IEC materials are adapted	Yes	Yes	Yes (ongoing)	No
Training	Pilot districts RC staff and/or volunteers are trained on Health	Yes	Yes	No	No
	Pilot districts RC staff and/or volunteers are trained on FS&L	Yes	Yes	N/A	No
Country Plan	Country Plan is drafted	Yes	No	N/A	N/A
	Country Plan is tested	No	No	N/A	N/A
	Country Plan is revised	No	No	N/A	N/A
	Country Plan is advocated	No	No	N/A	N/A
Reporting	Monthly/Quarterly report is sent	No	Yes	No	N/A
Finances	Cash transferred to NS	Yes	No	No	No
Zone	Monitoring/Support provided by H2P Zone Coordinator (visit?)	Yes	Yes	Yes	Yes
	Meetings/Conferences/workshops attended	Yes	Yes	Yes	Yes

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	Other important documents relevant to this month's results	Yes	Yes	Yes	No
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Table 7. Summary of developments of national society H2P Projects, West & Central Africa – March 2010

RESULTS		BENIN	MALI	SENEGAL	GHANA	LIBERIA	NIGERIA
Prep phase	Detailed proposal is approved	yes	yes	Yes	yes	yes	yes
	Sub-agreement is signed	yes	yes	yes	yes	yes	yes
Implementation phase	H2P staff is recruited	yes	yes	yes	Yes (At HQ)	Yes (At HQ)	NO
	H2P staff has received technical briefings	yes	Yes	yes	yes	yes	Yes*** (former staff)
	Briefings/Sensitization sessions to RC staff are conducted	Yes	Yes	Yes	Yes	Yes	Yes
	Orientation/Sensitization sessions to NGOs are organised	Yes	Yes	Yes	Yes	No	No
	Orientation/Sensitization sessions to Government are organised	yes	yes	yes	yes	yes	No
	Baseline Survey is conducted	Cancelled focused on H1N1 Response	Started then stopped to focus on Response	Yes (in 4 pilot Regions)	Cancelled focused on H1N1 Response	Cancelled focused on H1N1 Response	Cancelled focused on H1N1 Response
	Baseline Survey findings are disseminated	Cancelled					
	Interagency working group(s) is (are) set-up	yes	yes	yes	yes	No	No
	NGO partnership (MoU) is formalized	No	No	Yes	No	No	No
	Simulation/Table Top exercises are conducted (during the ToTs workshops held between October and November 09)	yes	yes	yes	yes	yes	yes
Tools and materials	Health curricula are adapted & tested	yes	yes	yes	yes	yes	yes
	IEC materials are adapted	yes	yes	yes	yes	Not clear	yes
Training	Pilot districts RC staff and/or volunteers trainers are trained on Health (during the ToTs workshops held between October and November 09)	yes	yes	yes	yes	yes	yes
	Pilot districts RC staff and/or volunteers trainers are trained on FS&L (during the ToTs workshops held between October and November 09)	yes	yes	yes	yes	yes	yes
Country Plan	Country Plan is drafted	Yes	Yes	Yes	No feedback/reports		
	Country Plan is tested	Planned	Planned	Planned			
	Country Plan is revised	Ongoing	Ongoing	Ongoing			
	Country Plan is advocated	yes	yes	yes	yes	No feedback/reports	
Reporting	Monthly/Quarterly (financial) report is sent	Yes	Yes	Yes	Yes	No	No
Finances	Cash transferred to NS		Yes	Yes			
Zone	Monitoring/Support provided by H2P Zone Coordinator (visit?)	Yes	Yes	Visits	No request	No request	No request
	Meetings/Conferences/workshops attended			1. Workshop to			

Annex II – Progress by country – March 2010

				draft National pandemic Plan Version 0 2. West Africa Regional Health working group monthly meeting			
	Other important documents relevant to this month's results	Quarterly narrative report	Quarterly narrative report				List of NRCS new staff